MedSPAD Committee

An insight into alcohol, tobacco and other drugs in the Mediterranean Region: Socio-economic, policy context and patterns of use among adolescents.

Authors:
Elisa Benedetti
Giuliano Resce
Sabrina Molinaro

Co-operation Group to Combat Drug Abuse and Illicit trafficking in Drugs

Ensuring Sustainable Democratic Governance and Human Rights in the Southern Mediterranean

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Executive summary

This third report which provides a further insight into the perceived availability, early onset, prevalence of substance use among adolescents and its socio-economic and policy context in the Mediterranean region follows the work presented in the 2017 report "Prevalence of Alcohol, Tobacco and Drug use Among Adolescents in the Mediterranean Region" covering twelve countries.

In this third report, thirteen countries provided the raw data from their surveys to estimate the perceived availability of substances, early onset of substance use and prevalence of the use of alcohol, tobacco and drugs: Algeria (DZ), Croatia (HR), Cyprus (CY), Egypt (EG), France (FR), Greece (GR), Israel (IL), Italy (IT), Malta (MT), Morocco (MA) Portugal (PT), Spain (SP) and Tunisia (TN).

In particular, the raw data used come from the following surveys:

- Mediterranean School Survey Project on Alcohol and other drugs in Schools' (MedSPAD) for Egypt, Morocco and Tunisia;
- European School Survey Project on Alcohol and Other Drugs (ESPAD) for Croatia, Cyprus, France, Greece, Italy, Malta and Portugal;
- Health Behaviour in School-aged Children (HBSC) for Israel
- Encuesta sobre uso de drogas en estudiantes de enseñanzas secundarias (ESTUDES) for Spain.

More information about the methodological aspects can be found in Chapter 4 of this report.

Furthermore, in order to allow the reader to contextualise the results, for the very first time this report gives an overview of the socio-economic situation and policies related to alcohol, tobacco and drugs, as well as drug-related data, in each participating country.

The MedSPAD countries are a heterogeneous group in relation to demographic aspects. The total population ranges between 9.57 million in Egypt and 0.45 million in Malta. The annual population growth is positive for Malta, Egypt, Israel, Algeria, Morocco, Tunisia, Cyprus, and France, whereas Spain, Italy, Portugal, Greece, and Croatia have a negative population growth in the year of analysis. Moreover, the share of urban population is above 80% in Malta and Israel, and it is lower than 60% in Croatia and Egypt.

The MedSPAD countries have a population of approximately 20.26% that is under 15 years old on average. The share of potentially economically active population is 65.18% on average. The share of population over 64 is 14.56% on average, with the minimum in Egypt (5.11) and the maximum in Italy (22.36).

Regarding education, the literacy rate among those aged 15 and above is 88.97%, and the secondary school enrolment is 100.36% on average.

The average life expectancy is 79.29 years and the average health expenditure is $2209.89 per capita, with the highest level in France ($4542.31), and the lowest in Morocco.

The average unemployment rate is 13.01% in total, and 31.10% in the labour force aged between 15-24. The average GDP per capita is $24346.19, the average GINI index, which measures inequality in income distribution, is 34.34 and ranges between 41.40 in Israel and 27.60 in Algeria. The income share held by the highest 10% is 26.57 on average.

Concerning the public policies that apply to psychoactive substances that are in place in each of the MedSPAD countries at the time this Report was compiled:

Almost all MedSPAD countries have adopted a written national policy on alcohol, with the exception of Greece, Malta and Morocco. Among the countries that have a written national policy, almost all have a related action plan, with the exception of Croatia, and national monitoring systems in place, with the

exceptions of Algeria, Egypt and Israel. In the majority of MedSPAD countries, the legal age for purchasing alcohol products is set at 18 years, both off-premise and on-premise.

Almost all MedSPAD countries for which information is available reported that they have a written national policy on tobacco, the only exception being Greece and Malta where various pieces of legislation are in place, but not a national strategy or action plan. All MedSPAD countries, Algeria, Greece and Morocco excluded, also have a national monitoring system in place.

In all the MedSPAD countries for which information are available the legal minimum age for purchasing tobacco products is 18 years.

Concerning the drug policies in force, nearly all the countries in MedSPAD specify drug use or consumption as a specific offence, with the exception of Italy, where the use of drugs is not mentioned as an offence in the national legislation. In more than half of the MedSPAD countries, drug use can be considered as a criminal offence punishable by imprisonment.

All countries in MedSPAD specify possession of a given quantity of drugs for personal use as an offence, although it may be defined it in different ways (e.g. personal possession defined by quantity limits, personal possession decided by the judge taking into account different factors etc.).

Possession of a small quantity of drugs for personal use is a non-criminal offence, i.e. an administrative offence punished by administrative measures, in Croatia, Italy, Malta, Portugal and Spain.

With respect to the history of changes to the legislation ruling the use, possession and trafficking of drugs, five MedSPAD countries, i.e. Croatia, Greece, Italy, Malta and Tunisia, amended their laws in the period 2007-2017.

In addition to the legislative framework, most MedSPAD countries also have a written national policy in force covering illicit drugs. While in many cases the focus of national drug strategy documents is mainly concerned with illicit drugs, in some others it has a broader focus covering other priority topics, such as medications, non-illicit substances and behavioural addictions.

Regarding the availability of substances (alcohol, tobacco, cannabis, cocaine, hallucinogens, mushrooms, heroine, ecstasy, amphetamines, methamphetamines, and crack), on average the 76.74% (boys = 79.84%; girls = 75.36%) of students surveyed responded that the substance is 'fairly easy' or 'very easy' to obtain.

The prevalence of student use of cigarettes at 10 years old or less is 3.5% on average, while considering other substances (alcohol, cannabis, cocaine, hallucinogens, mushrooms, heroine, ecstasy, amphetamines, methamphetamines, and crack) the prevalence of students having used them at 10 years old or less is 12.8% on average.

Regarding lifetime use, the average prevalence for cigarettes use is 32.7% (boys = 36.4%; girls = 30.0%), the prevalence for alcohol use is 56.3% (boys = 58.6%; girls = 54.4%), the prevalence of cannabis use is 13.1% on average (boys = 16.2%; girls = 10.4%), and the prevalence of cocaine use is 1.9% (boys = 2.4%; girls =1.5%).

Considering the last 12 months, the average prevalence of alcohol use is 52.1% (boys = 53.5%; girls = 51.0%), the average prevalence of use of cannabis use is 10.9% (boys = 13.4%; girls = 8.8%), and the average prevalence of cocaine use is 1.7% (boys = 2.4%; girls = 1.2%).

Considering the use in the last 30 days, the average prevalence is 17.5% for cigarettes (boys = 19.7%; girls = 15.8%), 37.5% for alcohol (boys = 39.5%; girls = 35.6%), and 6.9% for cannabis (boys = 8.6%; girls = 5.3%).

Introduction

I. Background

The Pompidou Group launched its activities in the Mediterranean region in Malta in 1999 with a conference on "co-operation in the Mediterranean region on drug use".

Following this conference, research started to look into whether there was a drug issue, by examining what information was available on adolescent alcohol, tobacco and other drug use in the Mediterranean countries.

In 2003, the MedSPAD project was officially launched in Rabat at a first project meeting and following a meeting between the Pompidou Group Secretariat and the Moroccan Minister of Health. The "Mediterranean School Survey Project on Alcohol and other Drugs in Schools" (MedSPAD), aims at providing an insight into drug use and attitudes towards drugs in the Mediterranean region and is an adaptation of the ESPAD school surveys conducted in Europe.

In 2006, the MedNET (Pompidou Group Mediterranean Network on cooperation on Drugs and Addiction) was officially set up.

The MedSPAD project continued and MedSPAD school surveys were carried out: in Lebanon in 2008 and Morocco in 2009.

In 2013, the MedSPAD survey was repeated in Morocco and a MedSPAD survey was conducted in Tunisia.

A MedSPAD pilot survey was carried out in Egypt in 2015. In 2016, Algeria, carried out a first national MedSPAD and Morocco conducted a MedSPAD III.

The proposal for appointing an official MedSPAD committee emerged at a MedNET seminar on the use of drug research in policies in the Mediterranean region in Rabat in 2012. It was endorsed at the MedNET meeting on 18 June 2012.

The MedSPAD committee was set up within the 2014 MedNET work programme and met twice a year from 2014 to 2017. Since 2018, the committee has been meeting once a year under the coordination and chairing of PG Secretariat and since that date, the ESPAD coordinator and her team share their expertise with the MedSPAD committee.

The 15 participating countries are Algeria, Egypt, Lebanon, Tunisia (which conduct MedSPAD surveys) and Croatia, Cyprus, France, Greece, Italy, Malta, Portugal, Spain (which conduct ESPAD survey) and Turkey. Israel, which is a Pompidou Group Member conducts the Health Behaviour in School Aged Children (HBSC). Spain joined MedSPAD in 2019.

The MedSPAD Committee which is a key activity of MedNET is supported by the South Programme, a joint initiative between the European Union and the Council of Europe, funded by both Organizations and implemented by the latter.

II. Objectives

The short term aim is to share experiences between the countries of the MedNET who have conducted the MedSPAD and those who may wish to do so. The ESPAD experts also share their expertise.

The added value of the Committee is to provide the opportunity to discuss the findings of the survey and how they may be used in prevention policy and the monitoring of such.

Moreover, this exercise is part of what is required by the National Observatories on drug and drug addiction that already exist in Europe and which are being set up in some countries of the Mediterranean Region in so far that prevalence of drug use among youth that is obtained through school surveys is one important demand indicator.

The long-term aim is to produce a MedSPAD regional report based on a database that would contain clean data, ready for analysis with the aim to achieve evidence-based information in the participating countries.

So far two reports have been produced:

- Report on the first glance of the situation in the Mediterranean region in relation to the prevalence of alcohol, tobacco and drug use among adolescents, in 2015
- Prevalence of Alcohol, tobacco and drug use among adolescents in the Mediterranean Region, in 2017

The situation in the Mediterranean region

1. Socio economic context

1.1 Demographic aspects

The analysis of the prevalence of alcohol, tobacco and drug use among adolescents in the Mediterranean region should take into account the fact that participating countries are heterogeneous in respect to demographic aspects (see Table 1 and Table 2). The total population ranges between 9.57 million in Egypt and 0.45 million in Malta. The average population size of MedSPAD countries is 30.23 million people; Egypt, France, Italy, Spain, Algeria, and Morocco are above the average, while Tunisia, Greece, Portugal, Israel, Croatia, Cyprus, and Malta are below the average. The annual population growth is positive for Malta, Egypt, Israel, Algeria, Morocco, Tunisia, Cyprus, and France. Spain, Italy, Portugal, Greece, and Croatia have a negative population growth in the year of analysis. The share of urban population is above 80% in Malta and Israel, and it is lower than 60% in Croatia and Egypt (Table 1).

