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.

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Groupe Pompidou

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

Towards a Strengthened Democratic Governance in the Southern Mediterranean

Funded by the European Union

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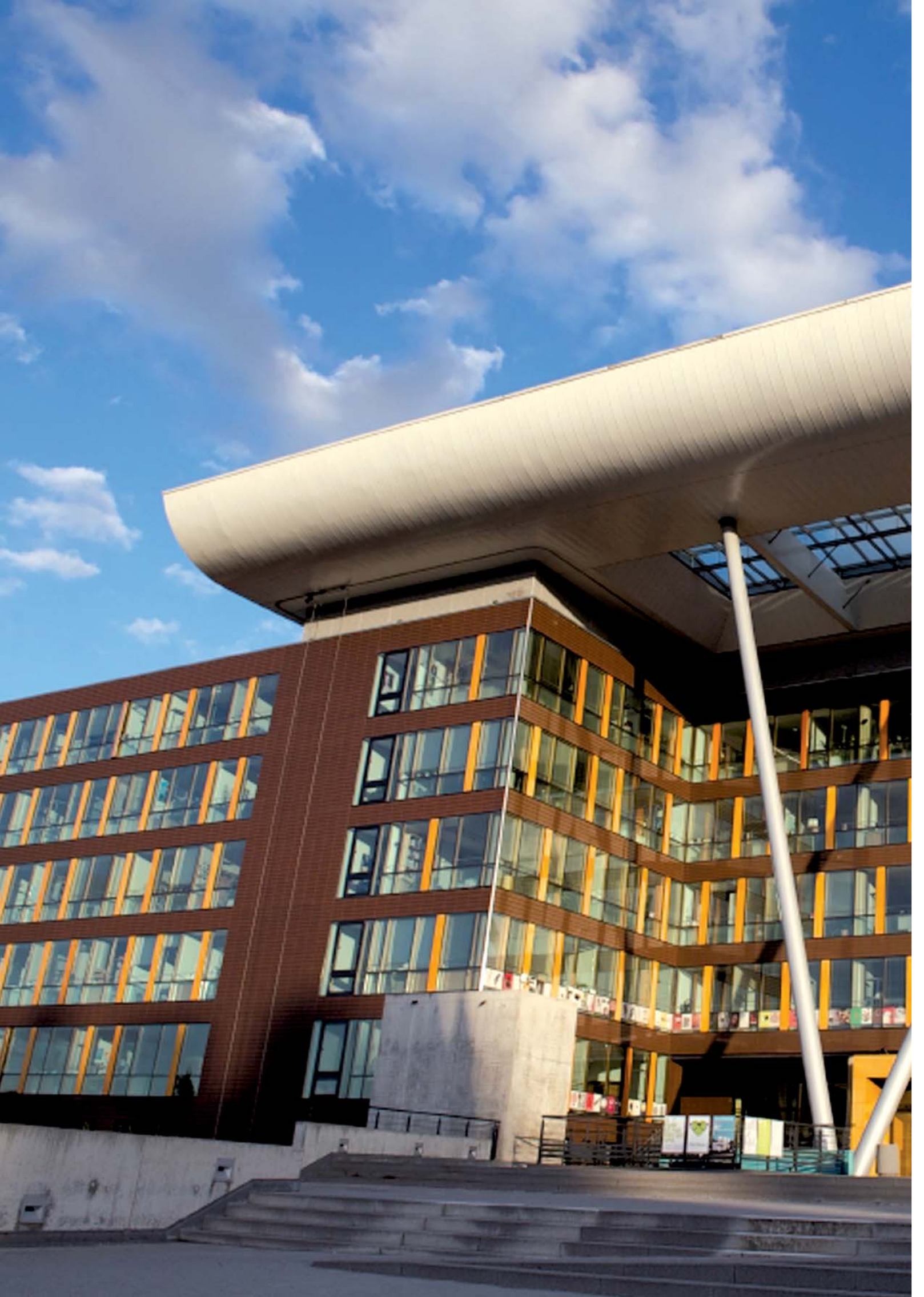

MedSPAD Committee

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Executive Summary

The Mediterranean School Survey Project on Alcohol and Other Drugs (MedSPAD) committee arose as a result of a MedNET initiative to start capacity building in relation to collection of data on substance use as part of the activities to set up National Observatories/Resource Centers in countries bordering the southern rim of the Mediterranean. To date a number of countries have used school surveys based on the ESPAD methodology to collect information on the prevalence of substance use among adolescents or better still, school-aged children. The results of this first attempt to do so are summarised below whereas the extended country reports provided herein demonstrate that the process is well on its way.

- This first attempt to get some insight into the use of alcohol, tobacco and drugs both recreational and non-prescriptive use of medicinal drugs among adolescents in the Mediterranean region is, to say the least, a major step forward under the current circumstances.
- The studies conducted in this exercise are those based on the European survey commonly referred to the ESPAD that were initiated by the Pompidou Group of the Council of Europe way back in 1995.
- Cyprus, Greece, Malta and Portugal have participated since the start of the ESPAD initiative in 1995, France since 1999, while Italy has been able to do so since 2003. Lebanon, Morocco and Tunisia have used an adapted version of the ESPAD questionnaire and as such the methodology known as the MedSPAD to provide prevalence figures.
- According to prevalence estimates for the countries on the northern rim of the Mediterranean, i.e. Cyprus, France, Greece, Italy, Malta and Portugal, alcohol by far is the most widely used substance, followed by tobacco, cannabis and the other drugs. In both Morocco and Tunisia, which grace the southern rim, tobacco is the most widely used, and in the case of Lebanon, it is nargileh, followed by alcohol, cannabis and other drugs.
- Another important aspect about the prevalence rates between the northern and southern rim countries is that they are much higher in the former than the latter. In Cyprus, France, Greece, Italy, Malta and Portugal lifetime use of alcohol, the most used substance, was estimated to be 87%, 91%, 93%, 85%, 90% and 82% respectively. In Lebanon, Morocco and Tunisia, where the most used substance is tobacco and nargileh, the lifetime prevalence rates are much lower, at 44%, 17% and 22% respectively.
- All countries of the Mediterranean have the same most popular third choice of substance, namely cannabis, but once gain the prevalence rates are much higher for lifetime use in Cyprus, France, Greece, Italy, Malta and Portugal, at 7%, 39%, 7%, 27%, 10% and 19%, than for Lebanon and Tunisia which were 4% and 1% respectively.
- The final or fourth most preferred substance among all countries in the Mediterranean is referred to as ‘other drugs’ and relates mainly to non-medical use of prescription drugs and cocaine and ecstasy.
- In all Mediterranean countries such school-aged children first try such substances during their teenage years, between the ages of 10 and 14 years old.

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Background and objectives

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 was conducted to examine the scale of the drug problem in Algeria, Morocco and Lebanon via the Mediterranean School Survey Project on Alcohol and other Drugs in Schools (MedSPAD), which provides 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. 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.

The proposal for the appointment of an official committee for the MedSPAD survey emerged at the March 2012 Rabat seminar on the use of drug research in policies in the Mediterranean region. It was endorsed at the MedNET meeting on 18 June 2012 and is currently being implemented within the 2014 MedNET work programme.

Objectives

The short-term aim is to share experiences between the countries of the MedNET Network who have conducted the MedSPAD and those who may wish to do so.

The added value of the committee will be to provide the opportunity to discuss the findings of the survey and how they may be used in prevention policy and the monitoring of this policy.

Moreover, this exercise is part of what is required by the National Observatories on drug and drug addiction that already exist in Europe and are about to be set up in some countries of the Mediterranean Region in that prevalence of drug use among youth obtained through school surveys is one of a list of indicators that needs to be collected and analysed.

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 of achieving harmonisation in the participating countries.

The countries participating in the MedSPAD committee are Morocco, Lebanon and Tunisia (which have conducted the MedSPAD survey) and Cyprus, France, Greece, Italy, Malta and Portugal, which will share their expertise in carrying out school surveys, in particular ESPAD (European School Survey Project on Alcohol and Other Drugs, conducted in 35 countries and repeated every 4 years since 1995).

The committee meet for the first time on 1 April and decided to continue to share experience concerning school surveys in the Mediterranean Region.

A framework for the ESPAD/MedSPAD/overview country report was prepared and concluded following the first meeting; it included items on methodology, prevalence of alcohol, tobacco and other drugs, the country context, the cost of the school surveys, the opinion of policy-makers (1 May 2014).

The MedSPAD committee experts from Cyprus, France, Greece, Italy, Lebanon, Malta, Morocco, Portugal and Tunisia provided a MedSPAD country report to the coordinator by 30 June 2014 as stipulated.

The coordinator has now prepared an overall report giving a first glance at the situation in the Mediterranean region concerning prevalence of substance use among adolescents.

This report per se has been structured in the following manner:

1. Rationale for School Survey:

The reason why your country thought it worthwhile to conduct a school survey in relation to the use of drugs, alcohol and tobacco in youth. The answer to this question needs to be framed within the context of the country in question – for example the need to have in place the relevant data to inform policy. In addition the cost of such surveys should also be provided.

2. Methodology:

A brief overview that provides the way in which such surveys have been conducted, that answers questions such as what percentage of the school population has been sampled, what age cohort? Is it representative? Which cohorts may have been left out and for what reason? Was it a class teacher or an outside agency who conducted the survey? Was ethical consent obtained from the parents and school? Thus these main issues have been summarised in one paragraph in relation to the methods used to conduct MedSPAD/ESPAD survey.

3. Survey Results:

Graphical representation and some text to accompany graphs that considers the following:

- Lifetime, last year and last month prevalence of drug use – to include all years that the survey has been conducted. One for cannabis and one for all other drugs. A final graph of age of first use of any drug. (A graph may be included for another drug of interest, e.g. inhalants, illicit medical drug use recently described as 'non-medical use of prescription drugs').
- Lifetime, last year and last month prevalence of alcohol use – to include all years when the survey has been conducted.
- Problem drinking – more than five drinks on one occasion and age of first use.
- Life time, last year and last month prevalence of tobacco use – to include all years the survey was conducted. Age of first use.

4. Discussion:

Overall situation of the prevalence of drug, alcohol and tobacco use in the country. Are the data used for policy formulation? If not, then the reason why. Are the data used in the preparation of programmes to address particular issues? Have any evaluation studies been done to see the outcome of the policy/prevention programmes?

Have politicians been involved from the start of the school survey and thus had some say in what questions should be asked? Has a cost-benefit analysis of the study been conducted, or for that matter, an impact analysis? Can the school survey be used as an example to bridge the divide between policy and research – are there any examples or suggestions of how this may be better done?

5. Conclusion:

Please provide your input on the overall outcome such as the achievements of having conducted a school survey and your own suggestions to improve both the conduct of the survey and the interaction between policy and research.

Funding of the project

The South Programme on Strengthening Democratic Reform in the Southern Neighbourhood funded by the European Union and implemented by the Council of Europe is supporting this project in 2014 and 2015.

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Cyprus:

1. Rationale for School Survey

Cyprus has been involved in ESPAD since 1995. It has carried out the surveys among its school population nationally in all government-controlled areas for each of five survey series in 1995, 1999, 2003, 2007 and 2011 respectively. The initiative for this work emerged to a great extent from the activity of an NGO named KENTHEA, which is directed by Dr Kyriakos Veresies, who remains a principal ESPAD researcher for Cyprus to this day. KENTHEA has been one of the foremost non-governmental organisers of preventive and research activities regarding substance abuse in Cyprus, and is still the largest organisation of its kind on the island.

Each of the ESPAD survey series in Cyprus was therefore carried out by KENTHEA, in collaboration with the Ministry of Education and Culture, which provides access to schools as well as technical and scientific consulting input and, at least since the 2007 series, has also been assisted by the Cyprus NFP and Cyprus Antidrugs Council. Since 2007, the Cyprus NFP has been actively involved in the organisation and technical support of the project, attending ESPAD meetings which are held internationally, together with representatives from the other involved parties. Moreover, the CAC and the Cyprus NFP financed the fieldwork for the 2011 series through a research agency (total cost of the 2011 survey: €24,656), and played a significant coordinating role in the implementation process, including methodological preparation and supervision of all the methodological guidelines.

The ESPAD survey offers important findings to Cypriot schools and feedback to the concerned professional and lay population at large regarding the extent of licit and illicit substance use among Cypriot youth, as well as the attitudes and behaviours of students relating to the phenomenon. It helps researchers identify some of the correlated factors which may underlie or sustain substance use and outline the relevant characteristics of teenage life in Cyprus against the background of teenage life in the rest of Europe, and provides a longitudinal picture of the situation in a series of information 'snapshots' as it develops across time.

While these characteristics of the ESPAD survey make it highly relevant to the articulation of national strategy and drug policy and provide important feedback to providers of prevention and treatment interventions, there is still scope for further implementation and utilisation of the ESPAD findings in Cyprus for all of these response sectors.

2. Methodology

Within the structure of the Cypriot educational system, ESPAD questionnaires are completed by first-year Lyceum and Technical School students. The questionnaires are completed in class, preferably in the period prior to the students' Easter breaks; nevertheless, methodological difficulties have occasionally been encountered as may be expected – for example, until the 2007 series the questionnaire was administered

in the classroom by teachers, whereas in 2011 research assistants were employed in the teachers' absence. The fieldwork on this occasion was carried out between April and May, which coincided with the Easter holiday and exams period, and this in turn is believed to have led to a number of methodological problems, as described briefly below.

The sampling frame in 2011 consisted of 1st grades of public upper secondary schools (no sample was used), and it covered only government-controlled areas, an inevitable research limitation which emerges from the current political situation. The final, valid sample consisted of 4243 pupils, representing 85% of schools (ESPAD average: 85%) and 76% of classes (ESPAD average: 87%). The number of discarded questionnaires (mainly due to low quality of data) reached 5%, in comparison to the ESPAD average of 1.3%. Also, a significant number of disturbances during the survey were observed, again exceeding the ESPAD average.

The above methodological considerations were of particular concern to the Cyprus NFP Scientific Committee, which, among other solutions, had suggested an implementation of the questionnaire in the classroom by both research assistants and teachers, in order to examine the impact on the methodological procedures and the results. While it may be assumed that the ESPAD findings are thorough and generally representative, it is expected that the validity and reliability of results produced by the 2015 series will be significantly enhanced following further reflection on methodology, as the conduct of each series naturally benefits from prior experience

3. Survey Results

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

With regards to licit substances, while 23% of pupils reported current smoking in 2011 (as compared with 22% in 2003, and 16% in 1999) the respective percentage of students consuming alcohol in the last month reached 70% (78% of boys and 62% of girls), significantly exceeding the ESPAD average (57%). In addition, 44% of pupils reported heavy episodic drinking in the last month (more than five drinks on one occasion). Despite the higher prevalence of alcohol consumption in the last month when compared to the respective ESPAD average, the self-estimated level of intoxication (during the last alcohol drinking day) was still lower than the average, which suggests a lack of awareness among Cypriot students regarding the effects of alcohol use.

What seems of particular interest is the wide availability of alcohol in Cyprus, especially when compared to other countries, both with regards to perceived, as well as actual availability. In particular, 87% of pupils in Cyprus believe that is fairly easy/easy to obtain alcohol (81% ESPAD average). Moreover, while off-premise purchase of alcoholic drinks in the last month was reported by half of students (49%, compared to the ESPAD average of 37%), on-premise purchase in the same time period was reported by as high as 69% of pupils (compared to the ESPAD average of 45%). The above results are of great significance with regards to the apparent limitations in the implementation of the respective national laws, according to which the age limit for the purchase of alcoholic drinks is 17 years (Law on the Sale of Alcoholic Drinks (Sect. 144); as amended through Laws 33/1961, 871966, 26/1968, 4/1972, 69/1977, 20/1985, 83(I)/1998 and 7(I)/2005).

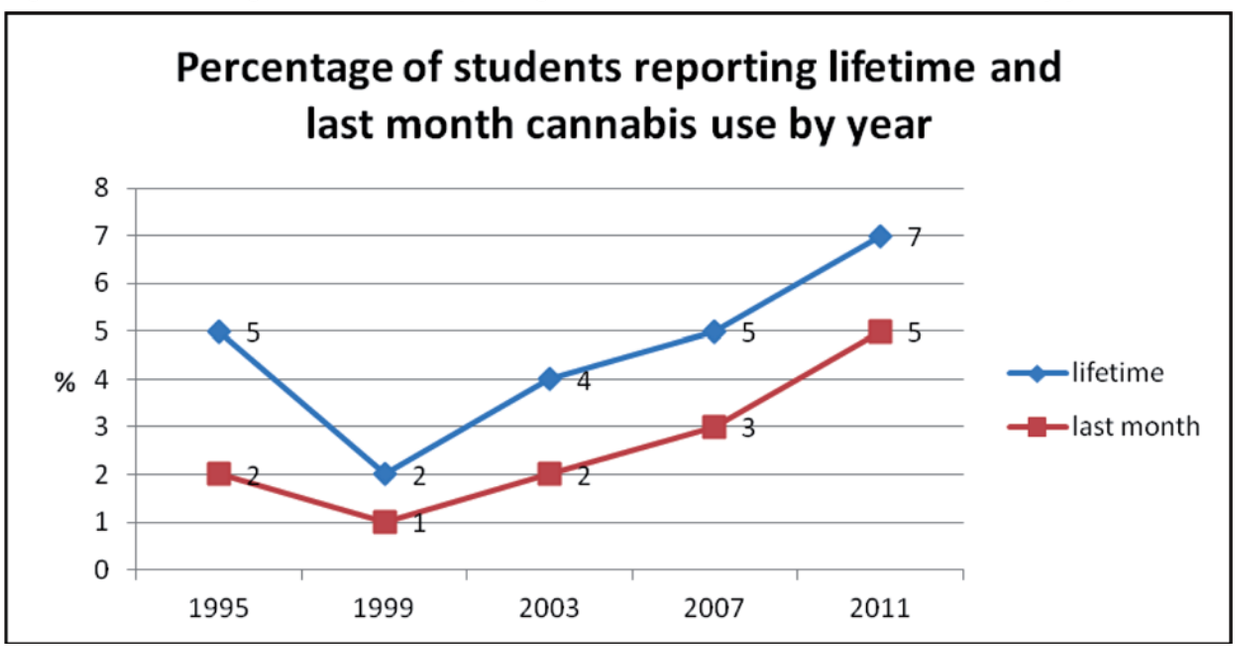
With regards to trends, while cigarette use remained stable, a noteworthy increase in alcohol consumption can be observed. In particular, the proportion of students reporting heavy episodic drinking in the last month from 38% in 1999, 33-34% in 2003/2007 it then increased to 44% in 2011. Analogous was also the rise of heavy episodic drinking three times or more in the last month. What could have contributed to the above

increase however, is the Easter holiday preceding the data collection, when students have a two-week break from school.

A significant increase could also be noted with regard to lifetime tranquiliser/sedative use without prescription, which in 2011 was reported by 11% of pupils (compared to 7% in 2007, 6% in 2003 and 1999 and 8% in 1995). In 2011, the proportion of students reporting this particular behaviour also significantly exceeded the ESPAD average (6%).

As for illicit drugs, an increase in cannabis use among Cypriot students could be observed, as illustrated below.

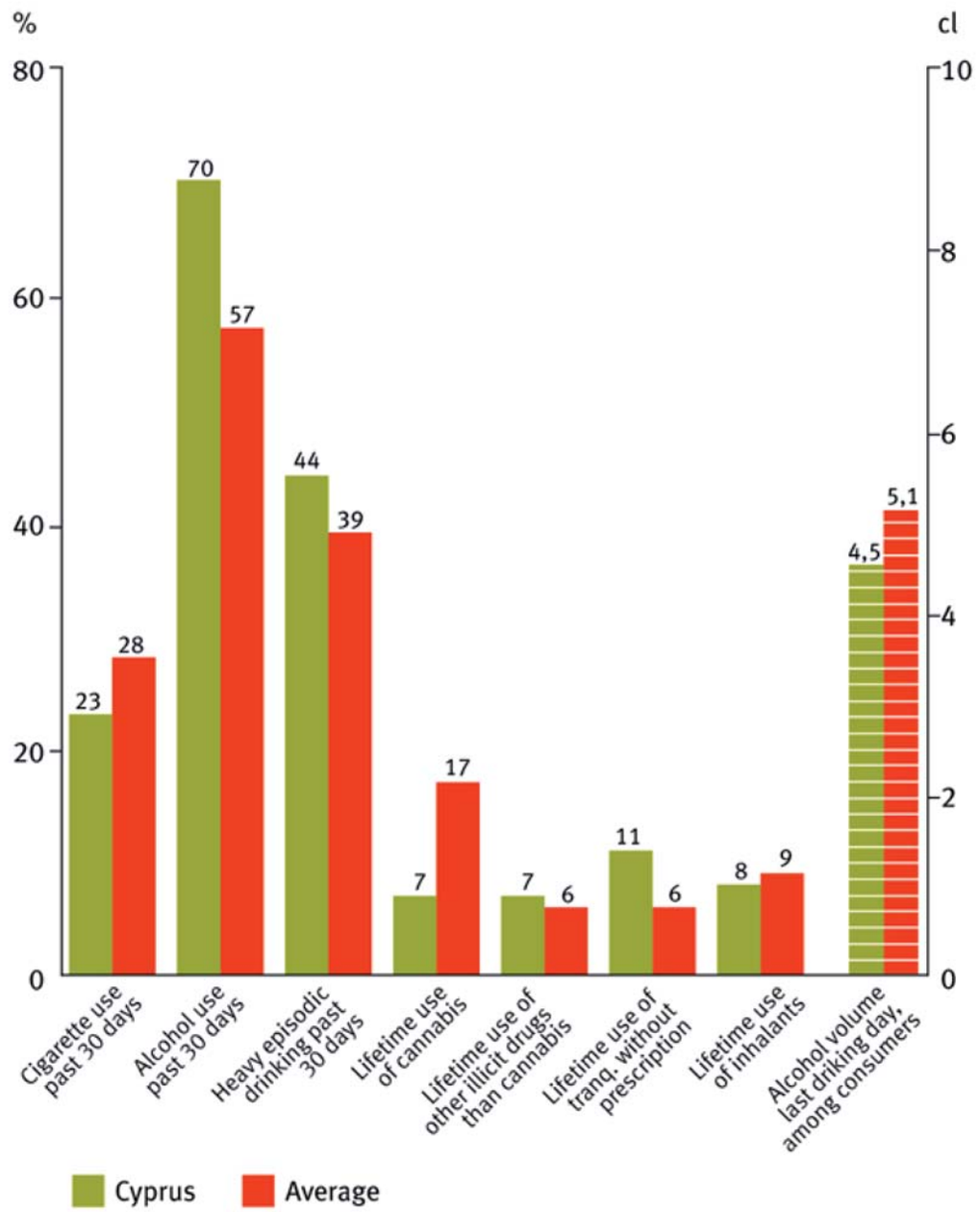
Figure 2.1 Percentage of students reporting lifetime and last month cannabis use by year



Source: Hibbel et al., 2012; Cyprus NFP 2012

Despite the observed increase, students in Cyprus appear to have a relatively low lifetime use of cannabis with respect to other countries (7% as compared to the EU average of 17%). The lifetime use of other illicit drugs was reported by 3-4% of pupils (ecstasy, cocaine/amphetamines). However, these results are treated with some caution due to the small numbers of students involved, the methodological limitations previously described, and also due to the appearance of certain 'odd' results (e.g. where last year prevalence was higher than lifetime). Finally, lifetime inhalant use among students appears to have dropped, from 18% in 2003, to 16% in 2007 and 8% in 2011.

Further comparisons between Cyprus and the ESPAD average can be observed in the graph below:



4. Discussion

The overall prevalence of drug, alcohol and tobacco use in Cyprus may be said to be evolving in step with the EU average, at a rate slightly below it. Trends such as the reduction in heroin use in recent years, and the invasion of new synthetic substances on the drugs scene, are observed in Cyprus as elsewhere in Europe, though use rates tend to be lower.

Unfortunately, perhaps due to lack of a general scientific research culture and infrastructure until very recently, there continues to be some indifference towards or negligence of research findings. Data is not particularly taken into account in the preparation of programmes to address particular issues, and although evaluations of policy/prevention programmes do occur sporadically, these are not considered mandatory. Policies tend to be pursued mostly as a result of convenience, necessity or desire, and if any active use of research data is made, it tends to be selective. However, it may be noted that recent policy criteria have made internal and external evaluation of programmes a prerequisite for obtaining funding.

Politicians have not been involved from the start of the school survey, and no cost-benefit analysis or impact analysis has been carried out. Due to the reasons given above, the school survey cannot currently be used as an example to bridge the divide between policy and research, though it may be possible to organise presentations to further inform policy-makers of the significance and impact of research findings and methodologies, in an attempt to motivate them to pay closer attention to the implications of good research.

5. Conclusion

The National Focal Point has played a significant role in recent years in offering financial and scientific assistance to the school survey, thereby helping towards upgrading the general quality of its methodology and results. Collaboratively running successive series of the survey also provides all involved parties with useful cumulative experience and knowledge.

France

1. Rationale for School Survey

In France, for a better understanding and knowledge of the behaviour of young people on drug uses, various self-administered surveys are fielded every four years: two school surveys (ESPAD and HBSC) extended to all school grades (respondents aged 11 to 16) and one specific survey carried out to address 17 year-old students.

The ESPAD survey offers a follow-up of the spread of drug uses in the 15-16 year-old age group and monitors teenagers routinely use drugs. These are the first advantages for our participation in this continent-wide survey. A comparison over a long period at European level is another advantage.

The missions of the French monitoring centre for drugs and drug addiction are to report to the authorities, the professionals of the field and the general public on the phenomenon of drugs and addictions.

2. Methodology

Population

In France, ESPAD surveys 15-16 year-old students (those who turn sixteen in the year of the survey). For the European comparison, a nation-wide sample of 2,400 French pupils is required by the European protocol. This sample represents 0.03% of French school students.

In 2011, age was not the only specific criterion; the sampling was carried out in a specific grade too.

The random sampling is defined by the Evaluation, Forecasting and Performance Department (DEPP, Ministry of Education) and is performed in two stages. First, a number of schools are sampled. Within each of them, two classes are selected. All the students in those two classes are then surveyed.

Data collection

In each school, the principal had received a letter from the Ministry of Education; the principal (or another reference person) is in charge of the survey. In most classes, the self-administered questionnaire is overseen by professional researchers. The students take between 35 and 50 minutes to fill out the questionnaire.

Parents' information

Parental consent is sought for the underage students. A few days before the questionnaires are handed out in class the students take a letter to their parents in which the main objectives and other information about the questionnaire are detailed.

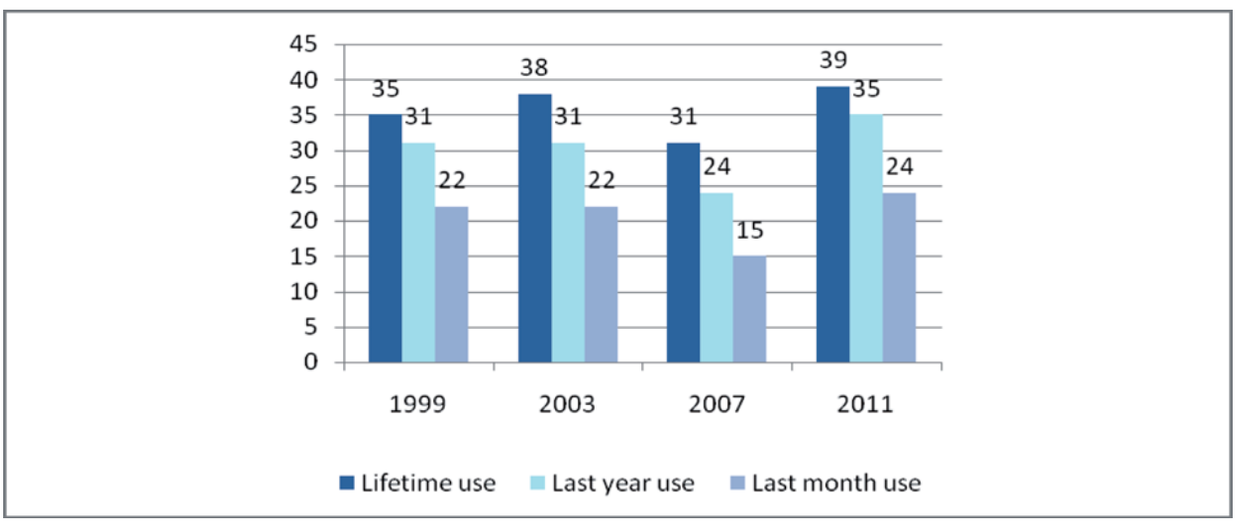
The parents may declare their refusal by sending back a letter to the school principal or giving it to the professional researcher on the day of the survey.

Method of processing, analysis and confidentiality

The collected information is anonymous and confidential: no names and numbers are present in the questionnaire. All completed questionnaires are sent straight to the processing company. To facilitate the IT processing, a number is stamped on each questionnaire. School and class information is not fed into the database. The only socio-demographic detail is gender, birth year and month and class grade.

Survey Results:

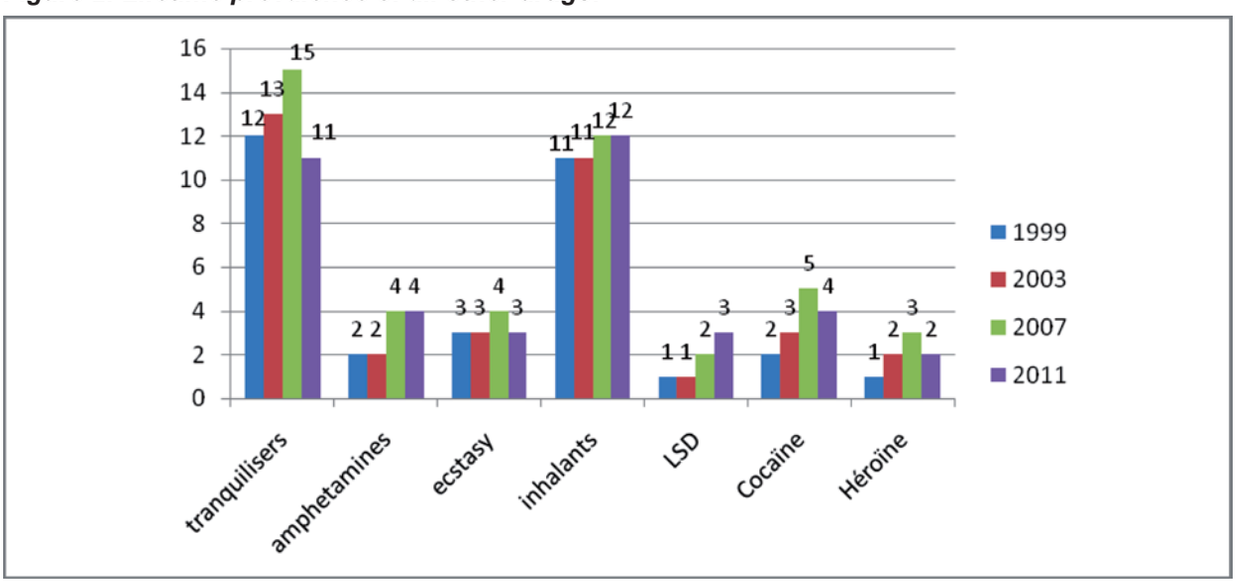
Figure 1: Lifetime, last year and last month prevalence of cannabis use among 15-16 year-old pupils (in %)



Source: ESPAD France 1999, 2003, 2007, 2011 – OFDT

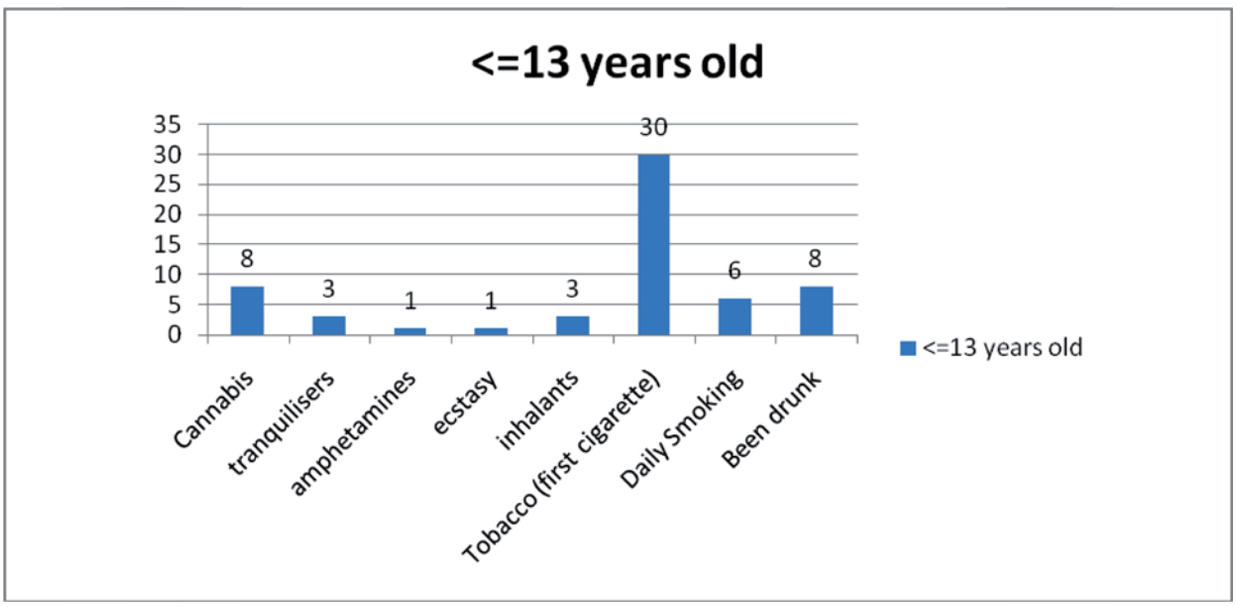
Between 1999 and 2011, all cannabis uses have increased, and significantly for lifetime use and last year use.

Figure 2: Lifetime prevalence of all other drugs:



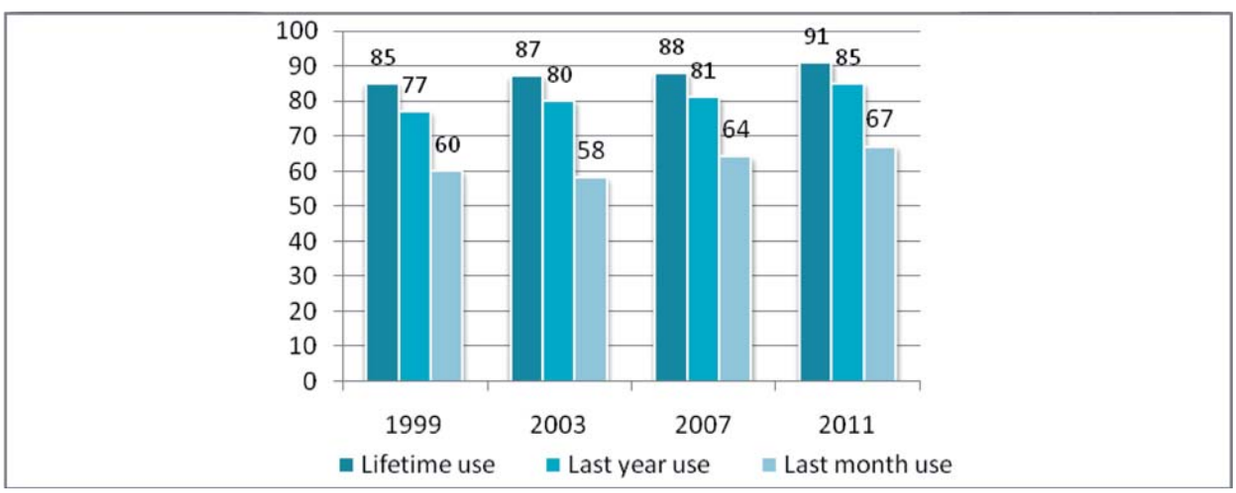
Source: ESPAD France 1999, 2003, 2007, 2011 – OFDT

Figure 3: Age of first use:



Source: ESPAD France 1999, 2003, 2007, 2011 – OFDT

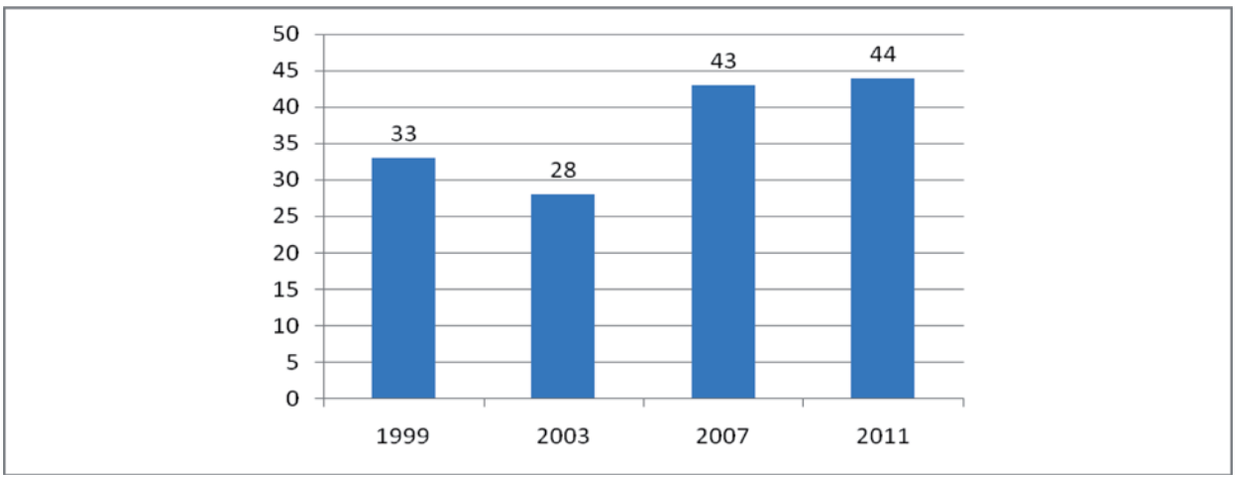
Figure 4: Lifetime, last year and last month prevalence of alcohol use among 15-16 year-old pupils (in %):



Source: ESPAD France 1999, 2003, 2007, 2011 – OFDT

Alcohol use has increased between 1999 and 2011 among young people aged 15-16. This applies to both boys and girls.

