

European Schools Survey Project on Alcohol and Other Drugs (ESPAD)

Results for ESPAD 2007 Ireland

APRIL 2009

DEPARTMENT OF HEALTH AND CHILDREN

The authors of this report are:

Mark Morgan and Kate Brand, St. Patrick's College, Dublin (www.spd.dcu.ie)

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Department of Health and Children
Hawkins House
Hawkins Street
Dublin 2
Tel: +353 (0)1 635 4000
Fax: +353 (0)1 635 4001
E-mail: dohc@health.gov.ie
Web: www.dohc.gov.ie

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Executive Summary

Overview

This report is based on the 2007 European Schools Project for Alcohol and Other Drugs (ESPAD) Survey carried out in Ireland.

The ESPAD survey takes place every 4 years in more than 35 European countries during the same time period and is based on a common set of questions and methodology. This series of studies began in 1995 following an initiative by the Swedish Council for Information on Alcohol and Other Drugs (CAN) to connect with researchers in other European countries, including Ireland, with a view to conducting a common survey on the usage of tobacco, alcohol and illegal drugs in the school-going population.

The most important goal of the ESPAD survey is to monitor trends in alcohol and other drug use among 15-16 year-olds and to compare trends between countries and groups of countries. This information is essential in planning future prevention initiatives. The rationale for school surveys is that students make up the age groups when onset of use is most likely to occur. While school-going populations are relatively accessible, it should be noted that young people who have left school may differ in important respects from those who complete the senior cycle.

ESPAD Questionnaire

Ireland has participated in every phase of data collection since the launch of ESPAD in 1995. In the current phase, 2,249 students from a sample of 94 randomly selected post-primary schools participated in the 2007 study. The vast majority of the questions in the ESPAD questionnaire are agreed at international level. In addition, some questions specific to Ireland were included by the Irish Advisory Group, such as items relating to long-term disability and the places where alcohol and cigarettes were purchased.

A main part of the questionnaire concerns **cigarette smoking**, including lifetime smoking and the number of times respondents smoked during the last 30 days, as well as how many cigarettes were smoked on those days when respondents reported smoking. Other questions concern ease of access to cigarettes and where these were obtained on the last occasion by those respondents who smoked.

The next set of questions focuses on **alcohol**, including the number of times of drinking over the lifetime, last year and last month. Other questions focus on the respondent's age of first drinking experience, as well as the particular alcoholic beverages consumed during the last 30 days. A number of questions focus on the last occasion that the respondent consumed alcohol, including the amount drunk, where the alcohol was obtained and the extent to which he or she felt drunk on this occasion. Other questions concern the number of times of 'feeling drunk' (lifetime, last year, last month) and whether or not a range of consequences was experienced due to alcohol consumption. Finally, respondents were asked where they consumed the alcohol on the last occasion they drank.

A series of questions specifically concerns the use of **cannabis**, including the number of times (if any) cannabis has been used, age of first use, ease of access to the substance, and occasions on which respondents had an opportunity to try the substance without actually doing so. A number of questions concern other **illegal drugs**, including ecstasy, cocaine and heroin, as well as **inhalants or solvents**. Respondents were asked about the number of times they had tried these substances (if at all) and the age at which they had first tried the substance in question. They were also asked whether they had experienced particular consequences of drug use; these included problems with parents and friends, as well as getting into fights or being hurt.

Findings

Cigarette smoking

The findings in relation to cigarette smoking suggest an overall decrease in the percentage of young people who smoke. Just over half of the respondents in ESPAD 2007 had smoked at some time in their lives and one-quarter had smoked during the last 30 days. Of those who had smoked, about half had their first cigarette during their primary school years (between the ages of 9 and 12). This finding is of some concern, particularly when we consider that the younger people are when they have their first cigarette, the more likely they are to continue smoking into adulthood. Experimentation with smoking is seen to continue up to the age of 15 and then appears to go into decline in the later teenage years. This gives a clear indication of the importance of targeting these age groups in particular when designing preventative programmes.

There were substantial gender differences, especially in the case of frequent smoking, with girls more likely to report smoking than boys. With regard to those who smoked on a daily basis, 16.7% of girls fell into this category compared to 10.7% of boys.

In addition to these overall findings, there has also been an increase in the percentage of young people who report to have 'never smoked' (52%) compared with previous surveys. The percentage of Irish students who have never tried a cigarette has almost doubled since 1995, when 26% of boys and girls reported never smoking. A significant increase (15%) in the number of students reporting never smoking was observed for Ireland in the 4 years since the last ESPAD survey (2003). While the percentages of adolescents who smoke may have declined, this seems not to be due to a perception by respondents that cigarettes are difficult to obtain; rather, the vast majority believe that it is easy to get cigarettes if they want them.

Alcohol

In comparison with earlier Irish data for 2003, ESPAD 2007 shows some positive changes in drinking by adolescents. In the 2003 survey, 73% reported having drunk during the last 30 days compared with 58% in the present study. Adolescents report that alcohol is more difficult to obtain now than it was 12 years ago. However, there is still a major issue about drunkenness: over half the respondents (54%) in ESPAD 2007 reported being drunk at some time in their lives.

The vast majority (86%) of Irish students have experimented with alcohol by the age of 16. Almost one-quarter of adolescents have drunk alcohol 40 times or more in their

lifetime. A majority (about three-quarters, but depending on the beverage in question) thought that it would be easy for them to obtain alcoholic beverages. A remarkably large percentage had tried alcohol in their primary school years (21% in the case of beer) and 7% of students indicated that they were drunk for the first time by the age of 12.

Irish girls are drinking almost as often as boys, and more girls (29%) than boys (25%) reported being drunk during the last 30 days. Girls showed a preference for alcopops, wine and spirits, whereas boys tended to drink beer and cider more often. Girls' preference for spirits is of particular concern and is a trend that has been observed in Ireland for the last 12 years. Almost the same percentage of boys (42%) and girls (44%) reported binge-drinking during the last 30 days. The tendency for boys and girls to binge-drink with equal regularity was also observed in 2003 and 1999, and reflects a narrowing of the gender gap in this aspect of drinking since 1995.

Over half of Irish adolescents (54%) had been drunk at least once by the age of 16 and 42.5% had engaged in binge-drinking during the last 30 days. Many reported having engaged in 'problem-drinking' and 'experiencing negative consequences of alcohol consumption'. The most frequently experienced drink-related problems were accidents/injuries (18%), getting into a fight (15%) and problems with parents (18%).

Illegal substances

More than one in 5 of all respondents (20.3%) in ESPAD 2007 had tried cannabis, an illegal substance, at some stage in their lives. In addition, while cannabis is reported by students to be more difficult to obtain now than in the past, a sizeable 43% still believe that it is easy to get. Again, it should be noted that this is a reflection of the perception of the respondents – which has been shown in other research to be an important factor in frequency of use.

Many boys and girls begin using cannabis at an early age. Findings from ESPAD surveys over the last 12 years show that while the percentage of boys who report having used cannabis by the age of 13 or less has decreased (from 10% to 8%), there has been an increase in the number of girls who report using it (from 4% to 6%). Since early initiation is viewed as particularly dangerous (in terms of long-term problems with substance use), we should be concerned about these trends for girls in the Irish data.

Boys tended to report the heaviest consumption of cannabis in their lifetime, last year and last month. Just under 5% of boys said that they had used cannabis more than 10 times during the last 30 days. As this suggests that their use extends beyond the weekends, this finding may have important implications for these students' performance at school.

Just over 15% of respondents had tried inhalants or solvents at some time in their lives. Of these, nearly two-thirds had done so once or twice. A minority of just over 2% claimed to have used inhalants or solvents more than 10 times. With regard to ecstasy, just over 4% said they had used the substance at some time, with over half of these saying that they did so once or twice.

The results of ESPAD 2007 reveal that there has been a substantial drop in the use of inhalants or solvents over the last 8 years, from a lifetime prevalence rate of 22% to 15%. Of those who had tried inhalants or solvents, about one-third had done so at 12 years of age or younger, while there was a broader range in the age of first trying ecstasy. The

vast majority of respondents (over 70%) took the view that it would be 'fairly easy' or 'very easy' to get inhalants or solvents if they wanted them, while less than one-third thought it would be 'fairly easy' or 'very easy' to get ecstasy.

Factors influencing substance use

A number of conclusions emerge from ESPAD 2007 with regard to the factors that are important in substance use:

- Social background seems to have only a slight relationship with various forms of substance use; children whose parents have lower levels of education were somewhat more likely to experiment with various substances.
- As other research has frequently found, substance use by friends is a major predictor of alcohol and illegal drug use, but not of cigarette smoking. However, use by friends has been found not simply to be a causal influence, but also to reflect the tendency for young people with similar interests to support each other.
- The frequency and amount of substance use is only weakly related to the perception by users of the dangers and consequences of substance use. In other words, realising the dangers of using a particular substance is not a major influence on the likelihood of using it – a finding that has important consequences for prevention programmes. On the other hand, there is a strong relationship with believing that there will be 'positive' short-term outcomes from using substances, like 'feeling relaxed' and 'forgetting troubles'.
- Satisfaction with life is negatively related to substance use, i.e. those young people who are dissatisfied with their lives are more likely to use various substances.

Sources and locations for consumption

The ESPAD 2007 Ireland Survey provides valuable new information on how alcohol is purchased or obtained, and also on the locations where drinking takes place. Respondents reported that the single most common way of obtaining alcohol was to have friends or siblings buy it on their behalf. With regard to location, the most popular venue for drinking was either in their own home or at a friend's home. It is also worth noting that an 'uncontrolled' setting (e.g. on the street, in a park, beach or other open area) was also a popular location for the consumption of alcohol.

The survey also provides information on the sources of getting cigarettes. The most popular way was through friends. It is also of interest that a significant minority said that they bought cigarettes in a shop or similar location; getting cigarettes from a vending machine was not a substantial category.

Parents' influence and leisure activities

A number of important findings emerge from ESPAD 2007 on parenting. The perception by respondents that parents set definite rules is not an important influence. However, parental monitoring (or rather children's perceptions of parental monitoring) is a major factor in preventing substance misuse – young people are very aware of their parents 'keeping an eye' on their activities. The indications are that emotional support and care from parents are moderately related to substance use; they are more important than the setting of rules, but are less influential than the perception of parental monitoring.

Findings show that the majority of respondents spend a lot of their leisure time both on the Internet and in sporting activities (about four-fifths on a weekly basis or more often). A relatively smaller number of young people (under 33%) read books on a regular basis and less than one-fifth (20%) are involved in an organised youth club. A large number of young people spend a lot of time watching TV or videos: over two-fifths said that they spend 3 hours or more on an average weekday doing this.

Overall, the study found that the relationship between substance use and leisure activities is extremely modest for all the activities explored here and suggests that it is unlikely that the lack of suitable alternative leisure activities is a major influence on substance misuse.

School influences

A complex picture emerges on the findings relating to school influences and substance use. Involvement and satisfaction in school is very weakly related to substance misuse; in fact, the patterns suggest that the effects of involvement with school are somewhat stronger in the case of legal substances (e.g. alcohol) than illegal ones. Generally, the study's respondents expressed satisfaction with the way in which their school had prepared them to deal with peer pressure in relation to experimenting with substances and in making them aware of issues surrounding their use. While a survey approach such as this cannot measure effectiveness, these are important findings on the perception by students of such educational programmes by schools. Finally, there are some indications that those students who viewed their school experiences in a positive light also perceived greater risks in the case of using some drugs.

International comparisons

Compared to the other European countries in ESPAD, Irish students in 2007 are about as likely to drink alcohol as the average in other countries. However, a major difference emerges in relation to being drunk: Irish students report being drunk more often than in most other countries (26% during the last 30 days compared to a European average of 18%). As regards perceived availability of alcohol, Irish students are about average in terms of the percentage who think that particular kinds of alcoholic drinks are easy to obtain (78% in the case of beer, which is also the European average). Compared to other countries, Irish students indicate that alcohol is more likely to result in positive consequences, like 'feeling relaxed' and 'forgetting troubles'.

Somewhat fewer Irish students indicate that they smoke cigarettes than in many other countries. Specifically, 23% of Irish students report that they had smoked during the last 30 days compared to a European average of 29%. There are major differences between boys and girls in Ireland (with girls smoking more frequently) and while this is similar to the UK, the gender difference is reversed in some countries in Eastern Europe.

The percentage of cannabis use in Ireland is about the same as the European average (lifetime use of cannabis is 20% for Ireland compared to a European average of 19%). Similarly, the opportunities to use cannabis for students who had not done so are roughly the same for Ireland as for other countries (about 33%).

The use of inhalants or solvents is higher in Ireland (15%) than in most European countries (9% for all countries combined). This percentage should be taken in the context of the drop in reported inhalant use that was evident in the Irish 2007 data.

Finally, use of tranquillisers or sedatives without a doctor's prescription is relatively low in Ireland (3%) compared to all other countries combined (6%).

Summary

There are some positive indications in the results of ESPAD 2007, as well as some reasons for continued concern. In summary:

- Both in terms of international comparisons and relative to phases of the survey in earlier years, cigarette smoking has fallen substantially. However, this is more the case with boys and a substantial minority still begin smoking at a very young age.
- While there has been an overall fall in alcohol consumption, with Irish adolescents at the European average, there is still a problem with the number who report being drunk.
- The use of inhalants or solvents, while high by international standards, has fallen over the last decade.
- The percentage of cannabis use in Ireland is about the same as the European average.

Introduction

This report is based on the 2007 European Schools Project for Alcohol and Other Drugs (ESPAD) Survey carried out in Ireland.

The ESPAD survey takes place every 4 years in more than 35 European countries during the same time period and is based on a common set of questions and methodology. This series of studies began in 1995 following an initiative by the Swedish Council for Information on Alcohol and Other Drugs (CAN) to connect with researchers in other European countries, including Ireland, with a view to conducting a common survey on the usage of tobacco, alcohol and illegal drugs in the school-going population.

The most important goal of the ESPAD survey is to monitor trends in alcohol and other drug use among 15-16 year-olds and to compare trends between countries and groups of countries. This information is essential in planning future prevention initiatives. The rationale for school surveys is that students make up the age groups when onset of use is most likely to occur. In addition, school populations are more accessible than other groups.

Ireland has participated in every phase of data collection since the launch of ESPAD in 1995 (Hibell *et al*, 1997, 2001 and 2004). In the current phase, 2,249 students from a sample of 94 randomly selected post-primary schools participated in the 2007 study. Given the demands on schools, especially in relation to surveys of various kinds, the high response rate (78%) and the cooperation of schools is reassuring.

The vast majority of the questions in the ESPAD questionnaire are agreed at international level. However, there is also scope for additional country-specific questions to be included. For this round of the survey, the Irish Advisory Group decided to include additional items relating to substance use by young people with a long-term illness or disability, and how alcohol and cigarettes are obtained or purchased and the locations where they are actually consumed. These questions have provided valuable information not previously explored in Ireland.

1. Background and overview of some existing work

Many Irish young people experiment with alcohol, tobacco and other drugs in their teenage years. Indeed, experimentation with substances, especially alcohol and tobacco, is often normative in adolescent peer groups. The use of alcohol, tobacco and illegal substances by young people presents a challenge for modern societies throughout the world because this behaviour is very common and presents a health risk, both physical and mental, for young people. Early substance use is a particularly significant problem in Ireland with its unique demographic profile in Europe, with almost half of the population being under 25 years of age.

The personal consequences of substance use for young people are many and varied. Drinking during the teenage years may lead to physical health issues, mental health problems or social and financial difficulties. Underage drinking is deemed to be a type of 'high risk' drinking (Department of the Taoiseach, 2006) because it increases the likelihood of alcohol dependence later in life. Alcohol is estimated to cause one-quarter of deaths in young men of 15-29 years of age, mainly due to injuries sustained while under the influence of alcohol (Babor and Caetano, 2003). Alcohol use is a significant factor in teenage sexual behaviour and, in turn, is a risk factor for sexually transmitted infections and teenage pregnancy (Kelleher *et al*, 2003).

Smoking cigarettes is ranked by the World Health Organization (WHO) as being more addictive than heroin and poses multiple threats to a user's health (Department of Health and Children, 2000). Smoking tobacco is estimated to account for approximately 7,000 deaths in Ireland every year (Kelleher *et al*, 2003). There is evidence to suggest that initiating tobacco at a young age may pose a greater cancer risk than starting to smoke at a later age. The International Consultation on Tobacco and Youth (Bell *et al*, 1999) suggests that at least one-third of teenage smokers will die prematurely as a result of smoking. In a society that wishes to curtail cigarette smoking, adolescents are the appropriate target group, given that 'initiation into smoking is largely a childhood and teenage phenomenon' (Office of Tobacco Control, 2006, p. 36).

Illegal drugs pose a serious threat to the immediate and long-term health and well-being of Irish young people. There is considerable evidence that cannabis, one of the most widely used illegal drugs, may produce impairments of memory, attention and the organisation of complex information (Morgan, 2004a and 2004b). Depression and anxiety have also been found to increase with the frequency of cannabis use and this effect was found to be greater in girls (Patton *et al*, 2002).

Substance use by adolescents also has damaging effects on communities. Alcohol consumption by young people in Ireland impacts on health and law enforcement services, as well as road traffic accidents and alcohol-related suicides. Alcohol often fuels violence and sexual assault, which leads to damage to families and communities. International evidence indicates that young alcohol users are more likely to be the victims of crime, including rape and sexual assault. Cannabis users are more likely to leave school early (Morgan, 2004b) and heavy cannabis use is common among young people attempting suicide. Increasing levels of drug-related crime make drug use by teenagers and young adults a problem that affects every layer of Irish society.

One of the main aims of the Working Group on Alcohol Misuse, which was established in July 2005 by the Department of Justice, Equality and Law Reform, was the reduction of underage drinking. A central objective of the National Drugs Strategy 2001-2008, *Building on Experience*, has been to reduce the levels of substance misuse among school-going adolescents by 25% by 2007 (Department of Tourism, Sport and Recreation, 2001). In an effort to reduce young people's initiation of smoking, tobacco advertising has been banned and in August 2001 the legal age for tobacco sale was increased to 18 years. The Smoke-free Workplace Law was introduced in March 2004 and in May 2007 it was made illegal to sell cigarettes in packets of less than 20. One of the four strategic pillars of the National Drugs Strategy is the prevention of initiation of drug use.

Population-based surveys at national and local level are a useful way of ascertaining the extent of use by adolescents of a range of legal and illegal substances. At national level, the following studies are especially important:

- the Health Behaviour of School-aged Children (HBSC) Survey in three phases (1998, 2002 and 2006);
- the European Schools Survey Project on Alcohol and Other Drugs (ESPAD) in four phases (1995, 1999, 2003 and 2007);
- a nationwide survey by the Office of Tobacco Control in 2006.

HBSC Survey

The Health Behaviour of School-aged Children (HBSC) Survey is a cross-national research project, which takes place every 4 years throughout almost all European countries, including Ireland. To date, surveys have been conducted in 1998, 2002 and 2006 (Nic Gabhainn *et al*, 2007). Data are collected across Europe on the consumption of alcohol, tobacco and other drugs by young people aged 8-18 years and the figures enable comparison of Ireland with other European countries.

Until the current ESPAD 2007 study, the HBSC survey of 2006 presented the most recent national data available for Ireland on the substance use behaviours of Irish adolescents.

Findings included:

- On adolescent tobacco consumption, HBSC 2006 noted a decrease in the numbers of 'current smokers', from 21% in 1998 to 15% in 2006. In addition, the numbers of young people who reported 'ever' smoking had also declined. The trend for more girls to smoke than boys was also observed.
- In relation to alcohol, HBSC 2006 detailed a rise in the percentages of young people completely abstaining from drinking. However, drinking during the last 30 days remained at a similar level to the 2002 figures. In total, about one-half of 15-17 year-olds reported that they were current drinkers and over one-third said that they had been 'really drunk' in the during the last 30 days.
- HBSC 2006 reported a decrease in the use of cannabis among 15-17 year-old boys.

ESPAD Survey

The European Schools Survey Project on Alcohol and Other Drugs (ESPAD) has been conducted in four phases: 1995, 1999, 2003 and 2007, the current phase. This project has involved nationwide school surveys of 15-16 year-olds and enables comparison between Ireland and other European countries. A brief summary shows the following:

- In ESPAD 1995 (26 countries surveyed), Ireland showed percentages that were above the European average for drinking alcohol during the previous year, 'being drunk' during the previous year and ever smoking tobacco. Findings showed that just under two-fifths of Irish adolescents had tried cannabis, which was among the highest rates of all the countries surveyed, and was three times the European average. Ireland also showed percentages that were four times the European average for taking illegal drugs other than cannabis.
- In ESPAD 1999 (30 countries surveyed), Ireland again showed percentages that were higher than the European average for alcohol consumption during the previous year, 'being drunk' during the previous year and ever smoking tobacco. Cannabis and other illegal drug use were also above the European average. Inhalant use (like glue or solvents) among Irish adolescents was explored for the first time in this 1999 phase and appeared to be twice the European average.
- In ESPAD 2003 (35 countries surveyed), data from Ireland again showed higher percentages than the European average for Irish adolescents drinking alcohol during the previous year; using cannabis and other illegal drugs; and using inhalants. A substantial reduction was noted for tobacco smoking since 1999, with percentages below the European average. However, almost three-quarters of Irish young people surveyed reported 'being drunk' during the previous year, compared to the European average which was just over half.

Survey by Office of Tobacco Control

The Office of Tobacco Control recently conducted a survey-based study in people's homes with a nationally representative sample (OTC, 2006). This study found that 16% of 12-17 year-olds smoke and that over half of smokers had started smoking before the age of 15. It also emerged from this study that 9 out of 10 underage smokers were not asked for proof of age the last time they bought cigarettes. The findings of this study point to an increase in smoking among 15-18 year-olds over the past 4 years (since 2003).

Regional studies on substance use

Many local or regional studies have been carried out in Ireland on substance use by adolescents over the last number of years. These studies add to our understanding of the overall picture in Ireland, although their findings cannot be generalised to other parts of the country.

A 1994 study of Dublin youth found increases in drinking and use of illegal drugs over the previous 7 years, and also that cannabis and inhalants (e.g. glue or solvents) were the most widely used illegal substances among post-primary students (Morgan and Grube, 1994). This study, however, observed a decline in the number of cigarette smokers since 1986, particularly in the younger age groups, and noted a decrease in heavy smoking habits among those who did smoke.

A 1995 survey of schoolchildren and early school-leavers (aged 12-18) was conducted to measure adolescent substance use in the Western Health Board Area. This regional study

found that almost nine-tenths of students in the older group had used alcohol at some stage and that one in 10 had had their first drink by the age of 10. Almost half of participants had been drunk and 15% usually engaged in binge-drinking (i.e. 5 or more drinks in a row) when they drank alcohol. In relation to smoking, three-quarters of the older group of students had smoked at some time and the average age of initiation was 12 years. This study found that cannabis and inhalants were the most likely drugs to have been used by the young people surveyed.

A 1996 school survey in the Midland Health Board Area was conducted with 16-18 year-old students (Bonner, 1996). Boys were noted to be drinking a greater volume of alcohol than girls, and most students started drinking at the age of 14 or 15. One in 3 adolescents were current smokers and no difference was observed in smoking rates between boys and girls. Almost one in 3 boys, and one in 4 girls, had taken an illegal substance. This study found that cannabis was the most widely used drug, followed by inhalants.