Table 1. Population, growth and urbanisation in MedSPAD

	Population, total	Population growth (annual %)	Urban population (% of total)
Algeria	40606052	1.83	71.46
Croatia	4203604	-0.82	56.16
Cyprus	1160985	0.75	66.95
Egypt	95688681	2.02	42.73
France	66593366	0.42	79.66
Greece	10820883	-0.66	78.05
Israel	8712400	1.93	92.34
Italy	60730582	-0.10	69.57
Malta	445053	2.39	94.41
Morocco	35739580	1.30	61.91
Portugal	10358076	-0.41	63.51
Spain	46444832	-0.08	79.60
Tunisia	11532127	1.12	68.64
Average	**30233555**	**0.74**	**71.15**

Notes:
- World Bank data
- Data refer to year of survey or last available
- Urban population refers to people living in urban areas as defined by national statistical offices. It is calculated using World Bank population estimates and urban ratios from the United Nations World Urbanization Prospects.
- Annual population growth rate for year t is the exponential rate of growth of midyear population from year t-1 to t, expressed as a percentage. Population is based on the de facto definition of population, which counts all residents regardless of legal status or citizenship--except for refugees not permanently settled in the country of asylum, who are generally considered part of the population of the country of origin.

In terms of age class, Table 2 shows that on average the MedSPAD countries have the 20.26% of the total population that is under the age of 15. Italy (13.73%) has the lowest percentage of population under the age of 15, while the highest is in Egypt (33.45%). The share of potentially economically active population is 65.25% on average, the lowest value is in Israel (60.40%), while the highest is in Cyprus (70.27%). Finally, the share of population aged over 64 is 14.49% on average, with the minimum in Egypt (5.11%) and the maximum in Italy (22.36%).

Table 2. Share of population by age class

	Share pop. < 15 (%)	Share pop. 14 - 64 (%)	Share pop. 65 + (%)
Algeria	29.01	64.97	6.02
Croatia	14.83	66.29	18.88
Cyprus	16.90	70.27	12.83
Egypt	33.45	61.44	5.11
France	18.27	62.80	18.94
Greece	14.56	64.62	20.82
Israel	27.86	60.40	11.73
Italy	13.73	63.91	22.36
Malta	14.41	67.22	18.37
Morocco	27.39	65.84	6.77
Portugal	14.08	65.18	20.74
Spain	14.91	66.45	18.65
Tunisia	24.01	67.99	8.00
Average	**20.26**	**65.18**	**14.56**

Notes:
- World Bank data
- Data refer to year of survey or last available
- Population between the ages 0 to 14 as a percentage of the total population. Total population between the ages 15 to 64 potentially economically active. Population ages 65 and above as a percentage of the total population.

1.2 Education

Summary statistics on education for the MedSPAD countries are reported in Table 3. The literacy rate among people aged 15 and above is 88.97% on average with the maximum (99.13%) in Croatia and the minimum (69.43%) in Morocco. The secondary school enrolment is 100.36% on average, the lowest level is in Morocco (69.70%), while the highest is in Spain (124.96%).

Table 3. Statistics on Education

	Literacy rate, adult total (% of people ages 15 and above)	School enrolment, secondary (% gross)
Algeria	75.14	99.65
Croatia	99.13	98.23
Cyprus	98.68	99.78
Egypt	75.06	85.94
France	N/A	111.07
Greece	97.37	102.23
Israel	N/A	104.05
Italy	98.85	103.18
Malta	93.31	94.80
Morocco	69.43	69.70
Portugal	94.48	118.23
Spain	98.14	124.96
Tunisia	79.04	92.87
Average	**88.97**	**100.36**

Notes:
- World Bank data
- Data refer to the year of survey or last available Adult literacy rate is the percentage of people ages 15 and above who can both read and write with understanding a short simple statement about their everyday life.
- Gross enrollment ratio is the ratio of total enrollment, regardless of age, to the population of the age group that officially corresponds to the level of education shown. Secondary education completes the provision of basic education that began at the primary level, and aims at laying the foundations for lifelong learning and human development, by offering more subject- or skill-oriented instruction using more specialized teachers.

1.3 Health

Table 4 reports the country level statistics for life expectancy and expenditure on health. Average life expectancy is 79.29 years. The highest level of life expectancy is in Spain (82.83 years), the lowest is in Egypt (71.48 years). The average health expenditure (defined as current expenditures on health per capita expressed in international dollars at purchasing power parity) is $2209.89. The highest level of this value is in France ($4542.31), while the lowest is in Morocco ($435.29).

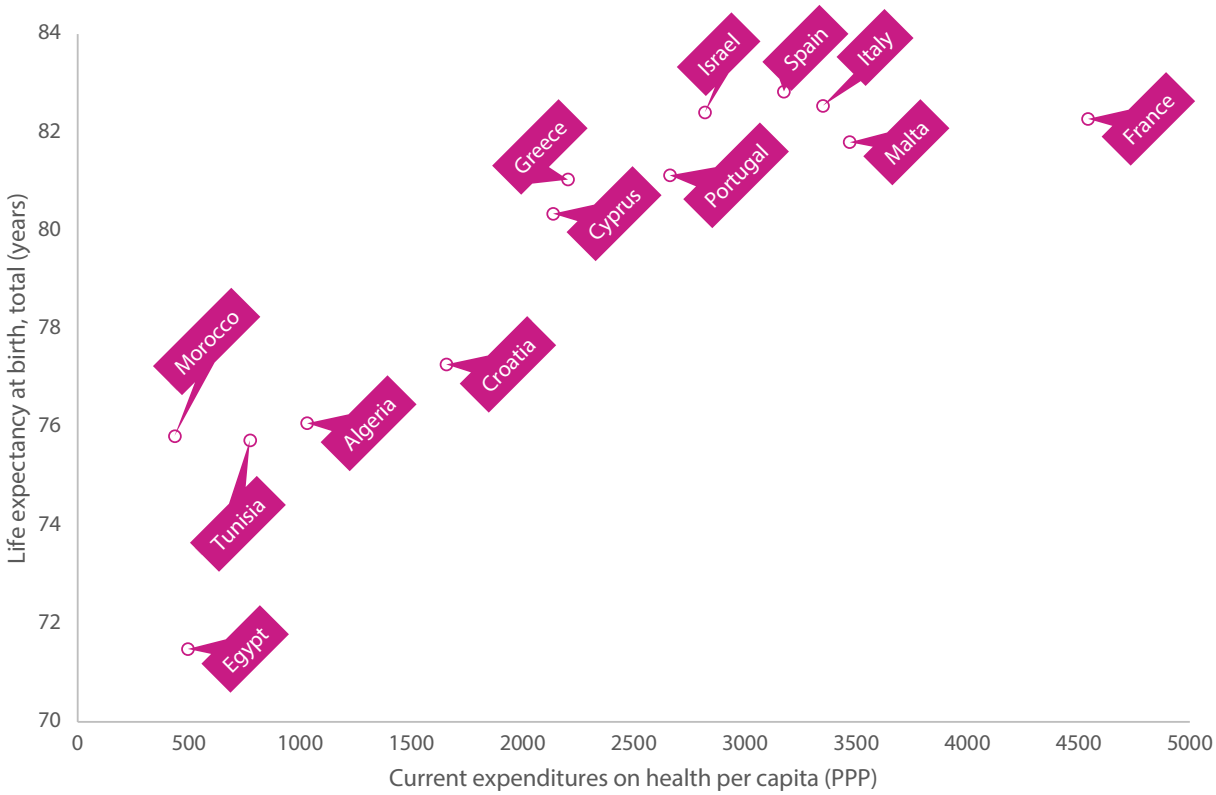
Table 4. Health statistics

	Life expectancy at birth (years)	Current expenditures on health per capita (PPP)
Algeria	76.08	1031.17
Croatia	77.28	1656.43
Cyprus	80.34	2136.80
Egypt	71.48	495.17
France	82.27	4542.31
Greece	81.04	2180.17
Israel	82.41	2819.11
Italy	82.54	3350.58
Malta	81.80	3470.90
Morocco	75.82	435.29
Portugal	81.12	2661.40
Spain	82.83	3175.13
Tunisia	75.73	774.06
Average	**79.29**	**2209.89**

Notes:
- World Bank data
- Data refer to year of survey or last available
- Current expenditures on health per capita expressed in international dollars at purchasing power parity (PPP)

Higher health spending per capita is generally associated with higher life expectancy at birth, although this relationship tends to be less pronounced in countries with the highest health spending per capita. As shown in Figure 1, Israel and Spain stand out as having a relatively high life expectancy, and France a relatively low life expectancy, given the levels of health spending.

Figure 1. Health expenditure and life expectancy in MedSPAD countries



1.4 Labour force

Labour force statistics are reported in Table 5. The average unemployment rate is 13.01% in total (female = 15.73%; male = 11.94%), and 31.10% in the labour force aged between 15-24 (female = 33.71%; male = 30.13%). The highest level of unemployment both in total and in youth is found in Greece (total = 24.90%, youth = 49.81%), while the lowest is in Israel (total = 3.95%, youth = 6.90%).

Regarding the gender gap, on average female unemployment is 3.58 percentage points higher among youth and 3.79 percentage points higher in the general working age population. For five countries (Malta, Cyprus, France, Spain, and Israel) female unemployment is lower than male unemployment among youth, while for the remaining eight countries male unemployment is higher with a peak in Algeria, where the difference between female and male unemployment among youth is 21.28 percentage points. Focusing on unemployment in the general working age population, only three countries (Malta, Cyprus, and France) have lower rates of female unemployment than male unemployment. In the remaining ten countries female unemployment rates are higher than male unemployment rates, with the maximum difference found in Egypt where, the difference between female and male unemployment is 14.83 percentage points.

Table 5. Labour force statistics

	Unemployment, youth			Unemployment		
	Female	Male	Total	Female	Male	Total
Cyprus	29.84	32.68	31.31	14.77	15.03	14.91
Algeria	43.42	22.14	25.64	18.63	8.35	10.20
Egypt	40.81	31.24	34.28	23.72	8.89	12.41
Spain	48.05	48.81	48.46	23.55	20.78	22.06
France	23.20	25.63	24.55	9.87	10.79	10.36
Greece	55.02	45.28	49.81	28.92	21.76	24.90
Croatia	43.75	41.49	42.42	16.90	15.55	16.17
Israel	6.82	6.97	6.90	3.96	3.94	3.95
Italy	42.70	38.98	40.48	12.70	11.32	11.90
Morocco	22.51	21.81	21.98	10.46	8.60	9.05
Malta	9.39	13.82	11.77	5.20	5.51	5.39
Portugal	34.44	29.67	32.02	12.75	12.16	12.44
Tunisia	38.21	33.16	34.74	23.12	12.58	15.38
Average	**33.71**	**30.13**	**31.10**	**15.73**	**11.94**	**13.01**

Notes:
- World Bank data
- Data refer to year of survey or last available
- Unemployment, youth female (% of female labour force ages 15-24) (modelled ILO estimate)
- Unemployment, youth male (% of male labour force ages 15-24) (modelled ILO estimate)
- Unemployment, youth total (% of total labour force ages 15-24) (modelled ILO estimate)
- Unemployment, female (% of female labour force) (modelled ILO estimate)
- Unemployment, male (% of male labour force) (modelled ILO estimate)
- Unemployment, total (% of total labour force) (modelled ILO estimate)

1.5 Income

Table 6 depicts Statistics on Income. The average GDP per capita is $24346.19. The highest level is in France ($37766.37), while the lowest in Morocco ($7485.01).

