



European Monitoring Centre
for Drugs and Drug Addiction

ESPAD



Summary

2011 ESPAD report

Substance use among students in 36 European countries

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Details on how to obtain the full report are available at: <http://www.espad.org>

Foreword



We are pleased to present the key findings of the 2011 European school survey report produced by the European School Survey Project on Alcohol and Other Drugs (ESPAD). ESPAD is a collaborative network of independent research teams in more than forty European countries and the largest cross-national research project on adolescent substance use in the world. This extended summary includes the summary of the ESPAD report as well nine extra graphs and one extra table. We are making it available electronically in 23 languages and in printed form in four to ensure wide dissemination of the findings across Europe. The summary serves as a complement to the full report that is available in English.

This multilingual summary is a product of the ever-strengthening cooperation that exists between the EMCDDA and ESPAD. Our common aims are: to broaden access to the information and expertise on alcohol and other drug use among school students developed by the ESPAD project; to improve the availability, quality and comparability of school survey data; and to gain maximum analytical insight from the data available in this area.

The mandate of the EMCDDA is to collect, analyse and disseminate factual, objective, reliable and comparable information on the European drug situation. Collaboration with European and international organisations in the drugs field is central to the work of the EMCDDA as a means of enhancing understanding of the global drugs phenomenon.

ESPAD data have become an increasingly important component of the EMCDDA's reporting and provide valuable information for obtaining the European picture on younger people. The ESPAD project ensures a common approach to collecting information on substance use among 15- to 16-year-old students in Europe and allows trends over time to be assessed. This is the second multilingual summary supported by the EMCDDA. The agency has also provided financial assistance for ESPAD school survey data collections in six Balkan countries through the Instrument of Pre-accession Assistance (IPA).

We would like to take this opportunity to thank all the governmental and non governmental partners in ESPAD countries that contributed to the funding, data collection, analysis and dissemination of this important work. The work of the ESPAD project would not have been possible without the generous support of the Swedish Ministry of Health and Social Affairs.

Wolfgang Götz, Director, EMCDDA

Björn Hibell, ESPAD Coordinator

Summary

The main purpose of the European School Survey Project on Alcohol and Other Drugs (ESPAD) is to collect comparable data on substance use among 15- to 16-year-old European students in order to monitor trends within as well as between countries. So far, five data-collection waves have been conducted in the framework of the project. The first study was carried out in 26 countries in 1995, while data collection in 2011 was performed in 37 countries. However, results for 2011 are available only for 36 countries, since the Isle of Man collected data but unfortunately did not have the possibility to deliver any results.

This summary presents key results from the 2011 survey in the ESPAD countries as well as findings regarding the long-term trends. An initial section gives a short overview of the methodology.

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

Spain, like the United States, is not an ESPAD country. However, as a result of close collaboration with the ESPAD project since 1995, data from the Spanish National Students Drug Survey have been included when comparable/feasible, and are available throughout the 2011 ESPAD Report.

Methodology and data quality

To provide as comparable data as possible, the surveys are conducted with common questionnaires

and according to a standardised methodology. Data are mainly collected during the spring, and the 2011 target population was students born in 1995, with a mean age of 15.8 years at the time of data collection.

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

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

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

Small differences in point estimates between countries or over time should be interpreted with

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

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

Cigarettes

A small number of questions regarding cigarette smoking are asked at the beginning of the questionnaire. In the 2011 survey, on average, 54 % of the students in participating countries reported that they had smoked cigarettes at least once and 28 % that they had used cigarettes during the past 30 days. Two per cent of all students had smoked at least a packet of cigarettes per day during the past 30 days.

The ranking orders of countries for lifetime use and relatively recent use (past 30 days), respectively, are more or less the same. High-prevalence countries for cigarette use in the past 30 days include Bulgaria, Croatia, the Czech Republic, France, Latvia, Monaco and Slovakia (at around 40 %) and the low-prevalence countries are Albania, Iceland, Montenegro and Norway (at around 12 %). There is no obvious geographical pattern to be seen.

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

At the aggregate country level, the sex differences in 2011 are negligible for smoking in the past 30 days while a small gap, with more boys who are smokers, was visible in 1995 and 1999. However, in individual countries large sex differences may be observable in 2011 as well. There were significant differences between boys and girls in eleven countries, with

higher figures for boys in six and for girls in five. For example, boys were about 16 percentage points above girls in Albania, Cyprus and Moldova while, conversely, girls were about 15 percentage points above boys in Bulgaria and Monaco.

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

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

Alcohol

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

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

drinking within each time frame, the proportions are usually higher among boys.

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

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

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

There is a strong association at the country level between reported alcohol consumption on the latest drinking day and the perceived level of intoxication on that day. Thus, in countries where students reported that they consumed larger quantities of alcohol they also reported higher levels of intoxication.

Another way of measuring drunkenness is to ask how often the students had consumed five drinks or more

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

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

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

Between the two most recent surveys, the figures for heavy episodic drinking increased significantly in four countries (Cyprus, Greece, Hungary and Serbia) while a significant fall can be seen in nine countries with comparable data, including the four Nordic countries of the Faroe Islands, Iceland, Norway and Sweden. The largest increases, of about 10 percentage points, occurred in Cyprus and Hungary, while the largest decreases, of 9 percentage points, took place in the Faroe Islands and Iceland.

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

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

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

^{a)} Having five or more drinks on one occasion. A 'drink' is a glass/bottle/can of beer (ca 50 cl), a glass/bottle/can of cider (ca 50 cl), 2 glasses/bottles of alcopops (ca 50 cl), a glass of wine (ca 15 cl), a glass of spirits (ca 5 cl or a mixed drink).

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

^{c)} In order 'to get high'.

^{d)} Due to lack of comparable 2007-data this comparison is made with 2003-data, highlighting differences greater than 3 percentage points.

■ Decrease ■ No change ■ Increase □ No comparison

girls, and that tendency was the same in almost all countries.

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

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

Illicit drugs

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

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

On average, 21 % of the boys and 15 % of the girls have tried illicit drugs at least once during their

lifetime, according to the 2011 survey. Boys have been clearly more likely to have done this in all surveys; in the latest wave, significantly higher figures for boys were found in more than two-thirds of the ESPAD countries.

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

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

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

and Monaco (8–9 percentage points) while the largest decrease was found in the Russian Federation (Moscow) (11 percentage points).

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

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

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

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

Other substances

Lifetime non-prescription use of tranquillisers or sedatives is most commonly reported in Lithuania, Monaco and Poland — where about 14 % of the

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

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

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

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

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

top countries in 2011. At the other end, with the lowest figure, is Moldova with 2 %.

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

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

Final remarks

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

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

The individual countries' prevalence rates for the eight key variables are compared with the averages for all countries. Countries that often score close to the average are Poland and Portugal. Low-prevalence countries are Iceland and the neighbouring countries of Albania, Bosnia and Herzegovina (Republic of

Srpska), Moldova and Montenegro. It is more difficult to identify high-prevalence countries, and no single country is above average for all measures. However, countries that could be mentioned in such a context in 2011 are the Czech Republic, Estonia, France, Latvia, Monaco and Slovenia. No obvious geographical clusters are apparent.

