Key Indicator "Prevalence and patterns of drug use among the general population – Population Surveys"

2013 Annual EMCDDA Expert meeting

Lisbon, 18-19 June 2013

MINUTE

The 2013 annual expert meeting on the EMCDDA epidemiological indicator "Prevalence and patterns of drug use among the general population" took place the 18 and 19 June at the EMCDDA in Lisbon. The annual expert general population survey meeting brought together experts from almost all Member States, as well as from the ESPAD international schools survey projects and a group of Balkan country experts. There were seven new GPS experts attending the meeting for the first time (Belgium, Croatia, Hungary, Ireland, Norway, Netherlands, and Slovenia).
See List of participants at http://projects.emcdda.europa.eu/area6.cfm and in Appendix 2.

As always, the meeting provides an operational platform for methodological development and analyses with all of the topics being directly linked to the requirements of EMCDDA WP 2013. Countries with new surveys presented data, discussed methods and strategies for analyses as well as policy implications.   The expanded Harmonised Database Project (now with 13 participating countries) presented developments with a focus on polydrug use and strategies for future joint analysis. Work continues with the PDU indicator, to monitor frequent and high risk forms of cannabis use in GPS. Available data on perceived availability and exposure was explored with some discussion about strategies for long term monitoring to help inform policy. One session explored ways to improve reporting and handling non-response. Another two sessions explored data collection tools: i) ways to collect data on the use of new psychoactive substances (NPS) and ii) to better understand the benefits of online surveys and develop guidelines for their use.

Julian Vicente opened the meeting by welcoming the participants and in particular those new experts who were participating for the first time. And new experts were invited to introduce themselves. He informed the meeting about the satellite meetings taking place on either side of the main GPS meeting (Harmonised Database project and Cannabis Scales meetings on Monday 17th and Western Balkan countries on 20th).   Deborah Olszewski then outlined the scope of the meeting agenda and gave a brief update on recent progress with the Key Indicator and the continued assessment of the level of implementation in member states and partner countries. All except six countries provided National Abstracts this year. At least

sixteen countries have conducted, or are conducting, surveys in 2012, 2013 or 2014 and some report major developments. Eighteen countries reported recent survey response rates – in varying detail. Twelve countries provided data on perceived availability and six on exposure. Nineteen countries provided information about efforts being made to measure use of New Psychoactive Substances (NPS) in general and school population surveys. In an updated assessment of key indicator implementation to the EMCDDA Management Board in December 2012, it was positively reported that general improvements have taken place in data availability and comparability. New surveys are being conducted using EMCDDA guidelines and building on practical experience of other countries. However, there has been some decrease in sample sizes and some concern about response rates and costs. Most countries do not repeat surveys every two years, as ideally recommended.

The EMQ Questions Map is now available on the public site http://www.emcdda.europa.eu/themes/key-indicators/gps. A recent conference on wastewater analysis, and its potential as an indicator to estimate population drug consumption, was hosted by the EMCDDA and frequent reference was made to GPS as a point of comparison.
Conference details at http://www.emcdda.europa.eu/events/2013/testing-the-waters

New design and interactive communication channels have been created by the EMCDDA Communications Unit, which open the scope for more effective communication. An example can be seen at http://www.emcdda.europa.eu/countries/hsr-profiles.

With the objective of setting the EMCDDA scene for some of the developments in the GPS indicator, Chloé Carpentier described the background and process in regard to developing indicators for the collection of policy-relevant data on drug-related crime, illegal cultivation, drug markets and supply reduction interventions. She highlighted the development of a strategy to collect them with a focus on enhancing existing data sets.

Lydia Gisle, the new Belgium GPS expert from the Scientific Institute of Public Health, Brussels, provided an overview of developments and progress in the European Health Interview Survey (EHIS). In 2002, the Member States agreed to develop and implement the European Health Interview Survey (EHIS) to measure, with a high degree of comparability, the health status, health determinants and health care services use of populations. This survey offers an opportunity for some countries without probabilistic substance use surveys to insert EMQ substance use questions into the European Health Survey. Janusz Sierosławski then presented the Joint Action on Alcohol Work Package (4), which has the objective of strengthening capacity in alcohol survey methodology and developing a standardised monitoring approach in order to provide basis for comparative assessment and monitoring of trends across EU Member States.

In the second session four different countries presented findings from their most recent surveys including methodological issues with a focus on response rates in particular. Cláudia Urbano began with the 2012 Portuguese General Population Survey: recent findings and methods. She addressed some socioeconomic and methodological questions that may help to explain the decrease in reported prevalence, stressing that analysis was still very preliminary. Darja Lavtar presented the process of setting up the 2011/12 Slovenian General Population Survey. She described the implementation of a GPS in Slovenia, the challenges they faced the main methods and response rates, as well as the characteristics of respondents and some of the preliminary findings. Eva Januševicien presented the Lithuanian survey series starting in 2004 followed by a survey in 2008 and 2012, showing some decreases in response rates. She presented results from the 2012 survey and age cohort effects. Mustafa Ilhan presented methods and results from a 2011/12 national schools surveys in Turkey, to measure attitudes and behaviours towards smoking, drinking alcohol and drug use amongst 2nd grade high school students. Specific drugs were not

named but the students provided names; most of the reported drug use was cannabis and volatile substances by inhalation. The results have contributed to the development of preventive actions in Turkey.

Session three focused on response rates; differences in the way countries report these and the best way to improve the comparability. Deborah Olszewski presented the information on response rates provided by eighteen countries in their 2013 National Abstracts. The level of detail and comparability varied according to the country differences in the modes of data collection and the sampling frames use for GPS. Ola Ekholm described how response rates are calculated in Denmark by dividing the number of completed or partially completed interviews by the total sample, which is based on a population register in which all persons have a unique personal identification number. He described some effects of the interview mode as well as the influence of age and sex of the respondents on their response rates. Daniela Piontek then described the German approach, using the number of complete interviews divided by the number of sampled people minus unsystematic non-response. Germany used a mixed mode approach and she also presented a range of different response rates according to American, AAPOR Disposition codes. She pointed out a discrepancy between telephone v mail surveys in the way these codes determine how to deal with not eligible cases. She also reported that in Germany high educated, single males were more likely than others to respond online and the mode effects on reported prevalence of substance use were very similar in mail and online modes and lower by telephone. Ståle Østhus then provided an update of the reorganised Norwegian GPS data collection regime (move from private survey company to Statistics Norway and reduction of economic incentives, improve sampling frame from land line telephone register to population registers, change in data collection mode from face-to-face to telephone interviews, move to annual surveys, computer-assisted interviewing and a new questionnaire). Although response rates cannot be compared with previous years they will be available on an annual basis in future. He stressed that these improvements come at some cost. Björn Hibell then presented ssome thoughts on response rates from an ESPAD schools survey perspective. So far very few students refuse to take part in the survey. Parental refusal is also low although it may become a bigger problem in the future. If a school agrees to take part, class refusal is usually not a problem. Most non-response is at the school level and is calculated by dividing the number of participating schools by the number of sampled schools. The most common reasons given for refusal relate to lack of time and too many requests for school surveys. He added that the potential for bias from non participation schools requires further investigation and further investment in methods to improve participation. Roberto Mollica gave short overview of some methodological aspects of Italian surveys, focusing on the positive impact of changes to improve the response rate from 13.3% in 2010 to 33.4% in 2012. Using cross indicators he presented trends in drug use based on national school surveys, adult surveys and waste water analyses.

The session four commenced by a presentation of the remaining national validation study of short cannabis scales in light of a gold standard instrument, representing the DSM-IV criteria of abuse and dependence. Justine Horgan from Ireland presented results on Short Dependence Scale (SDS), which were very consistent with other countries' results and supporting the idea that Cannabis Abuse Screening Test (CAST) might perform better in the context of a general population survey. Justine called the attention of experts to the problem of prevalence overestimation when using the empirically derived cut-off point on the scale. Elena Alvarez from Spain gave an overview of work done in Spain focusing on testing the general population surveys methodology as a potential tool to offer insight into the prevalence of more intensive and high risk forms of use. Results on cocaine frequency of use and cannabis short scales were presented, including some trends analysis. Both of the examples were discussed in light of a multi-indicator analysis and their limitations. Nicola Singleton was invited by the EMCDDA to look more in detail at the weaknesses of the general population surveys in their role of monitoring more frequent and high-risk form of

use. The purpose of this was to provide a broader base for a discussion in order to find the most methodologically sound approaches. Nicola mentioned the problem of relatively small numbers, which are affecting the robustness of the estimate and this matters in particular in trend or subgroup analysis, coverage/sampling frame of surveys, parsimony of survey questions – the need to carefully consider value for money question.. A representative detailed insight into the population of substance dependent individuals will probably not be obtainable by a general population survey.

Danica Thanki presented a methodology developed over the years together with experts from seven EU countries who were validating short cannabis scales in their general population surveys. The resulting recommendation will be as simplified as possible. Most probably, CAST scale will be recommended and EMCDDA will provide a routine to estimate prevalence of cannabis dependence. More detailed guidance will be available and published in the coming months.

In session five João Matias presented an overview of the European data – The 2013 European Drug Report (EDR) and Statistical Bulletin - including a top level analysis of key developments. He also presented some examples of developments in interactive communication showing more dynamic countries profiles and ways of exploring different data across countries and over time.   Björn Hibell presented new developments and progress in the ESPAD schools project. The next ESPAD surveys will be conducted in 2015. In the meantime, there will be a conservative review of the questionnaire followed by a study of the validity in four countries. In 2013 Björn moved his ESPAD desk to EMCDDA. The Swedish Government will cease funding the coordination of ESPAD after 2014. A new and more detailed regulation is being developed and a new Coordinator and Deputy-coordinator will be appointed in 2014 to take over in 2015. Elena Alvarez then presented a Spanish Prison Survey conducted 2011/12. She gave an overview of the background, methods and results of the survey. She concluded that such surveys in prisons contribute to better adherence to the Equivalence Principe and they can help to develop policies and to improve the inmate health. Standardization of definitions, methodologies and analysis of prisons surveys is necessary, in order to improve the comparability between regions and countries and this work is in progress with the EMCDDA working closely with experts in the field.

In session six Katerina Skarupova made an interim report of a project with the EMCDDA to map and explore the use of computers in GPS with a view to developing guidelines. She gave an overview of the literature on this topic and described reported progress in Europe addressing topics such as: online representativeness and sampling, response rates, cost reductions and time efficiency and error reduction.   She concluded that mixed mode surveys are probably the best application for online survey but ethical questions, legal and security issues, technical and design aspects remain. And in the context of changing social and technical developments, concrete assessments and guidance for use of online surveys must remain flexible.   The next stage of the project will entail a questionnaire being sent to experts with experience of conducting online surveys in order to collect further information from them directly. Karoliina Karjalainen described the Finish experience with online vs. paper and pencil questionnaires and reported lower response from online than from paper and pencil questionnaires. However, using an additional sample procedure, which did not initially include a paper and pencil questionnaires, more online responses were obtained and the response rate was as good as among those with postal responses in the same age. Overall there were more online responses among the young, males and cannabis users. She concluded that paper questionnaires are still needed, but online questionnaires can help to save some costs in data collection.   Ståle Østhus also presented some views on online surveys. He highlighted that non-coverage due to lack of access to the internet varies across countries and demographic groups within countries. He stressed that, to avoid bias, the sampling frame should always be chosen independent of the interview mode (i.e. it must be

a representative sample). He agreed that a mixed mode approach is the best way to obtain the most representative samples

In session seven Michael Evans-Brown set the scene by providing the European context for the development of a new EMQ module for monitoring 'new drugs'. More than 280 'new drugs' have been monitored by EU Early warning system but often there is little or no information on effects, harms, patterns of use and prevalence. The Internet provides a tool for communication and access to information (about medicinal chemistry, patents, etc.) and a global market place in which imitation of established drugs has moved to innovation of new drugs. New drugs are often 'legally' sourced often outside Europe against a backdrop of limited regulation / enforcement and differences in national laws. Deborah Olszewski presented a draft voluntary EMQ Module to Monitor use of new (+not so new) Psychoactive Substances (NPS). The module was designed in consultation with experts from six countries, the ESPAD coordinator and staff from different EMCDDA units. The general purpose of the module is to provide monitoring information on use of psychoactive substances over time that are not included in the EMQ and sold in different forms, including branded products or mixtures as well as single 'named' substances. The exact format of the questions may need to be modified according to national context but high degree of commonality desired. When a specific new substance is suspected of
being commonly used in a country questions on use of that substance should be
added after the first few general questions. Given different languages/contexts and changes over time these specific substances should be adjusted to the population in question. A non-definitive list of substances will be provided by the EMCDDA and updated each year. Elena Alvarez from Spain, Pavla Chomynová from Czech Republic and Róbert Csák from Hungary all described some of their own country experiences attempting to measure prevalence of NPS. Whilst most experts appeared to acknowledge the need to address this issue in GPS, some expressed concerns about the low numbers and difficulties in establishing comparable measures. There was general agreement to proceed with a field trail in a small number of countries.

Gregor Burkhart began session eight with an overview of environment and context in strategies for preventing drug use and limiting harm. He described different levels of environment (Macro – society and economy, Meso – physical and social contexts and Micro – proximal and emotional contexts.) He showed how the 'Strengthening Family' programme in US can be adapted for Europe if due consideration is paid to issues of social capital and investment in techniques for adaptation. Nicola Singleton then presented an update on the work of the Harmonised Data group and a report on the Monday morning workshop. Thirteen countries are now involved and have participated in joint analysis on up-to-date surveys: (2009-2012) showing for example that the patterns for frequent use and extent of poly-use vary. Multivariate analysis is also being explored. On-going challenges include variability in survey mode, context, response, sample size, procedures, available explanatory variables and alcohol questions in particular. The next steps include further analyses to explore poly-drug use and characteristics of different types of users in more detail and to produce an EMCDDA report of results on poly-drug use. The group will also consider potential topics for further analyses and for academic publication. The project has been shown to have mutual benefits; for the EMCCDA by informing a range of aspects of the work programme and for participant countries by stimulating them to look at their data in different ways.

In the final Session nine Deborah Olszewski reported on the results of the second field trial to help develop market Indicators: with a focus on perceived availability and consumption opportunity. The purpose of the field trial was to build on the voluntary module developed in 2009 and explore the use of the GPS question module to help monitor drug markets. Twelve countries provided data on perceived ability and six provided data on consumption opportunities. However three of the countries applied a filter to the availability questions

which limits the figures to users only and some other countries variations limited the overall comparability. It was generally agreed that more use could be made of these data and that further analysis might explore associations of perceived availability and exposure with overall prevalence of drug use. The differences in the perceptions availability by users and non-users need further exploration. Whilst a more detailed field trial this year was not feasible, Deborah asked participants to send any interesting analysis they have already conducted using these questions, which might be included in a paper this year. Björn Hibell described the ESPAD questions on perceived availability and preliminary plans to analysis data available from the 2003, 2007 and 2011 ESPAD data collections for both an EMCDDA publication and a scientific paper. He highlighted the fact the ESPAD database is open for ESPAD researchers as well as external researchers and that application forms are available at www.espad.org. João Matias advised the meeting that the EMCDDA had made an application to use the ESPAD data and would be comparing perceptions of drug availability among school children with those in the adult population as well as variations between countries, genders and some lifestyle and sociodemographic variables (such as often going out in the evening; heavy episodic drinking; drug use by friends and siblings; family affluence and parental control).

Finally Julian Vicente and Deborah Olszewski summarised the meeting and the follow up tasks in regard to; the next steps in the development of a voluntary EMQ module on 'new drugs', follow up questionnaire to experts about online surveys; and the need for further work on comparable measures of response rates. Experts were advised about a forthcoming meeting on methamphetamine, should they be/or know experts in the field who may be able to contribute to the meeting. Deborah stressed the value of participant feedback for building ways to improve the meeting. She reminded experts about developments on the restricted area site to serve information sharing among experts and to keep them informed about developments in the wider areas of general health and alcohol indicators (See http://projects.emcdda.europa.eu/areaGPS). Finally, GPS experts were asked to provide the EMCDDA with a short biography and photograph of themselves for the website that will make identifying experts and this and other meetings in the future easier. Examples of what is required can be seen at http://www.emcdda.europa.eu/html.cfm/index52156EN.html.

Provisional date of the next annual meeting will be 17-18 June, 2014

Appendix 1. Agenda

Prevalence and patterns of drug use among general population Indicator (GPS)
Annual Expert Meeting 2013

18-19 June 2013 - EMCDDA (Lisbon) - Conference centre

AGENDA

Tuesday, 18 June 2013

9.00 - 10.30 (*Session 1*)	**Setting the scene: to inform the meeting about current context** Chair: Julian Vicente

- Overview of the meeting and update on main developments and progress in the Key Indicator (10') *Deborah Olszewski, EMCDDA*

- Developments in drug supply indicators, focusing on drug markets and drug availability (15') *Chloé Carpentier, EMCDDA*

- Developments and progress in European Health Interview Survey (Eurostat EHIS) (15') *Lydia Gisle, Belgium*

- Experts invited to provide brief updates on developing surveys, field tests, new analyses *(Experts)*

10.30 - 11.00	*Coffee break*

11.00 - 13.00 (*Session 2*)	**New Surveys: to report recent findings and discuss methods** Chair: Daniela Piontek

- Portugal General Population Survey 2012 (15') – *Cláudia Urbano*
- Ireland General Population Survey 2011 (15') - *Justine Horgan*
- Slovenia General Population Survey 2011/12 (15') - *Darja Lavtar*
- Lithuania General Population Survey 2012 (15') - *Eva Januševičienė*
- Turkey schools Population Survey 2012 (15') - *Mustafa Ilhan*

13.00 - 14.00	*Lunch break*

14.00 - 15.30 (*Session 3*)	**Response rates: to calculate, report and improve them** Chair: Andre Noor

- Expert responses to question in National Abstract about response rates - *Deborah Olszewski, EMCDDA*

Panel discussion *(5-10 mins each)*
- Denmark - *Ola Ekholm*
- Latvia - *Marcis Trapencieris*
- Germany - *Daniela Piontek*
- Norway - *Ståle Østhus*
- ESPAD - *Björn Hibell*
- Italy - *Roberto Mollica*

Discussion to:
- Promote standards for calculating and reporting response rates
- Develop guidelines for improving response rates

15.30 - 16.00	*Coffee break*

16.00 - 17.45   **Monitoring of frequent and high risk forms of drug use in general population surveys**
(Session 4)   Chair: Danica Thanki

- The utility of general population surveys for measure problematic drug use (15') - *Elena Alvarez*
- Validation of SDS in Irish general population survey (10') - *Justine Horgan*
- Are general population surveys the best tool to monitor problematic drug use? (10') - *Nicola Singleton*

Discussion of both presentations

- Guidelines to monitor high risk cannabis use – presentation - *Danica Thanki, EMCDDA*
- Comments of the expert group on the guidelines

Discussion of the draft guidelines, suggestions for their fine-tuning before publication

18.00	*Cocktail*

19 June, Wednesday

9.00 - 10.15   **An overview of recent outputs: update on adults, schools and special groups**
(*Session 5*)   Chair: Deborah Olszewski

- Summary overview of surveys results in 2013 European Drug Report and Statistical Bulletin using 2012 EMCDDA data collection (15') - *João Matias, EMCDDA*

- Developments and progress in ESPAD (10') - *Björn Hibell*

- Prison Survey in Spain (20') - *Elena Alvarez*

10.15 - 11.00   **Methods of Data Collection: with special focus on computer assisted and online surveys**
(*Session 6*)   Chair: Deborah Olszewski

Progress and next steps: *Katerina Skarupova*

Panel discussion *(5-10 mins each)*

- Germany - *Daniela Piontek*
- Finland - *Karoliina Karjalainen*
- Norway - *Ståle Østhus*

Discussion about the development of guidelines for use of online surveys

11.00 - 11.30	*Coffee break*

11.30 - 13.00   **Development of EMQ module for New Psychoactive Substances + not so new substances:**
(*Session 7*)   Chair: Roumen Sedefov

European context (10') - *Michael Evans-Brown, EMCDDA*
Proposed (EMQ) Module module (10') - *Deborah Olszewski, EMCDDA*

Panel discussion *(5-10 mins each)*
- Spain - *Elena Alvarez*
- Czech Republic - *Pavla Chomynová*
- UK - *Nicola Singleton*
- Hungary - *Róbert Csák*

13.00 - 14.00   Lunch break

14.00 - 15.00   **Harmonised Database and polydrug use: information about progress**
(*Session 8*)   Chair: Ola Ekholm TBC

- Environmental Prevention Strategies (10') - *Gregor Burkhart, EMCDDA*

- Progress - Nicola Singleton

- Input from countries that contributed

15.00 - 15.30   Coffee break

15.30 - 16.30   **Perceived Availability of drugs: information and discussion**
(*Session 9*)   Chair: Deborah Olszewski

- Results of 2013 field trial - *Deborah Olszewski, EMCDDA*

- Perceived Availability of drugs in ESPAD - *Björn Hibell, ESPAD*

- Perceived availability using ESPAD - *João Matias, EMCDDA*

Discussion about the development of perceived availability data as an indicator to help monitor drug markets

16.30 - 17.30   **Conclusions, AOB, date of next meeting**

European Monitoring Centre
for Drugs and Drug Addiction

EMCDDA Expert Meeting on the Key Indicator "Prevalence and patterns of drug use among the general population - population surveys"

18-19 June 2013

National Abstracts

Taken from the 2012 abstract
New information

1. Content-related aspects:

In Austria, experience of illicit drug use primarily concerns cannabis, with prevalence rates of approximately 30% to 40% among young adults. According to the majority of representative studies, experience of ecstasy, cocaine and amphetamines is found among approximately 2% to 4% of the population, and of opiates, among between around 1% and a maximum of 2%. In recent years, the range of substances taken in the context of experimental use has widened. In certain scenes and groups of young people, high prevalence rates for a variety of substances are found, including biogenic drugs as well as solvents and inhalants. In last year there were a lot of media reports concerning "legal highs" but the extent of the problem is not clear.

2008 was the second time that a representative survey on prevalence and patterns of use of legal and illicit narcotic substances was carried out on behalf of the Federal Ministry of Health (BMG). In the context of the survey on drug use, a total of 4.196 people over 14 were interviewed with regard to their experience of use of legal as well as illicit psychoactive substances. 50% of respondents were in the age group from 15 to 24 (oversampling of young people / young adults). Regarding cannabis, lifetime prevalence went down to nearly half the percentage of 2004 (see figure 1). Such a decline in lifetime prevalence rates within a period of only four years is impossible. Other factors, e.g., stronger tendencies to deny use of illicit drugs or possibly methodological problems, must have been essential reasons for the low rates indicated.

The prevalence rates covering the past year (12-month prevalence) have gone down considerably too. They are above one percent only in the case of cannabis (2.8 %; 2004: 7.5 %) and under one percent regarding all other substances (see figure 1). This confirms the assumption that use of illicit drugs tends to be limited to a certain period in life or to experimental use. However, the strong decrease in 12-month prevalence rates for illicit substances compared to 2004 should be assessed critically.

Figure 1: Lifetime and 12-month prevalence rates of illicit drug use among the general population, 2004 and 2008 (percentages)
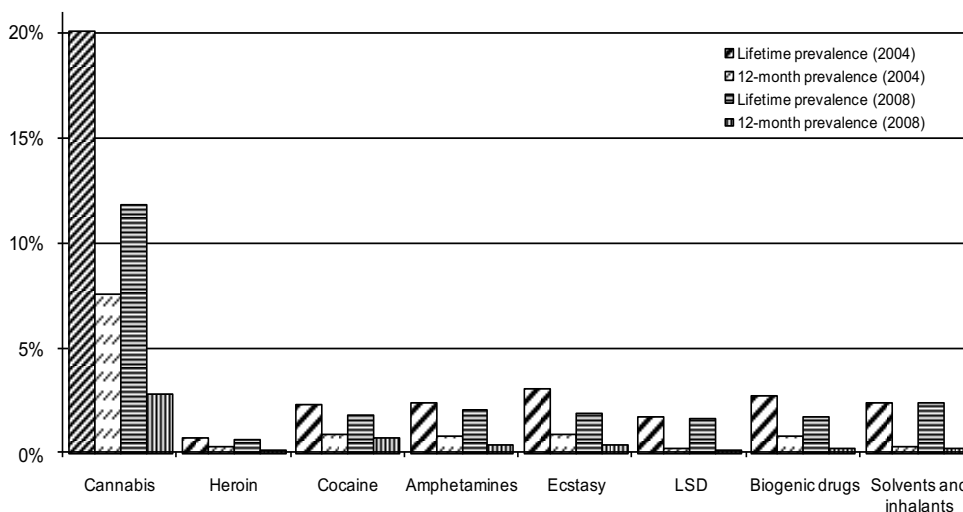
Source: Uhl et al. 2005 and Strizek et al. 2008 representation by GÖG/ÖBIG

2. Methods

The main problem is how to explain the strange results of the GPS 2008. There were plans for a research project in co-operation between Alfred Uhl, the University of Linz and the NFP concerning the topic but funding was not reached until now. A national REITOX academy on methodological aspects of GPS with participation of international experts was held in autumn 2010. One result is, that the Federal Ministry for Health will introduce some measures to ensure quality of data in the call for tender for the data collection (e. g. that there has to be a control of the data collection procedures by the scientific institute carrying out the analysis. Improvements would lead to an increase of the budget which is needed. Taking into account the budgetary restrictions which have to be faced, the limited

3. **Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs**

   There is no direct link between GPS and drug policy. The key indicator is used as one aspect of the drug situation in the national drug report. Therefore indirect influence can be assumed. Taking account the strange results of the GPS 2008 there are difficulties to explain the relevance of GPS to politicians. Data from the GPS has been used in recent political discussions concerning prevalence of cannabis use.

4. **Questions about 'new' psychoactive substances**

   In a local survey in Vienna the following questions were used:
   - *Please tell me if you ever have taken Mephedron? yes/no*
   - *If yes- how often did you take this substance in the last three years? never/1-2 times, 3-9 times, more often*
   - *How often did you take this substance in the last 30 days? never/1-2 times, 3-9 times, more often*
   - *At which age did you take this substance the first time?*
   - *If mepedron was not taken: Can you imagine to take this substance? Yes/no*
   - *How dangerous in its consequences do you think is this substance? dangerous/not so dangerous/do not know*

   The same questions are asked for "herbal mixtures e.g. Spice, Lava Red" and "Liquid Ecstasy (GHB, GBL)"

5. **Research analysis - references and electronic links**

   The scientific reports on the GPS 2004 and 2008 as well as the ESPAD study 2003 and 2007 can be downloaded from:
   http://bmg.gv.at/home/Schwerpunkte/Drogen_-
   _Sucht/Aktuelle_Daten_zum_Konsum_psychoaktiver_Substanzen
   There are plans under discussion to participate in the EU-research project "Strengthening the monitoring of drinking patterns and alcohol related harm across EU countries and enhancing access to comparative data" and include questions on illicit drug use. In addition there will be an attempt to reach participation in ESPAD 2015.

6. **Extended mailing list**

   Uhl Alfred [alfred.uhl@api.or.at]
   Strizek Julian [julian.strizek@api.or.at]

7. **Response Rates**

   The response rate for the GPS in 2008 was 34.4 % – there is no detailed information about sub-categories of non-responders available from the authors of the study.

   For the time series in Vienna there is more detailed information on response rates:

	2009	2011	2013
Brutto-Sample	100%	100%	100%
Non responders not relevant for data quality (wrong address, no one living at the address, person lives in an institution)	7,8	8,6	9,2
Cleaned sample	**100%**	**100%**	**100%**
Person does not want to respond	30,6	31,2	32,4
Despite several attempts for contact person was not met.	23,4	23,1	23,3
Interviews carried out	**46,0**	**45,7**	**44,3**

Note: *The 2011 National abstract was used when no changes occurred (no BE abstract issued in 2012).*
Taken from the 2011 abstract
New information

1.   Content-related aspects

1.1. *The results of the 2008 data collection of the national general population survey shows that **cannabis** remains the most popular illicit drug with a last year prevalence (LYP) in persons 15 to 64 years old of 5.1%. This prevalence is highest in the age range 15 to 34 years* (11.2%) *and considerably lower in persons of 45 years and older* (0,8%). *In every age group, cannabis use is lower in women compared to men, as expected. Significant geographic differences in cannabis use exist, partly explained by the level of urbanisation and level of income. LYP of cannabis use is higher in the lowest income group (even if corrected for age) and in an urban environment. From 2004 to 2008, LYP of cannabis use in persons 15 to 64 years old increased only marginally in men* (from 6.9% in 2004 to 7.2% in 2008) *and remained stable in women* (3.2% in 2004 and 2008).

LYP of cocaine, amphetamines/ecstasy and heroin/substitutes *use in persons 15 to 64 years old was respectively 0.9, 0.9 and 0.2%. LYP of using another substance than cannabis is 1.6% in the age group 15 to 64 years old. In women, LYP of using another substance than cannabis is clearly higher in the age group 25-34 years old compared to the other age groups. In men, it is nearly as high in the youngest age group as in this age group of persons 25-34 years old.*

*In **school aged children**, cannabis remains by far the illegal substance used by the largest group, in all age groups and both sexes. Use of other substances is much less prevalent.*

2.   Methods

2.1.

1. Burzykowski T, Molenberghs G, Tafforeau J, Van Oyen H, Demarest S, Bellamammer L.
Missing Data in the Health Interview Survey 1997 in Belgium.
Arch Public Health 1999;57:107-29.
https://www.wiv-isp.be/aph/abstr199957107129.htm

2. Renard D, Molenberghs G, Van Oyen H, Tafforeau J.
Investigation of the clustering effect in the Belgian health interview survey 1997.
Archives of Public Health 1998;56:345-361.
https://www.wiv-isp.be/aph/abstr199856345361.htm

This paper investigates the effect of clustering in the first Health Interview Survey (HIS) that took place in Belgium in 1997. In this survey 10,221 individuals were interviewed using a stratified multistage clustered sampling procedure. Clustering arises at two levels in the HIS, within municipalities and within households. Its effect and magnitude on some selected continuous and discrete items are studied from a multilevel modelling perspective. This model-based approach fully acknowledges and takes advantage of the hierarchical structure of the data, and is to be contrasted with the more traditional, design-based approach which views the population structure as a nuisance factor. The effect of weighting in this context is also investigated following Pfeffermann et al.