To summarise the distribution of income, Table 6 shows the GINI index and the income share held by highest 10%. The average GINI is 34.34 and ranges between 41.40 in Israel and 27.60 in Algeria.

The average income share held by the highest 10% is 26.57, the highest share is in Morocco (31.90), while the lowest is in Algeria (22.90).

Table 6. Statistics on Income

	GDP per capita	GINI index	Income share held by highest 10%
Algeria	13921.18	27.60	22.90
Croatia	20983.99	31.10	23.20
Cyprus	30549.10	34.00	27.40
Egypt	10324.10	31.80	27.80
France	37766.37	32.70	26.60
Greece	24134.68	36.00	26.20
Israel	33132.32	41.40	29.60
Italy	34302.04	35.40	25.70
Malta	34087.08	29.40	23.60
Morocco	7485.01	39.50	31.90
Portugal	26607.83	35.50	27.30
Tunisia	10849.30	35.80	27.00
Spain	32357.47	36.20	26.20
Average	**24346.19**	**34.34**	**26.57**

Notes:
- World Bank data
- Data refer to the year of survey or last available
- GDP per capita, PPP (constant 2011 international $)
- Percentage share of income or consumption is the share that accrues to subgroups of population indicated by deciles or quintiles.
- Gini index measures the extent to which the distribution of income (or, in some cases, consumption expenditure) among individuals or households within an economy deviates from a perfectly equal distribution. Thus a Gini index of 0 represents perfect equality, while an index of 100 implies perfect inequality.
-

2. Policies on alcohol, tobacco and drugs

This chapter provides an overview of the public policies in place in each MedSPAD country in relation to alcohol, tobacco and drugs. In so doing, the definition of public policy used is that as one generally indicating a system of laws, regulatory measures and priorities related to psychoactive substances and promulgated by a governmental entity or its representatives. It must be noted that extent and quality of implementation of these policies are not assessed here.

2.1 Alcohol policy

National alcohol policies may be either separate documents or part of a broader public health policy – such as one on substance abuse. The presence of a written national alcohol policy has been indicated by the World Health Organisation (WHO) as a key indicator of a country's commitment to reducing alcohol-related harm (Global strategy to reduce the harmful use of alcohol, 2010).

As shown in Table 7, almost all MedSPAD countries have adopted a written national policy on alcohol, with the exception of Greece and Morocco. Among the countries with a written national policy, almost all have a related action plan designed for the implementation of the written national policy, with the exception of Croatia, and national monitoring systems in place, with the exceptions of Algeria, Egypt and Israel. All MedSPAD countries apply excise taxes (inland taxes applied on the sale of, or on production for the sale of, specific products), on alcohol products.

Table 7. National alcohol policy, monitoring systems and excise taxes in the MedSPAD countries

	Written national policy			National monitoring system(s)	Excise tax
	Present	(adopted/revised)	Action plan	Present	On beer/wine/spirits
Algeria	Yes	(1975/2015)	Yes	No	Yes/Yes/Yes
Croatia	Yes	(2010/—)	No	Yes	Yes/No/Yes
Cyprus	Yes	(2004/2013)	Yes	Yes	Yes/No/Yes
Egypt	Yes	(1956/1976)	Yes	No	Yes/Yes/Yes
France	Yes	(2018-2022)	Yes	Yes	Yes/Yes/Yes
Greece	No	-	-	Yes	Yes/Yes/Yes
Israel	Yes	(2009/2014)	Yes	No	Yes/Yes/Yes
Italy	Yes	(2001/2007)	Yes	Yes	Yes/No/Yes
Malta	Yes	(2018)	Yes	Yes	Yes/Yes/Yes
Morocco	Yes	(1967)	-	Yes	Yes/Yes/Yes
Portugal	Yes	(2000/2013)	Yes	Yes	Yes/No/Yes
Spain	Yes	(1999/2000/ 2009/2017)	Yes	Yes	Yes/Yes/Yes
Tunisia	Yes	(1959)	-	Yes	Yes/Yes/Yes

Notes: for almost all MedSPAD countries the information reported have been extracted from the World Health Organization, Global status report on alcohol and health, 2018. For Tunisia the relevant information have been provided by the MedSPAD Committee member in the country.

Increasing the national legal minimum age for the purchase of alcohol is generally deemed to be able to reduce alcohol consumption and related harms among young people (Wagenaar & Toomey, 2002, Effects of minimum drinking age laws: review and analyses of the literature from 1960 to 2000. J Stud Alcohol Suppl., 14). Age restrictions can apply to the consumption of alcohol either on-premise or off-premise.

Table 8 shows that in the majority of MedSPAD countries, the legal age for purchasing alcohol products is set at 18 years, both off-premise and on-premise, with four exceptions: Morocco where alcohol can be bought starting at the age of 16, Malta and Cyprus at the age of 17, and Egypt which has the higher legal age, i.e. 21 years.

As alcohol impairs drivers' sensory, motor and intellectual capabilities, particularly when blood alcohol concentrations (BACs) reach the 0.05% limit (WHO, Global status report on alcohol and health 2018), the implementation of drink–driving policies has become very common among WHO countries, and the 89% of them has some type of drink– driving legislation in place.

Among the MedSPAD countries, with the exception of Egypt, all have adopted a maximum legal blood alcohol concentration (BAC) when driving a vehicle.

In particular, none has adopted a "zero tolerance" policy and the majority has an established BAC limit set at or below 0.05%. In particular, in the 69,23% of countries the general limit is 0.05%, whilst in two countries, i.e. Algeria and Morocco, it is 0.02%.

Table 8. National legal minimum age for sales and maximum legal blood alcohol concentration (BAC)

	Legal minimum age for sales		Max legal blood alcohol concentration (BAC) when driving (%)		
	Off-premise	On-premise	General	Young	Professional
Algeria	18	18	0.02	0.02	0.02
Croatia	18	18	0.05	0.00	0.00
Cyprus	17	17	0.05	0.02	0.02
Egypt	21	21	No	No	No
France	18	18	0.05	0.02	0.02
Greece	18	18	0.05	0.02	0.02
Israel	18	18	0.05	0.01	0.01
Italy	18	18	0.05	0.00	0.00
Malta	17	17	0.05	0.02	0.02
Morocco	16	16	0.02	0.02	0.02
Portugal	18	18	0.05	0.02	0.02
Spain	18	18	0.05	0.03	0.03
Tunisia	18	18	0.05	0.05	0.00

Notes: for almost all MedSPAD countries the information reported have been extracted from the World Health Organization, Global status report on alcohol and health, 2018. For Malta and Tunisia the relevant information has been provided by the MedSPAD Committee member in the country.

Regulating the hours and days of sale as well as location and density of alcohol outlets (i.e. the concentration of alcohol outlets in a geographical location) is indicated by the WHO as an effective method for restricting the physical availability of alcohol at the population level.

Among the MedSPAD countries, only Cyprus and Morocco have all these four aspects in place, whilst all the others reported national regulations for on-premise and off-premise outlet hours of sale, with the exception of Croatia and Greece.

Besides the regulations concerning sales, the marketing restriction indicators included by the WHO in the 2018 Global status report on alcohol and health were the prevalence of restrictions on advertising for alcoholic beverages in various venues, the regulation of product placements, sponsorship and the regulation of promotions.

Table 9 shows that all the MedSPAD countries, with the exception of Greece, apply restrictions on alcohol products advertising. In addition to restrictions on alcohol advertising, nine countries also reported on their regulation of alcohol marketing that takes the form of product placement on television and at sporting events, a partial ban on company sponsorship of events and producer promotions for alcohol sales. Only one country, i.e. Tunisia, has a total ban on alcohol marketing.

Only four countries require health warning labels on alcohol containers.

Table 9. National restrictions for on-/off-premise sales, legally binding regulations and required health warnings on alcohol products

	Restrictions for on-/off-premise sales of alcoholic beverages (any):		Legally binding regulations on alcohol				Legally required health warning labels on alcohol	
	Hours, days	Places, density	Advertising	Placement	Sponsorship	Sales promotion	Advertisements	Containers
Algeria	Yes, No	Yes, Yes	Yes	Yes	Yes	Yes	No	No
Croatia	No, No	Yes, No	Yes	Yes	No	No	No	No
Cyprus	Yes, Yes	Yes, Yes	Yes	No	No	No	No	No
Egypt	Yes, Yes	Yes, No	Yes	Yes	Yes	No	No	No
France	Yes, No	Yes, Yes	Yes	Yes	Yes	Yes	Yes	Yes
Greece	No, No	No, No	No	No	Yes	Yes	Yes	Yes
Israel	Yes, No	Yes, No	Yes	No	No	Yes	Yes	Yes
Italy	Yes, No	Yes, No	Yes	Yes	Yes	Yes	No	No
Malta	Yes,No	No, No	Yes	Yes	Yes	Yes	No	No
Morocco	Yes, Yes	Yes, Yes	Yes	Yes	Yes	Yes	Yes	No
Portugal	Yes, No	Yes, No	Yes	Yes	Yes	Yes	Yes	Yes
Spain	Yes, No	Yes, No	Yes	Yes	Yes	Yes	No	No
Tunisia	Yes, Yes	Yes, No	Total ban	Total ban	Total ban	Total ban	-	No
Algeria	Yes, No	Yes, Yes	Yes	Yes	Yes	Yes	No	No

Notes: or almost all MedSPAD countries the information reported have been extracted from the World Health Organization, Global status report on alcohol and health, 2018. For Tunisia the relevant information have been provided by the MedSPAD Committee member in the country.

2.2 Tobacco policy

As shown in Table 10, almost all MedSPAD countries for which information is available reported that they have a written national policy on tobacco, the only exceptions being Greece and Malta where various pieces of legislation are in place, but not a national strategy or action plan.

All MedSPAD countries, Algeria, Greece and Morocco excluded, have also a national monitoring system in place, and all of them apply an excise tax on tobacco.

Table 10. National tobacco policy, monitoring systems and excise taxes in the MedSPAD countries

	Written national policy		National monitoring system(s)	Excise tax
	Present	(adopted/revised)		
Algeria	Yes	N/A	No	Yes
Croatia	N/A	N/A	N/A	N/A
Cyprus	Yes	(2012, new draft plan in 2018)	Yes	Yes
Egypt	Yes	(1981/2007)	Yes	Yes
France	Yes	(2018-2022)	Yes	Yes
Greece	No	-	No	Yes
Israel	Yes	N/A	Yes	Yes
Italy	Yes	(2014-2018, still in force)	Yes	Yes
Malta	No	No	Yes	Yes
Morocco	Yes	(2019)	Yes	Yes
Portugal	Yes	N/A	Yes	Yes
Spain	Yes	(1995/2005/2006/2007/ 2010/2011/2014/2017)	Yes	Yes
Tunisia	Yes	(1998/2014)	Yes	Yes

Notes: for all MedSPAD countries the information reported have been provided by the MedSPAD Committee members in each country.