A 1999 Dublin school study of 2nd-year students (13-14 year-olds) reported that three-quarters of them had drunk alcohol at some time and one-fifth drank alcohol every week (Brinkley *et al*, 1999). Over one-fifth of these young adolescents reported binge-drinking (i.e. 5 or more drinks in a row). Just over three-quarters of those surveyed had also had a cigarette at some stage, while almost one-sixth of students smoked every day. 15% of teenagers had used cannabis in the previous month and 7% said that they had used inhalants during the same period. More boys than girls had used illicit substances. This study also compared Dublin students to students from four other European cities. It found that young people from Dublin had some of the highest rates of substance use, especially in relation to regular alcohol use, cannabis use, regular tobacco smoking and inhalant use.

A 1998 school survey was carried out with 10-18 year-old students in the Eastern Health Board Area (Rhatigan and Shelley, 1998). It found that just over one-half of boys, and almost two-fifths of girls, were regular drinkers. Of particular concern was the finding that just under one in 10 children aged 10 or 11 reported that they were current drinkers. Over half of the students said that they had tried tobacco smoking, with percentages higher for boys than girls. However, only one-sixth of students were current smokers (defined as smoking once a week in this study). Cannabis was the drug that was most tried by the students surveyed, followed by inhalants. Two-fifths of 15-18 year-olds had tried cannabis at some time and one-fifth of the same age group had used it in the previous month. Just over one in 10 students had used an illegal substance other than cannabis in the previous month.

Another regional school-based study on teenage substance use was carried out in the Mid-Western Health Board Area in 1998 and 2002 (Kelleher *et al*, 2003). Among the 13-19 year-olds surveyed, nine-tenths had consumed alcohol at some stage in their lives, with girls and boys showing approximately equal percentages for alcohol consumption. One in 5 14-year-olds reported binge-drinking (i.e. 5 or more drinks in a row) during the previous month and a similar percentage of this young age group said that they had been drunk during this time. This study found that rates of teenage smoking had increased since 1998 and that girls were smoking more than boys. About one-half of teenagers reported having their first cigarette before the age of 13. When illegal drugs were considered, almost two-fifths of adolescents had used at least one illegal drug in their lifetime, with cannabis and inhalants being the main drugs used.

A questionnaire-based school study was carried out to explore substance use among students aged 12-19 in the North-Eastern Health Board Area in 1997 and 2002 (Flanagan *et al*, 2003). This regional study found a significant decrease in the percentage of adolescents who reported smoking since 1997, especially among boys. While it found a slight decrease in the rates of adolescent drinking, there was an increase in binge-drinking (i.e. 5 or more drinks in a row) and drunkenness. In relation to illicit drugs, an increase in use among adolescents, especially girls, was observed over the 5-year period, with cannabis being by far the most widely used illegal substance.

Two surveys carried out in 1996 and 2004 in Cork and Kerry investigated substance use among a group of adolescents and adults, aged 15-44 years (Jackson, 1997 and 2006). On alcohol consumption, this study found that slightly fewer adolescents were reporting current drinking since 1996, but that girls were drinking more and narrowing the gender gap. On tobacco use, findings showed that current smoking in 15-year-olds had almost trebled since 1996, from 10% in 1996 to 29% in 2004 (this was especially marked in boys, who showed a ten-fold increase, from 3% in 1996 to 32% in 2004) and that almost one-third of 15-17 year-olds were current smokers. When 2004 results for teenage drug use were compared with those from the 1996 study, cannabis and ecstasy use appeared to have doubled, with lifetime use of cocaine increasing by 5 times and use of crack by 8 times (although this rise should be interpreted with caution because of the small numbers of participants using these drugs).

It is important to note that school surveys often *underestimate* the extent of adolescent drug use because they do not take account of the substance use behaviour of those who leave school early. It is also difficult to compare many of the regional studies described above because of differences in their methodologies and samples (particularly the age of participants). The need for easily comparable national and international data, as presented in the current study, is very clear. However, these regional studies are still an important source of information about young people's substance use behaviours and the regional variations in these behaviours.

Aims of study

It is clear from all of the available evidence mentioned above that experimentation with a variety of substances is an integral part of growing up for many Irish adolescents. While substance use is deeply embedded in adult Irish society, it poses a significant threat to many of our young people's health and well-being.

The current study is the fourth in the ESPAD Survey series and the first in this series to report the data with a particular focus on Ireland. The aims of the study are:

- to describe the prevalence of the use of alcohol and other drugs among students born in 1991 (15-16 year-olds);
- to compare the prevalence and other relevant influences with earlier ESPAD data from 2003, 1999 and 1995;
- to give points of comparison with other European countries;
- to indicate the main trends in substance use over the last 25 years, taking into account other available data;
- to indicate the main influences on substance use as these emerge in the ESPAD study;

- to examine the implications of the findings for policies on the prevention of substance use.

Structure of report

- *Chapter 2* sets out the *methodology* of the ESPAD Survey 2007, with particular reference to the questionnaire, sampling and administration of the survey.
- *Chapters 3 and 4* give the results for Ireland in relation to *cigarette smoking* and *alcohol consumption* respectively, with a comparison of this data with earlier ESPAD surveys.
- *Chapters 5 and 6* give the results for Ireland in relation to *cannabis use* and *other substances (inhalants, ecstasy)* respectively, again with a comparison of this data with earlier ESPAD surveys.
- *Chapters 7* examines *factors associated with alcohol and other drug use*, such as parental education, social/cognitive influences and perceived access to substances.
- *Chapter 8* explores information that is *relevant to policy and prevention*, such as how and where substances are obtained, and the influence of parenting and leisure activities on use.
- The *Appendices* provide details on substance use by young people with a long-term illness or disability (*Appendix 1*); the full ESPAD questionnaire as used in Ireland for 2007 survey (*Appendix 2*); and a comparison on substance use by adolescents between the HBSC 2006 and ESPAD 2007 surveys (*Appendix 3*).

2. Methodology of ESPAD Survey 2007: Sample, Administration and Questionnaire

Sample

In March 2007, a random sample of 120 post-primary schools was identified. A letter was sent to the Principal in each school explaining the purpose of the ESPAD Survey and requesting the cooperation of the school in the study. In line with the ethical clearance guidelines, it was emphasised that the cooperation of the schools and of individual students was voluntary. As in other years, if the school agreed to participate in the study, a Cooperating Teacher was identified. On receipt of this person's name, a letter was sent explaining what was required in more detail, specifically about the identification of classes.

Identification of classes

The majority of students born in 1991 were to be found in the 4th year in school (frequently in Transition Year). However, not all of the cohort are to be found in that year: some are in the 3rd year in school and some in 5th year. For these reasons, the following strategy was adopted: in every school one 4th-year class was selected, while in half of the schools a 3rd-year class was added and in the other half a 5th-year class was added. Thus, half of the schools were asked to select a 4th-year and 3rd-year class, while the remainder were to select a 4th-year and 5th-year class.

Because schools normally had several classes, it was important that the particular class in any given year should be selected randomly. This was because of the possibility that ability grouping, which is the preferred mode of organisation in some schools, might influence the selection. Having established the number of classes in each year, one class was selected randomly.

Table 1 shows the number of schools that were targeted for the study. The number of schools in each category is proportionate to the number in the Department of Education and Science (DES) list of schools in each category. For sampling, it was decided to divide the schools broadly in terms of the voluntary *versus* the community and comprehensive sector, and within the voluntary sector in terms of gender. A case could be made for other categorisations, particularly distinguishing between fee-paying and other schools, disadvantaged *versus* non-disadvantaged, different school sizes and geographical spread. While it is impossible to go beyond a small number of factors in stratifying a sample, particular attention was given to ensuring that these categories were well-represented. The extent to which the sample is representative is discussed below, under 'Features of achieved sample'.

Table 1: Targeted sample – Schools and classes

School types	No. of schools	No. of classes
Voluntary Secondary (boys)	19	38
Voluntary Secondary (girls)	24	48
Voluntary Secondary (mixed)	22	44
Vocational, Community and Comprehensive	55	110
Total	120	240

Of the 120 schools that were requested to participate in the study, 94 took part or just over 78% (*see Table 2*). This is an excellent response rate, considering the number of requests made to schools and the time of year. Of the schools that did not participate, four declined because of recent or current involvement in surveys of students and a further three declined because of a range of activities that would make administration of the survey difficult.

Table 2: Achieved sample – Participating schools, classes and students

School types	No. of schools	No. of classes	No. of students		
			Boys	Girls	All
Voluntary Secondary (boys)	15	29	373		373
Voluntary Secondary (girls)	20	39		569	569
Voluntary Secondary (mixed)	17	33	161	232	393
Vocational, Community and Comprehensive	42	82	486	428	914
Total	94	183	1,020	1,229	2,249

The intention was to select two classes from each of the participating schools. In three of the participating schools, this was not possible; the main reason for this was the occurrence of other activities in the other selected class (examinations, tours).

Administration of questionnaire

There were two options in the administration of the questionnaire with a view to obtaining the responses of those born in 1991 only. One was to ask the school to exclude children not born in that year, so that the point of selection occurred in the school. The other approach was to administer the questionnaire to intact classes and discard those not born in the target year at a later point. The latter strategy was adopted following consultation with schools. Thus, the achieved sample referred to below is the number born in 1991, identified following the return of the questionnaires from each school.

The instructions to Cooperating Teachers emphasised the following: (1) participation was voluntary: no-one was required to participate if they did not wish to be involved; (2) that it was important that the students take the completion of the questionnaire seriously; and (3) that it was crucial that they realise that their responses are confidential and anonymous.

Timing of administration

Because of a number of features having to do with the times that schools could be contacted, including the date of the Easter vacation, questionnaires were sent to school in late April 2007. Collection of the data took place during the first two weeks in May. This is broadly in line with other countries in Europe, but perhaps later by about two weeks.

Response rate

As noted above, the response rate of 78% is very satisfactory by any standard and is especially high compared with similar types of survey. Noteworthy also is that a number of schools indicated that they did not wish to complete a questionnaire because of research projects in which they were involved. However, while the response rate is satisfactory, the extent to which the non-responding schools are similar or different to the participating schools remains an important question. Another aspect to consider is whether the response rate is similar across different *types* of school. The characteristics of the achieved sample are described below.

Features of achieved sample

Table 2 shows the types of school in the achieved sample (i.e. the schools that agreed to participate and that returned questionnaires). This indicates that there was relatively similar return from the different types of school.

One relevant way of examining the extent to which the achieved sample is representative of all schools in Ireland is to compare the achieved sample with the sampling frame in terms of type of school. This permits us to ascertain to what extent the percentage of schools of different types is broadly reflective of the different types of school in the country. Our comparison was in terms of two benchmarks – the size of school (*see Table 3*) and whether or not the school is designated 'disadvantaged' (*see Table 4*).

An indication of the size of school in the achieved sample is given in Table 3, which shows that schools of all sizes are well-represented in the study. An examination of the information in the DES list shows that a minority of schools have less than 200 students and roughly one-quarter have more than 600. The achieved sample is therefore quite representative in terms of school size.

Table 3: Size of schools participating

School size	No. of schools	Percentage
Less than 200 students	8	8.5%
201 – 400 students	27	28.7%
401 – 600 students	38	40.4%
More than 600 students	21	22.3%

Some other information on the schools in the sample is of interest. As shown in Table 4, just over one-quarter of the schools (25.5%) were designated as having 'disadvantaged' status. This indicates that there is good representation of schools serving disadvantaged communities. The information on the designation of schools has changed over the years and it is somewhat difficult to establish the current position regarding the percentage in the system designated as 'disadvantaged'. The most recent statistics suggest that 27% of post-primary schools in the country were designated disadvantaged. This is quite close to

the figure of 25.5% that emerged and indicates that the sample is representative in this respect.

Table 4: Schools designated 'disadvantaged' and other schools

	No. of schools	Sample percentage	All percentage
Schools designated 'disadvantaged'	24	25.5%	28.0%
Schools not designated 'disadvantaged'	70	74.5%	72.0%

ESPAD 2007 Questionnaire

The basic ESPAD questionnaire is agreed by an international committee and all countries use this same instrument. However, some changes are possible to suit the circumstances of individual countries. Specifically, it is sometimes necessary to modify the standardised format for a number of reasons, including the need to change the names by which substances are known and their measures (for example, certain alcoholic drinks are particular to some countries and the size of drinks varies across countries). It is also permissible to add questions that are of particular interest in a certain country. These modifications of the basic questionnaire are described below, following a brief description of the questionnaire itself. The full version of the questionnaire used in Ireland for ESPAD 2007 is reproduced in Appendix 2 of this report.

Description of basic questionnaire

The instructions to the ESPAD 2007 questionnaire explained the purpose of the questionnaire and emphasised that participation was completely voluntary. Students were also advised that if any question caused a problem for them, they should leave a blank rather than give an answer that they did not feel comfortable with.

The first section of the questionnaire concerned demographic and related background information, including age, gender and average grade in school performance. Other questions related to pastimes, including hobbies, reading and sports.

The second section was concerned with cigarette smoking, including lifetime smoking and the number of times of smoking during the last 30 days, as well as how many cigarettes on those days when the respondent admitted to smoking. Other questions related to ease of access to cigarettes and where these were obtained on the last occasion by those people who smoked.

The third section focused on alcohol consumption, including the number of times of drinking over the lifetime, last year and last month. Other questions related to the age of first drinking experience and the particular alcoholic beverages consumed during the last 30 days. A number of questions focused on the last occasion that the respondent had consumed alcohol, including the amount drunk, where the alcohol was obtained and the extent to which they felt drunk on this occasion. Other questions asked about the number of times of feeling drunk (lifetime, last year, last month) and whether or not respondents had experienced a range of consequences of alcohol consumption. Finally, they were asked where they consumed the alcohol on the last occasion when they drank.

The fourth section focused on use of other drugs. A series of questions was specifically concerned with the use of cannabis (marijuana or hashish). These included the number of times (if any) using cannabis, age of first use, ease of access to the substance and occasions on which respondents had an opportunity to try the substance but refused it.

Further questions in this section focused on the use of other illegal drugs, including ecstasy, cocaine and heroin, as well as inhalants (e.g. glue or solvents). Students were asked about the number of times they had tried any of these substances (if at all) and the age at which they had first tried them. They were also asked whether they had experienced particular consequences of drug use, including problems with parents and friends, as well as getting into fights or being hurt.

The fifth section focused on factors that might in some way be expected to impinge on drug use. These included questions on the amount of money (if any) that respondents had spent on tobacco, alcohol and cannabis during the last 30 days. They were also asked to estimate how many of their friends and their older siblings used particular substances and/or got drunk. There was also a series of questions on their perception of the risk of using certain substances either occasionally or regularly, such as cigarettes, alcohol and cannabis.

The sixth section focused on the respondent's family. Specifically, they were asked about the highest level of education that their mother and father had completed and their estimate of how well off their family was compared to other families. Other questions related to their level of satisfaction with the family's financial situation, their own health and themselves, their relationship with their parents and friends, as well as what other people lived in the same household as them. A series of questions also explored parenting, including whether definite rules were set by their parents about what they could do both in and out of the home, the extent to which their parents monitored their activities, and the social and emotional support afforded to them by their family.

The seventh section focused on behaviours, both anti-social and criminal, ranging from hitting a teacher to deliberately setting fire to someone's property. Also included in this section were questions on how much TV or videos were watched on an average weekday.

The final section of the questionnaire had a methodological focus, including repeat versions of earlier questions on the number of occasions on which respondents had been drunk (lifetime, last year and last month). They were also asked again about the number of times they had drunk 5 drinks or more in a row (i.e. binge-drinking).

Features particular to Ireland

As noted above, the ESPAD study allows for a small number of additional 'own country' questions. The decision on which additional questions to include was taken by the Irish Advisory Group, following consultations with the study's Director. The additional questions included were as follows:

- Respondents were asked whether they had a long-term illness or disability, or a medical condition that had been diagnosed by a doctor; if they had such a condition, they were asked whether or not the condition affected their attendance and participation in school.
- Respondents who smoked were asked where they got the cigarettes on the last smoking occasion and also whether they had ever tried to quit smoking cigarettes.

- Respondents who drank alcohol were asked where they got the alcohol on the last drinking occasion and also the location where they actually drank the alcohol.
- All respondents were asked four additional questions about their level of satisfaction with their experiences in school of educational programmes aimed at preparing them to deal with peer pressure, awareness of drug and alcohol misuse, and understanding of the influences brought to bear on young people to experiment with drugs.

3. Cigarette smoking – Results

This chapter is arranged in three main sections:

- Main results on cigarette smoking from the ESPAD 2007 Ireland survey, focusing on (1) lifetime smoking; (2) frequency of smoking during the last 30 days; (3) age of beginning to smoke; (4) perceived access to cigarettes; and (5) perceived risk of cigarette smoking.
- Comparison with the ESPAD surveys of 1995, 1999 and 2003.
- Summary and discussion of main issues emerging from the results.

MAIN RESULTS FOR ESPAD 2007 IRELAND

Lifetime smoking

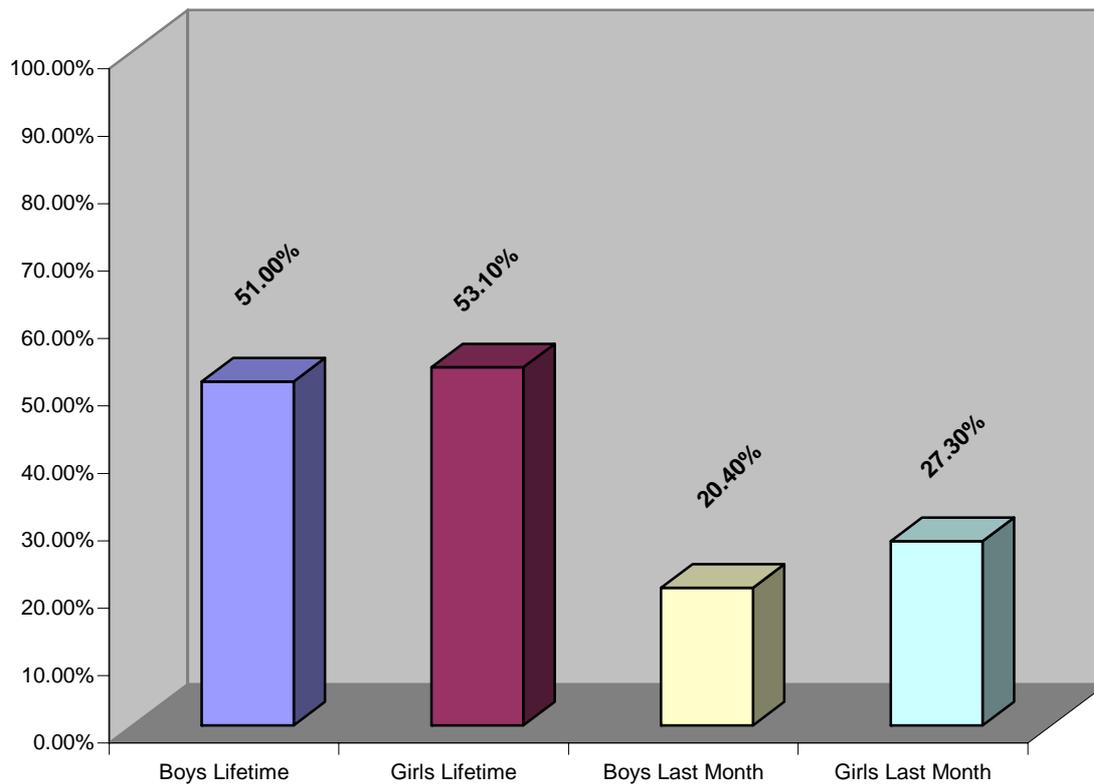
One of the most valuable indices of substance use is the number of occasions (if any) *over the lifetime* on which a substance is reported to have been used. Table 5 shows the data on cigarette smoking for boys and girls, while Figure 1 shows the overall percentage of boys and girls who every smoked.

As seen in Table 5, close to half of the 15-16 year-old respondents (48.6%) reported never having smoked cigarettes, while at the other extreme, one-sixth (16%) indicated that they had smoked 40 times or more in their lifetime. As in other studies of cigarette smoking, there are important gender differences. This is especially the case with regard to the percentage of students who indicated that they had smoked 20 times or more. Just over 16% of boys fell into this category, while this was the case for over 22% of girls.

Table 5: Lifetime cigarette smoking (%)

Frequency	Boys	Girls	All
Never	49.5	47.4	48.6
1-2 times	17.4	13.8	15.5
3-5 times	6.0	6.3	6.1
6-9 times	4.9	4.9	4.9
10-19 times	5.7	5.3	5.5
20-39 times	2.7	4.1	3.1
40 times or more	13.5	18.1	16.0

Figure 1: Percentage who smoked cigarettes in lifetime and during last 30 days



Smoking during last 30 days

Another valuable indicator of substance use is the number of occasions (if any) *over the last 30 days* on which a substance is reported to have been used. This information enables us to assess a respondent's actual habit, in this case smoking. As shown in Table 6, just over three-quarters of the students surveyed (75.8%) indicated that they had not smoked during the previous month. With regard to the remaining students, there was great variation, with varying percentages in each category. As in the case of lifetime smoking (*see Figure 1*), there were substantial gender differences. This was especially the case at the most frequent level of smoking (from 1-5 cigarettes per day onwards). With regard to those who smoked on a daily basis, 16.7% of girls fell into this category, but only 10.7% of boys. This is a substantial difference by any standard.

Table 6: Frequency of smoking during last 30 days (%)

Frequency	Boys	Girls	All
Not at all	79.6	72.7	75.8
Less than 1 cigarette per week	6.2	6.3	6.2
Less than 1 cigarette per day	3.2	3.7	3.5
1-5 cigarettes per day	3.4	5.9	4.8
6-10 cigarettes per day	3.6	6.0	4.9
11-20 cigarettes per day	2.5	3.5	3.0
More than 20 cigarettes per day	1.2	1.3	1.2

Age of beginning to smoke/Smoking on a daily basis

The age of beginning to use a particular substance is an important factor in predicting subsequent use. Table 7 shows that with regard to first smoking, nearly half of those who ever smoked had tried their first cigarette during the primary school years (between the ages of 9 and 12). About one-fifth of students also reported trying their first cigarette between the ages of 13 and 15.

Table 7: Age of first smoking and age of smoking on a daily basis (%)

Age	First smoking			Daily smoking		
	Boys	Girls	All	Boys	Girls	All
Never	48.1	45.9	47.0	83.6	75.7	79.3
9 years or less	6.0	4.1	5.0	1.1	0.7	0.9
10 years	3.6	3.3	3.5	0.3	0.6	0.4
11 years	5.5	5.9	5.7	1.1	1.1	1.1
12 years	7.8	10.1	9.1	1.3	2.5	2.0
13 years	8.1	9.8	9.0	2.4	4.4	3.5
14 years	9.0	11.0	10.1	3.7	6.4	5.2
15 years	9.1	7.9	8.4	4.5	6.8	5.7
16 years	2.6	1.9	2.2	2.1	1.6	1.8

Among those students who reported ever smoking, there were some gender differences. Table 8 shows the age of first smoking as a percentage of those students who reported ever smoking. Boys showed a tendency to experiment with cigarettes at an earlier age than girls: 18.6% of boys who ever smoked had their first cigarette at age 10 or less, compared with 13.7% of girls. However, a greater percentage of girls tried their first cigarette between the ages of 12 and 14 (57.2% compared with 48.1% of boys). Boys were more likely than girls to smoke for the first time in their mid-teenage years (aged 15 and 16).