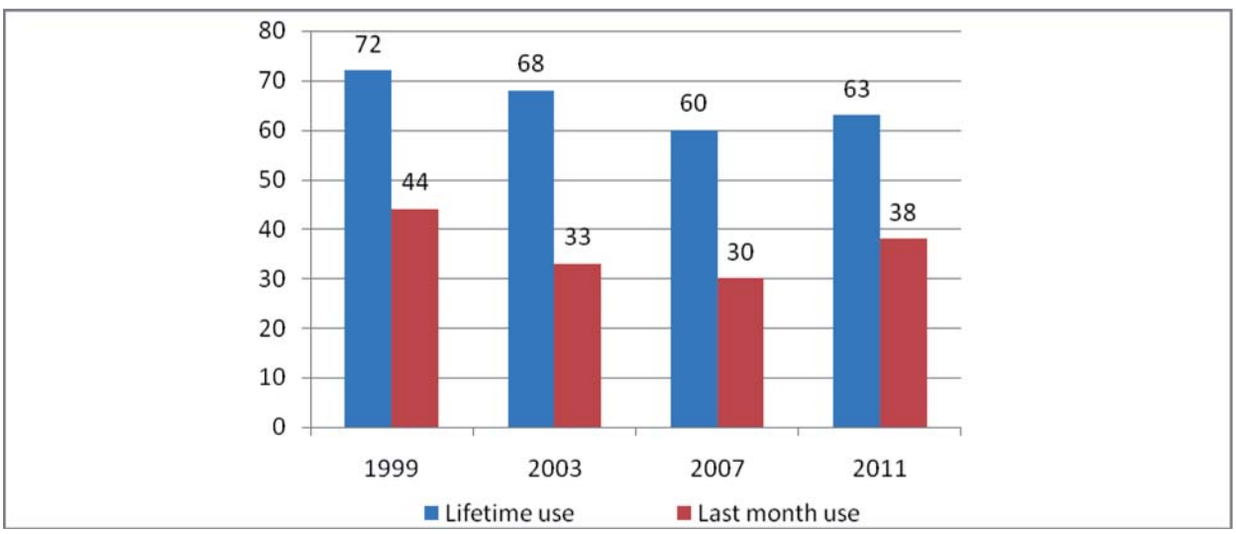
Figure 5: Problem drinking – more than five drinks on one occasion (in %):



Source: ESPAD France 1999, 2003, 2007, 2011 – OFDT

Heavy episodic drinking has increased over time but the level of use has plateaued between the last two surveys.

Figure 6: Lifetime, last year and last month prevalence of tobacco use (in %):



Source: ESPAD France 1999, 2003, 2007, 2011 – OFDT

Declining between 1999 and 2007, tobacco use increased significantly in 2011, with a significant prevalence in girls. However the level reached in 2011 is lower than the level in 1999.

3. Discussion:

In France, prevalence in illicit drug, alcohol and tobacco use take part on the preparation of the various governmental plans on prevention and risk reduction for young people.

France applies the European ESPAD protocol as defined: every four years, a common questionnaire, and on one hand a publication on the European comparative data and on the other hand the release of the French data.

Greece

1. Rationale for School Survey:

Longitudinal trends in licit and illicit drug use among adolescent students provide valuable information for policy-makers. They can plan prevention policies accordingly and adapt interventions on the basis of the outcome evaluation of different approaches. National school surveys examining licit and illicit substance use conducted in Greece since the early 1980s and the participation of the country since the mid 1990s in the ESPAD survey has provided the opportunity to follow trends in drug use and plan policies on evidence-based data. The national surveys on licit and illicit substance use were initially implemented by the Department of Psychiatry of the Athens University Medical School and have been implemented since the mid 1990s by the University Mental Health Research Institute. (Kokkevi, et al. 2012).

2. Methods:

The sample of the last national school survey in 2011 was a stratified probability sample of 42,885 students (37,040 students completed the questionnaire; 13.6% were absent on the day of the survey). The sample was representative of the 12 Regions in Greece.

Students were aged 13-19 (grades 7 to 12). As it was a school-based survey it is obvious that dropouts were not included. Data collection in the classrooms was overviewed by trained research assistants without the presence of the teacher. Each participant gave a written consent (both parents and students were well informed).

3. Survey Results on licit and illicit substance use:

Key results 2011:

Compared with the ESPAD average, cigarette use during the past 30 days was less commonly reported by students in Greece (Table 1), and lifetime use of cannabis was reported even less frequently compared to the ESPAD average prevalence (Table 2). On the contrary, lifetime use of inhalants and non-prescribed use of sedatives or tranquillisers were more commonly used among students in Greece as compared to other countries (Table 3). Close to three-quarters of the Greek students reported alcohol consumption in the 30-day period previous to the survey, which is well above the ESPAD average (Table 4). A slightly higher proportion than the ESPAD average reported that heavy episodic drinking had taken place during the same period of time. However, the reported amount of alcohol consumed on the latest drinking day was below the ESPAD average (Table 5, 4.2 versus 5.1 centilitres of pure alcohol). The overall picture of Greece in licit and illicit drug use is a mixed one with some key variables being above, some below and others in line with the ESPAD average.

Table 1

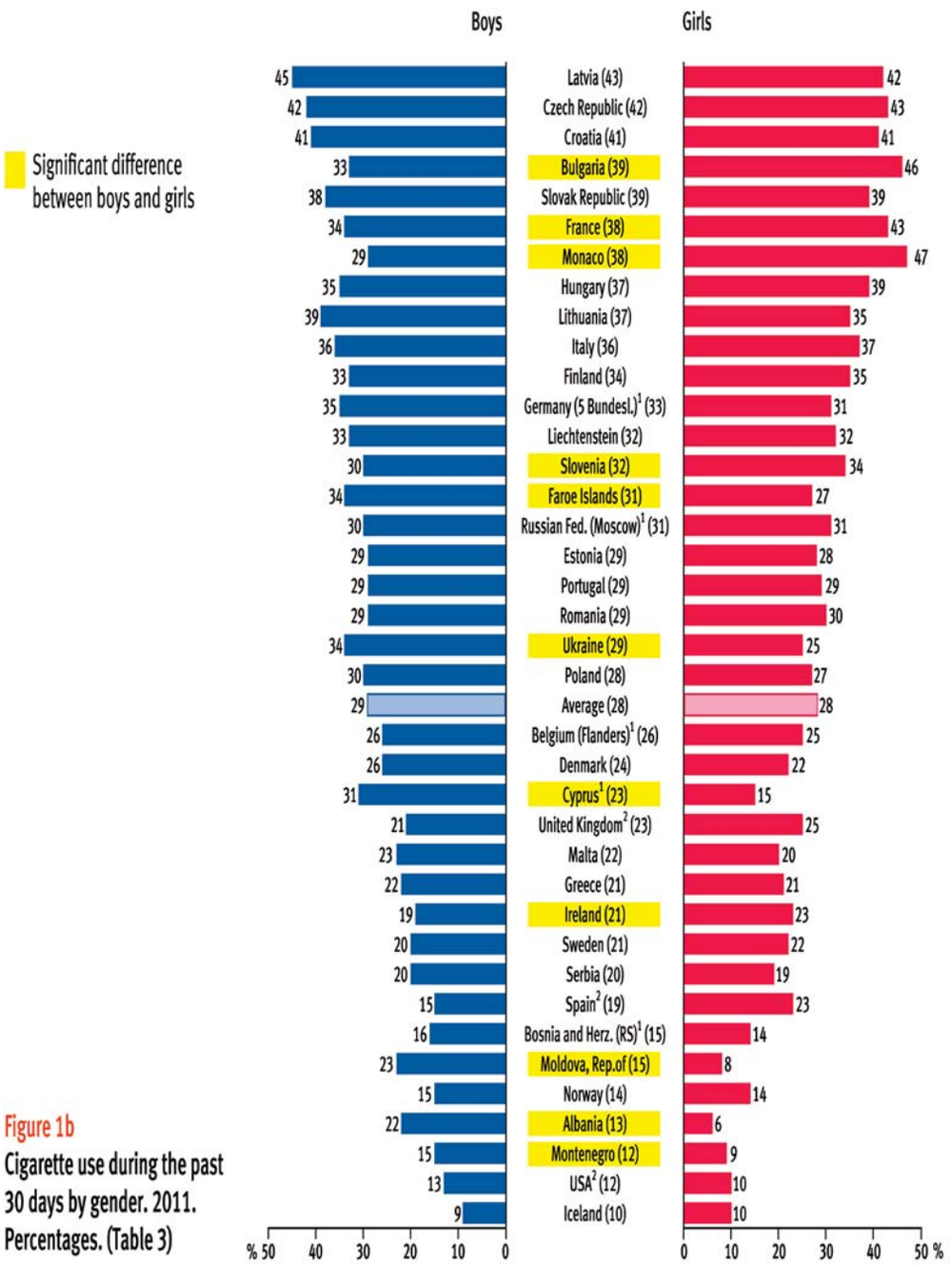


Figure 1b

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

Table 2

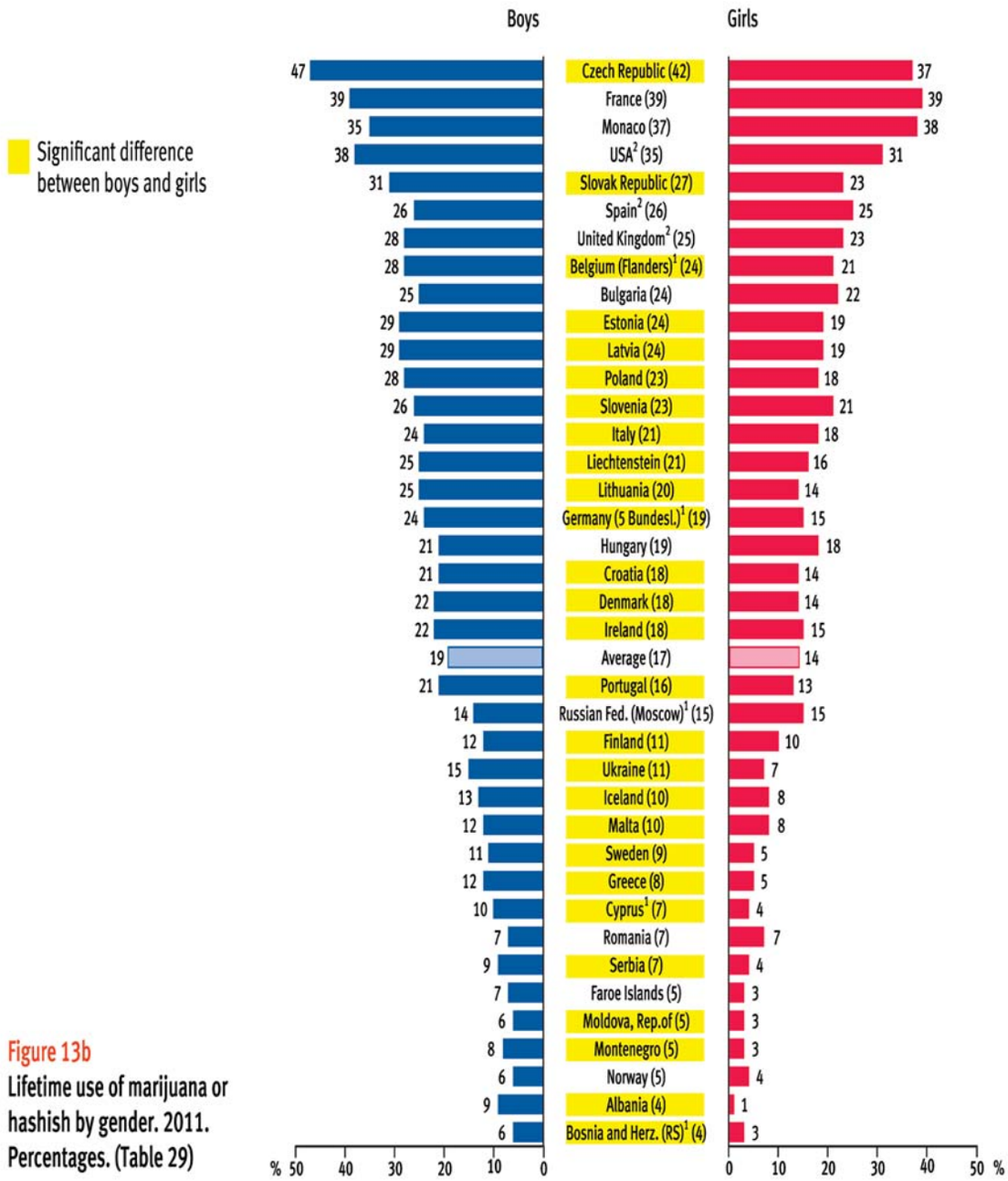


Figure 13b
Lifetime use of marijuana or hashish by gender. 2011. Percentages. (Table 29)

Table 3

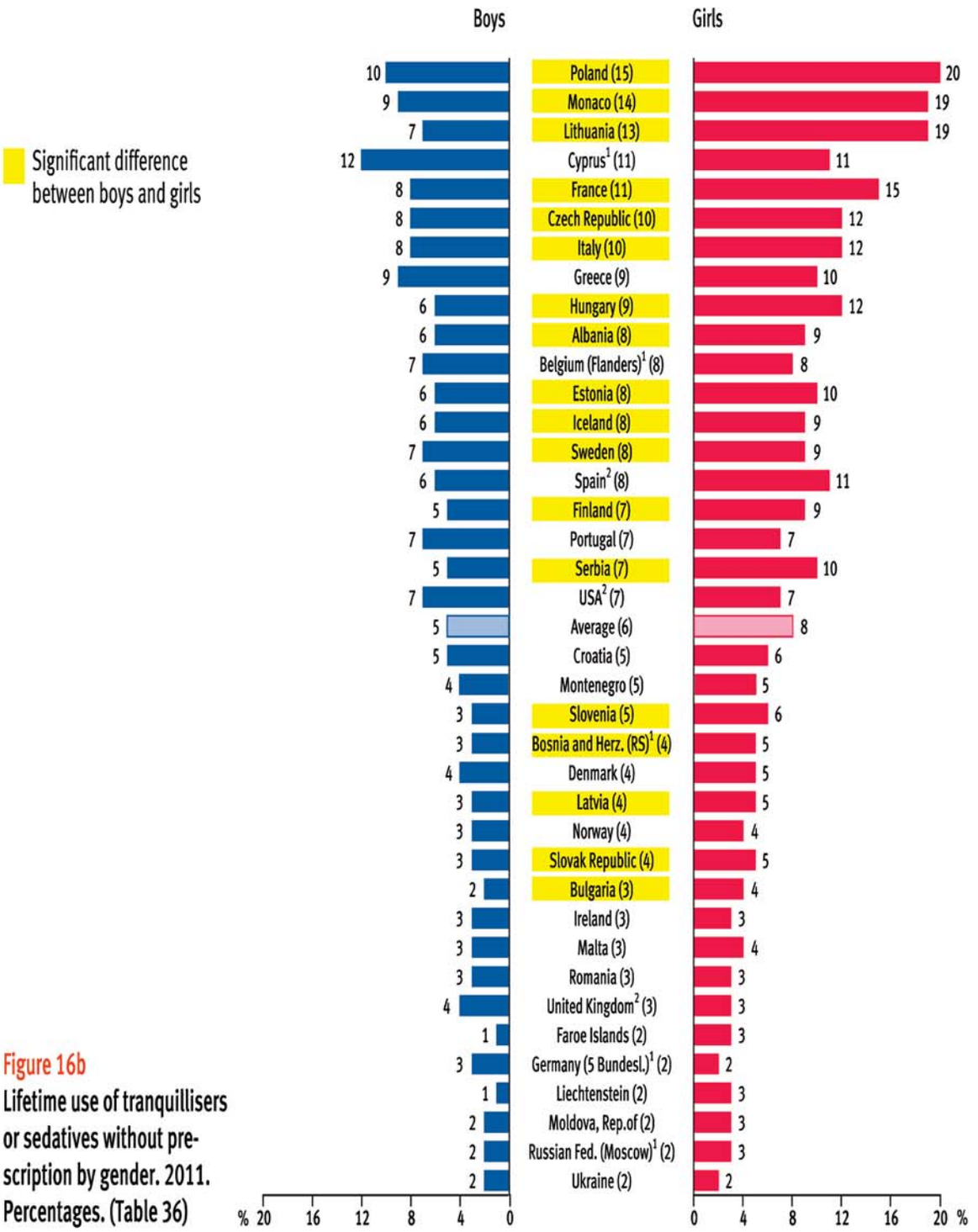


Figure 16b
Lifetime use of tranquillisers or sedatives without prescription by gender. 2011. Percentages. (Table 36)

Table 4

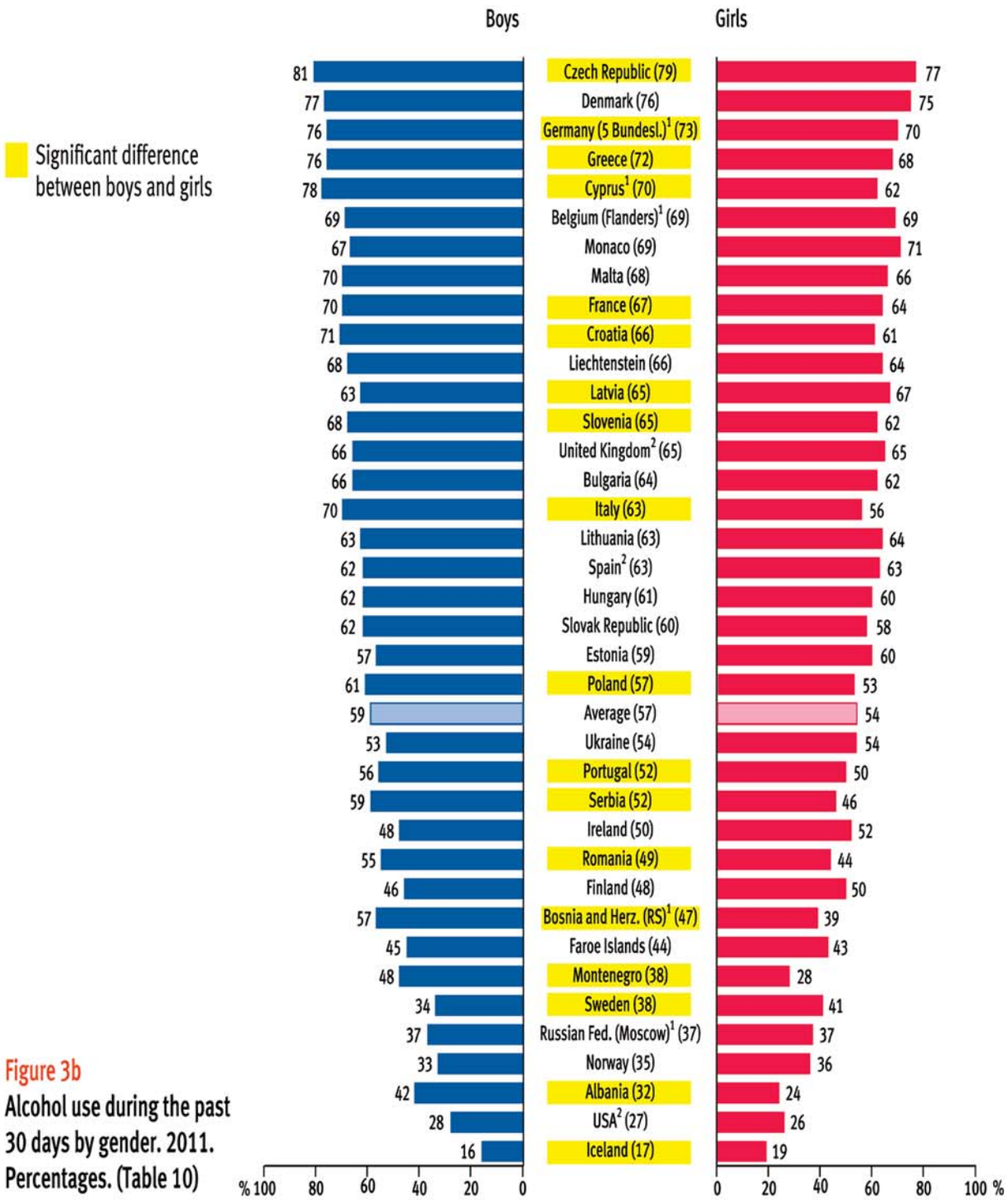


Figure 3b

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

Table 5

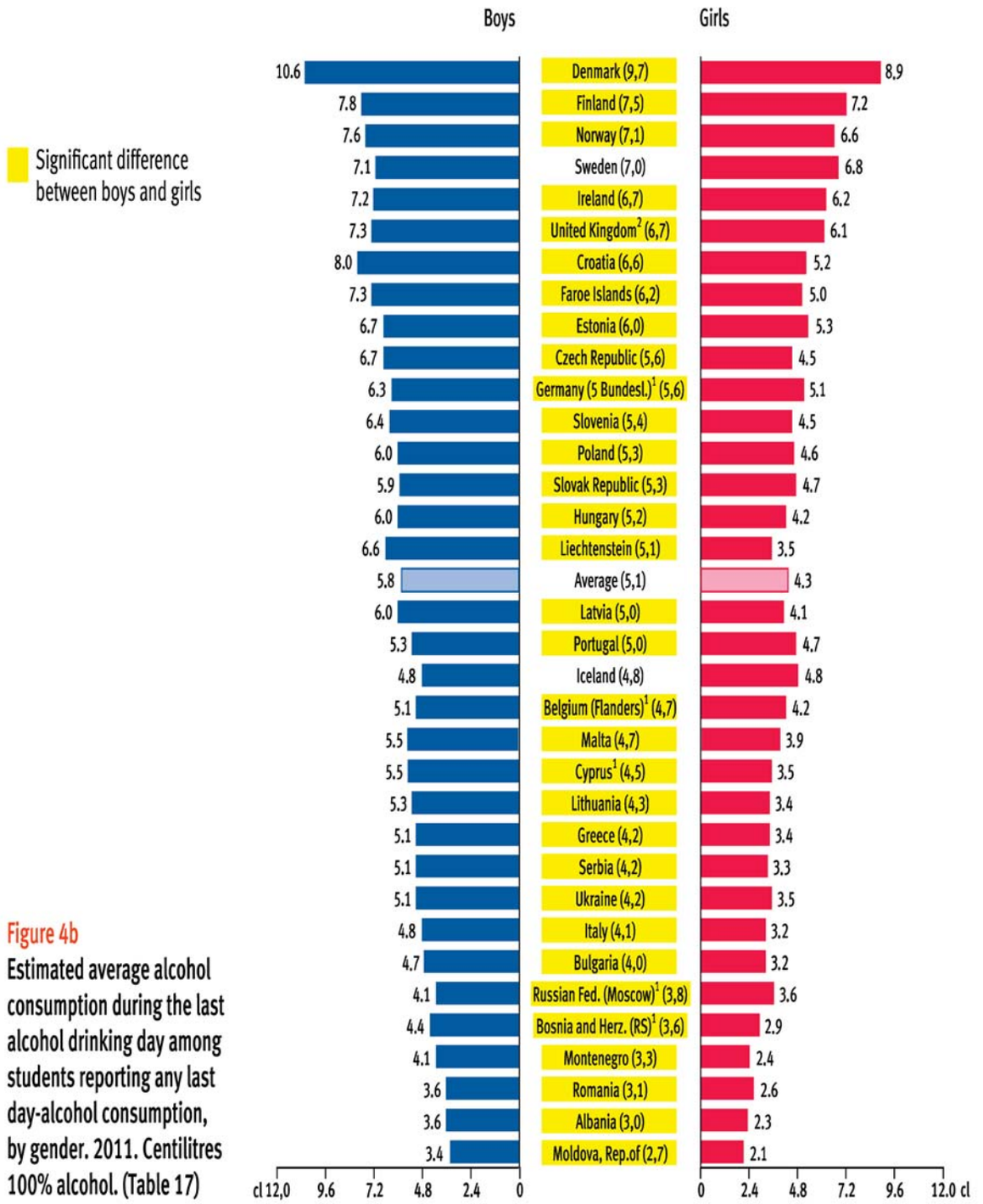


Figure 4b

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

The 2011 ESPAD Report

Concerning the longitudinal trend of regular smoking in Greek adolescents during the period 1984-2011, Table 6 shows a significant decrease from 45.5% in 1998 to 19.4% in 2011.

Trends (1984-2011) in prevalence of regular smoking (≥1 cigarette per day) among 15 to 19 year-old students in Greece

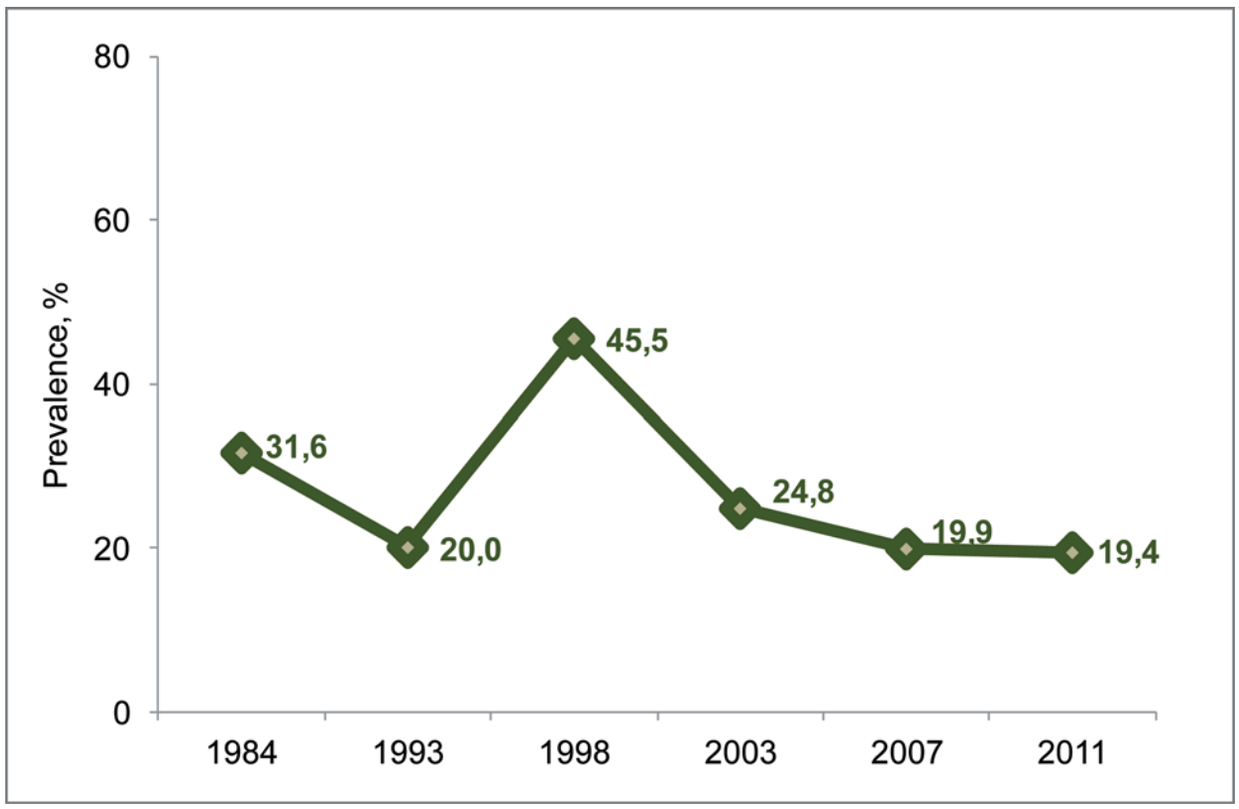


Table 6, Source: Adapted from Kokkevi, et al. 2012

Concerning the longitudinal trend of cannabis, we observe an increase for lifetime use from 3.8% in the year 1984 to 13,4% in the year 2011 (table 7).

Trends (1984-2011) in lifetime, 12 month and 30 day prevalence of cannabis use among 15 to 19 year-old students in Greece

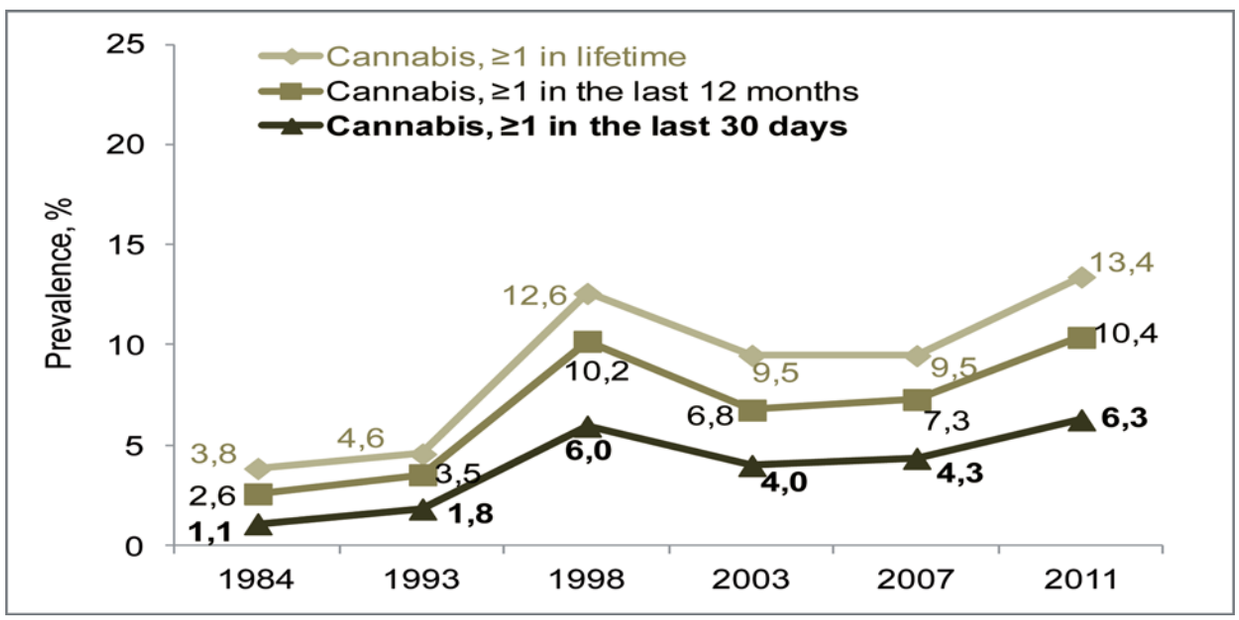


Table 7, Source: Kokkevi, et al. 2012

In Table 8 we observe the prevalence of various illicit drug use among students.

Prevalence of illicit substance use among 16 year-old students in Greece as compared to the average of the ESPAD countries (2011 survey)

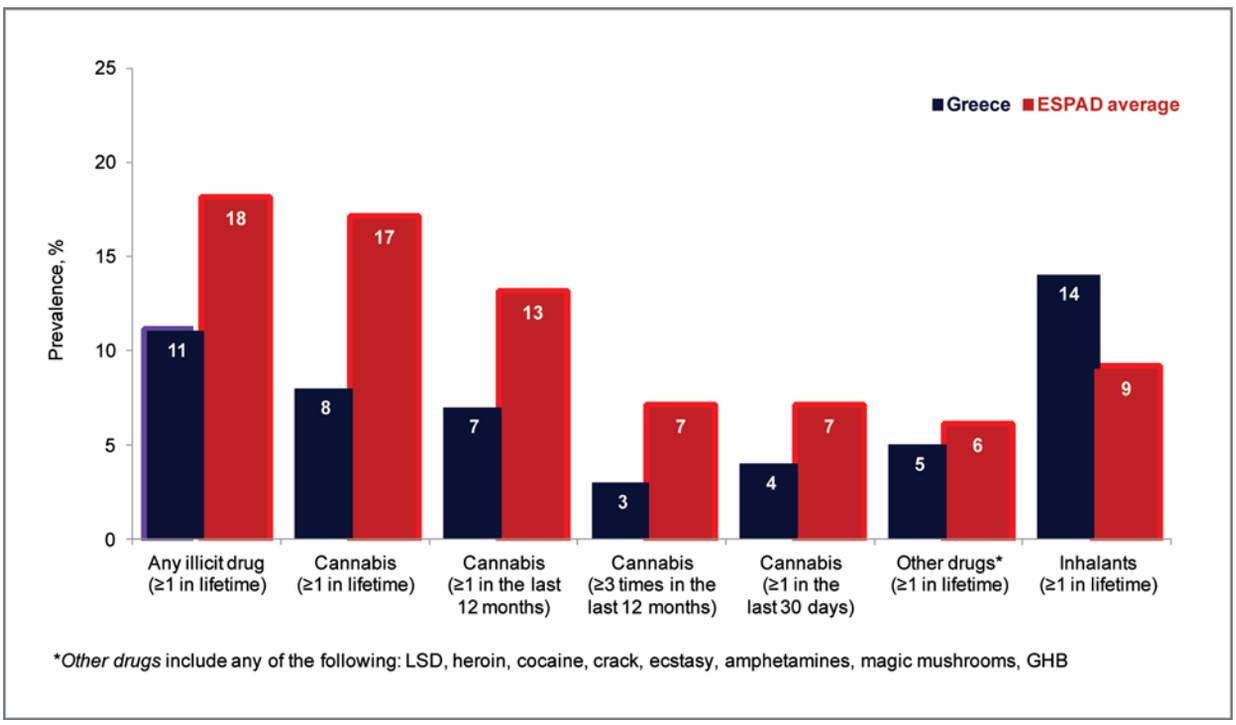


Table 8, Source: Hibell, B. et al. 2012)

4. Conclusions

The overall prevalence of substance use among adolescent students shows slight fluctuations in the last 25 years, with the exception of cannabis use for which a ten-fold increase was observed. Data from the replication of substance use surveys over the years have been taken into consideration in the planning of interventions from the 74 Prevention Centres that have been established all over the country. The data were specifically useful in the preparation of programmes that address particular issues to particular age groups. However no outcome evaluation studies exist up to the present. The involvement of politicians in the use of the survey data has been limited.

Finally, it is very important to introduce evidence-based policies according to the survey results, to evaluate these policies and to make a cost-benefit analysis at the end.

References

1. The 2011 ESPAD Report
2. Hibell, B., Guttormsson, U., Ahlström, S., Balakireva, O., Bjarnason, T., Kokkevi, A., et al. (2012). The 2011 ESPAD Report: Substance Use Among Students in 36 Countries. Stockholm.
3. Kokkevi, et al. (March 2012). [Nationwide school population survey on substance use / ESPAD survey. Report submitted to the OKANA]. Athens: University Mental Health Research Institute. [In Greek].

6

Italy

1. Rationale for School Survey

The consumption of psychotropic substances, legal or illegal, is a wide social-health problem that can considerably affect people's lives. As reported in literature, the use of these substances may affect many aspects of health, for example children and adolescents' growth, general health status and quality of life, and may also have important socio-economic consequences.

The consumption of illegal drugs is a widespread phenomenon, especially in the youth age group, and is often associated with other risky behaviours (alcohol consumption, cigarette smoking, dangerous driving, antisocial behaviour, etc.), with a consequent increasing of the likelihood of damaging health.

In Europe, the monitoring of psychotropic substance consumption constitutes the basis for the planning of further intervention studies and the completion of the cognitive profile of the youth population, which are necessary for the definition and orientation of new and effective counteractions.

In Italy, the population-based study on students' drugs consumption started in 2000, with annual periodicity, realised in all the classes of the secondary schools. The Italian study presents some peculiarities largely attributable to two aspects: the annual repetition of the study, able to meet the information needs of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), and the extension of the study to the entire secondary school student population (15-19 years), unlike the European survey, which is limited to the 15-16 age group.

The overall purpose of the drug consumption survey in the student population of 15-19 years is to monitor the phenomenon over time, both in quantitative terms (prevalence of drug consumption) and in qualitative terms (characteristics of psychotropic substance users). The adoption of standard protocols allowed the pursuit of a second goal, no less important than the first, which concerns the comparison of the data on the consumption of tobacco, alcohol and other illicit substances in the school population, at national level, with the results obtained in the other European countries that adopt standard protocols.