Table 11 shows that in all the MedSPAD countries for which information is available the legal minimum age for purchasing tobacco products is 18 years. In two countries, i.e. Algeria and Cyprus, there is a total ban on tobacco advertising, placement, sponsorship of events and sales promotion. In almost all of the other countries there are legally binding regulations on tobacco products which rule all the four aspects.

In all countries the national laws in force require the presence of health warning labels on tobacco products, be they in tobacco advertisements, if these allowed, or tobacco containers.

In all countries the national government provides support for the prevention and treatment actions undertaken at community level.

Table 11. National restrictions for sales, legally binding regulations and required health warnings on tobacco products

Legal minimum age for sales		Legally binding regulations on alcohol				Legally required health warning labels on alcohol		General
		Advertising	Placement	Sponsorship	Sales promotion	Advertisements	Containers	Governmental support for community action
Algeria	18	Total ban	Total ban	Total ban	Total ban	Total ban	Yes	Yes
Croatia	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cyprus	18	Total ban	Total ban	Total ban	Total ban	Total ban	Yes	Yes
Egypt	18	Yes	No	Total ban	Total ban	Yes	Yes	Yes
France	18	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Greece	18	Yes	Yes	Yes	Yes	Yes	Yes	Yes *
Israel	18	Yes	Yes	No	Yes	Yes	Yes	Yes
Italy	18	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Malta	18	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Morocco	18	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Portugal	18	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Spain	18	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tunisia	18	Total ban	Yes	Total ban	Total ban	Yes	Yes	Yes

Notes: for all MedSPAD countries the information reported have been provided by the MedSPAD Committee members in each country.
* Ad hoc, not as part of a National Strategy.

2.3 Drug policy

This section provides an overview of the main aspects concerning of drug-related laws in force in the countries of the Mediterranean region.

In particular, it compares the penalties, or rehabilitative responses, for the core offences of drug use, possession for personal use, and supply-related offences across participating countries following the model of analysis proposed by EMCDDA (Penalties at a glance tool). Furthermore, this section also provides a summary of the legislative changes to drug policies implemented in the MedSPAD countries over the period 2007-2017, as well as of the presence of a written national drug strategy, its coverage, and of the presence of a national monitoring system.

Table 12 shows that nearly all the countries in MedSPAD specify drug use or consumption as a specific offence, with the exception of Italy, where the use of drugs is not mentioned as an offence in the national legislation. In more than half of the MedSPAD countries, drug use can be considered as a criminal offence punishable by imprisonment. In four of these countries, i.e. France, Egypt, Israel and Malta the penalty foreseen for the offence varies depending on the substance considered. In Israel the "Decriminalisation with responsibility" reform implemented in 2009 changed the penalties attached to the recreational use of cannabis. Under the new law, the possession of a small amount of cannabis is a non-criminal offense punished by escalating fines for users caught up to three times, criminal proceedings are launched only if the user is caught a fourth time, whilst the use of other illicit drugs is punishable by imprisonment.

A special case is Malta, where the use of drugs is per se not regulated by the law, but only the use of prepared opium is prohibited and punished by imprisonment. In three countries, all belonging to the Northern rim of the Mediterranean, e.g. Croatia, Portugal and Spain, the use of drugs is not a criminal offence (punishable with incarceration), but an administrative offence that may be punished with administrative measures, such as fine, or non-pecuniary sanction. In the case of Croatia the sanction foreseen does not vary by drug, whereas in Portugal the fine varies depending on which table of the related drug law the drug is listed in.

In Algeria, Egypt, Morocco, Tunisia the use of drugs is punishable by imprisonment combined with a fine, and specifically: 2 months to 2 years incarceration and a fine of 5,000 to 50,000 Algerian Dinars (DZD) in Algeria, a term of not less than one year imprisonment and a fine of 1,000 to 3,000 Egyptian Pounds (EGP) in Egypt, 2 months to 1 year imprisonment and a fine of 500 to 5,000 Moroccan Dirham (MAD) in Morocco, one to five years in prison and a fine of 1,000 to 3,000 Tunisian Dinars (TND) for Tunisia. In the majority of countries foreseeing some forms of penalty, this can be suspended and replaced by a treatment programme if needed. This is foreseen for minors in Israel for example.

Table 12. The legal framework for drug consumption in the MedSPAD countries

	Punishment for the offence	Alternatives to punishment for the offence	Penalty vary by drug (e.g. Cannabis / other drugs)	Penalty vary by quantity
Algeria	Incarceration and a fine	Community service or treatment for addiction	No	No
Cyprus	Incarceration possible	No (law containing alternatives inactive)	No	Not applicable
Croatia	Without incarceration	No	No	Not applicable
Egypt	Incarceration and a fine	Treatment for addiction	Yes	Yes
France	Incarceration possible	Treatment for addiction	Yes	Not applicable
Greece	Incarceration possible	Treatment for addiction	No	Not applicable
Israel	Incarceration possible	Treatment for addiction (minors)	Yes	N/A
Italy	None	Not applicable	Not applicable	Not applicable
Malta	Incarceration possible	Treatment for addiction	Yes	Not applicable
Morocco	Incarceration and a fine	Injuction to treatment	No	Not applicable
Portugal	Without incarceration	Counselling or Treatment for addiction	Yes	Not applicable
Spain*	None	Not applicable	Not applicable	Not applicable
Tunisia	Incarceration and a fine	Treatment for addiction	No	Possible

Notes: for the European countries (Cyprus, Croatia, France, Greece, Italy, Malta, Portugal and Spain) the source of the data is EMCDDA, Penalties at a glance tool, whereas for the other countries the necessary information have been provided by the MedSPAD Committee members.
*In Spain private consumption is not a criminal offence but public consumption is an administrative offence that may be punished with administrative measures in which the penalty varies by drug (depending of the price of the drug) and by quantity.

As shown in Table 13, all countries in MedSPAD specify possession of a given quantity of drugs for personal use as an offence, although it is defined it in different ways (e.g. personal possession defined by quantity limits, personal possession decided by the judge taking into account different factors etc.).

Possession of a small quantity of drugs for personal use is a non-criminal offence, i.e. an administrative offence punished by administrative measures (no detention), in Croatia, Italy, Malta, Portugal and Spain. Whilst in Croatia the penalty does not vary depending on the type of drug possessed, in Italy, Malta, Spain and Portugal, the penalties vary depending on the drug (for example in Italy and Portugal depending in which table of the related drug law the drug is listed in), with personal possession of cannabis usually being punished with lower penalties than other drugs.

In Cyprus, France and Greece possession of drugs for personal use is a criminal offence punished by imprisonment. Whilst in Cyprus and France the length of imprisonment varies depending on the drug (in Cyprus there are three different classes of drugs with related penalties, in France a distinction is made between "narcotic" and "psychotropic" drugs), in Greece the possession of any drug is punished by up to 5 months' imprisonment. In Israel, the possession of up to 3 grams of cannabis is punished by a fine up to three times, then by incarceration. The possession of all other illicit drugs is defined for personal use up to 5 grams and punished by incarceration.

In Algeria, Egypt, Morocco and Tunisia the penalty for the possession of drugs for personal use comprises both incarceration and a fine. In particular, in Algeria and Morocco no distinction is made concerning the penalty attached to use and personal possession, with a penalty of 2 months to 2 years incarceration and a fine of 5,000 to 50,000 DZD in Algeria, and 2 months to 1 year imprisonment and a fine of 500 to 5,000 MAD in Morocco, and one to five years in prison and a fine of 1,000 to 3,000 Tunisian Dinars (TND) for Tunisia. In Egypt instead, a difference is made and the penalty for personal use of drugs includes severe incarceration and a fine of 10,000 to 50,000 EP. Egypt is also the only country among those foreseeing imprisonment and a fine that differentiates between drugs: it is higher if the substance is cocaine, heroin or one of the other substances in class A, whilst for example it shall not exceed 5 years imprisonment, and not more than 5,000 EP if the narcotic substance substances are weak anaesthetics.

Table 13. The legal framework for drug possession for personal use in the MedSPAD countries

	Punishment for the offence	Alternatives to punishment for the offence	Penalty vary by drug (e.g. Cannabis / other drugs)	Penalty vary by quantity
Algeria	Incarceration and a fine	Community service or treatment for addiction	No	No
Cyprus	Incarceration possible	No (law containing alternatives inactive)	Yes	No
Croatia	Without incarceration	Treatment for addiction	No	No
Egypt	Incarceration and a fine	Treatment for addiction	Yes	Yes
France	Incarceration possible	Treatment for addiction	No	No
Greece	Incarceration possible	Treatment for addiction	No	No
Israel	Incarceration possible	No	Yes	Yes
Italy	Without incarceration	Treatment for addiction	Yes	No
Malta	Without incarceration	Treatment for addiction	Yes	Yes
Morocco	Incarceration and a fine	Injuction to treatment	No	No
Portugal	Without incarceration	Treatment for addiction	Yes	No
Spain	Without incarceration	Treatment for addiction or re-education activities	Yes	Yes
Tunisia	Incarceration and a fine	Treatment for addiction	No	Possible

Notes: for the European countries (Cyprus, Croatia, France, Greece, Italy, Malta, Portugal and Spain) the source of the data is EMCDDA, Penalties at a glance tool, whereas for the other countries the necessary information have been provided by the MedSPAD Committee members.

As shown in Table 14, all countries in MedSPAD have offences for the production, trafficking, offering, selling, or possession of drugs with intent to distribute or supply, which vary significantly both in terms of punishments, alternatives to punishment, drugs involved and quantity limits considered

Table 14. The legal framework for drug supply in the MedSPAD countries

	Punishment for the offence	Alternatives to punishment for the offence	Penalty vary by drug	Penalty vary by quantity
Algeria	Fine from 100.000 dzd to 50.000.000 dzd for the physical person, up to 250.000.000 dzd for the moral person and Imprisonment from 2 years up to life imprisonment	N/A	No	No
Cyprus	Fine and/or Imprisonment (up to life imprisonment)	No (law containing alternatives inactive)	Yes	No
Croatia	Imprisonment: 1 to 15 years	For minor cases or addiction: fines, community service, probation, treatment	No	No
Egypt	Execution and Fine: 100,000 EP to 500,000 EP	No alternative	Yes	Yes
France	Imprisonment: 5 years to life imprisonment	For sentences of up to 5 yrs: probation order that may included treatment	No	No
Greece	Imprisonment: 3 years to life imprisonment	Treatment	Yes	Yes
Israel	Imprisonment	No	No	N/A
Italy	Imprisonment: 6 months to 20 years Fine: €26 000 to €260 000.	For sentences of up to 4 yrs: community service and/or treatment	Yes (depending on the "quality")	Yes
Malta	Imprisonment: 6 months to life imprisonment	Treatment	Yes	Yes
Morocco	Imprisonment and fine	Treatment	N/A	N/A
Portugal	Imprisonment: 1 to 25 years	Treatment	Yes	Yes
Spain	Imprisonment: 1 to 6 years (possibility of aggravating circumstances)	For sentences of up to 5 yrs: community service and/or treatment	Yes	Yes
Tunisia	Imprisonment: 6 years to life imprisonment	N/A	No	No

Notes: for the European countries (Cyprus, Croatia, France, Greece, Italy, Malta, Portugal and Spain) the source of the data is EMCDDA, Penalties at a glance tool, whereas for the other countries the necessary information have been provided by the MedSPAD Committee members.