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

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

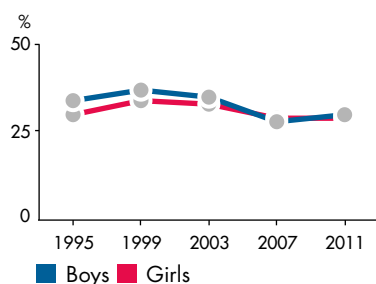
The upward trend between 1995 and 2003 for lifetime use of illicit drugs — predominantly cannabis — has also come to a halt; the 2007 and 2011 figures are 3 percentage points below the 2003 figure. Experience with any illicit drug other than cannabis increased from 1995 to 1999, but has been fairly stable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

Lifetime non-prescription use of tranquillisers or sedatives displays hardly any changes at all across the five waves. The same is true for inhalants, even though the 2011 figure is slightly higher than the 2007 one.

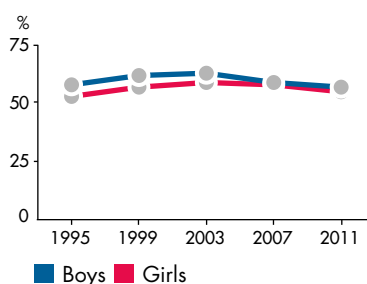
With one exception — non-prescription use of tranquillisers or sedatives — the figures for the key variables were higher for boys than for girls in the first survey wave. However, this gender gap had more or less disappeared by the time of the 2011 survey for cigarette and alcohol use during the past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

However, trends in individual countries diverge from the overall impression, as can be seen from the colours in the summary table for the eight key variables.

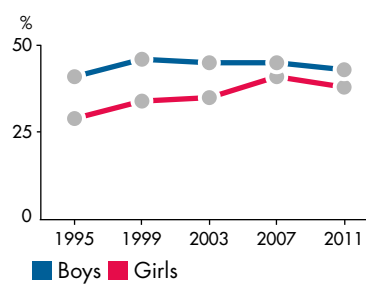
Summary figure Trends for eight key variables by gender. 1995–2011. Average percentages (if otherwise not indicated) for the 14–26 countries providing trend data.



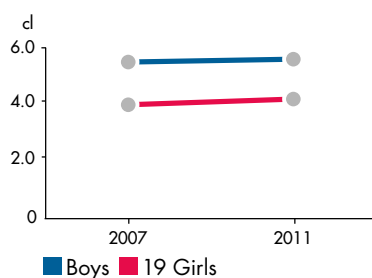
Cigarette use during the past 30 days. Averages for 19 countries. Percentages.



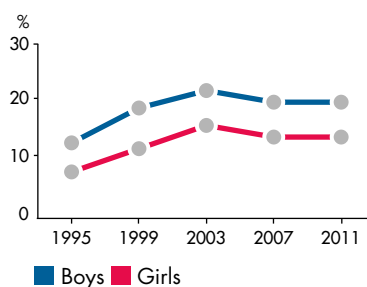
Use of any alcoholic beverage during the past 30 days. Averages for 18 countries.



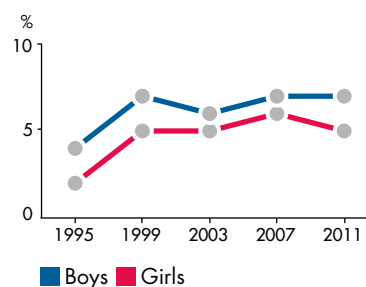
Proportion reporting having had five or more drinks on one occasion during the past 30 days. Averages for 14 countries. (A 'drink' is a glass/bottle/can of beer (ca 50 cl), a glass/bottle/can of cider (ca 50 cl), 2 glasses/bottles of alcopops (ca 50 cl), a glass of wine (ca 15 cl), a glass of spirits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



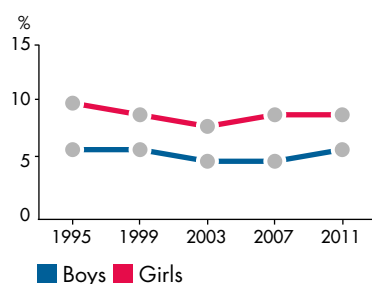
Estimated average alcohol consumption during the last alcohol drinking day among students reporting any last day alcohol consumption. Averages for 26 countries. (Centilitres 100 % alcohol.)



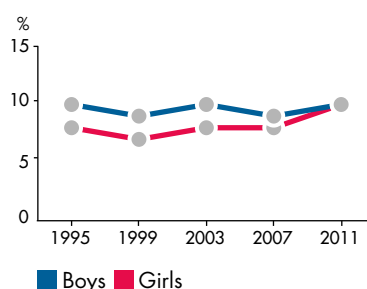
Lifetime use of marijuana or hashish. Averages for 19 countries.



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



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



Lifetime use of inhalants. Averages for 17 countries.

When it comes to recent changes from 2007 to 2011, students in Bosnia and Herzegovina (Republic of Srpska) show lower figures in 2011 than in 2007 for all eight key variables. Other countries with a relatively large number of reductions include Malta with lower figures in 2011 for six variables, and Iceland, Norway and the Russian Federation (Moscow) with lower figures for five. In the cases of Iceland and Norway, this includes all alcohol-related variables, while both lifetime use of cannabis and lifetime use of any illicit drug other than cannabis have decreased in Malta and the Russian Federation (Moscow).

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

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

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

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

A look at the whole period from 1995 to 2011 with a focus on three variables (heavy episodic drinking,

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

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

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

The full version of the 2011 ESPAD report can be found on the following website:
<http://www.espad.org/espad-reports>