The high sample size of the students interviewed for each age also allowed in-depth analyses according to gender. Several studies have shown that there are many differences between males and females regarding drug consumption. This phenomenon involves mainly males, probably because of the greater susceptibility to become involved and try new experiences. Drug consumption by adolescents, both boys and girls, increases with age. Many published studies show that young people – especially males – have a clear preference for using cannabis, which is the most widely used substance. On the other hand, young female students prefer to use tranquillisers or sedatives, without a medical prescription, with an estimated mean prevalence of consumption , at least once in their lifetime, equal to 8%, in 2011 (ESPAD). In general, the people with whom students take drugs for the first time seem to be friends for males and the partner for females.

These findings are therefore essential for the effectiveness of prevention and intervention strategies, which currently tend to ignore gender differences, and help us to learn more about the different motivations that drive adolescents – both boys and girls – to use psychotropic substances and understand what the different risk factors are.

The objective of the sample survey, conducted using a self-reported anonymous questionnaire, was to provide an estimate of the number of 15-19 year-old students who used psychoactive substances and to investigate the behaviours and the characteristics of students aged 15-19 years, identifying all the possible risk factors for the consumption of illicit substances.

The study on the consumption of psychotropic substances in the school population made by the Department for Anti-Drug Policies has an annual cost of about 60,000 Euros.

2. Methodology

A two-stage probabilistic sampling method was implemented, according to which the first stage units are represented by the national higher secondary schools, attended by a total school population of 2,655,134 individuals (2011-2012 school year data), and the second stage units by the classes of students, one for each year of the course. The statistical units of the survey are represented by all students attending each class sampled, selected using the bunching method, where the bunch was the class in which they were enrolled.

Given that the study target is the school population aged 15-19, in the analysis of data quality, only the questionnaires completed by students aged 15-19 were considered, and the questionnaires of students older than 19 and younger than 15 were excluded.

The adopted sampling design allows prevalence estimates for single age, gender and single geographical area (north-western, north-eastern, central, southern/islands). The variables taken into consideration for the stratification of the first-stage units (region and type of academic institute) were held to be of particular importance in reaching the objective of representing the entire population in relation to the phenomenon being assessed. The decision to stratify by region and type of institute (secondary school or high school formerly specialising in education, polytechnic institute, vocational institute or arts institute) is a response to the need to use a sample representative of the entire student population nationwide with the hypothesis that the morphological characteristics of the different geographic areas and the different types of academic career choices might influence drug use prevalence.

In relation to the sampling design chosen a sample size of 619 higher secondary schools was calculated from a national total of 7,322 schools. Assuming the accession to the survey average of about 80 students per school (for their entire planned school career, the first class to fifth class), the total sample includes 49,520 students at a national level, which corresponds to about 2% of the target population.

The recruitment of schools called for schools to send the application form, after approval for participation from the Council of the Institute; the form had to be sent duly filled in, indicating the name of the School Coordinator for the study, and signed by the School Director.

The School Coordinator of each participating school conducted the survey in direct contact with the students, by carrying out the activities of the organisation, and the implementation and monitoring of the completion of the questionnaire in the manner prescribed by the operating protocols of the study.

The data collection instrument used was based on the international protocol adopted in the ESPAD study, integrated and slightly modified in order to better adapt the instrument to the Italian context.

The questionnaire is divided into several sections, each of which aims to collect information on different aspects, such as habits, behaviours, use of psychotropic substances and family characteristics of the respondents. The questionnaire was completed online through a dedicated website, after the delivery of an anonymous username and password to each student.

The C.A.S.I. (Computer-Aided Self-Completed Interview) method was adopted, which made it possible to fill out the questionnaire online using a nonreplicable, unique and anonymous access ID.

3. Survey Results

The survey was conducted in the first half of 2013, with the participation of 478 secondary schools, equivalent to 77.2% of the sample of schools provided by the sampling design, and with the filling out of 39,643 online questionnaires from the students enrolled in the classes selected for the study.

In the initial phase of the quality analysis of the database, questionnaires of students older than 19 and younger than 15 were excluded (3,171 records were excluded from the overall dataset for being outside the age range of the study). 753 questionnaires were subsequently excluded from the dataset because they showed inconsistencies in the information collected. The number of valid questionnaires at the end of the data quality analysis amounted to 35,719, representing 90.1% of the total quantity of collected questionnaires.

The consumption of drugs trend in the last 10 years shows a continuous reduction in the prevalence of cannabis until 2011, followed by a recovery in consumption in the last two years. Cocaine, after a rising trend that characterises the first period up to 2007, shows a steady and continuous decline in the prevalence of consumers until 2012, and a further increase in 2013.

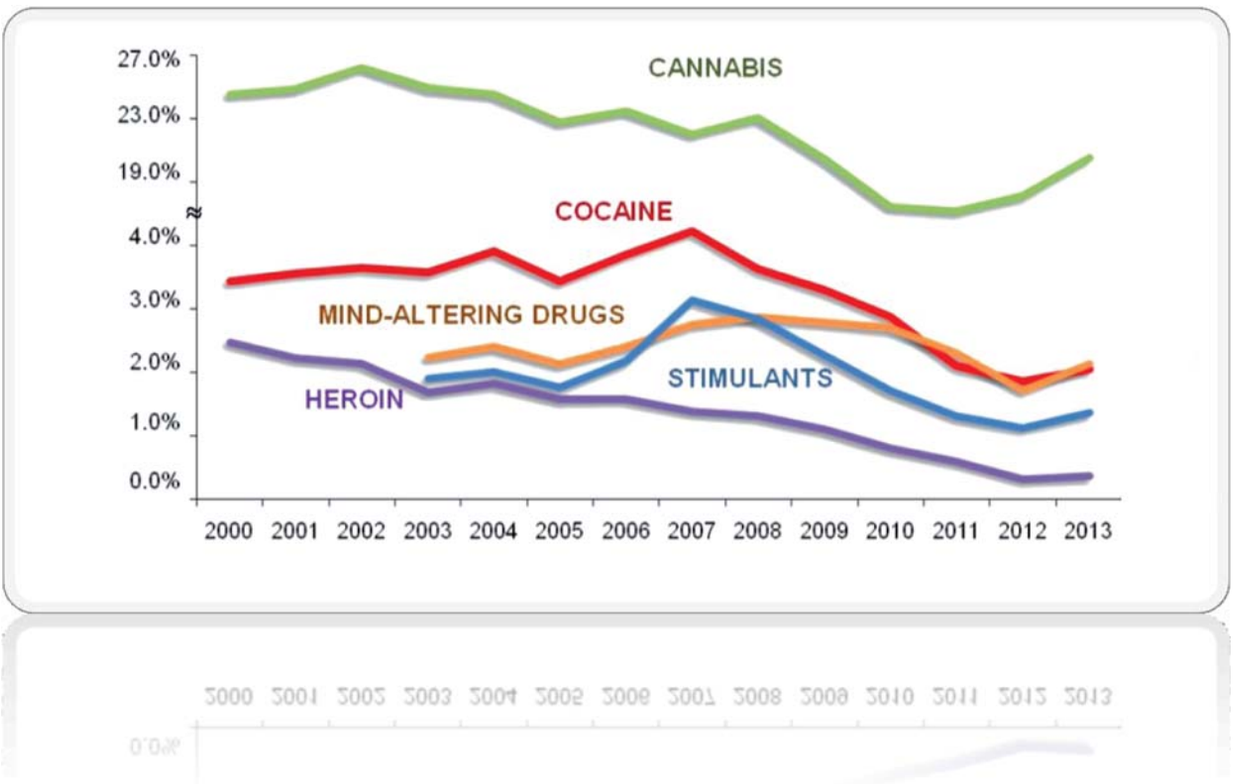
The prevalence of stimulant users shows a performance very similar to the one of cocaine until 2011, and there has been a resurgence in consumption in the last two years. The consumption of hallucinogens showed a trend of slight increase in the first observation period up to 2008, followed by a stable situation in the next two years, and a significant decline from 2010 to 2012; for this substance an increased prevalence of consumers is detected in 2013.

The prevalence of heroin users, in constant and continuous decline until 2012, shows an increase in the last year, but remained at very low levels.

Table 1: Consumption (% prevalence) of drugs in the school population aged 15-19 in the last 12 months. Years 2003-2013.

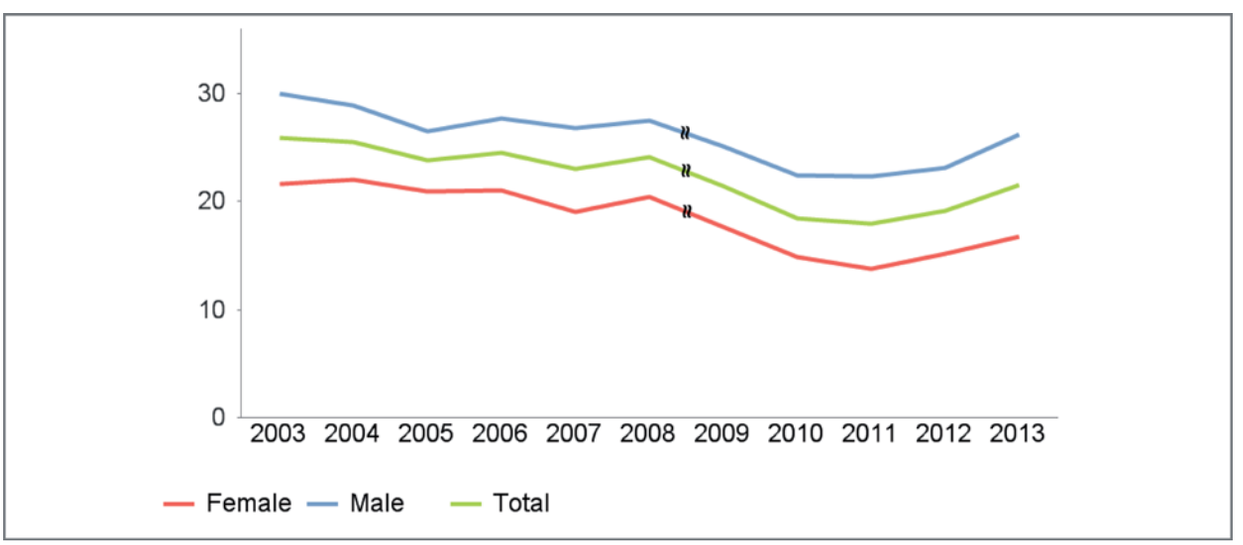
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Cannabis	25.93	25.53	23.81	24.50	23.05	24.09	21.48	18.47	17.91	19.14	21.56
Cocaine	3.57	3.91	3.43	3.86	4.23	3.63	3.29	2.88	2.00	1.86	2.05
Heroin	1.68	1.82	1.57	1.58	1.39	1.31	1.10	0.80	0.41	0.32	0.36
Stimulants	1.90	2.01	1.75	2.17	3.15	2.84	2.27	1.70	0.92	1.12	1.35
Hallucinogens	2.24	2.40	2.13	2.41	2.76	2.89	2.80	2.70	1.88	1.72	2.13

Figure 1: Consumption (% prevalence) of drugs in the school population aged 15-19 in the last 12 months. Years 2003-2013.



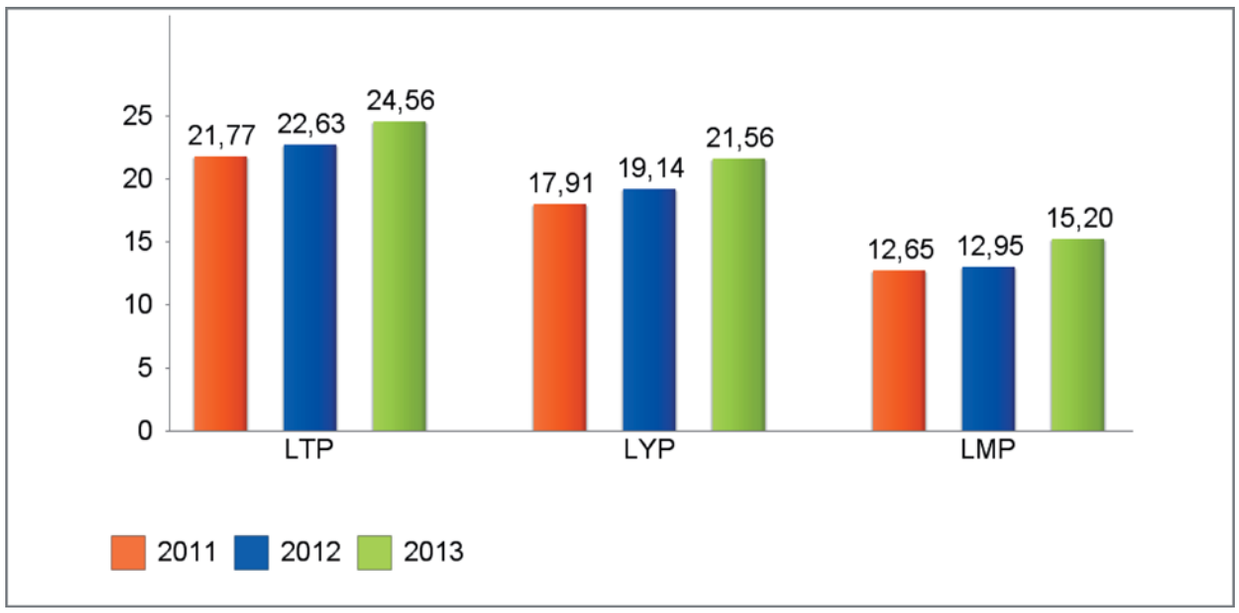
Since 2003, the percentage of students who have used cannabis at least once in the last 12 months seems to be continuously decreasing until 2010, with a subsequent increase in the last three years (2011-2013). After an initial more considerable contraction for males, since 2005 there has been a consistent trend in the two genders.

Figure 2: Consumption (% prevalence) of cannabis (marijuana or hashish) in the school population aged 15-19 in the last 12 months. Years 2003-2013.



Also in 2013, the illicit drug most taken by students is cannabis (marijuana or hashish): it was consumed at least once in their lifetime by 24.6% of Italian students who filled in the questionnaire, with a prevalence that is increasing in the last three years, as can be seen also for other periods of time considered in the analysis (LYP, LMP).

Figure 3: Consumption (% prevalence) of cannabis (marijuana or hashish) in the school population aged 15-19. Years 2011-2013.



By analysing the consumption of other illegal drugs (except cannabis) in the last three years (2011-2013), there was a decrease between 2011 and 2012 and a stable trend in the last two years of the survey.

In 2013, for all other illegal substances detected (except cannabis), consumption at least once in the student's lifetime stood at values below 3%; among these, the most frequently consumed drugs are cocaine and solvents/inhalants, followed by LSD, Ecstasy, hallucinogenic mushrooms, crack, amphetamines and finally, with prevalence of quite low consumption, ketamine, heroin, anabolic steroids and GHB. Consumption in the last 30 days in respect of all these substances is placed at values below 1%.

Figure 4: Consumption (% prevalence) of other illegal drugs (except cannabis) in the school population aged 15-19. Years 2011-2013.

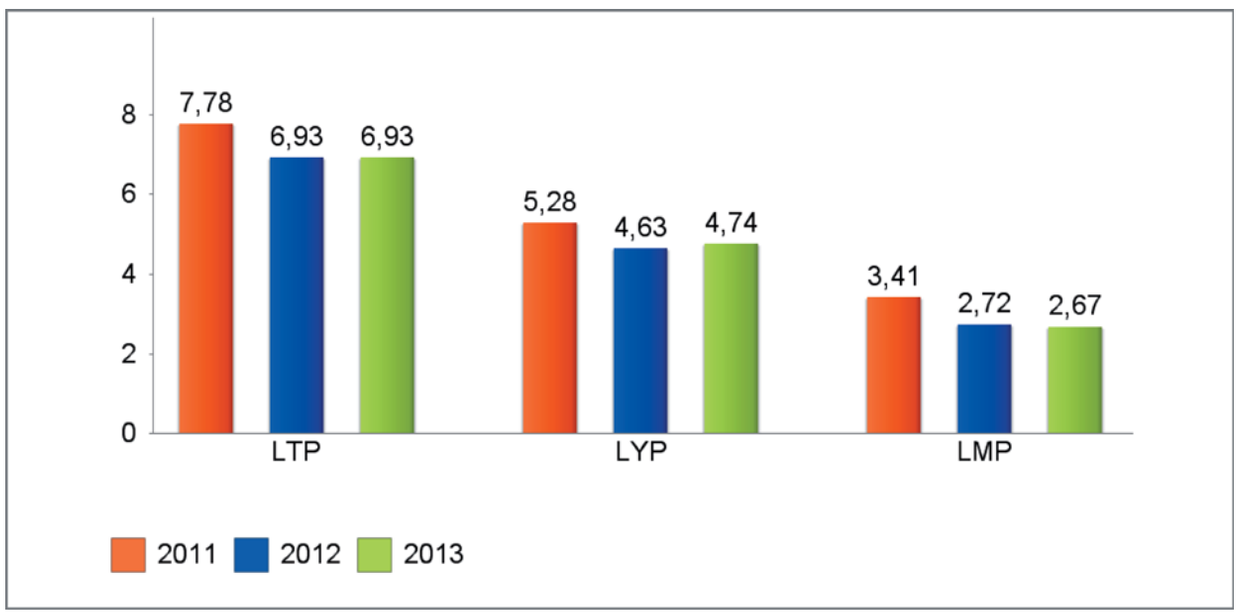
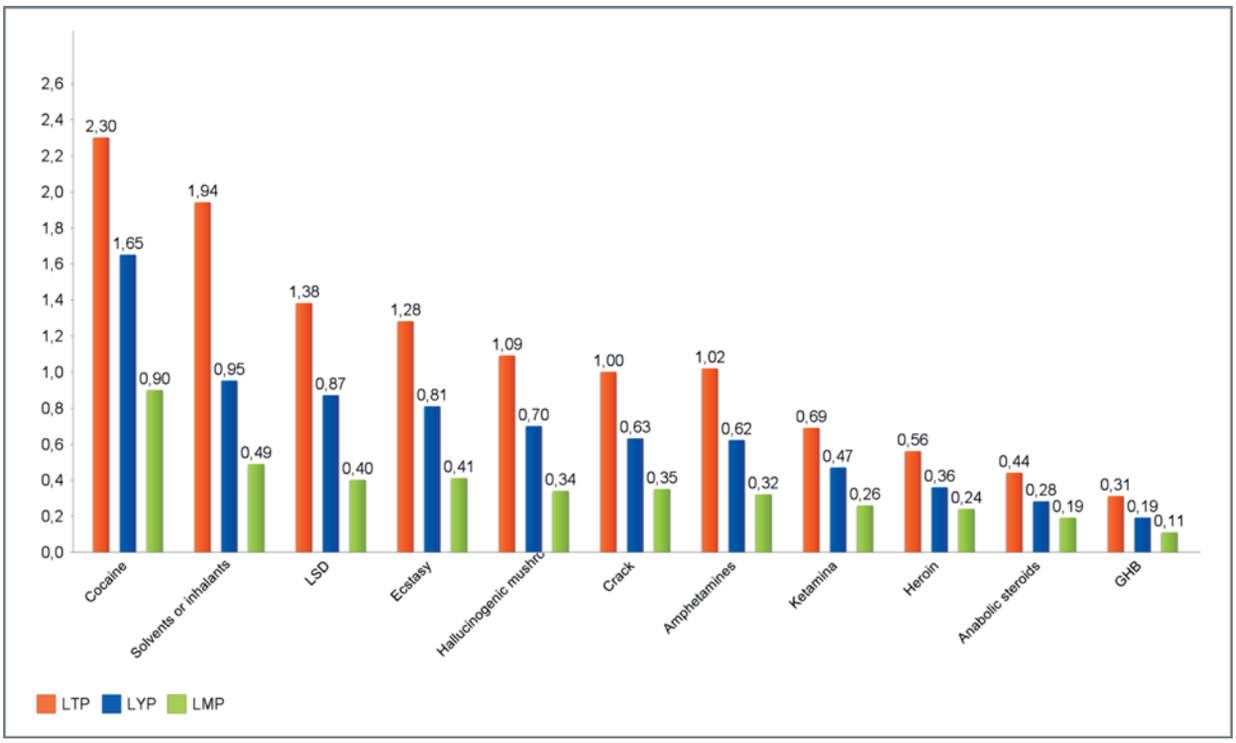
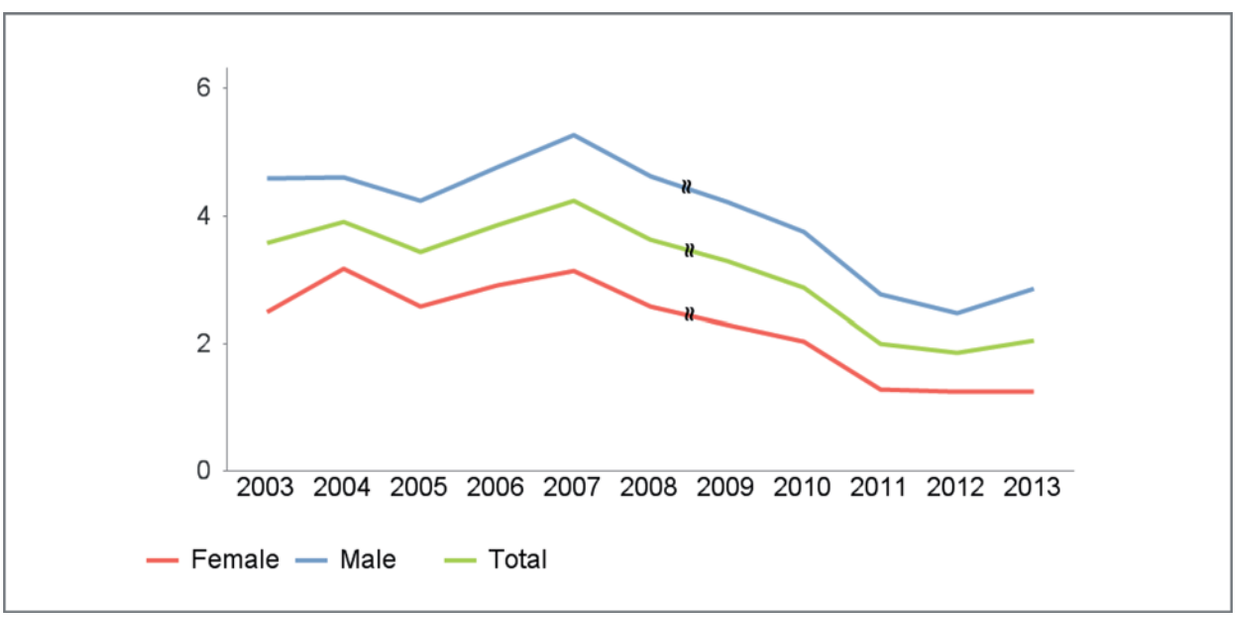


Figure 5: Consumption (% prevalence) of other illegal drugs, except cannabis), in the school population aged 15-19. Year 2013.



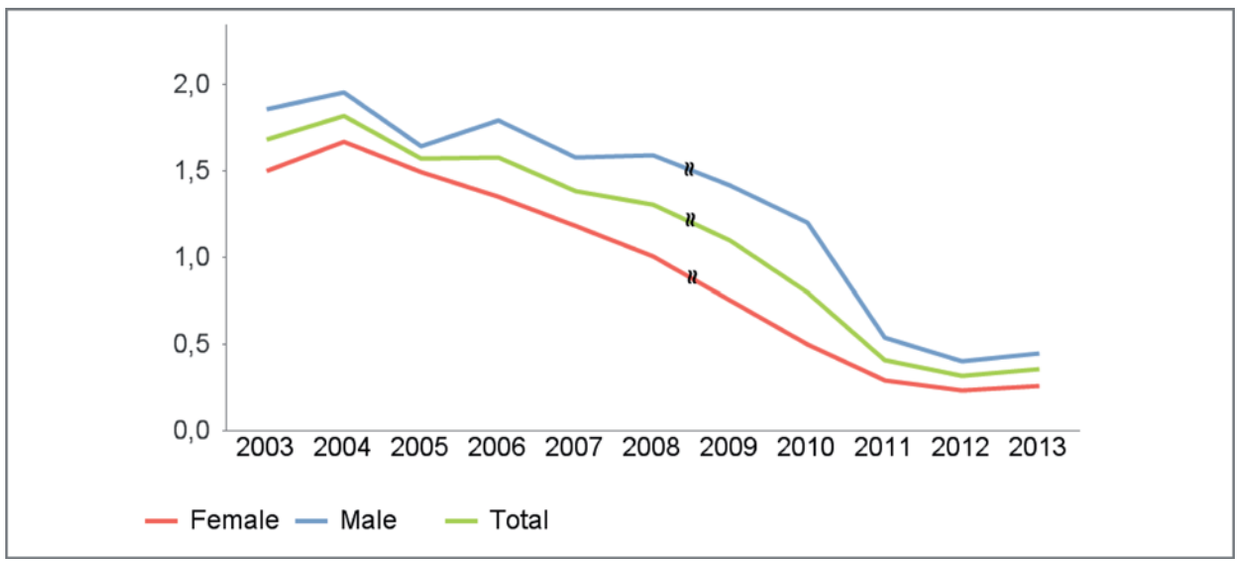
According to the information given by the students involved in the surveys conducted over the past decade, the consumption of cocaine and/or crack, at least once in the last 12 months, has affected less than 5% of respondents, with a decrease in consumption between 2007 and 2011 for both genders. In the last two years, it is noted that among males there is a slight increase in substance consumers.

Figure 6: Consumption (% prevalence) of cocaine and/or crack in the school population aged 15-19 in the last 12 months. Years 2003-2013.



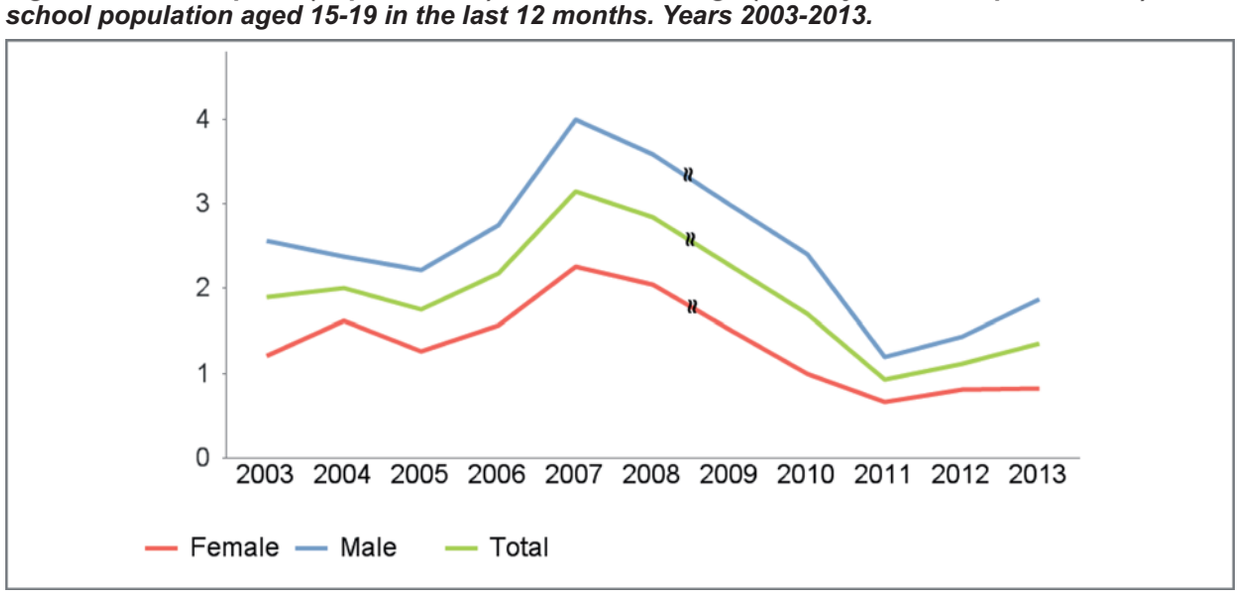
The frequency of heroin use (at least once in the last 12 months) detected in studies conducted from 2003 to 2013 shows a continuous decrease of the prevalence until 2011 for both genders; in 2012 the decrease appears to be less marked, along with the difference in consumption between the two genders.

Figure 7: Consumption (% prevalence) of heroin in the school population aged 15-19 in the last 12 months. Years 2003-2013.



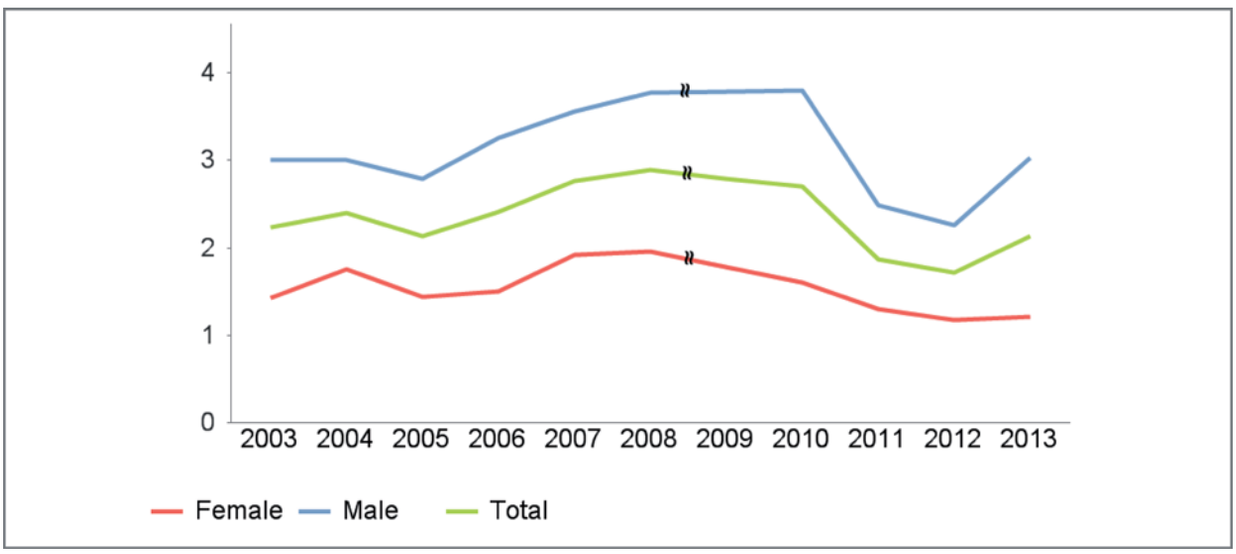
The frequency of students who used stimulant drugs (ecstasy and amphetamines), at least once in the last 12 months showed a significant reduction in the years 2007-2011, which was followed by a new increase in consumption in the last two years; this was more pronounced for male students than for female students.

Figure 8: Consumption (% prevalence) of stimulant drugs (ecstasy and/or amphetamines) in the school population aged 15-19 in the last 12 months. Years 2003-2013.



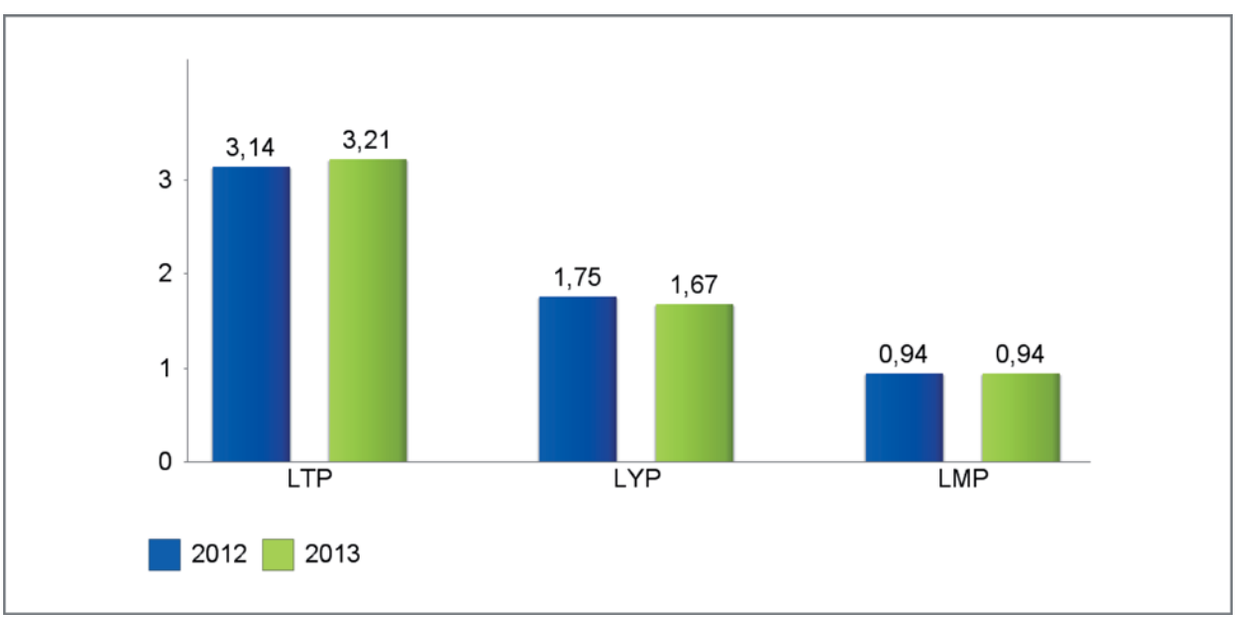
According to the information given by the students involved in the surveys conducted over the past decade, the consumption of hallucinogens at least once in the last 12 months has affected less than 4% of respondents, with a decrease in consumption from 2010 to 2012. In the last year, we noted an increase of substance consumers; this was more pronounced for males.

Figure 9: Consumption (% prevalence) of hallucinogens (LSD, hallucinogenic mushrooms, ketamine, mescaline, and synthetic hallucinogens) in the school population aged 15-19 in the last 12 months. Years 2003-2013.



The use of tranquillisers or sedatives among students aged 15-19 is a phenomenon that is more common among females. In the last two years the prevalence of consumption showed a stable trend for all time intervals considered, with values that are around 3% in consumption at least once in the student's life, a little less than 2% with respect to use in the last year and about 1% for consumption in the 30 days prior to filling in the questionnaire.

Figure 10: Consumption (% prevalence) of tranquillisers or sedatives (without a prescription) in the school population aged 15-19. Years 2011-2013.



With regard to the age of first use, from analysis of the last biennium 2012-2013 it is clear that students have an early approach to the consumption of cannabis, crack and heroin. It shows in contrast a much more delayed approach to cocaine, hallucinogens and stimulants. More than 30% of consumers in the first group of substances (cannabis, crack, heroin) indicated an age of first use of 14 or under, compared with just over 20% reported by the consumers of the other group of substances (cocaine, hallucinogens, stimulants).

Figure 11: Distribution (%) of cannabis users (marijuana or hashish) in the school population aged 15-19, by age of first use. Years 2012-2013.

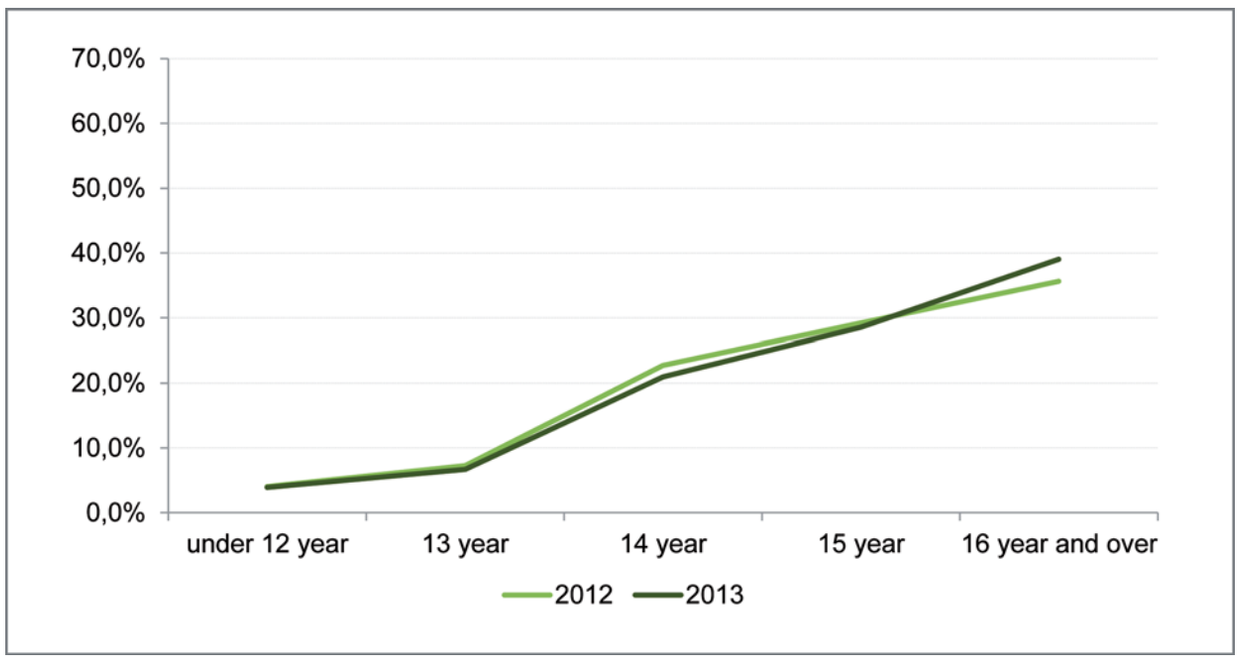


Figure 12: Distribution (%) of heroin users in the school population aged 15-19, by age of first use. Years 2012-2013.