A similar pattern emerged for the age at which students reported first daily smoking. Among the students who smoked, 15.2% of boys reported smoking on a daily basis by the age of 11, compared to only 10% of girls. Girls were more likely (83.5%) than boys (72.1%) to begin daily smoking between the ages of 12 and 15. Boys were almost twice as likely as girls to initiate daily smoking at the age of 16.

Table 8: Age of first smoking and age of smoking on a daily basis as a percentage of those who reported ever smoking (%)

Age	First smoking		Daily smoking	
	Boys	Girls	Boys	Girls
9 years or less	11.6	7.6	6.7	2.9
10 years	7.0	6.1	1.8	2.5
11 years	10.6	10.9	6.7	4.6
12 years	15.0	18.7	7.9	10.4
13 years	15.7	18.1	14.5	18.3
14 years	17.4	20.4	22.4	26.6
15 years	17.6	14.6	27.3	28.2
16 years	5.0	3.5	12.7	6.6

Perceived access to cigarettes

An important influence on substance use is the extent to which the substance in question is perceived as being easy to obtain. There is no suggestion that students' perception of how easy a substance is to obtain actually reflects the reality of ease of access to substances.

Table 9 shows the pattern for perceived access to cigarettes in ESPAD 2007. It is evident that the vast majority of young people see that cigarettes are easy to obtain if they want them. In fact, about four-fifths of the sample (78.9%) thought that it would be 'fairly easy to 'very easy' to get cigarettes if they wanted.

Table 9: Perceived ease of access to cigarettes (%)

	Boys	Girls	All
Impossible	1.9	2.7	2.3
Very difficult	1.7	3.2	2.5
Fairly difficult	5.7	6.1	5.9
Fairly easy	35.8	38.2	37.1
Very easy	44.7	39.4	41.8
Don't know	10.3	10.4	10.4

Perceived risk of cigarette smoking

As with other substances, respondents were asked to indicate how much they thought people risked harming themselves if they smoked cigarettes, both 'occasionally' and 'one or more pack of cigarettes per day'. Five response options were available: 'no risk', 'slight risk', 'moderate risk', 'great risk' and 'don't know'.

Table 10 shows that the perception of risk is associated with the frequency of smoking cigarettes rather than with smoking per se. 93.6% of students believed that smoking one or more packets of cigarettes per day was risky, in comparison to 88% of students who considered smoking cigarettes occasionally to be risky. This relatively small difference may suggest that Irish adolescents have an understanding of the addictive nature of cigarettes.

Only 2.3% of students responded that they 'didn't know' how much people risked harming themselves if they smoked cigarettes occasionally; similarly, only 2.2% of students 'didn't know' about the risk involved in smoking one or more packets of cigarettes per day. Again, this is a small percentage and may indicate that Irish adolescents generally think that they are aware of, and understand, the risks associated with smoking.

Table 10: Perceived risks of cigarette smoking (%)

	Boys	Girls	All
'Smoke cigarettes occasionally'			
No risk	12.8	7.2	9.7
Slight risk	31.3	29.0	30.1
Moderate risk	30.9	37.7	34.6
Great risk	23.3	23.3	23.3
Don't know	1.7	2.8	2.3
'Smoke one or more packs of cigarettes per day'			
No risk	6.0	2.7	4.2
Slight risk	6.2	5.7	5.9
Moderate risk	23.1	21.5	22.2
Great risk	63.5	67.1	65.5
Don't know	1.3	2.9	2.2

COMPARISON WITH EARLIER DATA – ESPAD 2003, 1999 AND 1995

Lifetime smoking

Table 11 compares the results for *lifetime smoking* in ESPAD 2007 with earlier phases of the survey – in 2003, 1999 and 1995. For convenience and ease of comparison, the percentages given are for those who have never smoked and for those who have smoked 10 or more cigarettes in their lifetime.

In 2007, it can be seen that almost half of Irish students (48%) reported never having smoked. These data suggest that the number of Irish students who have never tried a cigarette has almost doubled since 1995, when 26% of students reported never smoking. A significant increase (15%) in the number of students reporting never smoking is observed for Ireland in the 4 years since the last study (33% in 2003).

Students also seem to be smoking less when data are considered on the percentage of students smoking 10 cigarettes or more in their lifetime. In 1995, over half of students (51%) had smoked more than 10 cigarettes, compared with one-quarter (25%) in 2007. Again, there is a significant decrease (14%) in the percentage of students smoking this amount of cigarettes since the last survey 4 years ago (39% in 2003).

Table 11: Lifetime smoking in ESPAD surveys, 1995-2007 (%)

Frequency	Boys	Girls	All
ESPAD 2007			
Never	49	47	48
10 times	22	28	25
ESPAD 2003			
Never	38	29	33
10 times	36	41	39
ESPAD 1999			
Never	32	23	27
10 times	43	50	47
ESPAD 1995			
Never	28	25	26
10 times	48	52	51

Smoking during last 30 days

Table 12 compares the results for *smoking during the last 30 days* in ESPAD 2007 with earlier phases of the survey – in 2003, 1999 and 1995. The percentages shown are for those students who reported not having smoked at all during the previous month and for those who reported smoking cigarettes every day during the same time.

In the last 12 years, there has been a substantial increase (17%) in the number of students who reported not smoking at all during the last 30 days – rising from 59% in 1995 to 76% in 2007. In the same period, daily smoking has decreased by 15% (from 29% in 1995 to 14% in 2007). Overall, there has been a particular decrease in smoking among 15-16 year olds since 2003, with a 9% increase in not smoking at all and an 11% decrease in daily smoking.

Table 12: Frequency of smoking during last 30 days in ESPAD surveys, 1995-2007 (%)

Frequency	Boys	Girls	All
ESPAD 2007			
Not at all	80	73	76
Daily smoking (during last 30 days)	11	17	14
ESPAD 2003			
Not at all	72	63	67
Daily smoking (during last 30 days)	21	29	25
ESPAD 1999			
Not at all	68	58	63
Daily smoking (during last 30 days)	23	28	25
ESPAD 1995			
Not at all	63	55	59
Daily smoking (during last 30 days)	29	30	29

Age of beginning to smoke/Smoking on a daily basis

Table 13 compares the results in the four ESPAD surveys to date on the number of students who had their first cigarette at the age of 13 or less, and those who reported smoking every day by the same age.

Over the last 12 years, Irish students appear to be experimenting with smoking at a later age. In 2007, less than one-third (32%) of students reported smoking their first cigarette at the age of 13 or less. This is a large decrease from 1995, when more than half (51%) had tried smoking at the same age. Again, a decrease in observed in daily smoking at the same age: in 1995, almost one-fifth (18%) of students reported smoking on a daily basis, while the corresponding figure for 2007 was 8%.

Table 13: Age of first smoking and daily smoking aged 13 or less in ESPAD surveys, 1995-2007 (%)

ESPAD	First smoking			Daily smoking		
	Boys	Girls	All	Boys	Girls	All
2007	31	33	32	6	9	8
2003	41	49	45	12	16	14
1999	51	55	53	17	19	18
1995	55	38	51	20	16	18

SUMMARY AND DISCUSSION OF MAIN ISSUES

Irish adolescents aged 15-16 are smoking much less than was the case 12 years ago, when the first ESPAD data were collected in 1995. They also seem to be having their first cigarette at a later age. The percentage of students who have never smoked has almost doubled in the same time period. Particular decreases in smoking may be observed in the last 4 years (since 2003), which may be a sign that the Smoking in the Workplace Ban, which came into effect in March 2004, is having a positive influence on youth smoking. Another influence could be the effective implementation of the Social, Personal and Health Education (SPHE) programme as part of the curriculum in all primary and post-primary schools, aimed at supporting the personal development, health and well-being of young people (Department of Education and Science, 2001).

Almost half of the 16-year-olds in ESPAD 2007 had never smoked a cigarette. Students considered themselves well aware of the risks associated with smoking cigarettes and seemed to understand that even occasional use could be risky. Many media awareness-raising campaigns against smoking and larger health warnings displayed on cigarette packets may have exerted an influence on youth awareness of this important issue.

However, a substantial percentage of young people are still smoking cigarettes. Nearly half of all students who smoked had had their first cigarette during their primary school years (between the ages of 9 and 12). This finding is of some concern when we consider that the younger people are when they have their first cigarette, the more likely they are to continue smoking into adulthood. Experimentation with smoking is seen to continue up to the age of 15 and then appears to go into decline in the later teenage years. This gives a clear indication of the need to target these age groups in particular when designing preventative programmes.

While the percentage of adolescents smoking may have declined, this seems not to be due to their perception that cigarettes are difficult to obtain. The vast majority of participants in ESPAD 2007 believed that it is easy to get cigarettes if they wanted them. This raises questions about the extent to which the national age limit is performing its function.

4. Alcohol consumption – Results

This chapter is arranged in three main sections:

- Main results on alcohol consumption from the ESPAD 2007 Ireland survey, focusing on (1) respondents' alcohol consumption during their lifetime, the last 12 months and the last 30 days; (2) frequency of having been drunk; (3) the particular alcoholic beverages consumed; (4) perceived access to alcohol; (5) age of first drinking particular alcoholic beverages; (6) binge-drinking during the last 30 days; and (7) consequences of alcohol consumption.
- Comparison with the ESPAD surveys of 1995, 1999 and 2003.
- Summary and discussion of main issues emerging from the results.

MAIN RESULTS FOR ESPAD 2007 IRELAND

Alcohol consumption

Table 14 shows the results for students' reported alcohol consumption during their lifetime, the last 12 months and the last 30 days, while Figure 2 shows the number of students who reported drinking during these timeframes.

Looking first at *lifetime consumption*, it can be seen that 86% of respondents in ESPAD 2007 consumed alcohol at some time in their lives. Nearly one-quarter of the sample had drunk alcohol 40 times or more. Comparing the results by gender, the only substantial difference is for the group who reported consuming alcohol 40 times or more: **rather** more boys (27.2%) than girls (20.6%) had tried alcohol on this number of occasions.

With regard to drinking *during the last 12 months*, just over one-fifth of the sample said that they did not drink during that timeframe. More boys (51.9%) than girls (44.8%) reported drinking 6 or more times during the previous year.

Respondents who reported drinking *during the last 30 days* are considered to be 'current drinkers'. Over half of the students surveyed (57.7%) reported drinking during this time, with almost equal numbers of boys (57.9%) and girls (57.4%) being current drinkers (*see Figure 2*).

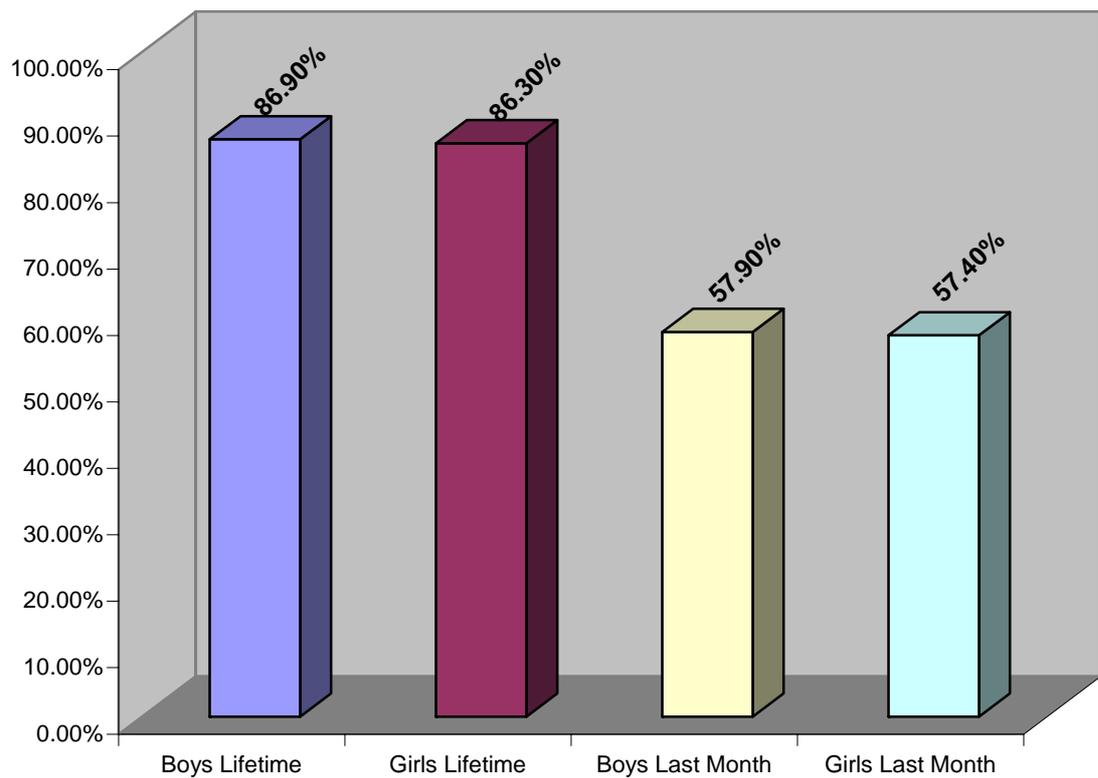
Table 14: Alcohol consumption during lifetime, last 12 months and last 30 days (%)

Frequency	Boys	Girls	All
Lifetime alcohol consumption			
Never	13.1	13.7	13.4
1-2 times	10.7	14.5	12.8
3-5 times	9.1	13.7	11.6
6-9 times	10.6	11.3	10.9
10-19 times	16.8	14.6	15.6
20-39 times	12.6	11.7	12.1
40 times or more	27.2	20.6	23.6

Table 14 continued

Frequency	Boys	Girls	All
Alcohol consumption in last 12 months			
Not at all	19.8	22.2	21.1
1-2 times	15.6	17.4	16.6
3-5 times	12.7	15.5	14.3
6-9 times	11.9	11.7	11.8
10-19 times	16.4	12.6	14.3
20-39 times	10.0	9.6	9.8
40 times or more	13.6	10.9	12.1
Alcohol consumption during last 30 days			
Not at all	42.1	42.6	42.3
1-2 times	23.0	24.3	23.7
3-5 times	14.9	13.8	14.3
6-9 times	7.8	9.4	8.7
10-19 times	8.4	6.4	7.3
20-39 times	1.5	2.4	2.0
40 times or more	2.4	1.2	1.7

Figure 2: Percentage who drank alcohol in lifetime and during last 30 days



Reports of being drunk

Table 15 and Figure 3 show the percentage of 15-16 year-olds who reported 'being drunk' at some time in their lives, as well as the percentage reporting being drunk during the last 12 months and the last 30 days. Examples of being or feeling drunk given in the questionnaire were staggering when walking, not being able to speak properly, throwing up or not remembering what happened.

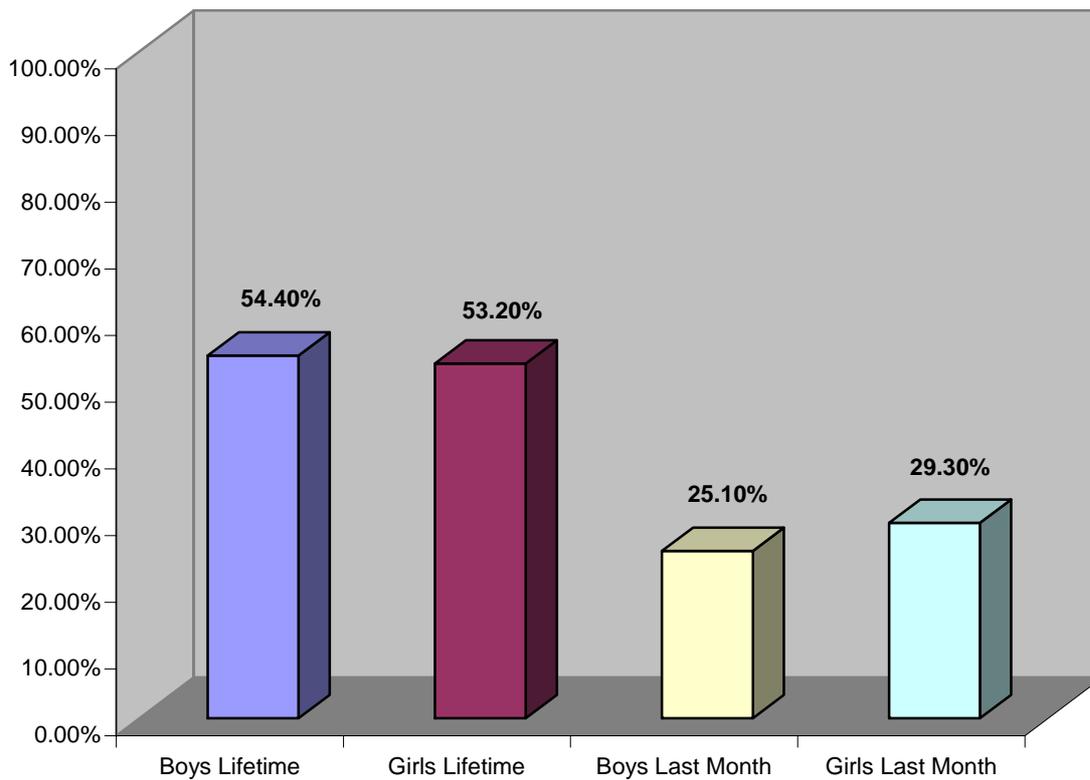
Table 15 shows that over half the respondents indicated that they had been drunk at some time in their lives. Girls (53.2%) reported feeling drunk nearly as often as boys (54.4%).

Table 15: Being drunk during lifetime, last 12 months and last 30 days (%)

Frequency	Boys	Girls	All
Lifetime drunkenness			
Never	45.6	46.8	46.2
1-2 times	18.1	19.0	18.6
3-5 times	11.0	11.5	11.3
6-9 times	8.0	6.0	6.9
10-19 times	7.8	7.5	7.6
20-39 times	4.3	4.2	4.3
40 times or more	5.1	5.0	5.1
Drunkenness in last 12 months			
Not at all	51.5	53.1	52.4
1-2 times	22.6	20.5	21.5
3-5 times	9.8	9.6	9.7
6-9 times	6.4	5.5	5.9
10-19 times	5.0	6.6	5.9
20-39 times	2.2	3.1	2.7
40 times or more	2.6	1.4	2.0
Drunkenness during last 30 days			
Not at all	74.9	70.7	72.6
1-2 times	16.2	17.8	17.1
3-5 times	5.0	7.5	6.3
6-9 times	1.8	2.3	2.1
10-19 times	1.0	0.7	0.9
20-39 times	0.1	0.4	0.3
40 times or more	1.0	0.6	0.8

Figure 3 shows that just over one-quarter of respondents (27.4%) reported feeling drunk during the last 30 days. Traditional gender differences in alcohol consumption are reversed here, with more girls (29.3%) reporting having felt drunk during this time than boys (25.1%).

Figure 3: Percentage who reported being drunk in lifetime and during last 30 days



Consumption of particular drinks

Table 16 shows the percentages of boys and girls who consumed particular kinds of alcoholic beverages *during the last 30 days*. Spirits and beer were the most popular drinks overall, with almost 40% stating that they drank beer and over 45% drinking spirits in the previous month.

The gender differences in the particular drinks consumed are particularly striking. Just 87.3% of boys had drunk beer and/or cider during the previous month, compared to 58.1% of girls. However, more girls than boys had drunk alcopops, wine and/or spirits.

Table 16: Alcoholic beverages consumed during last 30 days (%)

	Boys	Girls	All
Beer	49.7	31.6	39.9
Cider	37.6	26.5	31.6
Alcopops	20.3	35.1	28.4
Wine	17.3	25.4	21.7
Spirits	40.9	49.7	45.7

Table 17 shows the particular alcoholic drinks reported by respondents *during their last drinking day*. Many had tried more than one type of drink. Overall, spirits were most popular (37.2%) following by beer (30.5%), cider (21.5%) and alcopops (19.4%), while wine was consumed by the smallest number (13.9%).

As noted with particular alcoholic drinks consumer in the last 30 days (*see Table 16*), there are striking gender differences in the pattern of drinks taken on the last drinking day. In fact, major differences can be seen between boys and girls for each type of beverage. Beer was drunk by more than twice as many boys (45.2%) as girls (18.4%) and roughly the same pattern is found for cider. On the other hand, girls were significantly more likely (42.7%) than boys (30.6%) to have drunk spirits; they were also almost twice as likely as boys to have drunk wine and nearly three times as likely to have drunk alcopops.

Table 17: Alcoholic beverages consumed on last drinking day (%)

	Boys	Girls	All
Beer	45.2	18.4	30.5
Cider	30.1	14.3	21.5
Alcopops	10.1	27.1	19.4
Wine	9.4	17.7	13.9
Spirits	30.6	42.7	37.2

Note: Since many participants have tried more than one kind of drink, the percentages are greater than 100%.

Perceived access to alcohol

Respondents were asked to indicate how difficult it would be to obtain particular alcoholic drinks, with response categories ranging from 'impossible' to 'don't know'. Table 18 clearly shows that the vast majority of respondents took the view that it would be easy for them to get the drinks in question if they wanted them (the two categories of 'fairly easy' and 'very easy' are collapsed into one category). About three-quarters were of this view and the differences between boys and girls were not especially great. Beer is perceived as being slightly more easy to obtain than other drinks.

Obviously, it must be stressed that these results refer to *perceptions*. Whether they reflect the reality of underage access to alcohol is entirely a different matter. However, the findings are important because of the link between perceived ease of access and actual drinking.

Table 18: Access to alcoholic beverages perceived as 'fairly easy' or 'very easy' (%)

	Boys	Girls	All
Beer	82.2	74.9	78.1
Cider	78.7	72.6	75.3
Alcopops	69.3	70.7	70.1
Wine	73.5	75.6	74.7
Spirits	74.3	76.2	75.3

Age of first drinking particular alcoholic beverages

Respondents were asked when (if ever) they first drank particular alcoholic beverages. To make the presentation of the results more manageable, the years between 9 and 12 are brought together in the category '12 years or younger'.

Table 19 shows that of those who had tried particular drinks, a remarkably large percentage had first tried them during their primary school years – at the age of 12 or younger. In the case of beer, for example, more than one-fifth (21.7%) had tried this drink for the first time at that age, with more boys (25.6%) sampling it than girls (18.4%). A similar and quite substantial pattern emerges for other types of drinks, with wine being the next 'most popular' drink sampled at 12 years or less (22%) and spirits the least (10.4%). Alcopops, wine and spirits were tried by boys and girls in approximately equal percentages during their primary school years. On the subject of when they first got drunk on alcohol, there were no significant differences between boys and girls – 8% of boys and 6.5% of girls reported 'feeling drunk' for the first time before the age of 12.

Table 19: Age of first drinking particular alcoholic beverages and first feeling drunk (%)

	Boys	Girls	All
Age of first drinking beer			
12 years or younger	25.6	18.4	21.7
13 years – 16 years	48.9	36.1	42.0
Age of first drinking cider			
12 years or younger	17.8	12.3	14.8
13 years – 16 years	46.6	36.6	41.2
Age of first drinking alcopops			
12 years or younger	12.0	13.2	12.6
13 years – 16 years	36.9	47.7	42.8
Age of first drinking wine			
12 years or younger	23.8	20.5	22.0
13 years – 16 years	30.0	39.1	35.0
Age of first drinking spirits			
12 years or younger	11.0	9.9	10.4
13 years – 16 years	50.8	55.6	53.5
Age of first feeling drunk			
12 years or younger	8.0	6.5	7.2
13 years – 16 years	51.1	49.6	50.3

Binge-drinking during last 30 days

Respondents were asked how many times they had consumed 5 drinks or more in a row (meaning 'on one occasion') during the last 30 days (this is the official measure for so-called 'binge-drinking'). Table 20 shows that more than two-fifths (42.5%) had engaged in binge-drinking during the previous month. Approximately equal numbers of boys (43.5%) and girls (41.7%) reported binge-drinking at some stage during the previous month. One-tenth of all students (10.8%) indicated that they had engaged in binge-drinking on 6 or more occasions during the previous month.

