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

17-18 June 2014

National Abstracts
Abstract from AUSTRIA

Taken from the 2013 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 4196 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.

![Figure 1: Lifetime and 12-month prevalence rates of illicit drug use among the general population, 2004 and 2008 (percentages)](image_url)

Source: Uhl et al. 2005 and Strizek et al. 2008 representation by GÖG/ÖBIG

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.

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 usefulness of the data in the past and urgent needs of research and evaluation in other drug related areas it is hard to lobby for financing a GPS in the next time.

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. ‘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)”

There are plans to include some questions on NPS in the GPS foreseen for the year 2015.

5. Alcohol use

In the 2008 GPS there were a lot of questions about alcohol because it was the second main focus of the study. The wording you can find in:

http://bmj.gv.at/cms/home/attachments/1/8/7/CH1038/CMS1166785817949/oesterreichweite_reprasentativeverhebung_zu_substanzgebrauch_2008_-_band_4_fragebogen.pdf

1.1. Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document) No – wording see above

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1 We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.
1.2. Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? **No**

6. **Misuse of benzodiazepines**

2.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? **No** but we asked lifetime, last year and last month prevalence for sleeping pills and tranquilizers - formulation: Ich habe nun ein paar Fragen rund um Schlaf- oder Beruhigungsmedikamente; denken Sie bei der Beantwortung der Fragen aber NICHT an Hausmittel wie "Milch mit Honig", homöopathische Mittel, Schüßler Salze oder z. B. Baldriantropfen, Kräutertees etc. Haben Sie selbst jemals **richtige** Schlaf- oder Beruhigungsmedikamente eingenommen oder nicht?

2.2. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? **Yes**

   **If yes,** would you be willing to give a short presentation? **Yes**

7. **CAST scale (Cannabis Abuse Screening Scale)**

1.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? **Yes**

   Single Item Statistics are documented – but not the overall score due to lack of reliability of the scale.

8. **Online and Telephone surveys**

2.1. Are you currently using (or planning to use) online data collection in General Population Surveys?

   **Yes**

2.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys?

   **Yes**

The mode of data collection is discussed at the moment.

   **If yes,** would you be interested in a workshop organised during the GPS meeting in June on:

   **Online data collection**  **Yes**

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2 The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
Telephone interviews? No

If yes, would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details? No

9. 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.

10. Extended mailing list
Uhl Alfred [alfred.uhl@api.or.at]
Strizek Julian [julian.strizek@api.or.at]

Abstract from BELGIUM

Note: for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).

Taken from the 2013 abstract
New information

11. Content-related aspects (Note: we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)

1.1. Please provide a very concise description of the drug use situation among the general population in your country in terms of prevalence (max suggested 15 lines).

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.

1.2. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).

See 1.3

1.3. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

As policy on education, youth and culture are competences of the communities in Belgium, population surveys about drug use in schools and the party scene are supported by the competent administrations and regional focal points.

In 2011, two school surveys which take cannabis use into account, were conducted in Belgium. One survey was conducted in the Flemish community and one in the German speaking community. Both studies indicate that about one third of the oldest school students used cannabis at least once in their lives. Higher lifetime prevalences of cannabis use were found in students following art education programs and students with an apprenticeship compared to students of general, technical or professional educational programs. The school survey conducted in the Flemish community also asked about the use of illicit psychoactive substances other than cannabis. The lifetime prevalence among the oldest school students was 6% for amphetamines, 5% for ecstasy, 5% for cocaine and 1% for heroin. Research in the nightlife scene indicates a slightly different picture with the highest last year prevalence in the Flemish community for cannabis (32%), followed by ecstasy (17%), cocaine (14%), and amphetamines (8%). The French community, however, asked the respondents about their last month use. This study confirms the first place of cannabis (30%). Nevertheless, amphetamines occupy the second place (9%), followed by ecstasy (7%) and cocaine (6%).

Data obtained from different years differ much in the timing of taking the survey or the methodology by which the results were accomplished. For that reason, it is difficult to compare all information of the various surveys. In 2014, the most current data on general population will be analysed. The new data will deliver the opportunity to better compare all detailed information of the separated surveys.