3. Tibaldi F, Bruckers L, Van Oyen H, Van der Heyden J, Molenberghs G
Statistical software for calculating properly weighted estimates for health interview survey data.
Soc.-Präventivmed 2003; 48:269-271.
http://rd.springer.com/article/10.1007%2Fs00038-003-3017-3?LI=true#page-1

4. Demarest S, Gisle L, Van der Heyden J
Playing hard to get: field substitutions in health surveys.
Int J Public Health. 2007;52(3):188-9.
http://download.springer.com/static/pdf/942/art%253A10.1007%252Fs00038-007-6089-7.pdf?auth66=1364564429_d4e63eb7e33fc5a6186ce99f1ca916cd&ext=.pdf

5. Lorant V, Demarest S, Miermans PJ, Van Oyen H
Survey error in measuring socio-economic risk factors of health status: a comparison of a survey and a census.
Int J Epidemiol. 2007;36(6):1292-9.
http://www.sesa.ucl.ac.be/sesaweb/publications/acrobat/ije2007_selection.pdf
Individuals of lower socio-economic status (SES) are less likely to participate in health surveys than individuals of a higher SES. It is, however, not known whether this difference in participation is associated with health status. This study sets out to assess whether a population health survey gives biased estimates of socio-economic inequalities in self-reported health. This paper compares two independent cross-national data collections, a national health interview survey (n = 10,164) and a census (n = 8,491,528), both carried out in Belgium in 2001 and posing the same health question. We computed the prevalence ratios of poor subjective health among socio-economic groups. To estimate the bias, a relative odds ratio (ROR) was computed as the ratio of the survey prevalence ratio to the census prevalence ratio. RESULTS: Less-educated individuals had a lower risk of poor health status in the survey [Prevalence ratio = 1.66, 95% confidence interval (CI): 1.48-1.86] than in the census (Prevalence ratio = 2.23) leading to an underestimation of the risk associated with low education (ROR = 0.74, 95% CI 0.66-0.83). Compared with better-off groups, those who were not working or who were less educated were generally less likely to participate in the survey when they had a poor health status. CONCLUSIONS: Overall, the health survey underestimated the effects of low SES on poor health status, due to selection bias. We conclude that strategies to improve participation among disadvantaged socio-economic groups should be identified.

6. Demarest S, Van der Heyden J, Charafeddine R, Tafforeau J, Van Oyen H, Van Hal G
Socio-economic differences in participation of households in a Belgian national health survey.
Eur J Publ Health, 2012, doi:10.1093/eurpub/cks158.
http://eurpub.oxfordjournals.org/content/early/2012/11/25/eurpub.cks158.full.pdf

Socio-economic inequalities in health survey participation can jeopardize the extrapolation of the survey findings to the total population. Earlier research, based on aggregated data, showed that in Belgium less-educated people with poor health were less likely to participate in a health survey. In this article, the association by socio-economic status and household non-response in a health survey is examined. Methods: A linkage between the Belgian Health Survey 2001 with Census 2001 enabled us to evaluate the participation by socio-economic status. Results: We observed that the socio-economic position was a determinant of health survey participation: participation rate was significantly lower in households with a lower socio-economic profile. Conclusion: Socio-economic inequalities in participation can introduce a bias in the health survey findings. Strategies targeting improvement of the participation of lower socio-economic groups need to be considered.

7. Van der Heyden J, Demarest S, Van Herck K, De Bacquer D, Tafforeau J, Van Oyen H.
Association between variables used in the field substitution and post-stratification adjustment in the Belgian health interview survey and non-response.
Int J Publ Health 2013; DOI:10.1007/s00038-013-0460-7

Field substitution and post-stratification adjustment have been proposed to reduce non-response bias in population surveys. We investigated if variables involved in those techniques in the Belgian health interview survey 2004 are associated with non-response and assessed the impact of field substitution and post-stratification adjustment on the survey results. Data were obtained from all selected households (n = 12.204). The association between non-response and the selected variables was explored through multilevel logistic regression models with municipality and statistical sector as random effects. RESULTS: All investigated variables were significantly related with non-response. Especially households that could not be contacted differed substantially from those who participated. Only post-stratification had a clear impact on the survey results. CONCLUSIONS: Even if variables used in the field substitution procedure of health surveys are strongly associated with non-response, the impact of field substitution on the survey results may be minimal, either because there was no bias of relevance or it was not captured. The usefulness of field substitution to correct for non-response bias in population health surveys seems to be quite limited.

3. **Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs**

General population surveys are one of the instruments used for monitoring and developing policy measures, such as the Joint Declaration of the Interministerial Conference on Drugs and on Belgian Drug Policy. The data are also used for specific questions in Parliament.

The data on alcohol consumption as well as on the use of psychotropic substances are being used extensively the last months, given policy developments in these areas (creation of a scientific platform on psychotropic substances and working group on the elaboration of alcohol plan 2014-2018).

4.   Questions about 'new' psychoactive substances

In Belgium, there is no "stand-alone" survey on substance use in the general population. Rather, questions on alcohol and illicit drug consumption are part of a global health survey. Subsequently, the questions on substance use, alike other health-related topics, are to be kept to a minimum. The next general population health survey (edition 2013: data collection on-going) has included a question (ID.07) regarding the past year use of "legal highs". This question is imbedded in a preliminary question (ID.06) on lifetime use of substances other than cannabis:

ID.06   Have you <u>ever</u> taken cocaine, amphetamines, ecstasy or other similar substances?

    1. Yes
    2. No

(if yes):
ID.07   Which substance(s) did you take in the <u>past 12 months</u>?
    (More than one answer possible, respondents tick the appropriate boxes)

    01. None
    02. Cocaine
    03. Amphetamines, speed
    04. Ecstasy (XTC, MDMA)
    05. Legal Highs (new psychoactive substances such as synthetic cannabinoids, Spice, mephedrone…)
    06. LSD, acids
    07. Heroin
    08. Methadone
    09. Buprenophrine (SUBUTEX®)
    10. Other. Which?

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5.   Research analysis - references and electronic links

The Health Interview survey (2008) report on the use of illicit drugs in the general population (reference hereunder) presents the distribution of various drug-related indicators according to socio-demographic characteristics such as age, sex, education, region of residence, urbanisation level as well as time trends (2001-2004-2008).

Gisle L. L'usage de drogues illicites. In: Gisle L, Hesse E, Drieskens S, Demarest S, Van der Heyden J, Tafforeau J. *Enquête de santé, 2008. Rapport II – Style de Vie et Prévention*.
Direction Opérationnelle Santé publique et surveillance, 2010, Bruxelles, Institut Scientifique de Santé Publique. ISSN: 2032-9180 – Numéro de dépôt. D/2010/2505/14 – IPH/EPI REPORTS N° 2010/008.
https://his.wiv-isp.be/fr/Documents%20partages/ID_FR_2008.pdf

5.2.   Due to small numbers (of drug users in the general population), no extra analyses of the health survey data 2008 regarding drugs are yet foreseen. However, a new report concerning drug use in Belgium based on the current health survey (2013) will be delivered by the end of 2014.
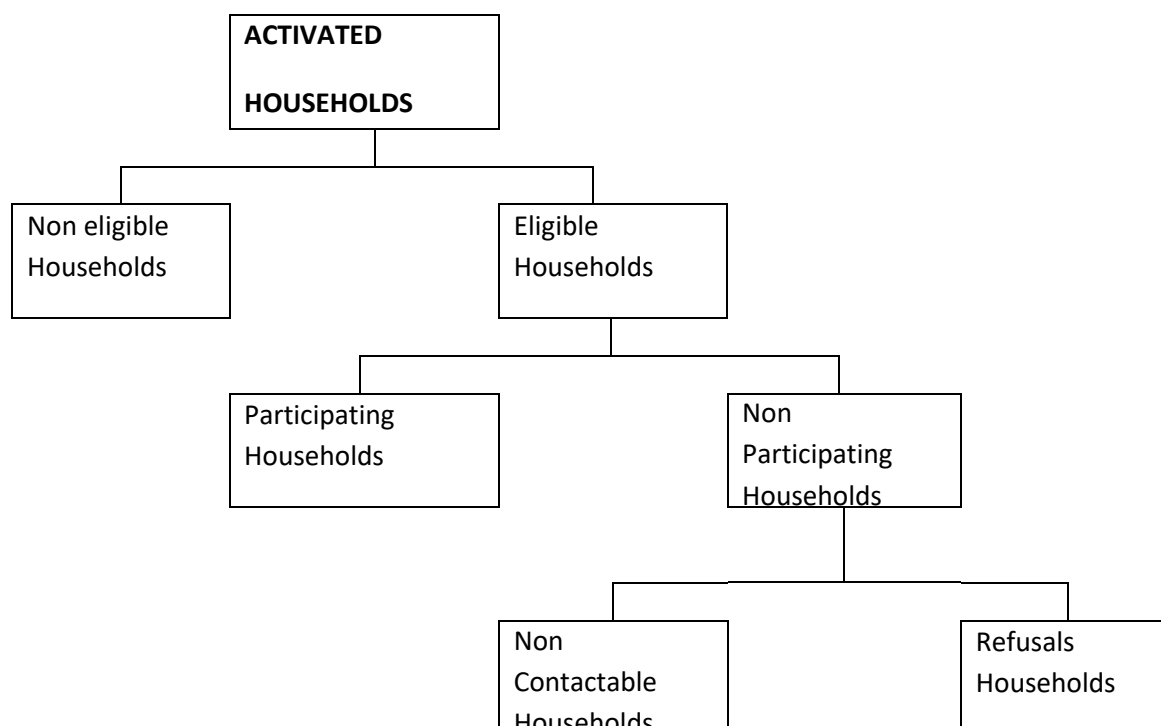
5.3.   The following questions related to the use of psychoactive substances are used in the HIS 2013 self-administrated questionnaire, pp. 17-18:
https://his.wiv-isp.be/Shared%20Documents/qauto_2013.pdf

6.   Extended mailing list

7. Response Rates

Despite the guidelines provided for calculating the response rates, the following table was produced for the Belgian HIS. It was argued that the requested (non-)response rates can only be calculated providing the information is available from the field work management indicators (para-data). For the Belgian HIS, it was mentioned that determining refusal at INDIVIDUAL level wasn't easy to estimate – since refusal at individual level can be over-ruled by proxy interviews.

The following diagram summarizes the defined categories for the households. Note that the Belgian HIS sampling methodology applies matched substitution in case of non-participation households.

```
                        ACTIVATED
                        HOUSEHOLDS
                            |
            _____|_____
           |                                 |
    Non eligible                         Eligible
    Households                           Households
                                             |
                                _____|_____
                               |                           |
                        Participating                   Non
                        Households                      Participating
                                                        Households
                                                             |
                                                 _____|_____
                                                |                         |
                                              Non                      Refusals
                                              Contactable              Households
                                              Households
```

Participation at household (HH) level, Belgian HIS 1997 - 2008

	1997		2001		2004		2008	
	Abs.	%	Abs.	%	Abs.	%	Abs.	%
Non-existing address	***	***	25	0.2	31	0.2	93	0.7
HH doesn't live at address	***	***	232	2.1	983	7.5	2,328	16.1
Non-contactable HH	3,601	31.2	1,978	17.6	1,445	11	1,462	10.1
Refusing HH	3,303	28.6	3,496	31.1	4,107	31.4	4,746	32.9
Participating HH	4,664	31.2	5,533	49	6,530	49.9	5,809	40.2
Invited HH	11,568	100	11,264	100	13,096	100	14,438	100

*** For the BHIS1997, it was not possible to distinguish non-participation due to a non-existing address nor to the fact that the household didn't live at the indicated address. Such cases were included in the category 'non-contactable households'

1. Content-related aspects

1.1. In December 2012 the last national representative study was repeated in the general population (aged 15–64 years) in Bulgaria. A total of 5329 persons have been interviewed (face to face interviews) through a sample covering 162 cities and towns. Data indicated 7.5 % of lifetime prevalence of cannabis, 3.5 % of last year prevalence and 2.0 % of last month prevalence. In 2005, lifetime prevalence of cannabis was 4.4 %, in 2007 - 5.6 % and in 2008 – 7.3 %. Also in 2012 the survey's results showed a lifetime prevalence of ecstasy of 2.0 %, cocaine 0.9 %, amphetamines 1.2 %. In the group of young adults (aged 15–34 years), lifetime prevalence of cannabis is also higher than for other substances: 15.6 % reported at least once use of cannabis, 4.5 % ecstasy use, 2.7 % amphetamines use and 1.7 % cocaine use. For the same group age, last year prevalence of cannabis use was 8.4 %.

National school survey (14-19 years old pupils) in 2011 (Total of 4546 pupils have been interviewed).
Proportion of school children from 9th to 12th grade with at least one use of drugs in their lifetime: 29.7%-31.1%;
Proportion of school children from 9th to 12th grade with at least one use of cannabis in their lifetime: 27.1%;
Proportion of school children from 9th to 12th grade with at least one use of amphetamines in their lifetime: 8%;
Proportion of school children from 9th to 12th grade with at least one use of cannabis in the last 30 days: 12.2%;
Proportion of school children from 9th to 12th grade with at least one use of extazy in the last 30 days: 2.7%;

In 2012 the Municipal Drugs Councils in the towns of Plovdiv, Sofia, Lovech and Stara Zagora have conducted local representative school surveys with the methodological and financial support of the National Focal Point.

1.2. Series of different studies started in the recent years - General population surveys, National school surveys 14-19 years and 15-16 years, National surveys among university students, National studies in prisons – all of them with 4-years interval periods (see timetable below).

General population survey – 2005, 2007, 2008, 2012 next planned 2016
National school survey 14-19 years – 2003, 2007, 2011 next planned 2015;
National school survey 15-16 years (ESPAD) – 2003, 2007, 2011 next planned 2015;
National survey among university students – 2006, 2010, next planned - 2014;
National study in prisons – 2006, 2010, next planned - 2014.

All of them are conducted or controlled by the NFP and use the same methodological basis and as close items and questions as it is possible.

Besides those projects 33 surveys were carried out at local level in the period 2005-2012 among school students (grades 7 through 13) in 20 cities in the Republic of Bulgaria by applying the NFP methodology, almost exactly corresponding to EMQ.

1.3. Overall, the use of drugs is relatively constant with a significant increase to cocaine use and especially use of synthetic stimulants (amphetamines and ecstasy). The most widely used drug in Bulgaria remains cannabis (in particular - marijuana). The number of people with some form of intensive cannabis use increases.

2. Methods

2.1. Not really specific methodological analysis has been conducted.

2.2. Qualitative survey on specific aspects of the use of new psychoactive substances is planned for the autumn of 2013 to support future GPS.

3.   Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs

3.1.
- Very generally, by using NFP's reports, analyses and presentations.
- Lifetime and last 12 months prevalence of use of different kind of drugs, because it is more understandable.

3.2.
- This is a question for deeper and wider analyzes or comments, not for few lines and not for such type of document.
- This is a question for deeper and wider analyzes or comments, not for few lines and not for such type of document.

4.   Questions about 'new' psychoactive substances

University students, 2010 - Have you used during the last 12 months any substance(s), sold as "legal highs"?".

General population survey, 2012 - When did you use last time new substances (i.e. named "designer" by the media) or products other than those already known drugs and distributed as their legal substitutes?
General population survey, 2012 - If you have used any of the above mentioned substances in the last 12 months, how many days you did it?
General population survey, 2012 - Where did / do you obtain them from?

5.   Research analysis - references and electronic links

5.1. Annual Informational Bulletin with main data on the drug use, traffic and distribution, as well as on the drug related responses in Bulgaria, 2012

5.2. Annual Informational Bulletin with main data on the drug use, traffic and distribution, as well as on the drug related responses in Bulgaria, 2013

6.   Extended mailing list

No new key experts.

1. Content-related aspects

1.1. Persons on the treatment for drug abuse –Report for Federation Bosnia and Herzegovina, peroiod 2011/2012

In the Federation of Bosnia and Herzegovina, so far there has been registered 854 addicts, mostly from large centers for addiction treatment, with the rate of illness is 36.5 / 100,000. Institute for Alcoholism and Substance Abuse (Zenica and Sarajevo) reported 776 addicts. Centers for Mental Health have registered 31 treated drug addicts, or 3.6%, while the therapeutic community and health centers have minimum registered persons (5.5%). Registering addicts varies by cantons. Three cantons have no registered drug addicts, which may mean that in these cantons there is no problem of addiction, but it can also be the result of lack of proper registration of addicts (Bosnia-Podrinje, West Herzegovina Canton and Canton 10-Livno). The largest number of registered drug addicts is in the Zenica-Doboj Canton and Canton Sarajevo, where two large centers are placed / Institutes for the treatment of addiction. Most addicts, (92.7%) said they had previously been treated, while 7.3% of drug users reported that they had never been treated. There are significantly more male than female drug users registered (in proportion 10.2:1), with the rate of addiction 67.9 / 100,000 for men and 6.4 / 100,000 for women. Most registered addicts are in the age group from 25-34 years, 460, or 53.9%, and 21 addicted is in the age group of 50 (2.5%). At the age to 25 years there are 45 addicts registered (5.3%). The largest number of registered drug addicts is living in urban areas (86.4%), while 12.9% of reported drug users is living in rural areas. The largest number of registered drug addicts are unemployed (73.3%), while regular jobs have 12.8% of addicts. Highest level of education of registered addicts has completed secondary school 60.4%, and finished primary school 23.7%. Only 0.6% of drug users have a university degree, and 19 addicts who have not completed primary education (3.8%). As the most used is stated heroin, and the most common way of taking is IV injection and snorts. 9 registered addicts use methadone (abuse) and 8 addicts who smoke cannabis. The most common way of drug abuse is the IV injection (54.1%), 29.2% of drug snorting, and 9.5% of addicts smoking. 76% of drug users said they had taken earlier psychoactive substance intravenously, while about 60% of drug users said they never used common accessory.

The goal of registration activities: Establish an integrated system of information on drugs and drug addiction in the Federation, to develop a system for collection and analysis of health statistical indicators in the field of substance abuse.

- MULTIPLE INDICATOR CLUSTER SURVEY (MICS 4)

The study used a form to evaluate the consumption of intoxicants (self-administered audit) for women and men aged 15-49 years.

The 2011-2012 BiH Multiple Indicator Cluster Survey has the following as its primary objectives:

- provide essential information for evaluating the situation of children, women and men i BiH

- generate data on the situation of children, women and men, including the identification of vulnerable groups and disparities, to provide information for policies and interventions within healt and social care services and for the reduction of poverty

		Gender				Age													
		Male		Female		15-19		20-24		25-29		30-34		35-39		40-44		45-49	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Have you ever in your life consumed drugs or any other intoxicant?	Yes	204	6,8	28	,9	23	2,4	81	7,7	69	9,3	25	3,7	17	2,0	8	,9	9	,9
	No	2798	93,2	3147	99,1	924	97,6	971	92,3	666	90,7	642	96,3	809	98,0	910	99,1	1025	99,1
	Total	3003	100,0	3175	100,0	947	100,0	1052	100,0	734	100,0	667	100,0	826	100,0	918	100,0	1034	100,0

		Total		Area			
		All Respondents		Urban		Rural	
		N	%	N	%	N	%
Have you ever in your life consumed drugs or any other intoxicant?	Yes	232	3,8	138	6,7	94	2,3
	No	5945	96,2	1929	93,3	4016	97,7
	Total	6177	100,0	2067	100,0	4110	100,0

1.2. POTENTIAL CLIENTS OF VOLUNTARY CONFIDENTIAL HIV/AIDS COUNSELLING AND TESTING CENTRES (HIV/AIDS VCCTCS) AMONG STUDENT POPULATION IN BOSNIA AND HERZEGOVINA (REPORT OF SURVEY RESULTS) Banja Luka/Sarajevo, 2012.
Slightly more than one third of the BiH student population consume alcohol (38.0%), while tobacco products are consumed in lower percentage (25.8%), significantly more in the Federation of Bosnia and Herzegovina (30.9%) than in the Republic of Srpska (19.1%) (χ^2=63.013; p=0.000), (Chart 32).
Only 4.5% of the BiH student population used psycho-active substances, 2.6% more in the Federation of BiH than in the Republic of Srpska (3.0%) (χ^2=13.853; p=0.000). Low percentage of students (2.8%) used drugs by sniffing, 0.6% by intravenous injections, while 6.4% of students took drugs in other ways.

1.3. N/A

2. **Method**

2.1. RESEARCH ON RISK BEHAVIOUR IN RELATION TO HIV/STI PREVALENCE AMONG GROUPS EXPOSED TO HIGHER RISK (MSM AND SW) IN BOSNIA AND HERZEGOVINA, 2012

Framework of the sample:
The research included a total of 200 sex workers (SW) and 340 men who have sex with men (MSM).
MSM The research included a total of 333 interviewees in six towns in Bosnia and Herzegovina: Bijeljina (32), Banja Luka (104), Prijedor (30), Sarajevo (97), Tuzla (40) and Mostar (30).Practicing group sex in the last six months is what 14.8% of the interviewees state to have done, which is less than in the two previous researches (16.1% in 2008 and 17.7% in 2010). At the same period, 69.6% of them report having a sexual intercourse under the influence of alcohol. In comparison to the previous researches, this percentage has an uneven trend (58.8% in 2008, 76.9% in 2010) with a significant increase in 2010 and decrease in 2012. In the last six months, 26.7% report having had a sexual intercourse under the influence of drugs. When compared to the previous researches, this percentage also shows an uneven trend (24.1% in 2008, 31.5% in 2010) with an increase in 2010 and decrease in 2012.
SW The research included a total of 199 interviewees in five towns in Bosnia and Herzegovina: Bijeljina (34), Banja Luka (55), Mostar (30), Sarajevo (50) and Zenica (30). A big percentage (87.9%) say they have experienced a sexual intercourse under the influence of alcohol, 36.7% under the influence of drugs, which should be taken with consideration as SW-injecting drug users were not taken into account in the sample . The question on whether they have ever used drugs was answered affirmatively with 46.2% of the interviewees, 7.1% of them have injected it, which is considerably less in comparison to previous researches (2010 and 2008) Out of five who answered the question of sharing drug injecting equipment, 4 of them answered affirmatively. 5.3% answered they provided sexual services to clients who injected drugs. The experience of serving a sentence in prison is stated by 4.5% of them, and the length of stay in prison with almost all ofthem is up to one year. In comparison to previous researches, the percentage of those who say they have had a sexually transmitted infection is increasing (28.9%)
http://www.zzjzfbih.ba/wp-content/uploads/2012/04/Research-on-risk-behaviour-in-relation-to-HIV-STI-prevalence-among-groups-exposed-to-higher-risk-MSM-and-SW-in-BiH-2012.pdf

2.2. In the near future we plan to implement: "The study prevalence of risky behavior in the Roma population in relation to STI / HIV." The aim of this study was to examine the risky behavior of the Roma population and to examine the behavior, knowledge and attitudes towards STIs / HIV. The research will also have a part related to drug abuse.

3. **Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs**

National Strategy, Action Plan and evaluation
The Parliamentary Assembly of BiH adopted the National Strategy on Supervision over Narcotic Drugs, Prevention and Suppression of the Abuse of Narcotic Drugs in Bosnia and Herzegovina for the period 2009-2013 (the National drug strategy 2009-2013) in March 2009. This is the first such document at state level, showing the intention of the state to make a systematic effort to engage all stakeholders in the society in tackling drug abuse. The National drug strategy 2009-2013 sets priorities of the fight against drugs, through the general objectives:
1. Raising awareness through community education, in order to implement a healthy lifestyle and maintain mental health,

2. Combating and prevention of further spread of drug abuse,
3. Prevention of drug addiction, death and health damage due to drug abuse,
4. Reduction of damage to the community caused by drug abuse,
5. Reduction of drug demand, especially among young people,
6. Strengthening of institutional capacity and responsible involvement of society,
7. Improving legislation and its implementation,
8. Reducing the supply of narcotic drugs,
9. Formation of an independent multi-sector Office for Drugs – Office for the Prevention of Drug Abuse at the state level (see also the chapter on legislation above).

In September 2009 the Council of Ministers adopted the National Action Plan for Combating Drug Abuse in BiH for 2009-2013. The Action Plan is structured in such a way that implementation of strategic objectives defined by the National drug strategy 2009-2013 will ensure effective and coordinated combat against drug abuse in BiH in the medium term (2009-2013). For each of the strategic areas, the Action Plan defines specific objectives, implementation activities, timeframes, stakeholders and progress indicators for the implementation of measures and activities.

By the end of 2010, the Commission for the Suppression of the Abuse of Narcotic Drugs prepared an evaluation report on the implementation of the Action Plan which was adopted by the Council of Ministers in May 2011. In this report the commission noted that the Action Plan is not feasible enough in the first year of implementation and made several recommendations to the Council of Ministers:

- The Council of Ministers will encourage governments of the entities and the Brcko District to increase the planned level of resources for combating drug abuse in their budgets,
- For subsequent evaluation of the Action Plan, a working group for evaluation should be established,
- More substantial implementation of the Action Plan in the prison system is required ,
- Necessary steps should be taken as soon as possible to adopt the Draft Law on Amendments to the Law on Prevention and Suppression of Abuse of Narcotic Drugs, and establish the Office for Drugs at the state level.

3.1. N/A

3.2. Bosnia and Herzegovina is situated in the western part of the Balkan Peninsula. It shares its borders with Serbia and Montenegro to the east, and the Republic of Croatia to the north, west and south. Bosnia and Herzegovina is divided into two entities, the Federation of Bosnia and Herzegovina (FBiH) with 2 327 000 inhabitants and Republika Srpska (RS) with 1 437 500 inhabitants ([1]).

The Federation of Bosnia and Herzegovina is administratively divided into 10 cantons/districts. These cantons are further divided into 79 municipalities. Republika Srpska is administratively divided into 62 municipalities. Brcko City is a separate administrative unit (a district) with 79 500 inhabitants. The structure of the population in Bosnia and Herzegovina is divided between Bosnians, Serbs, Croats and others. The official languages are: Bosnian, Croatian and Serbian, and two alphabets (Latin and Cyrillic) are used. The capital city of Bosnia and Herzegovina and also the Federation of Bosnia and Herzegovina is Sarajevo with 361 700 inhabitants. Other large cities are: Banja Luka (225 100 inhabitants) is the capital city of Republika Srpska, Tuzla (131 600), Zenica (127 100), Bijeljina (108 300), Mostar (111 200), Travnik (55 100).

Bosnia and Herzegovina (BiH) is an independent, sovereign and democratic country located in South East Europe, in the western part of the Balkan Peninsula. According to the 1991 census the population was 4,395,643 but the 2006 estimates place the population at 3,842,762, which is a 16% decrease from 1991. The total land area is 51,209.2 square kilometres. BiH borders with Croatia, Serbia and Montenegro. Bosnia and Herzegovina is a multinational state of Bosniaks, Serbs, Croats and other nationalities.

With the breakdown of the former Yugoslavia, in March 1992, BiH became a member of the United Nations and in September of the same year was admitted to the World Health Organization. It became a member of the Council of Europe in April 2002.

In accordance with the Dayton Peace Agreement, the war in BiH ended in 1995 and the new administrative structure was established, with two entities: the Federation of Bosnia and Herzegovina (hereinafter Federation or Federation of BiH or FBiH) and the Republic of Srpska (hereinafter RS), and the Brcko District, each with a high degree of autonomy.

Today, all components of the health system in BiH (users and their rights, the provision of health care, the organizational structure of the health system, financing and management) are the responsibility of the entities - the FBiH and the RS, ten cantons in FBiH and the Brcko District. Therefore, the health

system in BiH actually consists of thirteen "subsystems" that cover the health and social needs of the entire population.

The drug situation in Bosnia and Herzegovina should be viewed in the context of the overall socio-economic and demographic changes in the last two decades, and in particular the war and its ongoing impact. The war's effect has been widely felt — in personal and social trauma, the time it has taken to make the transition to peacetime, damage to the economy, the impact on social and moral values, and increased rates of unemployment and poverty.

The population groups at higher risk of developing problems with drug use include war invalids, persons suffering from post-traumatic stress disorder, demobilized defenders/fighters, socially disadvantaged persons, the unemployed, children and adolescents.

The location of Bosnia and Herzegovina on the Balkan route of drug trafficking and the permeability of its borders both contribute to an increased availability of drugs in the country. The country faces a number of major problems in tackling problem drug use, including: too few centers for drug addiction treatment including those providing substitution therapy; an insufficient number of professionals; a lack of prevention programs at local levels; a newly adopted state drug strategy which remains, as yet, unimplemented; a lack of technology (e.g. laboratory equipment); and a drug information system which is still under development.

4.   N/A

5.   Research analysis - references and electronic links

5.1. RESEARCH ON RISK BEHAVIOUR OF PRISON INMATES IN RELATION TO HIV/STI BOSNIA AND HERZEGOVINA, 2011.

DRUG USE
Out of 617 respondents who answered the question about taking drugs, 231 (37,4%) of them have used drugs prior to coming to prison. (FB&H, 41,8%, RS, 28,3%). Out of the total number of respondents, 107 of them (17,4% of total sample) have used drugs by injection (FB&H, 18,4% and RS, 15,2%).Out of 107 respondents who were intravenous drug users prior to coming to prison, 60 (57,9%) of them report having an experience of exchanging used injection equipment (FB&H, 55,8%; RS, 63,3%).Average age of first drug injection among respondents is 21 years of age, (standard deviation 5,423), range from 12 to 38 years. There was no significant difference between males and females in terms of their age at first drug taking by injection. Out of 229 respondents who quoted using any kind of drugs, 15,7% have received methadone as part of a programme at the time of starting their prison sentence. Out of 107 respondents who quote having already taken drugs intravenously at the time of starting their sentence, 27,1% (29) have participated in methadone programme. There is no statistically significant difference in frequency of intravenous drug users by type of prison (χ2 test=0,199; df=2; p=0,905), pointing to a fact that experience of drug use by injection is almost equally present among respondents from both prison types. This piece of data directly reflects the presence of intravenous drug use in the community regardless of the criminal background, and echoes a need for creation of programmes for "damage reduction" in prisons.Out of total number of respondents (620), 69 of them 11% consumed drugs during their time in the current prison (FB&H 12,9%, RS 7,0%). From 68 that quoted to have taken drugs of some kind, 16,2% of them injected themselves (FB&H 7/54; RS 4/14). Within the total number of intravenous drug users who are serving a prison sentence (107), 9 of them (8,4%) of them continued taking drugs intravenously in prison, out of whom four use injection equipment used by someone else. Having a first drugs injection experience in prison is reported by 3,7% of respondents out of the total number of respondents who reported taking drugs intravenously (FB&H, 5,2%; RS,0%). Statistically significant higher number of respondents with experience in taking drugs by injection did not have their first injection in prison (χ2test=174,075; df=2; P<0,001), indicating that inmates starting a prison sentence arrive mostly with experience of intravenous drug use, presenting an additional risk of exposure to HIV/STIs in prison environment.In relation to prison type, out of 6 respondents who answered to practice exchanging injection equipment during intravenous drug use, five are from closed-type prisons. There is no statistically significant difference among respondents with experience in exchange of drug injection equipment in terms of type of prison (p> 0,05).
http://www.zzjzfbih.ba/wp-content/uploads/2012/04/Research-on-risk-behavior-of-prison-inmates-in-relation-to-hiv-spi-bih-2011.pdf
http://www.zzjzfbih.ba/wp-content/uploads/2012/04/Bihevioralna-i-bioloska-studija-nadzora-medju-injekcijskim-ko.pdf
http://www.zzjzfbih.ba/wp-content/uploads/2012/04/Behavioral-and-Biological-Surveillance-Study-among-Injection-Drug-Users-in-BH-2012-A-Respondent-Driven-Sampling-Survey.pdf

5.2. In the near future we plan to implement: "The study prevalence of risky behavior in the Roma population in relation to STI / HIV." The aim of this study was to examine the risky behavior of the Roma population and to examine the behavior, knowledge and attitudes towards STIs / HIV. The research will also have a part related to drug abuse.