Table 20: Frequency of drinking 5 drinks or more in a row ('binge-drinking') during last 30 days (%)

Frequency	Boys	Girls	All
Never	56.5	58.3	57.5
Once	11.7	10.6	11.1
Twice	9.2	8.7	8.9
3-5 times	12.4	11.1	11.7
6-9 times	4.0	5.6	4.9
10 times or more	6.2	5.6	5.9

Experienced consequences of alcohol use

Respondents were asked how often they had experienced particular consequences as a result of their alcohol consumption during the last 12 months. Table 21 shows that just under one-fifth of respondents had experienced *at least one* of the consequences listed.

The most common negative consequences reported were accidents/injuries (17.7%) and serious problems with parents (17.7%). Slightly less than this number (15.1%) said that they had been involved in a physical fight as a result of drinking and about the same number (14.8%) indicated that they had serious problems with friends. Boys were more likely to report the former, whereas girls tended to report the latter. It is particularly noteworthy that 14% of respondents said they were in trouble with the police as a result of drinking, again more boys than girls.

Table 21: Experienced consequences of alcohol use at least once during last 12 months (%)

	Boys	Girls	All
Physical fight	18.1	12.5	15.1
Accident or injury	17.1	18.2	17.7
Serious problems with your parents	16.5	18.7	17.7
Serious problems with your friends	11.8	17.2	14.8
Performed poorly at school or work	13.0	14.7	13.9
Victimised by robbery or theft	5.0	3.4	4.1
Trouble with police	15.3	13.0	14.0
Hospitalised or admitted to an emergency room	3.9	2.6	3.1

COMPARISON WITH EARLIER DATA – ESPAD 2003, 1999 AND 1995

Alcohol consumption in ESPAD 2007

Table 22 shows alcohol consumption (both lifetime use and during the last 30 days) for Irish boys and girls as surveyed in ESPAD 2007, 2003, 1999 and 1995. For ease of analysis, figures are presented for students who never drank and for those who often drank (i.e. 40+ times in their lifetime or 10+ times in the last 30 days).

As with many sets of statistics in this report, the picture emerging depends on whether we look at the absolute figures or at the trend. In all of the phases of the ESPAD Survey, it is apparent that the vast majority of students had drunk alcohol at some time in their lives and that a substantial minority had drunk frequently. On the other hand, some features of Table 22 are worth noting. For one thing, there is a slight increase in the number of students who have never drunk alcohol (13%) compared with previous studies (8% in

2003). This is noteworthy since the major trend from the 1980s onwards was a decline in the number of young people who have never tried alcohol.

Another feature is evident when the percentage that have consumed alcohol 10 times or more during the 30 days is considered. What emerges is that the figure for 2007 is quite similar to 1995 – 11% for 2007 and 12% for 1995. However, in the interval between, the corresponding percentages are substantially higher (16%).

As regard gender differences, these have narrowed generally, especially at more frequent levels of consumption. This is consistent with many other findings in relation to alcohol consumption by young people.

Table 22: Alcohol consumption data from ESPAD 2007 compared with earlier ESPAD surveys (%)

ESPAD		Lifetime use			Last 30 days			
		Boys	Girls	All		Boys	Girls	All
2007	Never	13	14	13	Not at all	42	40	42
	40+ times	27	21	24	10+ times	12	10	11
2003	Never	8	7	8	Not at all	29	26	27
	40+ times	42	36	39	10+ times	17	14	16
1999	Never	8	8	8	Not at all	27	25	26
	40+ times	41	39	40	10+ times	18	16	16
1995	Never	9	9	9	Not at all	31	31	31
	40+ times	37	31	34	10+ times	14	9	12

Consumption of particular drinks

Table 23 compares the results for drinking particular alcoholic beverages *during the last 30 days* in ESPAD 2007 with earlier phases of the survey – in 2003, 1999 and 1995. Data is presented for beer, wine and spirits since the figures for these beverages are easily compared over the 12-year period.

Overall, since 1995 both boys and girls report to be drinking less beer. There has been a decrease in beer drinking since 2003, when almost three-fifths (59%) of adolescents reported drinking beer during the previous month compared to two-fifths (40%) in 2007.

The pattern with regard to both wine and spirits is now familiar. The figures indicate that compared to 1995, there was a substantial increase in the wine-drinking habits of adolescents, particularly girls, during 1999 and 2003. There are, however, indications that the numbers drinking wine are on the decline, with the figure for 2007 (22%) being quite similar to that in 1995 (25%).

Drinking spirits among adolescents is reported to a similar extent in 2007 (46%) compared to 12 years ago (44% in 1995). However, in the interim years, spirits experienced a surge in popularity among all 15-16 year-olds – with percentages increasing to 57% in 1999 and 60% in 2003. The most recent ESPAD Survey (2007), as noted, indicates a return to earlier percentages. The tendency for girls to drink spirits more frequently than boys is observed in all phases of ESPAD, even to the present.

Table 23: Data on consumption of particular drinks during last 30 days from ESPAD 2007 compared with earlier ESPAD surveys (%)

ESPAD	Boys	Girls	All
Beer			
2007	50	32	40
2003	68	48	59
1999	64	50	57
1995	64	52	58
Wine			
2007	17	25	22
2003	24	37	30
1999	24	32	28
1995	22	27	25
Spirits			
2007	41	50	46
2003	52	69	60
1999	49	64	57
1995	39	49	44

Perceived access to alcohol

Table 24 compares the percentages of students who perceived alcohol to be easy to obtain in ESPAD 2007 with earlier phases of the survey – in 2003, 1999 and 1995 (the two categories of 'fairly easy' and 'very easy' are collapsed into one category). Overall, the results over the 12 years suggest that alcohol is perceived as being easy to obtain, but the trend is towards each of the drinks listed (beer, wine and spirits) becoming less easy to obtain.

Table 24: Data on perceived access to alcoholic beverages from ESPAD 2007 compared with earlier ESPAD surveys (%)

ESPAD	All students 'Fairly easy' or 'very easy'		
	Beer	Wine	Spirits
2007	78	75	75
2003	86	84	79
1999	90	86	83
1995	96	91	88

Binge-drinking during last 30 days

Table 25 compares the percentages of students who reported consuming 5 or more drinks in a row ('binge-drinking') *during the last 30 days* in ESPAD 2007 with earlier phases of the survey – in 2003, 1999 and 1995. Perhaps the most interesting point here concerns the number of young people who reported 'never' binge-drinking. The figure for 2007 is quite similar to 1995 (58% and 53% respectively), while a substantial increase of over 10% is seen for 1999 and 2003 (43%). This pattern has been found quite consistently in relation to the results for alcohol consumption over the 12-year period surveyed. On the other hand, the percentage who reported binge-drinking 10 times or more during the last 30

days increased between 1995 and 1999 (from 3% to 5%) and has remained almost level since then (at 6%). It is remarkable that this percentage has remained at approximately the same level for the last three phases of the study.

As regards gender differences, the tendency evident in 1995 for more boys than girls to indulge in binge-drinking (4% boys compared to 2% girls) had disappeared by 1999 and no differences have emerged since then.

Table 25: Data on binge-drinking during last 30 days from ESPAD 2007 compared with earlier ESPAD surveys (%)

Frequency	Boys	Girls	All
ESPAD 2007			
Never	57	58	58
10 times or more	6	6	6
ESPAD 2003			
Never	43	43	43
10 times or more	6	6	6
ESPAD 1999			
Never	43	44	43
10 times or more	5	5	5
ESPAD 1995			
Never	48	58	53
10 times or more	4	2	3

SUMMARY AND DISCUSSION OF MAIN ISSUES

The vast majority of Irish 15-16 year-olds (86%) have experimented with alcohol by the age of 16. Almost one-quarter of adolescents have drunk alcohol 40 times or more in their lifetime. Most thought that it would be easy for them to obtain alcoholic beverages. A remarkably large percentage had tried alcohol in their primary school years (between the ages of 9 and 12) and 7% indicated that they were drunk for the first time by the age of 12.

Irish girls are drinking almost as often as boys, and more girls than boys reported being drunk during the last 30 days. Girls showed a preference for alcopops, wine and spirits, whereas boys tended to drink beer and cider more often. Girls' preference for spirits is of particular concern and is a trend that has been observed in Ireland for the last 12 years (since 1995). Approximately equal percentages of boys and girls reported binge-drinking during the previous month. The tendency for boys and girls to binge-drink with equal regularity was also observed in 2003 and 1999, and reflects a narrowing of the gender gap in this aspect of drinking since 1995.

Over one-half of Irish adolescents had been drunk by the age of 16 and 42.5% had engaged in binge-drinking during the last 30 days. Many are engaging in 'problem-drinking', where they are experiencing the negative consequences of alcohol consumption. The most frequently experienced drink-related problems were accidents or injuries and problems with parents.

In comparison with earlier Irish data, ESPAD 2007 appears to show some positive changes in adolescent drinking. Overall, the picture for 2007 looks rather like 1995. Adolescents see alcohol as being relatively more difficult to obtain (though still quite easy in absolute terms) than 12 years ago.

However, there is still a major issue about drunkenness. A sizeable percentage of students (6%) reported binge-drinking more than 10 times in the last 30 days, which equaled 2003 levels, exceeded 1999 levels (5%) and doubled the 1995 percentages (3%).

5. Cannabis use – Results

This chapter is arranged in three main sections:

- Main results on use of cannabis from the ESPAD 2007 Ireland survey, focusing on (1) respondents' use during their lifetime, the last 12 months and the last 30 days; (2) age of first use; (3) perceived access to cannabis; and (4) perception of risk for both occasional and regular use of cannabis.
- Comparison with the ESPAD surveys of 1995, 1999 and 2003.
- Summary and discussion of main issues emerging from the results.

MAIN RESULTS FOR ESPAD 2007 IRELAND

Cannabis use during lifetime, last 12 months and last 30 days

As can be seen from Table 26 and Figure 4, just over one-fifth of respondents had used cannabis at some stage *in their lifetime*. Of those who had tried it, about one-third had done so just once or twice, while roughly one-third reported frequent use (i.e. 20 times or more) and the remainder were in between. Rather more boys than girls had tried cannabis at some time in their lives. The difference between boys and girls is especially pronounced at the higher levels of use: more than twice as many boys (8%) as girls (4.4%) had tried cannabis 20 times or more in their lifetime.

With regard to usage in *the last 12 months*, 16.3% of respondents had tried cannabis at some stage. Of those who had tried the substance, over one-half had used it less than 5 times, although one-quarter reported frequent use (i.e. 20 times or more). More boys (18.5%) had used cannabis in the previous year than girls (14.5%) and almost twice as many boys reported frequent use.

When asked about cannabis use during *the last 30 days*, similar patterns of use emerged (*see also Figure 4*). One in 10 students (9.9%) had used cannabis during this time, with over half of these students reporting 5 or less times of use. One-third of students who had used cannabis in the previous month reported using the substance frequently (10 times or more). More boys had used cannabis during the previous month than girls and more than twice as many boys (4.8%) as girls (1.9%) reported frequent use.

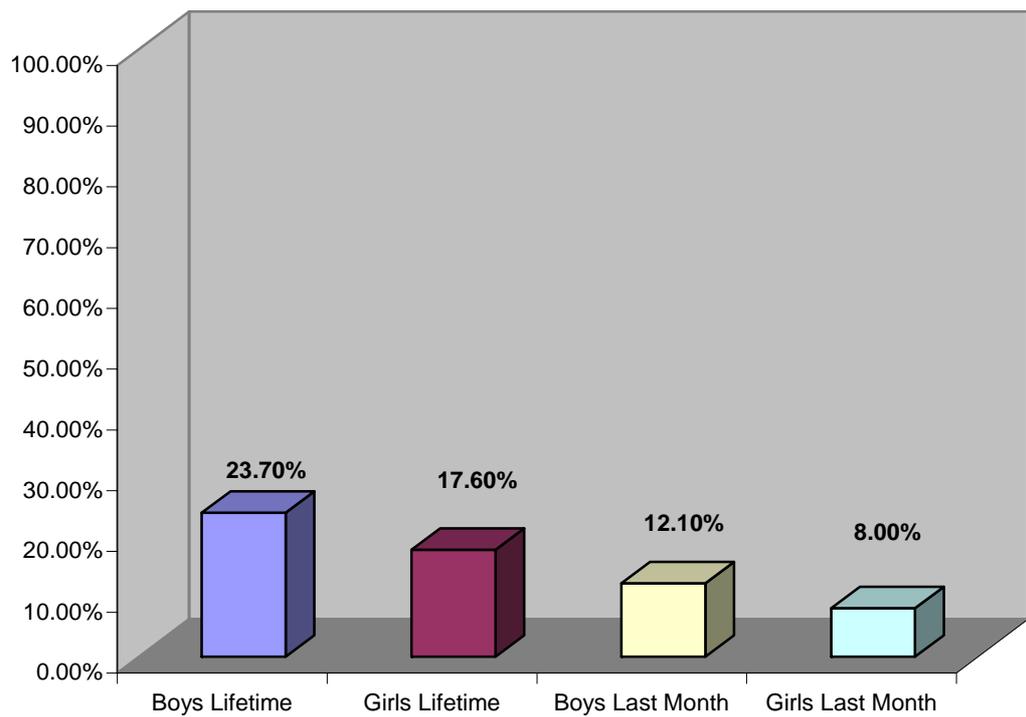
Table 26: Cannabis use during lifetime, last 12 months and last 30 days (%)

Frequency	Boys	Girls	All
Lifetime use of cannabis			
Never	76.3	82.4	79.7
1-2 times	8.5	5.6	7.0
3-5 times	3.1	3.5	3.3
6-9 times	1.9	2.1	2.0
10-19 times	2.2	2.0	2.1
20-39 times	2.1	1.2	1.6
40 times or more	5.9	3.2	4.4

Table 26 continued

Frequency	Boys	Girls	All
Cannabis use in last 12 months			
Not at all	81.5	85.5	83.7
1-2 times	7.3	6.1	6.6
3-5 times	1.7	2.9	2.3
6-9 times	1.7	1.2	1.4
10-19 times	2.3	1.6	1.9
20-39 times	1.9	0.9	1.3
40 times or more	3.7	1.9	2.7
Cannabis use during last 30 days			
Not at all	87.9	92.0	90.1
1-2 times	5.0	3.9	4.4
3-5 times	1.7	1.2	1.4
6-9 times	0.7	1.0	0.9
10-19 times	2.4	0.9	1.6
20-39 times	0.6	0.3	0.5
40 times or more	1.8	0.7	1.2

Figure 4: Percentage who reported using cannabis in lifetime and during last 30 days



Age of first use of cannabis

Table 27 shows the age at which respondents reported their first use of cannabis. As might be expected, only a small minority had tried cannabis before the age of 12 years. There was a similar pattern of initiation among boys and girls.

Table 27: Age of first use of cannabis (%)

	Boys	Girls	All
12 years or younger	4.6	3.1	3.8
13 years	3.1	3.1	3.1
14 years	6.1	5.0	5.5
15 years	7.5	5.3	6.3
16 years	3.5	1.8	2.6

Perceived access to cannabis

Table 28 shows respondents' perceptions regarding ease of access to cannabis if they wanted to get the substance. Perhaps the most striking feature of the results is that there are major differences between respondents in terms of their perceptions. These ranged from 12% who thought it would be 'impossible' to obtain cannabis to 17% who simply 'didn't know'. Between these, over one-quarter (27.2%) thought that it would be difficult to obtain the substance (combining 'very difficult' and 'fairly difficult'), while 43% were of the view that it would be easy (both 'fairly easy' and 'very easy').

Table 28: Perceived ease of access to cannabis (%)

	Boys	Girls	All
Impossible	10.4	14.4	12.4
Very difficult	12.2	12.0	12.1
Fairly difficult	17.7	13.0	15.1
Fairly easy	29.8	27.1	28.4
Very easy	15.2	14.2	14.6
Don't know	15.2	19.2	17.4

Perceived risks of cannabis use

Respondents were asked to indicate how much they thought people risked harming themselves if they smoked cannabis (1) once or twice, (2) occasionally and (3) regularly. Table 29 shows – quite strikingly – that the perception of risk depends greatly on the level of use. Smoking cannabis regularly, or occasionally, was perceived by the vast majority (92% and 90% respectively) to involve some element of risk. However, substantially fewer respondents (79%) thought that trying cannabis once or twice was risky; indeed, close to half (47.9%) took the view that trying cannabis once or twice was either 'no risk' or a 'slight risk'.

The same picture emerges if we look at the percentage who regarded the use of cannabis as a 'great risk'. Just over 28% thought that this was the case with regard to trying cannabis 'once or twice'. However, for smoking cannabis occasionally, the figure was nearly 42% and for regular use, over 67% thought it was a 'great risk'.

Table 29: Perceived risks of cannabis use (%)

	Boys	Girls	All
'Try cannabis once or twice'			
No risk	21.8	11.9	16.4
Slight risk	31.1	31.8	31.5
Moderate risk	15.7	21.9	19.1
Great risk	26.4	29.6	28.1
Don't know	5.0	4.8	4.9
'Smoke cannabis occasionally'			
No risk	7.0	4.0	5.4
Slight risk	18.3	15.7	16.9
Moderate risk	30.3	31.6	31.0
Great risk	39.5	43.8	41.9
Don't know	4.8	4.9	4.8
'Smoke cannabis regularly'			
No risk	4.4	1.5	2.8
Slight risk	6.7	6.5	6.6
Moderate risk	19.6	16.4	17.9
Great risk	63.8	70.2	67.3
Don't know	5.5	5.3	5.4

COMPARISON WITH EARLIER DATA – ESPAD 2003, 1999 AND 1995

Prevalence of use

Table 30 compares the results for cannabis use during the lifetime, last 12 months and last 30 days in ESPAD 2007 with earlier phases of the survey – in 2003, 1999 and 1995. Lifetime use of cannabis may be seen to have declined in the last 12 years. Indeed, approximately half as many Irish 15 and 16 year-olds seem to be using cannabis in 2007 compared to 4 years ago (20% compared to 39%). However, this decrease in use has not been steady, with cannabis use decreasing after the 1995 survey (from 37% to 32%), rising after 1999 (to 39%) and decreasing again since 2003 (to 20%). Similar trends may be noted for cannabis use during the last 12 months and the last 30 days.

Table 30: Prevalence of cannabis use from ESPAD 2007 compared with earlier ESPAD surveys (%)

ESPAD	All students		
	Lifetime	Last 12 months	Last 30 days
2007	20	16	10
2003	39	31	17
1999	32	26	15
1995	37	33	19

Age of first use of cannabis

Table 31 compares the results in the four ESPAD surveys to date on the number of students who first smoked cannabis at the age of 13 or less. The percentages are remarkably stable in the case of boys (with at most two percentage points difference over the 12-year period). The picture is slightly different in the case of girls, who show a consistent increase up until 2003 and then a slight levelling-off in 2007.

Table 31: Age of first use of cannabis aged 13 or younger in ESPAD surveys, 1995-2007 (%)

ESPAD	Boys	Girls	All
2007	8	6	7
2003	8	7	8
1999	9	5	7
1995	10	4	7

Perceived access

Table 32 compares respondents' perceptions on the availability of cannabis in ESPAD 2007 with earlier phases of the survey – in 2003, 1999 and 1995. The figures point to a similar pattern of perceived 'easy' access during 1995 to 2003 (on average 60%). Then, in 2007, students reported a significant reduction in how easy they thought it would be to obtain cannabis. In other words, Irish 15 and 16 year-olds in 2007 viewed cannabis as substantially more difficult to obtain than it was in 2003, only 4 years previously. These figures, of course, reflect the perceptions of the respondents rather than being a measure of actual access.

Table 32: Perceived ease of access to cannabis in ESPAD surveys, 1995-2007 (%)

ESPAD	All students 'Fairly easy' or 'very easy'
2007	43
2003	60
1999	59
1995	62

SUMMARY AND DISCUSSION OF MAIN ISSUES

Irish adolescents appear to be experimenting with cannabis less than they were 4 years ago, in 2003. A similar reduction in use has been observed for tobacco smoking. Perhaps less smoking of one substance leads to less smoking of other substances too. Otherwise, a similar cause may be at the root of the declines in adolescent consumption of both drugs. Cannabis is perceived by students in 2007 as being more difficult to obtain than in earlier years of ESPAD. This information only expresses the perceptions of students and is not a measure of actual access. However, if it were to reflect the reality of obtaining cannabis, these new figures could provide encouragement to those agencies working to control the availability of cannabis to young people.

It remains the case that more than one in 5 of all respondents (20.3%) in 2007 had tried cannabis, an illegal substance, at some stage in their lives. In addition, while cannabis

may seem to be harder for students to obtain now than in the past, a sizeable 43% still believe that it is easy to obtain.

Many boys and girls begin using cannabis at the age of 13 or younger. Over the last 12 years, while fewer boys of this age have started smoking cannabis (10% to 8%), more girls have started doing so (4% to 6%). As early initiation is viewed as particularly dangerous (in terms of long-term substance use problems), we should be concerned about these trends in the Irish data.

Boys tended to report the heaviest use of cannabis in their lifetime, as well as during the last year and last month. Just under 5% of boys said that they had used cannabis more than 10 times in the last 30 days. Since this implies that their use extends beyond the weekends, this may have important implications for the performance of such students at school.

6. Prevalence of use of inhalants and ecstasy

This chapter is arranged in three main sections:

- Main results on use of substances other than cigarettes, alcohol and cannabis from the ESPAD 2007 Ireland survey. Since the questionnaire sought relatively more information on the use of inhalants (such as glue or solvents) and ecstasy, these data are presented in some detail, focusing on (1) prevalence of use of these substances; (2) age of first use; (3) perceived ease of access; and (4) perceived risks associated with the use of ecstasy (no comparable data available on inhalants for 2007).
- Comparison with the ESPAD surveys of 1995, 1999 and 2003.
- Summary and discussion of main issues emerging from the results.

MAIN RESULTS FOR ESPAD 2007 IRELAND

Prevalence of use of inhalants

Table 33 shows the prevalence of use of inhalants (e.g. glue or solvents) during the respondents' lifetime, last 12 months and last 30 days. Just over 15% said that they had tried inhalants at some stage *in their lifetime*. Of those who had tried inhalants, more than half had done so once or twice, while just over 2% indicated that they had used inhalants 10 times or more.

It is noticeable that the pattern for boys and girls is quite similar (*see Figure 5*). Slightly more girls had tried inhalants at some time in their lives. However, the gender difference is minimal among those reporting infrequent use and those using inhalants more than 10 times. Over 8% of respondents said that they had used inhalants during *the last 12 months*, while less than 3% reported using inhalants during *the last 30 days*. The importance of these figures is considered under 'Comparisons with earlier data' (*see below*).