12. Methods

4.1. If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods…): please describe briefly your results (and provide a reference or electronic link)

Remark: Taken from the 2013 abstract + New information on methods in black at the end


- Renard D, Molenberghs G, Van Oyen H, Tafforeau J.
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 modeling 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.

- Tibaldi F, Bruckers L, Van Oyen H, Van der Heyden J, Molenberghs G
  http://rd.springer.com/article/10.1007%2Fs00038-003-3017-3?LI=true#page-1

- Demarest S, Gisle L, Van der Heyden J
  Playing hard to get: field substitutions in health surveys.

- 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.

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.

- Demarest S, Van der Heyden J, Charafeddine R, Tafforeau J, Van Oyen H, Van Hal G
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.


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.


BACKGROUND: The Belgian Health Interview Survey (BHIS) is organised every 4 to 5 years and collects health information from around 10,000 individuals in a face-to-face setting. This manuscript describes the methodological choices made in the sampling design, the outcomes of the previous surveys in terms of participation rates and achieved targets and the factors to be accounted for in data-analysis. METHODS: The BHIS targets all persons residing in Belgium with no restrictions on age or nationality. Trimestral copies of the National Population Registry are used as the sampling frame. To select the respondents, a multistage sampling design is applied involving a geographical stratification, a selection of clusters, a selection of households within each cluster and a selection of respondents within each household. Using matched substitution of non-participating households assures the realisation of the predefined net-sample. RESULTS: For each BHIS the required
number of participants is achieved, including the years when an oversampling of provinces and of the elderly occurred. The sampling design guarantees that the survey is implemented in large cities as well as in small municipalities. A growing problem is related to the sampling frame: it is increasingly subject of deterioration, especially in the Brussels-Capital Region. CONCLUSIONS: The methodological approach developed for the first BHIS proves to be accurate and was kept nearly unchanged throughout the following surveys. Fieldwork substitution contributes to a considerable extent to the success of the fieldwork but yields in higher percentages of non-participation. The sampling design requires special attention when analysing the data: the unequal selection probability, e.g. due to the non-proportional stratification at the regional level, necessitates the use of weights. The BHIS is progressively embedded in the European Health Survey, a process that doesn’t jeopardise the comparability of the Belgian results throughout time.

4.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

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

(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

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 often used for specific questions in Parliament.

The data on the use of cannabis is being used extensively the last months to feed an established workgroup on the evaluation on the cannabis policy in Belgium – creating an opportunity to submit a report on the current policy by the end of 2014 in order to support the government in their next actions on the cannabis policy.

5.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? **Yes / No**

Not recently, except for the evaluation of the Belgian cannabis policy (see point 3 above)

If yes,

How and why?

Which indicators have been used and for what reasons?

5.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

/ 

Specifically

Idiosyncratic features of the country

Comparisons with neighbouring countries

14. **‘New’ psychoactive substances**
6.1. Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year's GPS meeting in recent general population surveys? **Yes**/ **No**

If **yes**, please indicate which questions you included and any adaptations you made to the questions.

If **no**, but you asked questions about use of ‘new’ psychoactive substances (methedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please provide the wording.

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

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 ever taken cocaine, amphetamines, ecstasy or other similar substances?

1. Yes
2. No

(if yes):

**ID.07** Which substance(s) did you take in the past 12 months?

(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. Buprenorphine (SUBUTEX®)
10. Other. Which?

15. **Alcohol use**

7.1. Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document) **Yes**/ **No**

Belgium integrates Eurostat’s European Health Interview Survey (EHIS) in the Belgian HIS, so the EHIS questions are used to measure alcohol consumption and patterns. However, questions AL01 and AL06 are very close to the SMART questions on general frequency of alcohol consumption and risky single occasion drinking. AL07 on the time period that covers an “occasion” is a SMART

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We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.
question. Finally, the CAGE questionnaire is used to measure lifetime problematic use of alcohol (AL09-AL12).

If yes, please indicate which questions you included and any adaptations you made to questions.
If no, but you asked other questions about use of alcohol, please provide the wording.