5.3. Example of most recent questionnaire for the EMCDDA Questionnarie – MULTIPLE INDICATOR CLUSTER SURVEY (MICS)

■▫■▮█ **MICS**   ***[BiH - Federacija BiH/Republika Srpska/Brčko distrikt BiH]***

EVALUATION SHEET DRUG ABUSE

FORM FOR DRUG ABUSE	**DU**
This questionnaire is used for all women and men aged from 15-49 years.	

DU1. Sequence number of clusters: ___ ___ ___	DU2. Household Code: ___ ___ ___
DU3. Name and code of interviewers: Name _____ ___ ___	DU4. Day / month / year of survey: ___ ___ / ___ ___ / 2011.
DU5. *Is the respondent is :* ☐ *Woman ⇨ DU6* ☐ *Man ⇨ DU7*	
DU6. Ordinal number of women: ___ ___	DU7. Ordinal number of man: ___ ___
DU8. *Check M/WB7 in the questionnaire for the woman / man for the respondent:* ☐ *The question is not filled or is marked with code 3⇨ Give the form and envelope to the respondent and ask them to fill out the form and return the same to you in a sealed envelope.* ☐ *If the code is 5, a person is deaf / mute ⇨ Give the form and envelope to the respondent and ask them to fill out the form and return the same to you in a sealed envelope.* ☐ *If the code is 5, a person is blind / visually impaired ⇨ End* ☐ *Codes 1, 2 or 4("I do not know to read," "Able to read only parts of a sentence" or "The sentence is not written in the appropriate language")⇨End*	

DU9. Survey results Completed by the interviewer.	Respondent is not at hone.................................. 01 Refused interwiev .... 02 Respondent is not able to answer .... 03 Other (*specify*) _____ 96

DU10. Survey results Filled by controller.	Questionnarie is filled .... 01 Questionnarie is party filled .... 02 Respondent did not fill second page 03

DU11. Controled by (Name and code): Name_____ ___ ___ ___	DU12. Data entry (Name and code): Name _____ ___ ___ ___

DRUG ABUSE (AUTOFILL)				DU

NOW WE WANT TO ASK YOU ABOUT DRUG ABUSE. NOTE THAT ANY INFORMATION YOU PROVIDE US WILL STAY STRICTLY CONFIDENTIAL.

PLEASE COMPLETE THE FOLLOWING FORM AND RETURN IT TO THE INTERVIEWER IN THE ENVELOPE PROVIDED TO YOU.

DU13. HAVE YOU EVER CONSUMED DRUGS OR ANY OTHER NARCOTICS?	Yes .... 1 No 2	2 ⇨ End

DU14. WHAT IS THE LAST TIME WHEN YOU CONSUMED ANY OF THE FOLLOWING DRUGS? *Circle only one answer for each listed substance.*	Never	During the past 12 months	Over 12 months	Do not know / cannot remember
[A] CANNABIS (MARIJUANA AND / OR HASHISH)	1	2	3	8
[B] ECSTASY	1	2	3	8
[C] AMPHETAMINE AND / OR METHAMPHETAMINE, SUBSTANCES THAT ARE BEST KNOWN AS "SPEED".	1	2	3	8
[D] COCAINE AND / OR CRACK	1	2	3	8
[E] HEROIN	1	2	3	8
[F] LSD	1	2	3	8
[G] HALLUCINOGENS (MAGIC) MUSHROOMS	1	2	3	8
[H] INHALANTS (VOLATILE MATTER), SUCH AS DEODORANT SPRAYS, ADHESIVES, GAS / FUEL LIGHTER, AIR FRESHENERS IN SPRAYS AND OTHER INDUSTRIAL PRODUCTS THAT ARE INTENTIONALLY INHALED	1	2	3	8

THANK YOU FOR COMPLETING THIS FORM AND PLEASE RETURN COMPLETED FORM TO THE INTERVIEWER IN THE ENVELOPE PROVIDED TO YOU.

6. Extended mailing list

i.vucina@zzjzfbih.ba
e.skalonja@zzjzfbih.ba

1. **Content-related aspects**

   In 2011, on the initiative of the Office for Combating Drugs Abuse (OCDA), Institute of Social Sciences Ivo Pilar conducted first general population survey on licit and illicit drugs (N=4 756). According to this survey, lifetime prevalence for any illicit drug was 16% of the sample (15-64 years of age). Cannabis is the most prevalent illicit drug among the general population (15.6%), while prevalence for other drugs was significantly lower. In the last year and the last month, cannabis was used by 5% and 3.1% of the respondents. Lifetime prevalence of amphetamine was reported by 2.6% of the sample, ecstasy 2.5%, cocaine 2.3%, LSD 1.4% and heroin 0.4%.
   Quarter (25.7%) of the young adults (15-34) of the sample indicated any drug consumption in their life. In this age group, lifetime prevalence of cannabis was 25.3%, amphetamines 5.1%, ecstasy 4.6%, cocaine 3.8%, LSD 2.4%, and heroin 0.5%. In the last year cannabis was used by 11.0% and in the last month by 6.1% of young adults.

1.2. *The European School Survey Project on Alcohol and Other Drugs (ESPAD) has been conducted in Croatia since 1995 (1995, 1999, 2003, 2007, 2011) by Croatian Institute of Public Health. In 2011 the survey was conducted with 6 143 students (3 002 16-year-old respondents). The study has shown that 66% of the respondents used alcohol in the last 30 days, 54% of the student had experience of binge drinking in the last month and 6.6% reported increase in alcohol volume in the last drinking day. Marijuana is still the most common used illicit substance. Lifetime use of cannabis was 18%, while lifetime use of other illicit drugs was 5%. The data has shown that 28% of the students had used inhalants in their life and this is the data that can hardly be explained and should be additionally analysed.*

   Health Behaviour in School Aged Children (HBSC) was conducted in 2001/2002, 2005/2006 and 2009/2010 by Croatian Institute of Public Health. The last survey (N=6 262; 2 413 15-year-old respondents) has shown that lifetime prevalence of cannabis use of 15-year olds was 13% (16% in 2002, 14% in 2006), i.e. 16% of boys and 11% of girls, which is slightly lower than in ESPAD survey (21% boys, 14% girls). Last month prevalence of cannabis was 7% boys and 4% girls (ESPAD: 9% boys, 5% girls). HBSC has shown that 43% of boys and 27% of girls consumed alcohol at least once a week in the last month (ESPAD: 49% boys and 33% girls consumed alcohol at least three times or more in the last 30 days).

1.3. *In comparison to 2007 ESPAD survey, alcohol drinking and binge drinking have increased. Also, the data have shown increase in inhalant use.*

2. **Methods**

3. **Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs**

   The Republic of Croatia recognised drug problem at the beginning of 1980s when the health system for drug treatment was established. In the last decade number of clients in the health system is being stable. GPS data have shown that drug consumption in Croatia is below the European average and, as in the neighbouring countries, alcohol consumption is widely present.

4. **Questions about 'new' psychoactive substances**

   Questions about "new" psychoactive substances were not included in the GPS or school surveys. Therefore, in 2011 OCDA initiated an on-line pilot survey which was conducted by Faculty of Education and Rehabilitation Sciences University of Zagreb with the aim of providing basic information gathered from the youth/adults that experiment with the psychoactive substances. The survey was conducted with a sample of 1330 active participants at the web page "forum.hr" with the on-line

questionnaire jointed by the participants on independent and voluntary basis. The data have shown that participants were familiarised with the new trends in psychoactive substances consumption and that they had knowledge where to purchase "new drugs" and how to administer them. Lifetime prevalence of any new psychoactive substance was 7.5% of the sample. The most commonly used were synthetic cannabinoides, ketamine and mephedrone. The same survey was conducted in 2013 with the 1035 active participants at the web page "forum.hr". Preliminary data show that there is an increase in lifetime prevalence of any new psychoactive substance (13.9%). The most commonly used substances were, as in 2011, synthetic cannabinoides, ketamine and mephedrone.

At the end of 2010 OCDA initiated Drug Market Survey (Distribution and Cost of Illegal Drugs in the Republic of Croatia), which was conducted by the Faculty of Education and Rehabilitation Sciences University of Zagreb with the aim to investigate the availability and price of illegal drugs on the Croatian territory and the incidence of new psychoactive substances in the Republic of Croatia and their availability, cost and reasons for using. The sample consisted of 622 respondents. Data were collected by five NGO's that implement harm reduction programs and the results have shown that new psychoactive drugs were used by minority of intravenous opiate users. The same survey was conducted in 2013, and the results should be available during June 2013.

5.   Research analysis - references and electronic links

5.1. *Substance Use Among General Population in Croatia:*
The scientific report on general population survey (in Croatian and English) can be downloaded on the webpage of the Office for Combating Drugs Abuse.
Croatian version:
http://www.uredzadroge.hr/upload/File/Istrazivanja/GPS/Zlouporaba_sredstava_ovisnosti_zavrsno_izvjesce_Pilar.pdf
English version:
http://www.uredzadroge.hr/upload/File/English/Publications/Substance_abuse_among_the_GP_in_the_Republic_of_Croatia.pdf.
References:
Glavak Tkalić, R., Miletić, G.M., Maričić, J., Wertag, A. (2012). Zlouporaba sredstava ovisnosti u općoj populaciji Republike Hrvatske. Istraživačko izvješće. Zagreb: Institut društvenih znanosti Ivo Pilar. (Glavak Tkalić, R., Miletić, G.M., Maričić, J., Wertag, A. (2012). Survey on Substance Use Among the General Population in Croatia. The Scientific Report. Zagreb: Institute of Social Sciences Ivo Pilar.)

ESPAD:
The scientific report on the ESPAD study 2011 can be downloaded from the official ESPAD site (www.espad.org).

HBSC:
The scientific report on the HBSC 2009/2010 can be downloaded from the official HBSC site (http://www.hbsc.org), in Croatian language on the Croatian Institute of Public Health webpage (http://hzjz.hr/skolska/hbsc_hr_10.pdfand in the report) and in the report:
Kuzman, M., Pavić Šimetin, I., Pejnović Franelić, I., (2012). Ponašanje u vezi sa zdravljem u djece školske dobi 2009/2010. Djeca i mladi u društvenom okruženju. Rezultati istraživanja za Hrvatsku i grad Zagreb. Zagreb: Hrvatski zavod za javno zdravstvo. (Kuzman, M., Pavić Šimetin, I., Pejnović Franelić, I., (2012). The Health Behaviour in School-Aged Children 200972010. Children and Youth in the Social Context. The Results of the Survey for Croatia and the City of Zagreb. Zagreb: Croatian Institute of Public Health).

Pilot Survey on New Drugs:
The report in Croatian language can be downloaded at the Office for Combating Drugs Abuse webpage (http://nijd.uredzadroge.hr/upload/File/Istrazivanja/Istrazivanje_novih_trendova.pdf).

Drug Market Survey
The report in Croatian language can be downloaded at the Office for Combating Drugs Abuse webpage http://www.uredzadroge.hr/publikacije/publikacije-istrazivanja/

5.2. *In the next general population survey and in the school surveys, questions on new psychoactive substances will be added.*

5.3. The latest version of GPS questionnaire (in Croatian) was already sent to EMCDDA. Likewise, the additional questions that were used in the survey and are not part of the EMQ were translated in English and sent to the EMCDDA.

6. Extended mailing list

All the experts can be contacted thru Croatian Focal Point:
Dijana Jerković, Office for Combating Drugs Abuse of the Government of the Republic of Croatia
(dijana.jerkovic@uredzadroge.hr)

7. Response Rates

General Population Survey	Year 2011
RESPONSE RATE (%)	**53.1**
NON RESPONSE RATE (%)	46.9
Nobody opens the door rate	17.0
Selected subject has been absent for a longer period rate	2.3
Refusal at the household's door rate	23.2
Refusal of the selected subject rate	4.4

Response rate
The overall response rate should include partial interviews so long as they include at least the key substance use survey estimates. Ideally the denominator should include an estimate of the number of eligible non-responding cases amongst those cases where eligibility is uncertain. The response rate is the product of the contact and co-operation rates.

Nobody opens the door rate
Nobody opens the door rate is equivalent to the "Nobody at home" rate, i.e. it relates to the proportion of all cases in which no household member was reached by the interviewer.

Selected subject has been absent for a longer period rate
Selected subject has been absent for a longer period is equivalent to category "The subject not at home" and measures the proportion of all cases in which the selected subject was not reached by the interviewer.

Refusal at the households' door rate
Refusal at the household's door rate is equivalent to the "The household non co-operation rate" and indicates the proportion of the situations in which a contacted household member refused to participate in a survey.

Refusal of the selected subject rate
Refusal of the selected subject rate is equivalent to "The subject non co-operation rate", and indicates the proportion of the situations in which the selected subject refused to participate in the survey.

As an example, please use the table used by Spain **on Response rates in surveys among the general population is based on face to face household surveys**. Please replace the dates and figures with those you have available and insert the fields you have for your own surveys and provide definitions such as the Spanish example above. As a guide you could use the codes and calculations on pages 24-29 of the Lynn et al ISER Working Paper Number 2001-23 (attached). These definitions have drawn heavily upon the American AAPOR "standard definitions". If you have a telephone, mail or internet survey, you may find the American Association for Public Opinion Research (AAPOR) Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys Revised 2011, pages 44-48 more useful (also attached)

1. Content-related aspects

1.1. According to the most recent survey conducted in 2012, cannabis continues to be the most prevalent illicit drug among the general population. Lifetime prevalence of cannabis was reported by almost 10% of the population (15-64 years of age). However, in general, the recent survey is showing a decline in overall drug use, which is slightly more marked among young people. As cannabis is the most commonly used drug it is a decline in use of this drug that is driving the overall change.

It is worth mentioning that a decrease in tobacco use is also observed especially among young people. Cyprus, as in 2010 operates full smoking bans in public places, and the possible link between tobacco policies and cannabis smoking maybe is an issue that needs further examination. However, more probably the decrease in cannabis use in Cyprus is a phenomenon that follows the stabilising or downward trend in cannabis use in Europe

As far as the school population is concerned, according to the 2011 ESPAD results, an increase in cannabis use is observed (all time frames). However, due to the change of methodology in the 2011 ESPAD survey, along with its relatively low reliability, the results should be interpreted with great caution.

1.2. The extent of the decrease in illicit drug use among the general population can not be confirmed by other sources/ surveys.

1.3. Although a decrease is noted in both tobacco and illicit drug use, an increase of more severe patterns of alcohol consumption (6+drinks on same occasion during the last month) is noted in general population survey.

Additionally, as in previous general population surveys, at the 2012 survey it was also found that the tendency to use cannabis for the first time is mainly prevalent among men in the age of 20 years. During that period, men are in the army (which is obligatory in Cyprus). This fact, led the Cyprus Anti-drug Council to further examine the prevalence of substance use and other related social issues during young men time in the army. The results of the army survey will be available by the next reporting.

2. Methods

2.1. The 2012 General Population Survey enabled further analysis of non-response rates (see below, chapter 7). Also, at the 2012 survey the "rim weighting" process was employed in order to distort each variable as little as possible while still trying to attain all of the desired proportions among the characteristics. The weighting parameters that were used are age, gender and area. Totally 90 weighing factors were used.

2.2. N.A

3. Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs

3.1. *The results of the general population surveys were used for the evaluation of the National Drugs Strategy and Action Plan, as well as for the drafting of the new Strategies. Its findings were taken into consideration with regards to some priorities set in the new National Strategy in the prevention field, as well as in the design and implementation of prevention programmes, such as:*
- *Early intervention programmes for young people at the experimentation stage*
- *Preventive actions aimed at detecting vulnerable groups.*

- *Implementation of selective actions in high risk groups/ environments (e.g. among military conscripts)*

The latter, very recent action was designed and is being implemented based on the incidence results from the most recent general population survey (see above, sub-question 1.3).

However the gap between research and policy is evident in Cyprus, and further steps should be taken to bridge this gap.

3.2. According to the results of the most recent general population survey, a decline in cannabis use which is slightly more marked among young people, has been observed in Cyprus and is probably reflecting the general stabilising or downward trend in cannabis use among young adults in EU.

However, Cyprus does not always follow Europe. It is believed that Cyprus, due to its small size and geographical position (and isolation), has always been somewhat behind (compared to other European countries) with regards to the appearance of various social phenomena, such as drug use. This does not only set back the appearance of any new trends on drugs and drug use but also reflects the very nature of the present state of research in drugs field, which inevitably lacks new developments, connection between different research disciplines and thus makes it difficult to check any consistency of the general population survey results with other sources of information.

In addition, punitive approach to drug use (Cyprus Authorities have traditionally been very strict on drug-related issues so usually, whenever there is illegal activity involving drugs – including drug use, prosecution will follow) led no space for practices that are mostly applied in Europe such as alternative to imprisonment practices. Only until recently, changes that have been made in the referral process through the Fred goes Net, which despite the fact that it is a selective prevention program, in Cyprus it may also be considered as an alternative to imprisonment for first-time young drug offenders. This new development, led to the beginning of the alternative to imprisonment and almost double the number of new cannabis users to treatment.

4. Questions about 'new' psychoactive substances

NO.

5. Research analysis - references and electronic links

5.1. *The Cyprus NFP has conducted various specific analysis based on the general population survey. Most of them were conducted following specific demands from national partners and took into consideration topics such as age, gender, nationality and specific drugs.*
These short reports/ analyses have occasionally been published or presented at various conferences.
(**We are unable to provide links due to some internal & technical changes - new website).

5.2. A 4th series of general population survey will be carried out in 2015

5.3. Attached (in greek)

6. Extended mailing list

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Dr.Kyriakos Veresies
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7. Response Rates

General Population Survey	Year 2006	Year 2009	Year 2012
RESPONSE RATE (%)	41	36	61.2
NON RESPONSE RATE (%)	59	64	38.8
Nobody at home	-	26.8	15.8
Selected subject not at home	-	-	0.8
Household non-co-operation rates	-	13	10.9
Subject non-co-operation rates	-	16	8.4

Nv= total valid sample (frame & age errors are not included), **n=**respondents, **B**=number of no response (no household member was reached by the interviewer), **C=** the number of selected subjects that were not reached by the interviewer, **D =** number of refused interviews by household, **E**= number of refused interviews by selected subject.

Response rate %
$(n/Nv)*100$

Non- Response rate %
$[(Nv-n)/Nv] *100$

Nobody at home
$B/Nv*100$

Selected subject not at home
$C/Nv*100$

Household non-co-operation rates
$D/Nv*100$

Subject non-co-operation rates
$E/Nv*100$

1. Content-related aspects

1.1. In 2012, three studies were conducted in the Czech Republic – two omnibus surveys covering prevalence rates of selected drug use among general population and a large-scale survey targeted on drug use context only (National Survey on Drug Use 2012) covering details on patterns of use, frequency of use, context, availability and risks related to drug use. The results show a stable situation in prevalence of drug use – cannabis use remains stable with prevalence between 28-36%, followed by hallucinogenic mushrooms (4-6%) and ecstasy (4-5%); prevalence of other drugs remains relatively stable at lower levels – pervitin (methamphetamine) between 1.5-2.5%, cocaine 0.5-2.3%, LSD 0.7-3.3% and heroin 0.5-0.6%. New psychoactive substances (both herbal and synthetic) were reported by 0.6-1.2%. Drug use in the last 12 months and last 30 days remains very low (bellow 1% in the last year and bellow 0.5% in the last month) except for cannabis (9% and 4% respectively). According to the CAST screening scale, approximately 14% of last year cannabis users are regarded as high-risk users, which is about 1% of the general population aged 15-64 years.

1.2. All of the surveys give consistent results in terms of the prevalence levels of drug use; they slightly differ in the results of low-prevalent drugs such as LSD and cocaine. ESPAD study in 2011 showed a decline in all of the illicit drugs prevalences – from 1999 we report a decline in pervitin and heroin use, from 2003 a decline in ecstasy and hallucinogenic mushrooms and finally, from 2011 a decline in cannabis as well. ESPAD study provided similar results – cannabis is the most prevalent illicit drug (42% in 2011), followed by hallucinogenic mushrooms (7%), LSD (5%) and ecstasy (3%). Pervitin, heroin and cocaine are rare (bellow 2% in lifetime).

1.3. There have been recent signs of increasing trend in cocaine use from studies in recreational settings and treatment data, which has been reflected in higher lifetime prevalence in GPS, however, last year prevalence of cocaine has not changed significantly. New psychoactive substances (new synthetic drugs) that were on rise in 2010-2011 have declined again as the result of change in legislation (33 new substances put on the list of controlled substances under the law).
Perceived availability of illicit drugs has declined in both GPS and ESPAD, which is in line with falling prevalence rates; even the perceived availability of cannabis fell in ESPAD 2011.

2. Methods

2.1. No specific methodological analysis has been carried out recently. The last analysis was done in 2010 discussing the impact of differences in methodology of GPS directly targeted at drug use in 2008 and EHIS 2008 (focusing on health status and lifestyle issues) on the results of the surveys (*Linek, L. (2010) Impact of datasets quality, formulation of questions and the context of questioning on relative frequencies of answers in two questionnaire surveys on drug use. Not published, prepared for Czech NFP.*)

2.2. The Czech Republic will probably participate at the ESPAD validation study in Autumn 2013 to validate the new/updated ESPAD questionnaire; the participation is being discussed at the moment.

3. Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs

3.1. Yes. Results of large-scale surveys, especially GPS and ESPAD surveys, are frequently discussed in media and serve for both the preparation and evaluation of National Strategy of Drug Policy (2005-2009, 2010-2018) and Action Plans of its implementation. Indicators used include lifetime, last year and last month prevalences, attitudes towards drug use, risk and availability perception. These indicators are used for the evaluation of the strategy objectives achieved, e.g. Objective II: To halt the rising experimental and recreational use of legal and illegal drugs; Objective III: To stabilize or reduce the consumption of legal and illegal drugs in society, especially among minors; Objective VI: To reduce the availability of legal and illegal drugs for the general population, in particular for minors by means of the proper use of existing legislative and institutional instruments

Results of school surveys also serve for formulation of prevention interventions and evaluation of prevention programmes at schools.

3.2. The Czech Republic is specific with highest prevalence levels of drug use in Europe, especially as regards the experimental and recreational use of cannabis, ecstasy and hallucinogens (including hallucinogenic mushrooms). There were steps undertaken to stop the increasing trend in drug use experimentation and it seems that the situation has stabilized in the last few years – on relatively high levels compared to the rest of Europe. There are even signs of decrease in drug use among 16-year-olds from ESPAD survey. The perceived availability of drugs, especially cannabis, is regarded as relatively high, and the risks related to drug use are often underestimated. At the same time, alcohol consumption stays at very high levels in the Czech Republic (both in general population and among minors) and strong alcohol policy strategy is still missing as we do not have a universal alcohol and drug policy.

4. **Questions about 'new' psychoactive substances**

Questions regarding new psychoactive substances in GPS were provided for 5 different studies (2 in 2011 and 3 in 2012) in a separate Excel file sent in February/March 2013.

5. **Research analysis - references and electronic links**

5.1. Research report covering the results of the GPS in 2008 was published:
Běláčková, V., Nechanská, B., Chomynová, P., Horáková, M. (2012) General Population Survey on Drug Use and Attitudes Towards Drug Use in the Czech Republic in 2008. Prague: Office of the Government of the Czech Republic. ISBN 978-80-7440-052-0. Available in Czech only.
http://www.drogy-info.cz/index.php/publikace/vyzkumne_zpravy/celopopulacni_studie_uzivani_navykovych_latek_vyzkumna_zprava

Summary of the ESPAD 2011 results in the Czech Republic:
Csémy, L., Chomynová, P. (2012) European School Survey Project on Alcohol and Other Drugs (ESPAD): Summary of the Main Results of the Study in the Czech Republic. Zaostřeno na drogy 10 (1): 1-12. Available in Czech only.
http://www.drogy-info.cz/index.php/publikace/zaostreno_na_drogy/2012_zaostreno_na_drogy/zaostreno_na_drogy_2012_01_cislo_1_2012

Summary of the results of GPS 2012:
Chomynová, P. (2013) National Survey on Drug Use 2012: Smoking, Alcohol Consumption and Illicit Drug Use in the General Population. Zaostřeno na drogy 11 (2): 1-16. Available in Czech only.
http://www.drogy-info.cz/index.php/publikace/zaostreno_na_drogy/2013_zaostreno_na_drogy/zaostreno_na_drogy_2013_02_cislo_2_2013

Paper on smoking in the Czech Republic in relation to demographic and socioeconomic factors on individual and societal level; based on data from GPS 2004 (Sample Survey on Health Status and Lifestyle in the Czech Republic in 2004):
Spilková, J., Dzúrová, D., Pikhart, H. (2011) Inequalities in Smoking in the Czech Republic: Societal or Individual Effects? Health Place 17 (1): 215-21. doi: 10.1016/j.healthplace.2010.10.003. Epub 2010 Oct 14.
http://www.ncbi.nlm.nih.gov/pubmed/20980192

Paper on alcohol consumption in the Czech Republic in relation to demographic and socioeconomic factors on individual and societal level; based on data from GPS 2004 (Sample Survey on Health Status and Lifestyle in the Czech Republic in 2004):
Dzúrová, D., Spilková, J., Pikhart, H. (2010) Social Inequalities in Alcohol Consumption in the Czech Republic: a Multilevel Analysis. Health Place 16 (3): 590-7. doi: 10.1016/j.healthplace.2010.01.004. Epub 2010 Jan 25.
http://www.ncbi.nlm.nih.gov/pubmed/20149713

5.2. ESPAD 2011 research report is being prepared for publication as well as GPS 2012 (National Survey on Drug Use 2012) research report.

Data from Czech GPSs since 2008 were provided to PhD. students for detailed analysis. Topics include "Effects of decriminalization on dynamics of cannabis use", "Socioeconomic impacts of alcohol consumption and smoking" and "Microeconomic analysis of behaviour of alcohol consumers".

5.3. Questionnaire for National Survey on Drug Use 2012 will be provided in Czech, attached to this national abstract.

6. Extended mailing list

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7. Response Rates

Response rate for the National Survey on Drug Use 2012 was 62%. The response rate was provided by the agency responsible for the data collection. According to the technical report provided by the agency, the response rate was calculated as follows:
$RR = C / \{HH - I - U * (I / K)\}$

Where
RR is the response rate
C is the number of completed questionnaires
I is the number of people ineligible for the survey, i.e. people out of the target sample characteristics (different age groups etc.)
U is the unknown eligibility status, i.e. number of people not captured/not at home
K is the known eligibility status

However, no details on numbers (eligible and ineligible persons) were provided to the NFP. At the level of respondent (when reached and found eligible for the study) was 14%.

Information on reasons for non-participation in the study was monitored on the level of the respondents. Main reasons for refusal to participate included: 1) no interest, 2) loss of time, 3) too private, 4) never participates in research, 5) no trust in research.

National Survey on Drug Use in the Czech Republic	Year 2012
RESPONSE RATE (%)	**62%**
NON RESPONSE RATE (%)	38%
Nobody at home	
Selected subject not at home	
Household non-co-operation rates	
Subject non-co-operation rates	14%

Taken from the 2012 abstract
New information

1. Content-related aspects

1.1. *The results from the National Health Survey in 2010 show that use of cannabis is the most prevalent drug. In all, 45% of the population in the age group 16-34 years have ever used cannabis and 14% have used it within the past year. Among 16-24 year olds, in all, 19% have used cannabis during the last year. Use of cocaine is the second most common use in the age group 16-34 years. In all, 3% have used cocaine during the last year. Use of amphetamines is the third most common use in this age group (2%). As far as experimental drug use is concerned, the past years' national population surveys generally suggest a stabilized level in the use of cannabis as well as other illicit drugs.*

1.2. *The results from the general surveys in the adult Danish population are in good consistence with other sources of information. Results from the former MULD-(Monitoring of Young People's Lifestyles and Everyday Life) surveys also indicate that the experimental use of illicit drugs is stable from 2000 and 2008. The increasing prevalence of use of cocaine is also in consistence with findings from other sources. For example, an increase in admissions to the country's emergency wards due to cocaine poisoning is registered together with an increase in psychiatric treatments following from cocaine abuse.*

1.3. *The prevalences of use of most illicit drugs have remained stable in the last decade. However, the prevalence of use of cocaine has increased in the last decade. Changing combinations of used substances over time need to be examined more thoroughly.*

2. Methods

2.1. *Nothing published*

2.2. *Since all Danes have a unique and permanent 10-digit civil registration number both participants and non-participants in the National Health Surveys can be linked on individual level to different administrative registers. Hence, it is to a certain extent possible to statistically allow for differential non-response by using auxiliary information from Statistic Denmark's registers. Calibrated weights are computed based on register information on several socioeconomic variables (sex, age, geography, educational level, income, employment status, ethnic background, health care utilization and civil status) for all individuals who were invited to the National Health Survey in 2010). We will examine how this adjustment affects the survey estimates.*

In 2010, the selected individuals could choose either to complete a web questionnaire or to fill out the mailed questionnaire. Thus, we are, to some extent, able to compare the results between these two survey modes and what is the preferred survey mode according to various background characteristics. Furthermore, the survey design in 2010 allows us to examine how reminders affect the response rate and survey estimates. The results are close to submission to a peer-reviewed scientific journal.

It seems that the lifetime prevalence of use of illicit drugs is decreasing with increasing age in Denmark as well as in most other countries. Recall bias may partly explain this phenomenon. All persons invited to the survey in 1994 (and still alive and living in Denmark) have been re-invited in 2000, 2005 and 2010. Hence, it is possible to investigate how recall bias affect the lifetime prevalence of use of illicit drugs.

3. Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs

3.1. *Results from population surveys – like results from other sources, surveys, studies and key-indicators, are of course used by the Danish authorities to understand the drug situation and the existing drug problems, and used as background for formulating drug policies and initiatives. In this respect, result also being used for on-going evaluation of the drug policy.*

4. **Questions about 'new' psychoactive substances**

For to meet the challenges of monitoring new trends and new substances, two new substances (Ketamine and GHB (fantasy)) are included in the Danish Health Survey 2013.The question is:
Have you ever tried one or more of the following drugs? (this question is repeated for each substance)
R C: No; Yes, during the past month; Yes, during the past year (but not during the past month); Yes, previously (but not during the past year)"
If Yes, how old were you when you tried this? __ Years old

5. **Research analysis - references and electronic links**

A Danish study showed that persons who have ever used cannabis had a higher prevalence of poor mental health compared with persons who never have used cannabis (1). The same pattern was found for ever use of other illicit drugs. The study was based on data from the National Health Interview Survey 2005 and published by the National Board of Health.

Another study based on 16-20 year-olds that have participated in the Danish Health Survey 2010 showed that life-time prevalence of cannabis use was substantially higher in the Capital Region of Denmark (39.9%) than in the other Danish regions (between 24.2% and 31.9%) (2).

A study carried out among socially marginalized, defined as users of shelters, drop-in centers, treatment centers and social psychiatric centers in Denmark, showed that 38% of the socially marginalized have used cannabis within the last month (3). Furthermore, the last month prevalence of heroin and cocaine use was 13% and 10%, respectively.

References:
1. *Sundhedsstyrelsen. Mental sundhed blandt voksne danskere. Analyser baseret på Sundheds- og sygelighedsundersøgelsen 2005. København: Sundhedsstyrelsen, 2010 [In Danish].*
2. *Sundhedsstyrelsen. National Sundhedsprofil Unge 2011. København: Sundhedsstyrelsen, 2011 [In Danish].*
3. Pedersen PV, Holst M, Davidsen M, Juel K. SUSY Udsat 2012. Sundhedsprofil for socialt udsatte i Danmark 2012 og udviklingen siden 2007. København: Rådet for Socialt Udsatte, 2012.

5.1. No specific analyses conducted on data based on drug surveys within the past 3 years.

5.2. The objectives described in item 2.2 will be included in an application for a research project grant.

We have examined the health behaviour (use of tobacco, alcohol, and licit and illicit drugs) among individuals with chronic pain in the general population. The study was carried out by the National Institute of Public Health and the Multidisciplinary Pain Centre at Rigshospitalet Copenhagen University Hospital. The paper is currently under peer review at PAIN Journal.

The next general national health survey is carried out here in 2013.

5.3. The Danish Health Survey 2013
Questionnaire available here: http://www.si-folkesundhed.dk/upload/spørgeskema_-_susy2013.pdf

6. **Extended mailing list**

8. **Response Rates**

(see pages 24-29 of Lynn et al ISER Working Paper Number 2001-23 or page 44-48 of American Association for Public Opinion Research, Standard Definitions. Both papers are attached and also uploaded to GPS extranet site
http://projects.emcdda.europa.eu/areaGPS)

We are trying to progressively improve our knowledge on survey methodology. Non-response is a complex phenomenon and presenting it is a single figure can give a distorted impression of the survey performance. The ultimate purpose of the response rate is to serve as an overall survey performance indicator. We present an example of definitions for general population household surveys with face-to-face interviews as presented by Spain during the 2012 GPS meeting:

General Population Survey	Year 2000[a]	Year 2005[a]	Year 2010[b]
RESPONSE RATE (%)	**63.5**	**51.5**	**60.7**
NON RESPONSE RATE (%)	**36.5**	**48.5**	**39.3**
No contact	1.2	4.8	N.A.
Refusals	22.4	22.5	N.A.
Illness/handicapped	1.3	2.7	N.A.
Other	0.8	3.4	N.A.
Completed interview but did not complete the self-administered questionnaire	10.7	15.2	-

[a]**Face-to-face interview + self-administered questionnaire**
[b]**Self-administered questionnaire (postal- or web questionnaire)**

Response rate
The overall response rate should include partial interviews so long as they include at least the key substance use survey estimates. Ideally the denominator should include an estimate of the number of eligible non-responding cases amongst those cases where eligibility is uncertain. The response rate is the product of the contact and co-operation rates.

Nobody at home
The nobody at home rate measures the proportion of all cases in which no household member was reached by the interviewer.

Selected subject not at home
The subject not at home rate measures the proportion of all cases in which the selected subject was not reached by the interviewer.

Household non-co-operation rates
The household non co-operation rate indicates the number of refused interviews as a proportion of those households contacted during the fieldwork period.

Subject non-co-operation rates
The subject non co-operation rate indicates the number of refused interviews as a proportion of the subjects contacted during the fieldwork period.

As an example, please use the table used by Spain **on Response rates in surveys among the general population is based on face to face household surveys**. Please replace the dates and figures with those you have available and insert the fields you have for your own surveys and provide definitions such as the Spanish example above. As a guide you could use the codes and calculations on pages 24-29 of the Lynn et al ISER Working Paper Number 2001-23 (attached). These definitions have drawn heavily upon the American AAPOR "standard definitions". If you have a telephone, mail or internet survey, you may find the American Association for Public Opinion Research (AAPOR) Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys Revised 2011, pages 44-48 more useful (also attached)

1. **Content-related aspects**

1.1. *Starting from the middle of 1990's, the number of people who have at least once in their life tried some kind of an illegal drug has gone up. While in 1994 (according to Norbalt 1994) 1.4 % of the population had tried drugs, in 1998, this number was already 6%, followed by 14% in 2003 and 19% in 2008. This rise has taken place especially rapidly among the younger population.*

   Although there have been differences between the drug use patterns of different nation groups (ethnic Estonians and Russian-speaking population) in Estonia, these discords have diminished by now. Some regional differences still exist, and the use of drugs is more common in cities and less common in rural areas.

   Most of the drug use reflected by population survey qualifies as experimenting – 86 % of the users had only tried some kind of a drug, 11% had consumed drugs in the past and 3% were active users. According to the general population survey, 22% of the population had been offered some kind of a drug. Almost one-third of the population knew someone who used or had been using drugs.

1.2. *According to the population survey, the number of experimenters among young adults (25-34) has increased. The ESPAD 2011 data reflects that the rapid increase of experimenters among 15-16 years old that has been noticed throughout the former surveys has now stabilised. A possible explanation to this is that the wave of drug experimenters who were young in the late 1990's (when drugs became more easily available) is ageing. Other reason could be that the time between ESPAD 2011 and 2007 was characterized by economic downfall which might have impacted the consumption ability.*
   Both surveys show that the gender gap regarding illicit drug use is diminishing, since drug use among men has decreased a little and the same indicator for women has gone up. Differences between the different groups of society (such as women and men, ethnic Estonians and non-ethnic Estonians, etc.) are diminishing and drug use in Estonia is becoming a more homogenous phenomenon.

1.3. *As compared to the results of 1998, experimenting with drugs in a minor age has become more common. In 1998, 18% of the experimenters with drugs had done it for the first time as a minor; for 2003, the same indicator is 33%, and for 2008 31%.*
   For the majority of experimenters, the first drug used was marihuana or hashish; in the younger age group, ecstasy was the first drug for a relatively large (16%) share of experimenters.
   The ESPAD 2011 survey showed a significant increase in the use of inhalants among 15-16-years old students –the frequency of lifetime use was 15% in 2011 compared to 9% in 2007.

2. **Methods**

2.1. No specific methodological analysis has been conducted.

2.2. *A pilot study will be carried out also prior to the next population survey to test the questionnaire and if necessary, make the amendments to the questionnaire.*

3. **Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs**

3.1. *The information given by population surveys has been used for policy formulation, policy evaluation and public debate. More exactly it has been used for presentation in The Social Affairs Committee of the Parliament and legal affairs Committee of the Parliament, in the reports for governments and in new strategy. Article on alcohol and drug use is also published in book based on whole survey.*

3.2. *Illicit drug use Estonia (as well as most of the Eastern European countries) is influenced by the fact that illicit drugs started to spread in society only 20 years ago. The use of drugs have been increased ever since while drugs had (among younger generations) attractive image as part of Western lifestyles, certain segments of Estonian population still maintain partly Soviet norms which legitimated breaking*

the law and Estonia is both transition and production country which has made drugs available and relatively cheap. Generally Estonia follows similar trends to other Eastern-Europe where drug use (especially cannabis use) still increases. Although drug use in Finland has also increased the number of experimenters is lower than in Estonia, compared to other neighbouring countries, Latvia and Lithuania, there are more similarities which are explained by similar historical developments.

4. **Questions about 'new' psychoactive substances**

There has not been any surveys on new psychoactive substances. Although Estonia is developing an early warning system to monitor the appearance of new substances.

5. **Research analysis - references and electronic links**

5.1. There has not been any specific analyses.

5.2. Population survey on alcohol and drug use among adult population is planned to take place in 2014. *The ESPAD survey among school children is carried out once in every four years, the last survey was carried out in February-March 2011.*

6. **Extended mailing list**

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Abstract from FINLAND

Taken from the 2012 abstract
New information

1.   Content-related aspects

1.1.   *Although the second drug wave starting in 1990's in Finland has levelled off, life time prevalence (LTP) among 15–69-year-olds has been increasing in Finland since 1992. This happens because among old people (who dropped from the sampling frame) there was hardly anyone who had tried drugs, but among young people (who enter the sampling frame) there are some drug experimenters. In Finland, LTP was 17% in 2010. The most common illicit drug is cannabis.*

Last 12 months prevalence (LYP) and last 30 days prevalence (LMP) were 5% and 1%, respectively, in 2010. Although both LYP and LMP have been quite stable since 1998, a slight increase has been observed lately. LYP increased between 2006 and 2010 among both men and women, and LMP increased among men; especially among men aged 25–34 years. The changes were statistically significant.

1.2.   *In 2010, the results from school surveys showed that the use of cannabis has increased among youth population aged from 15 to 18 years. Prevalence for other drugs remained stable.*

1.3.   *During the last few years home growing of cannabis has increased in Finland, and some special studies has been done on this topic (see Hakkarainen P, Frank V A, Perälä J, Dahl H, Small-scale cannabis growers in Denmark and Finland, European Addiction Research 17 (2011), 119–128.*

2.   Methods

2.1.   -

2.2.   *In population survey 2010 among 15-69-year-old Finns we weighted 15-39-olds so that beside the main sample from 15-69-year-olds we took an extra, smaller sample from 15-39-year-olds. We posted a paper copy of the questionnaire to the main sample, but to the extra sample only a letter asking them to answer via Internet. On request, or if they don't answer, they also got the paper copy of the questionnaire. Thus we can compare the answering techniques (Internet and paper copy of the questionnaire) among 15-39-year-olds.*

3.   Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs

3.1.   *The information given by population surveys has been used on policy formation, policy evaluation and public debate.*

Example:
The Finnish Government's resolution concerning co-operation on the drug policy for 2008–2011 (Action Plan) includes a section of the development of drug situation in Finland. The results of population surveys are referred to in this document.

3.2.   *Please, see*
- Hakkarainen P, Frank V A, Perälä J, Dahl H, Small-scale cannabis growers in Denmark and Finland, European Addiction Research 17 (2011), 119–128, and

- Melberg H O, Hakkarainen P, Houborg E, Jääskeläinen M, Skretting A, Ramstedt M, Rosenqvist P: Measuring the harm of illicit drug use for friends and family. Nordic Studies on Alcohol and Drugs 2011; 28: 2, 105–121.

4. Questions about 'new' psychoactive substances

Methylenedioxypyrovalerone (MDPV) was added to the following questions in 2010 and Gamma-hydroxybutyric acid (GHB) in 2006.

Question 28: Have you ever used or tried any of the following, and if yes, how old were you when you first tried it and when you last used it? Please mark with an X if the answer is yes, and write your corresponding age(s) in the space provided
Age of first use/Age of last use:
a) Hashish ('weed', 'hash', 'pot')?
b) marihuana ('cream', 'spliff', 'grass', 'joint')?
c) amphetamines
d) Heroin
e) Buprenorphine (Subutex, Subuxone, Temgesic) not for drug replacement therapy
f) Methadone (not for drug replacement therapy)
g) Other opioids for non-medical purposes (e.g. Tramadol, fentanyl, codeine, oxycodone, morphine)?
h) Cocaine or crack
i) Relevin
j) LSD
k) Ecstasy
l) GHB
m) MDPV
n) Hallucinogenic mushrooms
o) Other (please specify)

Question 30: What substances have you tried or used within the last 12 months? Please mark with an X if the answer is yes
a) Hashish ('weed', 'hash', 'pot')?
b) marihuana ('cream', 'spliff', 'grass', 'joint')?
c) amphetamines
d) Heroin
e) Buprenorphine (Subutex, Subuxone, Temgesic) not for drug replacement therapy
f) Methadone (not for drug replacement therapy)
g) Other opioids for non-medical purposes (e.g. Tramadol, fentanyl, codeine, oxycodone, morphine)?
h) Cocaine or crack
i) Relevin
j) LSD
k) Ecstasy
l) GHB
m) MDPV
n) Hallucinogenic mushrooms
o) Other (please specify)

Question 32: What substances have you used or tried within the last 30 days and on how many days? Please mark with an X if the answer is yes and write the number of days in the space provided
a) Hashish ('weed', 'hash', 'pot')?
b) marihuana ('cream', 'spliff', 'grass', 'joint')?
c) amphetamines
d) Heroin
e) Buprenorphine (Subutex, Subuxone, Temgesic) not for drug replacement therapy
f) Methadone (not for drug replacement therapy)
g) Other opioids for non-medical purposes (e.g. Tramadol, fentanyl, codeine, oxycodone, morphine)?
h) Cocaine or crack
i) Relevin
j) LSD
k) Ecstasy
l) GHB
m) MDPV
n) Hallucinogenic mushrooms
o) Other (please specify)

5. **Research analysis - references and electronic links**

5.1. *On problem drug users:*
Tammi T, Pitkänen T, Perälä J, Stadin nistit – huono-osaisten helsinkiläisten huumeidenkäyttäjien päihteet sekä niiden käyttötavat ja hankinta [Disadvantaged drug users in Helsinki: what drugs do they use, how do they use them and how do they get them]. Yhteiskuntapolitiikka 76 (2011):1, 45–54.

On domestic cannabis cultivation:
Hakkarainen P, Frank V A, Perälä J, Dahl H, Small-scale cannabis growers in Denmark and Finland, European Addiction Research 17 (2011), 119–128.

Athey N, Bouchard M, Decorte T, Frank V, Hakkarainen P: Cannabis cultivation and detection: A comparative study of Belgium, Finland and Denmark. Drugs: education, prevention and policy, 2013, in press.

On harms to others:
Melberg H O, Hakkarainen P, Houborg E, Jääskeläinen M, Skretting A, Ramstedt M, Rosenqvist P: Measuring the harm of illicit drug use for friends and family. Nordic Studies on Alcohol and Drugs 2011; 28: 2, 105–121.

Hakkarainen P, Jääskeläinen M: Huumeiden käytön haitat muille ihmisille [Harms to other people from drug use]. In: Warpenius K, Holmila M, Tigerstedt C (eds): Alkoholi- ja päihdehaitat läheisille, kanssaihmisille ja yhteiskunnalle. THL, Helsinki 2013.

Basic reporting of the survey:
Hakkarainen P, Metso L, Salasuo M: Hamppuikäpolvi, sekakäyttö ja doping – Vuoden 2010 huumekyselyn tuloksia [The hemp generation, mixed use and doping – Results from the 2010 Drug Survey]. Yhteiskuntapolitiikka 2011; 76: 4, 97–412.

Metso L, Winter T, Hakkarainen P: Suomalaisten huumeiden käyttö ja huumeasenteet – Huumeaiheiset väestökyselyt Suomessa 1992–2010 [Drug use and drug attitudes among Finns – Drug-related population surveys in Finland 1992–2010]. Terveyden ja hyvinvoinnin laitos (THL). Raportti 17/2012.

Hakkarainen P: Alkoholi ja muut päihteet [Alcohol and other drugs]. In: Peltoniemi T (ed.) Pääasiana alkoholi: käyttö, haitat, hoito, politiikka nyt ja 2040. Helsinki: Lundbeck, 2013, 35-39.

On use of anabolic steroids and doping:
Salasuo M, Piispa M: Kuntodoping. Näkökulmia dopingaineiden käyttöön huippu-urheilun ulkopuolella [Perspectives to Doping Substance Use outside Elite Sports in Finland]. Nuorisotutkimusverkosto/Nuorisotutkimusseura, julkaisuja 120. 2012.

On non-medical use of prescription drugs:
Work in process

5.2. Polydrug use is a topic planned to be studied in the near future. Specific questions about polydrug use are planned to be included in the next survey conducted in 2014.

6. **Extended mailing list**

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7.   Response Rates

Finnish example (mail survey):

General Population Survey	Year 1998	Year 2002	Year 2006	Year 2010
Response rate (%)	66.0	63.0	54.5	47.8
Cooperation rate (%)	99.1	99.3	98.4	99.2
Refusal rate (%)	0.6	0.4	0.7	0.4
Contact rate (%)	66.1	63.5	55.6	48.6

Response rate

Response rate is the number of complete and returned questionnaires divided by the number of complete and returned questionnaires plus the number of "non-interviews" (refusal and break-off + non-contacts + others) plus all cases of unknown eligibility.

Cooperation rate

Cooperation rate is the proportion of all cases completed and returned questionnaires of all eligible unit ever contacted.

Refusal rate

Refusal rate is the proportion of all cases in which a respondent refuses to complete the questionnaire of all potentially eligible cases.

Contact rate

Contact rate measures the proportion of all cases in which some responsible member of the housing unit was reached by the survey.

Taken from the 2012 abstract
New information

1.   Content-related aspects

1.1.   *According to the latest data published by the Health Barometer 2010 (INPES), cannabis is by far the most used illicit product in France (3.8 million persons aged 11 to 75 years old are estimated to have used it during the last 12 months). In 2010, among the 15-64 years old, 8.4% declare to have consumed cannabis during the year (11.9% among men and 5.1% among women), while the proportion of users during the month reaches 4.6% overall. These uses particularly concern the young generations and the proportions become almost negligible after 50 years old. Thus the cannabis use during the last twelve months concerns 20.8% of the 15-24 years old group.*
Cocaine is the second product most used after cannabis (estimate indicates 400,000 users during the year aged 11 to 75 years old). In 2010, 0.9% of the population of the 15-64 years old group used cocaine during the year. Use during the year concerns approximately three times more men than women. Use concerns primarily the 15-24 years old age group (1.8% of the total, 2.6% in men, 1.0% in women), then declines after this age and becomes practically inexistent after 55 years old. The significant rise of cocaine's diffusion is nevertheless very clear.
Other drugs uses remain marginal on the whole amongst the age group of 15 to 64 years old. Useful to note: the proportion of heroin experimenters increased significantly (from 0.9% to 1.2%).

1.2.   *First results of investigations from HBSC 2010, ESPAD 2011 and ESCAPAD 2011 surveys deliver concordant results concerning the particular place of cannabis use - in France among the teenager population: cannabis seems to be the most used illicit drug among the teenagers 11 to 17 years olds and especially among boys.*
Very rare before 15 years olds, 28% of the 15 years olds (HBSC), 39% of the 15-16 years olds (ESPAD) and 41,5% of the 17 years olds (ESCAPAD) have used it at least once in their lives. Compared to the last surveys, the trends are not homogeneous according to the different aged groups. The experimentation is overall stable among the 11-15 years old age group and among the 17 years olds while conversely it increased among the 15-16 years age group (ESPAD) : from 30% to 39% between 2007 and 2011.
The monthly use, stable among young people, has decreased among the 17 years old and has strongly risen among the 15-16 years old, from 15% to 24%.(ESPAD).
Several hypothetis have been formulated: different generations, the more important role of peer to peer relation at high school…
Apart from cannabis, the lifetime use of illicit drugs remains rare. In the young people aged 15-16 years old (HBSC), the most frequently found substances are solvents and inhalants, then come cocaine, crack and amphetamines, "medicines to get stoned", and, finally, heroin and LSD.
The 17 years old young people are more numerous to have used illicit substances and to have tested other products once during their life.-. The diffusion of these products is overall in decline between 2008 and 2011.

1.3.   *HBSC survey in France interviewed the 11 years old, 13 years old and 15 years old but also a representative sample of the young people by school levels* and the same approach for ESPAD survey will be published in Tendances in 2013.

2.   Methods

2.1.   *France has conducted a specific methodological analysis based on adolescent population survey to improve the comprehension and perception of the questionnaire by teenagers. 440 interviews were conducted among a sample of adolescents who have filled a self-administrated questionnaire. The purpose was therefore to better understand their responses and in particular how they rated their own consumption of alcohol. Some analysis have been published in 2012.*
Prevalence estimates of intensive, frequent, long-term and other problematic forms of use not included in PDU definition

2.2.   *In 2012, the work completed with the 440 young people will be supplemented by a multivariate analysis taking of account the variables by districts (INSEE) in order to better analyze the impact of the place of life (district) on consumption of the young people. It will allow for the creation of a model (modeling).*

3. **Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs**

The results of GPS are used to inform the policy makers about the drug situation and as a background to drug policies making. They facilitate public debate on drugs and serve for the building of preventions initiatives.

4. **Questions about 'new' psychoactive substances**

OFDT takes part in the NPS European project: "e-trend" survey will be carried out at the end of 2013. The questions about these new psychoactive substances are in writing.

5. **Research analysis - references and electronic links**

5.1. **Local data on use in 17-year-olds from ODICER**
The prevalence of drug use by regions has been produced on the ODICER, regional software who allows building regional charts, graphs of evolution according to the various indicators.
http://odicer.ofdt.fr/#s=2011;v=map9;i=escapad.ca_canvie_f;l=fr

5.2. *The 2011 ESPAD survey has been widened to all the secondary school in France. The last data were collected during spring 2011 among 10,000 students including 2,500 students of the European target population (born in 1995). We have added some specific questions at the end of the common questionnaire, in particular a scale measuring traits linked to reinforcement-specific substance use profiles: the substance use risk profile scale (SURPS).*

6. **Extended mailing list**

List of sources

A - Baromètre santé (Health Barometer)

French Institute for Health Promotion and Health Education (INPES)
This is a five-yearly telephone survey of a representative sample of the population living in France. The first edition was conducted in 1992. This survey examines smoking, alcohol, medical drug and illegal drug use and much other behaviour which influence health (use of care, depression, screening practices, vaccination habits, sports, violent behaviour, sexuality, etc.).
The survey is conducted by the French Institute for Health Promotion and Health Education (INPES) in partnership with the "Caisse nationale de l'assurance maladie des travailleurs salaries", the Ministry of Employment and Solidarity, the French Monitoring Centre for Drugs and Drug Addiction (OFDT), the "Fédération nationale de la mutualité française", the "Haut comité de la santé publique", the Interministerial Mission for the Fight against Drugs and Drug Addiction (MILDT) and the National Federation of Regional Health Monitoring Centres (FNORS).

B - ESCAPAD: Survey on Health and Use on Call-Up and Preparation for Defence Day

French Monitoring Centre for Drugs and Drug Addiction (OFDT) in collaboration with the National Service Directorate (DSN)
The ESCAPAD survey is conducted annually by OFDT in partnership with the National Service Directorate (DSN) and is carried out during the Day of Defence Preparation (JAPD) which has replaced national service in France. Once a year, the young people participating in a Defence Preparation Day session fill out an anonymous self-completed questionnaire administered throughout the country about their use of legal or illegal psychoactive substances and their health and lifestyle.
The adolescents questioned are mostly 17 years old, French nationals and most are still in secondary education, although some have already entered the world of work, are apprenticed or in higher education.

Taken from the 2012 abstract
New information

1. Content-related aspects

1.1. *The latest wave of the Drug Affinity Study (Bundeszentrale für gesundheitliche Aufklärung, 2012) revealed that 4.9% the 12 to 17-year-olds have used an illicit drug in the 12 months prior to the survey, and 2.0% in the last 30 days. A total of 0.9% reported to have used illicit drugs more than ten times in the last year. The use of cannabis was reported by 4.6%, but only 1.0% of the adolescents reported to have used other illicit drugs than cannabis.*

Results of the 2009 Epidemiological Survey of Substance Abuse (ESA) revealed that 5.1% of adults aged 18 to 64 reported using some type of illicit drug within the past year (Pabst, Piontek, Kraus & Müller, 2010). Prevalence rates for males are higher than those for females and highest among young adults aged 18 to 20. The use of cannabis is clearly dominating (12-month prevalence 4.8%). The prevalence rate of cannabis dependence is 1.2%. Finally, the prevalence rates of cocaine or amphetamine dependence are estimated to be 0.2% and 0.1%, respectively, of the adult population aged 18 to 64.
References:
- *Bundeszentrale für gesundheitliche Aufklärung (BZgA) (2012). Die Drogenaffinität Jugendlicher in der Bundesrepublik Deutschland 2011. Der Konsum von Alkohol, Tabak und illegalen Drogen: aktuelle Verbreitung und Trends [The Drug Affinity Study 2011: Consumption of alcohol, tobacco, and illegal drugs: prevalence and trends]. Köln: Bundeszentrale für gesundheitliche Aufklärung.*
- *Pabst, A., Piontek, D., Kraus, L. & Müller, S. (2010). Substanzenkonsum und substanzbezogene Störungen. Ergebnisse des Epidemiologischen Suchtsurveys 2009 [Substance Use and Substance Disorders. Results of the 2009 Epidemiological Survey of Substance Abuse]. Sucht, 56 (5), 327-336. Available at:* www.psycontent.com/content/h5qq316gk26137t8/fulltext.pdf (accessed 30 April 2013).

1.2. *In Germany, there are two different school surveys assessing drug use and other health-related behaviour. In 2011, the latest wave of the European School Survey Project on Alcohol and Other Drugs (ESPAD; Kraus, Pabst & Piontek, 2012) was conducted among students of grades 9 and 10 of comprehensive schools in five out of the 16 German federal states (Bavaria, Berlin, Brandenburg, Mecklenburg Western-Pomerania, Thuringia). In addition, the Health Behaviour in School-aged Children study (HBSC; HBSC-Team Deutschland, 2012) was conducted among students of grades 5, 7 and 9 in Hamburg, Hesse, North Rhine-Westphalia, and Thuringia in 2009/10. Although these studies are not directly comparable with the Drug Affinity Study, the results on drug use largely resemble the findings among adolescents in the general population.*
References:
- *Kraus, L., Pabst, A. & Piontek, D. (2012). Europäische Schülerstudie zu Alkohol und anderen Drogen 2011 (ESPAD): Befragung von Schülerinnen und Schülern der 9. und 10. Klasse in Bayern, Berlin, Brandenburg, Mecklenburg-Vorpommern und Thüringen [The 2011 European School Survey Project on Alcohol and other Drugs (ESPAD): Survey among pupils in grade 9 and 10 in Bavaria, Berlin, Brandenburg, Mecklenburg-Western Pomerania and Thuringia] (IFT-Berichte Bd. 181). München: IFT Institut für Therapieforschung.*
- *HBSC-Team Deutschland (2012). Studie Health Behaviour in School-aged Children – Faktenblatt „Drogenkonsum von Jugendlichen" [Health Behaviour in School-aged Children – Fact sheet on illicit drug use among adolescents]. Bielefeld: WHO Collaborating Centre for Child and Adolescent Health Promotion.*

1.3. *For the first time, synthetic cannabinoids such as spice or smoke have been surveyed among the general population in 2009. Among adults aged 18 to 64 years, the 12 month prevalence of spice was 0.6% for males and 0.2% for females (total 0.4%). Patterns on polysubstance use have not been analysed.*
References:
- *Pabst, A., Piontek, D., Kraus, L. & Müller, S. (2010). Substanzenkonsum und substanzbezogene Störungen. Ergebnisse des Epidemiologischen Suchtsurveys 2009 [Substance Use and Substance Disorders. Results of the 2009 Epidemiological Survey of Substance Abuse]. Sucht, 56 (5), 327-336. Available at:* www.psycontent.com/content/h5qq316gk26137t8/fulltext.pdf (accessed 30 April 2013).

2.   Methods

2.1.   *The 2009 ESA study applied a mixed-mode design including questionnaires, telephone and internet interviews. Mode-effect as well as non-response analyses were performed (Kraus & Pabst, 2010). Results revealed that nonparticipants reported less drug use than participants and that subjects who responded by telephone reported less cannabis use than those who answered the postal questionnaire.*
Reference:Kraus, L. & Pabst, A. (2010). Studiendesign und Methodik des Epidemiologischen Suchtsurveys 2009 [Study design and methodology of the 2009 Epidemiological Survey of Substance Abuse]. Sucht, 56 (5), 315-326. Available at:
www.psycontent.com/content/r8l517421023k724/fulltext.pdf (accessed 30 April 2013).

2.2.   Currently, we are not planning to conduct such kind of analyses.

3.   Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs

3.1.   *Population survey information has not been used to evaluate drug policy targets as such initiatives have not been introduced at population level in Germany in recent years. However, data from general population surveys (ESA and ESPAD) have been used to evaluate the introduction of new smoke-free laws as well as taxation changes on alcopops.*

3.2.   *In Germany, there have only been minor changes in drug policy in the last decades with movements towards a liberalisation. In 1994, the German Supreme Constitutional Court decriminalized the production, acquisition and possession of small amounts of cannabis for personal use. However, the federal states do not agree on the threshold for defining "small amounts" and there is no consistent enforcement of the legislation. Compared to other European countries, prices for cannabis, cocaine, heroin, amphetamines and ecstasy are relatively low in Germany. Data from the 2011 ESPAD study suggest that perceived availability of cannabis among adolescents is slightly above average in Germany, but is lower than in neighbouring countries such as the Czech Republic, Denmark, France and Poland. Trend data on European level show largely comparable developments of cannabis consumption in young adults with an increase until the early 2000s and a stabilisation in recent years. German prevalence rates are at an average level. Similarly, trend data on amphetamines, ecstasy and cocaine show a steady development with Germany at an average or below average position.*

4.   Questions about 'new' psychoactive substances

Synthetic cannabinoids such as spice or smoke have been surveyed among the general population in 2009 (ESA). The wording of the question was as follows: "How often during the past 12 months have you used the following illicit drugs? … Spice, Smoke, Space or other". In addition, lifetime use as well as the use during the past 30 days has been assessed. In the latest wave of the ESA (currently conducted) the above question has been expanded to bath salts and cathinones.

5.   Research analysis - references and electronic links

5.1.
- *Estimation of independent and non-confounded age, period, and cohort effects on 12-month cannabis use prevalence and frequency in Germany, 1990-2009 (ESA data)*
  Reference: Piontek, D., Kraus, L., Pabst, A. & Legleye, S. (2012). An age-period-cohort analysis of cannabis use prevalence and frequency in Germany, 1990-2009. Journal of Epidemiology & Community Health, 66 (10), 908-913.