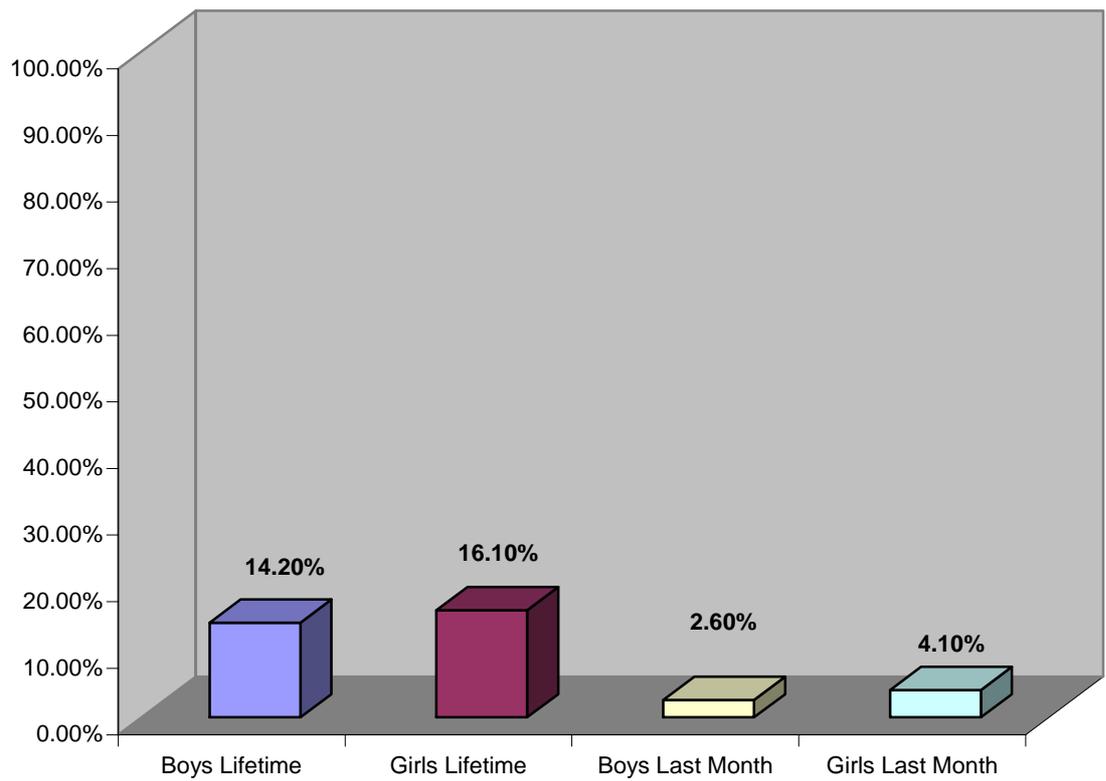
Table 33: Inhalant use during lifetime, last 12 months and last 30 days (%)

Frequency	Boys	Girls	All
Lifetime inhalant use			
Never	85.8	83.9	84.8
1-2 times	9.7	8.7	9.2
3-5 times	1.8	3.1	2.5
6-9 times	1.1	1.6	1.4
10-19 times	0.5	0.9	0.7
20-39 times	0.3	0.8	0.6
40 times or more	0.8	1.0	0.9

Table 33 continued

Frequency	Boys	Girls	All
Inhalant use in last 12 months			
Not at all	92.6	91.1	91.8
1-2 times	5.4	4.7	5.1
3-5 times	0.5	2.3	1.5
6-9 times	0.3	0.5	0.4
10-19 times	0.8	0.7	0.7
20-39 times	0.1	0.3	0.2
40 times or more	0.2	0.4	0.3
Inhalant use during last 30 days			
Not at all	97.4	95.9	96.6
1-2 times	1.2	2.5	2.0
3-5 times	0.2	0.8	0.5
6-9 times	0.5	0.4	0.5
10-19 times	0.1	0.1	0.1
20-39 times	0.2	0.0	0.1
40 times or more	0.3	0.3	0.3

Figure 5: Percentage who reported using inhalants in lifetime and during last 30 days



Prevalence of use of ecstasy

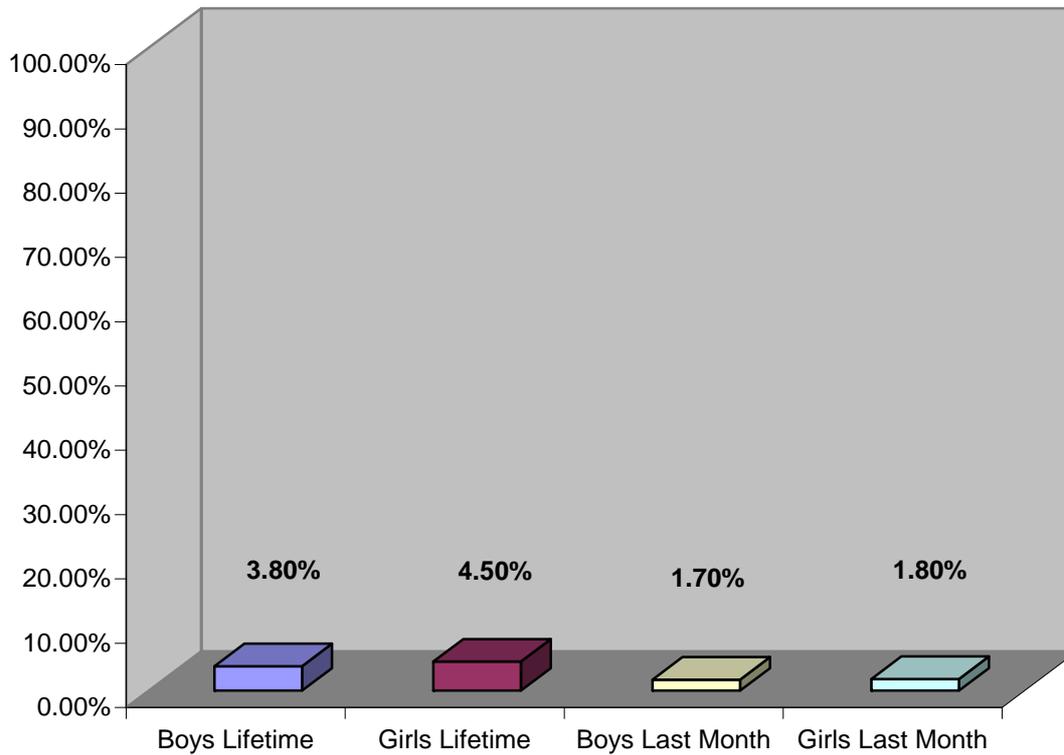
Table 34 shows the prevalence of ecstasy use during the respondents' lifetime, last 12 months and last 30 days. Just over 4% had used ecstasy at some stage *in their lifetime*. Of those who had tried ecstasy, just over half had done so once or twice, while at the other extreme less than 1% had used it 40 times or more. Boys and girls showed similar percentages of lifetime ecstasy use, although a slightly higher percentage of boys said that they had used ecstasy 40 times or more. Girls were slightly more likely to have only tried ecstasy once or twice.

Just over 3% of respondents had used ecstasy during *the last 12 months* and the majority of these had only used it once or twice in this time. There were minimal gender differences. Less than one in 50 (1.8%) respondents had used ecstasy in *the last 30 days* and boys and girls showed similar levels of use.

Table 34: Ecstasy use during lifetime, last 12 months and last 30 days (%)

Frequency	Boys	Girls	All
Lifetime ecstasy use			
Never	96.2	95.5	95.8
1-2 times	1.8	2.8	2.3
3-5 times	0.4	0.5	0.5
6-9 times	0.1	0.3	0.2
10-19 times	0.2	0.2	0.2
20-39 times	0.1	0.2	0.2
40 times or more	1.2	0.4	0.8
Ecstasy use in last 12 months			
Not at all	96.6	96.7	96.7
1-2 times	1.7	2.1	1.9
3-5 times	0.1	0.5	0.3
6-9 times	0.2	0.1	0.1
10-19 times	0.4	0.3	0.3
20-39 times	0.4	0.1	0.2
40 times or more	0.5	0.3	0.4
Ecstasy use during last 30 days			
Not at all	98.3	98.2	98.2
1-2 times	0.2	1.2	0.7
3-5 times	0.0	0.2	0.1
6-9 times	0.5	0.1	0.3
10-19 times	0.4	0.1	0.2
20-39 times	0.2	0.1	0.2
40 times or more	0.4	0.2	0.3

Figure 6: Percentage who reported using ecstasy in their lifetime and during last 30 days



Age of first use of inhalants

Table 35 shows the age at which those respondents who had used inhalants reported trying a substance (such as glue or a solvent) for the first time. Almost one in 20 said that they had first used inhalants at the age of 12 or younger. In contrast, only 2.3% had tried inhalants for the first time at the age of 15 or older. The differences between boys and girls were modest.

Table 35: Age of first use of inhalants (%)

	Boys	Girls	All
12 years or younger	5.3	4.4	4.8
13 years	1.8	2.9	2.4
14 years	2.4	2.9	2.7
15 years	2.0	1.7	1.8
16 years	0.6	0.5	0.5

Age of first use of ecstasy

Table 36 shows the age of first use of ecstasy. About half of those who had ever used this substance had done so before the age of 14. Just over 1% indicated that they had tried ecstasy before the age of 12 or younger.

Table 36: Age of first use of ecstasy (%)

	Boys	Girls	All
12 years or younger	1.9	0.4	1.1
13 years	0.3	0.8	0.6
14 years	0.4	0.7	0.5
15 years	1.2	1.2	1.2
16 years	1.0	0.5	0.7

Perceived access to inhalants

Table 37 shows respondents' perceptions on ease of access to inhalants. Over 70% said that it would be either 'fairly easy' or 'very easy' to get inhalants if they wanted them. In contrast, only about 10% were of the view that it would be 'difficult' or 'impossible' to get such substances. This is a particularly interesting outcome given that the level of use of such substances is relatively low. It seems to indicate that the low level of usage is not related to the students' perceptions about how easy such substances can be obtained.

Table 37: Perceived ease of access to inhalants (%)

	Boys	Girls	All
Impossible	8.1	6.8	7.3
Very difficult	2.9	3.4	3.2
Fairly difficult	4.1	3.7	3.9
Fairly easy	18.1	18.2	18.2
Very easy	54.5	54.2	54.3
Don't know	12.3	13.8	13.1

Perceived access to ecstasy

Table 38 shows respondents' perceptions on ease of access to ecstasy. Almost half the respondents (47.6%) took the view that it would be 'difficult' or 'impossible' for them to get ecstasy. However, almost one-third (31.8%) said that it would be 'fairly easy' or 'very easy' to get it if they wanted. Again, like inhalants, this is a particularly interesting outcome given that the level of use of ecstasy is relatively low. It seems to indicate that, as with inhalants, the low level of usage of ecstasy is not related to students' perceptions about ease of access to the substance.

Table 38: Perceived ease of access to ecstasy (%)

	Boys	Girls	All
Impossible	17.3	16.6	16.9
Very difficult	15.9	13.3	14.5
Fairly difficult	18.6	14.2	16.2
Fairly easy	17.7	20.9	19.4
Very easy	10.3	13.4	12.4
Don't know	20.2	21.7	21.0

Perceived risks of ecstasy use

Note: As mentioned in the introduction to this chapter, a corresponding question about the risk of using inhalants was not asked in ESPAD 2007.

Respondents were asked about the risks associated with the use of ecstasy, both trying it 'once or twice' and using it 'regularly'. Table 39 shows that the perceived risks are greatly dependent on the extent of use. The most striking feature of the results is the difference between the two types of behaviour – occasional use ('once or twice') and regular use. The vast majority of 15-16 year-olds surveyed (95.8%) thought that trying ecstasy even once or twice involved some risk to a person (physically or in other ways). Almost all (97.9%) took the same view with regard to taking ecstasy regularly. Exactly half of the respondents thought that trying ecstasy once or twice was a 'great risk', but the figure for regular usage of the substance was over 82%. It is particularly interesting that only about 5% claimed that they 'didn't know' if risks were involved for either forms of use.

The gender differences were not great, but were fairly consistent. Rather more females than males took the view that trying ecstasy once or twice or regularly involved some risk. In addition, rather more girls than boys were of the opinion that both forms of use involved a 'great risk'.

Table 39: Perceived risks of ecstasy use (%)

	Boys	Girls	All
'Try ecstasy once or twice'			
No risk	5.5	3.1	4.2
Slight risk	17.5	17.7	17.6
Moderate risk	23.5	22.8	23.1
Great risk	48.2	51.5	50.0
Don't know	5.4	4.9	5.1
'Take ecstasy regularly'			
No risk	3.5	0.9	2.1
Slight risk	1.5	2.5	2.1
Moderate risk	8.3	8.6	8.5
Great risk	81.1	83.2	82.2
Don't know	5.5	4.8	5.1

COMPARISON WITH EARLIER DATA – ESPAD 2003, 1999 AND 1995

Prevalence of use of inhalants

Table 40 shows a comparison of the prevalence of inhalant use during the lifetime, last year and last month over the last 8 years of the ESPAD Survey (1999-2007). *Note that figures for ESPAD 1995 are not available because the question was inadvertently omitted from that survey.* Lifetime use of inhalants can be seen to have fallen from 22% in 1999 to 15% in 2007. The percentage of students reporting the use of inhalants during the previous month has declined by one-third in the last 8 years.

Table 40: Prevalence of use of inhalants from ESPAD 2007 compared with earlier ESPAD surveys* (%)

ESPAD	All students		
	Lifetime	Last year	Last month
2007	15	8	3
2003	18	10	3
1999	22	12	4

* No data available for ESPAD 1995 since question inadvertently omitted from survey.

Prevalence of use of ecstasy

Table 41 shows a comparison of the prevalence of ecstasy use during the lifetime, last year and last month over earlier phases of the ESPAD Survey. *Note that figures for ecstasy use during the last year and last month are not available for 1999 and 1995 because data were not collected on these questions until ESPAD 2003.* Basically, little change has occurred in the use of ecstasy over the lifetime since 1999, the percentages for the last 8 years being very similar (4%-5%). However, the figure in 1995 for lifetime use of ecstasy was extremely high (9%) in comparison.

Table 41: Prevalence of use of ecstasy from ESPAD 2007 compared with earlier ESPAD surveys (%)

ESPAD	All students		
	Lifetime	Last year	Last month
2007	4	3	2
2003	5	2	2
1999	5	—*	—*
1995	9	—*	—*

* Data not collected in ESPAD 1995 and 1999 for last year and last month.

Perceived access to inhalants

Table 42 shows how respondents' perceptions about ease of access to inhalants have fluctuated over the past 12 years. These figures, of course, reflect the views of students and are not a measure of actual access. They are, however, an important factor in use.

Table 42: Perceived ease of access to inhalants in ESPAD surveys, 1995-2007 (%)

ESPAD	All students 'Fairly easy' or 'very easy'
2007	73
2003	77
1999	63
1995	80

Perceived access to ecstasy

Table 43 shows respondents' perceptions about ease of access to ecstasy over the past 12 years. Perceived ease of access has remained fairly constant since 1999, although ecstasy was considered to be slightly more difficult to obtain in 2007 (32%) than it was 8 years ago (35% in 1999). As noted previously, these figures reflect the views of students and are not a measure of actual access. They are, however, an important factor in use.

Table 43: Perceived ease of access to ecstasy in ESPAD surveys, 1995-2007 (%)

ESPAD	All students 'Fairly easy' or 'very easy'
2007	32
2003	34
1999	35
1995	54

SUMMARY OF FINDINGS RELATED TO INHALANTS AND ECSTASY

Just over 15% of respondents in ESPAD 2007 had tried inhalants at some time in their lives. Of these, nearly two-thirds had done so only once or twice. A minority of just over 2% claimed to have used inhalants more than 10 times in their lifetime. With regard to ecstasy, just over 4% said they had used the substance at some time, with over half of these saying that they did so once or twice.

Of those who had tried inhalants, about one-third had done so first at the age of 12 or younger, while there was a broader range in the age of first trying ecstasy. The vast majority (over 70%) took the view that it would be 'fairly easy' or 'very easy' to get inhalants if they wanted them, while less than one-third thought it would be 'fairly easy' or 'very easy' to get ecstasy.

Comparing the results with earlier phases of the ESPAD Survey, the results indicate that there has been a substantial decrease in the use of inhalants over the last 8 years (since 1999). On the other hand, the use of ecstasy in 2007 is quite similar to the figures emerging in 2003 and 1999.

7. Factors associated with alcohol and other drug use

In this chapter, we examine a number of central factors or influences that are considered to be of major importance in adolescents using harmful substances, whether it be alcohol, cigarettes or cannabis. It is clear from the review of existing research (*see Chapter 1*) that many such factors are involved, including community, family, personality, social and school matters. In addition, the strength of an influence is sometimes dependent on age, gender and social context.

Correlations are set out below between selected variables and the reported use of substances by respondents in ESPAD 2007. Obviously, the focus is on trying to identify some of the main risk factors for alcohol and/or drug use. However, some important points of interpretation should be borne in mind. With regard to many of the factors examined, it may be that there is no simple 'cause and effect' relationship with the factor in question. For example, it will emerge that dissatisfaction with one's own health is related to substance use. One view is that such dissatisfaction (or other kinds of dissatisfaction) *leads to* substance misuse. However, it could also be argued with considerable plausibility that drinking and/or other drug use can actually *bring about* dissatisfaction, as for example in the case of health.

A similar point of interpretation emerges with regard to the use of substances by one's friends. Findings show that this is a strong predictor of reported use. However, it could also be argued with equal cogency that having friends who use a particular substance is actually a result of one's own usage. In other words, it could be that young people select friends on the basis of the support they give them for certain behaviours that are of critical importance to them, like drinking and other drug use.

Parental education and substance use

Respondents were asked to indicate the level of education of their father and mother on a 5-point scale, in terms of the highest level completed (i.e. primary, some secondary, completed secondary, some college or university, completed college or university). There was also an opportunity to say that they 'didn't know' or that the information 'did not apply'.

The results in Table 44 suggest a number of things. First, the correlations are consistently negative, but low: the respondents whose parents had a higher level of education were slightly less likely to reporting using the substances in question. However, it must be stressed that these correlations are very modest indeed and the fact that statistical significance emerges in the results is a reflection of the size of the sample.

Table 44: Correlations of parents' education and substance use

	Mother – Education	Father – Education
Lifetime cigarette smoking	-0.04	-0.06*
Lifetime drinking	-0.09*	-0.10*
Lifetime cannabis use	-0.10*	-0.11*
Lifetime ecstasy use	-0.12*	-0.13*
Lifetime inhalant use	-0.09*	-0.09*

* Significance = $p < 0.01$

Satisfaction with aspects of life and substance use

Respondents were asked about their level of satisfaction with various aspects of their lives, including the financial situation of their family, satisfaction with their own health and satisfaction with themselves. Questions were on a 5-point scale, ranging from 'not at all satisfied' to 'very satisfied'.

Table 45 shows that there is quite a strong pattern of correlations (all negative) between various aspects of satisfaction and substance use: those young people with lower satisfaction with these aspects of their lives tended to be more likely to have used the substances in question.

For 4 of the 5 measures of substance use, dissatisfaction with their family's financial situation and with their own health gives relatively stronger correlations than dissatisfaction with themselves. The exception is lifetime drinking (i.e. the number of times respondents reported drinking alcohol at any time in their lives). It is also of interest that the highest correlations (those over 0.40) are found for ecstasy use and inhalant use.

As noted above, an important question arises as to the extent to which these factors can be thought of as being a cause or a consequence of substance use. Rather than a straightforward causal relationship between satisfaction and substance use, the relationship might be reciprocal in nature – dissatisfaction might result in substance use, which in turn causes further dissatisfaction associated with consequences.

Table 45: Correlations of satisfaction with aspects of life and substance use

	Satisfaction with family's financial situation	Satisfaction with own health	Satisfaction with self
Lifetime cigarette smoking	-0.18*	-0.16*	-0.17*
Lifetime drinking	-0.06*	-0.06*	-0.28*
Lifetime cannabis use	-0.34*	-0.31*	-0.18*
Lifetime ecstasy use	-0.42*	-0.44*	-0.17*
Lifetime inhalant use	-0.40*	-0.39*	-0.16*

* Significance = $p < 0.01$

Social/cognitive influences and substance use

Two features of social/cognitive influences were examined in ESPAD 2007. The first was concerned with friends' use of substances and the second with risk perception. Both

measured *lifetime use* (i.e. the number of times respondents reported using the substance at any time in their lives). The measure of friends' use was focused on the number of the respondent's friends who used the substance in question (ranging from 'none' to 'most' or 'all'). Risk perception involved asking respondents how much they thought people risked harming themselves (physically or in other ways) by using a variety of substances both 'occasionally' and 'regularly'.

From Table 46, it is evident that the association between the two variables examined (i.e. friends' use and risk perception) and substance use varies with the substance in question and in the case of risk perception, whether 'occasional' or 'regular' use is involved. Overall, the correlations of reported use with friends' use is strong (over 0.40), except in the case of cigarette smoking. In almost all of the existing literature (e.g. Grube and Morgan, 1986), friends' use is one of the strongest predictors of use.

With regard to risk perception, a noticeable point is that the correlations with reported use are lower than that of friends' use. This finding has consistently been found: perception of risk and danger is lesser for social influences like friends' use. Since the pattern of risk perceived for 'occasional' use is different from that for 'regular' use, it might be expected that the correlation with reported use will be different. This is found in the case of alcohol, but not with the other substances listed.

Table 46: Correlations of lifetime substance use with friends' use and risk perception

	Cigarette smoking	Drinking alcohol	Cannabis use	Ecstasy use
Friends' use	0.18*	0.48*	0.58*	0.43*
Risk perception (occasional use)	-0.01	-0.18*	-0.30*	-0.10*
Risk perception (regular use)	-0.04	-0.29*	-0.31*	-0.11*

* Significance = $p < 0.01$

Experienced consequences of substance use

Respondents were asked about the range of consequences that they experienced as a result of using alcohol and other drugs. For each consequence, they were asked how many times the consequence in question had occurred (ranging from '0 [not at all]' to '40 times or more').

Table 47 shows the correlations of various measures of drinking and getting drunk (both lifetime and recent, meaning in the last 30 days) with the consequences experienced. The first noteworthy point to emerge from the data is that all of the correlations are positive and significant, and indeed quite large – the more young people drink or get drunk, the more likely they were to report experiencing consequences.

As might be expected, a stronger pattern of correlations (over 0.40) is found between reports of getting drunk and consequences than between number of times drinking. It is also interesting to examine the extent to which some consequences of drinking are more strongly associated with drinking than with others. For example, having an accident/injury is more closely related to the measures of drinking than being 'victimized by robbery or theft'.

Table 47: Correlations of drinking alcohol with experiences of consequences

	Lifetime Drinking	Recent Drinking	Lifetime Getting drunk	Recent Getting drunk
Physical fight	0.28*	0.38*	0.40*	0.41*
Accident or injury	0.31*	0.37*	0.43*	0.49*
Serious problems with your parents	0.31*	0.35*	0.44*	0.48*
Serious problems with your friends	0.27*	0.31*	0.37*	0.40*
Performed poorly at school or work	0.26*	0.33*	0.35*	0.43*
Victimised by robbery or theft	0.14*	0.23*	0.21*	0.34*
Trouble with police	0.29*	0.39*	0.42*	0.49*

* Significance = $p < 0.01$

Respondents were also asked to indicate how often they had experienced these same consequences because of their drug use. Table 48 shows the correlations between the experience of particular consequences and frequency of cannabis and ecstasy use (both lifetime and recent). Three features of the results are noteworthy. First, the correlations are quite large in comparison to those for measures of alcohol consumption (*see Table 47*). This indicates that young people involved in the use of cannabis and ecstasy are more likely to experience the negative consequences listed. This was true for all of the consequences listed, but was especially so with regard to getting into trouble with the police. Furthermore, being victimised by robbery or theft, which yielded quite low correlations with alcohol consumption, shows substantially higher correlations in the case of using cannabis and ecstasy.