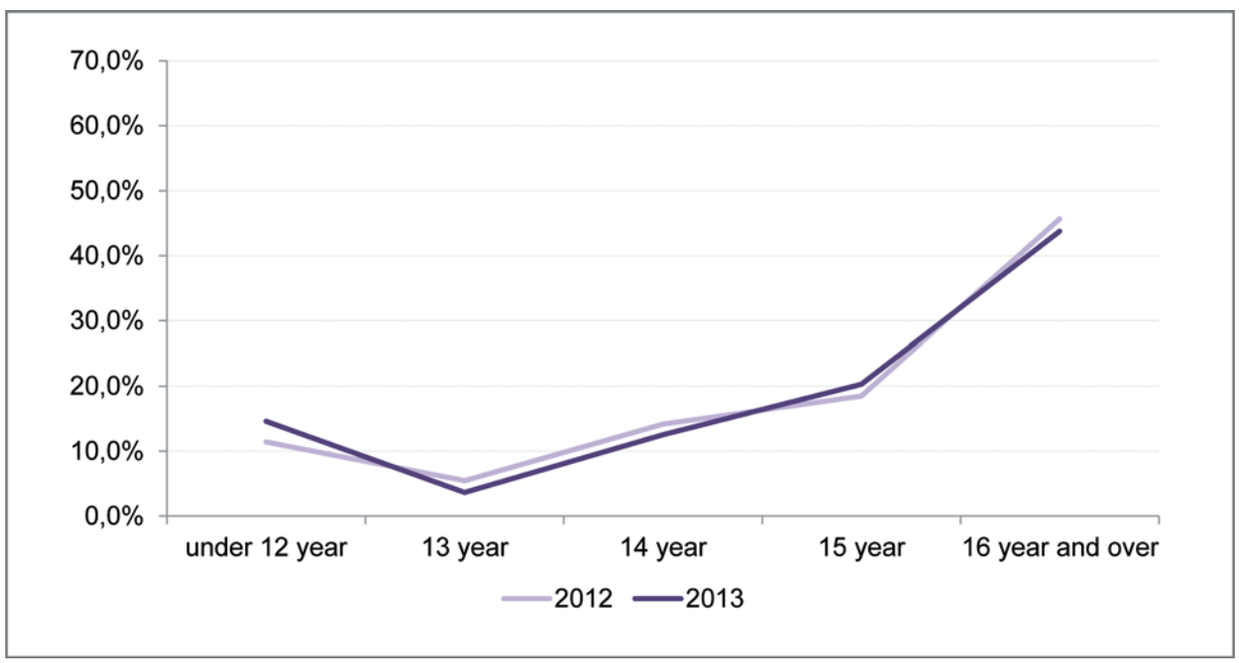


Figure 13: Distribution (%) of cocaine users in the school population aged 15-19, by age of first use. Years 2012-2013.

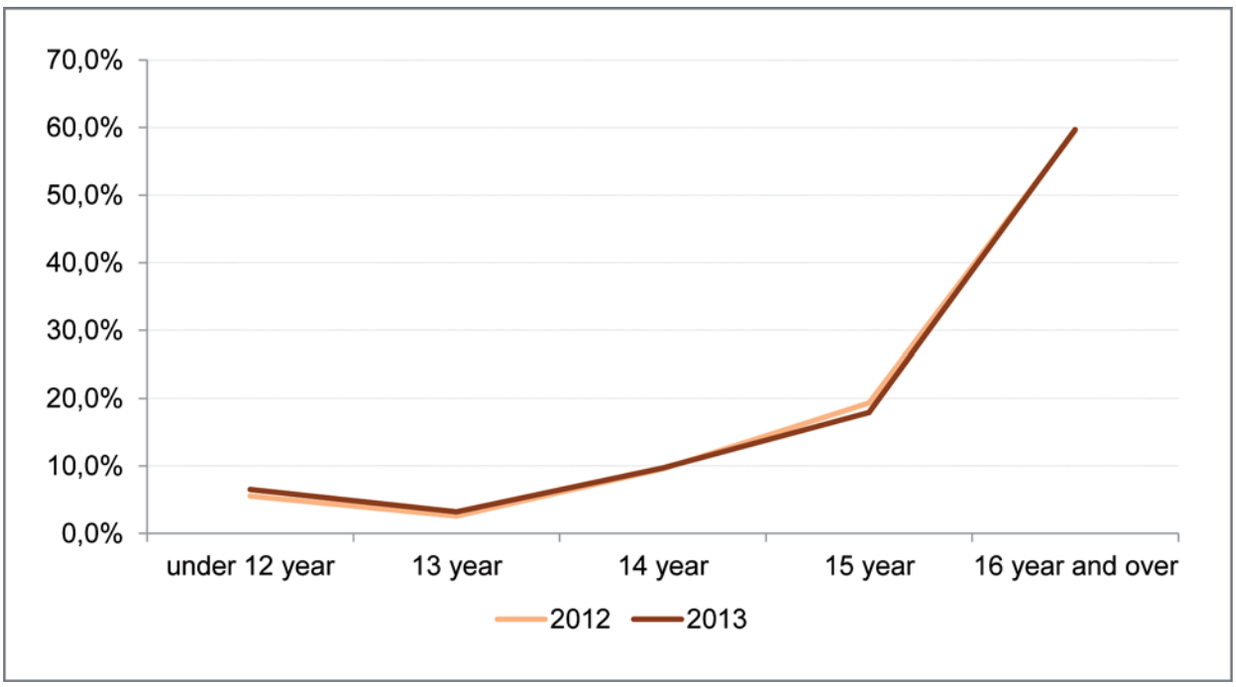


Figure 14: Distribution (%) of crack users in the school population aged 15-19, by age of first use. Years 2012-2013.

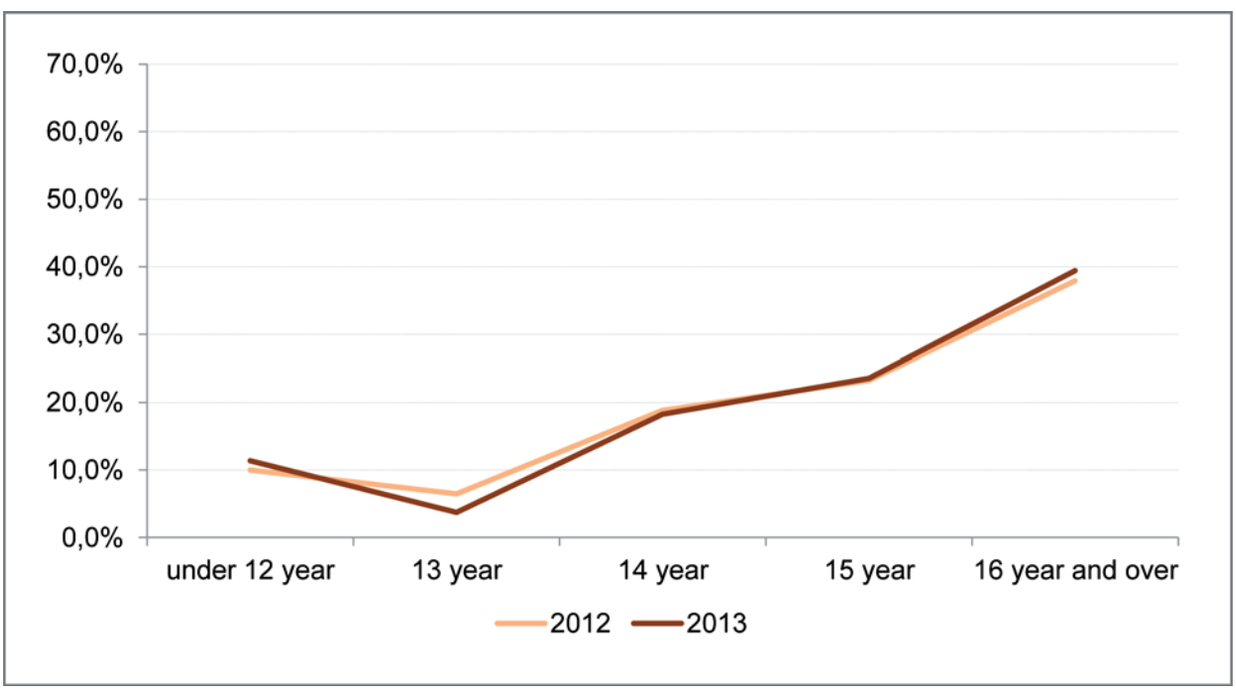


Figure 15: Distribution (%) of LSD users in the school population aged 15-19, by age of first use. Years 2012-2013.

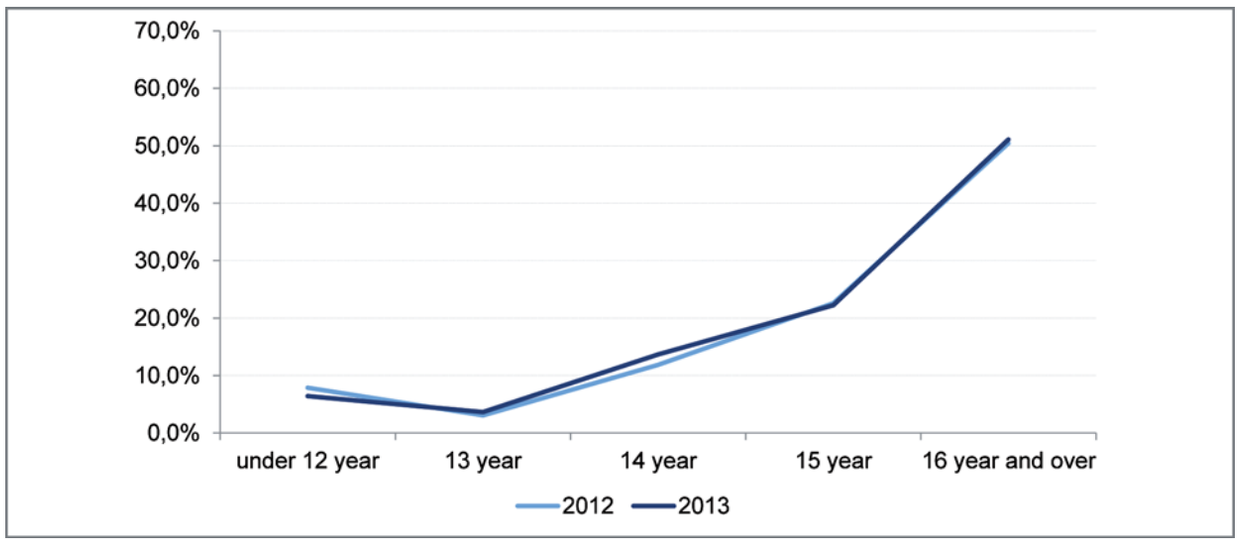


Figure 16: Distribution (%) of hallucinogen (mushrooms, ketamine, mescaline, synthetic, other hallucinogens) users in the school population aged 15-19, by age of first use. Years 2012-2013.

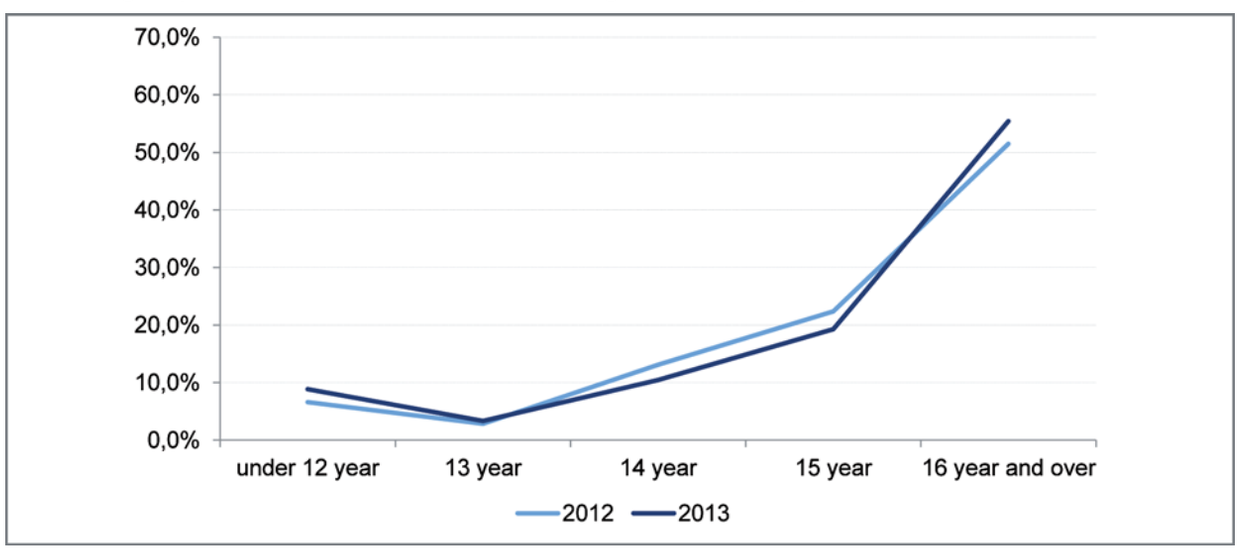


Figure 17: Distribution (%) of amphetamine users in the school population aged 15-19, by age of first use. Years 2012-2013.

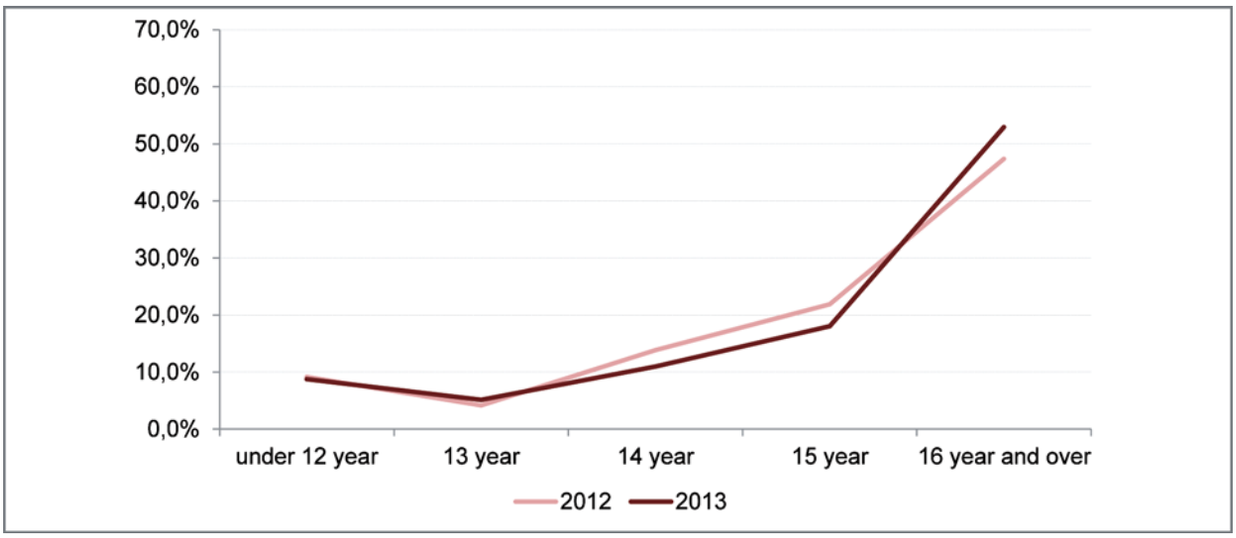
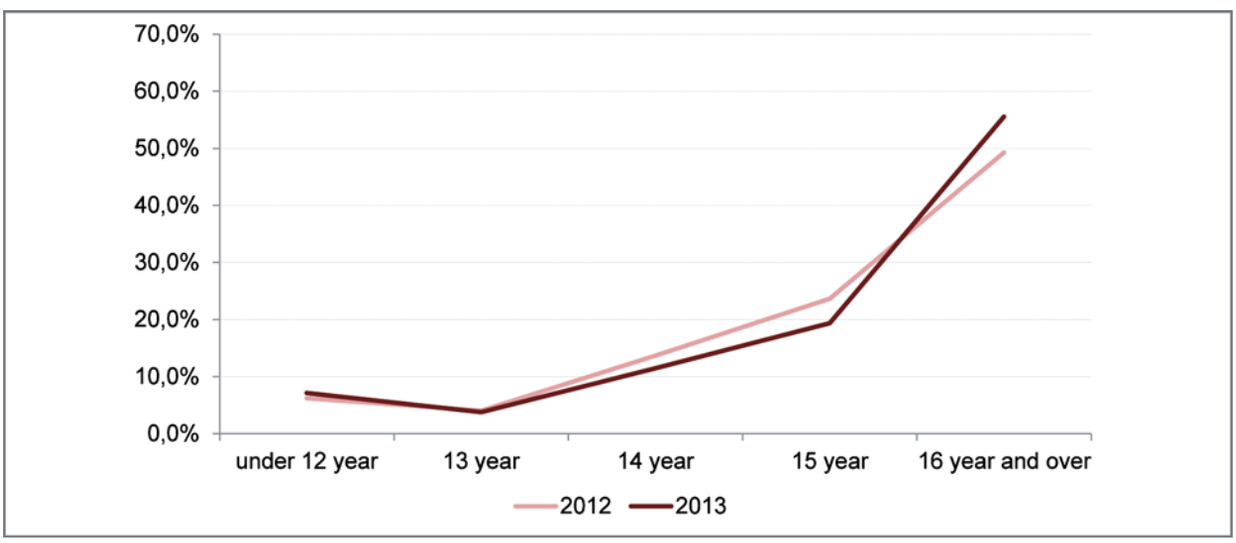
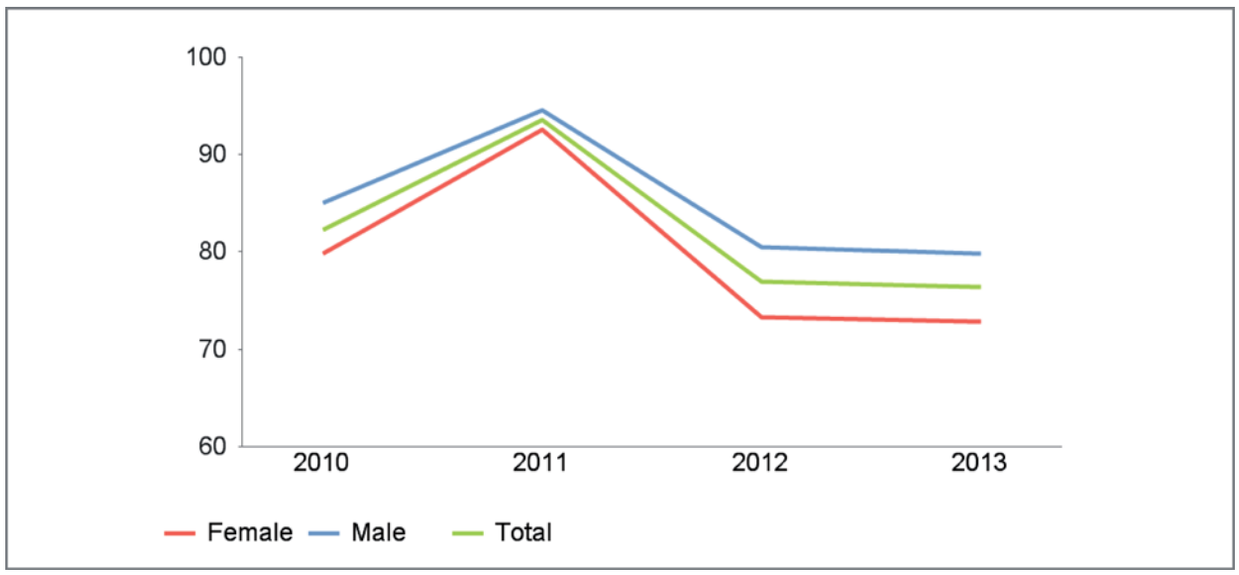


Figure 18: Distribution (%) of Ecstasy users in the school population aged 15-19, by age of first use. Years 2012-2013.



The trend in the number of consumers in the past four years, after an initial increase in 2010-2011, showed a declining but this was less evident for the last two years 2012-2013.

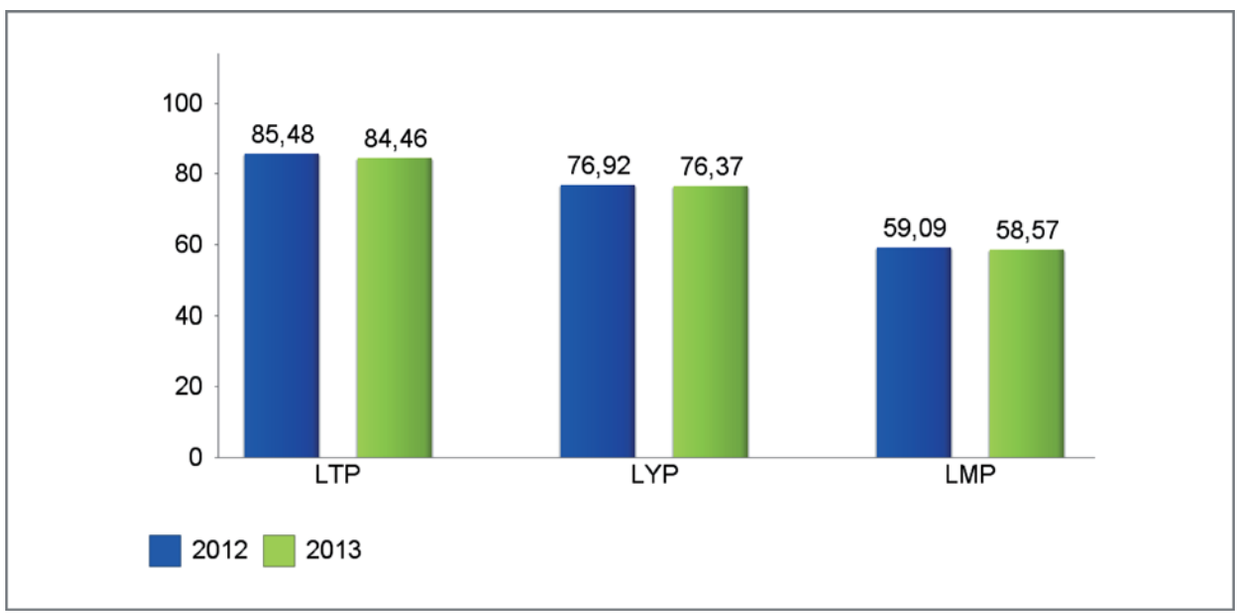
Figure 19: Consumption (% prevalence) of alcoholic drinks in the school population aged 15-19 in the last 12 months. Years 2010-2013.



With regard to the consumption of alcoholic drinks, it is observed that about 85% of respondents claimed to have consumed alcohol at least once in their lifetime. Consumption rates are lower than 80% for the last 12 months, and are at around 60% for use for the last 30 days.

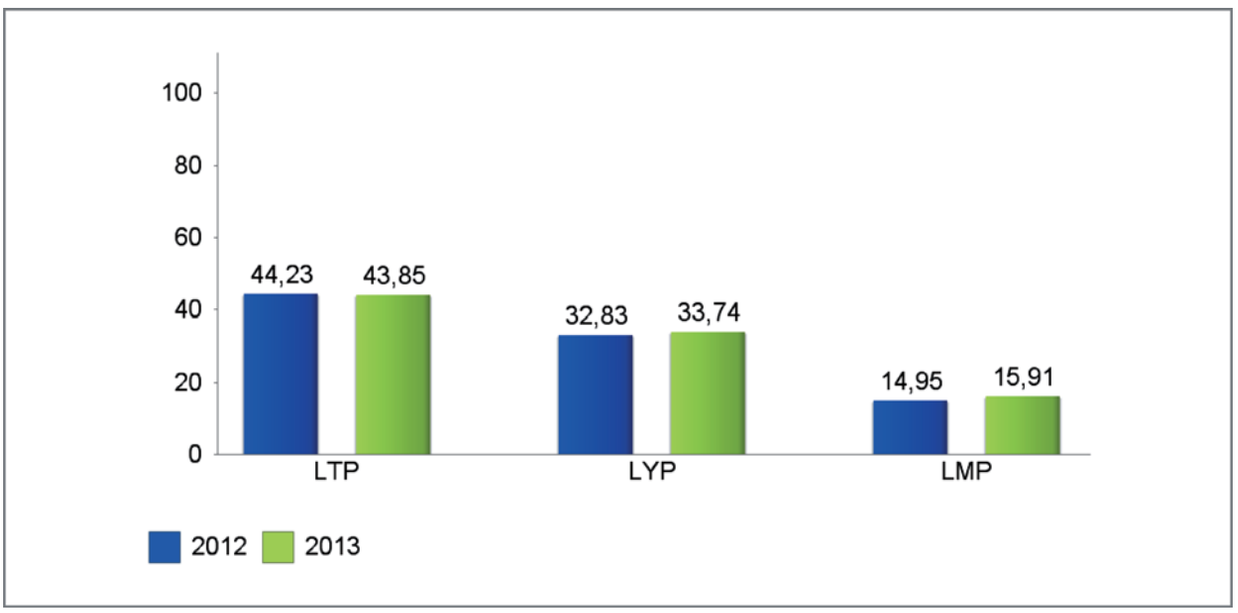
By comparing the data observed in 2013 with those obtained in previous editions of the survey, we can notice a slight decrease in the prevalence of alcohol consumption at all three indicators considered (consumption in life, in the last 12 months and in the last 30 days).

Figure 20: Consumption (% prevalence) of alcoholic drinks in the school population aged 15-19. Years 2012-2013.



Compared to what was observed in 2012, the prevalence of drunkenness is slightly decreasing if we consider the LTP indicator (at least once in the student's life), while increasing for the other two time periods examined.

Figure 21: Episodes of drunkenness (prevalence %) in the school population aged 15-19. Years 2012-2013.



With regard to the prevalence of binge drinking, it is observed that about 30% of respondents claimed to have indulged in this particular type of consumption in the last 30 days. The prevalence shows very different values between males and females: 35.8% for males and 22.9% females.

Figure 22: Distribution (%) of alcohol drinkers in the school population aged 15-19, by age of first use. Years 2012-2013.

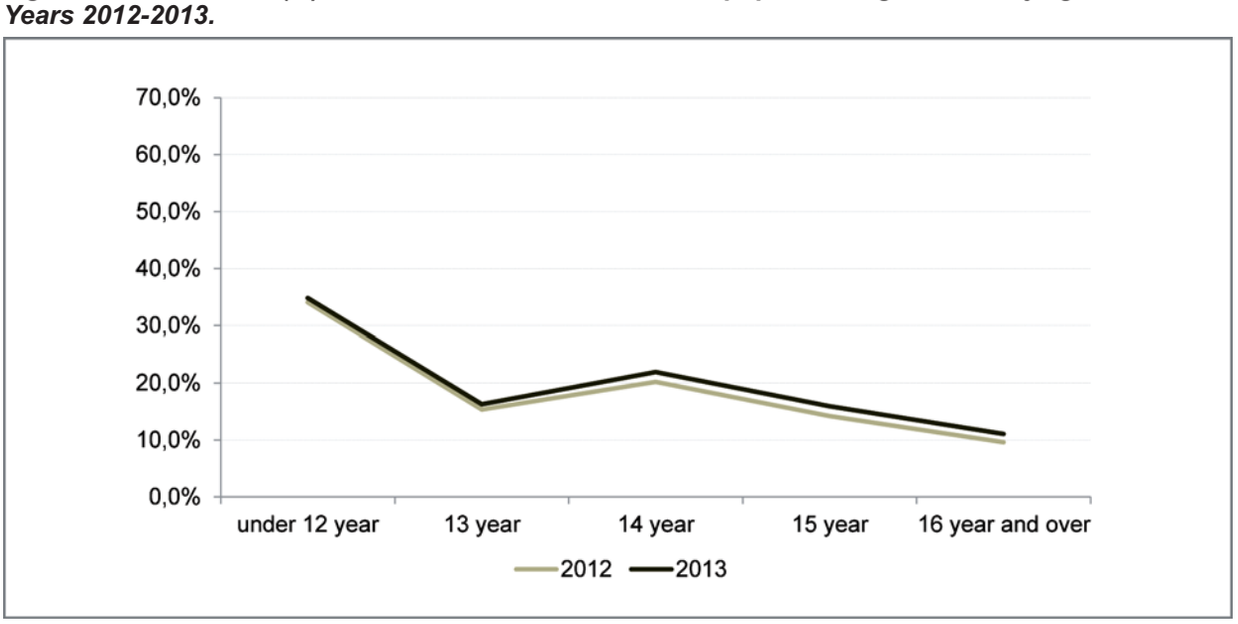


Figure 23: Distribution (%) of students with episodes of drunkenness in the school population aged 15-19, by age of first use. Years 2012-2013.

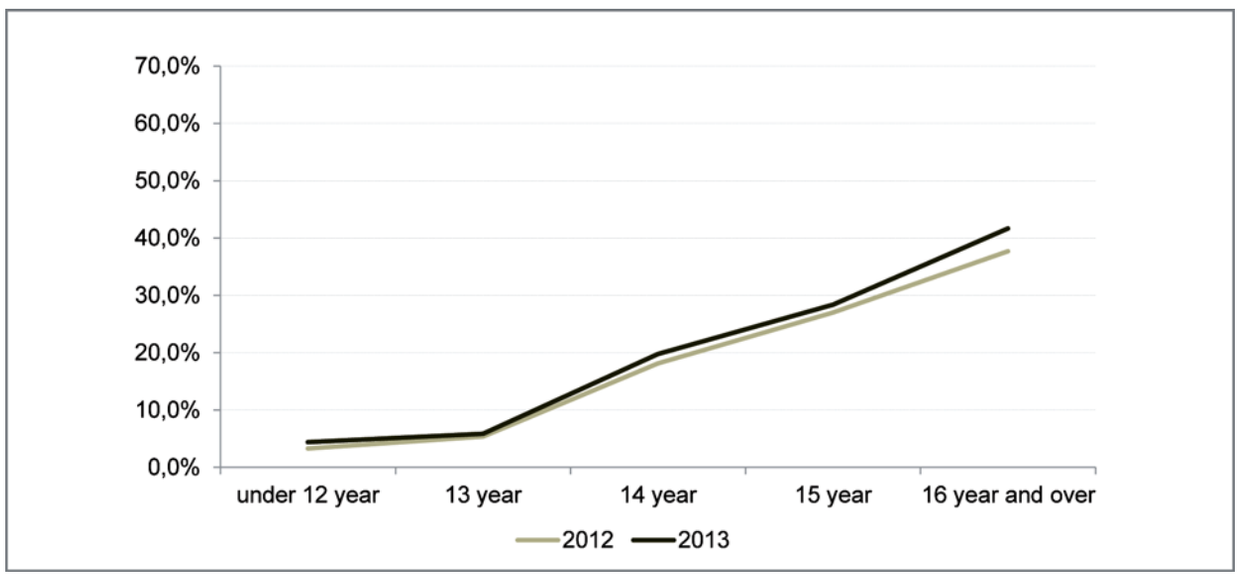


Table 2: Binge drinking (% prevalence) in the school population aged 15-19. Year 2013.

Binge drinking (%)	M	F	Tot
One or more times in the last 30 days (LMP)	35.77	22.93	29.41

The analysis of age at first use shows that alcoholic drinks are consumed for the first time at age 12 or under by almost 40%: this denotes a remarkably precocious approach to alcohol for students aged 15-19. There is an opposite trend for the age of the first episode of drunkenness: 30% of students reported having been drunk for the first time at age 15 and 40% at age 16 years and over. .

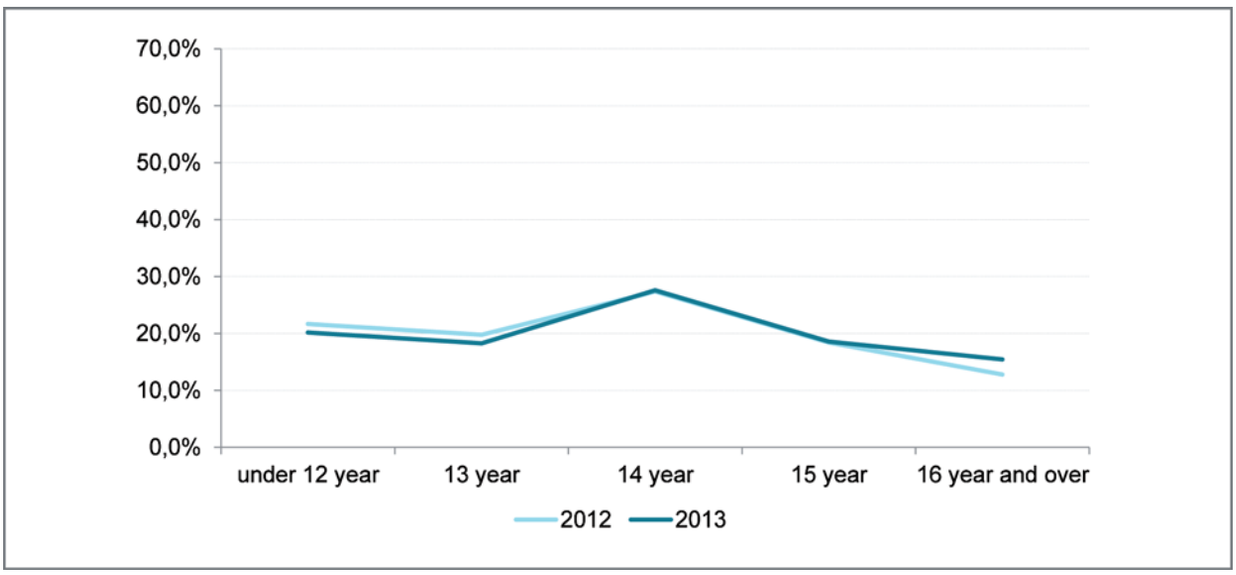
Over 37% of students reported having smoked in the last 30 days and the phenomenon involves males and females with similar percentages (38.3% of males and 36.6% of females); the equivalence between the genders is also observed for consumption at least once in their lifetime (more than 59% of respondents), and also for consumption at least once in the last 12 months.

Table 3: Consumption (% prevalence) of tobacco in the school population aged 15-19. Year 2013

Cigarettes consumption (%)	M	F	Tot
At least once in the lifetime (LTP)	59.58	59.93	59.75
One or more times in last 12 months (LYP)	48.28	47.63	47.96
One or more times in last 30 days (LMP)	38.32	36.57	37.45

Looking at the distribution percentage of students smoking by age at first use, there is a strong phenomenon of precocity, stable in the last biennium 2012-2013. The percentage of students who smoke their first cigarette before the age of 12 is about 20%, which is also similar for those aged 13 and is almost 30% for those aged 14: in total, 66% of students report an approach to smoking at age 14 or under.

Figure 24: Distribution (%) of tobacco users in the school population 15-19, by age of first use. Years 2012-2013.



4. Discussion

As already indicated in the previous section, the trend in drug use over the last 10 years shows a continuous decrease in the prevalence of cannabis until 2011, followed by an increase in consumption in the last two years. Cocaine, after a rising trend that characterises the first period up to 2007, shows a steady and continuous decrease in the prevalence of consumers until 2012, and a further increase in 2013.

The prevalence of stimulant users shows a performance very similar to that of cocaine until 2011, and there has been an increase in consumption in the last two years. The consumption of hallucinogens showed a trend of slight increase in the first observation period up to 2008, followed by a stable situation in the next two years, and a significant decline from 2010 to 2012; also for this substance an increased prevalence of consumers is detected in 2013.

The prevalence of heroin users, in constant and continuous decline until 2012, shows an increase in the last year, but remained at very low levels.

The consumption of alcohol in the past 12 months (LYP) among secondary school students covers about 77% of respondents in 2013, unchanged compared to 2012, while cigarette smoking affects about one student in two, among both males and females.

The results of epidemiological studies in Italy are an integral part of the institutional document that the Department for Anti-Drug Policies has to deliver by law to Parliament on 30 June of each year. The results are also published in the National Report that the Italian Focal Point sends each year, as information, to EMCDDA.

The study on the consumption of psychotropic substances in schools, on an annual basis, allows constant monitoring of the phenomenon of drug use among young people, and in particular, the monitoring of new profiles of consumption in young people with the appearance of new substances. The detection methodology developed by the Department for Anti-Drug Policies has the advantage of being able to have the preliminary results in real time, so quick action can be taken with selective and targeted prevention programmes.

In order to involve the schools that participated in the study in initiatives to promote primary prevention, at the end of the surveys in schools, the National Drug Observatory prepares summary reports for specific micro-regions with the results of the study (prevalence consumption in specific geographic context) and a comparison with the results of the study at the national level.

This comparison is a useful tool to raise awareness among School Directors in order to promote primary prevention and selective initiatives within their school context, even using the tools made available to the Department for Anti-Drug Policies, through the many thematic websites available to young people, schools and families.