- *Assessment of unbiased and indirect indicators of perceived availability and cannabis-related web searches for the prediction of national and regional cannabis prevalence rates, and assessment of national response tendencies to account for differences between observed and predicted prevalence (ESPAD data)*
  Reference: Steppan, M., Kraus, L., Piontek, D. & Siciliano, V. (2012). Are cannabis prevalence estimates comparable across countries and regions? A cross-cultural validation using search engine query data. *International Journal of Drug Policy, 24* (1), 23-29.

- *Investigation of individual and aggregated effects of cannabis-related perceptions and other cannabis-related indicators on 12-month cannabis use prevalence and frequency among 15-16 year olds using multilevel analysis across 32 European countries (ESPAD data)*

Reference: Piontek, D., Kraus, L., Bjarnason, T., Demetrovics, Z. & Ramstedt, M. (2013). Individual and country-level effects of cannabis-related perceptions on cannabis use. A multilevel study among adolescents in 32 European countries. Journal of Adolescent Health. *Journal of Adolescent Health, 52*, 473-479.

- *Assessment of past month patterns and prevalence of multiple substance use of alcohol, tobacco, cannabis, and pharmaceutical drugs by level of intensity and associated influencing factors (ESA data)*
  Reference: Manuscript is submitted

5.2. It is planned to publish a special issue in the journal Sucht containing results and analyses based on the 2012 Epidemiological Survey of Substance Abuse (ESA). Articles will report current prevalences and trends of legal and illegal substance use and substance-related disorders according to DSM-IV in Germany. Other topics will include analyses on health care utilization and an estimation of the homotypic comorbidity of substance use disorders in Germany.

5.3. *The most recent questionnaire used in the ESA study is available at:*
http://www.ift.de/fileadmin/literaturliste/Epidemiologischer_Suchtsurvey_2012.pdf

6. Extended mailing list

7. Response Rates

For Germany, response rates according to AAPOR (pp. 44-48) have been calculated for the years 2000, 2003, 2006 and 2009.

General Population Survey	2000	2003	2006	2009
AAPOR Response Rate 1	n.a.	n.a.	n.a.	n.a.
AAPOR Response Rate 2	43.71%	46.03%	38.10%	45.54%
AAPOR Response Rate 3	n.a.	n.a.	n.a.	n.a.
AAPOR Response Rate 4	43.87%	46.14%	38.83%	46.33%
AAPOR Response Rate 5	n.a.	n.a.	n.a.	n.a.
AAPOR Response Rate 6	69.26%	68.78%	61.87%	71.85%
AAPOR Cooperation Rate 1	n.a.	n.a.	n.a.	n.a.
AAPOR Cooperation Rate 2	69.58%	70.15%	65.20%	74.95%
AAPOR Cooperation Rate 3	n.a.	n.a.	n.a.	n.a.
AAPOR Cooperation Rate 4	74.09%	79.61%	68.26%	76.24%
AAPOR Refusal Rate 1	15.28%	11.79%	17.72%	14.20%
AAPOR Refusal Rate 2	15.34%	11.82%	18.06%	14.44%
AAPOR Refusal Rate 3	24.21%	17.62%	28.77%	22.40%
AAPOR Contact Rate 1	62.83%	65.62%	58.43%	60.77%
AAPOR Contact Rate 2	63.05%	65.77%	59.55%	61.81%
AAPOR Contact Rate 3	99.54%	98.05%	94.89%	95.87%

The following final disposition codes were used:

1. Returned questionnaires/Interviews
I Complete Interview
P Partial Interview
In Germany, complete (1.1) and partial interviews (1.2) are not separated. Therefore, response rates 1, 3 and 5 as well as cooperation rates 1 and 3 cannot be calculated.

2. Eligible, non-interview
R Refusals and break-offs
This includes known respondent-level refusal (2.112), blank questionnaire mailed back (implicit refusal, 2.113), and break-off (2.12).

NC Non-contact
This includes no one reached (2.24), and respondent away or unavailable (2.25).

O Other
This includes completed questionnaire not returned during field period (2.27), language problems (2.33), physically or mentally unable (2.32), death (2.31), and respondent agreed to participate but did not send the questionnaire or could not be reached by phone (2.36).

UH Unknown if household/occupied HU
Nothing is known about respondent or address (3.10).

UO Unknown, other
This includes unknown whereabouts, mailing returned undelivered (3.30), and cannot be delivered (3.25).

3. Not eligible
This includes selected respondent out of sample (4.10), and non-working number (4.31).

e Estimated proportion of cases of unknown eligibility that are eligible
The estimation of e was based on the proportional allocation or CASRO method described by Smith (2009), i.e. the ratio of eligible to not eligible cases among the known cases was also applied to the unknown cases. It is a very conservative measure.

Abstract from GREECE

Note: The most recent GP survey in Greece has been conducted in 2004. The information below refers to the GP survey - not to student population survey. With regard to student population surveys, both the HBSC and ESPAD surveys have been conducted by the University Mental Health Research Institute (UMHRI) in 2010 and 2011, respectively.

1.   Content-related aspects

1.1.
- *Based on the most recent data (2004) an estimated 670,000 (8.6%) individuals aged 12-64 report lifetime (LT) use of any illicit drug (see Table 1).*
- *Higher rates of LT use are reported by men (estimated 520,000, 13.3%) compared to women (150,000, 3.9%) and by the age groups 25-35 (12.4%) and 18-24 (12%) compared to adolescents and the older respondents.*
- *An estimated 132,000 (1.7%) individuals reported last year (LY) use mainly by those aged 18-24 (4.6%) and 25-35 (2.9%).*
- *An estimated 62,000 reported last month (LM) use of any illicit drug*
- *After a large increase in LT use prevalence from 4% in 1984 to 12.2% in 1998, the phenomenon took a downward turn reaching 8.6% in 2004.*
- *Incidence rates remained unchanged between 1998 and 2004 in adolescents, declined in the young adult group (18-24 years) and dropped sharply in older ages.*
- *The large gender differences in illicit drug use have narrowed over the years, especially in the younger age groups, although males remain far more involved in illicit drug use than females.*

1.2.   *The trends in lifetime use of illicit drugs found in the school surveys parallel those in the general population (Figure 1). Drug use is reported in higher rates in student population surveys (Figure 1), while also higher rates of drug use are reported in recreational settings (see results from the IREFREA study conducted using qualitative methodology in nine European countries (n=168, clubbers aged 15-30) (find report at: (http://contenido.irefrea.org/archivos/irefrea/Descriptive_report_in_9_cities.pdf)*

1.3.   *Cannabis accounts for almost the total prevalence of illicit drug use with all other illicit drugs reporting lifetime prevalence below 1%. No important changes have been identified especially with regard to newly emerging substances or new patterns of use between 1984 and 2004.*

2.   Methods

No specific methodological analysis on GPS data has been either conducted or planned.

3.   Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs

3.1.   *There is no clear evidence regarding the extent to which GPS data on specific indicators have been directly used in policy formulation. Reference to GPS data was made in the 2008 National Action Plan on Drugs, a document which, nonetheless, has not been ratified by the Ministry of Health nor has it taken any effect. GP and student population survey data are disseminated to professionals and policy makers by means of study Reports. GPS findings are also consistently reported in the FP's Annual report which is disseminated to policy makers. Survey findings have also been introduced to the public via press conferences. Findings have also been published in scientific journals.*

3.2.   *At the individual level: rates in risk perceptions from drug use appear to be relatively high (also reported in student population surveys) and trends in drug use and risk perceptions in the last 25 years show that risk perceptions (high risks from drug use) move in parallel with drug use[1]. At the interpersonal level, the relatively intact family structure (compared to other European countries), the strong family bonding and the resulting prolonged dependency (financial, educational etc) of the youth to their parents result, inter alia, to stronger family control and, altogether, may account for the lower (compared to other countries) prevalence rates. At the macro-social level (public and lay discourse, social control, economy, environment), drug use is by no means normalised while also there is an increased societal control on drug use (pressure by family, kin, neighbourhood, school or work*

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1 Kokkevi A, Kitsos G, Fotiou A 2007. Tobacco, alcohol and drugs: substance use in Greece from the 1980s to date. VITA Medical Arts Publications, Athens, Greece. p63 [in Greek, with a summary in English].

environment). At the institutional, policy level: the downward trends in illicit drug use shown in the 2004 survey, especially among young people, could be attributed to, inter alia, the intensive efforts of substance use prevention policies in place since 1995. Seventyone Prevention Centres were established from 1995 to 2004, covering the entire country. These Centres work mainly with schools and the community on the basis of a health education philosophy to prevent the use of licit and illicit substances by young people[2].

4. **_Questions about 'new' psychoactive substances_**

   Questions about 'new' psychoactive substances will be introduced in the forthcoming survey should this secure a funding.

5. **Research analysis - references and electronic links**

5.1. *No specific analyses have been conducted in the past 3 years. In 2007, multivariate logistic regression was performed based on 2004 GPS data in order to identify sociodemographic and risk behaviour correlates of repeated drug use (≥3 times in lifetime). Results of the analysis showed that drug use by friends multiplies the odds of repeated drug use by 15.1(95% CI 9–25.3) while also heavy tobacco use multiplies the odds by 3.8 (95% CI 2.4–5.9). Frequent alcohol use is also associated with repeated drug use (O.R. 2.5, 1.6–3.9) and so is residing in Athens or in Thessaloniki (as compared to other urban or semi-urban areas) (O.R. 2.8, 1.6–4.7 and 2.1, 1–4.5 for Athens and Thessaloniki, respectively). Being male, finally, multiplies the odds of repeated drug use by 1.7 (95% CI 1.1–2.8)[3].*

5.2. *Future research depends on funding. To that end, UMHRI applied in 2010 for funds with the aim to repeat the GPS survey.*

5.3. *A copy of the 2004 GPS questionnaire (Greek version) has been already send to the EMCDDA.*

6. **Extended mailing list**

   Clive Richardson, crichard@panteion.gr

7. **Additional question**

General Population Survey		Year 2004			
		%			
RESPONSE RATE (%)		48.1			
NON RESPONSE RATE (%)		51.9			
Nobody at home					
Selected subject not at home					
Household non-co-operation rates					
Subject non-co-operation rates					
Methodological details: *A total of 5,059 households were originally selected to be approached, before knowing their composition. From these 906 were ineligible, leaving 4,153. From these, the residents of 1,068 were not accessed (i.e. some of these may were eligible, some others not, but there was not documentation about how many of each) and they were therefore excluded from the calculation of the response rate, leaving 3,085. Of these, 1,483 gave an interview => response rate of (1483/3085) x 100 = 48.1% (Note: substitution households were foreseen in the sampling plan).*					

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2 Kokkevi A, FotiouA, Richardson C. Drug use in the general population of Greece over the last twenty years: results from nationwide household surveys. Eur Addict Res 2007; 13: 167-176.
3 Kokkevi A, Kitsos G, Fotiou A 2007. Tobacco, alcohol and drugs: substance use in Greece from the 1980s to date. Vita Medical Arts Publications, Athens, Greece [in Greek, with a summary in English]]

Taken from the 2012 abstract
New information

1.   Content-related aspects

1.1.   *According to the 2007 National Survey on Addiction Problems, the lifetime prevalence of illicit drug use was 9.5% in the 18-64 year old population. The rate of recent use (last year prevalence) was 2.6%. Cannabis is still the most commonly used illicit drug (LTP 8.5%), followed by ecstasy (2.4%) and amphetamines (1.7%), while the lifetime prevalence rate of the other examined illicit drugs remains below 1%.*

The ESPAD Survey in 2011 indicated a significant increase in the use of illicit drugs and substances for deliberate drug use as compared to 2007. Among the 16-year-old pupils interviewed the lifetime prevalence rate of all (illicit and licit) substance use was 28.8%, the lifetime prevalence for illicit drugs was 19.9% (boys: 20,9%, girls 18,9% - not significant). Cannabis is still the most commonly used drug (LTP: 19,4%) and is followed by the use of medicines without medical indication (LTP: 14,7%, girls: 18,7%, boys: 11,1% - p=0,000) and the inhalation of organic solvents. On the basis of the prevalence rates mephedrone – included in the questionnaire for the first time in 2011 – was in fifth position (LTP: 6%), and this was followed by amphetamines (LTP: 5,6%), other substances (LTP: 4,5%) and ecstasy (LTP: 4,4%). The proportion of those who had ever tried illicit drugs increased more among girls and in the case of schools located in regions outside Budapest.

1.2.   *Each population survey shows that the most popular illicit drug is cannabis but the use of pharmaceuticals without prescription is a similarly widespread problem both in school and adult population.*

1.3.   *ESPAD 2011 results confirmed the quick spread of cathinone use among young people. 6% of the 16-year-old school population reported ever having used mephedrone, first time appearing on the list with 5th position. Behind cannabis (19.4%) and the legal substances (alcohol and pills, inhalants, sedatives, each around 10%) mephedrone preceded amphetamines (5.6%) or ecstasy (4.4%).*

2.   Methods

2.1.   -

2.2.   The lead researcher of Hungarian ESPAD survey (Zsuzsanna Elekes) plans to do a secondary analysis of the Hungarian ESPAD data from 1995 to 2011. The aim would be to get an overview on the changes in the most important independent variables explaining the differences in substance use (e.g.: gender, urban vs. rural areas, etc.)

3.   Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs

3.1.   In the proposal of the new National Drug Strategy (it has not been ratified yet) they used the results of the HBSC and ESPAD surveys to describe the current situation (regarding substance use in the country). It is noted in the introduction that the last adult population survey was in 2007, and there is no up-to-date information available.
In the outcomes they setting the target to reduce lifetime prevalence by 10% of the actual figures. Among the indicators needed to monitor the implementation of the National Drug Strategy they listed the general population survey as an EMCDDA indicator, and set the next survey to 2013.

3.2.   Following the crisis substantial budget cuts were made in the fields of drug services and researches targeted to substance use. It affected the availability of harm reduction services (especially the needle exchange programmes) and the implementation of prevention programmes. The national funding for drug related research was suspended also. Since no general population surveys have been conducted in the past years (last GPS was made in 2007) we have no sound information on the prevalence of new psychoactive substances in the general population (or about the changes in the substance use patterns might have occurred after the emergence of these new substances). Information from the

needle exchange programmes indicate that a significant proportion of the Hungarian IDU population injecting new psychoactive substances. Heroin use probably decreased in the recent years, partly because the decrease in the availability and the poor quality, partly because of the spread of the new psychoactive substances. Cocaine use is also very low in the country compared to the EU. Otherwise the prevalence of substance use in Hungary is below the EU average, and similar to the neighbouring countries. However the ESPAD survey they found that the prevalence rates increased in the past years, so we can assume that we could observe similar trends in the general population.

4.   Questions about 'new' psychoactive substances

1) ESPAD 2011
"On how many occasions in your lifetime (if any) have you used any of the following drugs?"
"Mephedrone" (with two other street names) was listed among the substances.

2) ReDNet survey, 2012
"Do you personally know people who take new legal durg(s)?"
„Have you ever taken new legal highs yourself?"
"At what age did you take new legal highs for the first time?"
"During the last 12 months, have you taken new legal highs?"
„During the last 30 days, have you taken new legal highs?"
"During the last 30 days, on how many days did you take new legal highs?"
„Have you ever heard of any of the following substances?"

5.   Research analysis - references and electronic links

5.1.   A special population survey was conducted among sex workers in Hungary in 2010. The study aimed to chart prevalence, functions, and problems of drug use among various groups of sex workers. Survey forms were collected from 510 participants (average age 29,5 years, 91% female) in and nearby Budapest, during a period of six months. Results show that sex workers have manifold higher lifetime prevalence (LTP), 84,3%, of illicit drug use as compared to the LTP of the Hungarian general young adult population, 20,9%. The most problematic drug was amphetamine, and the most frequent problem was prolonged/excessive drug use.
http://users.utu.fi/leve/publications/Moro_Simon_Sarosi_2013_Drug_use_among_sex_workers_in_Hungary_POSTPRINT_@_SSM.pdf

As a part of The Recreational Drugs European Network (ReDNet) project an online survey was conducted among experienced recreational drug users ("psychonauts") in Hungary. They used snowball sampling (started from the online community of http://www.daath.hu/), data collection ended in April, 2012, there are 624 participants in the sample. Unfortunately the researchers have not made the results available yet.
http://www.rednetproject.eu/index.php

In the years 2011 and 2012, the study „Youth deviance and youth violence: A European multi-agency perspective on best practices in prevention and control" (YouPrev) has been conducted in six European countries (Belgium, Germany, Hungary, Portugal, Slovenia and Spain). The main goal of the project was to deepen knowledge on prevention and control of juvenile delinquent behaviour. Tthey asked about substance use in their survey, and the sample (N=2104) was made to match the age distribution of ESPAD. The substance use patterns they observed were parallel with the results of the ESPAD research.
http://www.youprev.eu/

5.2.   The lead researcher of Hungarian ESPAD survey (Zsuzsanna Elekes) plans to do a secondary analysis of the Hungarian ESPAD data from 1995 to 2011. The aim would be to get an overview on the changes in the most important independent variables explaining the differences in substance use (e.g.: gender, urban vs. rural areas, etc.)

The ELTE Faculty of Education and Psychology, Department of Clinical Psychology and Addiction plans an online survey to assess the substance use among recreational drug users. The aim of the research to get information about the prevalence of new psychoactive substances in recreational settings, and about the motives choosing one or another substance.

6. Extended mailing list

7. Response Rates

General Population Survey	Year 2003	Year 2007
RESPONSE RATE (%)	55,7	47,8
NON RESPONSE RATE (%)	44,3	52,2
Selected subject not at home	14,8*	14,1
Subject non-co-operation rates	16,4*	21,9
Wrong address/subject not living there	7,7*	6,9
Other	3,1*	9,2
Not known	2,3*	

*Figures calculated by me to keep the structure, the researchers published the data as the proportion of non responses. Here are the original table for the year 2003:

Selected subject not at home	33,4
Subject non-co-operation rates	37,1
Wrong address/subject not living there	17,3
Other	6,9
Not known	5,3

Response rate
Proportion of those interviews when the interviewer could reach a subject without using the replacement address list.

Selected subject not at home
The subject not at home rate measures the proportion of all cases in which the selected subject was not reached by the interviewer. It could be indicated only after the interviewer tried to reach the subject three times.

Subject non-co-operation rates
The subject non co-operation rate indicates the number of refused interviews as a proportion of the sample

Wrong address/subject not living there
The address was not valid or the subject not lived there, moved or deceased (proportion of the sample)

Other
Reason not specified further or the subject was incapable.

Abstract from IRELAND

1.   Content-related aspects

1.1.   The third national survey of drug use in the general population was completed in Ireland in 2011. Comparisons over time show that while lifetime prevalence rates increased since the 2006/7 survey, last year rates for most of the illicit substances surveyed were stable. Compared to 2006/7 the proportion of respondents reporting use of any illegal drug in their lifetime increased from 24% in 2006/7 to 27.2 % in 2010/11. The corresponding proportions for last year use were unchanged since 2006/7. Cannabis remains the most commonly reported illicit drug: Lifetime prevalence increased from 21.9% in 2006/7 to 25.3 % while the share reporting use in the last 12 months was largely unchanged at 6 %. Lifetime prevalence of cocaine (including crack) increased to 6.8 %, up from 5.3 % in 2006/7, while the last year rate was generally stable at less than 2%.   Lifetime rates for ecstasy increased from 5.5% in 2006/7 to 6.9% in 2010/11 but the proportion reporting recent use declined from 1.1% to 0.5% in 2010/11. With regards to amphetamines, reports of lifetime use increased from 3.5% in 2006/7 to 4.5% in 2010/11 while last year rates were unchanged at less than 1%.
Drug use continues to be higher among men than women in Ireland and there is no indication of a narrowing of the gender gap in illegal drug use. However this gender pattern is reversed for use of sedatives/tranquillisers: For these substances the gap between men and women's lifetime and last year use in Ireland has narrowed over time.

1.2.   Comparable studies also indicate a slowing and, in some cases, a reversal of the upward trends in illicit drug use that have been reported over the last ten years in Ireland.

1.3.   Although traditionally associated with younger people the indications are that younger adults (15-34 yrs) in Ireland are less likely to use ecstasy over time.   Data from the three General Population Surveys show that among younger adults last year ecstasy use declined from 2.3% in 2002/3 to 0.9% in 2010/11. In comparison with ecstasy in 20101/11, rates for new psychoactive substances are much higher: Last year prevalence was 6.7% for younger adults. Focussing on those aged between 15 and 24 years reveals that use of new psychoactive substances is particularly popular among young men (14.9%) when compared to young women (4.5%) in 2010/11.
While there are still differences among the regional drug prevalence rates in Ireland, indications from the general population survey are that with respect to illicit drug use regional gaps are narrowing over time. Further analyses of the regional data are required to establish the mechanism underpinning this regional divergence.
With regard to youth in Ireland the most recent country overview for Ireland[4] reports that a survey among young people in Ireland in 2009/10 ('Health Behaviour in School-aged Children' (HBSC)) found that 15 % of 15-and-a-half year olds reported using cannabis during their lifetime, down from 24 % in 2006. Reports of ESPAD survey data on substance use[5] reveal an overall downward trend in the use of illicit substances among 15-16 year old students in Ireland: Lifetime cannabis use among students declined by 21 percentage points from 39% in 2003 to 18% in 2011. Lifetime use of any illicit drug other than cannabis also decreased from 10% in 2007 to 6% in 2011. Finally lifetime use of inhalants declined from 18% in 2003 to 9% in 2011.

2.   Methods

2.1.   No specific methodological analysis conducted at this stage.

2.2.   No plans currently.

3.   Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs

3.1.   In the National Drugs Strategy in Ireland the responsibility for continuing and implementing the General Population Survey in Ireland is allocated to the National Advisory Committee on Drugs and Alcohol (NACDA[6]). The role of the NACDA is to advise Government on the prevalence, prevention, treatment, rehabilitation and consequences of substance use and misuse in Ireland, based on the analysis of

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[4] http://www.emcdda.europa.eu/publications/country-overviews/ie#gps
[5] Hibell et al. (2003, 2007 2011)
[6] Formerly the National Advisory Committee on Drugs (NACD).

research findings and information available to it. The NACDA membership comprises representatives from government departments, state agencies and the community and voluntary sectors. The General Population Survey data are a key resource to the work of the Committee.

One of the aims of the NACDA is to raise public awareness and debate in relation to drugs. In this regard the results of the survey data are disseminated widely by NACDA staff in various formats e.g. they are published as statistical reports/bulletin series, reported in articles and in presentations given to a variety of audiences. The publication of NACDA statistical bulletins is marked by a formal press launch by the Minister with responsibility for the National Drugs Strategy. Members of the press and representatives from all the key stakeholders are invited to the launch. These events have generally received relatively large coverage by the media in Ireland (newspaper, radio and television etc).

3.2. Since 2002/3 this survey has been commissioned by the National Advisory Committee on Drugs and Alcohol in Ireland with the Public Health and Research Branch with the Department of Health, Social Sciences and Public Safety (DHSSPS) in Northern Ireland. This collaboration has strengthened the quality of the survey as well as the results published. Over the years the NACDA has enjoyed strong support from the Minister with responsibility for the National Drugs Strategy in Ireland and the officials in the corresponding Departments. This has been an important context for the dissemination of key messages from the research for the purpose of informing policy and public debate on the drug situation in Ireland.

4.   Questions about 'new' psychoactive substances

SHOW CARD 183
READ OUT: All the substances on this SHOW CARD are only sold in headshops or via the internet

Q183	Have you taken any of the substances presented on this show card in the last 12 months? Show card, if Yes to any listed on card code Yes and Continue.			

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q193
Refused	Y	

Q184	What is/are the name of the substances that you took? **SHOW CARD 183 AGAIN** MULTICODE		

Herbal smoking mixtures/incense e.g. Smoke, Spice, Sence	1	
Party Pills or Herbal Highs	2	
Bathsalts, Plantfeeders or Other Powders	3	CONTINUE
Kratom (Krypton)	4	
Salvia, Magic mint, Divine mint or Sally D	5	
Other, please specify	6	
Don't know		GO TO Q193
Refused		

Removed precode for legal weed and separate precodes for spice and smoke

5.   Research analysis - references and electronic links

5.1. The National Advisory Committee on Drugs and Alcohol (NACDA) publishes a series of statistical reports based on results from the general population surveys on drug use in Ireland and Northern Ireland. These reports cover national and regional data as well as illicit and licit substance specific reports e.g. reports on cannabis, cocaine as well as alcohol, sedatives/ tranquillisers and anti-depressants. The substance specific report of 2010/11 results on cannabis (prevalence, patterns of use) and cannabis dependence is forthcoming www.NACD.ie. Please see Table 1 for details of the topics covered in NACDA statistical bulletin series arising from the GPS. These reports are available to download from www.NACD.ie

Table 1: Reports arising from the Drug Prevalence Surveys

Report/bulletin description	Year data collected		
	2002/3	2006/7	2010/11
Drug Use in Ireland and Northern Ireland: Reports results from Ireland, Northern Ireland and All-Island	✓	✓	✓
Drug Use in Ireland and Northern Ireland: Regional Drug Task Forces (Ireland) & Health and Social Care Trusts (Northern Ireland)* Reports regional results for Ireland and Northern Ireland.	✓	✓	✓
Drug Use in Ireland and Northern Ireland: Cannabis Results for Ireland and Northern Ireland	✓	✓	✓ Results for Ireland only
Drug Use in Ireland and Northern Ireland: Cocaine Results	✓	✓	✓ Results for Ireland only
Drug Use in Ireland and Northern Ireland: Polydrug Use Results	✓	✓	
Drug Use in Ireland and Northern Ireland: Sedatives, Tranquillisers or Anti-Depressants Results	✓	✓	✓ Results for Ireland only
Drug Use in Ireland and Northern Ireland: Alcohol Consumption and Alcohol-Related Harm in Ireland			✓ Results for Ireland only

* Formerly Health Boards (Ireland) and Health and Social Care Boards (Northern Ireland)

In 2013 two additional pieces of work have been undertaken and draft reports prepared:
1. A report on the measurement of cannabis dependence has been drafted setting out results and identifying some problems specific to Ireland as well as more general problems with using proxy scales for estimating prevalence. This draft report is entitled *Report on the Measurement of Cannabis Dependence in Ireland using 2010/11 General Population Survey data*.
2. A study examining the age, time period and birth cohort effects on cannabis use prevalence in Ireland using the General Population Survey data from 2002/3, 2006/7 and 2010/11.

5.2. The National Advisory Committee on Drugs and Alcohol recognizes the importance of using the General Population data to full potential. Consequently in addition to reporting drug prevalence, correlational studies will be important to provide a more detailed understanding of the drug situation in Ireland. An example to be considered for future work is the following: the data from the three general population surveys in Ireland (2002/3, 2006/7, 2010/11) will be used in combination with Small Area Population Data in order to examine whether the link between poverty/relative deprivation and substance use has changed over time. This study aims to identify factors that moderate the relationship between poverty and drug use at the level of areas (i.e. area/neighbourhood resilience) and at the level of individuals (i.e. individual resilience).

5.3. An electronic version of the most recent questionnaire (used in 2010) was sent as an attachment with this nation abstract by email.

6.   Extended mailing list

7.   Response Rates

Table 2 contains outcome categories for the three Ireland surveys using AAPOR (2011) and ISER (Lynn et al Working paper No. 2001-23). Some of the categories in the Table prepared by Spain are not covered in Table 2 as the information provided by the market research company for the Ireland survey is not suitable for this purpose. Where this is the case it is indicated below.
It should be noted that the response rates calculated by the market research company applied a different method. The method used by the company is given by the following:

Valid sample = Gross sample – (frame errors + non-valid cases)

The rates calculated by the market research company are reported in NACDA publications of results from the General Population Survey in Ireland.   For future surveys in Ireland it would be optimal if it

were possible to instruct those undertaking the fieldwork for the general population survey either to provide calculations based on standardised methods (e.g. specified by EMCDDA) or to request that the information needed to calculate these rates is made available to the commissioning body. For comparison purposes the rates calculated by the market research company are also provided in the footnotes to Table 2.

For transparency reasons the formulae used to calculate the rates in Table 2 are set out below. Regarding the Response Rate it should be noted that the full number of cases of unknown eligibility has been included in the denominator as we do not have an estimate of the proportion of eligible cases among the cases of unknown eligibility.

Table 2: Outcome Rates for Ireland Surveys 2003, 2007 and 2010

Outcomes	Year 2003 %	Year 2007%	Year 2010%
Response Rate	***68.1	61.5**	53.5*
Non-contact	13.5	14.7	16.4
Refusals	11.9	17.9	14.5
Other Non-contact	2.1	3.1	2.4
Unknown eligibility	4.9	2.8	12.6
Non-Cooperation Rate	14.8	22.5	24.2

* For 2010 the response rate calculated by the market research company was 60%.
**For 2007 the response rate calculated by the market research company was 64.7%
***For 2003 the response rate calculated by the market research company was70%

Response rate
The market research company did not include any partial interviews. As a result P=0 for all relevant calculations.

$$\text{Response Rate (RR1)} = \frac{I+P}{(I+P)+(R+NC+O)+(UH+UO)}$$

$$\text{Refusal Rate:} = \frac{R}{(I+P)+(R+NC+O)+(UH+UO)}$$

$$\text{Non-contact Rate} = \frac{NC}{(I+P)+(R+NC+O)+(UH+UO)}$$

$$\text{Non-Cooperation Rate} = 1 - \frac{I}{(I+P)+R+C}$$

Nobody at home
The nobody at home rate measures the proportion of all cases in which no household member was reached by the interviewer.
The information provided by the market research company does not permit distinguishing between cases of contact failure that involve persons selected for interview from persons resident in the household.
Selected subject not at home

The subject not at home rate measures the proportion of all cases in which the selected subject was not reached by the interviewer.

See answer given for 'Nobody at home' (above).

Subject non-co-operation rates

The subject non co-operation rate indicates the number of refused interviews as a proportion of the subjects contacted during the fieldwork period.

The information provided by the market research company does not permit us to distinguish between household and subject outcomes.