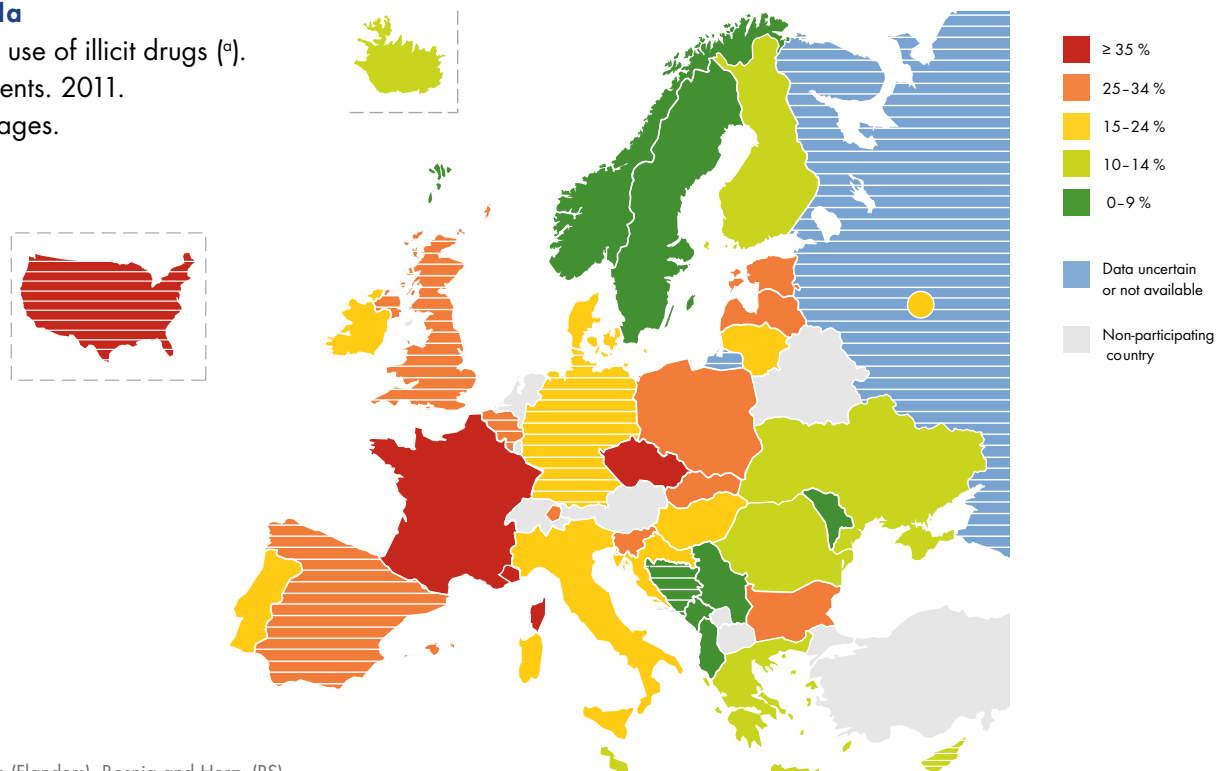
Key figures on drug use

Figure 1a

Lifetime use of illicit drugs (%).

All students. 2011.

Percentages.



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

(²) Spain, United Kingdom and USA: limited comparability.

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

Significant difference between boys and girls

Figure 1b

Lifetime use of illicit drugs (%)

by gender. 2011. Percentages.

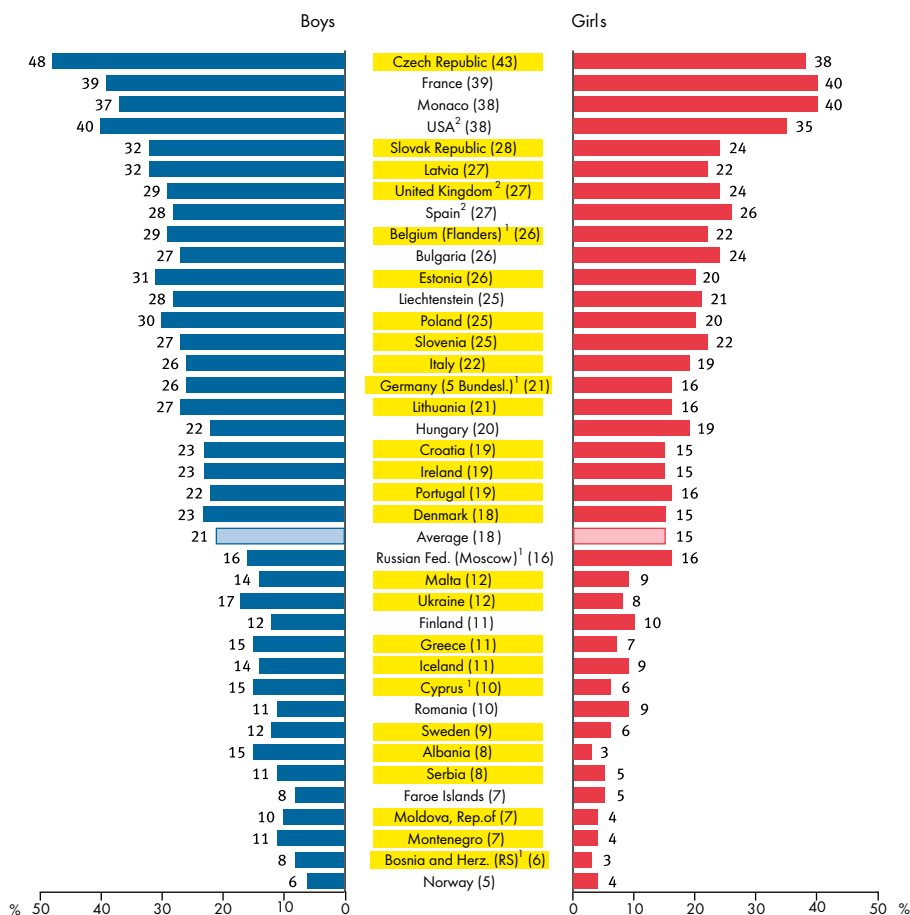
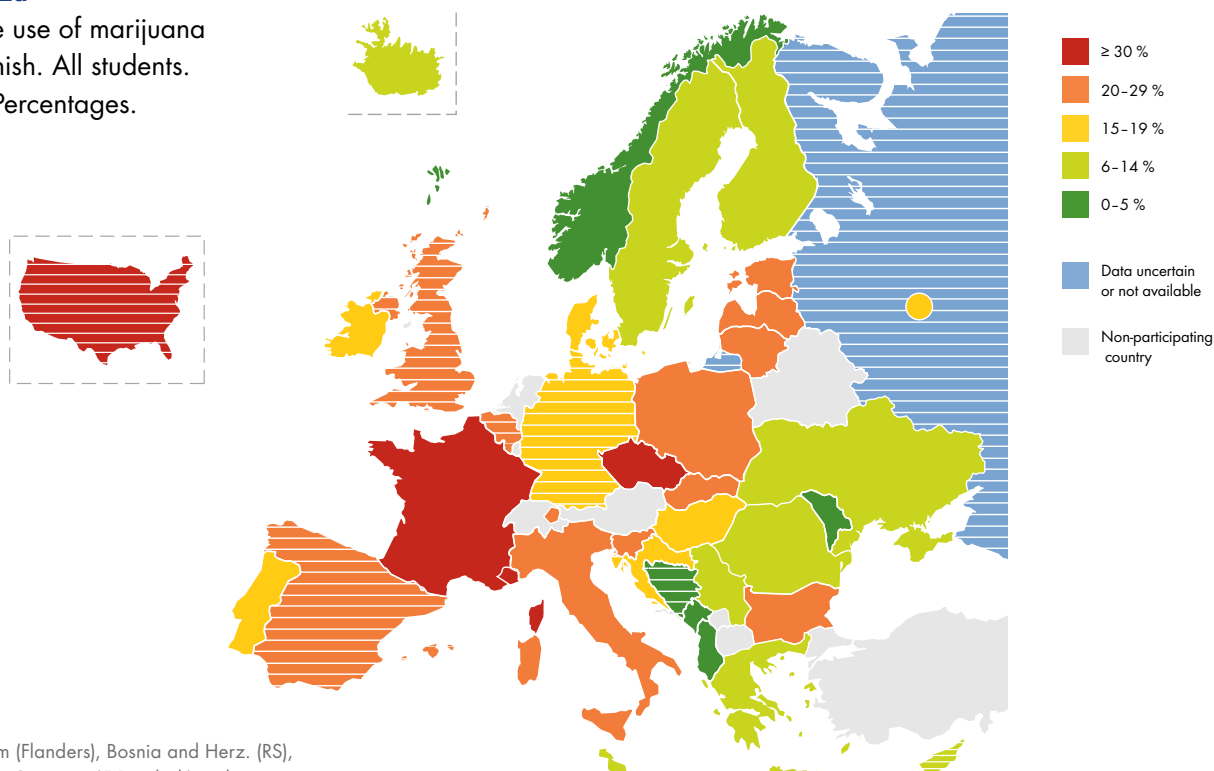