A second important point is that generally the correlations with ecstasy use were stronger than was the case with cannabis. In other words, there was a greater likelihood of getting into trouble as a result of using ecstasy than was the case with cannabis. There are a number of reasons why this might be the case. One has to do with the substance itself. Another concerns the social context in which such substances are used.

A third interesting point that emerges from the data in Table 48 is that for both ecstasy and cannabis, the correlations are stronger for every consequence in the case of recent use than with lifetime use. It is likely that this reflects the fact that lifetime use is a relatively cruder measure, which involves a much longer timespan than recent use, which refers to only the last 30 days.

Table 48: Correlations of cannabis and ecstasy use with experiences of consequences

	Lifetime Cannabis use	Recent Cannabis use	Lifetime Ecstasy use	Recent Ecstasy use
Physical fight	0.36	0.45	0.52	0.55
Accident or injury	0.33	0.46	0.51	0.63
Serious problems with your parents	0.37	0.44	0.49	0.53
Serious problems with your friends	0.35	0.46	0.49	0.57
Performed poorly at school or work	0.46	0.56	0.46	0.45
Victimised by robbery or theft	0.27	0.44	0.48	0.55
Trouble with police	0.39	0.50	0.51	0.56

* Significance = $p < 0.01$

Beliefs about consequences and substance use

Previous studies have shown that the perceived likely consequences of substance use are an important influence on use (Grube and Morgan, 1986). Respondents in ESPAD 2007 were asked how likely were particular consequences to happen to them if they drank alcohol. Some of the consequences were negative (e.g. 'harm my health') and some were positive (e.g. 'feel relaxed'). For each consequence, the students were asked to rate the likelihood of it happening to them (ranging from 'very likely' to 'very unlikely').

As might be expected, it is clear from Table 49 that expectations of positive consequences correlate positively with various measures of alcohol consumption, while expectations of negative consequences correlate negatively. However, there are major differences in the strength of the correlations. Specifically, the correlations of positive consequences like 'feel relaxed' and 'forget my problems' are much stronger than in the case of negative consequences. This suggests that drinking is more likely to happen as a result of the expectation of positive outcomes than it is likely to be prevented by fear of negative consequences.

It has often been found that the expectation of long-term negative consequences is not a major influence on substance use. This is indeed what emerges in the data in Table 49, as in the case of 'harm my health'. Only two of the correlations between the expectation of harming health and consumption measures emerged as significant and the highest is only a mere -0.10. The implications of this are considered in Chapter 8 in the discussion on 'Results relevant to policy and prevention'.

Table 49: Correlations of alcohol consumption with expectations of consequences

	Lifetime Drinking	Recent Drinking	Lifetime Getting drunk	Recent Getting drunk
Feel relaxed	0.29*	0.21*	0.22*	0.15*
Get into trouble with police	-0.04	-0.08*	-0.14*	-0.18*
Harm my health	-0.10*	-0.01	-0.07	-0.09*
Feel happy	0.40*	0.31*	0.34*	0.24*
Forget my problems	0.25*	0.21*	0.30*	0.21*
Not be able to stop drinking	-0.04	-0.12*	-0.21*	-0.25*
Get a hangover	-0.01	-0.07	-0.17*	-0.13*
Feel more friendly and outgoing	0.35*	0.26*	0.32*	0.20*
Do something I would regret	-0.05	-0.12*	-0.23*	-0.21*
Have a lot of fun	0.46*	0.36*	0.41*	0.25*
Feel sick	-0.15*	-0.08*	-0.03	-0.06

* Significance = $p < 0.01$

Perceived access to substances and use

As noted in Chapters 3-6, the 15-16 year-olds surveyed in ESPAD 2007 tended to take the view that many substances were relatively easy to obtain if they wanted them. An important question is the extent to which such perceived access is related to actual use.

Table 50 shows the correlations of perceived ease of access with various measures of use of cannabis, ecstasy, solvents and cigarettes. The main finding to emerge is that the relationship between perceived access and reported use is quite dependent on the

substance involved. The correlations are quite strong in the case of cannabis, ranging from 0.25 to 0.38 (all positive and statistically significant). The correlations are lower, but still significant in the case of ecstasy use. The correlations for solvent use are lower and only one emerges as significant, while in the case of cigarette smoking the correlations are similar to those for ecstasy.

It is interesting that the correlations of reported use with perceived access are greater for those substances that are illegal (cannabis and ecstasy) and therefore harder to obtain. It might be the case that the correlations are lower for those substances that are indeed easier to obtain (cigarettes and solvents) and that this, in turn, makes perceived access relatively less important as a factor in use.

Table 50: Correlations of perceived access and substance use

	Lifetime	Last year	Last month
Cannabis use	0.38*	0.32*	0.25*
Ecstasy use	0.21*	0.19*	0.14*
Solvent use	0.13*	0.07	0.04
Cigarettes	0.12*	–	0.06

* Significance = $p < 0.01$

Access to alcohol

Since access to alcohol has always been regarded as an important influence on underage drinking, this matter merits particular consideration. As noted in Chapter 4, the general finding with regard to perceived access to alcohol was that about three-quarters of the 15-16 year-old respondents surveyed in ESPAD 2007 took the view that alcohol was 'fairly easy' or 'very easy' to obtain.

The question that arises is whether there is a relationship between perceived access to alcohol and the actual purchase/consumption of alcohol. Table 51 shows the relationship between perceived access and overall consumption of particular alcoholic beverages, as well as purchase of alcohol and drinking on licensed premises. The relationship is actually quite weak – only in the case of 'overall consumption' (i.e. all situations) is the relationship significant and then the correlation reaches only 0.30 in the case of spirits. When the purchase of alcohol is separated from the drinking of alcohol on licensed premises, the correlations drop very significantly and only a few reach statistical significance. In other words, the perception by the young people in this study that they could get alcohol if they wanted was not closely related to their actual consumption of alcohol.

Table 51: Relationship between perceived access and alcohol consumption

	Overall consumption	Purchases	Drinking on licensed premises
Perceived access to beer	0.20*	0.03	0.03
Perceived access to cider	0.23*	0.04*	0.03
Perceived access to alcopops	0.26*	0.07*	0.04*
Perceived access to wine	0.17*	0.01	0.02
Perceived access to spirits	0.30*	0.03	0.03

* Significance = $p < 0.01$

Conclusions on factors associated with substance use

A number of conclusions emerge from ESPAD 2007 with regard to the factors that are important in substance use.

- There is a very modest negative relationship between parents' level of education and substance use of various kinds – a finding that is broadly in line with results from earlier studies.
- In contrast, there is quite a strong negative relationship between satisfaction with own health and life and substance use (particularly illegal drugs).
- Friends' use is a major predictor of alcohol and illegal drug use, but not of cigarette smoking. However, friends' use is not simply a causal influence and is more likely to reflect perceived social support.
- The major correlations of friends' use contrast with the more modest relationship with risk perception – a finding that has important consequences for preventative programmes.
- There is a moderately strong tendency for young people who drink frequently (and especially those who get drunk) to report negative consequences, such as being drunk, performing poorly at school or work, and getting into trouble with the police.
- In contrast, the correlations between negative consequences and reports of illegal drug use are much stronger than those for alcohol, especially for recent drug use.
- With regard to beliefs about consequences of drinking alcohol, the results indicate a strong association in the case of positive consequences, but a weaker relationship with regard to beliefs about negative consequences.

8. Results relevant to policy and prevention

In this chapter, we consider some results of the ESPAD 2007 Survey for Ireland that impinge on policies concerned with prevention and related issues. First, respondents' reported sources for purchasing or obtaining alcohol and cigarettes are examined, together with the locations where alcohol was actually consumed. Next, aspects of parenting are examined in relation to alcohol consumption, with a particular focus on respondents' perceptions of rules in the home, monitoring of their behaviour and social support afforded to them. Finally, respondents' involvement in school is explored, particularly their perception of how school has prepared them on the subjects of alcohol and drugs, their awareness of substance misuse and the extent to which they feel equipped with the skills to withstand peer pressure in relation to using alcohol and other drugs.

How alcohol was obtained

The question on how alcohol was obtained focused *on the last occasion* on which the respondents consumed alcohol. Eight response options were available: in a pub/disco; in an off-licence; in a supermarket; in a sports club; older brothers/sisters or friends bought it for me; I took it from home unknown to my parents; parents gave it to me; I get it some other way.

Table 52 indicates that the single most important source of alcohol for the 15-16 year-old respondents was through friends or older siblings who bought it on their behalf, with nearly one-quarter of the sample indicating that this was the case for them. The next most common source of alcohol was purchase from an off-licence. Some ways in which alcohol was obtained are particularly interesting, even though the figures are not quite as large as those already quoted. The number of respondents who reported that their parents gave them the alcohol is quite high – over 15% for boys and over 17% for girls. It is noteworthy that the number who claimed to have obtained the alcohol in a pub/disco is below these figures (just over 13% for both boys and girls). Table 52 shows that gender differences are relatively minor. There is a difference in relation to having bought alcohol in an off-licence (22.3% of boys compared to 17.3% of girls) However, for other sources of alcohol the difference between boys and girls was no greater than 2%.

Table 52: How alcohol was obtained on last drinking occasion (%)

	Boys	Girls
In a pub/disco	13.0	13.1
In an off-licence	22.2	17.3
In a supermarket	7.2	6.2
In a sports club	1.0	0.3
Older brothers/sisters or friends bought it for me	24.4	26.8
I took it from home unknown to my parents	6.3	8.3
Parents gave it to me	15.1	17.1
I get it some other way	16.7	14.6

Note: Since it is possible that alcohol was obtained from more than one source, the figures add up to more than 100%.

Location of drinking

With regard to *the last day* on which they drank alcohol, respondents were asked to say where they were when they drank it, i.e. the location. Results in Table 53 show that, taken together, drinking at home or in someone else's home is by far the most popular location, with about 45% of respondents indicating that they consumed alcohol in these locations during their last drinking occasion. It is interesting that someone else's home was a more popular location than their own home, and that slightly more girls than boys had drunk at their own home.

It is also worthy of note that the next most popular location for drinking was in an 'uncontrolled' setting, such as 'out on the street, in a park, beach or other open area'. Just over one-quarter of respondents had their last drink in such a location and the gender difference was minimal. Finally, taking the three licensed premises together (bar/pub, disco and restaurant), the combined percentage is somewhat lower than for 'uncontrolled' settings. This pattern of findings is especially important for preventative policy. It is clear from Table 53 that a great many drinking locations are involved and that tackling the problem will require collaboration between several partners, including parents, the police or Gardaí, and the local authorities.

Table 53: Where alcohol was consumed on last drinking occasion (%)

	Boys	Girls
At home	17.4	21.0
At someone else's home	26.3	26.4
Out on the street, in a park, beach or other open area	26.7	25.4
At a bar or a pub	10.1	13.1
In a disco	7.9	7.9
In a restaurant	1.3	3.7
Other places	14.1	10.0

Note: Since it is possible that alcohol was drunk in more than one location, the figures add up to slightly more than 100%.

How cigarettes were obtained

Respondents were asked how they obtained the cigarettes *on the last occasion* when they smoked. Table 54 shows that the largest number said that friends had given them the cigarettes: of those who smoked, roughly half gave this response. This suggests that smoking cigarettes is a group activity rather than a solitary one, with obvious implications for the way that peer pressure can operate.

Just over 11% of boys and nearly 16% of girls said that they had bought the cigarettes in a newsagent, shop or supermarket. Given that at least some of the young people in the study were under 16 years of age, there are obvious implications for the implementation of the law in this regard. Finally, it is interesting that other ways of obtaining cigarettes (like from a vending machine) did not feature very strongly in response to this question.

Generally, gender differences are quite modest. Some more girls than boys had bought the cigarettes in a shop, including a garage. On the other hand, a slightly larger number of boys said that friends gave them the cigarettes to smoke.

Table 54: Where cigarettes were obtained on last smoking occasion (%)

	Boys	Girls
I have never smoked cigarettes	52.3	47.7
Bought in a newsagent/shop/supermarket	11.1	15.8
Bought in a garage shop	1.3	1.8
Bought in a pub	0.5	0.4
Bought from a machine	1.0	0.7
Friends gave them to me	24.8	22.6
Brothers/sisters gave them to me	1.4	1.7
Some other way	7.6	8.4

Parenting

The focus on parenting here is not specifically on parental behaviour, but rather on the association between aspects of parenting and substance use. The measures on parenting can be grouped into three broad categories: (1) setting of definite rules, (2) parental monitoring and (3) emotional support and care from parents and friends. For each question, respondents were asked to indicate how often each measure applied to them, ranging from 'almost always' to 'almost never'.

Tables 55-57 show the correlations between parenting and measures of alcohol consumption, being drunk and cannabis use. What is particularly striking is the difference between the various parenting measures, even though they rely exclusively on reports by the 15-16 year-old respondents. Specifically, the perception that parents 'set definite rules' (both in and out of the home) correlates very weakly with the measures of substance use listed here. The strongest correlation is only 0.08 and while this is statistically significant due to the large number of cases, it is indicative of a very weak association between the perception that parents set definite rules and substance use.

In contrast, parental monitoring – knowing who their child is with and where they are – emerges as having a substantial relationship with substance use. The average of the correlations for these indicators with substance use is 0.26 and while the correlations are slightly weaker with regard to cannabis use, the results suggest that monitoring the young person's company and whereabouts is an important factor in preventing substance misuse. It should be borne in mind that the critical measure that we took is of the young person's *perception of parental monitoring*. In other words, what seems to matter is not the fact of parents being aware of the young person's activities, but rather that the young person *believes* that this is the case.

Finally, the third measure of parenting – emotional support and care – is somewhat between 'setting definite rules' and parental monitoring. The correlations for this measure are generally between 0.16 and 0.18. The most striking aspect of these findings is the consistency across the various measures. We conclude that a young person's perception that they have a supportive and caring family is a moderately important factor in influencing their drinking habits and use of cannabis.

There are some differences in the strength of the relationship across the three measures of substance use. Generally, the correlations are somewhat larger for alcohol than for cannabis use. Part of the reason for this might be that alcohol is of more immediate concern to parents.

The overall implication of the association between perceived parenting practices and substance use is a very important one. Other studies have shown a link between parents' own substance use and that of their children. There is also an association between the attitude of parents to children's drinking/drug use and reported use. The results shown here are important because they indicate which aspects of parenting may be most influential.

Table 55: Correlations between parenting and measures of alcohol consumption

	Lifetime Drinking	Last year Drinking	Last month Drinking
My parents set definite rules	0.08*	0.08*	0.04
My parents know who I am with	0.23*	0.29*	0.25*
My parents know where I am	0.30*	0.31*	0.27*
Can easily get warmth and caring from mother and/or father	0.17*	0.17*	0.14*
Can easily get emotional support from mother and/or father	0.16*	0.16*	0.14*

* Significance = $p < 0.01$

Table 56: Correlations between parenting and measures of being drunk

	Lifetime Being drunk	Last year Being drunk	Last month Being drunk
My parents set definite rules	0.07*	0.06*	0.03
My parents know who I am with	0.30*	0.30*	0.24*
My parents know where I am	0.35*	0.36*	0.28*
Can easily get warmth and caring from mother and/or father	0.17*	0.18*	0.15*
Can easily get emotional support from mother and/or father	0.15*	0.16*	0.12*

* Significance = $p < 0.01$

Table 57: Correlations between parenting and measures of cannabis use

	Lifetime Cannabis use	Last year Cannabis use	Last month Cannabis use
My parents set definite rules	0.03	0.04	0.02
My parents know who I am with	0.16*	0.17*	0.16*
My parents know where I am	0.25*	0.25*	0.22*
Can easily get warmth and caring from mother and/or father	0.17*	0.17*	0.15*
Can easily get emotional support from mother and/or father	0.17*	0.17*	0.13*

* Significance = $p < 0.01$

Leisure activities

Respondents were asked how frequently they were involved in various leisure activities and to indicate their involvement in each on a 5-point scale (ranging from 'never' to 'almost every day'). These activities listed included playing computer games; participating in sports, athletics or exercising; reading books for enjoyment; going out in the evening (to a disco, café or party); involvement in other hobbies (such as playing an instrument, singing, drawing writing); using the Internet for leisure activities; and attending an organised youth activity or club.

Table 58 shows that participation in sports and using the Internet were the main leisure activities reported by respondents. Over 92% of boys and over 77% of girls said that they actively participated in sports once a week or almost every day. The figures for using the Internet are only slightly below these, but with the gender difference reversed – more girls (79.6%) than boys (72.8%) said that they use the Internet once a week or almost every day. The largest gender differences are seen, interestingly, in the playing of computer games – nearly 4 times the number of boys (65.9%) compared to 17.7% of girls play these games once a week or almost every day.

Two activities that were reported with relatively low frequency are particularly worthy of note – reading books and involvement in youth activities or clubs. Less than one-third of girls and under one-quarter of boys said that they read books for enjoyment on a regular basis (i.e. once a week/almost every day). Conversely, more than half said that they never read a book or did so at most a few times a year. The figures with regard to involvement in youth activities or clubs are also of interest: fewer than 30% of boys and less than 20% of girls reported this type of involvement.

Table 58: Frequency of involvement in leisure activities (%)

	Never/ a few times a year	Once or twice a month	Once a week/ almost every day
Boys			
Play computer games	13.3	21.7	65.9
Actively participate in sports, athletics or exercising	3.3	4.3	92.4
Read books for enjoyment	58.4	17.4	24.2
Go out in the evening (to disco, café, party)	21.3	36.8	41.8
Other hobbies (play instrument, sing, draw, write)	37.4	15.1	47.5
Use the Internet for leisure activities	13.3	13.8	72.8
Attended an organised youth activity/club	60.1	12.5	29.4
Girls			
Play computer games	62.3	20.0	17.7
Actively participate in sports, athletics or exercising	11.0	11.4	77.6
Read books for enjoyment	49.4	18.3	32.4
Go out in the evening (to disco, café, party)	13.2	35.1	51.8
Other hobbies (play instrument, sing, draw, write)	22.5	13.0	64.2
Use the Internet for leisure activities	8.5	11.8	79.6
Attended an organised youth activity/club	73.6	6.7	19.7

A separate question was devoted to the number of hours respondents spent watching television or videos on an average weekday. The figures emerging suggest a large

number of young people spend quite a long time doing this: over two-fifths of the sample said that they spent 3 hours or more watching TV/videos on an average weekday.

Table 59: Hours spent watching television or videos on an average weekday (%)

	Boys	Girls
None	2.1	2.3
Half-hour or less	8.6	7.5
About 1 hour	19.9	17.8
About 2 hours	26.2	28.7
About 3 hours	16.2	17.6
About 4 hours	9.2	10.9
5 hours or more	17.7	15.1

The important question that arises in this analysis is whether there a relationship between leisure activities and substance use. In other words, is it the case that some forms of leisure activity are associated with reduced or increased use of alcohol or other drugs? The information relevant to this question is shown in Table 60 for all students combined; separate analyses for boys and girls did not yield any gender differences.

Two striking features are evident from the data in Table 60. First, apart from time spent watching TV/videos, the correlations are consistently negative, indicating that involvement in any of the leisure activities is associated with some small tendency to be less involved with drink and/or drugs. The second and equally important point is that the correlations are extremely small. The fact that some are statistically significant reflects the large sample size rather than the size of the correlation.

The fact that none of the correlations reach 0.1 should be borne in mind in considering those that do attain statistical significance. As can be seen in Table 60, hours spent watching TV/videos was positively, but weakly related to reports of being drunk in recent times (i.e. during last 30 days) – in other words, the people who watched more hours of TV were slightly more likely to indicate that they had recently been drunk.

The correlations between substance use and other activities are negative (although very low), indicating that involvement in these activities is weakly related to less substance use. This is the case for those actively participating in sports and reading books for enjoyment, as well as for involvement in other hobbies. It is also of interest that some activities are not related to substance use, including use of the Internet and attending an organised youth activity or club.

Table 60: Correlations between leisure activities and substance use

	Recent Alcohol use	Recently Being drunk	Recent Cannabis use
Watching TV/videos	0.02	0.06*	0.04
Play computer games	-0.02	0.00	-0.01
Actively participate in sports, athletics or exercising	-0.01	-0.07*	-0.05*
Read books for enjoyment	-0.02	-0.04*	-0.09*
Go out in the evening (to disco, café, party)	-0.03	-0.01	-0.04
Other hobbies (play instrument, sing, draw, write)	-0.05*	-0.02	-0.06*
Use the Internet for leisure activities	-0.02	-0.03	-0.02
Attended an organised youth activity/club	-0.03	-0.03	-0.05

* Significance = $p < 0.01$

School success/Missing classes

Respondents were asked on many days *during the last 30 days* had they missed school classes/ lessons, and particularly the number of occasions on which they had 'skipped' classes. Table 61 shows that nearly three-quarters of respondents did not skip any classes. At the other extreme, a relatively small percentage (about 4%) indicated that they had skipped classes on 7 or more occasions.

Table 61: Missing classes deliberately ('skipping') during last 30 days (%)

	Boys	Girls
None	71.3	75.2
1 day	10.0	9.2
2 days	7.1	5.9
3-4 days	5.9	4.4
5-6 days	1.7	1.4
7 days or more	4.0	3.9

Respondents were also asked about the grade that they thought best described their average grade at the end of the last school term. Table 62 shows the pattern of results, from which it is evident that a distribution emerges that might be expected in terms of the normal distribution. Specifically, the grades B, B- and C account for over 70% of the students' self-assessed grades. Only about 5% said that their grade was a D or a D-.

There are only modest differences between boys and girls in the reported grades. The only major difference is in regard to the percentage who indicated that they had a B grade: more than 28% of girls said that they had obtained this grade at the end of the last school term, but only a little over 20% of boys reported a B grade. This is an interesting outcome since in many studies boys report a higher grade, despite the fact that their actual achievement is typically below that of girls.

Table 62: Perceived average grade for last school term (%)

Grade	Boys	Girls
A	3.9	3.8
A-	9.9	9.0
B	20.8	28.6
B-	23.8	21.4
C	26.9	25.7
C-	9.5	6.7
D	3.5	3.2
D-	1.8	1.5

An important question to consider here is the association, if any, between substance use and involvement in school as measured by means of frequency of skipping classes (truancy) and average grade. The correlations between these and recent alcohol use, recently being drunk and recent cannabis use are shown in Table 63. The results show that the correlations are largely in the predicted direction. Frequency of skipping classes correlates weakly, but positively with alcohol and cannabis use, and for the latter measure, the correlation is statistically significant. The correlations are slightly stronger in the case of perceived average grade.

It is of particular interest that the correlations with cannabis use are actually statistically significant, albeit extremely small. This might be interpreted as indicating that the effects

of involvement with school are somewhat stronger in the case of legal rather than with illegal substances.

Table 63: Correlations between involvement in school and substance use

	Recent Alcohol use	Recently Being drunk	Recent Cannabis use
Frequency of skipping classes	0.01	0.04	0.05*
Perceived average grade	-0.04	-0.03	-0.06*

* Significance = $p < 0.01$

School education/Experiences

Respondents were asked to express their views on their experiences of the way in which their school had made them aware of concerns about alcohol and drugs, how school had helped them to understand the influences of these substances and if the school had equipped them to deal with peer pressure in relation to experimenting with drugs. Five response options were available, ranging from 'very satisfied' to 'very dissatisfied' (the responses have been collapsed into 3 categories in Table 64 for ease of presentation).