With respect to the history of changes to the legislation ruling the use, possession and traffic of drugs, five MedSPAD countries, i.e. Croatia, Greece, Italy, Malta and Tunisia, amended their laws in the period 2007-2017.

Specifically, Croatia amended in 2013 the Drug Abuse Prevention Act, following which the possession of small quantities of drugs for personal use is now considered not a criminal offence but a misdemeanour.

Greece with Laws 4139/2013 and 4523/2018, introduced a more lenient approach to drug users and drug-using minor offenders, e.g. alternatives to imprisonment.

Italy, removed the sentencing distinctions between two classes of illicit drugs in 2006, resulting in an increased penalty for the possession of cannabis for personal use and the contemporary increase in the maximum duration of administrative sanctions for any illicit drug. In 2014, the law was repealed and since the implementation of Law 79/2014, a distinction is made between less dangerous drugs in Schedules II and IV and more dangerous drugs in Schedules I and III.

In Malta, in an attempt to implement alternatives to imprisonment the new act of 2015 now requires that one appears before a Justice Commissioner when found with small amounts related to personal use and if found to be so a fine is applied. In the instance that an individual appears for a second consecutive time before the Commissioner then the same individual is required to attend a sitting held by the Rehabilitation Board where an assessment is done and the outcome of which needs to be adhered to by the individual in question. Failure to do so may result in the case being forwarded to the Courts for further action.

In Tunisia, the 1992 Narcotics Act (Act 92-52) was revised in 2017 giving judges the right to apply Article 53 of the Criminal Code to reduce penalties, not only for consumption, detention and consumer intent (Article 4 of Act 92-52), but also for attending consumption spaces (Article 8 of Act 92-52).

Table 15. Legislative changes to drug policies in the MedSPAD countries (2007-2017)

	Legislative changes (2007-2017)
Algeria	No changes
Cyprus	No changes
Croatia	Yes (in 2013 the Drug Abuse Prevention Act was amended. The possession of small quantities of drugs for personal use is now considered not a criminal offence but a misdemeanour)
Egypt	No changes
France	No changes
Greece	Yes (Law 4139/13 and 4523/2018 introducing a more lenient approach to drug users, e.g. alternatives to imprisonment, and drug-using minor offenders and Ministerial decisions favouring the production and the medical use of cannabis and cannabinoids.)
Israel	No changes
Italy	Yes (in 2016 and 2014. In 2006, Law 49/2006 modified the provisions of Presidential Decree 309/90 of 1990 removing the sentencing distinctions between two classes of illicit drugs. This resulted in an increased penalty for possession of cannabis for personal use, while the maximum duration of administrative sanctions, such as withdrawal of driving licence, for any illicit drug was raised to one year. In February 2014, the Constitutional Court declared that amendment illegitimate and repealed the law.
Malta	Yes ("Treatment not Imprisonment Act" of April 2015)
Morocco	No changes
Portugal	No changes
Spain	No changes
Tunisia	Yes (the 1992 Narcotics Act was revised in 2017 giving judges the right to apply Article 53 of the criminal code to reduce penalties, not only for consumption, detention and consumer intent (Article 4 of Act 92-52), but also for attending consumption spaces (Article 8 of Act 92-52). - Ref: https://www.swansea.ac.uk/media/Cannabis-and-the-Drug-Law-in-Tunisia-A-Reform-Rooted-in-Social-Justice-Claims.pdf

Notes: for almost all MedSPAD countries, the information reported have been provided by the MedSPAD Committee members in each country. For Croatia, the information reported have been extracted by the European Monitoring Centre for Drugs and Drug Addictions (EMCDDA), Penalties at a glance tool.

In addition to the legislative framework, most MedSPAD countries have also a written national policy in place covering illicit drugs, that can take the form of a national drug strategy, action plan or other, to different extents covering policy areas such as information, research, monitoring and evaluation, coordination and international cooperation. Greece is the only country with no overall policy strategy, but has in place various pieces of legislation.

While in many cases the focus of national drug strategy documents is mainly concerned with illicit drugs, in some others it has a broader focus covering other priority topics, such as medications, non-illicit substances and behavioural addictions. In Algeria, Egypt, Italy, Malta and Tunisia the policy document addresses exclusively or predominantly illicit drug problems.

As shown in Table 16, with regard to other psychotropic substances besides illicit drugs, alcohol is included in the written policy of four countries, i.e. Cyprus, France, Portugal and Spain. In the case of Cyprus, for example the national strategy providing the overarching political framework and priorities for 2013-20 includes illicit substances and alcohol. Tobacco is instead included in the written policy of three countries, i.e. France, Morocco and Spain. Prescription medications and anabolic steroids are only included in the National Plan for the Reduction of Addictive Behaviours and Dependencies approved in Portugal for the period 2013-2020, only prescription medications in addition to illicit drugs in Malta, whilst doping in the drug strategy of France.

Concerning behavioural addictions, gambling has been included in the national strategies of France, Portugal and Spain. Internet addiction and screen-based addictions are instead covered only by the French and Spanish strategies.

All the MedSPAD countries also have national monitoring systems in place, which usually have among their competences the evaluation of the national drug policies and strategies by means of indicators and research projects.

Table 16. Written national drug strategies, related coverage, and national monitoring systems in the MedSPAD countries

	Written national strategy / Action plan in place	Coverage	National monitoring system(s)
Algeria	Yes (adopted in 2011; revised in 2015)	Any illicit drugs	Yes
Cyprus	Yes (2013-2020)	Illicit drugs and alcohol	Yes
Croatia	N/A	N/A	N/A
Egypt	Yes (adopted in 1960; revised in 1989)	Any illicit drugs	Yes
France	Yes (2018-2022)	Alcohol, tobacco, illicit drugs, doping, gambling and screen-based addictions.	Yes
Greece	No (only various pieces of legislation)	Any illicit drugs	Yes
Israel	N/A	N/A	N/A
Italy	Yes (2010-2013, but still in force)	Any illicit drugs	Yes
Malta	Yes (adopted in 2008)	Any illicit drugs	Yes
Morocco	Yes (as part of the 2025 Health Plan)	Tobacco and all illicit drugs	Yes
Portugal	Yes (2013-2020)	Alcohol, illicit drugs, medicines and anabolic steroids, gambling	Yes
Spain	Yes (adopted in 2017)	Alcohol, tobacco, illicit drugs, gambling and internet adiction	Yes
Tunisia	Yes (adopted in 1992; revised in 2017)	Any illicit drugs	Yes

Notes: for all MedSPAD countries, the information reported have been provided by the MedSPAD Committee members in each country.

2.4 Drug-related statistics

The quantities of illicit drugs seized by law enforcement agencies are an important indicator of drug markets. However, these have to be treated carefully, as quantities seized may fluctuate from one year to another, for example due to a small number of large seizures.

We report here the seized quantities of drugs which are provided in tons, there are however a number of other seized drugs which are provided in doses or tablets that have not been included.
These data give an overall idea of the drug market in each country, but have to be taken with caution as the drugs considered are not homogeneous across countries.

As shown in Table 17, the country with the highest quantity of drugs seized was Spain in which the amount of drug seized in 2017 was 413.20 tons, followed by Morocco where in 2018 the total quantity of drugs seized (comprising herbal cannabis, cannabis resin and cocaine) was 402.8 tons, and Egypt where the figure (comprising herbal cannabis and cannabis resin, heroin, opium, cocaine, khat, vodo) was 395.17 tons in 2015.

Cannabis products (herbal cannabis and resin) are the most commonly seized drug across the MedSPAD countries for which data are available, accounting for almost 95% on average of the total country seizures recorded. The country which seized the highest quantity of cannabis was Morocco, where in 2018 the total quantity seized was 400 tons, of which 70.75% was herbal cannabis ('marijuana') and 29.25% was cannabis resin ('hashish'). It is followed by Egypt, where in 2015 were seized 394.44 tons of cannabis and Spain where in 2017 the seizures of this dug amounted to 370.60 tons.

Concerning the prison population, people charged with or convicted of offences related to the prohibition of drugs represent a sizeable proportion of people in prison, ranging from the 32.37% recorded in Italy in 2017 to the 6.72% in Cyprus.

Table. 17 Drug seizures and prison population

	Drug seizures		Prison population	
	All recorded drugs (tons)	Cannabis (tons)	Total	For drug-related offences
Algeria	61.64 *(2017)*	52.61 *(2017)*	N/A	N/A
Cyprus	0.19 *(2017)*	0.173 *(2017)*	1,726 *(2017)*	78 *(2017)*
Croatia	N/A	N/A	N/A	N/A
Egypt	395.17 *(2015)*	394.44 *(2015)*	34,415 *(2004)*	N/A
France	N/A	87.6 *(2017)*	80,000 *(2019)*	14,400 *(2019)*
Greece	31.82 *(2017)*	31.21 *(2017)*	10,654 *(2018)*	2,372 *(2018)*
Israel	N/A	N/A	N/A	N/A
Italy	114.61 *(2017)*	108.87 *(2017)*	58,127 *(2017)*	18,817 *(2017)*
Malta	17 *(2017)*	16 *(2017)*	618 *(2017)*	152 *(2017)*
Morocco	402.80 *(2018)*	400.00 *(2018)*	83,000 *(2018)*	16,600 *(2018)*
Portugal	8.23 *(2017)*	5.20 *(2017)*	13,587 *(2017)*	7,500 *(2014)*
Spain	413.2 *(2017)*	370.6 *(2017)*	59,703 *(2017)*	N/A
Tunisia	17.34 *(2016)*	7.67 *(2016)*	20,755 *(2017)*	6,662 *(2017)*

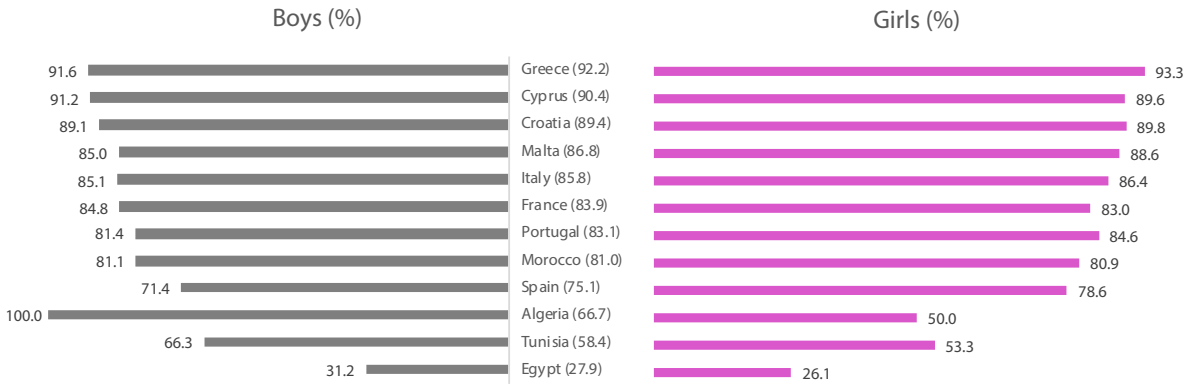
Notes: The figures for "All recorded drugs" comprise for each country the following drugs:
Algeria: Cannabis resin, cocaine, crack, heroin, opium;
Cyprus: Cannabis comprising cannabis plants, heroin;
Egypt: Cannabis (herbal cannabis and cannabis resin), heroin, opium, cocaine, khat, vodo;
Greece: Cannabis (herbal, resin, oil, and seed) and heroin, cocaine and methadone;
Italy: Cannabis (herbal cannabis and cannabis resin), cocaine, heroin, synthetic drugs, other drugs;
Malta: Cannabis, cocaine, heroin, amphetamine, synthetic drugs, other drugs;
Morocco: Cannabis (herbal cannabis and cannabis resin), cocaine;
Portugal: Cannabis, cocaine, heroin, khat;
Spain: Cannabis (herbal cannabis and cannabis resin), cocaine, heroin and other opiates, synthetic drugs, other drugs;
Tunisia: Cannabis (herbal cannabis and cannabis resin), heroin.