Figure 2a

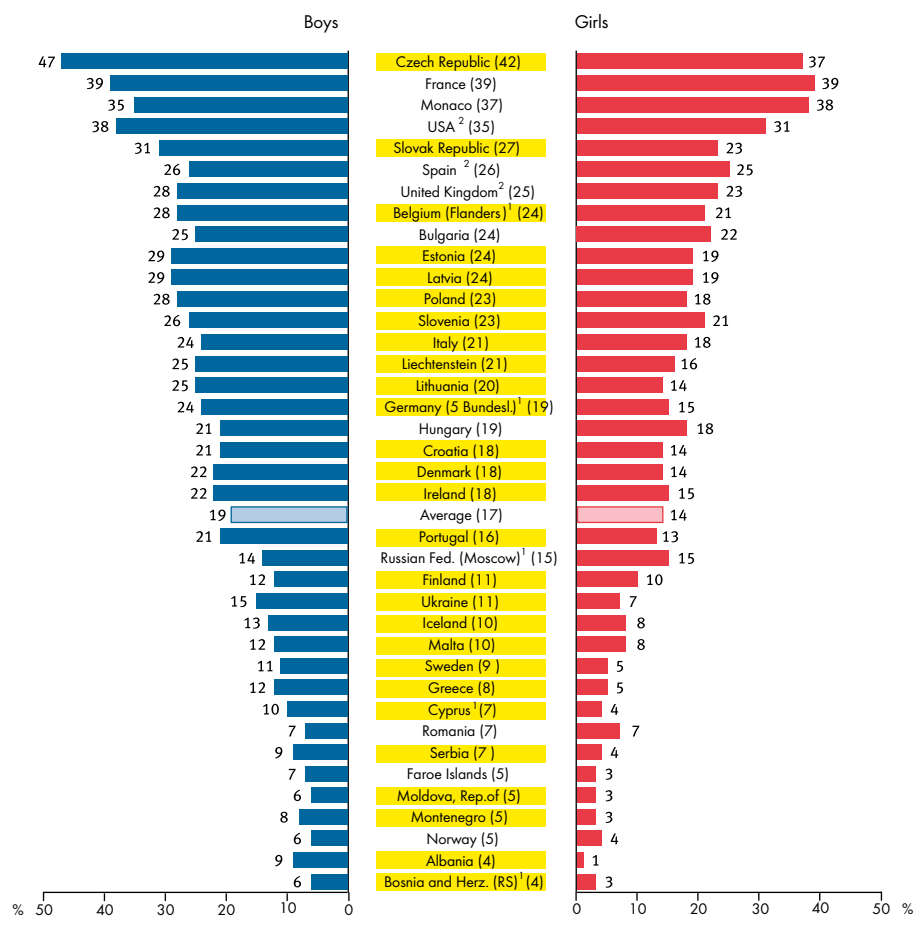
Lifetime use of marijuana or hashish. All students.
2011. Percentages.



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

(²) Spain, United Kingdom and USA: limited comparability.

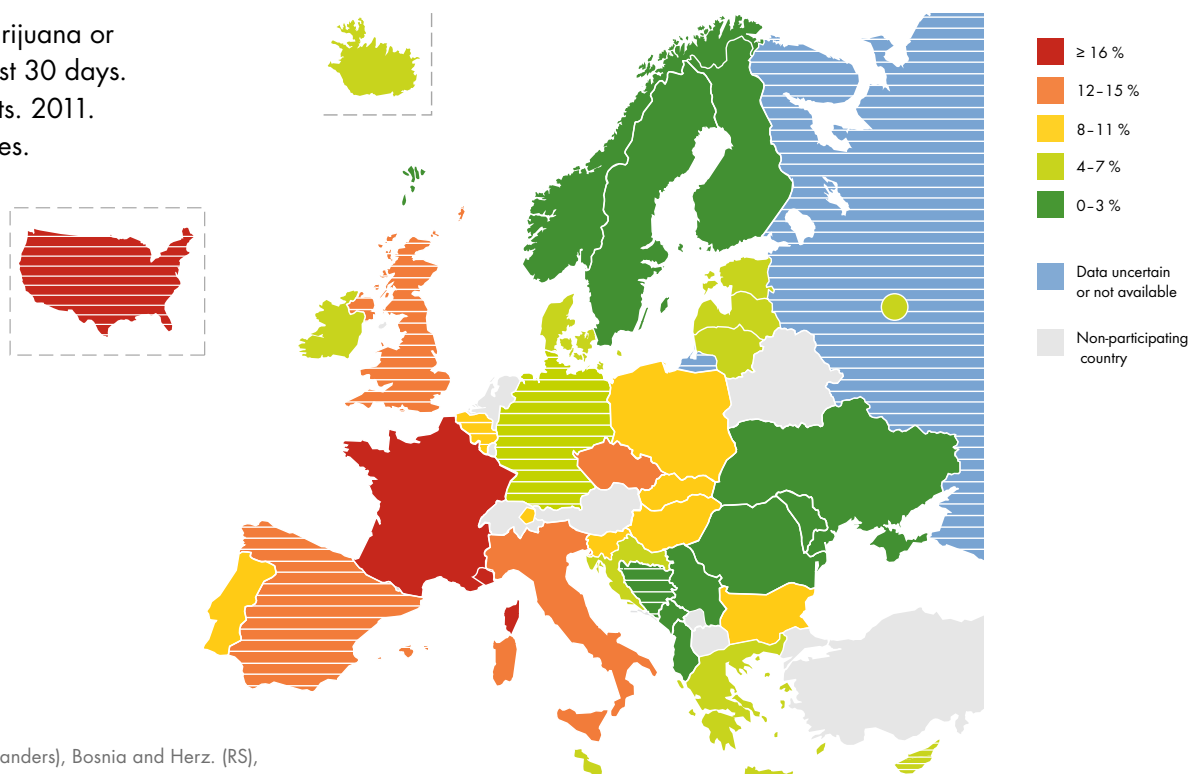
Significant difference between boys and girls

**Figure 2b**

Lifetime use of marijuana or hashish by gender. 2011.
Percentages.