Also as part of primary prevention and in response to the increase of cannabis consumption among young people, the Department for Anti-Drug Policies in 2013 funded a multi-year pilot project on specific primary prevention, through the involvement of the international organisation CADCA, in two Italian contexts with high drug use levels among young people.

5. Conclusion:

In the Italian experience, the use of online tools for managing and conducting surveys in schools is frequent and its benefits can be summarised as follows:

- speed in the organisation and conduct of the survey, with no practical problems of a paper survey;
- greater privacy for the respondent when completing the questionnaire;
- real-time monitoring of the trend of detection, with the possibility of immediate replacement of schools not participating in the study;
- elimination of data entry errors inherent to the surveys conducted by administering questionnaires on paper;
- limitation of any lack of attention mistakes in the process of completing the online questionnaire, because of the implementation of control systems for consistency of the answers;
- immediate availability of the database for processing data and reducing the time needed for data analysis and preparation of reports.

In view of the advantages listed above, the critical aspects of this methodology are in the widespread availability of classrooms at schools equipped with personal computers and the availability of school representatives to follow the organisation process for the conduct of the study.

In the end, a high degree of participation is indispensable, as is an excellent working relationship between the various entities involved in the study, both at central and local levels. This cooperation is even more important in the dissemination of results, and afterwards in the activation phase of selective and targeted primary prevention interventions.

The Italian experience of having a Department for Anti-Drug Policies within the Presidency of the Council of Ministers as a coordinating body of all ministries in the area of drugs, is a particular success, in that the direct contact between the technical body and political body enables political strategies to be defined on the basis of evidence produced by the technical body.

7

Lebanon

1. Rationale for School Survey

In 2006, the Pompidou Group increased co-operation activities for and with non-Member States from the Mediterranean Basin including Lebanon. A MedSPAD survey was decided on and executed by the Department of Social and Family Medicine at Saint-Joseph University (USJ). The aim of the project was to gather all possible resources to control the burden of drug addiction, and even better to prevent the spread of this dangerous epidemic. The government of Lebanon has only limited resources to tackle this problem, and so the European partnership was well received. All concerned stakeholders in Lebanon, including governmental agencies, were highly motivated to support the school survey.

The specific objectives were:

1. To determine the magnitude of social contact and actual use of drugs among pre-secondary schoolchildren in all areas of Lebanon.
2. To complete data regarding cigarette and nargileh (waterpipe) contact and use in that subgroup of the population.
3. To confirm and detail data regarding alcohol contact and use in that subgroup.

2. Methodology

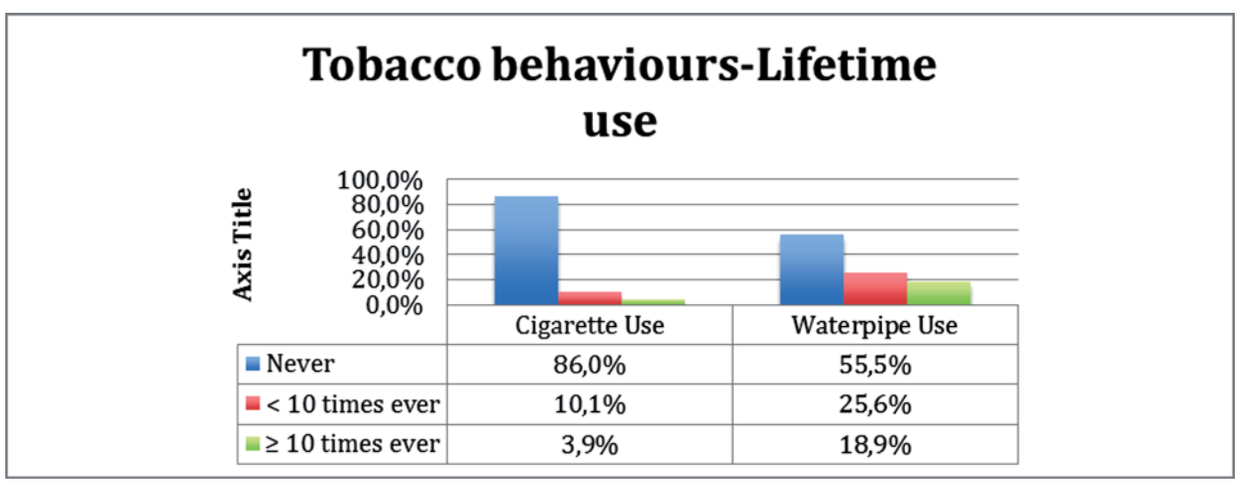
The survey was conducted in 2008 in the last class of the complementary cycle (9th grade) with an average annual number of students of about 12,000 nationwide. The sample size was calculated based on an estimation of 11% of direct or indirect contact with drugs and/or alcohol among schoolchildren (RAS 2002; GSHS 2005). A two-stage stratified cluster sampling procedure was adopted. In each of the five Lebanese districts, schools were randomly selected, and in each of those a specific class was then randomly selected.

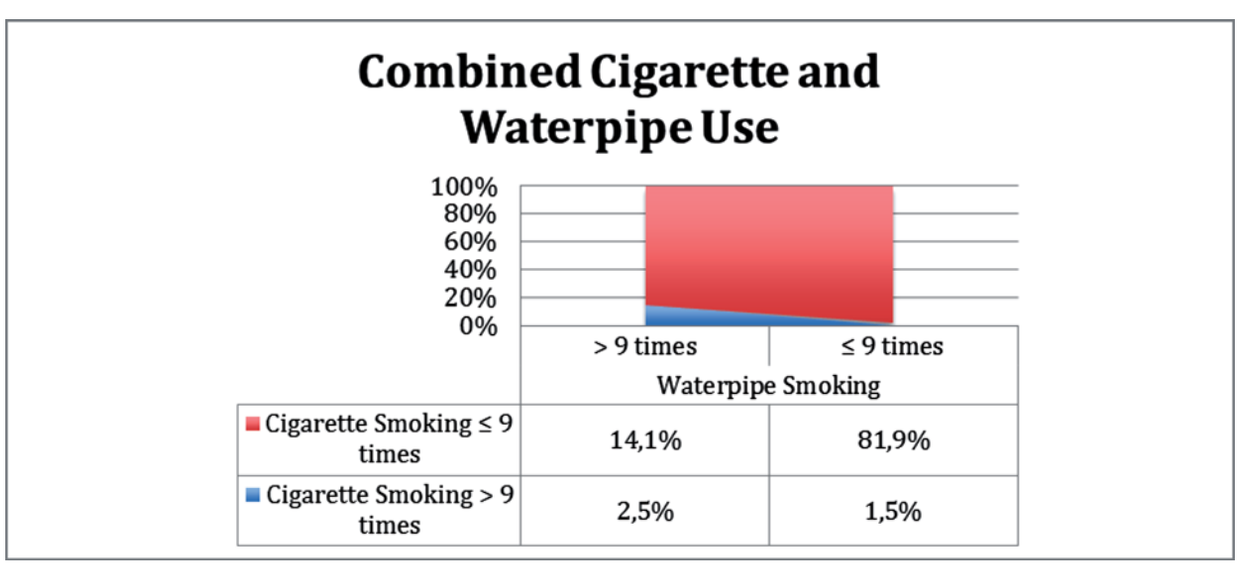
The standard ESPAD French questionnaire was translated and adapted after piloting to the specific Lebanese context. The questionnaire was designed to be presented in class and auto-completed in about 20 minutes, with a trained assistant at hand to provide support if needed. Prior to administering the questionnaire, a consent form was obtained from parents. The preamble of the questionnaire assured children that their participation was free, that their answers would remain anonymous and not shared with anyone at school or elsewhere, that there were no correct or incorrect answers, and that information would not be shared with teachers or parents. At the end of the survey, each participant received brochures and pamphlets describing substances mentioned in the survey and highlighting the harm which they can cause. Their science teacher received a booklet and a DVD which included materials to be used in preparing class presentations on issues of drugs and addiction.

3. Survey Results

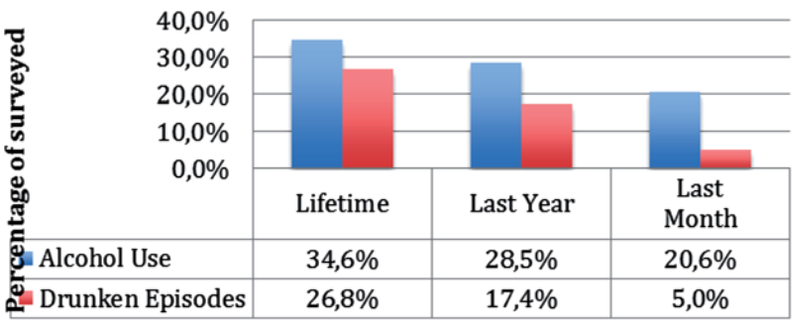
At the end of the data collection, a total of 1097 questionnaires had been completed in 59 classes, distributed almost equally among the five administrative districts of Lebanon. A mean of 19 students were selected in each class, with some classes providing more students to compensate for those classes with fewer than 20 students. The selected students were distributed between the public educational system (65%) and private schools (35%). The sample included slightly more girls (54%) than boys (46%). Ages ranged from 12 to 19 years, with a mean of 14.6 years (SD= 1.1). Most children were between the ages of 14 and 15. There were no differences in mean ages between boys and girls. However, significant differences existed between children in public (14.9 ± 1.3) and private (14.1 ± 0.7) schools ($p<0.01$). Schoolchildren were significantly younger on average in Beirut (14.3 ± 1.0) and Mount-Lebanon (14.5 ± 1.0), and significantly older in South-Lebanon (14.7 ± 1.0) and North-Lebanon (15.0 ± 1.2) ($p<0.01$). Based on the crowding index, the sample indicated a socio-economic status (SES) slightly skewed towards less affluent levels, with a mean crowding of 1.6 persons/room (SD= 0.7).

Below are some results drawn from the study:



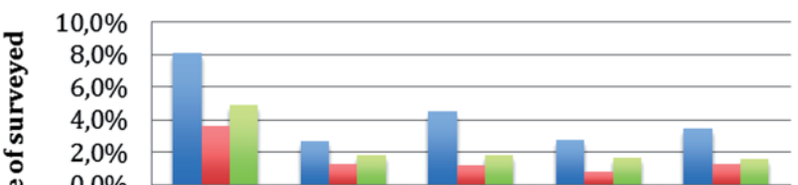


Alcohol Behaviours-At Least Once During



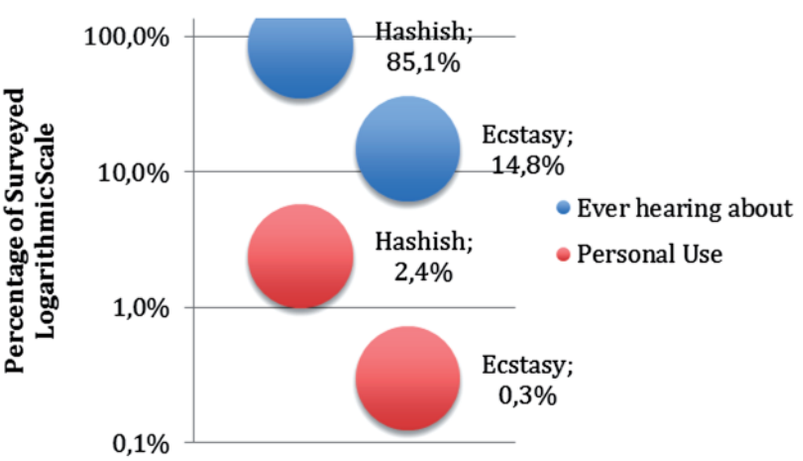
	Lifetime	Last Year	Last Month
Alcohol Use	34,6%	28,5%	20,6%
Drunken Episodes	26,8%	17,4%	5,0%

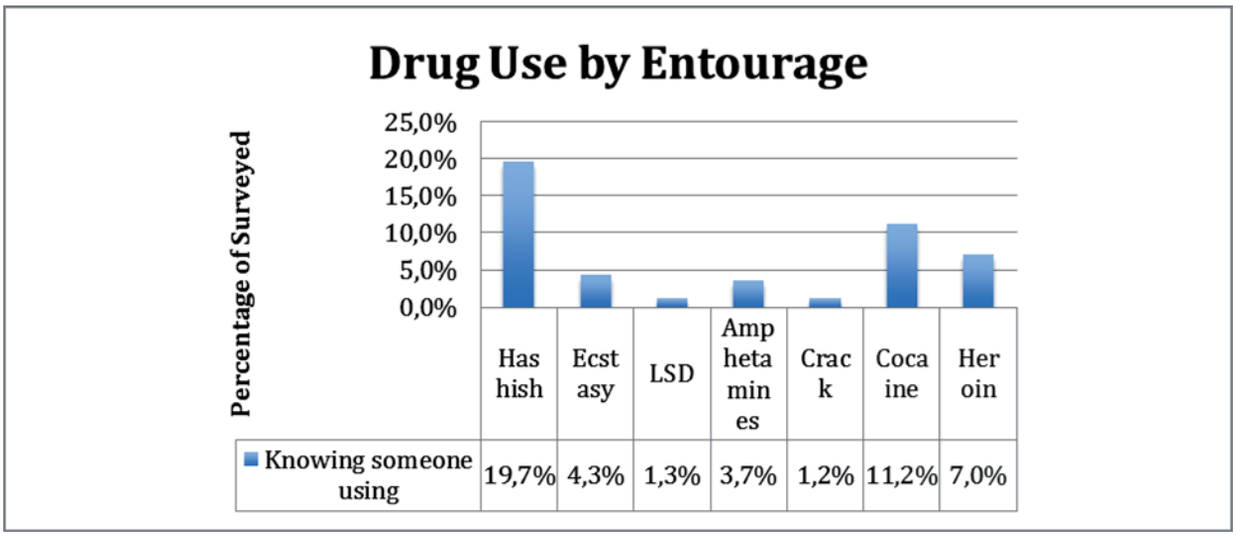
Alcohol Use by Type During Last Month



	Beer	Vodka	Whisky	Wine	Arack
1-2 times	8,1%	2,7%	4,5%	2,8%	3,5%
3-9 times	3,6%	1,3%	1,2%	0,8%	1,3%
>9 times	4,9%	1,8%	1,8%	1,7%	1,6%

Major Drugs Knowledge and Personal Use





4. Discussion

Since 2002, several well-planned surveys have addressed more or less comprehensively various issues of addictive substance use among adolescents. These surveys have focused more on cigarette smoking and alcohol and much less on nargileh use, despite increasing evidence that this behaviour has been rapidly increasing in Lebanon. Practically none of those surveys explored illegal or addictive drug use. MEDSPAD-Lebanon updates and completes knowledge regarding the social contact and awareness of adolescent students aged 14-15. In this subgroup of the population, the prevalence of use of illegal, expensive and difficult to find drugs would be limited. Consequently, only hashish and Ecstasy use were queried in detail. Retrospectively, the levels of awareness of surveyed adolescents with 'classical' drugs such as cocaine and heroin were important enough to have justified more detailed exploration. Inversely, their full awareness of which prescription drugs may actually be 'tranquilisers' can be disputed, and thus related information may have to be considered with caution.

Remarkable differences appeared in the prevalence of initiation of use of addictive substances that are 'legal' and those that are not. The use of cigarettes, nargileh and alcohol was consistently higher than that of hashish or Ecstasy. Hashish was the illegal drug most commonly tried by those adolescents. The 4% figure found in this survey confirms one that was provided in a 2005 study which had found a global trial rate of drugs of 3.5%. Later in life, hashish remains the most frequently used drug in Lebanon. As expected, boys were consistently more likely to engage in risky behaviours than girls. Risk-taking grew in prevalence along with years of age, consistently showing a marked increase immediately after 16. Prevalence increases remarkably with age in all substances, but is less marked with alcohol use.

5. Conclusion

The MedSPAD-Lebanon survey is the first detailed assessment of the contact that children aged 14-15 may have with addictive substances in their social environment. Since 2008, Lebanon has enacted a Tobacco Control Law, with specific articles related to selling cigarettes to minors. The law is still not well implemented, especially on restrictions on public tobacco use. Data generated from this survey clearly indicate that anti-smoking education and skills training as well as non-smoking policies must become a priority for all those in charge of the school curriculum and environment in Lebanon as early as the complementary cycle (grades 6-9). With nargileh in particular, prevention and control efforts must extend beyond the school gates to reach parents and society at large. The aim would be to modify the complacent, even favourable attitude towards nargileh use by highlighting its addictive influence and its long-term consequences on children's physical and psychological development.

Since the publication of these results, consequent action on drug policies has remained very limited. The instable political situation of Lebanon up till 2010 had precluded long-term planning of new policies in schools. After 2011, the entire situation of Lebanon has taken a turn for the worse, with the influx of 2 million Syrian refugees escaping civil war in their country. Of those, 400,000 are children of school age, who can barely be integrated within current facilities. The priorities of the Ministry of Education are now clearly lying with this critical situation, and it is very likely that drug policies or a new wave of MedSPAD would not now be considered as needed or timely.

Malta

1. Rationale for School Survey:

The main reason for joining the ESPAD consortium at the beginning, back in 1995 following the conduct of a pilot survey by the Pompidou Group in 1994, was to obtain data related to the prevalence of substance use for the school aged cohort of 15-16 year-olds. Having in hand such information on substance use provides the means through which prevention programmes that are context appropriate and address the necessary problem if there is one may be put in place.

Prior to 1995, there had only been one attempt, by the NGO Caritas, to survey school-aged children to determine substance use. To their credit, Caritas brought in the US agency Pride to help them design the survey, which in November 1991 targeted 26,519 12-16 year-olds. The response rate was 78.5% – some 20,815 completed the survey. In turn, the results of the survey provided the basis for 16 reports, enabling Caritas to better focus their prevention programmes. In addition, this prompted the government of the time to start to see what may be done, with the result that some focus groups came into being. Focus groups on prevention, treatment and criminal justice provided input into the Meli report, which recommended setting up a National Drug Agency, which came into being in June 1994. Through this National Agency, both prevention and treatment were taken on board on a national level.

Malta has participated in all ESPAD studies to date through the National Agency, Sedqa, i.e. those conducted in 1995, 1999, 2003, 2007 and 2011, and is preparing for the next one in 2015. It will be 20 years since the first one and the sixth in a series of studies conducted every four years among students aged 15-16 at the time of the survey. Moreover, in 1998, a smaller study was conducted in Malta together with five other countries to assess the validity of the instrument, in which the questionnaire was provided to a number of 15-16 year-olds to complete and was repeated a week later with the same individuals to asses their responses in both sessions. It transpired that for the most part the same answers were provided the second time round, which validates the use of the instrument to garner information on the use of substances such as alcohol, tobacco and other drugs.

Of late the prevalence figures for such substance use among this age cohort have been used to determine whether the prevention programmes in place do indeed reduce substance use. The findings to date would suggest that the general prevention programmes in place do have a slight effect on prevalence of substance use, but not as much as anticipated. Hence the National Drug Agency, Sedqa, has now started to focus more on what may be termed secondary prevention and to target those with more resources that have tried these substances. So here again we have an example in which the use of such data enables the national agency to re-orientate itself accordingly.

Moreover, the results of these surveys have been used by the Government to introduce a minimum drinking age for the very first time, initially set at 16 years of age. This has recently been revised upwards to 17 years of age and it may be further revised in the near future. As for tobacco, laws have been introduced whereby

it is illegal to sell cigarettes to minors and restricting smoking in public buildings and restaurants. It will be interesting to see if these measures have had their desired impacts with regard to alcohol and tobacco when the results of next year's ESPAD survey are published. As regards tobacco, this would seem to be on the decrease as shown by last year's results of the general population survey conducted in Malta, but those youngsters who started smoking earlier on and have been reported here are still smoking.

All in all, it would appear that the conduct of such surveys over the years has been instrumental in providing the necessary information the Government has at certain times made use of to drive policy in this area, such as the first National Drugs Policy of 2008.

2. Methodology:

The ESPAD questionnaire has always been used throughout the series of studies conducted to date since it enables information to be gathered on variables such as lifetime use, yearly use and last month's use of alcohol, tobacco and recreational drugs. Lifetime use normally refers to one-off occasions of use, whereas last year's use refers to experimental use and not continued use, and monthly use would suggest the opposite and the likelihood of problem use. Thus, the use of such a format in many instances provides comparability with the other European countries conducting the ESPAD survey.

The ESPAD survey has always focused entirely on a single age group, 15-16 year olds, i.e. those who were born in 1995 participated in the 2011 exercise. The ESPAD survey will be repeated in 2015 for the sixth time. The students of this age group attended regular, vocational, general or academic institutions, that are government, private or church schools; however, students have been excluded from special schools that cater for those with mental disabilities or who are severely handicapped. Moreover, those students who were absent on the day of the survey and those who had left the school system have been excluded, although it is important to note that education in Malta is compulsory till the age of 16.

Additional information such as the type of school, socio-geographic location of the school and class size has also been collected as this has been useful in describing the population for sampling purposes as well as understanding and interpreting the data.

The actual conduct of the survey was done in the main during the months of March and April, as most countries conducting such a survey within the ESPAD consortium.

The basic sampling unit used was the class, as it is the standard sampling frame for ESPAD and is fundamental if data is to be comparable between participating countries. All the classes per se are registered on a national database held at the Ministry of Education. School children aged 15-16 are mainly in Form 5 and thus it was thought appropriate to survey all fifth form classes on the island, which amounts to some 5000 students, twice the minimum number required by the ESPAD consortium for the confidence intervals not to be too wide. It was calculated that some 5% of students might be lost using this method of total population sampling as they may be in a lower class or have been moved up, however this was determined to be the most appropriate method from experience.

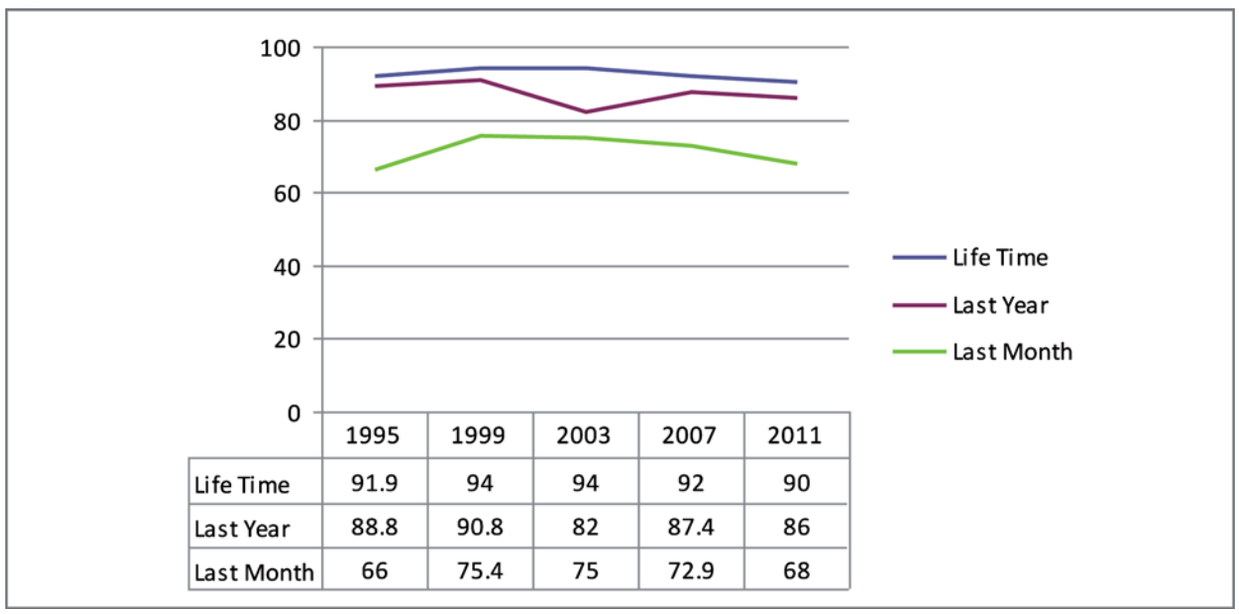
The school head was informed of the conduct of the survey. The survey questionnaire was sent to all the schools, and on the appointed day the survey was completed by the schoolchildren in a normal class under examination conditions and monitored by the teacher of the class who also completed a class report. To ensure anonymity a class representative at the end of the session placed all the questionnaires and the class report into an envelope, sealed it and deposited it in the school head's office, following which it was collected by one of the staff from the National Agency, Sedqa.

All questionnaires received by the National Agency, Sedqa, were first scrutinised for completeness, and were then scanned, with the data compiled into a database for scrutiny once again. Following checks, the final SPSS file was produced and sent on to the ESPAD consortium to be used to compile the final European report as well as for own report, which was normally released on the same day as the ESPAD report launch.

3. Survey Results

Lifetime, last year and last month prevalence of alcohol use for the years 1995, 1999, 2003, 2007 and 2011 among the 15-16 year-old cohort are shown below in Figure 1. At the outset it is apparent that lifetime prevalence is high in this age cohort and that the continuation rates are high, in that last year's use and last month's use are also on the high side.

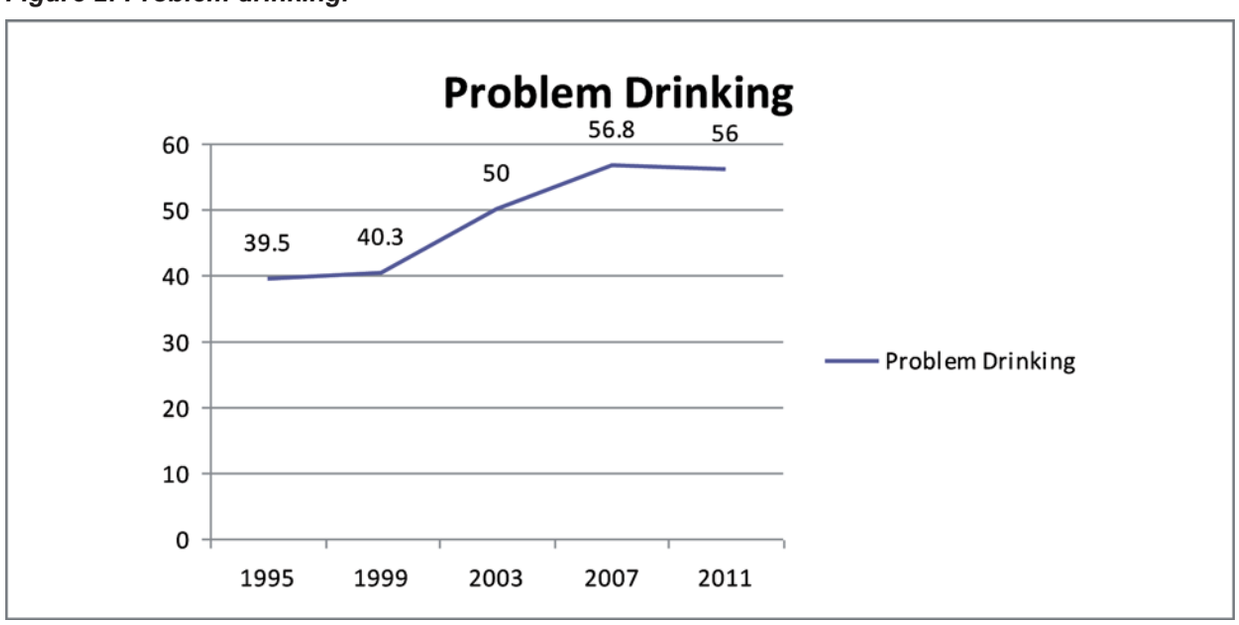
Figure 1: Prevalence of alcohol use:



	1995	1999	2003	2007	2011
Life Time	91.9	94	94	92	90
Last Year	88.8	90.8	82	87.4	86
Last Month	66	75.4	75	72.9	68

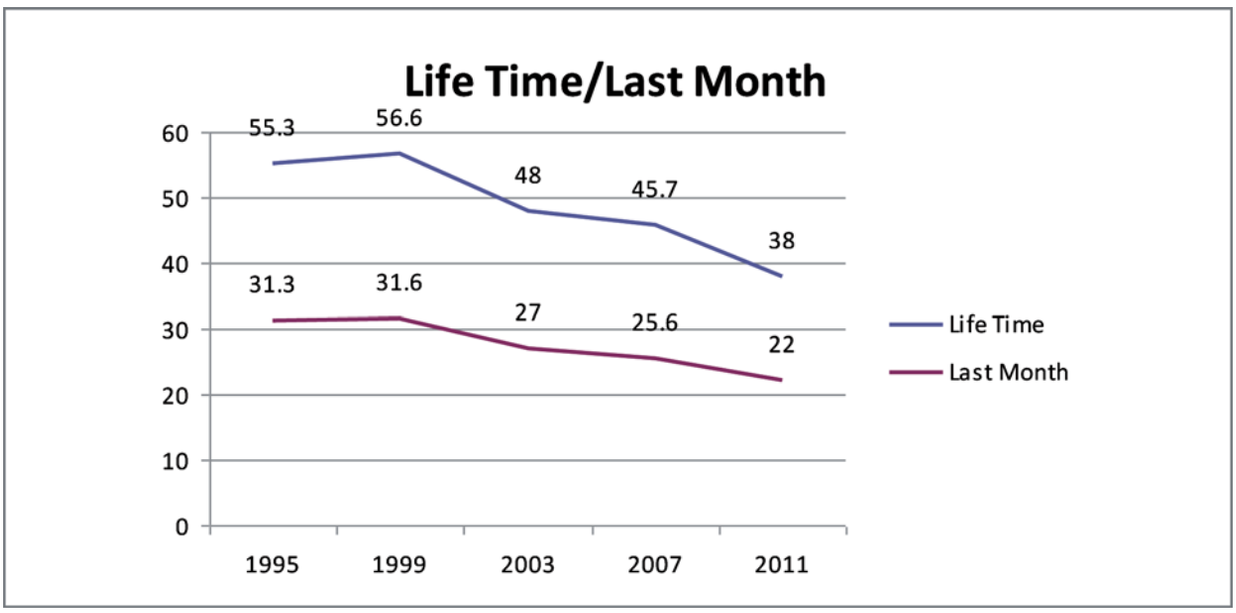
In addition, consuming more than five drinks on the last drinking occasion has increased over the years as illustrated below in Figure 2.

Figure 2: Problem drinking.



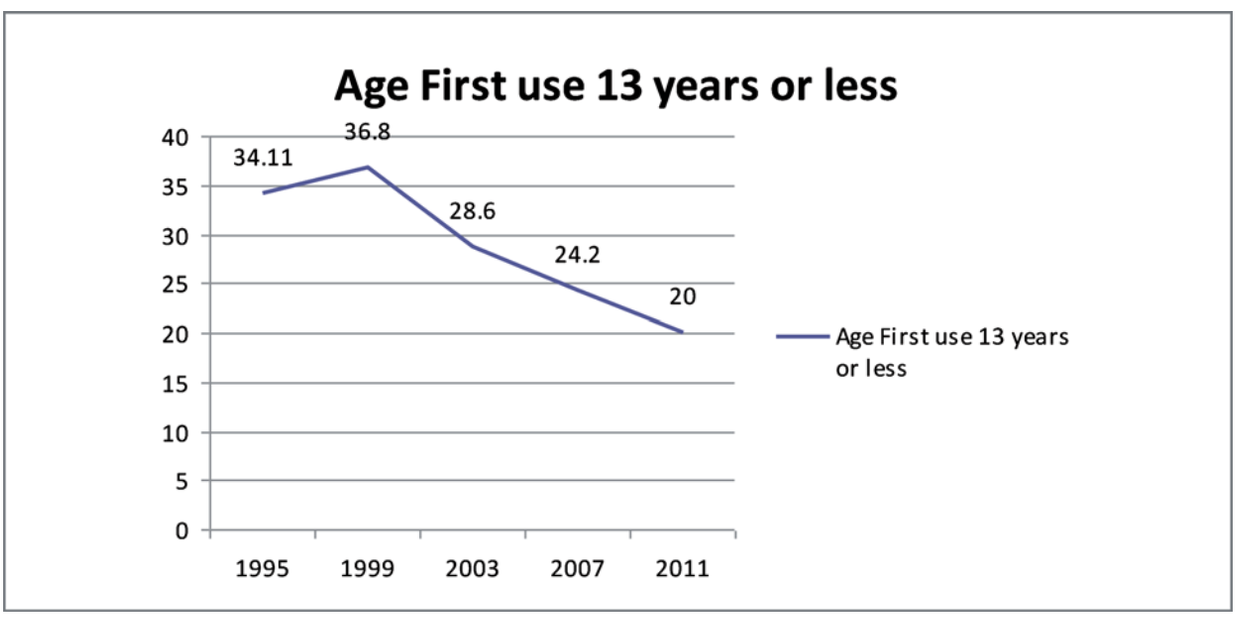
Lifetime and last month prevalence of tobacco use over all years the survey was conducted in, 1995, 1999, 2003, 2007 and 2011, are shown below in Figure 3. It is evident that the trend for tobacco use among this age cohort is on the downward turn.

Figure 3: Prevalence of tobacco use.



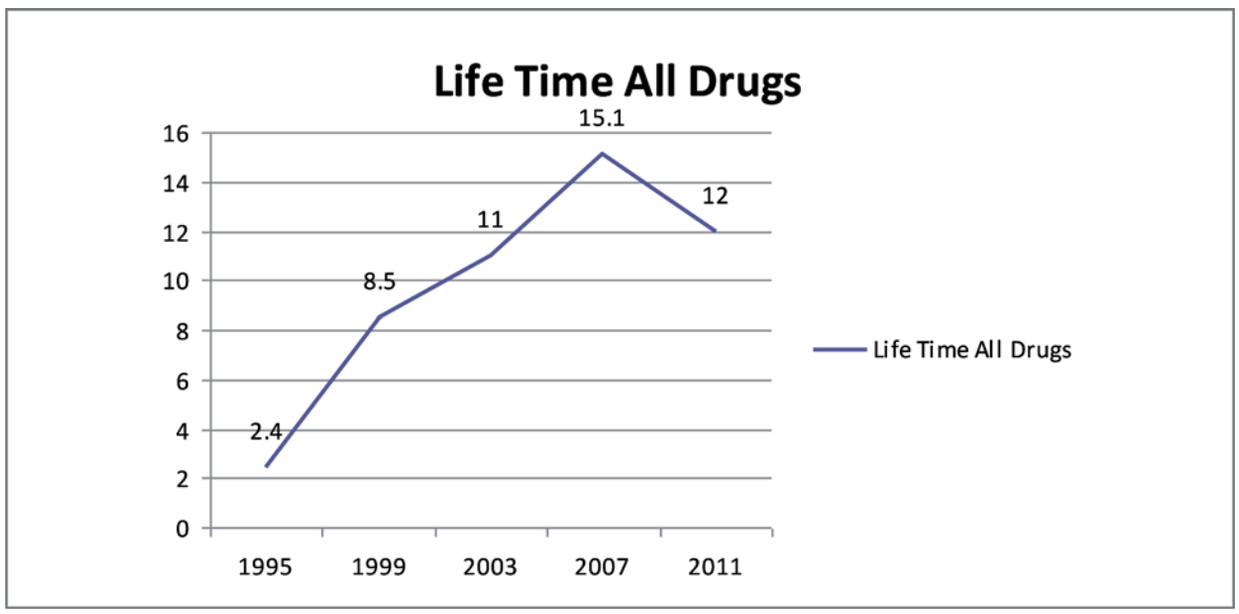
It is also evident that fewer and fewer youngsters are starting to use tobacco at earlier ages as shown in figure 4.

Figure 4: Tobacco: age of first use at 13 years of age or under.



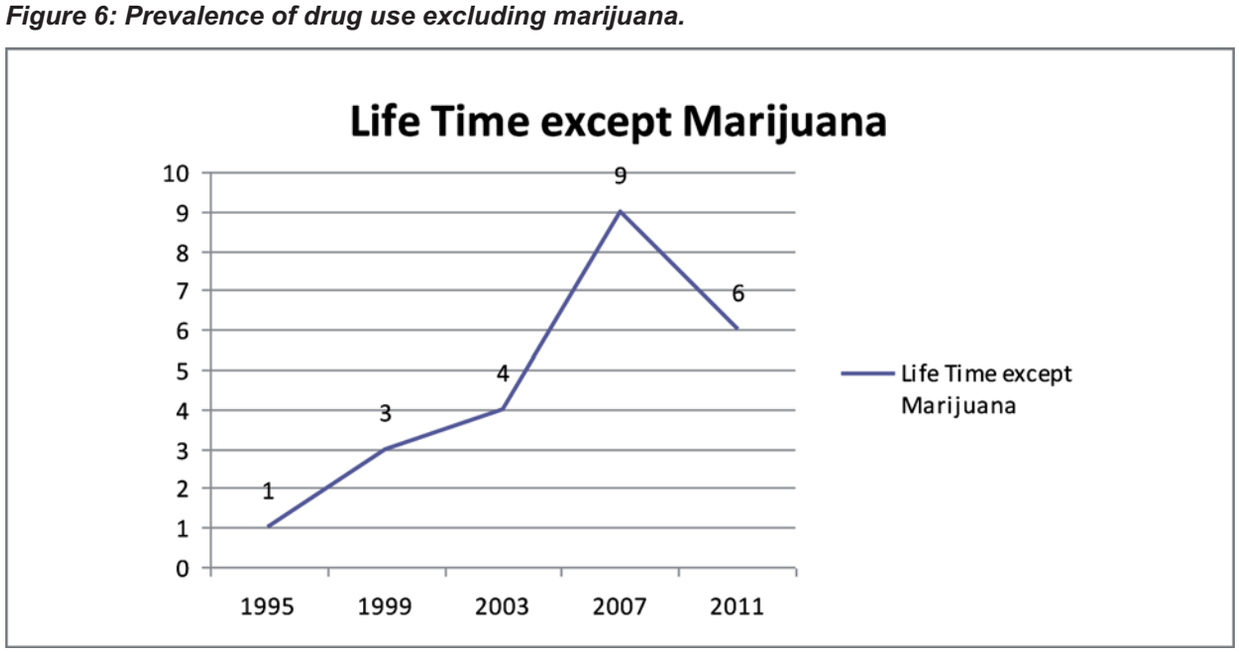
In regards to lifetime drug use, this figure has increased over repeated surveys but seems to have come to a plateau over the last three surveys as illustrated below.