<table>
<thead>
<tr>
<th>TITLE</th>
<th>Alcohol consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL01</td>
<td>In the past 12 months, how often have you had an alcoholic drink of any kind (beer, wine, cider, spirits, cocktails, premixes, liquor, homemade alcohol…)?</td>
</tr>
</tbody>
</table>
| 1. Every day or almost  
2. 5 - 6 days a week  
3. 3 - 4 days a week  
4. 1 - 2 days a week  
5. 2 - 3 days in a month  
6. Once a month  
7. Less than once a month  
8. Not in the past 12 months, as I no longer drink alcohol  
9. Never, or only a few sips or trials in my whole life |

| Jumps | If AL01 = [1-4] go to AL02  
|-------|-----------------|
|       | If AL01 = [5-7] go to AL06  
|       | If AL01 = [8] go to AL08  
|       | If AL01 = [9] go to next |

<table>
<thead>
<tr>
<th>AL02</th>
<th>Thinking of Monday to Thursday, on how many of these 4 days do you usually drink alcohol?</th>
</tr>
</thead>
</table>
| 1. On all 4 days  
2. On 3 of the 4 days  
3. On 2 of the 4 days  
4. On 1 of the 4 days  
5. On none of the 4 days |

| Jumps | If AL02 = [5] go to AL04 |

<table>
<thead>
<tr>
<th>AL03</th>
<th>From Monday to Thursday, how many drinks do you have on average on such a day when you drink alcohol?</th>
</tr>
</thead>
</table>
| 1. 16 or more drinks a day  
2. 10 - 15 drinks a day  
3. 6 - 9 drinks a day  
4. 4 - 5 drinks a day  
5. 3 drinks a day  
6. 2 drinks a day  
7. 1 drink a day  
8. 0 drink a day |

<table>
<thead>
<tr>
<th>AL04</th>
<th>Thinking of Friday to Sunday, on how many of these 3 days do you usually drink alcohol?</th>
</tr>
</thead>
</table>
| 1. On all 3 days  
2. On 2 of the 3 days  
3. On 1 of the 3 days  
4. On none of the 3 days |
<table>
<thead>
<tr>
<th><strong>Jumps</strong></th>
<th>If AL04 = [4] go to AL06</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AL05</strong></td>
<td>From Friday to Sunday, how many drinks do you have on average on such a day when you drink alcohol?</td>
</tr>
<tr>
<td>1. 16 or more drinks a day</td>
<td></td>
</tr>
<tr>
<td>2. 10 - 15 drinks a day</td>
<td></td>
</tr>
<tr>
<td>3. 6 - 9 drinks a day</td>
<td></td>
</tr>
<tr>
<td>4. 4 - 5 drinks a day</td>
<td></td>
</tr>
<tr>
<td>5. 3 drinks a day</td>
<td></td>
</tr>
<tr>
<td>6. 2 drinks a day</td>
<td></td>
</tr>
<tr>
<td>7. 1 drink a day</td>
<td></td>
</tr>
<tr>
<td>8. 0 drink a day</td>
<td></td>
</tr>
<tr>
<td><strong>AL06</strong></td>
<td>In the past 12 months, how often have you had 6 or more drinks containing alcohol on one occasion? For instance, during a party, a meal, an evening out with friends, alone at home,…</td>
</tr>
<tr>
<td>1. Every day or almost</td>
<td></td>
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<tr>
<td>2. 5 - 6 days a week</td>
<td></td>
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<tr>
<td>3. 3 - 4 days a week</td>
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<tr>
<td>4. 1 - 2 days a week</td>
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<tr>
<td>5. 2 - 3 days in a month</td>
<td></td>
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<tr>
<td>6. Once a month</td>
<td></td>
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<tr>
<td>7. Less than once a month</td>
<td></td>
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<tr>
<td>8. Not in the past 12 months</td>
<td></td>
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<tr>
<td>9. Never in my whole life</td>
<td></td>
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<tr>
<td><strong>Jumps</strong></td>
<td>If AL06L = [8-9] go to AL.08</td>
</tr>
<tr>
<td><strong>AL07</strong></td>
<td>Within what time period (hours), would you usually have 6 drinks (defined as above) on one occasion? Please tick to the nearest hour</td>
</tr>
<tr>
<td>1. Less than 1 hour</td>
<td></td>
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<tr>
<td>2. 1-2 hours</td>
<td></td>
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<tr>
<td>3. 3-4 hours</td>
<td></td>
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<tr>
<td>4. 5-6 hours</td>
<td></td>
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<tr>
<td>5. 7-8 hours</td>
<td></td>
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<tr>
<td>6. 9 or more hours</td>
<td></td>
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<tr>
<td><strong>AL08</strong></td>
<td>Not counting small sips, how old were you when you started drinking alcoholic beverages?</td>
</tr>
<tr>
<td>Age: _______ Years old</td>
<td></td>
</tr>
<tr>
<td><strong>AL09</strong></td>
<td>Have you ever felt the need to cut down on your drinking?</td>
</tr>
<tr>
<td>1. Yes</td>
<td></td>
</tr>
<tr>
<td>2. No</td>
<td></td>
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<tr>
<td><strong>AL10</strong></td>
<td>Have you ever felt annoyed by criticism of your drinking?</td>
</tr>
<tr>
<td>1. Yes</td>
<td></td>
</tr>
<tr>
<td>2. No</td>
<td></td>
</tr>
<tr>
<td>AL11</td>
<td>Have you ever felt guilty about drinking?</td>
</tr>
<tr>
<td>------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>1. Yes</td>
<td></td>
</tr>
<tr>
<td>2. No</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>AL12</th>
<th>Did you ever take a morning eye opener?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
<td></td>
</tr>
<tr>
<td>2. No</td>
<td></td>
</tr>
</tbody>
</table>