Figure 3a

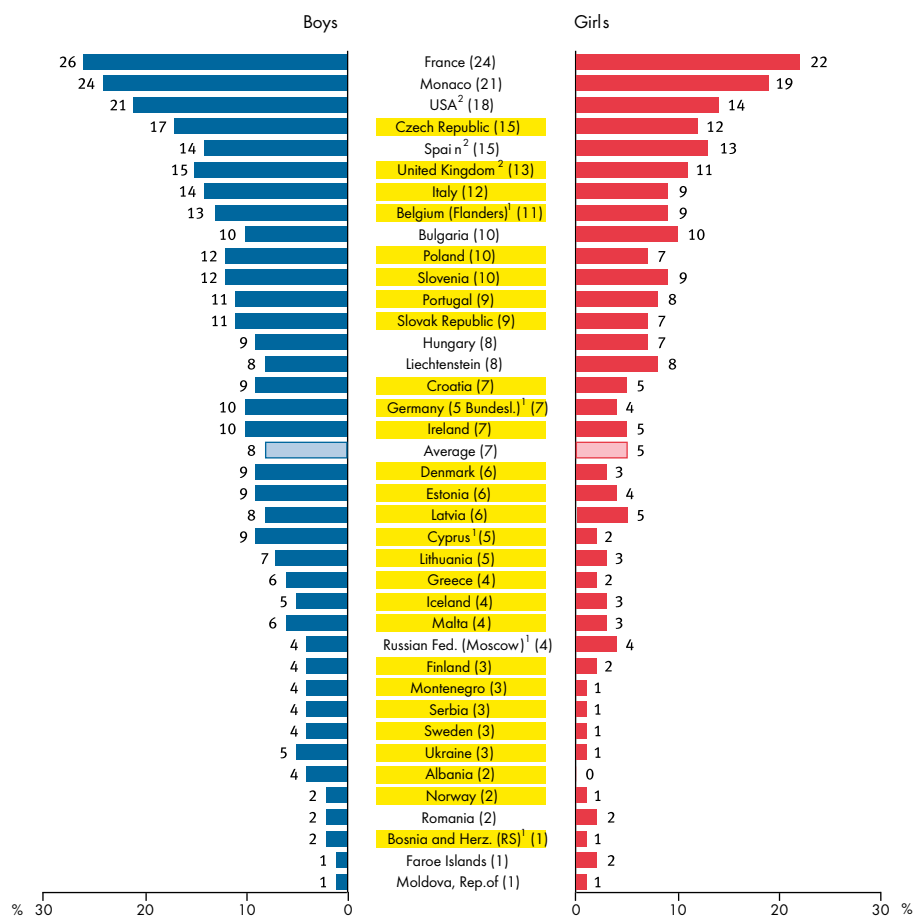
Use of marijuana or hashish last 30 days.
All students. 2011.
Percentages.



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

(²) Spain, United Kingdom and USA: limited comparability.

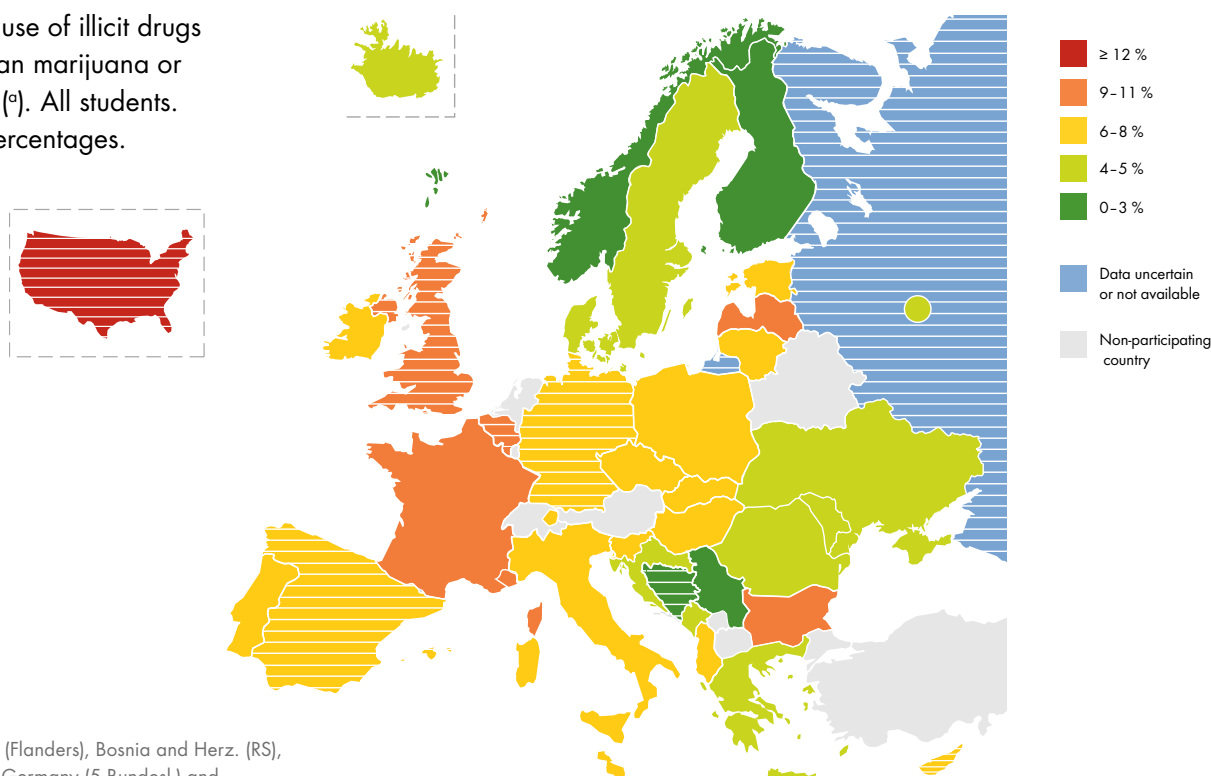
Significant difference between boys and girls

**Figure 3b**

Use of marijuana or hashish
last 30 days by gender.
2011. Percentages.

Figure 4a

Lifetime use of illicit drugs other than marijuana or hashish (%). All students. 2011. Percentages.



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

(²) Spain, United Kingdom and USA: limited comparability.

(^a) Includes amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens, heroin and GHB.

(^b) Includes tranquillisers; does not include ecstasy or GHB.

Significant difference between boys and girls

Figure 4b

Lifetime use of illicit drugs other than marijuana or hashish (%) by gender. 2011. Percentages.