Figure 5: Prevalence of drug use.



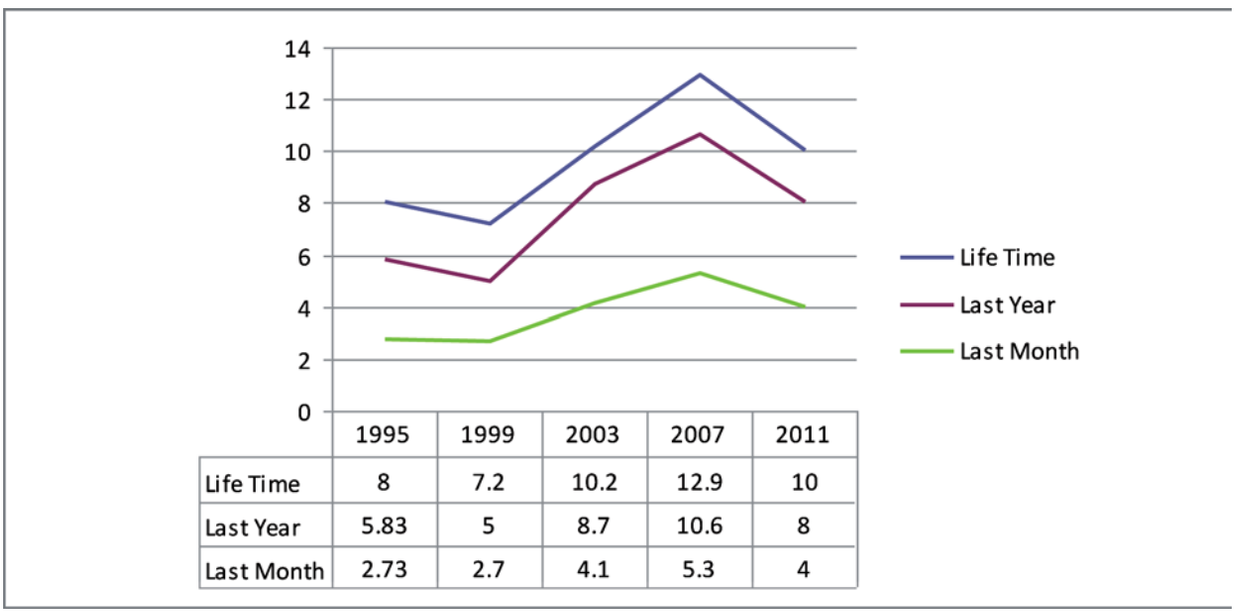
The pattern for lifetime drug use excluding marijuana is also similar.

Figure 6: Prevalence of drug use excluding marijuana.



With respect to marijuana per se, the pattern is also the same as with all other drugs and last month's use, which refers to active users, is around 4% of the population aged 15-16.

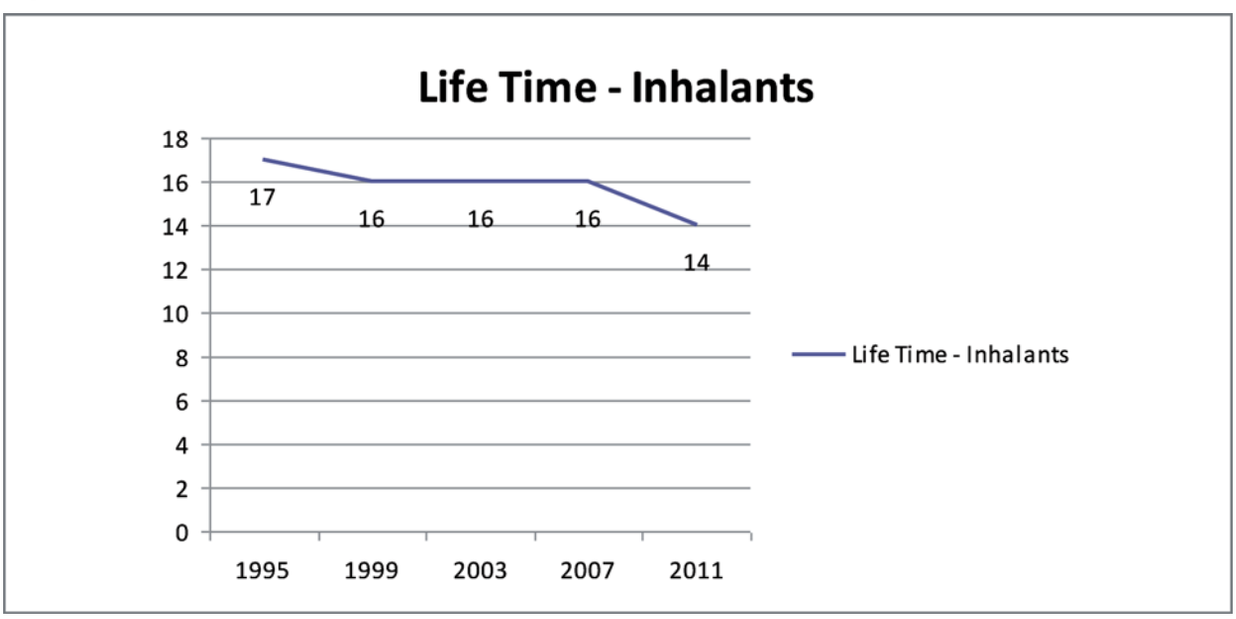
Figure 7: Prevalence of marijuana use.



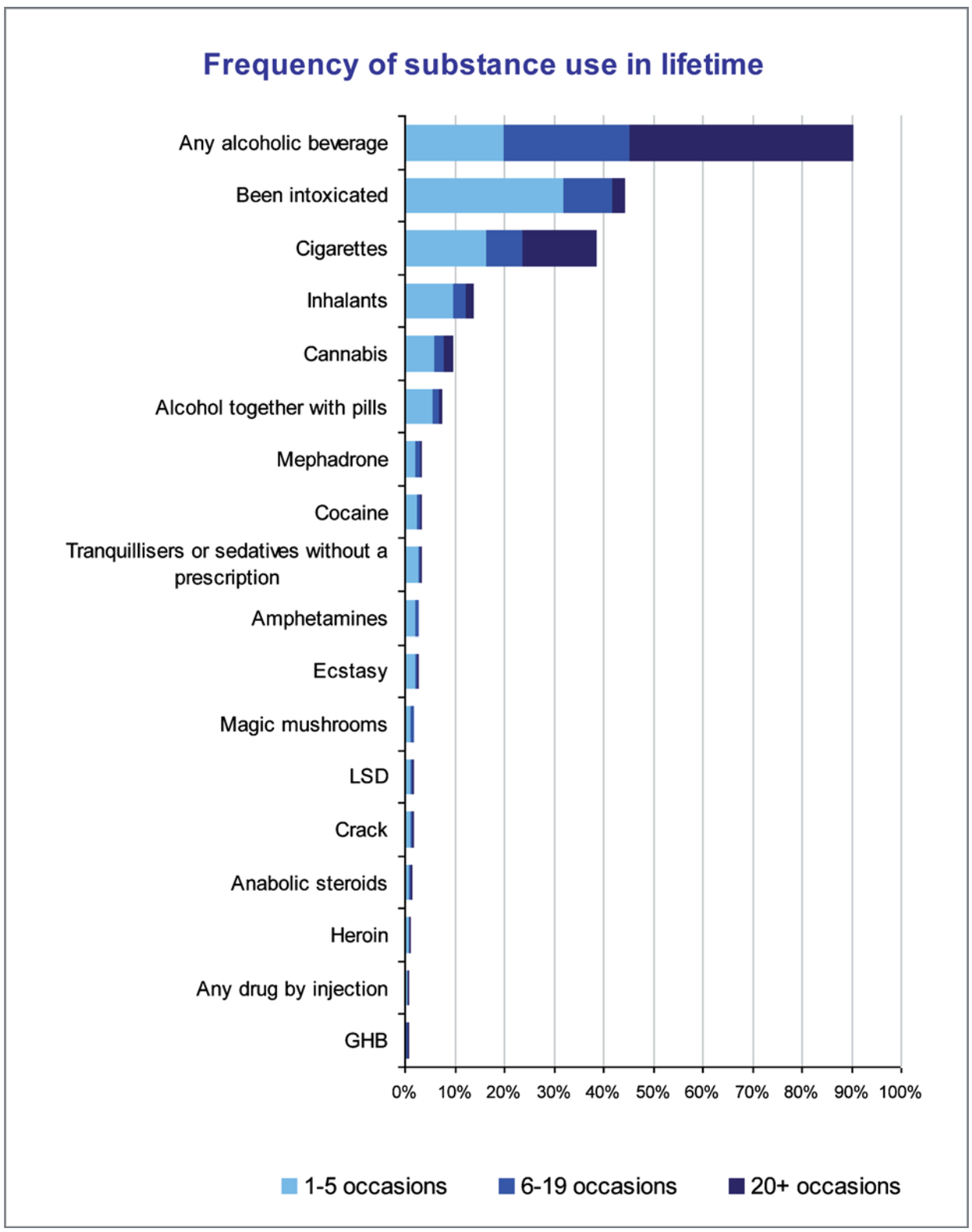
	1995	1999	2003	2007	2011
Life Time	8	7.2	10.2	12.9	10
Last Year	5.83	5	8.7	10.6	8
Last Month	2.73	2.7	4.1	5.3	4

Finally with regard to a particular substance, namely inhalants, lifetime use of the said substance continually sits at around 16%, which is the highest prevalence of the drugs surveyed.

Figure 8 : Prevalence of inhalant use.



Finally, Figure 9 below provides the latest findings with respect to substance use among the 15-16 year-olds as reported in the last ESPAD 2011 survey.



4. Discussion

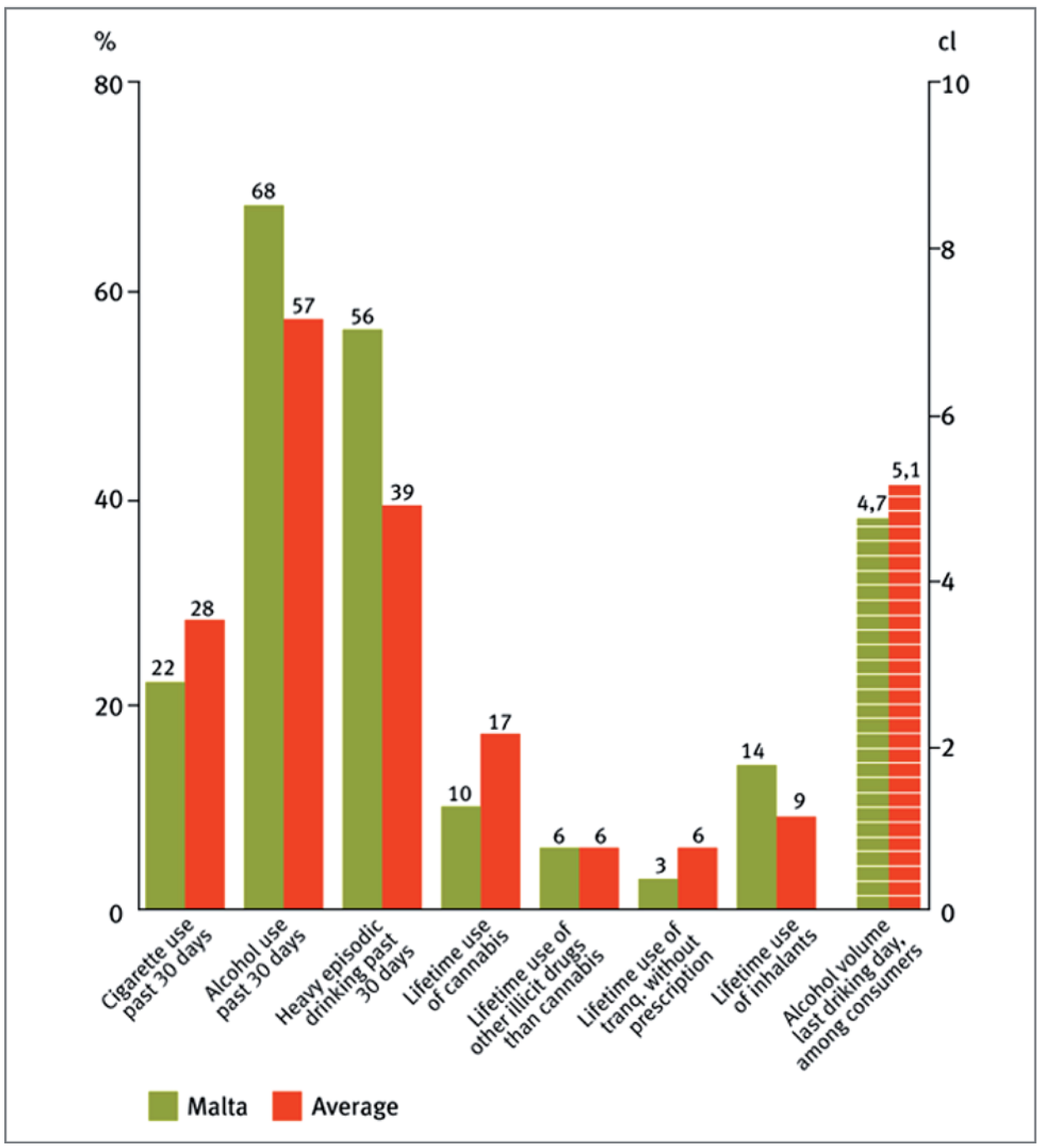
It is clear from the five surveys conducted to date spanning the periods from 1995 to 2011 that out of all the substances, alcohol continues to be the most popular among adolescents aged between 15-16 in Malta. In addition, the consumption of more than five drinks on the last drinking occasion – referred to as binge drinking – has gone up over the years. It is of interest however, though not graphically illustrated above, that drunkenness has not increased, nor have the amounts of alcohol drunk. This may be due to the fact that outdoor activities are part and parcel of every day life in sunny climes and hence it is not unusual to consume alcohol over long mild evenings that account for a substantial part of the year.

It also noteworthy that the general population survey in 2013 showed that alcohol was the most popular substance here too, and this bears out the high continuation rates. For example, those aged 15-16 in 1995 fell in the 30-35 year-old bracket in 2013, and the prevalence here is of the same order, but the highest prevalence is found in the 18-24 year-olds. What may be disconcerting is that even with the introduction of the minimum drinking age and its extension from 16 to 17 years old, the number of adolescents consuming alcohol has not been affected.

On the other hand, the picture with regard to smoking seems to be better in that lifetime prevalence of smoking has gone down since the conduct of the second survey in 1999. This is borne out by findings that fewer youngsters are starting earlier and also by the general population survey conducted last year. There may be a number of factors, the most significant of which is the introduction of several measures, including the introduction of a minimum age at which one is allowed to purchase tobacco products, the banning of smoking in public places and the increase in prices over the years.

The studies show that use of recreational drugs has gone up since the first one in 1995. It seems to have reached a peak in the 2007 survey, as in the last one in 2011 the figures are at a similar level as the 2003 survey. Marijuana (or cannabis) use follows the same pattern and some 10% of the youngsters have at some point in time used marijuana. Moreover, of all the other recreational drugs, inhalant use continues to be the most popular by far.

In summary, as illustrated below, Maltese youngsters seem to prefer alcohol and in terms of recreational drug use, inhalants, as compared to our European partners.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Cigarette use past 30 days
Alcohol use past 30 days
Heavy episodic drinking past 30 days
Lifetime use of cannabis
Lifetime use of other illicit drugs than cannabis
Lifetime use of tranq. without prescription
Lifetime use of inhalants
Alcohol volume last driking day, among consumers
Malta
Average

5. Conclusion

It would appear that the conduct of the ESPAD survey over the past sixteen years has provided for continuity following the first ever survey done in Malta by Caritas with the aid of Pride in 1991. Thanks to the ESPAD survey we have the ability to look at the trends related to substance use among the cohort of 15-16 year-olds over a period spanning some 20 years.

The conduct of the survey every four years has indeed had some impact on Government policy in this area, as exemplified by both the introduction of a minimum age for drinking and the measures associated with tobacco use. It is of interest that it would appear that the measures related to tobacco use have had an impact in that the prevalence of smoking is on the decline, whereas with respect to alcohol this does not seem to be the case at present.

Moreover, the use of these surveys to determine the prevalence of substance use and in tandem to ascertain whether prevention programmes have had their desired effects has also been of interest here. It would appear that general prevention does have its benefits but certainly not to the degree one would have hoped for. The silver lining here is that the National Drugs Agency, Sedqa, has now introduced secondary prevention programmes to target those youngsters who may indeed have started to use such substances.

Finally, the conduct of these surveys over the years has provided the impetus for other studies of a similar nature among the younger and older age groups, which have further supported the findings of the ESPAD studies. In addition, here in Malta, they have provided the stimulus for all the stakeholders in the area of prevention to meet for the very first time and suggest a common way forward, the first of which is the establishment of a National Prevention Body to undertake tasks such as the evaluation of the programmes presently in place in schools.

Morocco

1. Rationale for School Survey

Recent epidemiologic surveys indicate that substance use by youth in many countries remains a matter of concern. A few epidemiologic studies conducted in Morocco show that drug use is increasing among the young population and among women. Morocco adopted the Mediterranean School Survey Project on Alcohol and Other Drugs (MedSPAD) in 2003. After conducting a pilot study in Rabat (N=400) in 2003, the survey included two big cities, Rabat and Salé, (N=1117) in 2006. Then the first national survey was conducted in 2009-2010 (N=6371). In 2013, Morocco conducted a second national MedSPAD which drew a representative sample of 5801 students. The intention of MedSPAD was to survey the mandatory school-going age group of 15-17 year-olds in all Mediterranean countries, and to improve knowledge about youth drug use in this region.

The objectives of the Moroccan MedSPAD were to assess the prevalence of substance use among 15-17 year-old students at Moroccan high schools, to establish the age at onset of drug use, and to examine some drug use predictive factors.

2. Methodology

The last MedSPAD survey data came from a cross-sectional study conducted in May 2013. Participants were recruited through a representative sample of schools in Morocco. Schools were randomly selected, and drawn to target 15-17 year-olds. The four last grades (9th, 10th, 11th and 12th grade) were included. An anonymous self-survey written in Arabic was used, comprising 120 questions. Items included youth socio-demographic information, school and home youth behaviour, relationship with parents, parent education, and family socio-economic level. Prevalence included lifetime, last 12 months', and last 30 days' use of seven substances (tobacco, alcohol, cannabis, psychotropic (benzodiazepine used without medical prescription), cocaine, crack and heroin). The questionnaire also evaluated youth perception of the high risk of drug use, and their attitude towards drug users; student knowledge and opinion about drugs. Our data was analysed in SPSS version 20. Only data concerning students aged 15-17 will be presented in this report. The survey is supported by the Pompidou Group at the Council of Europe. It is a collaborative work between Arrazi University Psychiatric Hospital in Salé and the Moroccan Ministry of Education.

3. Survey Results

Sixteen academic regions were integrated, including 160 classes. The final sample size was N=5801 students. Students' ages were between 13 and 23 years old (median = 17.1 1.5). Females represented 54% of the total population (N=3083). 15-17 year-old students were 3592 (63%). Our findings revealed that 15-17 year-old men consume more than women, and prevalence increases significantly with student age

(p<0.0001). Tobacco is the most used drug by 15-17 year-old students during their lifetime (12%), with 20.1% for male, and 5.9% for female. The lifetime prevalence of alcohol is 5%: 7.6% for male and 2.8% for female. Cannabis is consumed among 5.8%% of 15-17 year-old students: 9.5% for male, and 2.1% for female; and psychotropic drugs are used by 4.3%; 4.4% for men, and 4.1% for male. Cocaine is used in 1% of cases, crack in 1%, and heroin lifetime use was reported by 1 % of students .The other illicit drugs are consumed by 3.52% of 15-17 year-old students; those cited were opiate substances, ecstasy and inhalants.

Table: Prevalence of use of different substances

Substances		Lifetime	12 last months	30 last day
Tobacco	Total	17%	9%	6%
	15-17 years	12%	5%	3%
Alcohol	Total	9%	5%	5%
	15-17 years	5%	2%	2%
Hashish	Total	9%	6%	6%
	15-17 years	5%	3%	3%
Sedatives and sleeping pills Without medical prescription	Total	5%	6%	2%
	15-17 years	4%	3%	2%
Cocaine	Total	1.3%	0.6%	1%
	15-17 years	1%	0%	1%
Crack	Total	1.2%	0.6%	1%
	15-17 years	1%	0%	0%
Heroin	Total	1.2%	0.6%	0.6%
	15-17 years	1%	0%	0%

Figure 1: Prevalence of tobacco use by gender among 15-17 year-olds

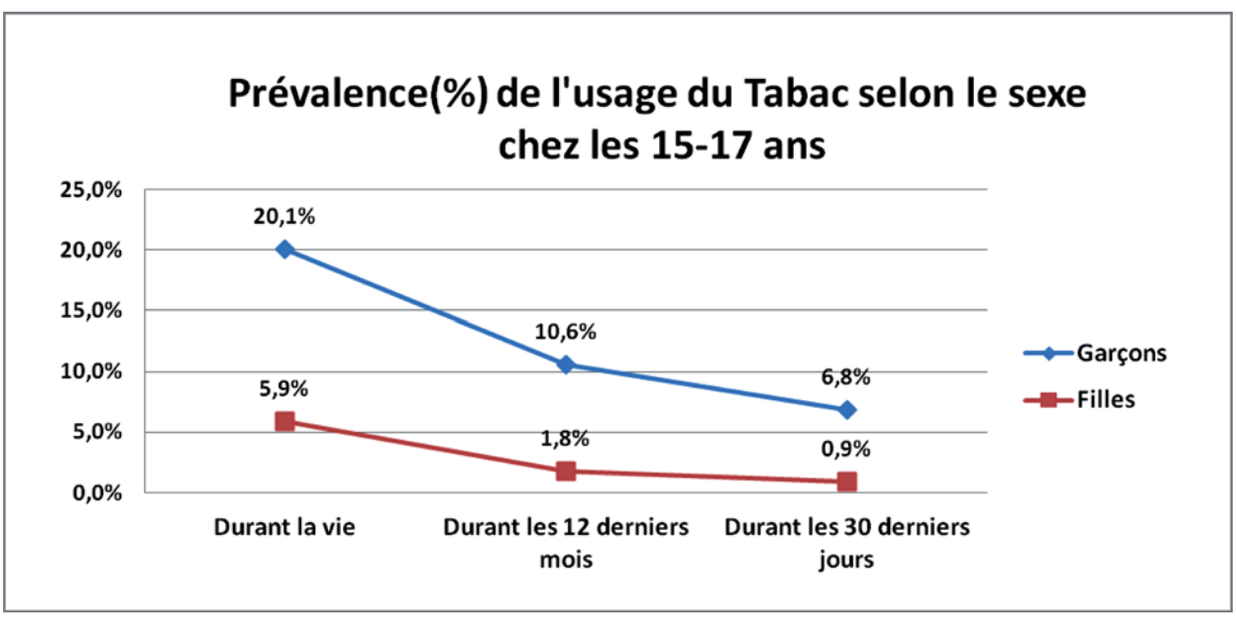


Figure 2: Prevalence of alcohol use by gender among 15-17 year-olds

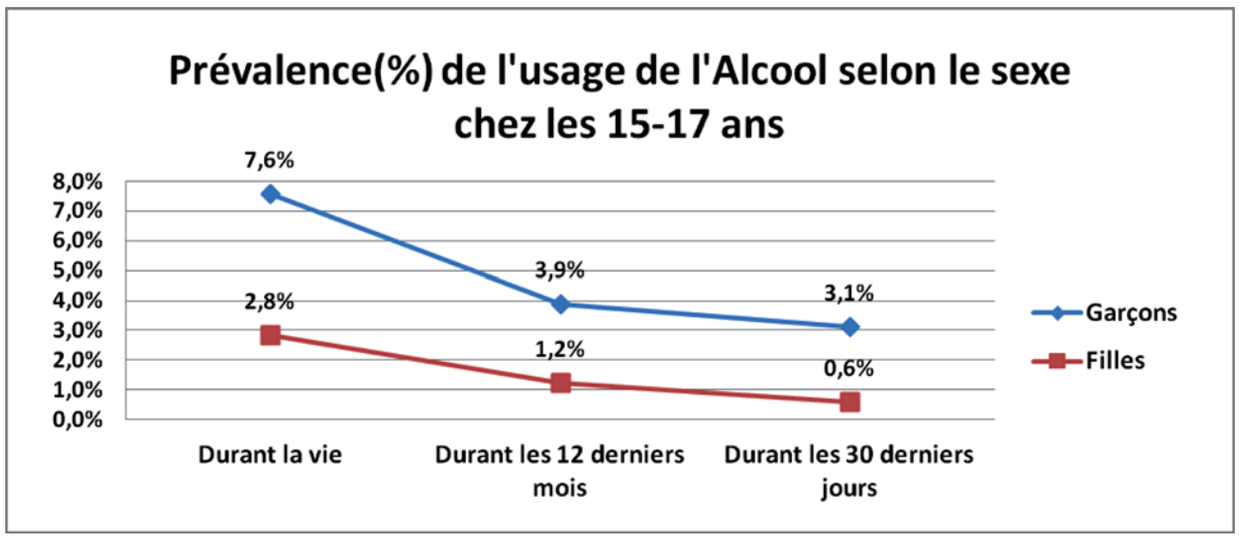


Figure 3: Prevalence of hashish use by gender among 15-17 year-olds

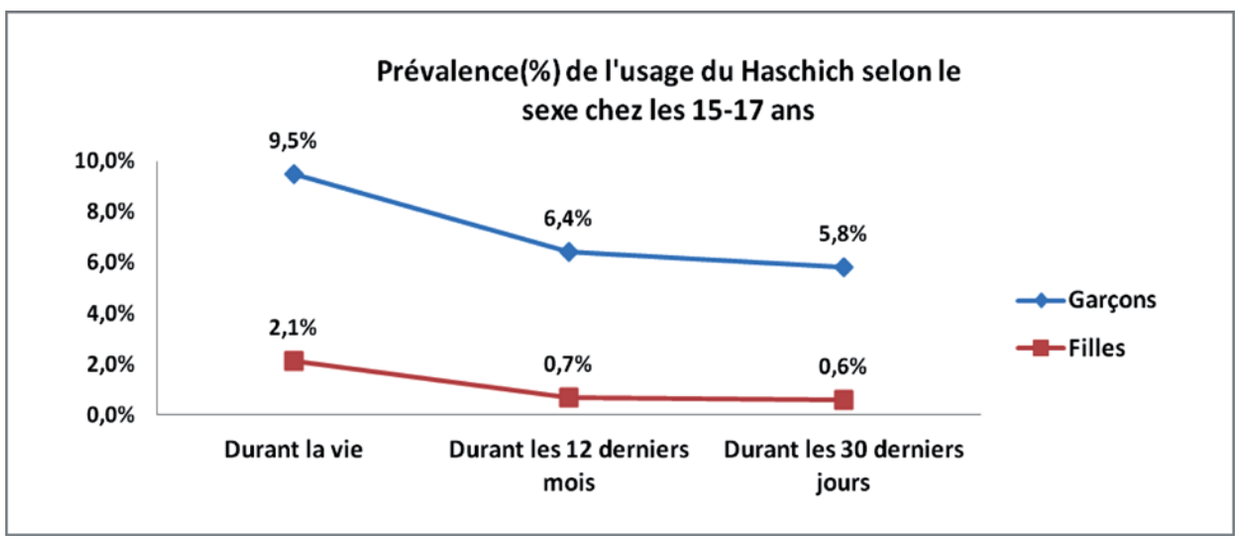
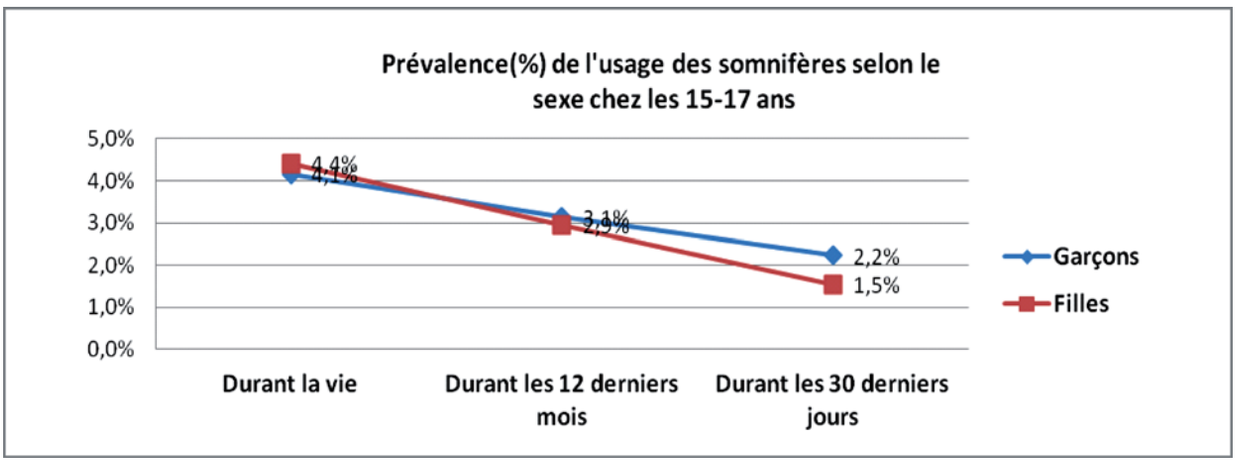


Figure 4: Prevalence of sedatives and sleeping pills without a prescription use by gender among 15-17 year-olds



Substance use frequencies show that youth are in the experimentation phase of different substances. They are more likely to use a substance used by a family member or a peer. The age of initial drug use is early for the youngest students. Some student behaviours and lifestyles are significantly linked to the drug use, such as absence from school, lack of parental care, below average grades at school and dissatisfaction with the parental relationship. These factors could be predictive of drug use, and should draw the attention of parents and educators.

4. Discussion

Our study found that 15-17 year-old students were already using drugs with higher rates of drug use among males than among females. Our results are consistent with those of many authors who have shown similar trends in drug use, with gateway drugs already in use by early adolescence. Our youth lifetime prevalence rates of drug use are lower than in industrialised countries but there is anecdotal evidence of a gradual increase during recent years. Our findings indicated that tobacco was the drug of choice for 15-17 year-old high school students. In our study, women seem to use the drugs that are most available, such as tobacco and psychotropic substances. These are the drugs most easily obtained, and the least stigmatising in our society.

Our study showed that students are more likely to use the same substance used by a family member or a peer. Some youth behaviours and lifestyles are significantly linked to drug use; these include absence from school, below average grades, spending nights out without family authorisation, and dissatisfaction with the parental relationship. Nevertheless, preventive interventions should include all substances with addictive potential.

Many students asked for individual counselling. This suggests a need to teach youths about alcohol and drugs, create an atmosphere for where they can speak freely, and provide counselling in Moroccan schools.

5. Conclusion

Moroccan high school students as demonstrated from the findings herein do indeed use drugs. The young age of initial drug use necessitates the implementation of preventive and counselling programmes for very young students.

Portugal

1. Rationale for School Survey

As in other countries ruled by a dictatorship for many years, illicit drug use gained prominence in Portugal only after it was banned by the democratic revolutions (1974). From early on, the need to monitor drug-related problems was recognised: mainly in the supply field (to respond to international information needs in the context of UN Drug Conventions), but also in the demand field (namely after the first plan for drug use prevention was implemented in 1982). Portuguese drug-related school surveys began in 1986.

By that time Portugal was represented in the expert group that, in the context of the Pompidou Group, developed a questionnaire and a methodology (1986) that led to the first standardised epidemiological school survey on drugs and alcohol in a small group of European countries (1988). When the ESPAD idea appeared in the 1990s, Portugal joined the project from the start and since then has participated in all surveys (1995, 1999, 2003, 2007, 2011 and now 2015).

Because of its dimension and rapid increase, illicit drug use and its related problems got particular attention from the Government during the 1990s and, since 1996, the Government is obliged to present, annually, a 'Report on the country situation on Drugs and Drug Addiction' to the National Parliament. For this occasion, National Deputies from all the political parties discuss the relevant developments and evaluate the outcomes from the previous year. All media (press and TV) reports on the debate, raising interest and allowing public opinion to be informed and updated about this social problem. Today this is still an important tool to keep drug use in the political agenda.

After some attempts to identify the best way to address problems related to illicit drug use, it was possible to achieve a consensus on a global 'National Strategy to Fight Illicit Drugs' (1999) that integrated a variety of interventions designed to deal with existing problems in both demand and supply fields. Since then, illicit drug use was decriminalised, becoming an administrative offence (trafficking remaining criminalized) and a global network of services covering all areas of drug-related interventions was implemented all over the country. At the same time, indicators were developed to monitor and evaluate trends in drug use and outcomes for the interventions in order to allow, if necessary, the possibility to introduce corrections.

Meanwhile, guidelines to implement drug strategies, interventions and standardised indicators were also produced at European level, and EU countries can already compare their country developments in many of the drug indicators (with some security). Among the indicators used to follow drug use trends among teenagers are some of those provided by ESPAD (students turning 16 years old in the year of data collection): drug use prevalence, age of first use, etc.

Recently, problems related to alcohol use as well as gambling (or Internet use) among teenagers have also started to be monitored at EU level. ESPAD is updating the questionnaire to be able to respond to the information needs in these new areas in order to remain the key source for monitoring of additive behaviours among teenagers in Europe.

2. Methodology

To understand the Portuguese ESPAD methodological options it is necessary to be aware of the students' age distribution by school grades. In fact, in each year, a relevant percentage of students miss the natural progression to a higher grade level, and as a consequence, students who turn 16 years old in a certain civil year (e.g. the year of ESPAD data collection) can be found in the 7th, 8th, 9th or 10th grade. (If students could not be held back, they would all be in the 10th grade).

As a main ESPAD methodological request is that samples are representative of all students turning 16 years old (in the data collection year), and because it is necessary to keep data collection conditions as comparable as possible (to avoid biases), Portugal needs to collect data in all the aforementioned grade levels (7th to 10th) and from all students in each classroom in the sample.

Because of this, since 2003, it was decided that all the grade levels (from 7th to 12th) would be included in the sample, and that the sample will be representative not only for 16 year-olds but also for each of the age groups from 13 to 18 years old. Results related to the sample of 16 year-olds are sent to ESPAD Coordination, and included in the ESPAD Report. Portugal can compare the data on 16 year-olds with all the ESPAD countries since 1995 (1995, 1999, 2003, 2007, 2011, and now 2015).

Results for each of the age groups are analysed at national level (ECATD Report), allowing trends to be followed by age group in 2003, 2007, 2011 and 2015. Several indicators to characterise prevalence and substance use patterns, specific attitudes and beliefs relating to alcohol and drug use by age group are used to evaluate prevention policies on alcohol, tobacco, illicit drugs and other psychoactive substances, and are important indicators reported in all studies to evaluate related policies.

Concerning sampling methodology, ESPAD guidelines point to a sample size of about 2400 students (for each age group) in order to make it possible to provide results by sex with confidence intervals that will remain between useful limits. So, in Portugal the ESPAD sample is designed to have 2500 students who will turn 16 years old in the data collection year. Because of the other age groups, the ECATD sample is designed to have 2500 students in each age group: 15,000 students was the global sample size.

In order to facilitate school participation in data collection, it was decided from 2003 that sampling procedures will be done by increasing the number of schools and decreasing the number of participating classrooms by school (only one or two). By doing so, the school activity is not significantly impacted, and school participation increases.