**Please provide the name of the relevant survey/s and date of the fieldwork**

This questionnaire is part of the Belgian national Health Interview Survey 2013 (BHIS). The data collection period covers a whole calendar year, here: 15 January 2013 – 31 December 2013.

7.2. Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? [Yes] / [No]  
If yes, would you be willing to give a short presentation? [Yes] / [No (unless needed)]

16. **Misuse of benzodiazepines**

8.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? [Yes] / [No]  

>| The Belgian HIS collects information about the use of medicines (all human medicinal products by ATC code) in the past 24 hours, as well as the use of sleeping tablets, tranquillisers and antidepressants prescribed by a doctor in the past 2 weeks. |
| If yes, please provide the wording of the questions and response categories and indicate the name and year of the survey |

8.2. Have questions about the misuse of medicines, and in particular benzodiazepines been included in other national probabilistic surveys? [Yes] / [No] (provide link if possible)

8.3. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? [Yes] / [No]  
If yes, would you be willing to give a short presentation? [Yes] / [No]

17. **CAST scale (Cannabis Abuse Screening Scale)**

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4 The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
9.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? **Yes / No**

If yes, please comment, briefly, on your experience.

18. **Online and Telephone surveys**

10.1. Are you currently using (or planning to use) online data collection in General Population Surveys. **Yes / No**

10.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys. **Yes / No**

If yes, would you be interested in a workshop organised during the GPS meeting in June on:

- Online data collection **Yes / No**
- Telephone interviews? **Yes / No**

If yes, would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details? **Yes / No**

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

11.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use...)

   In progress: Manuscript on cannabis use and mental health
   The purpose of this manuscript is to increase the knowledge of the association between recent cannabis use and major depression among young adults on the basis of cross sectional data of the Belgian Health Interview survey.

11.2. Describe briefly plans for future new research or analysis based on survey results.

   The Health Interview survey (2013) report on the use of illicit drugs in the general population will be published in December 2014. Results will address 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 (2001-2004-2008-2013).

11.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent.

   The questions on the use of tobacco, alcohol and illicit drugs in the Belgian Health Interview Survey of 2013 are available online at: [https://his.wiv-isp.be/Shared%20Documents/gauto_2013.pdf](https://his.wiv-isp.be/Shared%20Documents/gauto_2013.pdf)

20. **Extended mailing list**
Please provide e-mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.