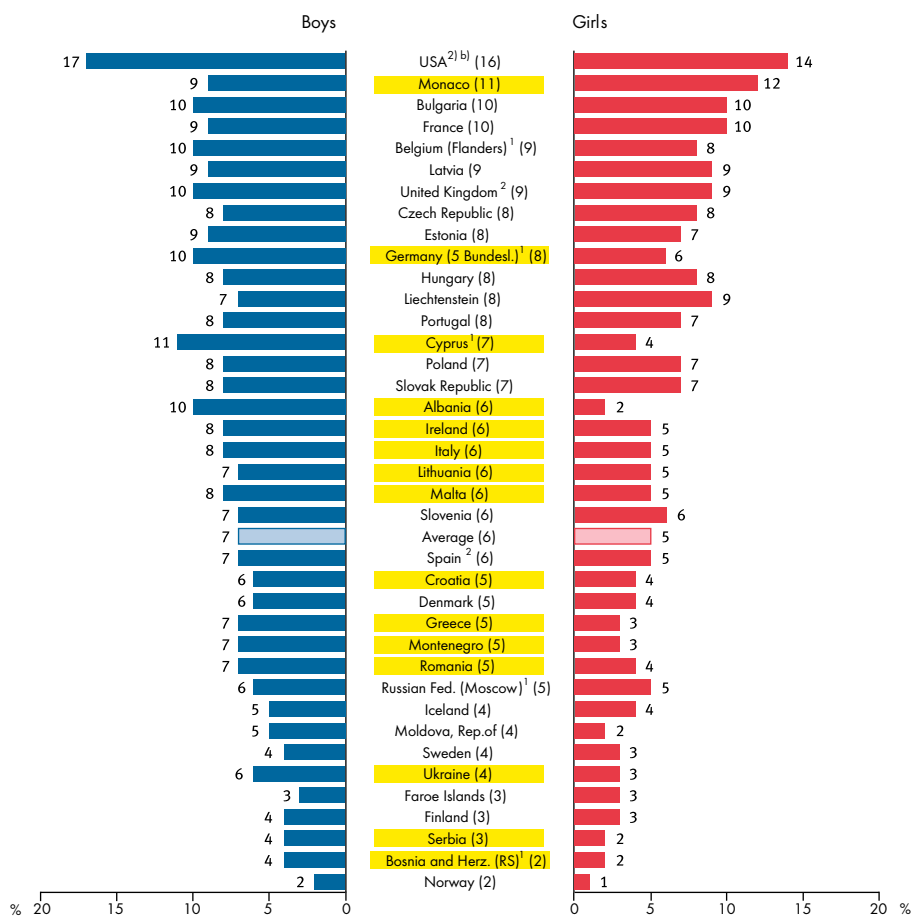
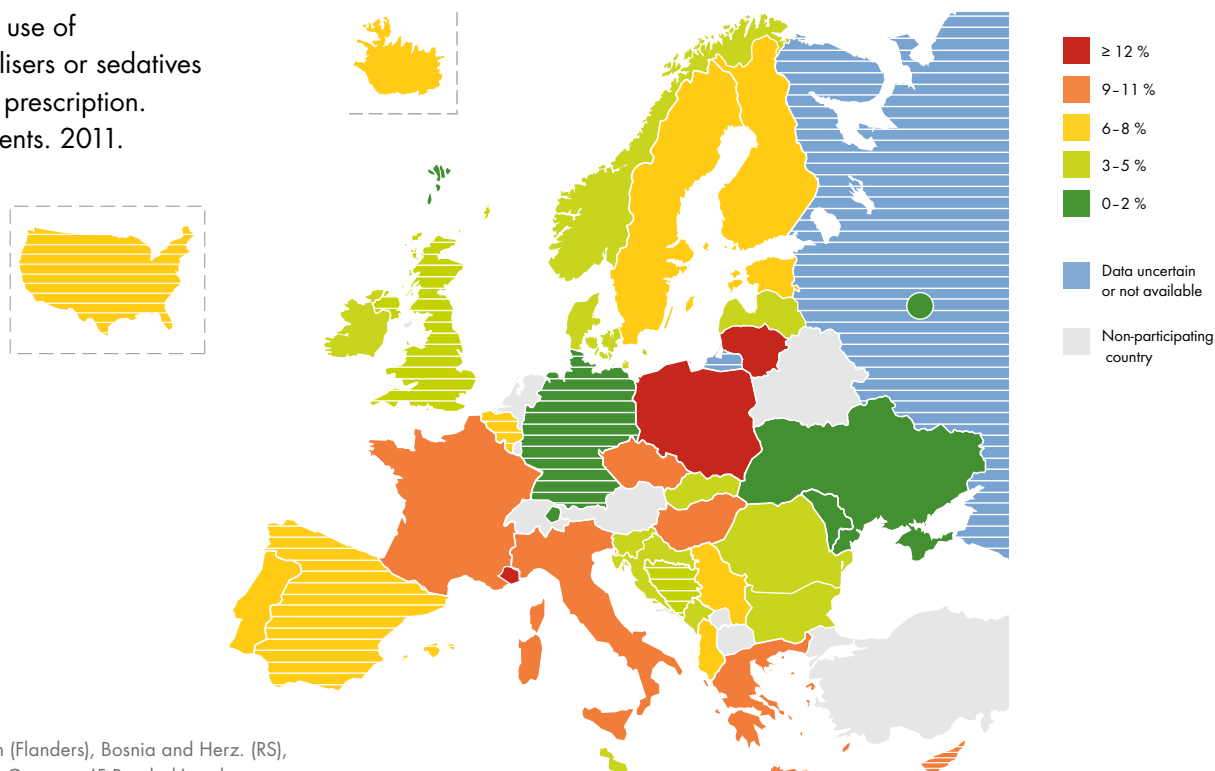


Figure 5a

Lifetime use of
tranquillisers or sedatives
without prescription.
All students. 2011.



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

(²) Spain, United Kingdom and USA: limited comparability.

Significant difference
between boys and girls

Figure 5b

Lifetime use of tranquillisers
or sedatives without
prescription by gender.
2011. Percentages.