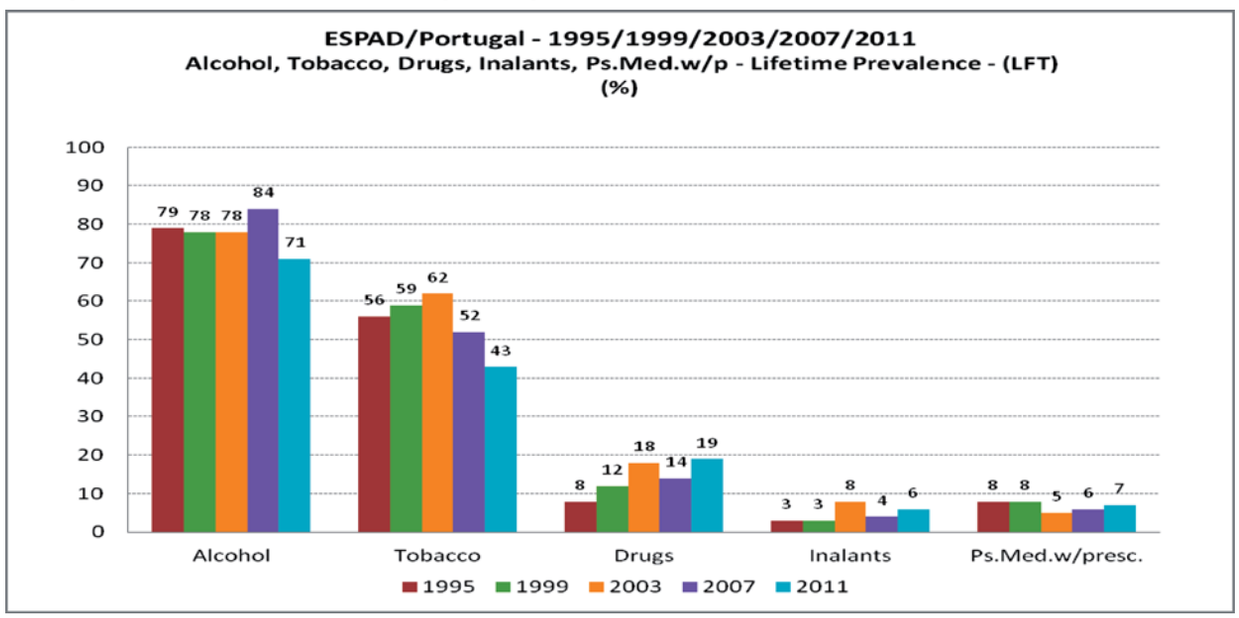
In 2011, Portugal had about 1186 schools with 7th to 12th grades. In 2010, the Ministry of Education undertook some relevant reorganisation at school level (some schools merged and others disappeared); the resulting impact meant that a lower level of school participation was achieved: from the 602 selected schools, only 540 participated, including students from 723 classrooms. Only about 2000 students aged 16 were surveyed for ESPAD, instead of the 2400 required for a nationally representative sample.

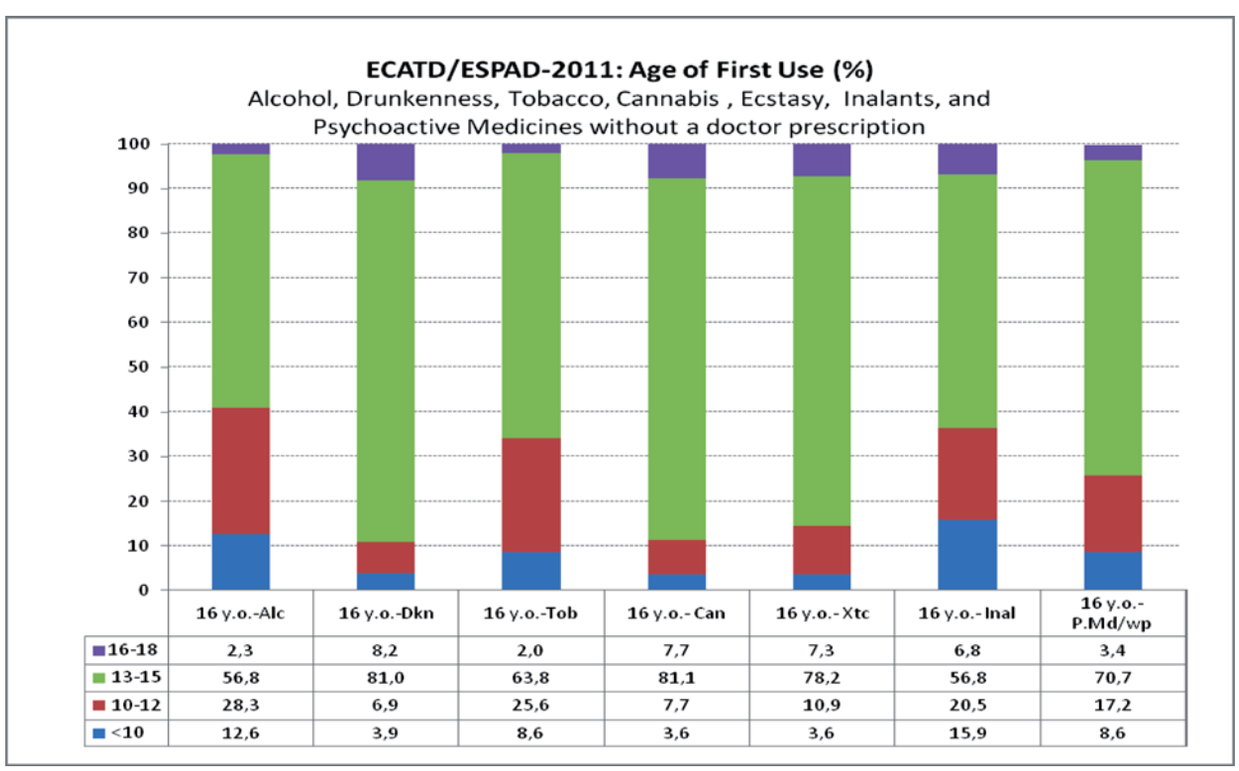
Data collection has always been supervised by the teacher in charge of the class at the time scheduled for the questionnaire. Specific confidential procedures prevent him/her from seeing the students' answers. Parental consent for student participation in the survey is required.

3. Survey Results

The following graphs present the trends in the Portuguese ESPAD psychoactive substance use indicators.

ESPAD highest values – 2011:
Alcohol: *Czech Republic 99%;* ***Tobacco:*** *Latvia 78%;* ***Drugs:*** *France 39%;* ***Inhalants:*** *Croatia 28%;* ***Tranquilisers or Sedatives without prescription:*** *Poland 15%.*

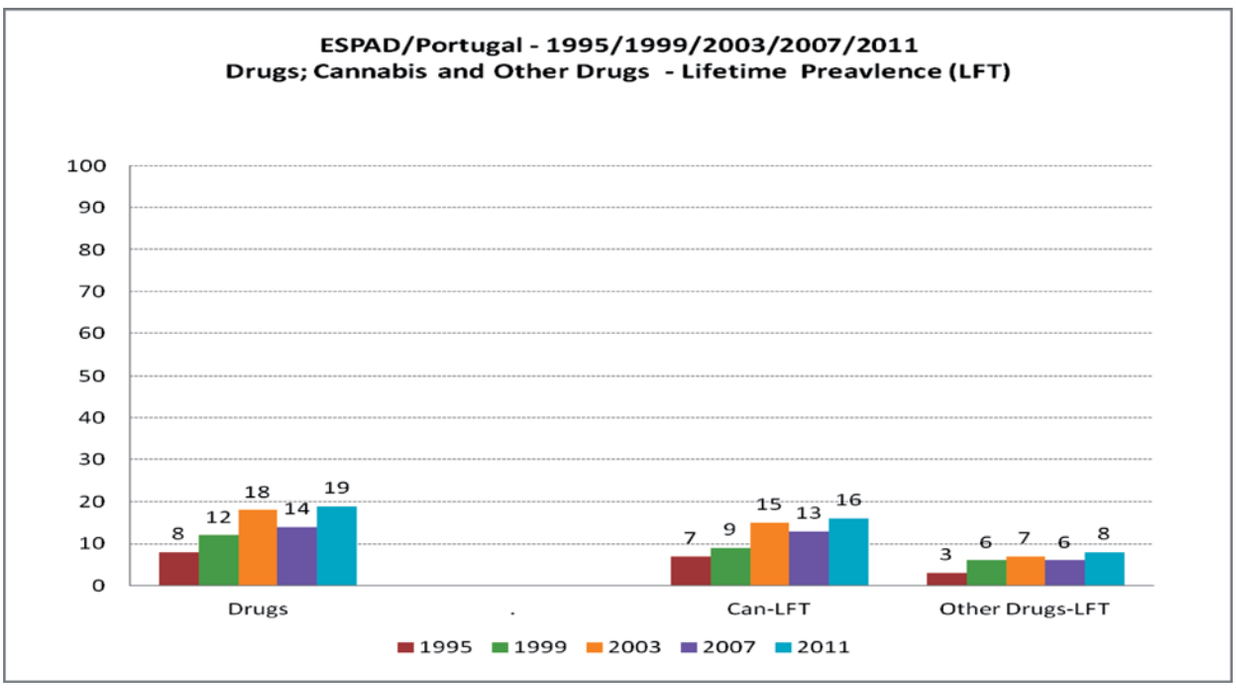




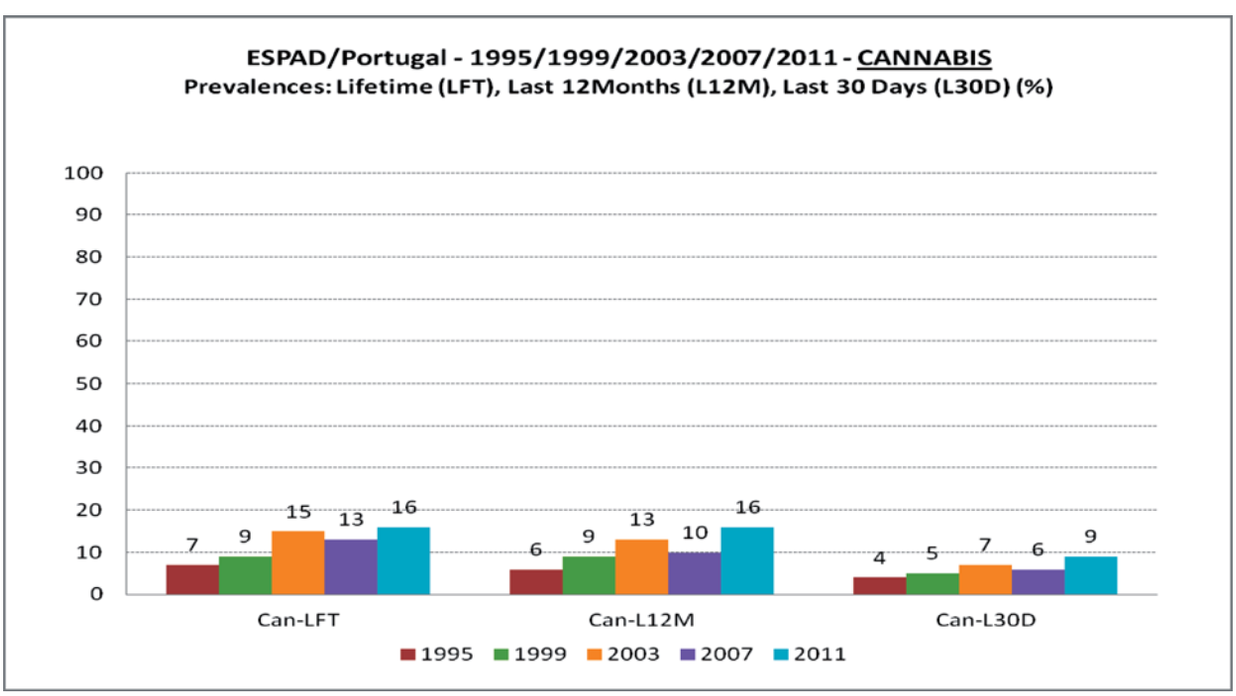
	16 y.o.-Alc	16 y.o.-Dkn	16 y.o.-Tob	16 y.o.- Can	16 y.o.- Xtc	16 y.o.- Inal	16 y.o.- P.Md/wp
16-18	2,3	8,2	2,0	7,7	7,3	6,8	3,4
13-15	56,8	81,0	63,8	81,1	78,2	56,8	70,7
10-12	28,3	6,9	25,6	7,7	10,9	20,5	17,2
<10	12,6	3,9	8,6	3,6	3,6	15,9	8,6

It was between the ages of 13 and 15 that most of the students turning 16 years old in 2011 began to use psychoactive substances.

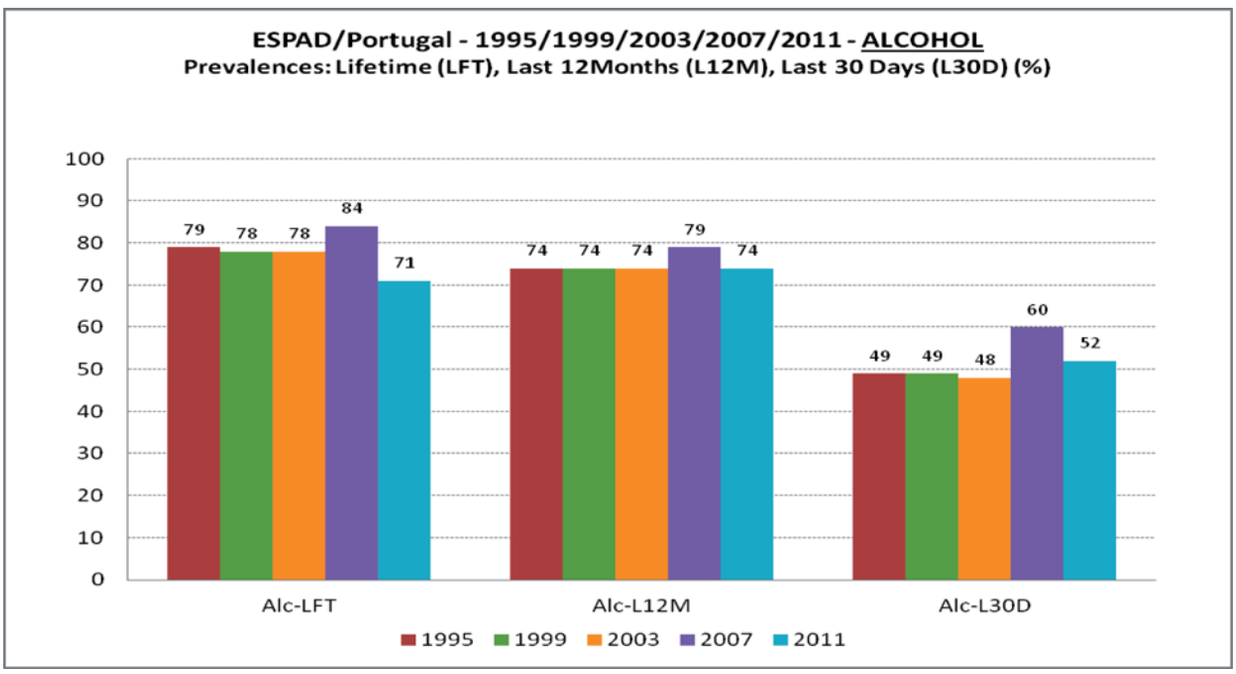
ESPAD highest values – 2011:
Drugs: *France 39%;* ***Cannabis:*** *Czech Republic 42%****; Other than Cannabis:*** *France and Bulgaria 10%****.***



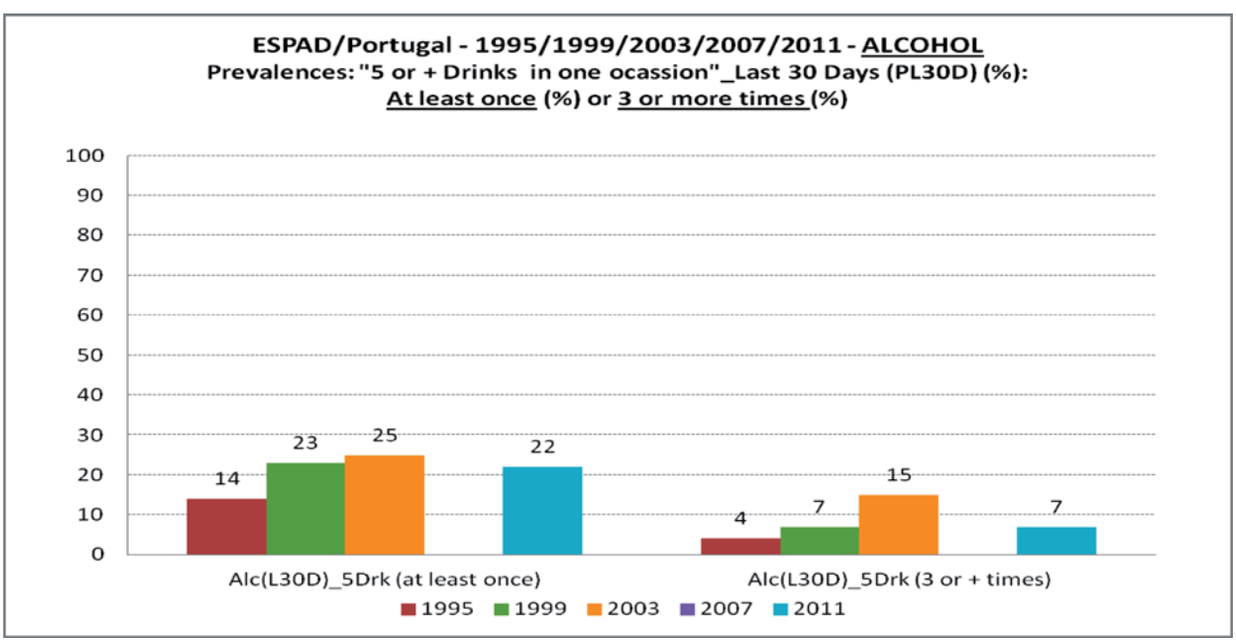
ESPAD highest values – 2011:
Cannabis – LFT: *Czech Republic 42%;* ***L12M:*** *France 35%;* ***L30D:*** *France 24%.*



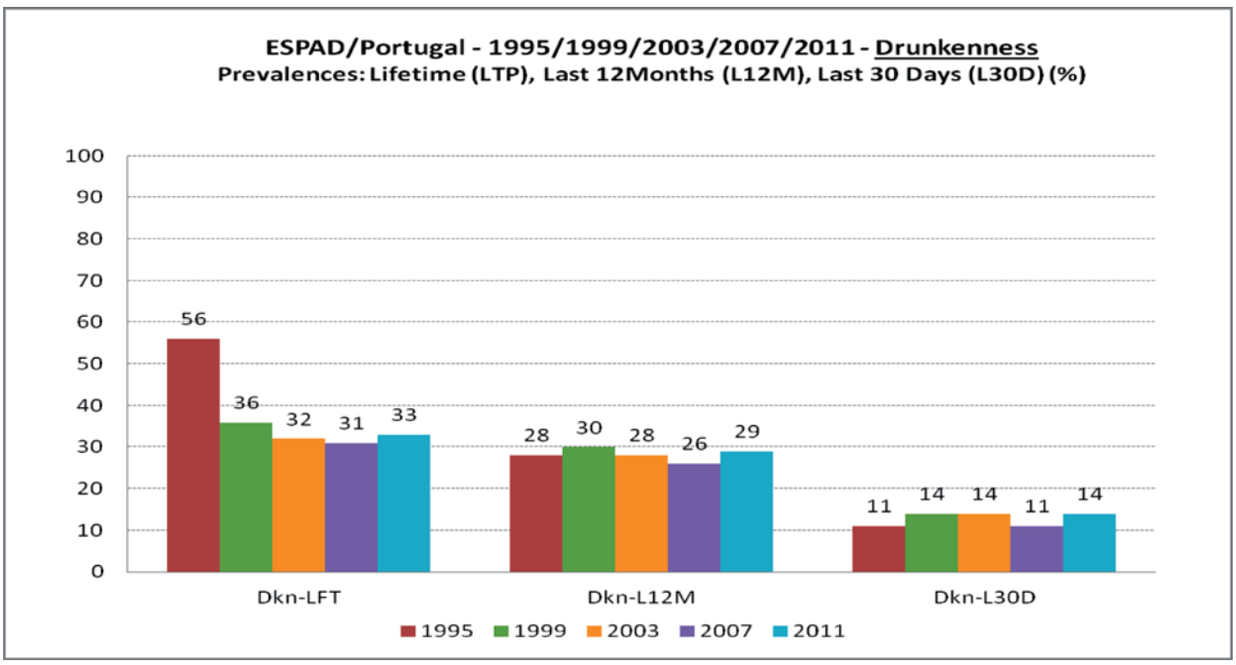
ESPAD highest values – 2011:
Alcohol – LFT: *Czech Republic 98%;* ***L12M:*** *Czech Republic 93%****; L30D:*** *Czech Republic 79%.*



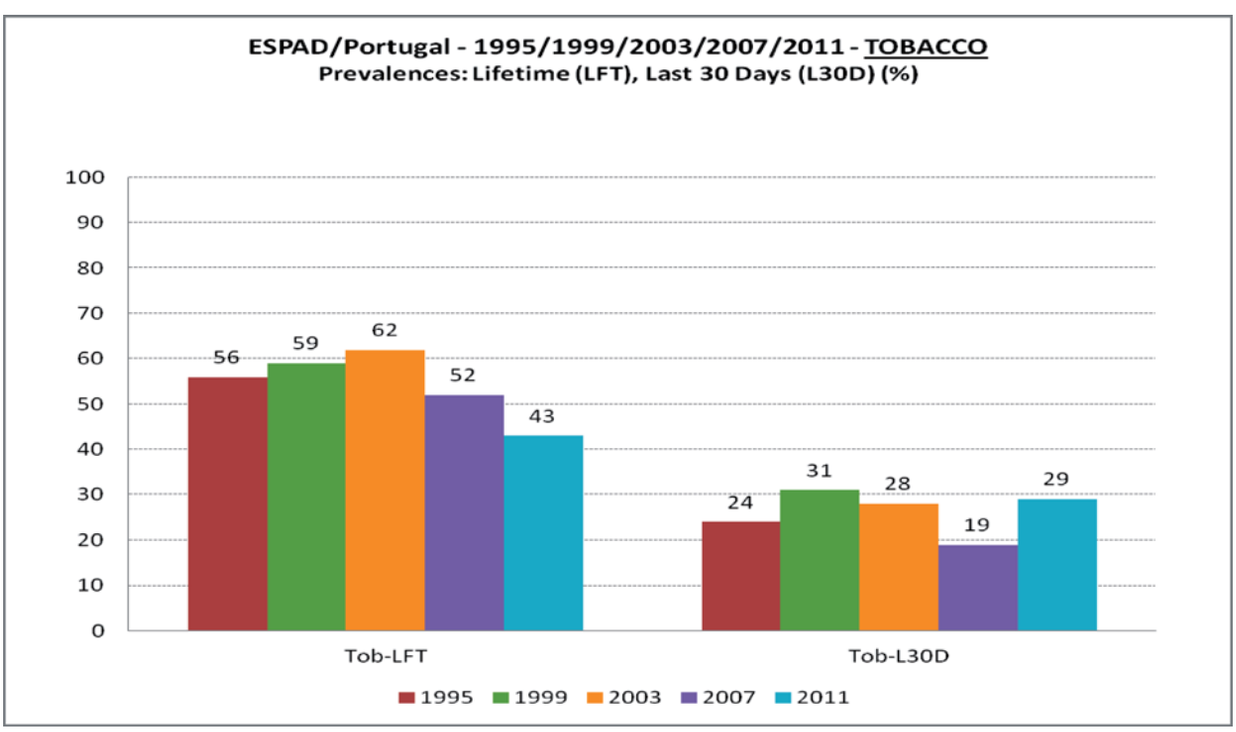
ESPAD highest values – 2011:
'Binge Drinking' – L30D (at least one occasion): *Denmark and Malta 56%;* ***L30D (three or more occasions):*** *Malta 16%.*



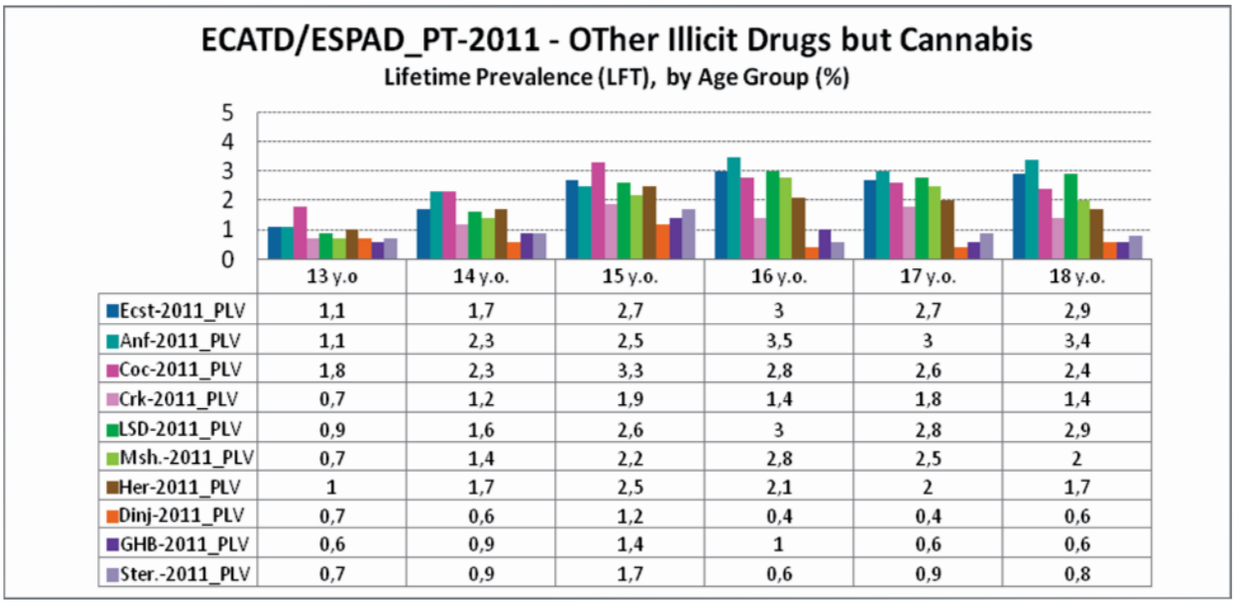
ESPAD highest values – 2011:
'Drunkenness' – LFT: *Denmark 71%;* ***L12M:*** *Denmark 69%;* ***L30D:*** *Denmark 37%.*



ESPAD highest values – 2011:
Tobacco – LFT: *Latvia 78%;* ***L30D:*** *Latvia 43%.*



The following chart presents the Lifetime prevalence of each illicit drug but cannabis, by age group, in 2011, in Portugal.



	13 y.o	14 y.o.	15 y.o.	16 y.o.	17 y.o.	18 y.o.
Ecst-2011_PLV	1,1	1,7	2,7	3	2,7	2,9
Anf-2011_PLV	1,1	2,3	2,5	3,5	3	3,4
Coc-2011_PLV	1,8	2,3	3,3	2,8	2,6	2,4
Crk-2011_PLV	0,7	1,2	1,9	1,4	1,8	1,4
LSD-2011_PLV	0,9	1,6	2,6	3	2,8	2,9
Msh.-2011_PLV	0,7	1,4	2,2	2,8	2,5	2
Her-2011_PLV	1	1,7	2,5	2,1	2	1,7
Dinj-2011_PLV	0,7	0,6	1,2	0,4	0,4	0,6
GHB-2011_PLV	0,6	0,9	1,4	1	0,6	0,6
Ster.-2011_PLV	0,7	0,9	1,7	0,6	0,9	0,8

Among students aged 15 and over, between 2 and 3 % already had tried ecstasy, amphetamines, cocaine, LSD or magic mushrooms.

In Portugal, the prevalence of these type of drugs remains more or less stable across age groups, contrary to cannabis use, which increases.

4. Discussion:

In Portugal, the overall situation concerning psychoactive substance use among 16 year-old students shows:

- Illicit drug use: after a small decrease in 2007, in 2011 levels returned to the same levels as in 2003;
- Alcohol use: after some variation in 2007, there was a return to previous prevalence levels (2003), for both alcohol users and for drunkenness (small variations);
- Tobacco use: despite the decrease in the percentage of tobacco users (the lowest since 1995), the percentage of those smoking in last 30 days increased, also returning to the same levels of previous years (2003).

So, generally speaking, prevalence of psychoactive substance use in 2011 shows a trend to return to the levels of 2003. The age of first use remains mostly between 13 and 16 years-old.

If data relating to frequency of use were included in this synthesis of ESPAD results, it would be possible to realise that this trend back to previous levels of use went along with higher frequencies of use for cannabis, alcohol and tobacco. Also, if alcohol use results were presented by type of drink, it would be possible to realise that, contrary to 2007, most of the boys drank spirits instead of beer. All these mean that – for those using psychoactive substances – patterns of use are more problematic in 2011 than they were in previous years.

Considering that the ESPAD questionnaire has remained quite stable over time (despite some small updates), politicians have not been involved in discussions about the questions included in it. Instead, ESPAD researchers periodically reflect on the new developments in society in order to update the questionnaire to the related emerging information needs, for politicians, practitioners or other experts in the field (for example, the next survey will include questions on internet use, gaming and gambling).

Neither a cost-benefit analysis nor an impact analysis of ESPAD has been conducted. But we have enough evidence that ESPAD is a very well-known survey in the health and criminal justice sectors, but also among politicians, journalists and the public in general. As an example, the press conference to present results of the last Portuguese ESPAD (ECATD/1011) generated 74 news items (two in national news agencies, 14 on

open access and cable TV channels, 17 in the printed press (national and regional newspapers) and 37 on the Internet (national and regional websites).

The ESPAD/ECATD results were used both in the 'External evaluation of the Portuguese National Plan against Drugs and Addictions 2005-2012' and in the design of the new 'Portuguese National Plan to reduce Addictive Behaviours and Dependences 2013-2020'. Also at European level, both the European Commission and the EMCDDA used ESPAD results to evaluate the former European Plans (until 2012), and to design the new plans (2013-2020) relating to alcohol and drug use and consequences among adolescents. So, ESPAD is indeed a concrete example of how to successfully overcome the gap between policy and research.

5. Conclusion

The Portuguese experience with ESPAD shows that:

1. ESPAD is a cheap survey;
2. ESPAD Results (national level) can be presented in the year of data collection;
1. ESPAD results are widely recognised as reliable;
3. ESPAD periodicity makes it possible to follow trends;
4. It is important to include indicators to describe different dimensions of substance use patterns, in order to differentiate among quantitative and qualitative characteristics of substance use;
5. Considering indicators for problematic alcohol use, intoxication (drunkenness) is a more stable indicator than 'Binge Drinking' (five or more drinks in a row); the differences between northern and southern Europe seem to be large.
6. Over time, it is possible to keep comparability and to keep the ESPAD questionnaire updated to meet different stakeholders' emerging information needs;
7. It is possible to include some specific national questions, in addition to the core questions;
8. ESPAD includes European countries from within and outside the EU and is the most used survey to compare substance use among teenagers across Europe;
9. ESPAD results are used to evaluate policies related to psychoactive substance use among adolescents, across Europe and at national level.

Press conferences to present ESPAD/ECATD results with the presence of ESPAD researchers, high representatives of Ministries for Health and/or Education, the National Coordinator for Drugs and Alcohol National Strategy and National Coordinator for Criminal Police, researchers from related research areas, stakeholders from the different intervention areas (from both the demand and supply side), and enough media presence significantly account for the visibility of the study.

Additionally, the inclusion of ESPAD/ECATD main findings in the 'Annual Report on the State of Drugs and Drug Addictions' presented at the end of each civil year at the national Parliament by the National Coordinator for Drugs and Alcohol Strategy – currently updated and renamed as the 'National Plan to reduce Addictive Behaviours and Dependences' – has also been a key tool to account for the aforementioned ESPAD visibility and reinforce research and policy communication.

In summary, the Portuguese experience with ESPAD is quite good. Despite the existing cultural, economic and political differences among countries across the Mediterranean Sea, Portugal fully supports MedSPAD in order to progressively contribute to building better communication and increased partnership among the research community on both sides of the Mediterranean and to allow for mutual learning from outcomes of implemented policies related to addictive behaviours and dependences.

Tunisia

1. Rationale for school survey

Since the revolution, drug trafficking and consumption seem to have increased greatly in Tunisia. Indeed, the media have made frequent references to this increase and to the rise in drug use among children and young people, but the figures quoted have not been based on valid sources, particularly where the prevalence of use was concerned. There is now a political will that did not exist during the pre-revolution period to carry out epidemiological monitoring and to combat drug use and drug addiction. The Ministry of Health, for example, has considered it useful both to assess the true scope of this scourge and identify its determinants, with a view to informing the measures to be adopted in the context of the strategy against drug use and drug addiction, and to participate in the international epidemiological monitoring network through international co-operation with the Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group, Council of Europe). In this context, the Ministry of Health has undertaken, among other things, to set up a national drugs and drug addict observatory in co-operation with the Pompidou Group to monitor and combat drug addiction. The role of this observatory will include regular epidemiological studies in schools on drug addiction, under the MedSPAD name (Mediterranean School Survey Project on Alcohol and Other Drugs). The aims of these studies are to ascertain the prevalence of use of the different drugs (alcohol, tobacco and others) among 15 to 17 year-old adolescents attending school and to investigate any factors associated with drug use (level of knowledge and attitudes to drug use, family's socio-economic level, school profile, level of mental and social well-being). To date, there has been a single national survey (November 2013), preceded by a regional pilot survey (January 2013), carried out by the Directorate of School and University Medicine in co-operation with the Ministry of Education and the National Public Health Institute, and financed by the Pompidou Group.

2. Methodology

The survey was a transversal national study carried out in November 2013. The target group was adolescents aged from 15 to 17, an age group comprising mostly students in the first and second years of upper secondary schools (> 70% of those within this age group), so the population from which the sample was drawn comprised adolescents in the first and second years of upper secondary education (predominantly in the 15-17 age group).

Because of the expected exclusions on account of age (upper secondary students aged under 15 or over 17), inaccurate replies detected by the trick question and dishonest replies, and given the risk of refusal to reply or absence, we decided to conduct the national study on a sample of at least 5,000 adolescents in the first and second years of public or private-sector upper secondary schools.

The study population in each governorate was selected on the basis of random cluster (class) sampling, proportional and stratified according to sector (public/private) and level of study (first/second year), with a survey basis created by reference to the data relative to the previous school year. Through calculation of

the average number of students per class, per level and per sector (public/private) in each governorate, it was possible to estimate the total number of classes to be selected in the four strata per governorate, namely 249 classes (i.e. almost 2.6% of the total population recorded the previous year (242,035)).

We used a self-administered questionnaire in Arabic, mainly corresponding to an adapted version of the one used in the 2009 Moroccan MedSPAD survey (with certain questions added and with some adaptation to the Tunisian context). Some amendments were made to the questionnaire following the preliminary regional survey.

Practical arrangements for data collection: thanks to effective co-operation between the Directorate of School and University Medicine and the Ministry of Education, the national survey itself went well. School medical teams that had received prior training collected the data within each governorate.

The aims of the survey, the MedSPAD questionnaire and certain clarifications were presented during training, and a guide for survey staff was distributed (list of recommendations for an efficiently run survey and obtaining good quality data, as well as ethical considerations: respect for the anonymity and confidentiality of individual data and freedom to participate or not in the survey).

The survey itself was carried out a few days after the survey staff received their training and lasted for two weeks. In order to prevent any bias in the selection of participating classes within each selected upper secondary school, the names of classes were drawn by lots for each level of study on survey day.

The software used for recording date was Epidata 3.0, while Stata SE version 11.2 was used for data management and analysis.

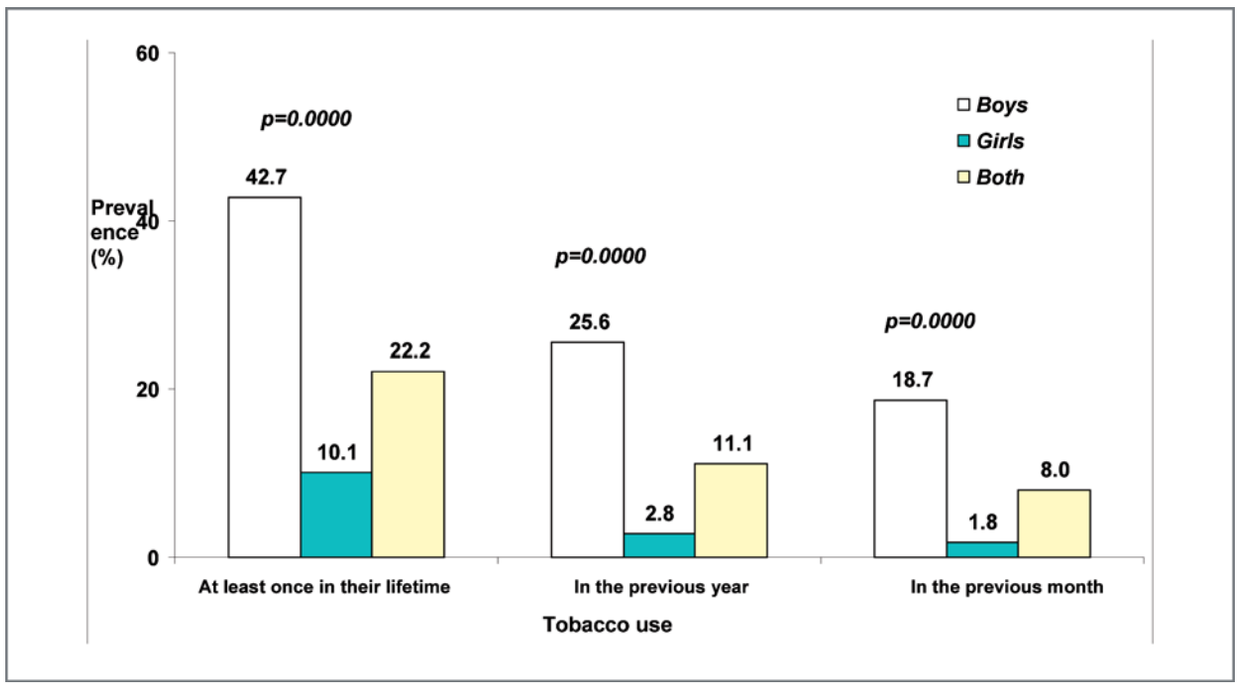
In order to assess the level of overestimation of drug use by students, we added a trick question to the questionnaire about knowledge of a non-existent psychoactive product and two questions about the degree of honesty of the replies given in respect of cannabis and alcohol consumption. Positive replies about knowledge of the non-existent psychoactive product and the declaration of dishonesty were used as criteria for exclusion from the data analysed.