Karin De Ridder – Scientific collaborator Belgian national focal point: Karin.Deridder@wiv-isp.be

Abstract from BULGARIA

New information

21. Content-related aspects

1.1. Please provide a very concise description of the drug use situation among the general population in your country in terms of prevalence (max suggested 15 lines).

In December 2012 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), November - December 2013, total of 3006 pupils were interviewed.
Proportion of school children from 9th to 12th grade (14-19 years old) with at least one use of any illicit drug in their life: 28.2 %
Proportion of school children from 9th to 12th grade (14-19 years old) with at least one use of cannabis in their life: 26.2 %
Proportion of school children from 9th to 12th grade (14-19 years old) with at least one use of amphetamines in their life: 6.4 %
Proportion of school children from 9th to 12th grade (14-19 years old) with at least one use of cannabis in the last 30 days: 11.1 %
Proportion of school children from 9th to 12th grade (14-19 years old) with at least one use of ecstasy type substances in the last 30 days: 1.9 %

In 2013 the Municipal Drugs Councils in the towns of Kardjali and Dobrich have conducted local representative school surveys with the methodological and financial support of the National Focal Point.

1.2. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).
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 – most of them with 4-years interval periods (see timetable below).

National survey among young adults 20-34 years – 2013 next planned 2017

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 35 surveys were carried out at local level in the period 2005-2013 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. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

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.

22. Methods

10.1. If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods…): please describe briefly your results (and provide a reference or electronic link)

No really specific methodological analysis has been conducted.

10.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

There are still not such concrete plans; at this stage we have only intentions to conduct analyses on the nature and effects of non-response, as well as on the online surveys.

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

11.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? Yes

If yes,

How and why?
Very generally, by using NFP’s reports, analyses and presentations. Analysis based on data from NFP, including data from GPS and school surveys is used as evidences and arguments for the National Anti-Drug Strategy 2014-2018.

Which indicators have been used and for what reasons?
- Lifetime and last 12 months prevalence of use of different kind of drugs, because it is more understandable.

11.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

Specifically
- Idiosyncratic features of the country
- This is a question for deeper and wider analyzes or comments, not for few lines and not for such type of document.

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

24. ‘New’ psychoactive substances

12.1. Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys? **No**

If **yes**, please indicate which questions you included and any adaptations you made to the questions.

If **no**, but you asked questions about use of ‘new’ psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please provide the wording.

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

**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?

**National survey among young adults 20-34 years and National school survey 14-19 years, 2013**

*(Q1 and Q2 of the voluntary EMQ module on NPS)* 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 Spice, Bonsai, Bath Salts, etc.?
(Q3 of the voluntary EMQ module on NPS) What was the appearance/form of the new substances you used in the last 12 months?

(Q4 of the voluntary EMQ module on NPS) Thinking about your use of new substances in the last 12 months, how did you get them?

If you have used any of the above mentioned substances in the last 12 months, how many days you did it?

25. Alcohol use

13.1. Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document) Yes / No

We have not this SMART reference document.

If yes, please indicate which questions you included and any adaptations you made to questions.

If no, but you asked other questions about use of alcohol, please provide the wording.

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

13.2. Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? Yes

If yes, would you be willing to give a short presentation? Yes

26. Misuse of benzodiazepines

14.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? Yes

If yes, please provide the wording of the questions and response categories and indicate the name and year of the survey.

WHEN DID YOU LAST USE WITHOUT PRESCRIPTION SOME OF THE FOLLOWING TYPES OF MEDICINES? (PLEASE ANSWER TO EACH SUB-QUESTION)?

- SEDATIVES (e.g. ...)

In the last 30 days

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5 We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.