3. Substance availability and use among adolescents

3.1 Availability of substances

The availability of substances (alcohol, tobacco, cannabis, cocaine, hallucinogens, mushrooms, heroine, ecstasy, amphetamines, metamphetamines, and crack) is on average 76.74% (boys = 79.84%; girls = 75.36%) which recorded a substance as 'fairly easy' or 'very easy' to obtain. The highest percentage on this indicator is to be found in Greece (92.44) while the lowest is in Egypt (27.96) (see Figure 2).

Figure 2. Prevalence of students responding substance 'fairly easy' or 'very easy' to obtain (percentage) by gender



3.2 Onset of substance use

The prevalence of students who have first smoked cigarettes at the age of 10 or less is 3.5% on average. The highest percentage of these students is in Croatia (12.2%) while the lowest is in Egypt (1.5%).

On average, 20.2% of students first try cigarettes between 11 and 14 years of age, the highest share of students experimenting with cigarettes in this age class is in Italy (38.5%), while lowest is to be found Morocco (4%). 9.4% of students experiment with cigarettes at an older age than 14 years, with the maximum in Italy (17.5%) and the minimum in Morocco (4.5%) (see Table 18 and Figure 3).

Figure 3. Prevalence of students first smoking cigarettes at the different age classes (total) (percentage)

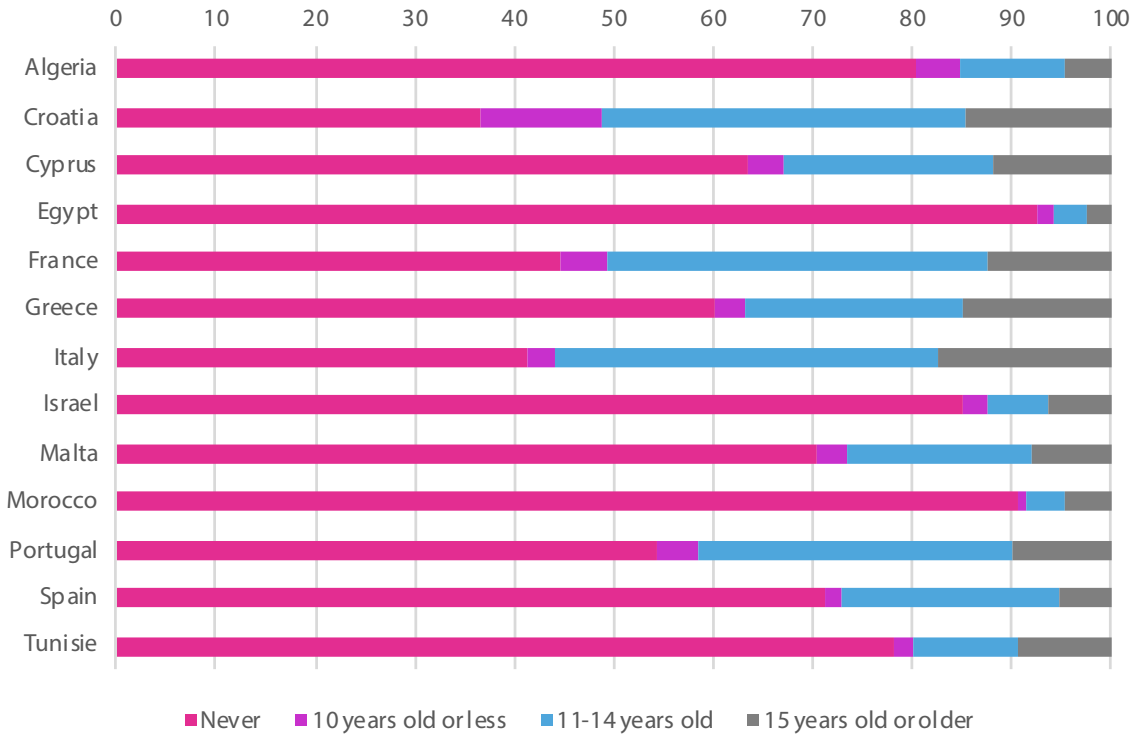


Table 18. Prevalence of students first smoking cigarettes by age class and gender (percentage)

	Gender	Never	10 years old or less	11-14 years old	15 years old or older
Algeria	Boys	62.3	8.1	19.6	9.9
	Girls	93.3	1.7	3.9	1.1
Croatia	Boys	37.5	15.7	32.9	13.8
	Girls	35.5	8.3	40.5	15.7
Cyprus	Boys	57.9	5.8	25.4	10.9
	Girls	68.5	1.9	16.7	12.9
Egypt	Boys	85.2	3.0	7.2	4.6
	Girls	96.7	0.7	1.1	1.5
France	Boys	45.9	5.8	36.9	11.4
	Girls	43.4	3.2	40.0	13.3
Greece	Boys	58.2	4.6	23.3	13.8
	Girls	62.2	1.1	20.8	15.9
Italy	Boys	44.1	3.9	35.5	16.5
	Girls	38.7	1.2	41.7	18.5
Israel	Boys	80.0	4.2	9.2	6.6
	Girls	90.1	0.6	3.5	5.8
Malta	Boys	74.4	2.9	15.3	7.4
	Girls	66.3	3.2	22.1	8.4
Morocco	Boys	82.9	1.5	7.9	7.7
	Girls	96.1	0.2	1.3	2.4
Portugal	Boys	54.5	6.0	30.4	9.0
	Girls	54.0	2.7	32.9	10.5
Spain	Boys	74.7	2.2	18.6	4.5
	Girls	68.0	1.0	24.9	6.1
Tunisia	Boys	61.7	2.6	20.2	15.5
	Girls	88.6	1.4	4.2	5.7
Average	**Boys**	**63.0**	**5.1**	**21.7**	**10.1**
	Girls	**69.3**	**2.1**	**19.5**	**9.1**

Considering other substances (alcohol, cannabis, cocaine, hallucinogens, mushrooms, heroine, ecstasy, amphetamines, metamphetamines and crack) the prevalence of students first using them at the age of 10 or less is 12.8% on average. The highest percentage is in Croatia, where the share of students experimenting with these substances at 10 years old or less is 33.9%, the lowest percentage of students experimenting with these substances at 10 years old or less is in Morocco (0.2%). On average, 33.9% of students experimented with other substances between 11 and 14 years old, the highest share of students experimenting other substances in this age class is observed in Spain and Greece (58.9%), while the lowest share is seen in Egypt (2.1%). 10.4% of students on average experiment with other substances after they are 14 years old on average, with the maximum in Israel (19.1%) and the minimum in Egypt (1.2%) (see Table 19 and Figure 4).

Figure 4. Prevalence of students first use of other substances (alcohol, cannabis, cocaine, hallucinogens, mushrooms, heroine, ecstasy, amphetamines, metamphetamines, and crack) at the different age classes (percentage)

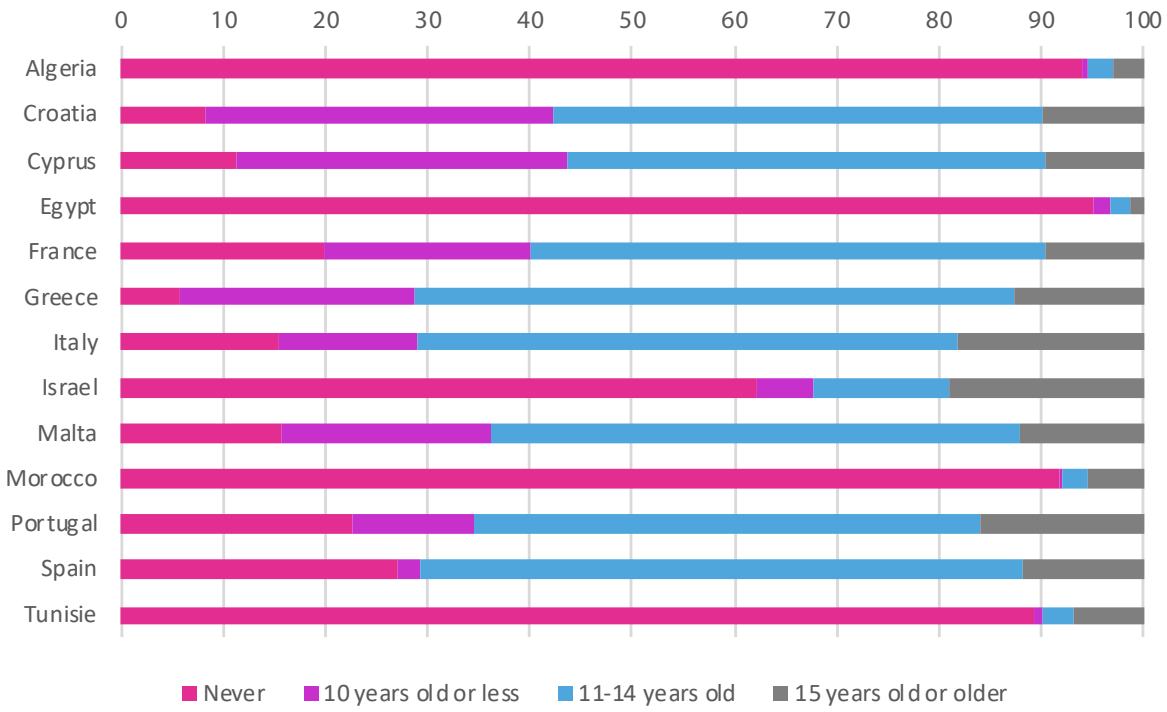


Table 19. Prevalence of students first use of other substances (Alcohol, Cannabis, Cocaine, Hallucinogens, Mushrooms, Heroine, Ecstasy, Amphetamines, Metamphetamines, and Crack) by age class and gender (percentage)