Table 64 shows that the percentage expressing the view 'hard to say' (meaning 'don't know') is relatively high: for some questions, close to one-third of respondents gave this answer. This may reflect the fact that alcohol and drugs involve a great number of interacting influences and to identify the particular role played by the school could be quite demanding.

Overall, the results indicate a good deal of satisfaction among respondents with the way in which their school prepared them on these issues. One way of making a judgement on this is to compare the percentage of those who were satisfied with those who were dissatisfied. Taking this approach, the number expressing satisfaction with their school experiences is 2 to 3 times greater than the number who expressed dissatisfaction.

Table 64: Perception of school experiences in relation to drug and alcohol education (%)

	Satisfied	Hard to say	Dissatisfied
Boys			
Equipped me to deal with peer pressure	48.6	31.3	20.1
Promoted an awareness of concerns with regard to alcohol misuse	57.8	21.8	20.4
Promoted an awareness of concerns with regard to drug misuse	65.0	16.4	18.5
Help me to understand what influences young people to experiment with drugs	59.2	19.4	21.4
Girls			
Equipped me to deal with peer pressure	50.3	33.3	16.4
Promoted an awareness of concerns with regard to alcohol misuse	57.5	24.4	18.1
Promoted an awareness of concerns with regard to drug misuse	62.4	19.4	18.3
Help me to understand what influences young people to experiment with drugs	58.9	21.3	19.7

To examine the implications of the positive views of school experiences, we looking at the relationship between the perception of school programmes and actual substance use. The question to be considered is – is it the case that young people who take a positive view are likely to perceive the risks with substance use differently than those who take a less positive view? This question is examined in Tables 65 and 66 in relation to perception of risks of cigarette smoking and regular drinking. These correlations are very low, but they are positive, indicating that those students who were positive about school experiences were slightly more likely to judge the risk as greater. Two of the correlations are statistically significant and both relate to cigarette smoking.

Table 65: Correlations between perception of effectiveness of school programmes and perceived risks of cigarette smoking and regular drinking

	Risks of cigarette smoking	Risks of regular drinking
Felt equipped for dealing with peer pressure	0.06*	0.03
Awareness of alcohol misuse	0.01	0.02
Awareness of drug misuse	0.03	0.02
Felt they had an understanding influences on drug experimentation	0.06*	0.01

* Significance = $p < 0.01$

The corresponding correlations in relation to perception of risks of using cannabis and ecstasy are shown in Table 66. It is worth emphasising that, again, the correlations are quite low. However, in the case of perceived risks of cannabis use, the four correlations are statistically significant. In other words, those students who thought that school had equipped them to deal with peer pressure were aware of drug misuse; they also felt that they had an understanding of the influences on drug experimentation; and, finally, they were more likely to think that taking cannabis regularly posed a greater risk than those who did not perceive school programmes in that way.

Table 66: Correlations between perception of effectiveness of school programmes and perceived risks of using cannabis and ecstasy

	Risks of using cannabis regularly	Risks of using ecstasy regularly
Felt equipped for dealing with peer pressure	0.11*	0.01
Awareness of alcohol misuse	0.09*	0.01
Awareness of drug misuse	0.11*	0.04
Felt they had an understanding influences on drug experimentation	0.12*	0.05*

* Significance = $p < 0.01$

Summary and Conclusions

The ESPAD 2007 Ireland Survey provides valuable new information on how alcohol is purchased or obtained, and also on the locations where drinking takes place. Respondents reported that the single most common way of obtaining alcohol was to have friends or siblings buy it on their behalf. With regard to location, the most popular venue for drinking was either in their own home or at a friend's home. It is also worth noting that an 'uncontrolled' setting (e.g. on the street, in a park, beach or other open area) was also a popular location for the consumption of alcohol.

The survey also provides information on the sources of getting cigarettes. The most popular way was through friends. It is also of interest that a significant minority said that they bought cigarettes in a shop or similar location; getting cigarettes from a vending machine was not a substantial category.

A number of important findings emerge on parenting. The perception by respondents that parents set definite rules is not an important influence. However, parental monitoring (or rather children's perceptions of parental monitoring) is a major factor in preventing substance misuse – young people are very aware of their parents 'keeping an eye' on their activities. The indications are that emotional support and care from parents are moderately related to substance use; they are more important than the setting of rules, but are less influential than the perception of parental monitoring.

Findings show that the majority of respondents spend a lot of their leisure time both on the Internet and in sporting activities (about four-fifths on a weekly basis or more often). A relatively smaller number of young people (under 33%) read books on a regular basis and less than one-fifth (20%) are involved in an organised youth club. A large number of young people spend a lot of time watching TV or videos: over two-fifths said that they spend 3 hours or more on an average weekday doing this.

Overall, the study found that the relationship between substance use and leisure activities is extremely modest for all the activities explored here and suggests that it is unlikely that the lack of suitable alternative leisure activities is a major influence on substance misuse.

A complex picture emerges on the findings relating to school influences and substance use. Involvement and satisfaction in school is very weakly related to substance misuse; in fact, the patterns suggest that the effects of involvement with school are somewhat stronger in the case of legal substances (e.g. alcohol) than illegal ones. Generally, the study's respondents expressed satisfaction with the way in which their school had prepared them to deal with peer pressure in relation to experimenting with substances and in making them aware of issues surrounding their use. While a survey approach such as this cannot measure effectiveness, these are important findings on the perception by students of such educational programmes by schools. Finally, there are some indications that those students who viewed their school experiences in a positive light also perceived greater risks in the case of using some drugs.

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Appendix 1: Substance use by respondents with a long-term illness or disability

As noted in the Introduction to this report, there is an opportunity in the ESPAD Survey to ask additional questions that are specific to particular countries. Sometimes this is because some substances are of particular concern at a particular time, while in other cases, issues arise that can be appropriately investigated in surveys like ESPAD.

Some of the country-specific issues recommended for inclusion in ESPAD 2007 by the Irish Advisory Group related to whether Irish 15-16 year-olds had a long-term illness, disability or medical condition (like diabetes, asthma, allergy or cerebral palsy) that had been diagnosed by a doctor and, if so, whether this condition affected their attendance and participation in school. As will be seen, a substantial number of respondents (18%) in ESPAD 2007 reported having such an illness or disability. Results are presented below on the association, if any, with various kinds of substance use, as well as particular aspects of social behaviour that are of importance.

Prevalence of illness or disability

Over 18% of respondents indicated that they have a long-term illness or disability (*see Table A1-1*). While slightly more girls than boys said that this was the case, the difference was not statistically significant.

Table A1-1: Prevalence of long-term illness or disability (%)

	Boys	Girls	All
Yes	17.4	19.1	18.4
No	82.6	80.8	81.7

Respondents reporting an illness/disability were asked whether or not their condition affected their attendance and participation in school. Just over one-fifth of boys and a similar percentage of girls indicated that this was the case. Stated in terms of the overall sample, just under 4% indicated that their illness/disability was interfering with their involvement in school, while 14% said that it had no influence.

Cigarette smoking and long-term illness/disability

Table A1-2 shows the association between having an illness/disability and cigarette smoking. The differences are not dramatic, but generally indicate that those respondents with an illness/disability tended to report smoking more than those without such a condition. This was especially the case at the higher levels of smoking: 12% of young people with an illness/disability indicated that they smoked 6 or more cigarettes each day, while the comparable figure for those without such a condition was 8.5%. The differences emerged as statistically significant (chi-square (df = 16) = 45.32, $p < 0.001$).

Table A1-2: Frequency of smoking during last 30 days and long-term illness/disability (%)

	Yes	No
Not at all	74.8	76.3
Less than 1 cigarette per week	5.3	6.4
Less than 1 cigarette per day	3.0	3.6
1-5 cigarettes per day	4.3	4.9
6-10 cigarettes per day	5.5	4.7
11-20 cigarettes per day	4.5	2.8
More than 20 cigarettes per day	2.0	1.0

Leisure activities and long-term illness/disability

Since information was sought on the frequency of involvement in a range of leisure activities, it is of interest to know whether those respondents reporting a long-term illness/disability differed from those who did not have such a condition. It is particularly interesting that, compared to other people, more of those with a long-term illness/disability said that they were involved in playing computer games and in reading books for enjoyment. However, there were no significant differences in the percentages of those with and without an illness/disability who reported actively participating in sports or going out in the evening. Some other activities were also included in the analysis and none of these showed a statistically significant difference.

Table A1-3: Leisure activities at least once a week and long-term illness/disability (%)

	Yes	No	Significance
Play computer games	42.4	38.0	p<0.05
Actively participate in sports	82.0	84.6	not significant
Read books for enjoyment	32.4	25.8	p<0.01
Go out in the evening	46.8	47.8	not significant

Alcohol consumption and long-term illness/disability

The extent of differences between those young people with and without a long-term illness/disability was examined in relation to various measures of alcohol consumption and getting drunk. These measures included frequency of drinking over the lifetime, last year and last month (recent drinking). There were no significant differences between the two groups of young people.

Only on one of the measures (frequency of getting drunk over the lifetime) did a difference emerge (*see Table A1-4*) and this barely reached statistical significance (chi-square = 8.73, p <0.05). The small difference that emerged was at the highest level of use and is relatively minor in scale.

Table A1-4: Lifetime reports of getting drunk and long-term illness/disability (%)

	Yes	No
Never	47.8	47.6
1-2 times	18.0	18.2
3-5 times	9.8	11.3
6-9 times	7.3	6.4
10-19 times	5.5	8.0
20-39 times	5.0	3.9
40 times or more	6.8	4.7

Frequency of taking prescription drugs

One of the questions asked of all respondents was whether or not they had taken prescription drugs at any time in their lives and, if so, did they take them for less than 3 weeks or for more than 3 weeks. The data in Table A1-5 shows, as might be expected, some differences between those respondents who reported a long-term illness/disability and those who did not. Although the differences were not major, they were statistically significant (chi-square = 43.2, $p < 0.001$). The major difference emerges with regard to the number who said that they had taken sedatives/tranquillisers for more than 3 weeks: while 4.3% of people with a long-term illness/disability fell into this category, this was the case for less than 1% of those who did not have such a condition.

Table A1-5: Frequency of taking sedatives/tranquillisers on prescription and long-term illness/disability (%)

	Yes	No
Not at all	83.0	88.9
Yes, for less than 3 weeks	12.8	7.3
Yes, for 3 weeks or more	4.3	0.9

Solvent/inhalant use and long-term illness/disability

Tables A1-6 and A1-7 show the frequency of use of solvents over the lifetime and in the last 30 days. Somewhat more respondents with a long-term illness/disability reported using solvents at some time during their lives (*see Table A1-6*). This difference is especially noticeable in the percentage who had used solvents 40 times or more (2.3%) compared to 0.6% of people who did not report having a disability. Overall, the difference is statistically significant (chi-square = 54.3, $p < 0.001$).

Table A1-6: Frequency of lifetime solvent use and long-term illness/disability (%)

	Yes	No
Never	80.1	85.8
1-2 times	11.8	8.4
3-5 times	2.3	2.6
6-9 times	2.8	1.1
10-19 times	0.3	0.8
20-39 times	0.5	0.6
40 times or more	2.3	0.6

The pattern of results for solvent use in the last 30 days (*see Table A1-7*) is broadly similar to lifetime usage and shows a significant difference (chi-square = 39.93, $p < 0.001$).

Table A1-7: Frequency of solvent use during last 30 days and long-term disability (%)

	Yes	No
Never	90.8	94.4
1-2 times	3.3	1.8
3-5 times	1.1	1.0
6-9 times	1.0	0.5
10-19 times	1.0	0.8
20-39 times	1.5	0.6
40 times or more	1.8	1.0

Illegal drug use and long-term illness/disability

The association of the various measures of illegal substance use with long-term illness/disability was also examined. These included cannabis and ecstasy use (lifetime, last year and last month). With one exception, no significant difference emerged between those respondents with and without a long-term illness/disability.

Only in the case of frequency of use of cannabis was a significant difference observed. Table A1-8 shows that somewhat more young people with a long-term illness/disability had tried cannabis during the last 30 days. This difference is statistically significant (chi-square = 32.68, $p < 0.001$).

Table A1-8: Cannabis use during last 30 days and long-term illness/disability (%)

	Yes	No
Not at all	85.3	89.5
1-2 times	7.2	4.6
3-5 times	1.6	1.7
6-9 times	1.0	1.1
10-19 times	1.6	1.7
20-39 times	0.8	0.4
40 times or more	2.1	1.0

Summary

It should be stressed that the differences observed between those respondents who reported having a long-term illness/disability and those who did not report such a condition are modest and on most measures of substance use, no significant difference emerged. Respondents with a long-term illness/disability were more likely to play computer games and read books than were those who did not report such a condition. Not surprisingly, those people with an illness/disability were more likely to indicate that they had used sedatives/tranquillisers prescribed by a doctor than were other adolescents. They were also more likely to have smoked more cigarettes, to have tried solvents and to have used cannabis more often during the last 30 days than were people without an illness/disability.

Appendix 2: ESPAD 2007 Questionnaire – Ireland



DEPARTMENT
OF HEALTH & CHILDREN
AN ROINN SLÁINTE
AGUS LEANAÍ

ESPAD

The European School Survey Project on Alcohol and Other



Student questionnaire

Before you start, please read this

This questionnaire is part of a study on alcohol, drugs and smoking among young people of your age in more than 35 European countries. This is the fourth survey of its kind. The first one was done in 1995, the second in 1999 and the third in 2003. In Ireland, the survey is carried out by Dr. Mark Morgan of St. Patrick's College, Dublin with the support of the Department of Health and Children.

The results will be presented in a national report as well as in a comparison of the results from all countries involved. The report will not include any results of single classes and schools.

Your class has been randomly selected to take part in this study. You are one out of about 2,800 students in Ireland participating in the study. The results of the survey will be used by government policy makers and researchers to make decisions with regard to alcohol and drugs.

This is an anonymous questionnaire – it does not include your name or any other information, which would identify you individually. When you have finished the questionnaire, please put it in the enclosed envelope and seal it yourself. Do not write your name on that either. Your teacher will collect the envelopes when you are finished

If the study is to be successful, it is important that you answer each question truthfully; remember your answers are totally anonymous.

The study is completely voluntary. If there is any question with which you have a problem with for any reason, just leave it blank.

This is not a test. There are no right or wrong answers. If you do not find an answer that fits exactly, mark the one that comes closest. Please, mark the appropriate answer to each question by making an "X" in the box.

We hope you will find the questionnaire interesting. If you have a question, please raise your hand and your teacher will help.

Thank you in advance for your completing this questionnaire.

Before beginning be sure to read the instructions on the cover.
Please mark your answer to each question by marking an "X" in the appropriate box.

The first questions ask for some background information about yourself and the kinds of things that you might do.

1 What is your sex?

- 1 Male
2 Female

2 When were you born?

Year 19

2a Do you have a long-term illness, disability or medical condition (like diabetes, asthma, allergy or cerebral palsy) that has been diagnosed by a doctor

- 1 Yes
2 No

2b Does your long-term illness, disability or medical condition affect your attendance and participation in school?

- 1 I do not have a long term illness, disability or medical condition
2 Yes
3 No

3 How often (if at all) do you do each of the following?

Mark one box for each line.

	Never	A few times a year	Once or twice a month	At least once a week	Almost every day
a) Play computer games	<input type="checkbox"/>				
b) Actively participate in sports, athletics or exercising	<input type="checkbox"/>				
c) Read books for enjoyment (do not count schoolbooks)	<input type="checkbox"/>				
d) Go out in the evening (to a disco, cafe, party etc)	<input type="checkbox"/>				
e) Other hobbies (play an instrument, sing, draw, write) ..	<input type="checkbox"/>				
f) Go around with friends to shopping centres, streets, parks etc just for fun.....	<input type="checkbox"/>				
g) Use the Internet for leisure activities (chats, looking for music, playing games etc).....	<input type="checkbox"/>				
h) Play on slot/poker machines (the kind in which you may win money)	<input type="checkbox"/>				
i) Attended an organised youth activity/club.....	<input type="checkbox"/>				
	1	2	3	4	5

4 During the LAST 30 DAYS on how many days have you missed one or more classes/lessons?

Mark one box for each line.

	None	1 day	2 days	3-4 days	5-6 days	7 days or more
a) Because of illness	<input type="checkbox"/>					
b) Because you skipped or "cut"	<input type="checkbox"/>					
c) For other reasons.....	<input type="checkbox"/>					
	1	2	3	4	5	6

5 Which of the following best describes your average grade at the end of the last term?

- 1 A (90–100)
- 2 A- (85–89)
- 3 B (75–84)
- 4 B- (70–74)
- 5 C (60–69)
- 6 C- (55–59)
- 7 D (45–54)
- 8 D- (40–44)

The next major section of this questionnaire deals with cigarettes, alcohol and various other drugs. There is a lot of talk these days about these subjects, but very little accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age.

The following questions are about CIGARETTE SMOKING.

6 How difficult do you think it would be for you to get cigarettes if you wanted?

- 1 Impossible
- 2 Very difficult
- 3 Fairly difficult
- 4 Fairly easy
- 5 Very easy
- 6 Don't know

7 On how many occasions (if any) during your lifetime have you smoked cigarettes?

- | Number of occasions | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1–2 | 3–5 | 6–9 | 10–19 | 20–39 | 40 or more |
| <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

8 How frequently have you smoked cigarettes during the LAST 30 DAYS?

- 1 Not at all
- 2 Less than 1 cigarette per week
- 3 Less than 1 cigarette per day
- 4 1–5 cigarettes per day
- 5 6–10 cigarettes per day
- 6 11–20 cigarettes per day
- 7 More than 20 cigarettes per day

8a On the last occasion when you smoked, where did you get the cigarettes:

- 1 I have never smoked cigarettes
- 2 Bought in a newsagent/shop/supermarket
- 3 Bought in a garage shop
- 4 Bought in a pub
- 5 Bought from a machine
- 6 Friends gave them to me
- 7 Brothers/sisters gave them to me
- 8 Some other way

9 When (if ever) did you FIRST do each of the following things?

Mark one box for each line.

	Never	9 years old or less	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old	16 years or older
a) Smoke your first cigarette	<input type="checkbox"/>								
b) Smoke cigarettes on a daily basis..	<input type="checkbox"/>								
	1	2	3	4	5	6	7	8	9

9a Have you ever tried to quit smoking cigarettes?

- 1 I have never smoked
- 2 I never tried to quit
- 3 I tried and quit successfully
- 4 I tried but was unsuccessful

The next questions are about **ALCOHOLIC BEVERAGES** – including beer, cider, alcopops (premixed drinks), wine and spirits.

10 How difficult do you think it would be for you to get each of the following, if you wanted?

Mark one box for each line.

	Impossible	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
a) Beer (including lager or stout)	<input type="checkbox"/>					
b) Cider	<input type="checkbox"/>					
c) Alcopops	<input type="checkbox"/>					
d) Wine	<input type="checkbox"/>					
e) Spirits (vodka, whisky, shot drinks etc)....	<input type="checkbox"/>					
	1	2	3	4	5	6

11 On how many occasions (if any) have you had any alcoholic beverage to drink?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime.....	<input type="checkbox"/>						
b) During the last 12 months.....	<input type="checkbox"/>						
c) During the last 30 days	<input type="checkbox"/>						
	1	2	3	4	5	6	7

12 Think back over the LAST 30 DAYS. On how many occasions (if any) have you had any of the following to drink?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) Beer (including lager or stout)	<input type="checkbox"/>						
b) Cider	<input type="checkbox"/>						
c) Alcopops	<input type="checkbox"/>						
d) Wine	<input type="checkbox"/>						
e) Spirits (vodka, whisky, shot drinks etc)	<input type="checkbox"/>						
	1	2	3	4	5	6	7

The following questions are about the last day you drank alcohol.

13 When was the last day you drank alcohol?

- 1 I never drink alcohol
- 2 1–7 days ago
- 3 8–14 days ago
- 4 15–30 days ago
- 5 1 month – 1 year ago
- 6 More than 1 year ago

14 Think of the LAST DAY that you drank any alcohol. Which of the following beverages did you drink on that day?

Mark all that apply.

- 1 I never drink alcohol
- 2 Beer (including lager or stout)
- 3 Cider
- 4 Alcopops
- 5 Wine
- 6 Spirits

14a If you drank beer (that last day you drank any alcohol, what measure/size of beer did you have?)

- 1 I never drink beer (go to q14 c)
- 2 I did not drink beer on the last day that I drank alcohol (go to q14 c)
- 3 Pint (568 ml) or large can (500ml) (go to q14 b)
- 4 Half pint (284 ml) or small can (330 ml) (go to q14b)

14b How many drinks of that size/measure did you have?

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more

14c If you drank cider (that last day you drank any alcohol) what measure of cider did you have?

- 1 I never drink cider (go to q14 e)
- 2 I did not drink cider on the last day that I drank alcohol (go to q14 e)
- 3 Pint (568 ml) or large can (500ml) (go to q14 d)
- 4 Half pint (284 ml) or small can (330 ml) (go to q14d)

14d How many drinks of that size/measure did you have?

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more

14e If you drank alcopops that last day you drank any alcohol, how much did you drink?

- 1 I never drink alcopops
- 2 I did not drink alcopops on the last day that I drank alcohol
- 3 Less than 2 regular bottles
- 4 2–3 regular bottles
- 5 4–6 regular bottles
- 6 7 or more regular bottles

14f If you drank wine that last day you drank any alcohol, how much did you drink?

- 1 I never drink wine
- 2 I did not drink wine on the last day that I drank alcohol
- 3 Less than 2 glasses (quarter bottle)
- 4 Half a bottle
- 5 Most of a bottle
- 6 A bottle or more

14g If you drank spirits that last day you drank any alcohol, how much did you drink?

- 1 I never drink spirits
- 2 I did not drink spirits on the last day that I drank alcohol
- 3 Less than 2 drinks
- 4 2-3 drinks
- 5 4-6 drinks

14h Please indicate on this scale from 1 to 10 how drunk you would say you were that last day you drank alcohol. (If you felt no effect at all you should mark "1".)

Heavily intoxicated, for example not remembering what happened

Not at all

1 2 3 4 5 6 7 8 9 10

I never drink alcohol

11

14i On the last occasion that you drank, where did you get the alcohol? (tick as many as apply)

- 1 In a pub/disco
- 2 In an off license
- 3 In a supermarket
- 4 In a sports club
- 5 Older brothers/sisters or friends bought it for me
- 6 I took it from home unknown to my parents
- 7 Parents gave it to me
- 8 I get it some other way

The next questions are about alcohol consumption during the last 30 days.

15 Think back over the LAST 30 DAYS. On how many occasions (if any) have you bought beer, cider, alcopops, wine or spirits in a shop or store (supermarket, off-license or petrol station) for your own consumption ?

Mark one box for each line.

	Number of occasions					
	0	1-2	3-5	6-9	10-19	20 or more
a) Beer (including lager or stout)	<input type="checkbox"/>					
b) Cider	<input type="checkbox"/>					
c) Alcopops	<input type="checkbox"/>					
d) Wine	<input type="checkbox"/>					
e) Spirits (vodka, whisky, shot drinks etc).....	<input type="checkbox"/>					
	1	2	3	4	5	6

16 Think back once more over the **LAST 30 DAYS**. On how many occasions (if any) have you drunk beer, cider, alcopops, wine or spirits in a pub, bar, restaurant or disco?