6 The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
In the last 12 months, but not in the last 30 days
More than 12 months ago
I did not use any sedative without prescription
- TRANQUILIZERS (e.g. …)
In the last 30 days
In the last 12 months, but not in the last 30 days
More than 12 months ago
I did not use any tranquilizer without prescription

HOW OFTEN HAVE YOU USED WITHOUT PRESCRIPTION SEDATIVES, TRANQUILIZERS ...?
A) DURING THE LAST 12 MONTHS?
1-2 days in the last 12 months
3-10 days in the last 12 months
Once monthly on average
2-4 days monthly on average
2-5 days weekly on average
More than 5 days weekly
I have not used in the last 12 months
B) DURING THE LAST 30 DAYS?
Once
2-3 days
4-9 days
10-19 days
20 days or more
I have not used in the last 30 days

IF YOU HAVE EVER USED MEDICINES (SEDATIVES, TRANQUILIZERS ...) HOW YOU HAVE PROCURED THEM LAST TIME?
With a prescription from my doctor
With a prescription from another doctor
From a friend, relative
From an unknown person
I have not used such medicines

“Attitudes and use of psychoactive substances among general population (15-64 years) in Bulgaria’2012”, National Survey, October-December 2012, Sova Harris Agency, National Focal Point on Drugs and Drug Addiction

14.2. Have questions about the misuse of medicines and in particular benzodiazepines been included in other national probabilistic surveys? Yes

14.3. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? Yes

If yes, would you be willing to give a short presentation? Yes

27. CAST scale (Cannabis Abuse Screening Scale)
18.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? **No**

  *If yes,* please comment, briefly, on your experience.

28. **Online and Telephone surveys**

19.1. Are you currently using (or planning to use) online data collection in General Population Surveys.  
**Yes**

19.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys.  
**No**

  *If yes,* would you be interested in a workshop organised during the GPS meeting in June on:

  - Online data collection **Yes**  
  - Telephone interviews? **No**

  *If yes,* would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details? **No**

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

20.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use...)

  *Annual Informational Bulletin with main data on the drug use, traffic and distribution, as well as on the drug related responses in Bulgaria, 2012, 2013 and next planned 2014*  

20.2. Describe briefly plans for future new research or analysis based on survey results.

  - Next GPS – 2014;  
  - Next national survey among prisoners – 2014;  
  - Next national survey among university students – 2014;  
  - Regarding analysis based on survey results – in the National Report 2014, no other concrete plans.

20.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent.

  *Already sent*

30. **Extended mailing list**

  Please provide e mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.

  *No new key experts list*
Note: for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand-alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).

Taken from the 2013 abstract

New information

31. Content-related aspects (Note: we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)

1.4. Please provide a very concise description of the drug use situation among the general population in your country in terms of prevalence (max suggested 15 lines).

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.

1.5. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).

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).
1.6. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

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

32. Methods

16.1. If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods…): please describe briefly your results (and provide a reference or electronic link)

Based on the 2011 data on substance use among general population (the total sample N=4 756, young adults N=1 880) in 2014 additional analysis of polydrug use were conducted. The main results have shown that among respondents that consumed alcohol in the month before the survey (15-64, N=2 815), the lifetime prevalence of cannabis was 22.8%, last year prevalence was 7.7%, and last month prevalence was 4.6%. Furthermore, among young adults that consumed alcohol in the months before the survey (15-34, N=1 246), lifetime prevalence of cannabis was 36.4%, last year prevalence 15.00%, and last month prevalence 8.8%. Games of chance among adults and young adults that consumed alcohol in the month before the survey and that consumed cannabis at least once in their lifetime was 79% (15-64) and 78% (15-34), last year prevalence was 50.3% (15-64) and 51.7% (15-34) and last month prevalence was 33% in the total sample and subsample of young adults. In addition, polydrug use of alcohol and cocaine, as well as alcohol and amphetamine was also analyses.

The results are available in Croatian at:
http://www.uredzadroge.hr/wpcontent/uploads/2014/05/Analiza_poliuporabe_pojedinih_sredstava_ovisnosti.pdf

16.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

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

(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

17.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? Yes / No

If yes,
How and why?
Which indicators have been used and for what reasons?