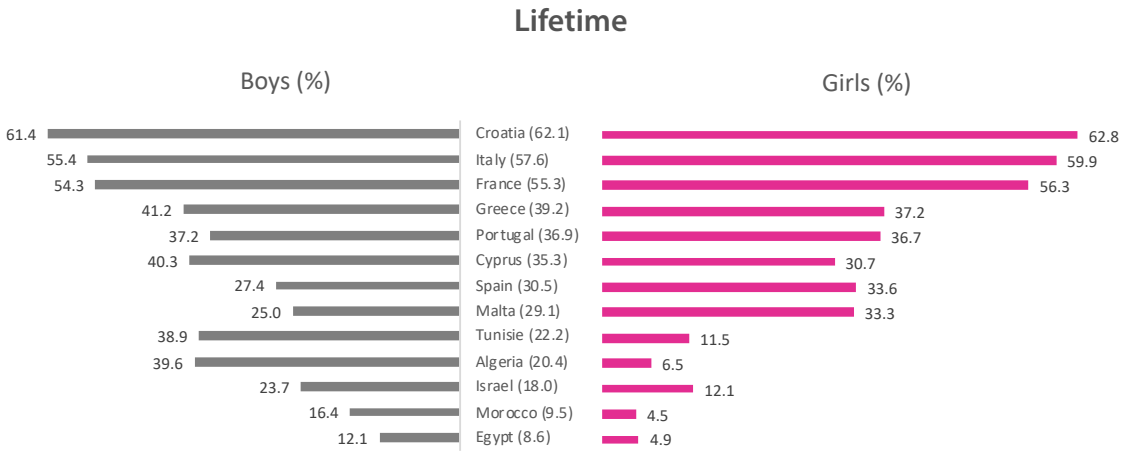
	Gender	Never	10 years old or less	11-14 years old	15 years old or older
Algeria	Boys	86.7	1.2	5.4	6.6
	Girls	99.1	0.0	0.4	0.4
Croatia	Boys	7.6	38.0	45.2	9.3
	Girls	9.2	29.3	50.8	10.7
Cyprus	Boys	11.2	41.0	41.3	6.5
	Girls	11.4	24.2	52.1	12.3
Egypt	Boys	92.7	2.7	2.8	1.8
	Girls	96.6	0.8	1.6	0.9
France	Boys	18.8	23.3	49.7	8.3
	Girls	21.0	17.0	51.2	10.8
Greece	Boys	5.1	28.3	57.1	9.5
	Girls	6.5	16.6	60.7	16.2
Italy	Boys	14.0	17.8	53.3	14.9
	Girls	16.9	9.1	52.5	21.5
Israel	Boys	53.1	8.9	17.9	20.1
	Girls	71.3	2.2	8.5	18.0
Malta	Boys	17.8	22.5	49.2	10.5
	Girls	13.5	18.4	54.7	13.4
Morocco	Boys	86.3	0.3	3.4	10.0
	Girls	95.9	0.2	1.7	2.2
Portugal	Boys	23.0	14.1	48.2	14.7
	Girls	22.5	9.9	50.9	16.7
Spain	Boys	29.8	3.7	55.4	11.1
	Girls	24.2	1.2	62.1	12.5
Tunisia	Boys	81.0	1.1	5.9	12.0
	Girls	94.7	0.8	1.1	3.4
Average	**Boys**	**40.5**	**15.6**	**33.4**	**10.4**
	Girls	**44.8**	**10.0**	**34.5**	**10.7**

3.3 Cigarette use

Regarding cigarette use, the prevalence of lifetime use is 32.7% on average (boys = 36.4%; girls = 30.0%). The country-level prevalence ranges between 62.1% in Croatia and 8.6% in Egypt.

Considering the use of cigarettes in the last 30 days, the average prevalence is 17.5% (boys = 19.7%; girls = 15.8%), with the maximum in Italy (37.1%) and the minimum in Morocco (2.9%) (see Figure 5).

Figure 5 Cigarettes use (percentage) by gender



Last 30 days			
	Boys	Girls	All students
Algeria	24.8	1.3	12.3
Croatia	32.0	34.2	33.1
Cyprus	22.3	13.1	17.5
Egypt	5.7	0.4	3.1
France	24.4	27.9	26.1
Greece	20.9	16.9	18.9
Italy	34.6	39.7	37.1
Israel	17.7	7.9	12.8
Malta	11.6	17.6	14.6
Morocco	6.1	0.6	2.9
Portugal	17.8	20.8	19.5
Spain	17.9	22.2	20.1
Tunisia	20.1	3.0	9.6
Average	**19.7**	**15.8**	**17.5**

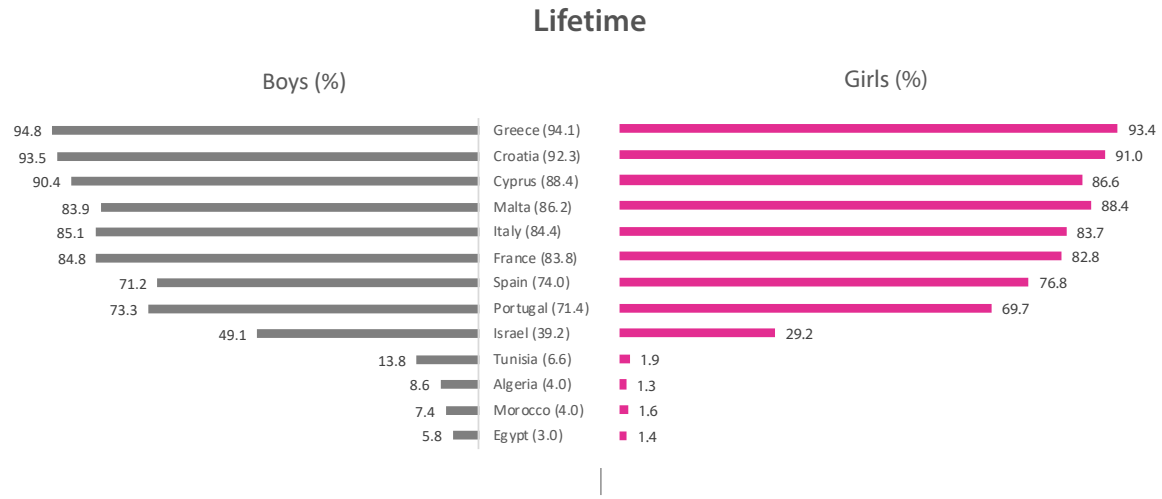
3.4 Alcohol use

The prevalence of lifetime alcohol use is 56.3% on average (boys = 58.6%; girls = 54.4%). The highest level of the prevalence of lifetime alcohol use is in Greece (94.1%), while the lowest is in Egypt (3.0%).

Considering the last 12 months, the average prevalence of use of alcohol is 52.1% (boys = 53.5%; girls = 51.0%). The highest level of this prevalence rate is in Greece (85.1%) while the lowest is in Algeria (2.4%). The prevalence of use of alcohol in the last 30 days is 37.5% on average (boys = 39.5%; girls = 35.6%).

The highest level of this prevalence value is to be found in Cyprus (67.7%), while the lowest is in Morocco (1.2%) (see Figure 6).

Figure 6. Alcohol use (percentage) by gender



	Last year			Last 30 days		
	Boys	Girls	All students	Boys	Girls	All students
Algeria	4.9	0.1	2.4	2	0.0	1.0
Croatia	83.7	79.9	81.9	60.0	48.0	54.0
Cyprus	83.0	77.1	79.9	72.0	63.0	67.0
Egypt	5.4	1.2	2.7	3.0	0.0	1.0
France	75.9	70.3	73.1	55.0	50.0	53.0
Greece	85.7	84.4	85.1	67.0	64.0	66.0
Italy	77.8	74.7	76.3	60.0	52.0	56.0
Israel	N/A	N/A	N/A	32.0	18.0	25.0
Malta	77.5	82.1	79.8	51.0	56.0	53.0
Morocco	5.4	0.4	2.5	2.0	0.0	1.0
Portugal	66.3	65.8	66.0	43.0	40.0	41.0
Spain	67.9	74.8	71.4	58.1	65.1	61.7
Tunisia	8.6	1.3	4.1	4.0	0.0	1.0
Average	**53.5**	**51.0**	**52.1**	**39.5**	**35.6**	**37.5**

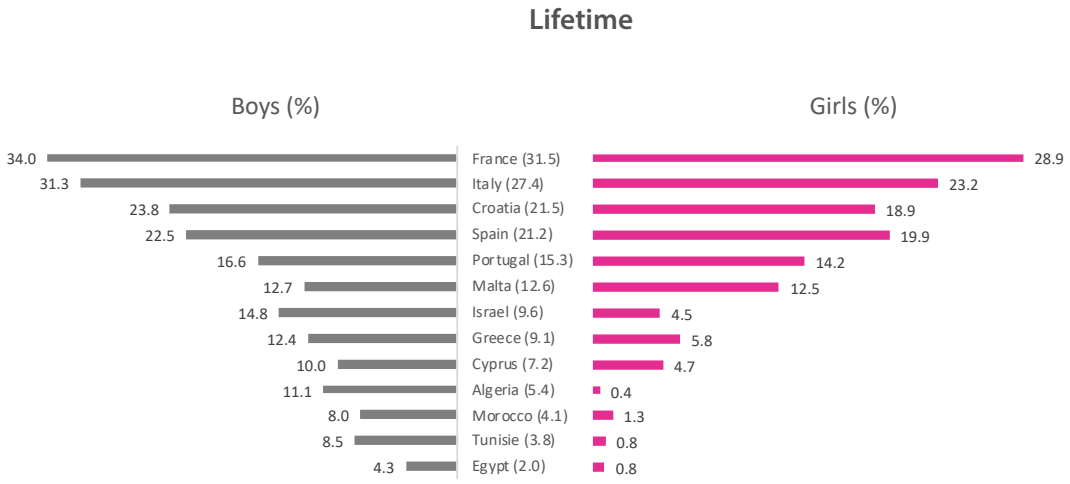
3.5 Cannabis use

The prevalence of lifetime cannabis use is 13.1% on average (boys = 16.2%; girls = 10.4%). The highest level of the prevalence of lifetime cannabis use is in in France (31.5%), while the lowest is in Egypt (2.0%).

Considering the last 12 months, the average prevalence of the use of cannabis is 10.9% (boys = 13.4%; girls = 8.8%). The highest level of this prevalence value is in France (26.7%), while the lowest is in Egypt (1.8%). The prevalence of cannabis use in the last 30 days is 6.9% on average (boys = 8.6%; girls = 5.3%).

The highest level of this prevalence rate is in France (17.4%), while the lowest is in Egypt (1.2%) (see Figure 7).