Mark one box for each line.

	Number of occasions					
	0	1-2	3-5	6-9	10-19	20 or more
a) Beer (including lager or stout)	<input type="checkbox"/>					
b) Cider	<input type="checkbox"/>					
c) Alcopops	<input type="checkbox"/>					
d) Wine	<input type="checkbox"/>					
e) Spirits (vodka, whisky, shot drinks).....	<input type="checkbox"/>					
	1	2	3	4	5	6

17 Think back again over the **LAST 30 DAYS**. How many times (if any) have you had five or more drinks on one occasion?.

1 None
 2 1
 3 2
 4 3-5
 5 6-9
 6 10 or more times

The next couple of questions are also about alcohol.

18 On how many occasions (if any) have you been drunk from drinking alcoholic beverages, for example staggered when walking, not being able to speak properly, throwing up or not remembering what happened?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime	<input type="checkbox"/>						
b) During the last 12 months	<input type="checkbox"/>						
c) During the last 30 days	<input type="checkbox"/>						
	1	2	3	4	5	6	7

19 When (if ever) did you **FIRST** do each of the following things?

Mark one box for each line.

	Never	9 years old or less	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old	16 years or older
a) Drink beer (at least one glass).....	<input type="checkbox"/>								
b) Drink cider (at least one glass).....	<input type="checkbox"/>								
c) Drink alcopops (at least one glass).....	<input type="checkbox"/>								
d) Drink wine (at least one glass)	<input type="checkbox"/>								
e) Drink spirits (at least one glass)	<input type="checkbox"/>								
f) Get drunk on alcohol	<input type="checkbox"/>								
	1	2	3	4	5	6	7	8	9

20 How likely is it that each of the following things would happen to you personally, if you drink alcohol?

Mark one box for each line.

	Very likely	Likely	Unsure	Unlikely	Very unlikely
a) Feel relaxed.....	<input type="checkbox"/>				
b) Get into trouble with police	<input type="checkbox"/>				
c) Harm my health	<input type="checkbox"/>				
d) Feel happy.....	<input type="checkbox"/>				
e) Forget my problems	<input type="checkbox"/>				
f) Not be able to stop drinking	<input type="checkbox"/>				
g) Get a hangover	<input type="checkbox"/>				
h) Feel more friendly and outgoing.....	<input type="checkbox"/>				
i) Do something I would regret.....	<input type="checkbox"/>				
j) Have a lot of fun	<input type="checkbox"/>				
k) Feel sick	<input type="checkbox"/>				
	1	2	3	4	5

21 BECAUSE OF YOUR OWN ALCOHOL USE, how often during the LAST 12 MONTHS have you experienced the following?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) Physical fight	<input type="checkbox"/>						
b) Accident or injury	<input type="checkbox"/>						
c) Serious problems with your parents	<input type="checkbox"/>						
d) Serious problems with your friends	<input type="checkbox"/>						
e) Performed poorly at school or work	<input type="checkbox"/>						
f) Victimized by robbery or theft	<input type="checkbox"/>						
g) Trouble with police	<input type="checkbox"/>						
h) Hospitalised or admitted to an emergency room	<input type="checkbox"/>						
	1	2	3	4	5	6	7

21a Think of that last day on which you drank alcohol. Where were you when you drank?

Mark all that apply.

- 1 I never drink alcohol
- 2 At home
- 3 At someone else's home
- 4 Out on the street, in a park, beach or other open area
- 5 At a bar or a pub
- 6 In a disco
- 7 In a restaurant
- 8 Other places (please describe)

Tranquillisers and sedatives are sometimes prescribed by doctors to help people to calm down, get to sleep or to relax. Pharmacies are not allowed to sell them without a prescription.

22 Have you ever taken tranquillisers or sedatives because a doctor told you to take them?

- 1 No, never
- 2 Yes, but for less than 3 weeks
- 3 Yes, for 3 weeks or more

The next questions ask about cannabis (marijuana or hashish)

23 How difficult do you think it would be for you to get cannabis if you wanted?

- 1 Impossible
- 2 Very difficult
- 3 Fairly difficult
- 4 Fairly easy
- 5 Very easy
- 6 Don't know

24 On how many occasions (if any) have you used cannabis?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime.....	<input type="checkbox"/>						
b) During the last 12 months.....	<input type="checkbox"/>						
c) During the last 30 days.....	<input type="checkbox"/>						
	1	2	3	4	5	6	7

25 When (if ever) did you FIRST try cannabis?

- 1 Never
- 2 9 years old or less
- 3 10 years old
- 4 11 years old
- 5 12 years old
- 6 13 years old
- 7 14 years old
- 8 15 years old
- 9 16 years or older

26 Have you ever had the opportunity to try cannabis, but refused it.

- 1 No, I never had this opportunity
- 2 Yes, I have had the opportunity but refused it.

26a If you answered yes to question 26 above, how many times has this happened in your life?

- 1 1-2
- 2 3-5
- 3 6-9
- 4 10-19
- 5 20-39
- 6 40 or more

The next questions ask about some other drugs.

27 How difficult do you think it would be for you to get each of the following, if you wanted?

Mark one box for each line.

	Impossible	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
a) Amphetamines (uppers, pep pills, bennies, speed).....	<input type="checkbox"/>					
b) Tranquillisers or sedatives	<input type="checkbox"/>					
c) Ecstasy	<input type="checkbox"/>					
d) Inhalants (like glue or solvents).....	<input type="checkbox"/>					
	1	2	3	4	5	6

28 On how many occasions (if any) have you used ecstasy?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime.....	<input type="checkbox"/>						
b) During the last 12 months.....	<input type="checkbox"/>						
c) During the last 30 days	<input type="checkbox"/>						
	1	2	3	4	5	6	7

29 On how many occasions (if any) have you used inhalants (glue, solvents) to get high?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime.....	<input type="checkbox"/>						
b) During the last 12 months.....	<input type="checkbox"/>						
c) During the last 30 days	<input type="checkbox"/>						
	1	2	3	4	5	6	7

30 On how many occasions in your lifetime (if any) have you used any of the following drugs?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) Tranquillisers or sedatives (without a doctor's prescription)	<input type="checkbox"/>						
b) Amphetamines	<input type="checkbox"/>						
c) LSD or some other hallucinogens	<input type="checkbox"/>						
d) Crack	<input type="checkbox"/>						
e) Cocaine	<input type="checkbox"/>						
f) Relewin	<input type="checkbox"/>						
g) Heroin.....	<input type="checkbox"/>						
h) "Magic mushrooms"	<input type="checkbox"/>						
i) GHB.....	<input type="checkbox"/>						
j) Anabolic steroids	<input type="checkbox"/>						
k) Drugs by injection with a needle (like heroin, cocaine, amphetamine)	<input type="checkbox"/>						
l) Alcohol together with pills (medication) in order to get high	<input type="checkbox"/>						
	1	2	3	4	5	6	7

31 When (if ever) did you FIRST do each of the following things?

Mark one box for each line.

	Never	9 years old or less	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old	16 years or older
a) Try amphetamines	<input type="checkbox"/>								
b) Try tranquillisers or sedatives (without a doctor's prescription).....	<input type="checkbox"/>								
c) Try ecstasy	<input type="checkbox"/>								
d) Try inhalants (glue, etc) in order to get high.....	<input type="checkbox"/>								
e) Try alcohol together with pills (medication) in order to get high.....	<input type="checkbox"/>								
f) Try alcohol together with any other drug in order to get high.....	<input type="checkbox"/>								
	1	2	3	4	5	6	7	8	9

32 BECAUSE OF YOUR OWN DRUG USE (for example cannabis, ecstasy or amphetamines), how often during the LAST 12 MONTHS have you experienced the following?

Mark all that apply for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) Physical fight	<input type="checkbox"/>						
b) Accident or injury.....	<input type="checkbox"/>						
c) Serious problems with your parents	<input type="checkbox"/>						
d) Serious problems with your friends	<input type="checkbox"/>						
e) Performed poorly at school or work.....	<input type="checkbox"/>						
f) Victimized by robbery or theft.....	<input type="checkbox"/>						
g) Trouble with police	<input type="checkbox"/>						
h) Hospitalised or admitted to an emergency room	<input type="checkbox"/>						
	1	2	3	4	5	6	7

The next questions ask about different substances.

33 Think back of the LAST 30 DAYS. How much money have you spent on tobacco, alcohol and cannabis?

Mark one box for each line.

	Amount in Euro						
	0	€1-3 or less	€4-6	€7-15	€16-30	€31-70	€71 or more
a) Tobacco.....	<input type="checkbox"/>						
b) Alcohol.....	<input type="checkbox"/>						
c) Cannabis	<input type="checkbox"/>						
	1	2	3	4	5	6	7

34 How many of your friends would you estimate ...

Mark one box for each line.

	None	A few	Some	Most	All
a) smoke cigarettes	<input type="checkbox"/>				
b) drink alcoholic beverages (beer, cider, alcopops, wine, spirits).....	<input type="checkbox"/>				
c) get drunk.....	<input type="checkbox"/>				
d) smoke cannabis (marijuana or hashish)	<input type="checkbox"/>				
e) take tranquillisers or sedatives (without a doctor's prescription).....	<input type="checkbox"/>				
f) take ecstasy	<input type="checkbox"/>				
g) use inhalants (glue or solvents).....	<input type="checkbox"/>				
	1	2	3	4	5

35 Do any of your older siblings (older brothers or sisters)...

Mark one box for each line.

	Yes	No	Don't know	Don't have any older siblings
a) smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) drink alcoholic beverages (beer, cider, alcopops, wine, spirits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) get drunk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) smoke cannabis (marijuana or hashish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) take tranquillisers or sedatives (without a doctor's prescription).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) take ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) use inhalants (glue or solvents).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

36 How much do you think PEOPLE RISK harming themselves (physically or in other ways), if they ...

Mark one box for each line.

	No risk	Slight risk	Moderate risk	Great risk	Don't know
a) smoke cigarettes occasionally.....	<input type="checkbox"/>				
b) smoke one or more packs of cigarettes per day.....	<input type="checkbox"/>				
c) have one or two drinks nearly every day.....	<input type="checkbox"/>				
d) have four or five drinks nearly every day	<input type="checkbox"/>				
e) have five or more drinks each weekend.....	<input type="checkbox"/>				
f) try cannabis (marijuana or hashish) once or twice	<input type="checkbox"/>				
g) smoke cannabis (marijuana or hashish) occasionally	<input type="checkbox"/>				
h) smoke cannabis (marijuana or hashish) regularly	<input type="checkbox"/>				
i) try ecstasy once or twice	<input type="checkbox"/>				
j) take ecstasy regularly	<input type="checkbox"/>				
k) try an amphetamine (uppers, pep pills, bennie, speed) once or twice.....	<input type="checkbox"/>				
l) take amphetamines regularly	<input type="checkbox"/>				
	1	2	3	4	5

The next questions ask about your parents. If mostly foster parents, step-parents or others brought you up answer for them. For example, if you have both a stepfather and a natural father, answer for the one that is the most important in bringing you up.

37 What is the highest level of schooling your father completed?

- 1 Completed primary school or less
- 2 Some secondary school
- 3 Completed secondary school
- 4 Some college or university
- 5 Completed college or university
- 6 Don't know
- 7 Does not apply

38 What is the highest level of schooling your mother completed?

- 1 Completed primary school or less
- 2 Some secondary school
- 3 Completed secondary school
- 4 Some college or university
- 5 Completed college or university
- 6 Don't know
- 7 Does not apply

39 How well off is your family compared to other families in your country?

- 1 Very much better off
- 2 Much better off
- 3 Better off
- 4 About the same
- 5 Less well off
- 6 Much less well off
- 7 Very much less well off

39a How satisfied are you usually with ...

Mark one box for each line.

	Very satisfied	Satisfied	Neither satisfied or not satisfied	Not so satisfied	Not at all satisfied
a) the financial situation of your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40 Which of the following people live in the same household with you?

Mark all that apply.

- 1 I live alone
- 2 Father
- 3 Stepfather
- 4 Mother
- 5 Stepmother
- 6 Brother(s)
- 7 Sister(s)
- 8 Grandparent(s)
- 9 Other relative(s)
- 10 Non-relative(s)

41 How satisfied are you usually with ...

	Very satisfied	Satisfied	Neither satis- fied nor not satisfied	Not so satisfied	Not at all satisfied	There is no such person
a) your relationship to your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) your relationship to your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) your relationship to your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

42 How often do the following statements apply to you?

Mark one box for each line.

	Almost always	Often	Some- times	Seldom	Almost never
a) My parent(s) set definite rules about what I can do at home	<input type="checkbox"/>				
b) My parent(s) set definite rules about what I can do outside the home ...	<input type="checkbox"/>				
c) My parent(s) know whom I am with in the evenings.....	<input type="checkbox"/>				
d) My parent(s) know where I am in the evenings	<input type="checkbox"/>				
e) I can easily get warmth and caring from my mother and/or father.....	<input type="checkbox"/>				
f) I can easily get emotional support from my mother and/or father.....	<input type="checkbox"/>				
g) I can easily borrow money from my mother and/or father	<input type="checkbox"/>				
h) I can easily get money as a gift from my mother and/or father	<input type="checkbox"/>				
i) I can easily get warmth and caring from my best friend	<input type="checkbox"/>				
j) I can easily get emotional support from my best friend	<input type="checkbox"/>				
	1	2	3	4	5

43 Do your parents know where you spend Saturday nights?

- 1 Know always
- 2 Know quite often
- 3 Know sometimes
- 4 Usually don't know

44 If you have ever used cannabis (marijuana or hashish), do you think that you would have said so in this questionnaire?

- 1 I already said that I have used it
- 2 Definitely yes
- 3 Probably yes
- 4 Probably not
- 5 Definitely not

The following section is about what you think of yourself.

45 During the LAST 7 DAYS, how often

Mark one box for each line.

	Rarely or never	Some- times	Several times	Most of the time
a) have you lost your appetite, you did not want to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) have you had difficulty in concentrating on what you want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) have you felt depressed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) have you felt that you had to put great effort and pressure to do the things you had to do.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) have you felt sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) couldn't you do your work (at home, at work, at school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

46 How much do you agree or disagree with the following statements?

Mark one box for each line.

	Totally agree	Rather agree	Don't know	Rather disagree	Totally disagree
a) You can break most rules if they don't seem to apply	<input type="checkbox"/>				
b) I follow whatever rules I want to follow	<input type="checkbox"/>				
c) In fact there are very few rules absolute in life	<input type="checkbox"/>				
d) It is difficult to trust anything, because everything changes	<input type="checkbox"/>				
e) In fact nobody knows what is expected of him/her in life	<input type="checkbox"/>				
f) You can never be certain of anything in life	<input type="checkbox"/>				
	1	2	3	4	5

The following questions concern behaviours, which may be against some social rules or the law. We hope that you will answer all the questions. Nevertheless, if you come across a question, which you cannot answer honestly, we prefer that you leave it unanswered. Remember that your answers are anonymous.

47 During the LAST 12 MONTHS, how often have you ...

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) hit one of your teachers	<input type="checkbox"/>						
b) got mixed into a fight at school or at work.....	<input type="checkbox"/>						
c) taken part in a fight where a group of your friends were against another group.....	<input type="checkbox"/>						
d) hurt somebody badly enough to need bandages or a doctor.....	<input type="checkbox"/>						
e) used any kind of weapon to get something from a person	<input type="checkbox"/>						
f) taken something not belonging to you, worth over €10.....	<input type="checkbox"/>						
g) taken something from a shop without paying for it.....	<input type="checkbox"/>						
h) set fire to somebody else's property on purpose.....	<input type="checkbox"/>						
i) damaged school property on purpose.....	<input type="checkbox"/>						
j) got into trouble with the police for something you did.....	<input type="checkbox"/>						
	1	2	3	4	5	6	7

48 How much TV or video do you estimate you watch on an average weekday?

- 1 None
- 2 Half-hour or less
- 3 About 1 hour
- 4 About 2 hours
- 5 About 3 hours
- 6 About 4 hours
- 7 5 hours or more

49 How satisfied are with your experiences in school with regard to the following:

	Very satisfied	Satisfied	Hard to Say	Dissatisfied	Very Dissatisfied
a) The way the school equipped me to deal with peer pressure	<input type="checkbox"/>				
b) promoted an awareness of concerns with regard to alcohol misuse.....	<input type="checkbox"/>				
c) Promoted an awareness of concerns with regard to drug misuse.....	<input type="checkbox"/>				
d) Help me to understand what influences young people like me to experiment with drugs.....	<input type="checkbox"/>				
	1	2	3	4	5

Now when you have reached the end of the questionnaire there are a few more questions we would like you to answer. Some of them are similar to questions you have answered earlier, but they are not the same.

50 On how many occasions (if any) have you been drunk from drinking alcoholic beverages?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime.....	<input type="checkbox"/>						
b) During the last 12 months.....	<input type="checkbox"/>						
c) During the last 30 days	<input type="checkbox"/>						
	1	2	3	4	5	6	7

51 Think back once more over the LAST 30 DAYS. How many times (if any) have you had five or more drinks in a row?

- 1 None
- 2 1
- 3 2
- 4 3-5
- 5 6-9
- 6 10 or more times

Appendix 3:

Comparison of ESPAD 2007 and HBSC 2006 for Ireland

The first results of the 2006 Health Behaviour in School-aged children (HBSC) Survey were published in 2007 (Nic Gabhainn *et al*, 2007). The sample involves four age groups: 8-9 years, 10-11 years, 12-14 years and 15-17 years. Obviously, the most relevant comparison group to ESPAD 2007 is the 15-17 age group. However, direct comparisons with the HBSC published figures are not appropriate since it is likely that some of the young people in that survey were younger than the ESPAD sample, while others were older.

However, with the help and cooperation of the HBSC researchers, it was possible to identify those respondents in the HBSC 2006 survey who were precisely within the age bands of the ESPAD 2007 sample, i.e. those between 15 years 7 months and 16 years 5 months. Because the HBSC sample is large, over 1,500 young people were identified as being within these age bands. Furthermore, since the sample is a nationwide one, the basis for comparison with the ESPAD survey is enhanced.

Obviously, there are challenges in making a comparison of one survey with another, especially when these are carried out at different times (one year apart) and have somewhat different procedures for administration. More importantly, some questions are different in phrasing or in the response options for respondents. For example, with regard to current cigarette smoking, both surveys asked about smoking during the last 30 days. In one case, an option was 'every day or nearly every day', while in the other the options were '20-29 times' and '40 times or more'. To equate this may be problematic, but it seems worth linking questions that are very similar to each other.

Fortunately, in some cases the questions and response options are precisely the same. This is the case for current drinking of alcohol. Both surveys asked about the last 30 days and gave precisely the same response options, ranging from 'never' to '40 times or more'.

In the discussion below, we consider the results emerging from the two surveys (HBSC 2006 and ESPAD 2007) in relation to alcohol consumption (including being drunk), cigarette smoking and cannabis use.

Alcohol consumption

The questions and response options for current alcohol consumption (i.e. *during the last 30 days*) seem to be virtually identical and thus afford an excellent point of comparison. Table A3-1 shows the results for both surveys. The most striking feature is that the differences at each comparison point (with one exception, *see below*) are at most 2-3 percentage points apart. In the case of boys, just over 42% said they did not drink during the last 30 days in the ESPAD survey and the figure for the HBSC survey was 44.9%, just 2.8% higher. In the case of girls, the figures are even closer (ESPAD 42.6% compared to HBSC 41.8%).

The one exception is the percentage of boys who consumed alcohol between 10-19 times (ESPAD 8.4% compared to HBSC 3.8%). However, this difference should be taken in the context of the similarities at other levels of frequency, e.g. 1-2 times and 3-5 times.

Table A3-1: Alcohol consumption during last 30 days – HBSC and ESPAD (%)

	Boys		Girls	
	HBSC	ESPAD	HBSC	ESPAD
Not at all	44.9	42.1	41.8	42.6
1-2 times	26.2	23.0	27.5	24.3
3-5 times	14.0	14.9	15.7	13.8
6-9 times	7.2	7.8	8.3	9.4
10-19 times	3.8	8.4	4.0	6.4
20-39 times	1.7	1.5	2.0	2.4
40 times or more	2.2	2.4	0.7	1.2

A comparison is also possible in relation to respondents having been drunk at any stage *in their lifetime*, although this comparison is somewhat more difficult. In terms of those who were ever or never drunk, the percentages are almost identical (*see Table A3-2*). Both surveys indicate that somewhat less than half of the respondents were never drunk at any time in their lives and also that the percentage of girls who reported never being drunk is very slightly less than that of boys (only about 2%). Since the response options were not directly comparable in terms of 'number of times being drunk', a comparison is made with regard to the closest point of comparison, i.e. those respondents who reported being drunk 'more than 4 times' or 'more than 6 times' in the two surveys. This comparison indicates strong similarity.

Table A3-2: Lifetime frequency of being drunk – HBSC and ESPAD (%)

	HBSC		ESPAD	
	Boys	Girls	Boys	Girls
Not at all	46.2	48.7	45.6	46.8
More than 4 times/ more than 6 times	26.6	22.4	25.2	22.7

Cigarette smoking

One set of questions relating to cigarette smoking affords a basis for comparison between the two surveys. Table A3-3 shows that the percentage of respondents who did not smoke is broadly similar (the difference is about 5%) and in both surveys relatively more girls than boys had smoked during the last 30 days. The response categories for those who had smoked are different in the two surveys. One possible point of comparison is between 'more than 20 times during the last 30 days' and 'smoke daily or nearly every day'. Assuming that these categories are broadly comparable, it is interesting that the two surveys give essentially similar percentages – over 13% of boys and over 17% of girls are seen to smoke regularly.

Table A3-3: Frequency of smoking during last 30 days – HBSC and ESPAD (%)

	HBSC		ESPAD	
	Boys	Girls	Boys	Girls
Not at all	73.3	67.5	79.6	72.7
More than 20 times/ smoke daily or nearly every day	13.2	17.1	13.9	17.4

Cannabis use

Two of the questions on cannabis use (lifetime and current use) among 15-16 years-olds are virtually identical. Table A3-4 shows a comparison of lifetime use, specifically the percentage who have never used cannabis and the percentage who have used the substance more than 6 times. About 6% more respondents indicated that they had used cannabis at some time in their lives in the ESPAD study. However, there is less than a 2% difference in the number reporting that they used the substance more than 6 times.

Table A3-4: Lifetime frequency of cannabis use – HBSC and ESPAD (%)

	HBSC		ESPAD	
	Boys	Girls	Boys	Girls
Not at all	70.1	76.4	76.3	82.4
More than 6 times	13.9	10.6	12.1	8.5

Table A3-5 compares the percentage of respondents in each survey who reported using cannabis in the last 30 days. There is a difference of 2%-3% in those who reported using cannabis in the previous month. Otherwise, the prevalences are so close as to be within 1% in all cases.

Table A3-5: Cannabis use during last 30 days – HBSC and ESPAD (%)

	Boys		Girls	
	HBSC	ESPAD	HBSC	ESPAD
Not at all	85.8	87.9	88.6	92.0
1-2 times	4.8	5.0	4.2	3.9
3-5 times	2.9	1.7	1.5	1.2
6-9 times	1.5	0.7	2.2	1.0
10-19 times	1.9	2.4	1.5	0.9
20-39 times	1.2	0.6	1.0	0.3
40 times or more	1.9	1.8	1.0	0.7