References

Hibell, B., Andersson, B., Bjarnason, T., Ahlström, S., Balakireva O., Kokkevi A., Morgan M., (2003), The ESPAD Report 2003. Alcohol and Other Drug Use Among Students in 35 European Countries

Hibell, B., Guttormsson U., Ahlström, S., Blakireva O., Bjarnason T., Kokkevi A., Kraus L., (2007), The 2007 ESPAD Reports. Substance Use Among Students in 35 Countries

Hibell, B., Guttormsson U., Ahlström S., Balakireva O., Bjarnason T., Kokkevi A., Kraus L., (2011), The 2011 ESAD Report. Substance Use Among Students in 36 European Countries

All three of the above mentioned reports were available for download at the time of writing from:

http://www.espad.org/Uploads/ESPAD_reports/2011/The_2011_ESPAD_Report_FULL_2012_10_29.pdf

1. Content-related aspects

1.1. *Data regarding the extent of psychoactive substance use in Italy was obtained from the national GPS-DPA 2012 (General Population Survey) launched and managed by the Department for Anti-drug Policies and conducted on the general population aged 18-64 during the first half of 2012. 19,294 questionnaires were completed and submitted to the Department for Anti-drug Policies, with an overall percentage of response to the survey of 33.4%.*
In order to allow comparison and contrast with the population surveys conducted in the past, data gathered among the general population aged 18-64 were integrated with the results of the Student Population Survey (SPS-DPA 2012) for the age group 15-17, which can be considered a representative estimate of the resident population 15-17 years of age.
The percentages of subjects aged 15-64 years who had used drugs one or more times in the 12 months prior to the survey were: 0.12% for heroin or other opiates (0.24% in 2010), 0.60% for cocaine (0.89% in 2010), 4.01% for cannabis (5.33% in 2010), 0.13% for stimulant drugs – amphetamines and ecstasy – (0.29% in 2010) and 0.19 for hallucinogens (0.21% in 2010).

1.2. *The population surveys, which represent the main element of research on the consumption of psychotropic substances, are strongly influenced by subjective factors, like the propensity of individuals interviewed to answer truthfully to questions about drug abuse. For this reason, in order to verify the consistency of results obtained from the traditional population surveys, the consumption of drugs detected in the waste waters analysis has been investigated and compared with the prevalence of substance use in the population, by geographical area. The substances selected for the comparison are cannabis and cocaine, in relation to their greater diffusion in the general population, and then the possibility to observe with greater precision the consumption with both the methodologies. The analysis shows an agreement between the two surveys, indicating a probable consistency of the results obtained from the population surveys.*

1.3. *The assessment of polydrug use gives a complete picture of the overall prevalence of illegal psychoactive substance use in the general population aged 18-64. It was estimated that 1.5% of the Italian population used cannabis in the month prior to the survey, of whom 82.1% had also consumed alcoholic beverages during the same time period. The 0.2% of subjects between 18 and 64 years of age had used cocaine at least once during the 30 days prior to the survey; 73.0% of these had also assumed alcoholic beverages.*
Regarding the Student Population Survey, 19.1% of students aged 15-19 years reported having use cannabis during the month prior to the survey, and 90.9% of these had consumed alcoholic beverage during the same period. Of the students surveyed, 1.9% reported having used cocaine in the 30 days prior to the survey; 92.4% of these cocaine users had also consumed alcoholic beverages.

2. Methods

2.1. *In 2012, as in 2011, the SPS-DPA Student Population Survey 2012 was conducted with the support of computer technology. The C.A.S.I. (Computer-Aided Self-Completed Interview) method was adopted, which made it possible to fill out the online questionnaire using a nonreplicable, unique and anonymous access ID.*
The advantages of using online instruments to conduct surveys are numerous and can be broken down as follows:
- *rapidity of organization and of conducting the survey thanks to the elimination of most of the practical problems which can be attributed to a paper-based survey method;*
- *more privacy for the subject while filling out the questionnaire;*
- *real time monitoring of the survey's progress, and the ability to immediately substitute academic institutions which are not participating in the survey;*
- *elimination of the data entry errors implicit to surveys conducted using paper questionnaires;*
- *reduction of possible errors made due to distraction while filling out the questionnaire, thanks to the implementation of systems to check answers provided for contradictions and inconsistencies;*
- *immediate availability of the database in order to process the information gathered, resulting in a reduction in the time required to analyze data and draw up reports.*

The adopted questionnaire includes in total 338 questions, articulated in 12 sections, which can be reduced to 206 questions in case of consumption of any substance. In the questionnaire structure some filter functions were also included, useful for checking the internal consistency of the answers given by the students.
Approximately 3,800 questionnaires were discarded as unreliable (equal to approximately 10% of the total number of questionnaires completed) based on an initial quality control.

With reference to the 2012 GPS-DPA survey, a weighting methodology has been applied on the sampled units. The sampling plan for the statistical units was designed taking as stratification variables the age groups of 18-24, 25-34 and 36-64 years within the geographical areas of the northwest, the northeast, central Italy, southern Italy and the Italian islands. The design of the statistical sampling units consisted of two stages, with two different levels of stratification: the first stage was composed of the selection of the self-representative cities (cities of a larger size, with a population of over 100,000 inhabitants) and the non-self-representative (cities with 1,000 – 100,000 inhabitants), while the second stage was composed of the selection of residents from the census data supplied by the selected cities. Each of these chosen cities then underwent the selection of the second stage statistical units (residents) divided into strata according to age group through a simple random sampling procedure in order to guarantee the random nature of the statistical units selected.
In order to obtain prevalence estimates statistically representative of the entire Italian population, the second stage statistical units (residents) have been weighted using the first order probability of inclusion. Because of it is quite reasonable to expect that response rates vary depending on the age group, the self-representative and the non-self-representative cities, which leads to a distortion in the estimates, the obtained weights have been adjusted under the constraint that the weighted sample by province and age group equalled the real population distribution by province and age group. In order to do this the methodology given in Deville and Sárndal (1992)[7] has been performed. This procedure has become the gold standard for the weights adjustment in sample surveys.

2.2. *In 2012, in order to improve the response rate of the GPS-DPA survey, compared to that of 2010 , a detailed literature review was conducted regarding the general population surveys implemented by the other European countries, searching for the possible methodologies to be used to increase the response rate in postal surveys. Regarding the Italian survey, particular attention has been dedicated to the arrangement of the questionnaire, both in the graphic and in the content.*
Moreover, for the 2014 GPS-DPA survey, in order to further increase the response rate, it is planning to conduct a survey partly postal and partly face-to-face.

3. <u>Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs</u>

3.1. *Every year, at the conclusion of the Student Population Survey involving about 500 schools across the country, a research report and summary report are prepared, containing the drug consumption profile at provincial level. These documents are sent to each school that have contributed the study with the aim to provide a refund of the obtained results at local and national levels, and to use these information in order to plan prevention interventions.*
In addition to these documents, other sources of information for prevention activities are available to schools by the Department for Anti-drug Policies on the website specifically dedicated to the prevention in the schools. This website is also used to carry out the on-line questionnaire on drug consumption in the schools (SPA-DPA).

3.2. *None*

4. <u>Questions about 'new' psychoactive substances</u>

In 2012, both the SPS-DPA and the GPS-DPA investigated the consumption of some new psychoactive substances. In particular, consumption of Smart Drugs, Salvia Divinorum (a psychoactive plant which can induce dissociative effects and is a potent producer of "visions" and other hallucinatory experiences), LSA (a psychedelic ergoline alkaloid closely related to LSD), Kobret (a low-grade form of heroin) and other hallucinogens (ketamine, magic mushrooms, synthetic hallucinogens) have been examined with reference to the lifetime, the last year and the last month consumption.

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[7] Deville, J.-C. and Särndal, C.-E. (1992). Calibration estimators in survey sampling. Journal of the American Statistical Association, 87: 376-382.

Moreover, in the General Population Survey (GPS-DPA), the consumption of energy drink has been investigated, related to the lifetime and the last month use. An energy drink is a type of beverage containing stimulant drugs, chiefly caffeine, which is marketed as providing mental or physical stimulation.

5. Research analysis - references and electronic links

5.1. *Recently, a specific analysis based on the 2011 student population survey has been published, with the principal aim to describe the behavior and characteristics of students aged 15-19 years and to investigate the risk factors for illicit drug use highlighting the differences between males and females. The reference is the following: Serpelloni G, Genetti B, Mollica R, et al. I diversi fattori di rischio per l'uso di sostanze illecite tra le adolescenti 15-19 anni e i coetanei maschi. Italian Journal on Addiction, Volume 3, Number 2, 2013.*

Another manuscript in the process of being drafted, is related to the prevalence of gambling and gambling-related problems in the student population aged 15-19 years and in the general population aged 18-64 years. The gambling problems will be related to substance abuse in order to investigate a possible correlation between these two aspects. It is expected that those who do develop substance abuse problems may be more likely to develop a gambling problems.

5.2. *Other analysis based on Italian surveys results are ongoing. First of all evidences from wastewater study are linked to GPS-DPA data, showing coherence in the consumption of cannabis and cocaine, with reference to the geographical area.*
Moreover, some specific analyses using GPS section regarding the "risk perception" of drug consumption are ongoing, in order to define a profile of subjects with high risk perception of drug abuse.
Finally, some specific analyses using the most recent SPS-DPA survey are ongoing and are based on the investigation of the risk factors for illicit drug use in the student population aged 15-19 years. Furthermore, prevalences of substances abuse are evaluated by typology of school and geographical area.

5.3. *None*

6. Extended mailing list

bruno.genetti@centroexplora.it

7. Response Rates

The Italian General Population Survey 2012 was conducted via a paper questionnaire sent by post which had been created according to the instructions provided by the EMCDDA in the document entitled, "Handbook for survey on drug use among general population".

General Population Survey - ITALY	Year 2010	Year 2012
RESPONSE RATE (%)	**13.3**	**33.4**
NON RESPONSE RATE (%)	86.7	66.6
Addressee unknown or addressee transferred or deceased	2.0	3.8
Refusal to participate	84.7	62.8

Addressee unknown or addressee transferred or deceased
It means that the questionnaire did not reached the person to be interviewed because of address not found or addressee transferred or deceased.

Refusal to participate
It means that the questionnaire reached the person to be interviewed but he/she did not answer the questionnaire.

Abstract from LITHUANIA

1. Content-related aspects

1.1. 11.1% of Lithuanian residents used any drugs (cannabis, amphetamine, ecstasy, cocaine, heroin, LSD, hallucinogenic mushrooms and others) at least once in their lifetime. This was indicated by 17.5% of men and 5.0% of women. Younger Lithuanian residents (15-34 year-olds) more likely than older residents (35-64 year-olds) indicated that they tried drugs at least once. Younger men more than two times more likely than younger women indicated that they tried drugs at least once (24.9% vs.10.4%, respectively).
Comparison of the results from 2012 with 2004 and 2008 studies is shown in the picture below:

Prevalence of drug use in the general population 2004, 2008, 2012, %
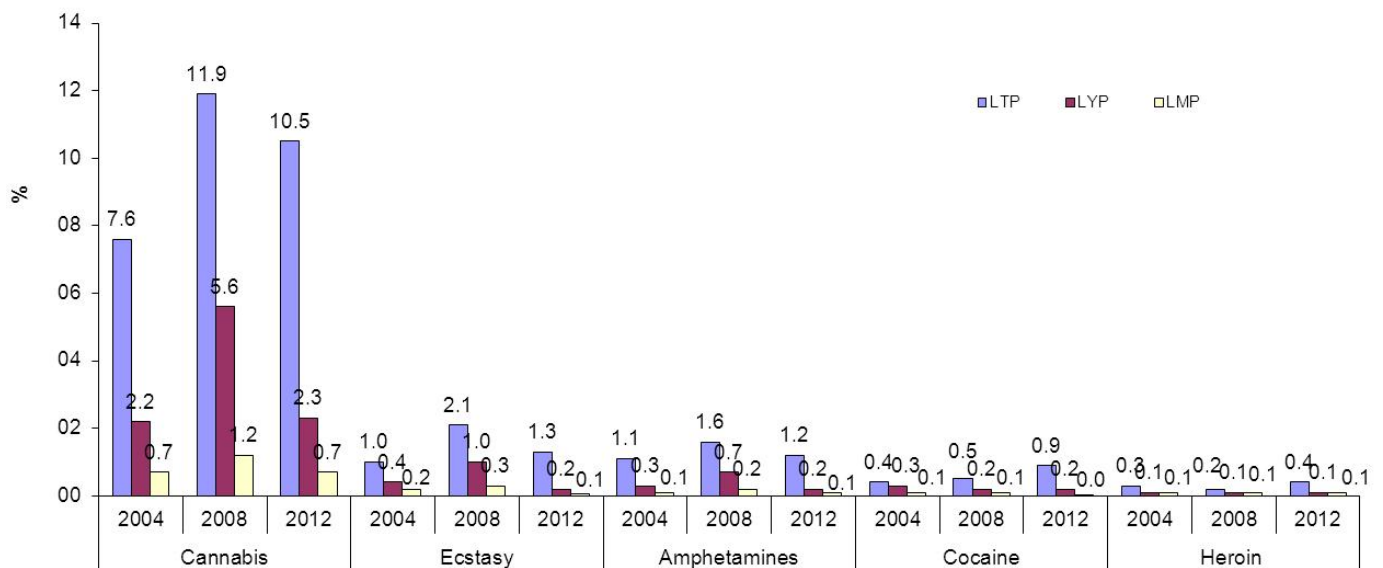
In 2012, the most widespread drugs, excluding cannabis, in Lithuania were ecstasy and amphetamines. Ecstasy was used at least once by 1.3%, Amphetamines – by 1.2%, Cocaine – by 0.9% and Heroin – by 0.4% of Lithuanian residents.

1.2. ESPAD can confirm the order of most widespread drugs and the fact of higher prevalence rates among younger adult population. However there are inconsistencies in recent results of GPS and ESPAD – there are discrepancies in the prevalence rates among 15-16 years old students in both studies.

1.3. Recent GPS 2012 study shows a decrease in prevalence rates of almost all illicit drug use in Lithuania, except for life time prevalence of cocaine use and life time prevalence of heroin use.
Recent ESPAD 2011 survey shows that cannabis is the most popular illegal substance among 15-16 year old students. 20% (25% of boys and 14% of girls) of students indicated that they tried cannabis at least once in their lifetime. Since 2007, the life time prevalence of this illicit drug has increased by 2%. Use of other substances is much less prevalent and remains stable.

2. Methods

In 2012, the general population Survey on the prevalence of drug use in Lithuania was carried out. As in the previous Surveys (in 2004 and in 2008) the main goal was to collect and evaluate standardised data on the prevalence of drug use among the general population by gender and age groups; to evaluate the behaviour models of the Lithuanian population and its attitudes towards use of tobacco, alcohol beverages, drugs and psychotropic substances as well as to evaluate a relationship between the socio-demographic characteristics of the respondents and the use of tobacco, alcohol beverages,

drugs and psychotropic substances. The survey method was interviewing permanent residents of Lithuania aged 15 to 64. Seeking to ensure internationally comparable data, the population survey was carried out according to the methodology of the European Monitoring Centre for Drugs and Drug Addiction (hereinafter referred to as EMCDDA) and using a standard EMCDDA European model questionnaire. In order to understand which groups are the most vulnerable and what motivation these groups have, the questionnaire was amended with the questions about socio-demographic indicators, socio-economic data, behaviour models and attitudes. The interviews took place on June 18 – October 25, 2012, by a direct interview method specially trained interviewers interviewed the respondents and amended the questionnaire. For the Survey, a representative random sample was used taking into account the distribution of the Lithuanian population aged 15–64 by counties, place of residence, age and gender. A total number of participating respondents was 4831 permanent residents of Lithuania aged 15–64, i.e. 2342 men (48,5%) and 2489 women (51,5%), their distribution by age - 1994 respondents (41,3%) aged 15-34 and 2837 respondents (58,7%) aged 35-64.

3. **Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs**

Results of GPS help to evaluate the National Programme on drug control and prevention 2004-2008. They are also used in preparation of the National Programme on drug control and prevention 2009-2016. A result of ESPAD surveys helps to ground prevention interventions and to evaluate prevention programmes at schools.

4. **Questions about 'new' psychoactive substances**

There is a question about any other psychoactive substances, which are not mentioned in questionnaire. There is a list of new psychoactive substances provided with this question. The question was introduced in 2004, the list in 2008, but in 2012 the list of new psychoactive substances provided with this questionnaire was changed.
The wording of the question is:
Please list up to 3 psychoactive substances that were not mentioned in the questionnaire before, which you have ever tried/used.

5. **Research analysis - references and electronic links**

5.1. *An article Drinking habits of Lithuanian population, driving on influence of alcohol based on drug surveys has been published in 2011 (electronic link* http://www.hi.lt/images/Sveik_1(52)_Bulotaite_M.pdf*). The results showed that 14,9% of 15–64 year old Lithuanian population, who consumed alcohol during the last 12 months, were driving under the influence of alcohol at least once in their lifetime. 5,1% – were driving under the influence of alcohol during last 12 months, 1,4% – during last 30 days. 50% of those who were driving under the influence of alcohol at least once in their lifetime were younger than 34 years. The results revealed that driving under the influence of alcohol is related to the frequency and amount of drinking. In the group of those, who indicated driving under the influence of alcohol, there were more people, who used alcohol every day and used 6 or more alcohol units every day.*

Recent ESPAD 2011 survey shows that cannabis is the most popular illegal substance among 15-16 year old students. 20% (25% of boys and 14% of girls) of students indicated that they tried cannabis at least once in their lifetime. Since 2007, the life time prevalence of this illicit drug has increased by 2%. Use of other substances is much less prevalent and remains stable.
Electronic link: http://www.ntakd.lt/files/Apklausos_ir_tyrimai/ESPAD_2011_ataskaita_SMM.pdf

Comparative analysis of research results of youth issues 2012 shows that 78% of 14-29 year old responders reported that there had never tried drugs and do not wish to try them. 4.3% of young people have never tried drugs, but would like to try. 6% of young people have used illicit drugs once in lifetime, several times - 5.1% of youngsters. Continuous drug use was indicated by 1.1% of young people.
Electronic link: http://www.ntakd.lt/files/Apklausos_ir_tyrimai/jaunimo_analize.pdf

5.2. Our future research and analysis:
   • Psychoactive substances use among night club visitors, 2013;
   • Report "Psychoactive substances use among general population in Lithuania in 2004-2012".

5.3. The hard copy of Lithuanian most recent questionnaire for the EMCDDA Questionnaire mapping project is attached to National Abstract 2013 from <Lithuania>.

6. **Extended mailing list**

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*Eva Januseviciene (*eva.januseviciene@ntakd.lt*)*

7. **Response Rates**

General Population Survey	Year 2004	Year 2008	Year 2012
RESPONSE RATE (%)	**57.8**	**66.9**	**30.9**
NON RESPONSE RATE (%)	**42.1**	**33.1**	**69.2**
Nobody at home	19.3	19.3	34.5
Household non-co-operation rates	n/a	n/a	18.1
Subject non-co-operation rates	22.8	13.8	16.3

Nobody at home
The rate indicates the proportion of all cases in which no household member was reached by the interviewer.

Selected subject not at home
The rate measures the proportion of all cases in which the selected subject was not reached by the interviewer.

Household non-co-operation rates
The rate indicates the number of refused interviews as a proportion of those households contacted during the fieldwork period.

Subject non-co-operation rates
The rate indicates the number of refused interviews as a proportion of the subjects contacted during the fieldwork period.

Subject did not meet the selection criteria
The rate indicates the number of subjects who did not meet the selection criteria as a proportion of the subjects contacted during the fieldwork period.

Subject stopped the interview
The rate indicates the number of stopped interviews as a proportion of the subjects contacted during the fieldwork period.

Interview did not take place due to objective reasons
The rate indicates the number interviews whish did not take place due to objective reasons as a proportion of the subjects contacted during the fieldwork period.

1.   **Content-related aspects**

1.1.   *So far, no genuine general population survey has been conducted at the national level.*

However, a preliminary survey, performed by the national ILRES institute has assessed the feasibility of including illicit drug use related prevalence items in the upcoming European Health Examination Survey (EHES).

The sample was composed of 301 respondents from the general population. The referred items have been extracted from the European model questionnaire (Handbook for surveys on drugs use among the general population - EMCDDA). Following the results of the preliminary survey it was decided to include these items in the final questionnaire of the EHES study, that started in May 2013.

Moreover, latest data available from the serial HBSC study (published in 2012) show a stabilisation of lifetime and last 12 months prevalence rates of illicit drug use in youngsters aged between 12 and 18 years. Last 12 months prevalence of cannabis use in youngsters aged 12 to 18 years show a clear decrease between 2002 and 2006 and continue decreasing between 2006 and 2010. Last 12 months heroin and cocaine use has been showing an overall stagnation in 13 to 17 years old children between 2006 and 2010 whereas ATS, LSD and magic mushrooms consumption in youngsters has sensibly decreased over the same period. A more detail analysis reveals that the age category of 16 years old youngsters is the only to show increasing use for cocaine, whereas cocaine use in 15 years old is even decreasing. *Also, a higher proportion of 15 years old students report repeated lifetime drunkenness when compared to the data from 2002 (HBSC, 2002).*

1.2.   In the framework of the INTERREG IVA project MAG-Net, the CePT conducted an anonymous survey among partygoers on representative music events which took place in Luxembourg in 2011. 2.397 validated questionnaires were evaluated and the median age of the participants was 19 years. One question directly addressed was participants' drug use during the last two weeks: alcohol was by far the most frequent psychoactive substance declared (85.2%), followed by tobacco (50.5%) and cannabis (22.8%). All other drugs ranged below the 5% mark, like cocaine, magic mushrooms, LSD, amphetamines, ecstasy, heroin or ketamine.

1.3.   *According to the EUROBAROMETER flash survey n°330, from 2011, 6.8 % of youngsters aged 15 to 24 years have tried "legal highs" during their lifetime, which places Luxembourg at the 4th position in the EU as far as life-time prevalence rates are concerned.*

2.   **Methods**

3.   **Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs**

-    Outcomes of prevalence surveys are an integral part of drug policy planning, national drug strategies and action plans. Also drug-related research results are a permanent agenda item in meetings of the Interministerial Committee on Drugs.
-    School surveys, youth surveys.

4.   **Questions about 'new' psychoactive substances**

It is planned to add, for national purposes, an item on 'new' psychoactive drugs use prevalence in the upcoming EHIS questionnaire: Life-time, 12 months and 30 days prevalence of use of new substances or products that are sold as legal substances/products (ex. powders, tables/pills, liquids, herbs) and that are supposed to imitate effects of illicit drugs?

5.   Research analysis - references and electronic links

5.1.   *Rapid assessment on solvents by the CePT*
      (see http://cept.lu/fr/publications/cat_view/203-publications/49-etudes-a-enquetes?start=5 *)*
      Professionals (GPs, teachers, police officers) have been addressed a questionnaire assessing their
      contact with/knowledge of people using volatile substances.

5.3.   Only available following the participation in EHIS.

6.   Extended mailing list

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Abstract from MALTA

1.   Content-related aspects

1.1. A summary of the results from the various studies conducted consistently show that alcohol is the most widely used substance, followed by tobacco. In Malta, cannabis use is relatively high compared to the use of other illicit substances, as is inhalant use amongst the under 17s.

The 2007 lifestyle survey indicates that annual prevalence of illicit substance use in the adult population aged 18 and over is at least 3%, with higher rates among 18-24 year olds - 14.0 and 25-34 year olds - 5.7 and higher rates among males (4.7%) compared to females (1.7%).

comparison of
survey results.xls

1.2. Survey results are, in general, consistent in the pattern of substance use. Taking into account the differences between subgroups and the survey methodology, and the time lapse between surveys the results are relatively consistent. A comparison of results between a survey amongst post-secondary and tertiary level students conducted in 2006 and the studies conducted amongst university students (Healthy students, Healthy lives' and 'The role of the family in substance abuse among young adults: A risk and resiliency study') show much higher lifetime prevalence rates in the former compared to the two latter studies   for anabolic steroids (12.4%; 3.0%; 2.8%) and magic mushrooms (10.7%; 3.7%; 2.9%).

1.3. A question on mephadrone was included in the 2011 ESPAD study, this was reported to be the stimulant with the highest prevalence of use at 3.6%.

2.   Methods

2.1. N/A

2.2. There are no immediate plans for such analysis.

3.   Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs

3.1. The general population survey, NHIS, ESPAD and HBSC have all indirectly influenced the formulation of the National Drug Policy, which was launched in February 2008, in regards to the heavy focus on actions targeting prevention efforts.

3.2. Malta is an archipelago in the central Mediterranean Sea. Similar to Andorra and Liechtenstein, Malta occupies a relatively small geographic area (321 km² in land area). These countries, along with Cyprus and Iceland also have a relatively low population. Malta is the most densely populated country in Europe (population per sq km 1,282) (http://www.mapsofworld.com/world-top-ten/world-top-ten-most-densely-populated-countries-map.html)

The culture in Malta is most similar to that in the Mediterranean countries of Cyprus, Greece and Italy. Generally the Maltese are family-orientated, and hold relatively strong religious values. Catholicism is the dominant religion.

Malta is a former British colony. In 1964, Malta obtained independence. Malta still retains close ties to Britain (as well as to its neighbouring country, Italy). Malta became a Republic in 1974, whilst retaining membership in the Commonwealth of Nations. It is a member of the United Nations (since 1964) the

European Union (since 1st May 2004) and is party to the Schengen Agreement (since 2007). Malta adopted the Euro in 2008.

The global recession has had an impact on the economy in Malta, although Malta has a relatively low rate of unemployment at approximately *6.6% (It stands at around 14.8% among youths).*

In terms of substance use amongst school-aged children, since Malta is a small island, it may* lag behind many European countries in aspects such as illicit drug use. Accessibility to illicit substance may* vary therefore resulting in lower rates of use of some substances. It does appear to have higher rates of use of accessible substance e.g. alcohol and inhalants. Relatively strong family bonds may* act as a protective factor among young people. In recent years society has undergone rapid change, however, with the country witnessing the breakdown of the Maltese family and seeing increases in single and separated families. Church attendance and religious values have also been declining in recent years, following such occurrences in many other European countries, possibly contributing towards a general increase in substance use over the past 15 years. Although results from the 2011 ESPAD study suggests a slight decrease in the use of drugs amongst 15-16 year old students (e.g. an illicit drug use has declined from 15.1% to 11.6%).

* these are possibilities and no concrete evidence exists.

4.   **Questions about 'new' psychoactive substances**

A question on mephedrone was added to the 2011 ESPAD questionnaire. The question asked 'On how many occasions have you used any of the following drugs?' 'Mephedrone (meow meow)' was included at the end of the listed drugs

5.   **Research analysis - references and electronic links**

5.1. The national ESPAD report (which can be accessed through: https://secure3.gov.mt/socialpolicy/SocProt/family/fsws/research/research.aspx) includes analysis of gender differences on some key substance-use variables.

5.2. *A General Population Survey study will be conducted in 2013.*

5.3. Not applicable since the last general population survey conducted was in 2001.

6.   **Extended mailing list**

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7.   **Response Rates**

General Population Survey*	Year 2001
RESPONSE RATE (%)	62.1
NON RESPONSE RATE (%)	37.9
Refusal rate (%)	8.5
Sampled individuals not at home (%)	20.3
Address not found (%)	3.5
Sampled individual did not live at address (%)	5.7

*Sampling consisted of a random sample of 2828 individuals. Data was collected through the means of home-based interviews with specifically names individuals. Up to three home-visits were made. 1755 persons were interviewed after three visits; 240 refused to participate, 574 were not at home, 98 addresses could not be found by the interviewers and 161 persons from the sample did not live at the address indicated. Response rates provided have not been corrected for frame errors.

Response rate - the number of interviews divided by the number of individuals sampled*

Non response rate - the number of noninterviews divided by the number of individuals sampled*

Refusal rate - the number of individuals refusing interviews divided by the number of individuals sampled*.

Sampled individuals not at home – the number of individuals who could not be contacted at home divided by the number of individuals sampled*.

Address not found – the number of individuals who could not be contacted at home because their indicated address could not be found by the interviewer divided by the number of individuals sampled*.

Sampled individual did not live at address - the number of individuals who were reported not to live at the indicated address divided by the number of individuals sampled*.

*(denominator includes interviews and non interviews (refusals and non-contacts [sampled interview not at home, address not found, did not live at indicated address]).

Taken from the 2012 abstract
New information

1. Content-related aspects

1.1. *The most recent survey on drug use in the general population was conducted in 2009. Due to methodological changes, the 2009 data were not comparable with those of previous surveys (1997, 2001 and 2005). The results were reported in the 2012 National Abstract.*
In 2009 the last year prevalence of cannabis use in the population of 15-64 years was 7.0% and the last month prevalence was 4.7%. Almost one-third (30%) of the last month users had used cannabis daily or almost daily in the past month. This is 1.3% of the total population aged 15 through 64 years, or 141.000 (almost) daily cannabis users in absolute numbers.
The percentage of recent users of cocaine and ecstasy was almost the same (1.2% and 1.4%, respectively). Amphetamine remained least popular with 0.4% recent users. The prevalence of recent amphetamine use is similar to recent use of GHB which was also reported by 0.4% of the population in 2009. Finally, the last year prevalence of heroin and LSD use are both estimated to be 0.1%.

Since 1988, substance use is monitored every four years among pupils of primary education (7th and 8th grade) and all grades of 'mainstream' secondary education. The most recent survey was conducted in 2011 (Verdurmen et al. 2012). Among pupils from primary education (10-12 years), questions on illegal drug use were restricted to cannabis. The results showed that primary-school children had little experience of cannabis (0.3% had ever smoked a joint). Among pupils from secondary education (12-18 years), the lifetime prevalence of cannabis is fairly stable since 1996 (17.4% in 2011). The percentage of last month cannabis users declined gradually between 1996 and 2003, and remained stable in 2007 (8.1%) and 2011 (7.7%). Both lifetime and last month use was higher among boys than girls (lifetime 20.7% and 13.9%, respectively; last month: 10.5% and 4.8%, respectively). Overall, prevalence rates of the other drugs peaked in 1996, decreased afterwards and remained stable between 2007 and 2011. Lifetime use of ecstasy remained highest and use of heroin remained lowest over all years (2.6% and 0.6%, respectively in 2011). In 2011, the Netherlands also participated in the European School Survey Project on Alcohol and Other Drugs (ESPAD) among 15 and 16 year old students. The prevalence of last month cannabis use was twice the (unweighted) European average (14% against 7%). Lifetime use of any other drug (ecstasy, amphetamine, cocaine, heroin, GHB, crack, magic mushrooms) was 5%, which was slightly lower compared to the European average of 6%. The Health Behaviour in School-aged Children study, also collected data on cannabis use. Both lifetime and last month cannabis use prevalence rates in the 2009 HBSC study were comparable with the results of the 2007 and 2011 national survey, thereby confirming the stability of adolescent cannabis use over the past years.

1.2. Illicit drug use measured through waste water analysis

In the Netherlands, illicit drugs and drug metabolites were measured in 2010 in the waste water of the sewage systems of 4 major cities and the international airport of Amsterdam (Bijlsma et al. 2012). The Amsterdam sewage system showed the highest mean concentrations in cocaine, cocaine metabolites, MDMA, and THC concentrations. These findings are in line with the fact that Amsterdam is renowned for its nightlife, coffee shops and tolerance concerning drug use. In contrast, amphetamine levels were many times higher in Eindhoven municipality, which is possibly explained by the fact that in this region a lot of clandestine amphetamine production facilities are located. Methamphetamine was only found in samples from Schiphol airport. This might be related to the international passengers travelling to or via this airport. Surveys in the Netherlands indicate that, unlike other European cities, methamphetamine is not popular in the Netherlands (Thomas et al., 2012).