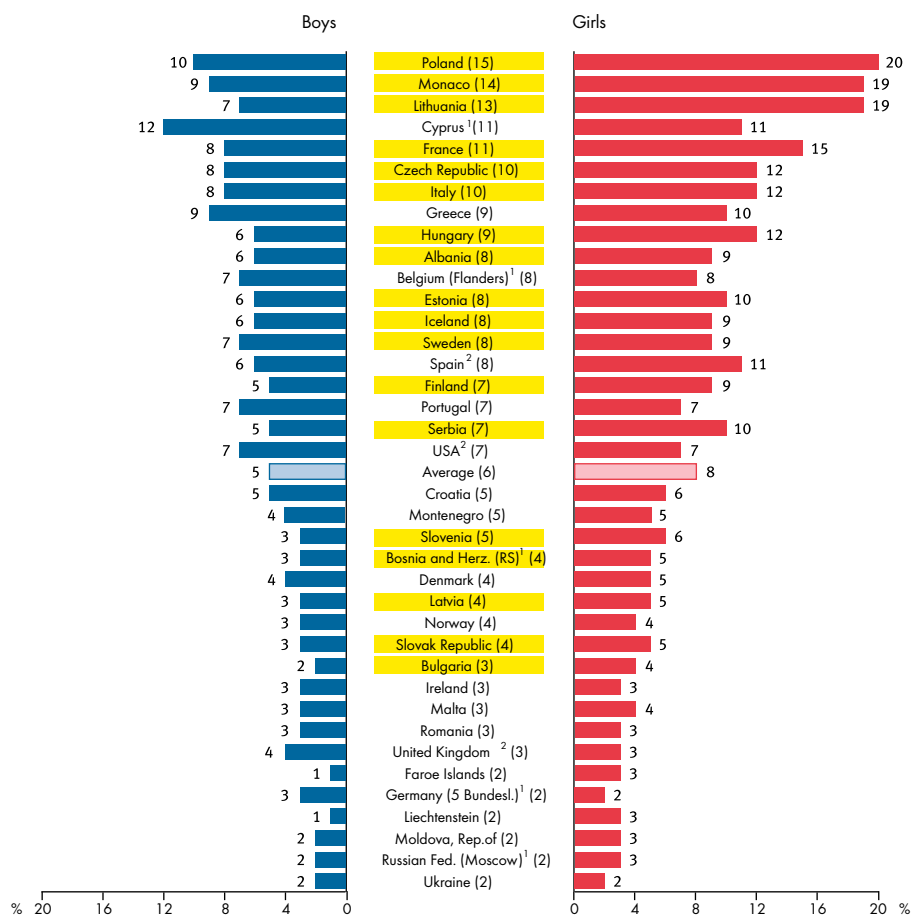
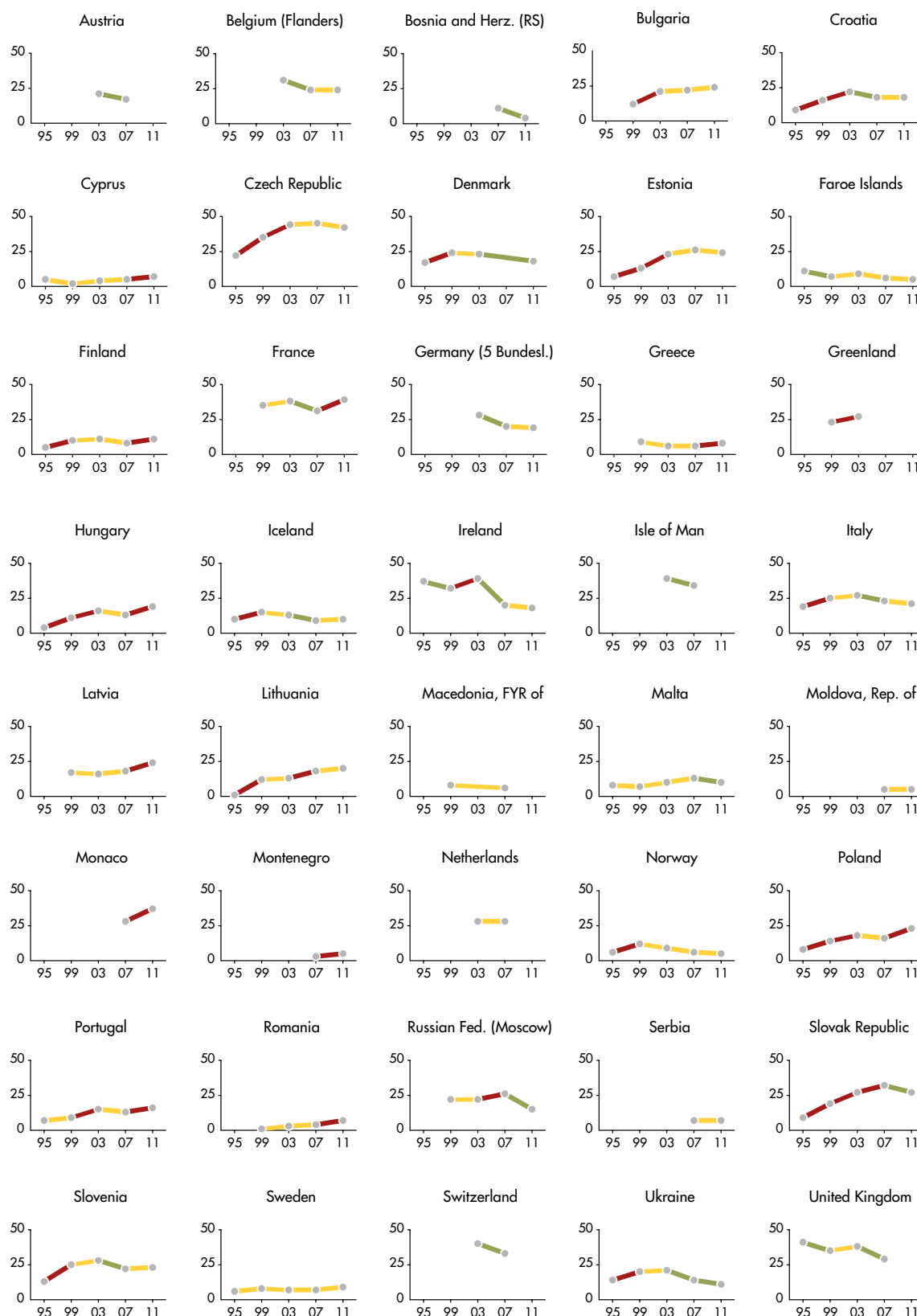
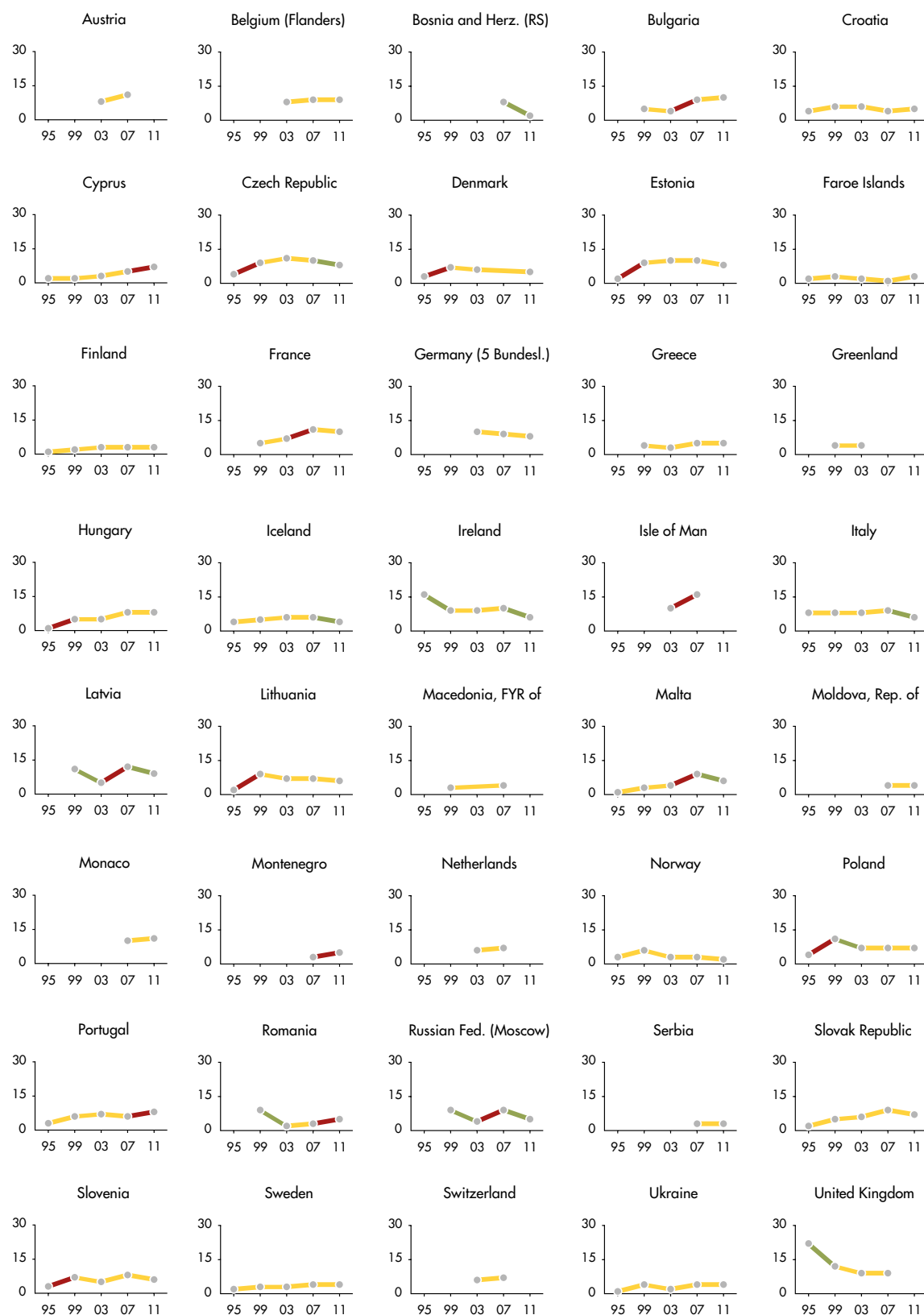


Figure 6 Lifetime use of marijuana or hashish by country. 1995–2011. Percentages.