Figure 7. Cannabis use (percentage) by gender



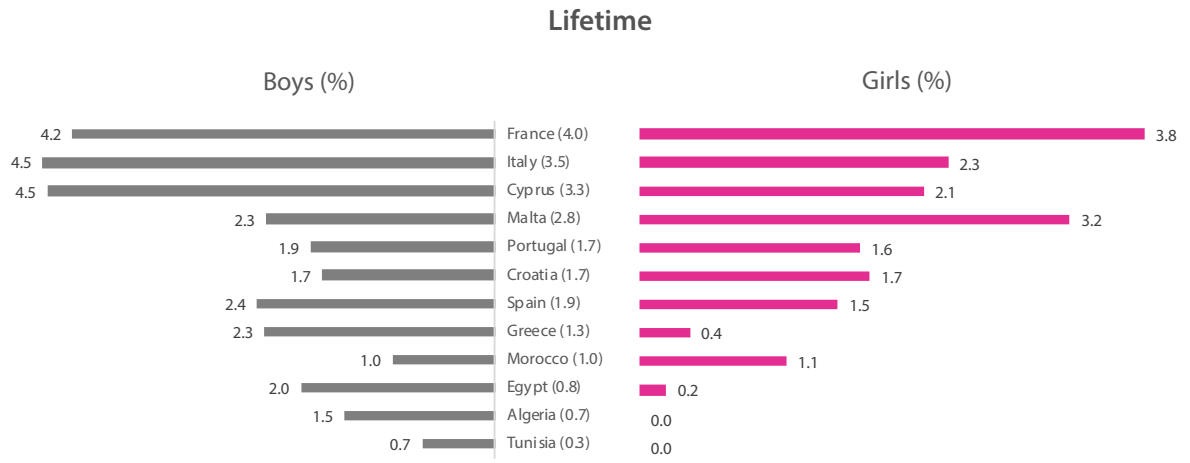
	Last year			Last 30 days		
	Boys	Girls	All students	Boys	Girls	All students
Algeria	7.4	0.2	3.6	5.6	0.1	2.7
Croatia	17.8	14.9	16.4	8.4	6.8	7.6
Cyprus	8.8	4.2	6.4	6.7	3.1	4.8
Egypt	3.8	0.8	1.8	2.6	0.5	1.2
France	28.9	24.5	26.7	18.7	16.0	17.4
Greece	10.2	4.7	7.4	5.9	2.4	4.1
Italy	26.7	19.4	23.1	18.3	11.3	14.9
Israel	12.8	3.6	8.2	10.5	2.7	6.6
Malta	10.6	10.3	10.4	5.4	5.3	5.4
Morocco	6.5	0.6	3.1	3.8	0.6	2.0
Portugal	14.2	12.4	13.2	7.7	7.5	7.6
Spain	20.1	17.9	18.9	15.7	12.7	14.1
Tunisia	6.0	0.6	2.7	3.1	0.3	1.4
Average	**13.4**	**8.8**	**10.9**	**8.6**	**5.3**	**6.9**

3.6 Cocaine use

The lifetime prevalence of cocaine use is 1.9% on average (boys = 2.4%; girls =1.5%). The highest level of the prevalence of lifetime cocaine use is in France (4.0%), while the lowest is in Tunisia (0.3%).

Considering the last 12 months, the average prevalence of cocaine use is 1.7% (boys = 2.4%; girls = 1.2%). The highest level of this prevalence value is to be found in Israel (5.1%) while the lowest is in Tunisia (0.2%) (see Figure 8).

Figure 7. Cocaine use (percentage) by gender



	Last year		
	Boys	Girls	All students
Algeria	1.0	0.0	0.5
Croatia	1.5	1.1	1.3
Cyprus	4.7	2.0	3.3
Egypt	1.3	0.2	0.6
France	2.5	2.7	2.6
Greece	1.7	0.4	1.0
Italy	3.3	1.4	2.4
Israel	8.6	1.6	5.1
Malta	1.8	2.2	2.0
Morocco	0.5	0.7	0.4
Portugal	1.4	1.1	1.2
Spain	1.9	1.2	1.5
Tunisia	0.5	0.0	0.2
Average	**2.4**	**1.1**	**1.7**

4. Methodology

Table 20. Methodological information concerning the survey data used in each country to produce the MedSPAD Report

	Sample size	Survey year	Sample type	Sampling unit	Geographic coverage	Survey name	Report name	Report link
Algeria	794	2016	Stratified propotionate random	Class	National	MedSPAD	MedSPAD 2016 Algérie	https://rm.coe.int/2017-ppg-med-40-MedSPAD-algerie-fra/16808b6da1
Croatia	2,558	2015	Stratified simple random	Class	National	ESPAD	ESPAD 2015 Methodology	http://www.espad.org/report/detailed-methodology
Cyprus	2,098	2015	Multistage random sampling	Class	National	ESPAD	ESPAD 2015 Methodology	http://www.espad.org/report/detailed-methodology
Egypt	4,265	2016	Multi-stage stratified propotionate random	Class	National	MedSPAD	MedSPAD 2016 in Egypt	https://rm.coe.int/2017-ppg-med-16-MedSPAD-survey-egypt-eng/16808cbcc6
France	2,714	2015	Stratified proporionate random	Class	National	ESPAD	ESPAD 2015 Methodology	http://www.espad.org/report/detailed-methodology
Greece	3,202	2015	Stratified random	Class	National	ESPAD	ESPAD 2015 Methodology	http://www.espad.org/report/detailed-methodology
Italy	4,059	2015	Stratified propotionate random	Class	National	ESPAD	ESPAD 2015 Methodology	http://www.espad.org/report/detailed-methodology
Israel	4,800	2019	Stratified propotionate random	Class	National	HBSC	-	-
Malta	3,326	2015	Total population	Not applicable	National	ESPAD	ESPAD 2015 Methodology	http://www.espad.org/report/detailed- y
Morocco	1,766	2017	Grappe	Class	National	MedSPAD	Résultats de l'enquête MedSPAD II Maroc 12017	https://rm.coe.int/2018-ppg-med-1-MedSPAD-report-morocco-fra/16808cbf41
Portugal	3,456	2015	Stratified propotionate random	Class	National	ESPAD	ESPAD 2015 Methodology	http://www.espad.org/report/detailed-methodology
Spain	9,595	2015	Multi-stage stratified random sampling	Class	National	ESTUDES	Encuesta sobre uso de drogas en estudiantes de enseñanzas secundarias (ESTUDES) 2014-2015	http://www.pnsd.mscbs.gob.es/profesionales/sistemasInformacion/sistemaInformacion/pdf/2016_Informe_ESTUDES.pdf
Tunisia	2,271	2017	Stratified propotionate random	Class	National	MedSPAD	MedSPAD II 2017 Tunisia	https://rm.coe.int/2017-ppg-med-41-MedSPAD-tunisia-report-fra/16808cbf44

Notes: for all MedSPAD countries the information reported have been provided by the MedSPAD Committee members in each country.

Concluding Remarks

This third MedSPAD regional report represents an important step forward towards the harmonisation of the collection of survey data on adolescent substance use across the participating countries with the aim to achieve evidence-based information for policy formulation in the Mediterranean region. It covers thirteen countries: Croatia (HR), Cyprus (CY), Egypt (EG), France (FR), Greece (GR), Israel (IL), Italy (IT), Malta (MT), Morocco (MA) Portugal (PT), Spain (ES) and Tunisia (TN).

The prevalence estimates provided in this report are the outcome of the integration into a common database of the survey data produced in each participating country, that run different surveys, ESPAD, MedSPAD and HBSC, using similar methodologies in different data collection years.

The MedSPAD Committee members and the authors of this report are aware that this exercise does not allow comparisons to be made between countries for the above reasons. However, this constitutes an important step in the process of converging towards a uniform methodology in order to produce comparable data across countries and years, as well as providing a meaningful overview of the situation concerning the socio economic and policy context, in relation to adolescent substance use in the Mediterranean region. This is part of the whole exercise within the committee to exchange knowledge and expertise on conducting school surveys and collecting and analysing data.

In the light of this experience, some common priorities have emerged: first of all, the harmonisation of the data collection instruments, methodology and survey years.

Given the rapidly changing scenario concerning the adoption of risk behaviours by adolescents, another priority which cannot be disregarded is the acquisition of a deeper knowledge into the use of other substances, like the New Psychoactive Substances, as well as behavioural addictions, such as gaming and gambling, which are raising concerns across all participating countries.

Furthermore, from the observation of the data and prevalence estimates contained in this report, the gender dimension of substance use seems to deserve a specific focus and needs to be further investigated.

By continuing and developing this work along the above priorities, in the next years the MedSPAD Committee will strive to increase the knowledge on substance use and addictive behaviours among adolescents, and will contribute to reducing the negative consequences of substance use and addictive behaviours in the Mediterranean region.

MedSPAD Documentation

To be found on PG MedNET website: https://www.coe.int/en/web/pompidou/mednet/MedSPAD

Methodology documents

P-PG / Med (2015) 33/1 (revised from first guidelines of March 2011), Guidelines – Mediterranean School Survey Project on Alcohol and Other Drugs (MedSPAD)

P-PG/Med (2016) 26 Ex P-PG / Med (2015) 33/2 Rev)

Questionnaires used in Algeria, Lebanon, Morocco, Tunisia and Egypt (from 2009 to 2016)

P-PG/Med (2004) 2 E Report – Validity and reliability of school surveys based on the European ESPAD methodology in Algeria, Libya and Morocco (MEDSPAD pilot school survey project), Ruud Bless and Richard Muscat

P-PG/Med(2004)2 F Rapport – La validité et la fiabilité des enquêtes scolaires fondées sur la méthodologie ESPAD en Algérie, Libye et au Maroc (MEDSPAD), Ruud Bless et Richard Muscat.

Country MedSPAD reports

MedSPAD 2016 in Algeria, P-PG/Med (2017) 40

MedSPAD 2016 in Egypt, P-PG/Med (2017) 16

MedSPAD Tunisia, P-PG MedNET (2014) 19

MedSPAD II Tunisie, P-PG/Med (2017) 41

MedSPAD Maroc, P-PG MedNET (2014) 22

MedSPAD III Maroc, 2017, P-PG/Med (2018) 1

MedSPAD Lebanon, P-PG MedNET 2009

Regional reports

Comité MedSPAD "la prévalence de la consommation d'alcool, de tabac et de drogues chez les adolescents : premier aperçu de la situation dans la région méditerranéenne", P-PG/MED (2015) 27

MedSPAD Committee "A First Glance at the Situation in the Mediterranean Region in Relation to the Prevalence of Alcohol, Tobacco and Drug use Among Adolescents", P-PG/MED (2015) 27

MedSPAD Committee "Prevalence of Alcohol, Tobacco and Drug use Among Adolescents in the Mediterranean Region", P-PG/Med (2017) 15

MedNET is the Pompidou Group's Co-operation Network in the Mediterranean Region on Drugs and Drug Addiction consisting of 17 countries from both the northern and southern rims of the Mediterranean

MedSPAD is the Mediterranean School Survey on Alcohol and other Drugs.

This third report which provides an insight into the perceived availability, early onset, prevalence of substance use among adolescents and its socio-economic and policy context in the Mediterranean region follows the work presented in the 2017 report "Prevalence of Alcohol, Tobacco and Drug use Among Adolescents in the Mediterranean Region" covering twelve countries.

In this third report, thirteen countries provided the raw data from their surveys to estimate the perceived availability of substances, early onset of substance use and prevalence of the use of alcohol, tobacco and drugs: Algeria, Croatia, Cyprus, Egypt, France, Greece, Israel, Italy, Malta, Morocco, Portugal, Spain and Tunisia.

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