Drug use in secondary school pupils in Amsterdam

Since 1993, the Amsterdam Antenna combines qualitative and quantitative research methods to monitor substance use among adolescents and young adults (Nabben, Benschop, and Korf 2012). In 2011, the quantitative survey of the Antenna focused on Amsterdam secondary school pupils (12-17 years). While the national school survey concluded that the prevalence of drug use was stable between 2007 and 2011, the authors of the Amsterdam Antenna found that the use of drugs has decreased. For example, among third-year pupils lifetime cannabis use declined from 20% in 2007 to 18% in 2011, lifetime ecstasy use decreased from 2.9% to 1.5%, lifetime cocaine use from 2.2% to 0.9%, and lifetime amphetamine use from 1.5% to 0.4%. However, among the third-year pupils, the

ever use of Ritalin increased from 1.3% to 2.7%, and the ever use of tranquillizers or hypnotics increased from 6.6% to 10.1%.

Drug use among night lifers in Amsterdam
In 2011, as part of Antenna, a qualitative panel study focused on night lifers in Amsterdam. Observations with regard to the main drugs included: a continuous decrease of cannabis use in clubs, partly as a consequence of the (tobacco) smoking ban. In about half of the panel networks, ecstasy remains the most popular recreational drug. The economic recession seems to have tempered the use of cocaine, but it is still a popular drug. After years of growth, the consumption of GHB has levelled of.

GHB users
As a follow-up of a qualitative study (Voorham and Buitenhuis 2012), the Trimbos Institute conducted a web survey among 534 GHB users (use of GHB at least once in the past 12 months) in the spring of 2012 (Frijns et al. 2012). The main age of the sample was 29 years and 76% of the respondents was male. Of these respondents (58%) had used GHB in the past month, but almost half (49%) indicated that they use GHB less than once a month. The remaining respondents used on one (9%) or 2-3 days a month (20%), on one (8%), 2-3 (6%), or 4-6 days a week (2%), or used daily (7%). The majority of respondents used only on weekends (73%) or more often on weekend days than on weekdays (15%). The mean number of doses taken on a typical use day was 2.9, and the average dose was 4.3 ml. The large majority of respondents (81%) were introduced to GHB by friends and, on average, respondents first used GHB when they were 24 years old.

1.3. No important new insights.

2.   Methods

2.1.   As discussed earlier (question 1.1.) the most recent survey in the general population was conducted in 2009. As indicated in the National Reports, statistics Netherlands introduced a methodological change in data collection 2009, which hampered a trend analyses, and there were further methodological changes in 2010 and the years onwards, which were reason not to use these data in the national reports anymore because the data on drug use were deemed unreliable. In the past two years, discussions were primarily held by the Trimbos Institute (focal point – MW Van Laar) and Ministry of Health (WM de Zwart) and Statistics Netherlands (K. Knoops) to discuss these issues and to find solutions to improve future data collection. At the same time, starting about two years ago, a main national initiative has been started to streamline and aggregate the various monitoring instruments (surveys) in the field of lifestyle factors. This project is commissioned by the Ministry of Health and co-ordinated by the National Institute on Public Health and the Environment, and representatives of health behaviour promoting organisations that receive funding from the ministry to carry out their data collection in the field of lifestyle factors (e.g. smoking, alcohol use, illicit substance use, sexual risk behaviour, sports/physical exercise; food; non fatal accidents), are members of a working group. The plan is to carry out annually a general health questionnaire among the adult population (by Statistics Netherlands) including only key indicators on the different lifestyle subjects (including drug use), and to carry out (bi-annually per subject or theme) a broader in-depth lifestyle survey. The methodological details are not yet known, but participation of the Trimbos Institute in this national broader working group, and close co-operation with the Ministry of Health, will guarantee that the core indicators and requirements of the EMCDDA as laid down in the model drug questionnaire will be respected as good as possible. It is foreseen that core prevalence data (LTP, LYP, LMP) on cannabis use, amphetamine, ecstasy, LSD, hallucinogenic mushrooms, cocaine, heroin, GHB and methadone will be available each year, and more detailed questions on frequencies, age of onset etc. every four (perhaps 2) years.

In conclusion: we have had an unfortunate situation with this core indicator for several years, without adequate perspective, but now it seems that there will be a better situation than before (although final decisions have to be made).

2.2.   No plans.

3.   Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs

3.1.   The results of the general populations are included in the National Drug Monitor (Van Laar et al., 2012). This report is among the most important sources of information for policy makers. Therefore, results are often used and referred to. Indicators that are often used are prevalence rates, and daily use.

4. Questions about 'new' psychoactive substances

Questions on new psychoactive substances are not included in the GPS. Sometimes they are included in special surveys among targeted populations.

5. Research analysis - references and electronic links

5.1. Kepper, A, Monshouwer, K, Vollebergh, WAM. (2011) Substance use by adolescents in special education and residential youth care institutions. European Child & Adolescent Psychiatry, 20:311-319.

This study examined substance use rates and related background factors among adolescents in special education (SE) and in residential youth care institutions (RYC). Comparison with adolescents in mainstream education showed that substance use rates in these special groups are much higher, especially among the younger age groups e.g. 22% of the 12–13 years old in RYC was a daily smoker compared with 1% of their counterparts in mainstream education. Background factors, including age, ethnic background and family situation, only partly explained these differences in substance use.

5.2. The Netherlands will participate in the HBSC 2013 study, including questions on the use of cannabis.

5.3. The final questionnaire is not ready yet.

6. Extended mailing list

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7. Response Rates

We already provided response information for the 2009 survey and since then, no general populations household surveys on drug use have been conducted in the Dutch general population.

Bijlsma, L., Emke, E., Hernandez, F., and de, V.P. (2012). Investigation of drugs of abuse and relevant metabolites in Dutch sewage water by liquid chromatography coupled to high resolution mass spectrometry. Chemosphere **89**, (11), 1399-1406.

Frijns T, Brunt T, Van Laar M. 'G': een onderzoek naar GHB. [Presentation at FADO congres in Utrecht on 15 November 2012]. 2012. Utrecht, Trimbos-instituut.

Nabben, T., Benschop, A., and Korf, D.J. (2012). Antenne 2011: trends in alcohol, tabak en drugs bij jonge Amsterdammers [Antenna 2011: trend in alcohol, tobacco, and drugs among young Amsterdam residents]. Rozenberg Publishers, Amsterdam.

Thomas, K.V., Bijlsma, L., Castiglioni, S., Covaci, A., Emke, E., Grabic, R. et al. (2012). Comparing illicit drug use in 19 European cities through sewage analysis. Sci Total Environ **432**, 432-439

Verdurmen, J., Monshouwer, K., Van Dorsselaer, S., Lokman, S., Vermeulen-Smit, E., Vollebergh, W. (2012) Jeugd en riskant gedrag 2011. [Youth and risk taking behaviour 2011] Trimbos-instituut, Utrecht.

Voorham, L. and Buitenhuis, S. (2012). GHB-gebruik(ers) in beeld: een typering van de GHB-gebruiker en hun bereikbaarheid. [GHB user(s) in focus: a typology of the GHB users] Trimbos-instituut, Utrecht.

Abstract from NORWAY

Taken from the 2012 abstract
New information

1. **Content-related aspects**

1.1. *According to our surveys it seems that both the last year prevalence (LYP) and last month prevalence (LMP) has been reduced in the general population since the last survey in 2004 for all types of narcotic drugs.*

1.2. *The trends in the general population are the same as has also been observed in the surveys from the youth population. There has also been a reduction in drug related deaths since the turn of the century.*

1.3. *No new information at present*

2. **Methods**

2.1. *As I presented in the meeting in Lisbon in June 2010 we did two simultaneous surveys in the autumn of 2009, one with our standard procedure (face-to-face interviews in peoples home, and administration by the interviewer of drug questions on paper), and one web-survey. The results on lifetime prevalence (LTP), LYP and LMP seemed to be relatively corresponding, but strangely the non-respondents and the never used group diverged quite much (but their sum was about the same). This might have a technical explanation due to the web-survey procedure.* Estimates of patterns and trends in alcohol use from national substance use surveys were compared with sales statistics and estimates from national health surveys (see attached paper by Østhus & Amundsen, 2011). The results suggested selection on substance use into the substance use surveys.

2.2. *This will be analysed further, after a new survey in June 2012.*

3. **Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs**

3.1.
   - *The results, mainly from youth surveys, are used in the public debate and referred to by politicians, both in debates and in more formal papers.*
   - *The results, mostly LYP, have been used with no methodological assumptions, even if the response rates have been dropping quite dramatically.*

3.2. *Very difficult task! Norway is a Nordic social-democratic country, formally a monarchy. We are in most respects similar to Sweden and Denmark. Due to oil from the North Sea the economy is quite strong at the moment. The availability of drugs seems to be very easy.*

4. **Questions about 'new' psychoactive substances**

   In a survey from 2012, the following question was asked:

   Which types of cannabis have you tried during the last 12 months? Have you tried...
   1. Hasjisj
   2. Marihuana
   3. Cannabis oil
   4. Scunk or sensimilla
   5. Syntetic cannabis or spice
   6. Other

5. Research analysis - references and electronic links

5.1. A new survey was conducted in 2012. *Due to very low response rate in the latest survey in 2009 we have decided to do this survey with a new method that is by telephone (CATI). Since this represent a break in our long tradition of surveys by face-to-face interviews, also the questionnaire is changed somewhat, but the questions related to the EMQ are preserved.* (The questionnaire (in Norwegian) is already sent.) Unfortunately, due to a coding error, no new information is currently available on drug use in the general population from Norway. However, this error is now corrected, the survey is to be conducted annually, and new information on drug use in the general population will be available from September 2013.

5.2. The analysis of data from the new survey will start in September.

5.3. Sent earlier.

6. Extended mailing list

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7. Response Rates

Information on non-response in the old series of face-to-face general population surveys was only available for the year 2009. Information on the distribution of non-respondents on reasons for their non-response was not available. Such information will be provided as standard for the new series of telephone surveys (this series started in 2013). Note also that the sampling frame used in the old series of surveys may be biased (see attached paper by Østhus & Amundsen, 2011).

General Population Survey	Year 2009	Year 2013
RESPONSE RATE (%)	**18.3**	**53.3**
NON RESPONSE RATE (%)	81.7	46.7
Nobody at home		25.4
Selected subject not at home		4.3
Household non-co-operation rates		N/A
Subject non-co-operation rates		17.0

Abstract from PORTUGAL

1. **Content-related aspects**

1.1. The use of any illicit drugs has increased from 7,8% to 12% between the first (2001) and the second survey (2007) and had decreased in the third survey, in 2012, to 9,8%.
Cannabis was the most commonly used illicit drug. Prevalence rates for other illicit drugs were considerably lower than the rates for cannabis use.
In general, men were more likely than women, and young adults were more likely than older adults, to use any illicit drugs.

1.2. --

1.3. Cannabis is the most used substance – lifetime (9,4%), last year (2,7%) or last month (1,7%).
Ecstasy (1,3%) and cocaine (1,2%) are the seconds most used substances in the general population.
The drug use prevalence is higher among people between 25 and 34 years, except for heroine and cocaine, where the majority of lifetime users are people between 35 and 44 years and for the 'new' psychoactive substances (or "legal highs"), where the last year users are particularly young, between 15 and 24 years.

2. **Methods**

3. **Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs**

4. **Questions about 'new' psychoactive substances**

   Inquérito Nacional ao Consumo de Substâncias Psicoativas na População Geral, Portugal 2012
   (National Survey on Drugs on General Population, Portugal 2012)
   LH – "LEGAL HIGHTS"
   LH1. Have you ever used "legal hights" (e.g., salvia, spice, mephedrone, etc.)?
   LH2. In the past 12 months, did you use this type of product (legal hights)?
   LH3. As regards the last 12 months, how often have you used this type of product (legal hights)?
   LH4. In the last 30 days, have you use this type of product (legal hights)?
   LH5A. In the past 30 days, in how many days did you used this product (legal hoghts)?
   LH5B. In the past 30 days, how often have you used this type of product (legal hights)?
   LH6. Usually, how do you get that product (legal hights)?

5. **Research analysis - references and electronic links**

5.1. Balsa, Casimiro, Vital, Clara, Pascueiro, Liliana (2011). O Consumo de Bebidas Alcoólicas em Portugal. Prevalências e Padrões de Consumo 2001-2007. [Alcohol Consumption in Portugal. Prevalences and Patterns of Consumption 2001-2007] Colecção Estudos-Universidades. Lisboa: Edição IDT, IP.
   http://www.idt.pt/PT/Investigacao/Documents/monografia/OconsumoDeBebidasAlcoolicasEmPortugal 2001_2007.pdf
   Apresentação dos primeiros resultados do estudo III Inquérito Nacional ao Consumo de Substâncias Psicoativas na População geral, Portugal 2012
   http://www.idt.pt/PT/Noticias/Documents/2013/INPG_CesNova_dados_preliminares_19_abril_2013.pdf

5.2. Preparation of the Third National Drug Survey in General Population report

6. **Extended mailing list**

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7. **Response Rates**

   Response rate = 47,27%

Abstract from SLOVAKIA

1. Content-related aspects

Stabilisation in illicit drugs consumption, even decrease of the drug use in general population
GPS NMCD 2010 (15-64 samples) and ESPAD 2011 in Slovak youths 15-19 years were consistent in showing the stabilisation/declination in illicit drugs consumption, generally in LTP level and most visibly in marijuana consumption. GPS NMCD 2010 was compared with GPS 2006 and ESPAD 2011 with data of ESPAD 2007.
The same trend was reported in Eurobarometer (2011) survey with Slovak sample.
GPS NMCD 2010 introduced CAST scale to screen some psychosocial problems in frequent marijuana users and the scale CAGE for self-perception of problems related to alcohol consumption.
NMCD was provided with the data of interesting project[8], what in addition to other goals of this research, monitored the drugs in municipal sewages.
The capital of the Slovak Republic (Bratislava) was not involved in the 19 EU cities participated on the survey in March 2011[9], however it was and intent to try it in Bratislava.
One-day sampling of sewage in all three Bratislava wastewater treatment plants - Central WWTP Bratislava (C-WWTP), WWTP Petržalka (P) and WWTP Devínska Nová Ves (DNV) was realised. Influent samples were collected using automatic sampler device in 15-minute intervals during 24 hours in 19th - 20th February 2013 (from 7:00 AM till 7:00 AM in next day). After a few days the frozen samples were transported into laboratory of Faculty of Fisheries and Protection of Waters (University of South Bohemia, Vodňany, Czech Republic) for quantitative drugs analyses.

See Fig.:1 Calculated illicit drug loads in Bratislava sewage. Data in mg/1000pp/day.
Source: Bodik I.et al. 2013
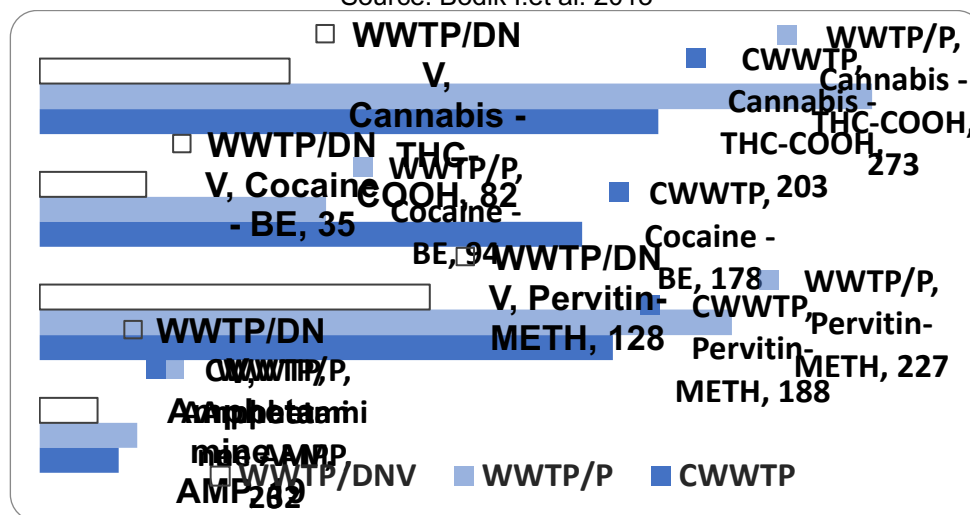
Data on ecstasy are not involved in the figure due very low values, comparing amounts of other drugs
(Ecstasy: CWWTP – 8, 6; WWTP in Petržalka 5, 0 and WWTP in Devínska Nová Ves -
3, 4 mg/1000pp/day - average for Bratislava 7,5 mg/1000pp/day).

This figure clearly demonstrated the primacy of cannabis (Bratislava average 212 mg/1000 pp/day – mostly in Petržalka city ward), followed by methamphetamine pervitin (Bratislava average -193) and then by the cocaine (152 mg/1000 pp/day). The latest drug seems to be rather surprising; positions of cannabis and pervitín were expected.
Authors would like to realise research project focused on basic aspects of drug impact on WWTP processes, mainly on monitoring of selected drug and their metabolites in municipal wastewater in Slovak towns, and to define the actual efficiency of drug removal (biodegradability) in wastewater from selected Slovak municipal WWTPs. Although the data on drugs in municipal sewages will be extremely interesting for NMCD to amend its GPS 2013 survey, the question of financing this co-operation is not solved as of yet.

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[8] Bodík I. et al.(2013): The drugs in wastewater – monitoring and removal on Slovak WWTPs
Keywords: illicit drugs, wastewater, removal of drugs, biological removal
[9] Thomas K. et al.: Comparing illicit drug use in 19 European cities through sewage analysis. Science of the Total Environment 432, 432 – 439 (2012).

2.   Methods

2.1.   NMCD haven´t conducted specific methodological analysis in last three years

2.2.   Some way of comparing GPS NMCD 2013 results and monitoring of drugs in waste waters is considered.

3.   Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs

3.1.   General population surveys – data on new psychoactive substances from GPS NMCD 2010 and ESPAD 2011 in Slovakia - have been used partly[10] to support the formulation drug policy target – the amendment of the Act on narcotic substances, psychotropic substances and precursors No 139/1998 in over 40 NPS. They were included into list of controlled drugs.

3.2.   There are some similarities between Slovakia and Czech Republic due historical development in united Czechoslovakia until 1993.
Up today the policies, social and economic context, lifestyles and drug availability in both neighbouring countries showed more differences "favouring" Czech Republic in terms of more "drug friendly" country, what is attracting young Slovaks..

4.   Questions about 'new' psychoactive substances

The different questions in 1) GPS NMCD 2010, 2) ESPAD 2011 in Slovakia about 'new' psychoactive substances were introduced in both questionnaires:
1) Three types of substances - mephedrone, synthetic cannabinoids (spice), and 'legal highs' with commercial names were surveyed in GPS NMCD 2010 (15-64 years old sample) in all three levels of prevalence.
2) Two types of substances - mephedrone and synthetic cannabinoids (both with commercial/street names) were surveyed in ESPAD 2011 (15-19 years old sample) in LTP.
3) Short screening questionnaire questioned the knowledge on Crazy shops, substances sold and experience with the product/products bought there was used twice (in 2010 and 2011 in small sample of visitors of the greatest open air festival POHODA and on-line survey by means of special web site www.rastamama.sk

5.   Research analysis - references and electronic links

Specific analyses was conducted on compatibility of GPS surveys data carried out by Public opinion research institute of Statistical Office of Slovak republic in the period of 1994-2006 (7 waves in two years interval) and first national survey of NMCD in 2010, so far as the trends in 15 years period can be interpreted.
An e-publication was edited in SK language, under the title "Use of drugs in population and opinions on problems related to drugs" proceedings of analytical studies by:
Ivana Valková on alcohol (incl. alcohol´s problems surveyed by CAGE scale)
Robert Klobucký on public opinion related to drugs
Ján Luha on methodological questions of surveys
Pavol Marchevský on illicit drug use incl. frequent cannabis use and CAST
Robert Ochaba on smoking
All authors were external experts.
(Rozšírenosť užívania drog v populácii a názory občanov na problémy spojené s drogami. – zborník analytických štúdií, Ivana Valková, Robert Klobucký, Ján Luha , Pavol Marchevský, Róbert Ochaba, © NMCD 2013, Bratislava, ISBN 978-80-8143-095-4

5.2.   Future new research (for example the. hypothesis on stabilisation/ even decrease of "classical "drug use is resulting from their replacement/ substitution by NPS) will be based on GPS NMCD 2013 data. The survey is programmed in December 2013.

5.3.   Currently amended/more detailed   questionnaire of GPS NMCD 2013 is under consideration.
The voluntary module on NPS will be introduced into questionnaire. The same version of this " NPS module" is considered for recreational /selected environments (e.g. summer open air festival Pohoda, visitors of www.rastamama.sk , etc)

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[10] National EWS has played the crucial role

6. Extended mailing list

New key expert:
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7. Response Rates

GPS incl. school surveys – TAD and ESPAD - methodology in SK (F2F and pen and paper) was/ is set in a way what permanently shows high response rate – not less than 80% in average regarding individual items and not less than 90% as entire participation in the survey is concerned.
Outputs/data provided by fieldwork agencies obviously contained overall data on response rate. It seems, that items/variables as "nobody at home, selected subject not at home, household non-co-operation rates or subject of non-co-operation rates" were not counted, because of high response rate was reached.

1. Content-related aspects

1.1. National Institute of Public Health conducted The Survey on the use of tobacco, alcohol and other drugs (ATADD 2011-12) in years 2011 and 2012. Preliminary results show that 15.8 % inhabitants, aged 15 – 64 years of age, reported lifetime cannabis use, 2.1 % lifetime ecstasy use, 2.0 % lifetime cocaine use, 1.0 % LSD lifetime use and less than 1 % lifetime used other drugs (amphetamines: 0.9 %, heroin: 0,5 %, other drugs: 0.6 %). 6.4% of people reported lifetime polydrug use (the questionnaire included the following drug combinations: alcohol and cocaine or LSD or heroin; alcohol and cannabis or hashish; alcohol and sedatives; cocaine and heroin or LSD or amphetamines (speed) or cannabis). Similarly as in the European Union (EU), cannabis is the most prevalent illicit drug in the general population. A comparison between Slovenia and the EU shows that lifetime cannabis use is lower than the EU average of 23.2%. In Slovenia, the prevalence of lifetime cannabis use is the highest in the 15-34 age group, and the 15-24 age group has the highest frequency of cannabis use in the past year (Letno poročilo 2011: stanje na področju problematike drog v Evropi. EMCDDA, Lisbon).
Due to different sampling and survey mode, it is very difficult to compare data on lifetime illicit drug use in Slovenia obtained in past surveys; therefore it is currently not possible to determine the trends. The trends determined in ESPAD 2011 and HBSC 2010 surveys show that the prevalence of illicit drug use and the prevalence of cannabis use among adolescents have stabilized (Stergar E et al (in print) Evropska raziskava o alkoholu in preostalih drogah med šolsko mladino, Slovenija 2011;, Jeriček et al. (2012) Spremembe v vedenjih, povezanih z zdravjem mladostnikov v Sloveniji v obodbju 2002-2010).

1.2. At a glance, the results from different surveys on life time consumption of drugs among Slovene population during the period 1994 to 2012, showed an increasing trend on the use of drugs. More in depth analyses on drug use among the general population will be done in the future. A long term estimate on drug situation has been done by now on mortality and treatment demand data. Mortality showed a decreasing trend in drug use. In the last years treatment data reflected limited availability of heroin and its poor quality by decreasing heroin use and increasing use of substitutes and the other drugs, such as synthetic drugs and drug combinations.

1.3. According to a report from a Medical Emergency Units at the University Medical Centre in Ljubljana, the combination of different drugs involved in poisonings which needed a hospital treatment in the year 2012 exaggerated a situation in 2011; there were eight different combinations of drugs used in 2011, the most frequent heroin and cocaine (n=5) used both at once, opposite to 18 mixed cases in 2012 with the most frequent ecstasy and ethanol (n=4) combination. From 2005 to 2011 there was a decreasing per cent of first ever visits for treatment of drug dependency among all treated drug users and increasing mean age at entering to treatment from 24 years in 2005 to almost 28 years in 2011.
The most noticeable feature of the Slovenian results of the ESCAD 2011 is the relatively high proportion reporting lifetime experience of inhalants (20% compared with the ESPAD average of 9%). The Slovenian students also scored slightly above average on the three alcohol-related variables, on past-30-days cigarette use and on lifetime cannabis use. Slovenia was above the average for all countries on five of the eight key variables studied and very close to the average on the other three. The Slovenian students thus appear to have slightly more extensive substance- use habits than the average ESPAD student, not least when it comes to inhalants. 32% of 16-year-olds used cigarette past 30 days (ESPAD average is 28%), significantly more girls then boys, 65% used alcohol past 30 days (ESPAD average is 57%), 53% reported heavy episodic dinking past 30 days. Rates were 23% for lifetime time use of cannabis, 6% for lifetime use of other illicit drugs other then cannabis, 5% for lifetime use of tranqualizes without prescription and 20% for life time inhalants.
HBSC data (2002, 2006, 2010) shows no change in the prevalence of weekly drinking was observed in the period 2002-2010, while the prevalence of drunkenness increase significantly among girls. No change was observed in drunkenness initiation, while a significant increase in percentage of adolescents who report drinking alcohol at or before the age of 13 was observed. Target population was 11, 13, 15 – year olds scholars.

2. Methods

2.1. The Survey on the use of tobacco, alcohol and other drugs (ATADD 2011-12): the survey was conducted using a mixed-mode methodology, which included: 1) online survey; 2) telephone survey

follow-up (including all online survey non-respondents whose telephone numbers were available); 3) face-to-face survey follow-up (including all online and telephone survey non-respondents, and persons whose telephone numbers were not available). Weighting of the data: we computed the weight based upon several auxiliary variables: gender, five years age groups, type of the settlement and education. The weight on selection probability into the sample (prepared by Statistical Office of the Republic of Slovenia) was also considered in the weighting process. The linear weighting was applied.

Results from ATADD 2011-12 were analysed also with respect of mode of interview: there are more people reporting lifetime use of cannabis among those answering the survey online than those interviewed CATI or CAPI. But we have to take into account the characteristics of people answering the survey via different modes. Among online respondents there are more young people, those who finished tertiary education or more and come from densely-populated areas.

2.2. The different mixed-mode aspects of the survey ATADD 2011-12 will be further examined.

3. <u>**Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs**</u>

3.1. *Population surveys have been to some extent used in the processes of drug policy formulation in Slovenia. Surveys like ESPAD and HBSC were presented to various audiences and discussed in different forums also as tools for informed debate on drugs.*
So far only preliminary results from the survey ATADD 2011-12 have been published (National report 2012, Press conference, November 2012). Shortly a statistical publication with results from the ATADD 2011-12 will be published: different indicators on drug use, tobacco and alcohol (EMCDDA, ECHIM and SMART) will be presented with break downs by sex, age, educational attainment and labour status.

4. <u>**Questions about 'new' psychoactive substances**</u>

Questions included in the survey ATADD 2011-12:
Q1: Do you personally know people who take any other illicit drug (spice, Mephedrone, methilone,..)?
Q2: Have you ever used any other illicit drug (spice, Mephedrone, methilone,..)?
Q3: If yes, please specify?
Q4: How old were you at first use of any other illicit drug (spice, Mephedrone, methilone,..)?
Q5: Did you use any other illicit drug (spice, Mephedrone, methilone,..) in past 12 months?
Q6: Did you use any other illicit drug (spice, Mephedrone, methilone,..) in past 30 days?
Q7: Think about the past 30 days. How many times did you use any other illicit drug (spice, Mephedrone, methilone,..)?
Q8: Please, specify?

5. <u>**Research analysis - references and electronic links**</u>

5.1.

   a) Research on the use of cocaine in the night life in Slovenia in 2010

   The main purpose of research on the use of cocaine in the night life was to obtain data on the prevalence and characteristics of cocaine use in bars, clubs and discos in Italy and Slovenia. In cocaine use characteristics we were interested in adverse consequences associated with cocaine use, perceived by users. We were also interested in economic aspects of cocaine use, monthly consumption, assessment of the quality and impact of the price of cocaine in use.
   The sample of respondents who were captured by night-life has been unbalanced by gender. It was 57.2% of men and 42.8% of women, mean age was 25 years (n = 607), the age range of the sample was from 15 to 56 years, average age 25 years. Older than 30 years were 21.3% of respondents in the sample.

   Cannabis tried 88.0% of respondents, 59.3% amphetamine, 57.2% cocaine, 54.2% ecstasy, 20.8% mefedron and 12.0% heroin, (n = 607). Popers tried 67.1% of respondents, 2CB/2CE tried 8.1% of respondents. Hallucinogenic drugs has been tried by 37.4% of respondents and 20.8% of respondents tried mefedron (n = 607).
   http://www.delo.si/clanek/128109
   http://www.mladina.si/tednik/201045/dr__matej_sande
   http://bam.czp-vecer.si/portali/7dni/v1/default.asp?kaj=2&id=5629253
   http://www.ihraconferences.com/2011/index.php?page=browseSessions&mode=list&form_session=60

b) Research on the use of mefedron in Slovenia in 2011

The main purpose of the research on the mefedron use was characteristic of mefedron use and user perspective on the perceived adverse effects of mefedron. We were interested only in mefedron users. Therefore the selection was made prior to addressing an online questionnaire. For the purposes of our preliminary results, we used a sample of 82 respondents, of whom 60.5% were male and 39.5% female, mean age was 25 years, age range was in the sample from 15 to 40 years.
Cannabis tried 96.3% of respondents, 97.6% amphetamine, 85.4% cocaine, 96.3% ecstasy, 95.1% mefedron , 19.5% heroin (n = 82). Most users of mefedron used mefedron a few times a year (27.2%) and once per month (9.9%). Almost half (48.1%) stopped using mefedron. The most important reason for the termination of the application was the fear of health consequences and actual (perceived) health consequences of the use and growing and frequent use.
http://www.ihraconferences.com/2011/index.php?page=browseSessions&mode=list&form_session=60

5.2. In 2013 the NIPH will publish a statistical publication with results of the survey ATADD 2011-12. It is foreseen that in 2014 a more in depth publication from the same survey will be published.