The results were weighted taking account of the number of valid replies and the sampling arrangements, using the svy prefix in Stata.

3. Survey results

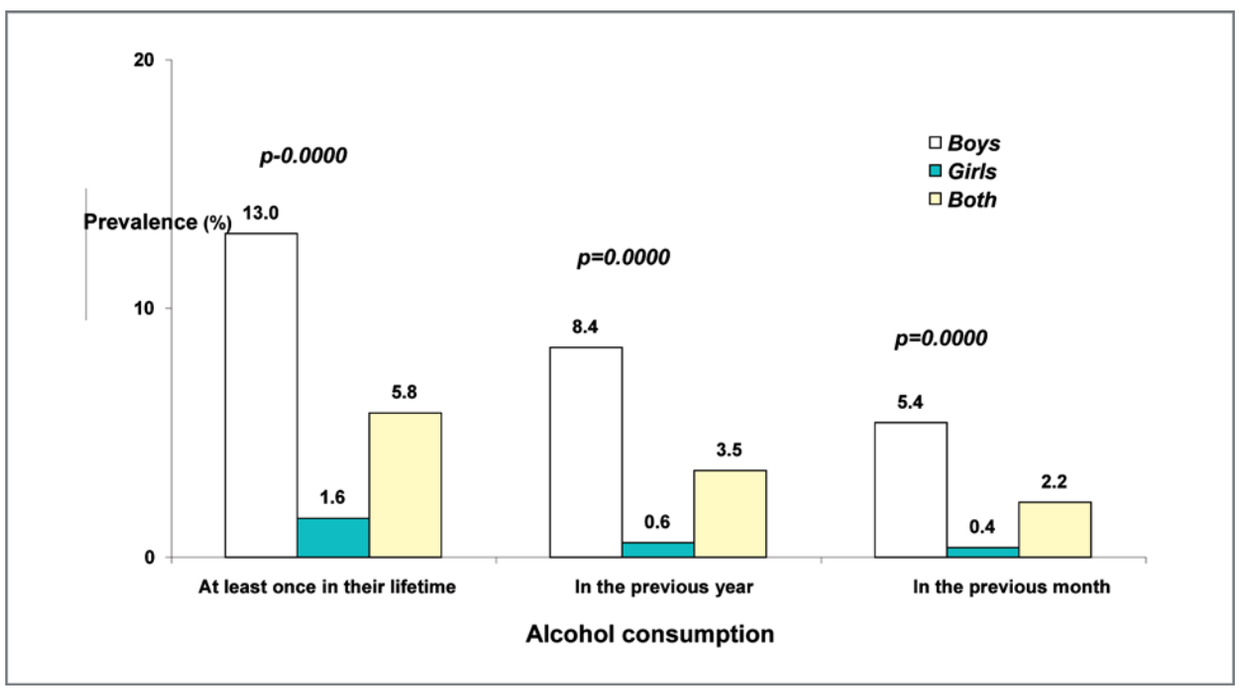
A total of 5,437 upper secondary students took part in this survey, of whom 3,482 were included in the results. 22.2% of the students aged 15 to 17 had used tobacco at least once in their lifetime, while the figures for the previous year and the previous month respectively were 11.1% and 8.0%. The prevalence of tobacco use was clearly higher among boys than among girls (p=0.0000) (Figure 1).

Figure 1 - Prevalence of tobacco use among upper secondary students (aged 15-17) boys and girls



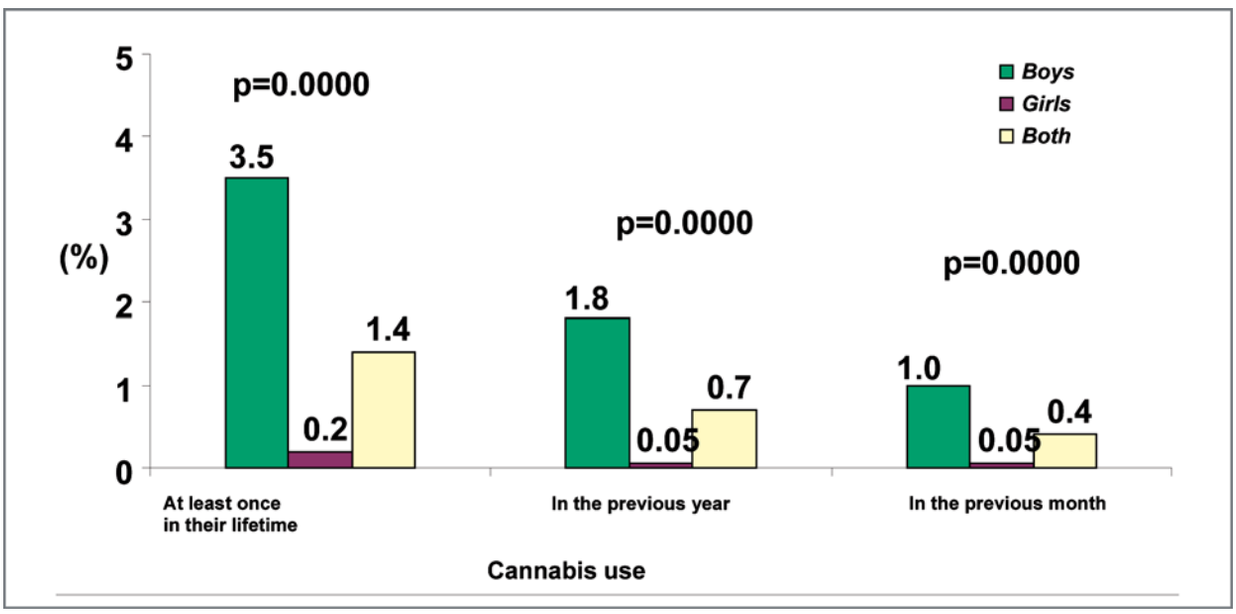
The lifetime prevalence of alcohol consumption was 5.8%. The prevalence of recent consumption was lower: 3.5% in the previous year and 2.2% in the month prior to the survey. Prevalence was also far higher among boys than girls (p=0.0000) (Figure 2).

Figure 2 - Prevalence of alcohol consumption among upper secondary students (aged 15-17), boys and girls



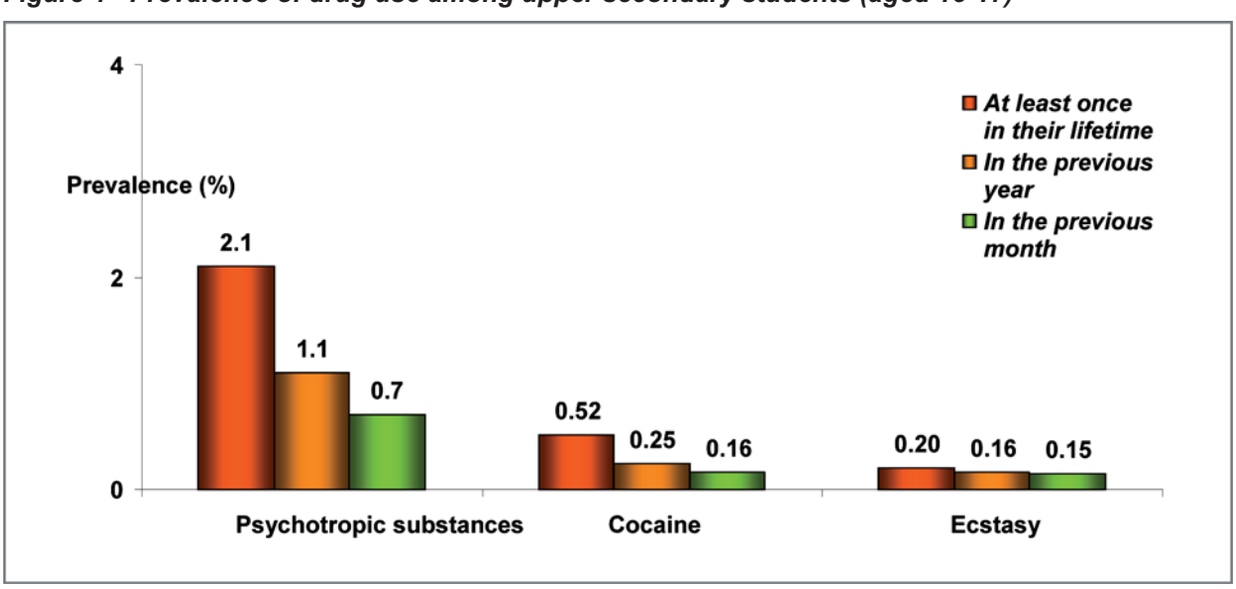
1.4% of the whole sample of upper secondary students aged 15 to 17 had used cannabis at least once in their lifetime. The proportion was lower, at 0.7%, for use in the previous year, and 0.4% in the previous month (Figure 3). Prevalence was again higher among boys (p=0,0000).

Figure 3 - Prevalence of cannabis use among upper secondary students (aged 15-17), boys and girls



The lifetime prevalence of use of psychotropic substances (2.1%), cocaine (0.2 %) and ecstasy (0.2%) was as low as, or lower than, cannabis use. Furthermore, prevalence is lower for use during the previous year or month (Figure 4).

Figure 4 - Prevalence of drug use among upper secondary students (aged 15-17)

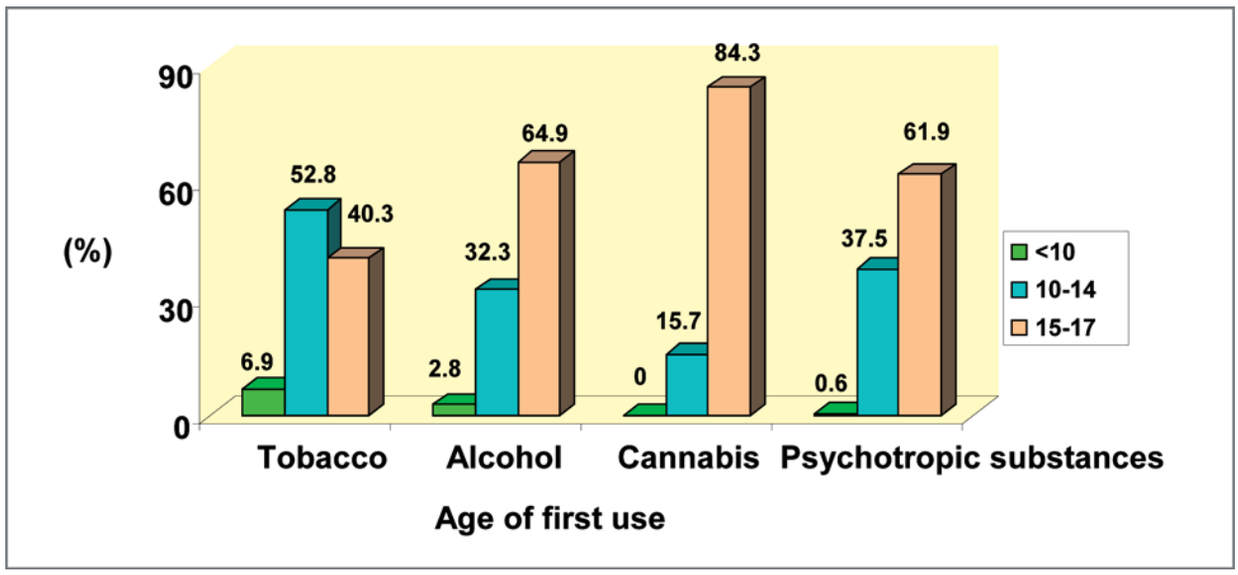


In addition, 15.7% said that they had sniffed petrol, 13% had sniffed glue and 4.2% had used other drugs.

More than half of the students aged 15 to 17 (52.8%) had started to use tobacco between the ages of 10 and 14, as compared with 40.3% between the ages of 15 and 17. The age of first use was often earlier for alcohol (32.3% between the ages of 10 and 14, as compared with 64.9% between the ages of 15 and 17), for cannabis (15.7% between the ages of 10 and 14, as compared with 84.3% between the ages of 15 and 17)

and psychotropic substances (37.5% between the ages of 10 and 14, as compared with 61.9% between the ages of 15 and 17).

Figure 5 - Age of first use of certain drugs among upper secondary students (aged 15-17)



4. Discussion

Tunisia's strategic situation (trafficking routes) and the reduced monitoring of the border immediately after the revolution make it likely that the prevalence of the different drugs has increased in the country (geographical and financial accessibility).

In the light of the findings of this survey, and leaving aside the possibility of over-declaration by respondents, there is clearly a considerable prevalence of tobacco and alcohol use among secondary students aged 15 to 17, particularly among boys. Similarly, drug use by the young people concerned is not negligible and should be regarded as a public health problem requiring stronger preventive measures at all three levels in order to curb the upward trend in drug use prevalence in Tunisia. By way of example, the strengthening and extension of the pilot project to develop lower secondary students' life skills with a view to combating drug addiction (DMSU/UNICEF-Tunisia) and the setting up of accessible services for drug addicts in the different regions of the country would be justified steps.

The MedSPAD regional survey enabled the gap between policy and research to be bridged, to an extent. Indeed, the presentation of the results of the (regional) pilot survey gave rise to great interest from the Ministry of Health, and the results were widely disseminated to the different public health stakeholders (doctors, psychiatrists, nurses, regional health service directors, school medical teams, etc.) at regional awareness-raising seminars jointly organised by the Directorate General of Health and the Mental Health Unit. The aims of these seminars were to step up health education efforts in support of the strategy against drug use and drug addiction and contribute to its success, and to encourage doctors and psychiatrists to take addictology training. School and university medicine teams have included scientific events and presentations about the epidemiological situation and about measures to prevent drug use and drug addiction on their syllabuses.

There have, however, been no cost-benefit analyses or impact analyses relating to the MedSPAD surveys in Tunisia, because they were carried out too recently to be subjected to this kind of analysis.

5. Conclusion

MedSPAD surveys constitute an original and relevant approach to epidemiological monitoring of drug use in Tunisia, alongside several other activities which take place under the new national strategy against drug

use and drug addiction, in a favourable political context subsequent to the revolution. The conduct of such studies represents a good example of an approach which helps to bridge the gap that exists between policy and research, provided that there is close co-operation between the different partners involved in their conduct pending the setting up of an observatory to be responsible for the regular conduct of the surveys, and provided that a political will remains to ensure that the necessary preventive activities are introduced.

However, the management and analysis of the data from each of the two surveys (regional and national) have revealed that inconsistent replies were given by certain participants. It is therefore vital to make some improvements to the questionnaire (additions, deletions and/or amendments of certain questions) and to improve the quality of the training given to survey staff and supervisors, to ensure that they are more motivated and the adolescents are made more aware, thus bringing about an improvement in the quality of the information collected.

Furthermore, epidemiological monitoring of drug use and drug addiction cannot be based solely on the results of data from schools. Adolescents not attending school, for instance, are probably more likely to be exposed to addictive behaviour. It would therefore be useful to carry out similar surveys on a regular basis among other population groups (such as households, drawing on Morocco's experience in this respect).

Concluding Remarks

This first attempt to get some insight into the use of alcohol, tobacco and both recreational and non-prescriptive use of medicinal drugs among adolescents in the Mediterranean region is to say the least a major step forward under the current circumstances. On both the southern and northern rims of the region there is and continues to be turmoil of different types. In the southern parts the path to democracy continues to move forward but not without ramifications, and along the northern shores austerity continues to be the major factor that has had a major impact on conditions of the way people have been able to conduct their everyday lives. Thus it is with this context in mind that this attempt has been made to try and understand for the first time the use of such psychoactive substances in the region.

The studies conducted in this exercise are those based on the European survey commonly referred to as the ESPAD that were initiated by the Pompidou Group of the Council of Europe back in 1995. Moreover, some five European-wide surveys have been conducted to date, i.e. every four years since its inception. The next one is to be run in 2015. Cyprus, France, Greece, Malta and Portugal have participated since the start of the ESPAD initiative in 1995, while Italy has been able to do so since 2003, and Lebanon, Morocco and Tunisia have used an adapted version of the ESPAD questionnaire and as such the methodology known as the MedSPAD to provide prevalence figures. This aspect, i.e. the methods used to conduct such a survey that provide prevalence estimates of alcohol, tobacco and drug use among adolescents, will be further discussed below.

Consequently, the question that arises first and foremost is why one would want to have such prevalence estimates for the adolescent population in the Mediterranean region, or for that matter for each country that makes up the region. It has been well documented elsewhere that most substance use starts in one's teens or adolescent years, and more importantly if such use is delayed till older years, any resulting problems that arise may be alleviated or have less impact. The countries in this exercise that were questioned on why they would want to conduct such a survey all answered that such information was needed for policy formulation and also for those in the field to address what type of prevention initiatives, if any, need to be considered. It was seen that the use of such data can provide some insight into whether the policies are working or not and thus monitoring the trends over time is thought to be a worthwhile undertaking. The problem that arises, with the possible exception of Tunisia which has just undertaken such a survey for the first time, is that policy-makers have not been part of the exercise, and this may have been detrimental to the later use of such information for policy-making.

This finding however may be counteracted by firstly stating that the independent conduct of such a survey in the correct manner provides information that may be less biased and not subject to the usual misinterpretations. However, these may arise in a context where the media agenda is to sell news and not to understand the phenomenon of substance use among youth. The French and Italian cases are of interest in that it is the National Observatory, within the office of the prime minister, which is

responsible for the conduct of the survey and the release of the results via their communication office for the policy-makers and the public alike. Portugal also has a similar system in that the National Observatory provides a yearly report to Parliament that is covered by the press and then released for public consumption.

Thus the conduct of such prevalence surveys of substance use among youth is thought to be useful. In Greece, for example, politicians do indeed take an interest, and the outcome is that policies may be enacted that take survey findings into account, with results such as the prevention centres that were established throughout Greece. In Malta, Italy and Portugal too the results are used to shape policy and put in place the relevant programmes that address the issues in question. It also appears that Tunisia is taking the same route, with drug policy currently being formulated and the use of survey results to be considered in any new policy.

With respect to the connection between policy and research, i.e. the use of survey results in forming policy, this has been difficult for many years, but it is getting better, and the MedNET network through the MedSPAD Committee has the opportunity to further develop the dialogue between both spheres and among the general public too.

Another question that arises all too commonly is whether the data collected using such surveys does in fact reflect the situation in the country. As highlighted above, the first ESPAD survey was conducted in 1995, but prior to that work began well before, in 1986, when the example of such surveys in the US was taken on board by the Pompidou Group. Thus countries such as Greece and Portugal have a long history on the way in which valid surveys may be conducted and the results per se have provided valid information on the trends of substance use among youth over the years.

Another issue that arises is that of the age cohort to select for the survey. In the European survey (ESPAD) it is those aged 15-16 at the time of the survey, which normally takes place in spring. Some countries however prefer to survey a number of age cohorts and then report only those aged 15-16 for the European effort. This in itself requires much more effort but the results can provide more insights in that one can follow the adolescents throughout their secondary school years and also better determine when first use of any substance actually occurs. This has been the case for all the northern-based perimeter countries of the Mediterranean in this exercise and as result of such experience this too has been acknowledged by both Lebanon and Tunisia, where a number of age cohorts have been surveyed in their studies reported herein.

Another matter of interest related to methodology is whether or not to have the class teacher administer the questionnaire. For a number of years now it would seem that there is a shift from teacher to an outside agency or researcher who is not part of the school set up. Moreover, permission for the school to participate is given by the director who in turn is responsible for receiving permission from the parents of the students to participate. The anonymity of the individual and also the school is assured, and this is to some extent reflected by the fact that repeat surveys have been conducted over the years.

Thus it is appreciated that all information provided herein as regards prevalence of alcohol, tobacco and drug use among adolescents has been garnered using the standard methodology as developed by ESPAD, be it through national surveys or the use of the MedSPAD. The caveats are that some countries have also reported prevalence figures for a number of age groups and not the one as normally required by ESPAD; this in itself may not be so but one must be careful to take note for comparison purposes. In addition, some of the surveys may not have been conducted in spring but at other times during the year for varied and valid reasons. Finally, any comparisons made do not stem from a single database but are put together from individual efforts of the countries involved in this exercise using the appropriate methodology to provide prevalence estimates in particular for alcohol, tobacco and drug use among adolescents.

It is abundantly clear, as far as prevalence estimates are concerned, that for the countries on the northern rim of the Mediterranean, i.e. Cyprus, France, Greece, Malta, Italy and Portugal, that alcohol

is by far the most widely used substance, followed by tobacco, cannabis and the other drugs. On the contrary, in Lebanon, Morocco and Tunisia, on the southern rim, it is tobacco, or nargileh in the case of Lebanon, that is the most widely used. Again with regard to Lebanon, Morocco and Tunisia this is followed by alcohol, then cannabis, and then the other drugs. With respect to gender in Lebanon, Morocco and Tunisia it would appear that these prevalence rates are much higher in males than in their female counterparts. This is not so among the other countries, though the male cohort prevails.

Country	Study ESPAD / MEDSPAD	Data in which Year shown	Age Cohort	Alcohol PREV LT, LY, LM	Tobacco PREV LT, LY, LM	Cannabis PREV LT, LY, LM	No Med pres PREV LT, LY, LM	Cocaine PREV LT, LY, LM	Ecstasy PREV LT, LY, LM
Cyprus	ESPAD 1995, 1999 2003, 2007 2011	2011	16	LT=87% LY=82% LM=70%	LT=42% LY= LM=23%	LT=7% LY=7% LM=5%	LT=11%	LT=4%	LT=3% LY=4% LM=3%
France	ESPAD 1999,2003, 2007,2011	2011	16	LT=91 % LY=85% LM=67 %	LT=63 % LM=38 %	LT=39 % LY=35 % LM=24 %	LT=11 %	LT=2 %	LT=3 %
Greece	ESPAD 1999, 2003, 2007, 2011	2011	16	LT=93% LY=89% LM=65%	LT=45% LY= LM=17%	LT=6,8% LY=5,4% LM=3,2%	LT=9%	LT=2,4	LT=2% LY=1% LM=1%
Italy	School pop survey (yearly since 2000)	2014	15-19	LT=85,06% LY=77,74% LM=60,19%	LT=59,65% LY=48,80% LM=38,49%	LT=27,08% LY=23,46% LM=15,78%	- - -	LT=1,85% LY=1,35% LM=0,71%	LT=1,11% LY=0,74% LM=0,36%
Lebanon	MEDSPAD 2008	2008	14-16	LT=34,6% LY=28,5 % LM=20,6 %	LT= 44.5%* LY= 5.6% LM= 12.5%	LT=4%	- - -	- - -	LT= 1,6%
Malta	ESPAD 1995, 1999 2003, 2007 2011	2011	16	LT=90% LY=86% LM=68%	LF=38% LM=22%	LT=10% LY=8% LM=4%	LT=3%	LT=4%	LT=3%
Morocco	MEDSPAD 2009, 2013	2013	15-17	LT=9% LY=5% LM=5%	LT=17% LY=9% LM=6%	LT=9% LY=6% LM=6%	LT=5% LY=4% LM=2%	LT=1.3% LY=0.6% LM=1%	- - -
Portugal	ESPAD 1995,1999, 2003, 2007, 2011	2011	16	LT=82% LY=76% LM=53%	LT=53% LY=42% LM=27%	LT=19% LY=16% LM=9%	LT(no mp)=7% LT(mp)=14% LT(total)=16%	LT=3%	LT=3% LY=3% LM=1%
Tunisia	MEDSPAD 2013	2013	15-17	LT=5.8% LY=3.5% LM=2.2%	LT=22.2% LY=11.1% LM=8.0%	LT=1.4% LY=0.7% LM=0.4%	LT=2.1% LY=1.1% LM=0.7%	LT=0.5% LY=0.3% LM=0.2%	LT=0.2% LY=0.2% LM=0.2%

Another important aspect of the prevalence rates between the northern and southern rim perimeter countries is the relative values. For example, in Cyprus, France, Greece, Italy, Malta and Portugal, lifetime use of alcohol was estimated to be 87%, 91%, 93%, 85%, 90% and 82% respectively, which relates to the most used substance. In Lebanon, Morocco and Tunisia, where the most used substances are tobacco and nargileh, the lifetime prevalence rates are much lower, at 44%, 17% and 22% respectively. The same then follows on from the second most used substance among these countries. For Cyprus, France, Greece, Italy, Malta and Portugal, the second most popular substance is tobacco with the following prevalence rates for lifetime use: 42%, 63%, 45%, 60%, 22% and 53%. In comparison, the second most popular substance in Lebanon, Morocco and Tunisia was alcohol, with lifetime prevalence rates as follows: 35%, 9% and 6% respectively. All countries of the Mediterranean have the same third most popular choice of substance, cannabis, but once again the prevalence rates are much higher for lifetime use in Cyprus, France, Greece, Italy, Malta and Portugal, at 7%, 39%, 7%, 27%, 10% and 19%, than for Lebanon, Morocco and Tunisia which were 4%, 9% and 1% respectively.

The final or fourth most preferred substance among all countries in the Mediterranean is what is referred to as 'other drugs', and consists mainly of non-medical use of prescription drugs, and ecstasy and cocaine. Again, the prevalence rates in relation to lifetime use are higher in Cyprus, France, Malta, Italy and Portugal, at 11%, 11%, 6%, 3% and 7%, as compared to Morocco and Tunisia at some 2%. As to other drugs in Cyprus, France Italy and Portugal, these amount to 4%, 3%, 1% and 8%, whereas in Tunisia the lifetime prevalence rate is in the order of only 0.3%.

The lifetime use of what are known as inhalants, which appears to be more of a European phenomenon, is mainly more prevalent in France and Malta, at some 12% and 16%, and less so elsewhere in the Mediterranean region.

Moreover it is also of interest to note when adolescents first try such substances during their teenage years. The data from Italy and to some extent France and Tunisia are eye-opening in that the first observation to be made is that the most prevalent substance is the one at which most start earlier. Thus, of those who had used alcohol, 40% in Italy had done so under the age of 12 years old, and 40% in France had done so at the age of 13 or under. In Tunisia the most prevalent substance was tobacco and some 60% of those who said they used tobacco did so at 14 years of age or less. The rate halves in Italy for the next popular substance, tobacco: some 20% of those aged 12 under, and the rate halves again to some 10% for cannabis and the other drugs. This trend is exactly the same in Tunisia for the second and third most used substances, alcohol and cannabis in which the percentage of those first trying these substances drops to 35% and 16% in the age cohort of 14 and under. Therefore the less prevalent the substance, the older one is when one first tries it. Consequently such information may be useful to those who prepare prevention programmes for different age groups as this information identifies what substance one may want to target when addressing the different age cohorts.

On the issue of prevalence estimates for the region, it would be of interest in the future to look at particular European countries with high prevalence rates of certain substances to ascertain the reasons for these, how the problem was then tackled and what the results of such efforts were. For example, in most countries in the northern parts prevalence rates for alcohol have remained remarkably high over a number of years and now binge drinking seems to be the new fad. In contrast, over the years the prevalence rates for drug use have gone down, for example in France, Italy and Greece, but now with the exception of heroin seem to be climbing again. More to the point it would also be highly desirable that the MedSPAD Committee be in a position to better understand the reasons for the relatively low prevalence rates for such substances in those countries bordering the southern rim of the Mediterranean, as it may be that these examples provide some novel ways of tackling the problem in the northern Mediterranean countries.

Finally, all the countries taking part in this exercise, i.e. Cyprus, France, Greece, Italy, Lebanon, Malta, Morocco, Portugal and Tunisia, state that it is desirable to have an understanding of alcohol, tobacco and drug use among the adolescent population. In addition this fact alone provides the necessary material to be able to monitor the situation over time by conducting repeat surveys, which has been the case in five of the seven countries, and will also now be possible in the other two which have only been able to conduct their first survey over the past few years. However, it is absolutely clear that the use of such data for policy is

more advanced in Portugal, France, Malta and Italy and less so in Greece and even less so in Cyprus. Thus it becomes very relevant that the MedSPAD Committee takes up the issue of bridging the gap between policy and research and devises better ways of accomplishing this. The concept of a 'broker' that has been put forward previously by the Pompidou Group in which people may be trained to translate the results from research into a format that are applicable for drug policy-makers is one example that can be brought to the table. Also there is little to be said on the number of cost-benefit analysis studies with respect to the conduct of such surveys except for the fact that they cost a lot of money to implement. As to evaluation of drug policies in the field of substance use, these are also scant with the exception of Portugal, but in relation to practice, i.e. the development of prevention programmes, it is acknowledged that such prevalence data is more widely used.

Recommendations

Following this first attempt to collect information on the prevalence of substance use among adolescents attending school from countries on both the northern and southern rims of the Mediterranean, the MedSPAD committee has suggested that:

1. The use of the MedSPAD to collect prevalence estimates of substance use among adolescents in the Mediterranean should be improved to enable comparability and experience to be shared among all the countries.
2. In so doing it may pave the way for a regional report in line with the one currently produced by the ESPAD consortium every four years.
3. The collection of prevalence estimates of substance use among adolescents may be used as an example of an activity related to the setting up of National Observatories/Resource Centres in the countries of the Mediterranean.
4. The evidence collected in relation to prevalence estimates of substance use among adolescents needs to be of a scientific standard, as are all other indicators such as general population estimates, to better inform policy-makers within region.
5. Communication of the MedSPAD results should be conducted in the different countries and the executive summary and conclusions should be translated into Arabic and the relevant languages.
6. In 2016, it is recommended that a joint meeting between the MedNET members, their respective Ministries and the MedSPAD committee be held to further enhance the relationship between policy-makers and researchers.
7. In light of the UNGASS 2016, the Pompidou Group participates in the workshop related to drugs and youth and looks to the MedSPAD committee to provide an input.

14

MedSPAD Documentation

- Pompidou Group: P-PG/Med(2011)2 E / 1 March 2011

Guidelines – Mediterranean School Survey Project on Alcohol and Other Drugs (MedSPAD), March 2011

- Groupe Pompidou: P-PG/Med(2011)2 F / 1 mars 2011

Lignes directrices – Projet méditerranéen d'enquêtes menées en milieu scolaire sur l'Alcool et les autres drogues (MedSPAD), mars 2011

- Pompidou Group: P-PG/Med(2011)17 E / 1 June 2011

Report – 'Drug use in Moroccan schools' MedSPAD 2009-2010 report, by Arrazi Psychiatric Hospital, Rabat-Salé University Hospital, Ministry of Education and Higher Education and MedNET Network, Pompidou Group, Council of Europe

- Groupe Pompidou: P-PG/Med(2011)17 F / 1 juin 2011

Rapport – "Usage de drogues en milieu scolaire au Maroc" Rapport MedSPAD 2009-2010, Hôpital Psychiatrique Universitaire Arrazi, CHU Rabat-Salé, Ministère de l'Éducation Nationale et de l'Enseignement Supérieur et le Réseau MedNET, Groupe Pompidou, Conseil de l'Europe

- MedSPAD survey in Lebanon

Publication 2009 (pdf format)
Awareness and practices related to Addictive substances among schoolchildren in Lebanon in 2008 – MedSPAD Lebanon

- Pompidou Group: P-PG/Med(2006)3 E / 3 December 2006

Report - First results of the MedSPAD Algeria survey, Soumaya Mansouri-Zeghnoun, Conference on the role of research in drug policy development: Interpretation, communication and use of results, Algiers, 3 - 4 December 2006

- Pompidou Group: P-PG/Med(2004)2 E / 5 July 2004

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

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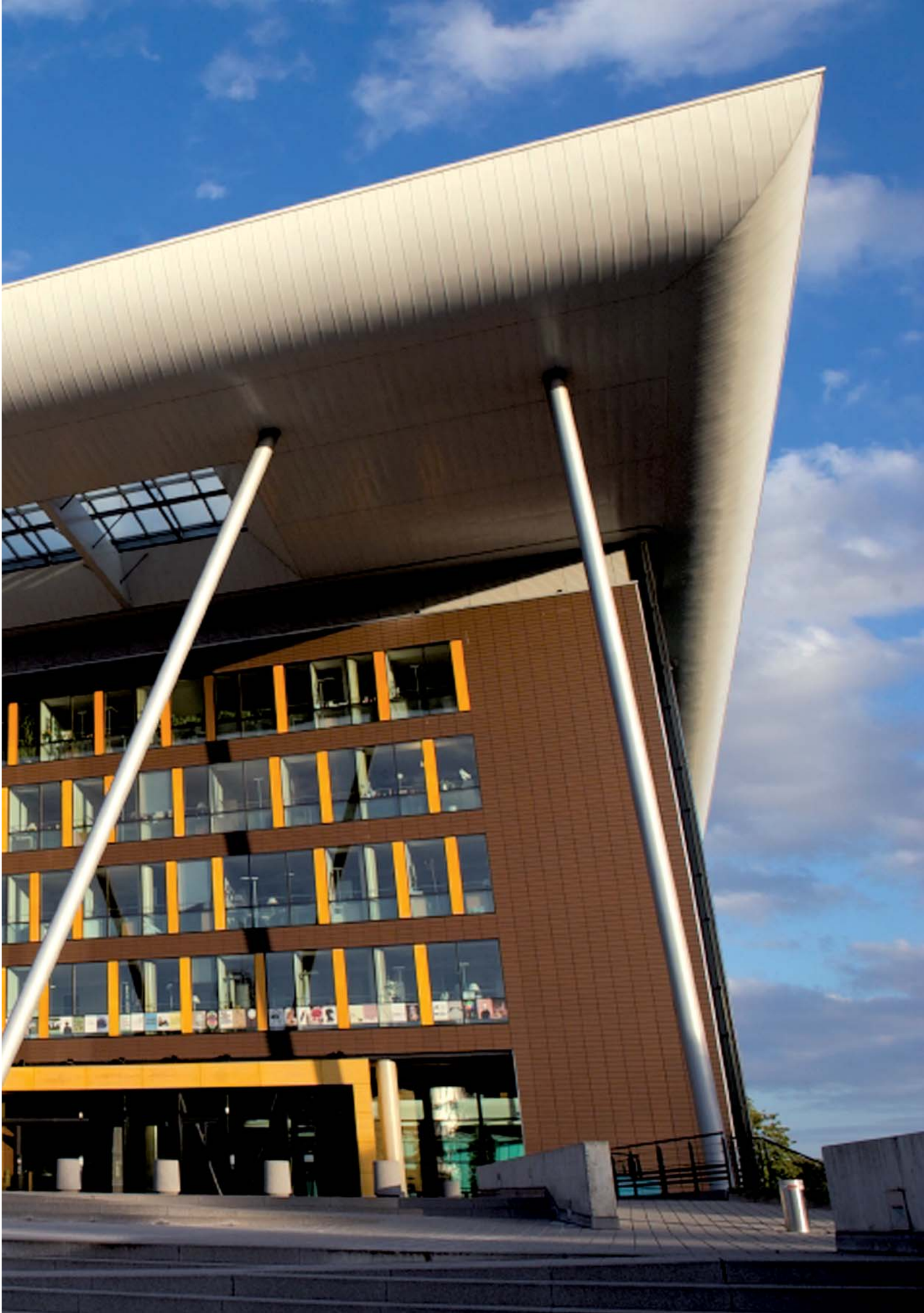
Rapport – Premiers résultats de l'enquête MedSPAD Algérie, Soumaya Mansouri-Zeghnoun, Conférence sur le rôle de la recherche pour l'élaboration de politiques en matière de drogues : Interprétation, communication et utilisation des résultats de la recherche, Alger, 3-4 décembre 2006

- Groupe Pompidou: P-PG/Med(2004)2 F / 5 juillet 2004

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.



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

The **Pompidou Group** provides a multidisciplinary forum at the wider European level where it is possible for policy-makers, professionals and researchers to exchange experiences and information on the whole range of drug misuse and trafficking problems. Formed at the suggestion of the then French President Georges Pompidou, it has become a Council of Europe Partial agreement in 1980. 35 of the 47 Organisation's member States, plus Morocco and Israel are members. The Mediterranean network **MedNET** aims to foster co-operation, exchange and two-way knowledge transfer on drugs and addictions between the Mediterranean Basin and European member States of the Pompidou Group (North-South and South-North) as well as within countries of the Mediterranean Basin (South-South). The network is a mechanism for exchanging information between professionals working on the ground. It is geared to promoting interaction between the political, practical and scientific aspects.

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