Note: Changes within countries between 2007 and 2011 have been tested for statistically significant differences with the exception of three countries for which it was not possible to conduct significance tests (Denmark, United Kingdom and Norway). Changes below four percentage points between previous data collections are not recognised as real changes. Decreases are marked with green, increases with red, unchanged situations with yellow.

Figure 7 Lifetime use of illicit drugs other than marijuana or hashish by country. 1995–2011. Percentages.

Note: Changes within countries between 2007 and 2011 have been tested for statistically significant differences with the exception of three countries for which it was not possible to conduct significance tests (Denmark, United Kingdom and Norway). Changes below four percentage points between previous data collections are not recognised as real changes. Decreases are marked with green, increases with red, unchanged situations with yellow.

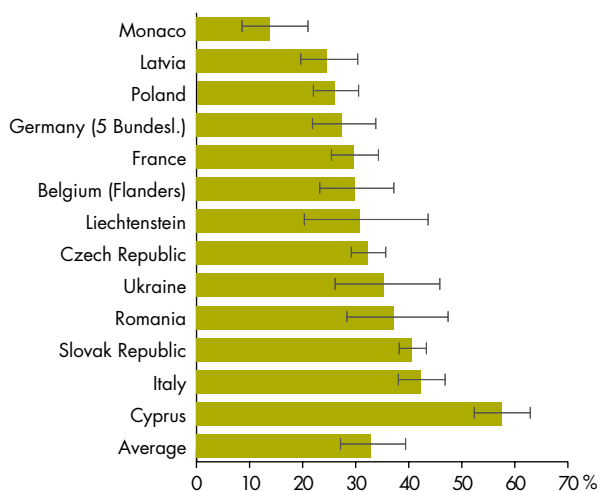
Table 1 Prevalence of polydrug use in 29 countries. 2007 and 2011. Percentages.

	2+ substances		3+ substances	
	2007	2011	2007	2011
Belgium (Flanders)	12.5	12.9	5.4	4.5
Bulgaria	13.0	12.9	5.0	5.2
Croatia	10.2	12.3	3.4	4.3
Cyprus	8.0	11.2	3.0	5.0
Czech Republic	16.2	16.1	6.7	5.9
Estonia	8.3	7.9	3.6	2.5
Finland	4.8	5.8	1.7	2.2
France	15.4	20.1	7.6	7.8
Germany (5 Bundesl.)	11.6	9.8	3.9	3.5
Greece	7.5	7.5	2.3	2.6
Hungary	9.4	10.2	3.6	5.0
Iceland	5.4	4.1	2.2	1.7
Ireland	10.2	6.7	4.6	2.4
Italy	16.1	13.1	7.3	6.2
Latvia	9.7	9.2	3.6	3.6
Lithuania	9.4	7.7	3.1	2.8
Malta	9.9	7.8	4.0	3.3
Monaco	10.2	17.9	5.0	8.3
Montenegro	2.8	4.4	1.1	2.0
Norway	3.0	1.5	1.6	0.6
Poland	8.2	10.7	3.0	4.0
Portugal	7.4	7.1	2.7	3.1
Romania	4.0	5.5	1.1	1.6
Russian Fed. (Moscow)	6.8	6.4	2.4	1.8
Serbia	6.2	5.9	2.0	2.1
Slovak Republic	12.2	9.4	4.7	3.5
Slovenia	10.2	9.8	4.2	4.0
Sweden	3.7	3.9	1.6	1.2
Ukraine	5.8	5.0	1.8	1.9

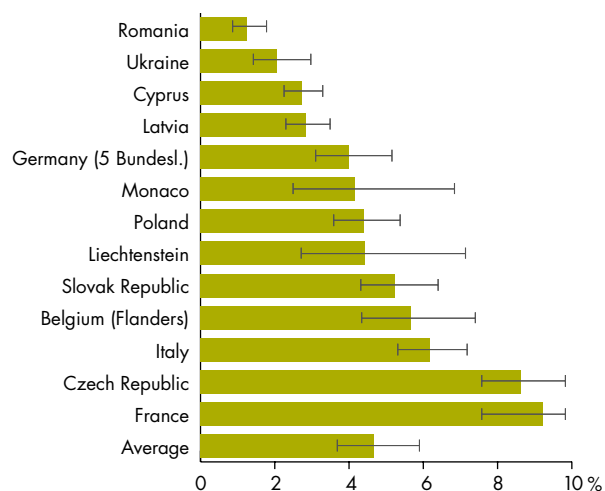
Note: Polydrug use is defined as use of more than one of the following: tobacco (more than 5 cigarettes per day in the past 30 days), alcohol (consumption on 10 or more occasions in the past 30 days), cannabis (any use in the past 30 days), other illicit drugs (amphetamines, cocaine, crack, heroin and ecstasy as well as LSD or other hallucinogens) (any lifetime use) and tranquillisers/sedatives without a prescription (any lifetime use).

Figure 8

Proportion of high-risk users among those who have used cannabis during the past 12 months.

**Figure 9**

Proportion of high-risk users among all participating students in a country.



Note: The Cannabis Abuse Screening Test (CAST) scale was used to estimate the risk of cannabis-related problems in the 13 (out of 36) ESPAD countries that provided the relevant data. The CAST sum score ranges from 0 to 6, with a cut-off of 2 or more points indicating high risk cannabis use.

European Monitoring Centre for Drugs and Drug Addiction

Summary — 2011 ESPAD report

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About the EMCDDA and ESPAD

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is one of the European Union's decentralised agencies. Established in 1993 and based in Lisbon, it is the central source of comprehensive information on drugs and drug addiction in Europe.

The EMCDDA collects, analyses and disseminates factual, objective, reliable and comparable information on drugs and drug addiction. In doing so, it provides its audiences with an evidence-based picture of the drug phenomenon at European level.

The European School Survey Project on Alcohol and Other Drugs (ESPAD) is a collaborative effort of independent research teams in more than 40 European countries, making it the largest cross-national research project on adolescent substance use in the world.

ESPAD was founded in 1993 on the initiative of the Swedish Council for Information on Alcohol and Other Drugs (CAN) and with the support of the Pompidou Group of the Council of Europe. The first data-collection exercise was conducted in 26 countries in 1995. The 2011 ESPAD report presents the results from the fifth wave, conducted in 36 countries during 2011.

This multilingual summary is a product of the cooperation framework that exists between the EMCDDA and ESPAD. Our common aims include broadening access to the information and expertise on alcohol and other drug use among school students developed by the ESPAD project and improving the availability, quality and comparability of school survey data.