5.3. The questionnaire was sent in 2011.

6. Extended mailing list

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7. Response Rates

ATADD 2011-12, NIPH, Slovenia (calculations based on AAPOR Standard Definitions)

Total number of addresses	14946
I=Complete Interviews (1.1)	7465
P=Partial Interviews (1.2)	49
R=Refusal and break off (2.1)	4884
NC=Non Contact (2.2)	2321
O=Other (2.0, 2.3)	46
UH=Unknown Household (3.1)	181
UO=Unknown other (3.2-3.9)	0
Response Rate 1 I/(I+P) + (R+NC+O) + (UH+UO)	49,9%
Response Rate 2 (I+P)/(I+P) + (R+NC+O) + (UH+UO)	50,3%
Response Rate 3 I/((I+P) + (R+NC+O) + e(UH+UO))	49,9%
Response Rate 4 (I+P)/((I+P) + (R+NC+O) + e(UH+UO))	50,3%
Cooperation Rate 1 I/(I+P)+R+O)	60,0%
Cooperation Rate 2 (I+P)/((I+P)+R+0))	60,4%
Cooperation Rate 3 I/((I+P)+R))	60,2%
Cooperation Rate 4 (I+P)/((I+P)+R))	60,6%
Refusal Rate 1 R/((I+P)+(R+NC+O) + UH + UO))	32,7%
Refusal Rate 2 R/((I+P)+(R+NC+O) + e(UH + UO))	32,7%
Refusal Rate 3 R/((I+P)+(R+NC+O))	33,1%
Contact Rate 1 (I+P)+R+O / (I+P)+R+O+NC+ (UH + UO)	83,3%
Contact Rate 2 (I+P)+R+O / (I+P)+R+O+NC + e(UH+UO)	83,3%
Contact Rate 3 (I+P)+R+O / (I+P)+R+O+NC	84,3%

1.   Content-related aspects

1.1. Household Surveys were conducted in 1995, 1997, 1999, 2001, 2003, 2005, 2007, 2009 and 2011. Next Household Survey is planned to be done in 2013.

The sample size in the Household Survey (EDADES) 2011 was 22.128.

In 2011, the psychoactive drugs showing a greater prevalence of use in all of the time-related indicators taken into account are alcohol and tobacco. Furthermore, among the illicit drugs, cannabis is the substance showing the greatest prevalence of use sometime in one's life (27.4%) followed by powder cocaine (8.8%), at levels which, if use within the last 12 months is taken into account, are respectively lowered to 9.6% and 2.2%. The trend most worthy of special mention compared to previous years is that of tranquilizers, given that their prevalences of use rose substantially in all of the time-related indicators taken into account. A total of 17.1% of the population surveyed had taken tranquilizers sometime in their lives (a 6.1% rise compared to 2009) and taking into account the last 12 months, the prevalence level is 9.8% (a 4.3% rise compared to 2009). With this figure for use within the last 12 months, tranquilizer use surpasses, for the first time, the prevalence of cannabis use and, in this time period, tranquilizers are now the third most used psychoactive substance after alcohol (76.6%) and tobacco (40.2%). Focusing on drug use within the last 30 days, hypnosedatives (tranquilizers and/or sleeping pills) are, for the first time in the historical series in question, the third most widespread psychoactive substance among the population (8.3%), ranked above cannabis, which has lost users (-0.6 percentage points) down to a 7.0% prevalence. The position of hypnosedatives is due mainly to the rise shown by tranquilizers (from 4.0% to 6.9%) and, secondly, to the rise shown by sleeping pills (from 2.7% to 3.4%).

PREVALENCE OF DRUG USE WITHIN THE LAST 12 MONTHS AMONG SPAIN'S AGE 15-64 POPULATION (PERCENTAGES). SPAIN, 1995-2011

	1995	1997	1999	2001	2003	2005	2007	2009	2011
Tobacco	-	46.8	44.7	46	47.8	42.4	41.7	42.8	40.2
Alcohol	68.5	78.5	75.2	78.1	76.6	76.7	72.9	78.7	76.6
Cannabis	7.5	7.7	7	9.2	11.3	11.2	10.1	10.6	9.6
Ecstasy	1.3	0.9	0.8	1.8	1.4	1.2	1.1	0.8	0.7
Hallucinogens	0.8	0.9	0.6	0.7	0.6	0.7	0.6	0.5	0.4
Amphetamines/speed	1	0.9	0.7	1.1	0.8	1	0.9	0.6	0.6
Powder cocaine	1.8	1.6	1.6	2.5	2.7	3	3	2.6	2.2
Base cocaine	0.1	0.1	0.2	0.1	0.1	0.2	0.5	0.1	0.2
General cocaine	-	-	-	-	-	-	3.1	2.7	2.3
Heroin	0.5	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Volatile inhalants	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0	0.1
Tranquilizers	-	-	-	-	-	3.9	6.9	5.5	9.8
Tranquilizers (over-the- counter)	-	-	-	-	-	0.9	0.9	1.6	0.9
Sleeping pills	-	-	-	-	-	2.7	3.8	3.6	4.4
Sleeping pills (non-prescription)	-	-	-	-	-	0.8	0.8	1.1	0.6
Hypnosedatives*	-	-	-	-	-	5.1	8.6	7.1	11.4
Hypnosedatives* (non-prescription)	12.3	2.3	2.3	2.8	3.1	1.2	1.3	1.9	1.2

*Tranquilizers and/or sleeping pills
SOURCE: Spanish Observatory on Drugs and Drug Addiction. Household Survey on Alcohol and Drugs in Spain (EDADES 1995-2011)

1.2.

- Trends of drug use are quite coherent between general population survey (EDADES) and Spanish School Survey on Drug use (ESTUDES).

- By and large, trends in prevalence of drug use (as shown by school or household surveys) and trends in indicators of drug-associated problems (treatment admissions and emergency room visits) are quite consistent.

- Recent surveys also showed a stabilization or decrease of cocaine use and treatment demand indicator and emergency room indicators behaved likewise.

- Information on the consistence of drug use prevalence with the available market indicators is much more limited.

1.3.

- We intend to go deeper into some aspects of <u>polydrug</u> use which is the most common drug (legal and illegal) consumption pattern in our country for both general and student population. Thus, further analysis is planned to find out what types of drug combinations are the most frequently consumed and to determine if age or gender might influence these polydrug patterns.

- The role of alcohol in polydrug use will be considered emphasizing the effects of alcohol risky consumption patterns in other drugs consumption trends. Intensive alcohol use is one of the topics we intend to analyse in depth.

- Since we introduced a specific module on NPS (new/emerging drugs) in ESTUDES 2010, we decided to add the same module (plus some additional questions and improvement) in EDADES 2011. We make specific analysis in this field.

- A specific module on "Drug use in working population" will be introduced in EDADES 2013 in order to be able to compare data with the results of the same module in EDADES 2007.

2. Methods

2.1. -

2.2. We try to keep up with data collection tools improvement, adaptation to European Guidelines requirements and new ways to identify and measure problematic drug use and new drug patterns. We also try to make the best use of the considerable amount of data provided by our two drug surveys, choosing new areas to focus on and explore and provide an added value to that of the "standard" work which is done on a regular basis.

3. Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs

3.1.

- Data on surveys and drug-associated problems indicators are regularly and properly acknowledged when drawing up and assessing public policies on drugs in Spain.

- Surveys data and key indicators were used, among other sources of information, when assessment of our previous Spanish National Strategy on Drugs 2000-2008 was done. They were also used as a reference and guide to draw up the new Spanish National Strategy on Drugs 2009-2016 and the Spanish Action Plan on Drugs 2013-2016.

3.2.

- Spain is a main point of entry of cannabis and cocaine from different producing countries. Thus, theoretical availability (as drug can also be in transit to other European countries) may influence our consumption prevalences and drug choice profiles among consumers. We have been paying attention to any sign of heroin shortage since we are aware of this phenomenon playing a role in new drug consumption patterns in other European countries such as NPS or other "substitution" drugs increasing use. However, this is not the Spanish case so far.

4. Questions about 'new' psychoactive substances

In ESTUDES 2010 (Student Survey 14-18 y.o) we added questions about new drugs and in EDADES 2011 (Household Survey 15-64 y.o) we added the same questions (plus some additional questions and improvement). Find below the questions on NPS that were included in EDADES 2011 questionnaire.

OTS1. Para cada una de las siguientes sustancias, indique si usted las has consumido ALGUNA VEZ EN LA VIDA, y/o en los ÚLTIMOS 12 MESES y/o en los ÚLTIMOS 30 DÍAS. Si ha consumido anote en el recuadro correspondiente la EDAD en que la consumió por PRIMERA VEZ.

Para cada una de las sustancias, ponga una "X" en la casilla bajo el 'No' o bajo el 'Sí'.

	¿Ha consumido ALGUNA VEZ EN LA VIDA?		¿Ha consumido alguna vez en los ÚLTIMOS 12 MESES?		¿Ha consumido alguna vez en los ÚLTIMOS 30 DÍAS?		EDAD en que la consumió por primera vez en su vida
	No	Sí	No	Sí	No	Sí	
KETAMINA (también llamada el K, Ketolar, Special K, vitamina K, polvo k)	☐	☐	☐	☐	☐	☐	
SPICE (también llamada spice drugs, cannabinoides sintéticos)	☐	☐	☐	☐	☐	☐	
PIPERAZINAS (incluyen BZP, A2, mCPP)	☐	☐	☐	☐	☐	☐	
MEFEDRONA (también llamada miau-miau, 4-MMC, burbujas azules, catmef)	☐	☐	☐	☐	☐	☐	
NEXUS (también llamada 2CB, Afro, Special cake)	☐	☐	☐	☐	☐	☐	
METANFETAMINA (también llamada ice)	☐	☐	☐	☐	☐	☐	
SETAS MÁGICAS (también llamadas hongos alucinógenos)	☐	☐	☐	☐	☐	☐	
RESEARCH CHEMICALS	☐	☐	☐	☐	☐	☐	
LEGAL HIGHS	☐	☐	☐	☐	☐	☐	
SALVIA (también llamada ska pastora, ska María, hierba María o hierba de los Dioses, Sally D, Lady Salvia, Magic Mint)	☐	☐	☐	☐	☐	☐	
ESTEROIDES ANABOLIZANTES	☐	☐	☐	☐	☐	☐	
OTRAS (especificar) (_____)	☐	☐	☐	☐	☐	☐	

OTS2. ¿Dónde consiguió estas drogas (ketamina, spice, piperazinas, mefedrona, nexus, metanfetamina, setas mágicas, research chemicals, legal highs, salvia, esteroides anabolizantes)?

Puede marcar una o varias opciones

NO HE CONSEGUIDO NUNCA ESE TIPO DE DROGAS	☐
A TRAVÉS DE INTERNET: PÁGINAS WEB	☐
A TRAVÉS DE INTERNET: REDES SOCIALES	☐
A TRAVÉS DE INTERNET: FOROS	☐
UN AMIGO/A O CONOCIDO/A	☐
A TRAVÉS DE UN DISTRIBUIDOR	☐
EN UNA DISCOTECA O BAR	☐
EN UNA TIENDA ESPECIALIZADA (SMART SHOP O HEAD SHOP)	☐
EN UN FESTIVAL	☐
OTROS	☐
NS/NC	☐

OTS3. ¿Qué <u>grado de dificultad</u> piensa que tendría Vd. para <u>obtener</u> cada una de las siguientes sustancias (ketamina, spice, piperazinas, mefedrona, nexus, metanfetamina, setas mágicas, research chemicals, legal highs, salvia, esteroides anabolizantes), en un plazo de unas 24 horas?

	Prácticamente imposible	*Difícil*	*Relativamente fácil*	*Muy fácil*	*Nunca he oído hablar de esta droga*	*NS/ NC*
a. KETAMINA	☐	☐	☐	☐	☐	☐
b. SPICE	☐	☐	☐	☐	☐	☐
c. PIPERAZINAS	☐	☐	☐	☐	☐	☐
d. MEFEDRONA	☐	☐	☐	☐	☐	☐
e. NEXUS	☐	☐	☐	☐	☐	☐
f. METANFETAMINA	☐	☐	☐	☐	☐	☐
g. SETAS MÁGICAS	☐	☐	☐	☐	☐	☐
h. RESEARCH CHEMICALS	☐	☐	☐	☐	☐	☐
i. LEGAL HIGHS	☐	☐	☐	☐	☐	☐
j. SALVIA	☐	☐	☐	☐	☐	☐
k. ESTEROIDES ANABOLIZANTES	☐	☐	☐	☐	☐	☐

OTS4. Nos gustaría saber su opinión sobre <u>los problemas de salud</u> o de cualquier otro tipo, que pueden significar cada una de las siguientes situaciones. Leer todas las categorías despacio.
Con "<u>alguna vez</u>" queremos decir "una vez al mes o con menos frecuencia".

	Ningún problema	**Pocos problemas**	**Bastantes problemas**	**Muchos problemas**	**Nunca he oído hablar de esta droga**	**NS/ NC**
CONSUMIR **KETAMINA** ALGUNA VEZ	☐	☐	☐	☐	☐	☐
CONSUMIR **SPICE** ALGUNA VEZ	☐	☐	☐	☐	☐	☐
CONSUMIR **PIPERAZINAS** ALGUNA VEZ	☐	☐	☐	☐	☐	☐
CONSUMIR **MEFEDRONA** ALGUNA VEZ	☐	☐	☐	☐	☐	☐
CONSUMIR **NEXUS** ALGUNA VEZ	☐	☐	☐	☐	☐	☐
CONSUMIR **METANFETAMINA** ALGUNA VEZ	☐	☐	☐	☐	☐	☐
CONSUMIR **SETAS MÁGICAS** ALGUNA VEZ	☐	☐	☐	☐	☐	☐
CONSUMIR **RESEARCH CHEMICALS** ALGUNA VEZ	☐	☐	☐	☐	☐	☐
CONSUMIR **LEGAL HIGHS** ALGUNA VEZ	☐	☐	☐	☐	☐	☐
CONSUMIR **SALVIA** ALGUNA VEZ	☐	☐	☐	☐	☐	☐
CONSUMIR **ESTEROIDES ANABOLIZANTES** ALGUNA VEZ	☐	☐	☐	☐	☐	☐

OTS5   ¿Por qué vía o vías <u>ha recibido</u>, principalmente, <u>información</u> sobre estas drogas (ketamina, spice, piperazinas, mefedrona, nexus, metanfetamina, setas mágicas, research chemicals, legal highs, salvia, esteroides anabolizantes)?

Puede marcar una o varias vías de información (señale las principales).

A TRAVÉS DE INTERNET: PÁGINAS WEB	☐
A TRAVÉS DE INTERNET: REDES SOCIALES	☐
A TRAVÉS DE INTERNET: FOROS	☐
PADRES/FAMILIARES	☐
UN AMIGO/A, CONOCIDO/A O COMPAÑERO/A DE TRABAJO	☐
PROFESIONALES SOCIOSANITARIOS (MÉDICOS, ENFERMERAS/OS, TRABAJADORES SOCIALES…)	☐
PROFESORES/AS	☐
CHARLAS O CURSOS SOBRE EL TEMA	☐
ORGANISMOS OFICIALES (MINISTERIOS, CONSEJERÍAS, ...)	☐
LIBROS Y/O FOLLETOS	☐
LOS MEDIOS DE COMUNICACIÓN (PRENSA, TV O RADIO)	☐
LA POLICÍA	☐
PERSONAS QUE HAN TENIDO CONTACTO CON ELLAS	☐
OTROS	☐
NO HE RECIBIDO INFORMACIÓN SOBRE DICHAS DROGAS	☐
NS/NC	☐

OTS6. ¿Por qué vía o vías <u>le gustaría recibir</u> una <u>información mejor y más objetiva</u> sobre el consumo de estas drogas (ketamina, spice, piperazinas, mefedrona, nexus, metanfetamina, setas mágicas, research chemicals, legal highs, salvia, esteroides anabolizantes) y los efectos y problemas asociados con ellas y sus formas de consumo?

Puede marcar una o varias vías de información (señale las principales).

A TRAVÉS DE INTERNET: PÁGINAS WEB	☐
A TRAVÉS DE INTERNET: REDES SOCIALES	☐
A TRAVÉS DE INTERNET: FOROS	☐
PADRES/FAMILIARES	☐
UN AMIGO/A, CONOCIDO/A O COMPAÑERO/A DE TRABAJO	☐
PROFESIONALES SOCIOSANITARIOS (MÉDICOS, ENFERMERAS/OS, TRABAJADORES SOCIALES…)	☐
PROFESORES/AS	☐
CHARLAS O CURSOS SOBRE EL TEMA	☐
ORGANISMOS OFICIALES (MINISTERIOS, CONSEJERÍAS, ...)	☐
LIBROS Y/O FOLLETOS	☐
LOS MEDIOS DE COMUNICACIÓN (PRENSA, TV O RADIO)	☐
LA POLICÍA	☐
PERSONAS QUE HAN TENIDO CONTACTO CON ELLAS	☐
OTROS	☐
NO ME INTERESA ESTE TIPO DE INFORMACIÓN	☐
NS/NC	☐

5.   Research analysis - references and electronic links

5.1.   -

5.2.
- EDADES 1995-2009 (General Population Survey) and ESTUDES 1994-2010 (School Survey) results are included in the Spanish Observatory on Drug Report 2011. http://www.pnsd.msssi.gob.es/Categoria2/observa/pdf/oed2011.pdf
- Main results of EDADES 2011 (General Population Survey) are available at http://www.pnsd.msssi.gob.es/Categoria2/observa/pdf/EDADES2011.pdf
- EDADES 2007 (General Population Survey): a special module about drug use in working population was included. Report is available in English from January 2012 at: http://www.pnsd.msc.es/Categoria2/observa/pdf/2007-2008_survey_on_psicoactive_substances.pdf. It is planning to introduce again the psicoactiva module in EDADES 2013.
- EDADES 2009 (General Population Survey): for the first time, AUDIT questionnaire for detecting alcohol abuse and dependency was included in EDADES. Results have not been published yet.
- ESTUDES (Students Survey) 2006 and 2008 included, three scales to explore the feasibility of cannabis scales administration, to obtain insight into the psychometric properties of the instruments including construct validity. ESTUDES 2010 included three problematic cannabis use scales. http://www.pnsd.msssi.gob.es/Categoria2/observa/pdf/oed2011.pdf
- ESTUDES (Students Survey) 2010 included, for the first time, a specific module on NPS WAS INCLUDED. Publication of NPS module results is available in English at: http://www.pnsd.msc.es/Categoria2/publica/pdf/DROGAS_EMERGENTES_ingles_WEB.pdf
- ESTUDES 2010 results gave us the opportunity to do some research on specific factors influencing student drug related behaviours (time of arrival at night after partying, frequency of partying out, drug use of peers, etc.) and prevalence of legal and illegal drugs use. http://www.pnsd.msssi.gob.es/Categoria2/observa/pdf/oed2011.pdf
- In 2006 ESDIP (Survey on Health and Drugs use in Prisons) was conducted. Results are available in Spanish at: http://www.pnsd.msc.es/Categoria2/publica/pdf/encuestaPenitenciaria2006.pdf. In 2011 a new survey was conducted, main result of ESDIP 2011 available at http://www.pnsd.msssi.gob.es/Categoria2/observa/pdf/ESDIP_2011.pdf

5.3. Questionnaires available at: http://www.pnsd.msssi.gob.es/Categoria2/observa/estudios/home.htm

6. Extended mailing list

7. Response Rates

Please see below a resume of the Spanish situation related with the responses rates.

RESPONSES RATE IN SPANISH SURVEYS

General Population Survey. Spain	2003	2005	2007	2009	2011
RESPONSE RATE (%)	**49.0**	**49.9**	**50.3**	**50.1**	**50.4**
NON RESPONSE RATE (%)	51.0	50.1	49.7	49.9	49.6
Nobody at home	17.0	15.9	15.9	14.6	21.0
Selected subject not at home	5.7	5.1	5.4	5.5	2.1
No collaboration selected homes	21.4	22.6	21.9	22.0	23.9
No collaboration selected subject	6.9	6.5	6.5	7.8	2.6

Student Survey. Spain	2004	2006	2008	2010
% of center substitution. Agenda reason (exams. activities. etc) no rejection related to topic.	12.6	20.6	7.7	14.4

Student don't want to answer the questionnaire: irrelevant
Student not in class this day: range 9%-17% (2010= 10.9%)

Abstract from SWEDEN		

1.   Content-related aspects

1.1. *About 12% of the population 16-84 report having tried cannabis in 2012. About 2% have done so the past 12 months and 1% during the past 30 days. No general trends in cannabis consumption can be noted since the start of the survey series in 2004. Cannabis experience is more common among men compared to women. Use of cannabis during the past 12 months is far more common among younger age groups, and practically non-existent among those 65 years and older.*
In a general population survey in 2009 (16-64 years) life time prevalence was 5% for amphetamines, 3% for cocaine and hallucinogens and 2% for opiates and Ecstasy.

1.2. *A survey among university students in 2009 shows higher life time and last 12 months prevalence than in the general population.*
A survey in 2007 among young people visiting two music festivals shows that experiences with drugs were higher than in other Swedish surveys. One example is that 22% answered that they had used some drug during the past month.
A survey from 2007 and 2008 indicates that people working in restaurants have tried other drugs than cannabis to a larger extent than in the general population.

1.3. *No trend data are available from general population surveys or youth surveys about other drugs than cannabis.*
School surveys in grade 9 (16 years old) indicate a slightly higher life time prevalence of any illicit drug among boys 2009-2011 (10% each) compared with the 2008 survey (7%). Slightly higher figures can also be found among male high school students (18 years old) in 2010 and 2012 (20-21%) compared with 2008-2009 (17-18%). However, girls have shown rather unchanged figures in both grades.
In later years there is a decreasing trend in alcohol consumption among 16 and 18 years old school students; more pronounced among boys than girls.

2.   Methods

2.1. *In the 2009 general population survey a small sample of non-respondents were interviewed in a follow up survey. The response rate in this survey was 53% and no significant differences were found. (*http://www.fhi.se/PageFiles/10810/R2010-13-Narkotikabruket-i-Sverige.pdf*).*
*Similar results with no major differences in a follow up survey have been reported from a regional health survey in Örebro County with a response rate of 49% in the follow-up survey. (*http://www.orebroll.se/Files-sv/%C3%96rebro%20l%C3%A4ns%20landsting/V%C3%A5rd%20och%20h%C3%A4lsa/Folkh%C3%A4lsa/Rapportserier/Nr_7_Bortfall%20i%20folkh%C3%A4lsoenk%C3%A4ter%20spelar%20det%20n%C3%A5gon%20roll.pdf?epslanguage=sv*).*
A recently published follow up of non-respondents of a national survey about alcohol consumption, with a 46% response rate in the follow up, showed no differences in the level of reported alcohol or tobacco use (Wennberg, P et al (2011) The effects of missing data in a Random Digit Dialling survey of alcohol habits. Nordic Studies on Alcohol and Drugs. 28, 43-50).
As a pre-test for a possible large scale survey, a pilot study was done using three different ways of collecting data; diagnostic telephone interview (with 1350 participating respondents), mailed questionnaires (2600) and standard telephone interviews (3000).The response rate was higher in the first two (67 and 64% respectively) than in the standard telephone version (42%), which partly can be explained by the fact that the respondents in the first two got information letters and a small reward. Another reason why the mailed questionnaire gave a relatively high figure can be that the respondents could choose between returning the questionnaire via regular mail and answering a web version.
Those participating in the diagnostic telephone interview were most similar to the general population (measured by sex and age distribution) and those answering in the standard telephone version the least. For many variables the answering patters were about the same for all three methods. However, heavy episodic drinking, alcohol dependence and life time use of cannabis were reported to a higher degree in the mailed questionnaire version. (Stencil from FORUM, the Research Centre for Psycho-Social Health, Karolinska Institute).

2.2.   -

3. **Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs**

3.1. *Data from general population surveys, including school surveys, are used as background information for the new Swedish alcohol, drug, doping and tobacco strategy for the years 2011-2015. For the first time in Sweden, the strategy will be followed by a large number of indicators suggested in advance by a taskforce group. Many of these indicators come from general population surveys, as well as from national school surveys.*

4. **Questions about 'new' psychoactive substances**

Two questions were tested in the 2012 Swedish national school survey (Q36 and Q43). In addition to this, the answering category about spice was added to a previously used question (Q40). A translation of the three questions is attached at the end of this form (page 5).

5. **Research analysis - references and electronic links**

5.1. -

5.2. *See above about the evaluation of the new Swedish alcohol, drug, doping and tobacco strategy.*

5.3. *I guess that you have received this from the Swedish National institute of Public Health. If not, please let me know.*

6. **Extended mailing list**

I guess that you have received this information from the Swedish National Institute of Public Health.

7. **Response Rates**

Health on Equal Terms – The National Survey of Public Health

General Population Survey	Year 2004	Year 2006	Year 2008	Year 2010	Year 2012
RESPONSE RATE (%)	**60.8**	**60.1**	**55.7**	**50.6**	**49.4**
NON RESPONSE RATE (%)	39.2	39.9	44.3	49.4	50.6

Response rate
The overall response rate should include partial interviews so long as they include at least the key substance use survey estimates. Ideally the denominator should include an estimate of the number of eligible non-responding cases amongst those cases where eligibility is uncertain. The response rate is the product of the contact and co-operation rates.

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Taken from the 2012 abstract
New information

1.   Content-related aspects

1.1. Results from surveys carried out in 2010/11 in Scotland and Northern Ireland and in 2011/12 in England and Wales indicate that the prevalence of drug use among the general population has remained stable since 2009/10 with cannabis remaining the most commonly used drug.
The Crime Survey for England and Wales (CSEW) in 2011/12 suggests that there has been a decrease in last year use of mephedrone among adults and young people since the previous year.
Following a sharp decline between 2009 and 2010, drug use among school pupils in England remained relatively stable between 2010 and 2011. The most commonly used substances are cannabis and volatile substances.

1.2. Data from the self-selecting Mixmag/Guardian survey of young people involved in the club scene found that ecstasy was the most common stimulant (last year use reported by 68%) followed by cocaine (42%), whereas in the GPS cocaine is the most common stimulant (last year use reported by 2.2% of adults aged 16 to 59) followed by ecstasy (reported by 1.4% of adults). As in the GPS, last year use of mephedrone in the Mixmag survey had decreased (from 51% to 20%). However, other research in 'gay friendly' clubs in London suggests that mephedrone was the most commonly used substance in this setting (41%) and use had increased from the previous year (27%).

1.3. In contrast, other research in 'gay friendly' clubs in London suggests that mephedrone was the most commonly used substance in this setting (41%) and use had increased from the previous year (27%). There is increasing concern about drug use and associated risky sexual behaviours within the LGBT population.
The tendency for young people using drugs in recreational settings to use a range of different drugs is becoming more evident and new drugs, eg mephedrone, are appearing on the club scene with increasing rapidity. Both the BCS and SCJS have included questions to try and collect information on these new substances but they are hampered by the fact that people often do not know what they are taking. Forensic testing shows that the content of drugs marketed under the same name, eg Ivory Wave, can vary. Our surveys are also using different questions to examine polydrug use and polysubstance use but they are proving quite difficult to interpret.

2.   Methods

2.1. In the pilot for the 2012/13 Crime Survey for England & Wales a question to assess people's perception of the perceived dangerousness of different drugs was tested. This included an category for taking a "legal substance to get a similar 'high' as illegal substances. This does NOT include alcohol or tobacco". In investigating what people were thinking of when responding to this question a wide range of both legal and illegal substances was mentioned: Coffee; Magic mushrooms; Prescription drugs; Herbal remedies; Cough syrup; Meow Meow (one respondent mentioned that this used to be legal); Aerosols/ solvents/ glue; Methadone; Amitriptyline; Morphine. This highlights the difficulty of asking general questions about broad, ill-defined groups of substances – people end up answering with very different substances in mind. The category was not included in the main survey.

3.   Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs

3.1. *GPS data is considered in the development of the UK drug strategies and was used as a performance indicator in the 1998 drug strategy (updated 2002). However, there were problems in that the low prevalence of the drugs that were the main focus of the strategy meant that it was difficult to detect any change. The new coalition government issued a new drug strategy (commencing 2010) that does not use GPS data for target monitoring.*
Nevertheless, the GPS data continues to play an important role in policy formation and in maintaining an overview of the drug situation. For example, special analysis on cocaine has recently been undertaken and new questions on so-called "legal highs" and other new synthetic drugs added to try and monitor emerging trends in use.

The new UK strategy focuses on a wider range of drugs than previous strategies (which focused mainly on heroin and crack cocaine use) as well as alcohol. And hence there is an interest in using the GPS to measure the prevalence of use of new drugs.

4.   Questions about 'new' psychoactive substances

5.   Research analysis - references and electronic links

5.1.   *It should be noted that the following are musings which I have not got evidence to support and so should be treated with caution.*
The UK has a well-established drug culture and a long history of use of both alcohol and drugs of different kinds. The levels and patterns of substance use are in many ways similar to countries such as US, Canada, Australia and New Zealand, which have similar cultures and levels of affluence. Within the UK, Northern Ireland has a much lower prevalence of use than other parts, which may be due to the importance of religion within the culture there and to the influence of paramilitary organisations during 'the troubles' when action was taken against drug dealers by these groups.
The drug use measured by population surveys is mainly recreational in nature and the drivers will be different from those for problematic use (although there may be some overlap, and the extent of this link and why some people make the transition while the majority do not is an evidence gap). A hedonistic social scene focused around clubs and bars, is strongly related to use of drugs among those groups represented in general population surveys and in the UK young people have considerable freedom (there is good evidence of the association between parental monitoring and control and substance use) and sufficient money to fund this use. Peer influence, social marketing, the media may all have a role in the normalisation of substance use. A review by Measham and Shiner (2009) provides a useful discussion of some of these issues.
The historic importance of trade links may also have a role to play in supply and hence the types of drugs that have become important. Also factors such as the unavailability of suitable precursors for small scale production of methamphetamine if this country, a fact unrelated to any intention to control of crystal meth production, may have limited its impact here.

5.2.   Survey reports for the 2012/13 SCJS and for the 2012/13 CSEW will be published later this year.

6.   Extended mailing list

7.   Response Rates

To be sent later as it will take a while to work out how best to present the data.

The following tables give response rates for the drugs self-completion module of the last 3 Crime Surveys for England & Wales:

General Population Survey	Year 2009/10	Year 2010/11	Year 2011/12
Estimated DRUG MODULE RESPONSE RATE	**70.3**	**69.5**	**69.5**
Subject non-co-operation rates (Self completion refusal)	7	8	7.4
HOUSEHOLD RESPONSE RATE (%)	**75.6**	**75.5**	**75.1**
HOUSEHOLD NON RESPONSE RATE (%)	24.4	24.5	24.9
Nobody at home	2.8	2.5	3.7
Selected subject not at home	0.5	0.2	0.7
Household non-co-operation rates	21.1	21.8	20.4

I have matched the Spanish response definitions. However, much more information on reason for non-contact, reason for refusal etc is available if required.