In 2013 the Republic of Croatia participated in the survey project of the Pompidou group of the Council of Europe on coherence policy markers for addiction to drugs, alcohol, tobacco and gambling. The survey has shown that, except in the policy on illicit drugs, there is discrepancy in the implementation and monitoring of the concerned policies. There is a need for coherency enhancement and for establishing some sort of coordinative body / bodies. The aforementioned would improve the implementation quality of the activities, ensure the central planning and monitoring of the conducted planned strategic goals, and facilitate the monitoring of the state on addiction phenomenon in the Republic of Croatia.
The data of the project were presented to the National Committee on Drugs Addiction of the Government of the Republic of Croatia that concluded that the results serve as a useful basis for planning further activities in the field of substance additions and addictive behaviours. The main results are presented in the article: Jerković, D., Vugrinec, L., Petković, Z. (2013). Coherency assessment of policies on some of the psychoactive substances and addictive behaviour in the Republic of Croatia. Criminology & Social Reintegration Journal, 21, 1, 127-141., available at: [http://hrcak.srce.hr/index.php?show=clanak&id_clanak_jezik=169599](http://hrcak.srce.hr/index.php?show=clanak&id_clanak_jezik=169599)

To support the aforementioned results, the OCDA has initiated some additional analysis of the data from the GPS survey that was conducted in 2011. The main results are described in question 2.1.

17.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

Specifically
Idiosyncratic features of the country
Comparisons with neighbouring countries

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.

34. ‘New’ psychoactive substances

18.1. Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys? Yes / No

If yes, please indicate which questions you included and any adaptations you made to the questions.

If no, but you asked questions about use of ‘new’ psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please provide the wording.

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

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 cannabinoids, 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 cannabinoids, ketamine and mephedrone.

In the following text, besides socio-economic data, questions on new psychoactive substances were mentioned:
Q4 Please tick the substances listed below that you heard about: mephedrone (M-cat, Meow Meow....), khat, ketamine, PCP, Spice, some other similar “new drug” (please specify ________)
Q5 Have you ever use some or any of listed substances? mephedrone ((M-cat, Meow Meow....), khat, ketamine, PCP, Spice, some other similar “new drug” (please specify ________)
Q6. If you have used some or any of substances mentioned before, please indicate where did you get it? Internet, dealer, friend, specialized store (SmartShop), somewhere else (please specify_______)

In 2011 and 2013, the 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 survey was conducted among the users of harm reduction projects. The results have shown that new psychoactive drugs were used by minority of intravenous opiate users, and that this population is more oriented on the misuse of substitution pharmacotherapy.

Besides questions on prices of classical drugs, the prices of following new drugs were required:
synthetic cannabinoids, synthetic cathinones, and other new psychoactive substances (________). Furthermore, the following questions also considered synthetic cannabinoids, synthetic cathinones and other new psychoactive substances (_________)

Q10.1 What are the drugs that you have consumed most commonly? Never, once in the lifetime, one or more times per a month, one or more times per a week, daily
Q10.2 What was the most commonly route of administration for drugs that you have consumed? Injecting, snorting, smoking, oral, other
Q10.3. From whom did you most often purchased drugs? Dealer, friend * ( explain the term), partner, Internet, Shop Smart, else
Q10.4 At what way did you most often purchased drugs? Shipping home, public place open type (park, street ...), public place closed type (club, cafe ...), at dealers’ home, else
Q10.5 At what way did you most often purchased drugs? Shipping home, public place open type (park, street ...), public place closed type (club, cafe ...), at dealers’ home, else
Q10.6 If you want to consume any of the aforementioned drugs, what is the availability of it? Fully accessible (1h), very easily accessible (2h-4h), easily accessible (6-8), hardly available (24-48h), completely inaccessible, I do not know

35. Alcohol use

19.1. Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document) Yes / No

If yes, please indicate which questions you included and any adaptations you made to questions.

If no, but you asked other questions about use of alcohol, please provide the wording.

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We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.
The following questions were asked about use of alcohol in the general population survey in Croatia in 2011:
Q17 How old were you when you drank your first alcohol beverage? ___________ years; I have never consumed alcohol
Q18 During the last 12 months have you any type of alcoholic drink? Yes No
Q19 How often do you drink alcohol? 4 times a week; 2-3 times a week; 2-4 times a month; once a month or less;
Q20: How often do you drink wine? Every day; 4-6 times a week; 2-3 times a week; 2-4 times a month; once a month or less; few times a year or less; I do not drink;
Q21: How often do you drink beer? Every day; 4-6 times a week; 2-3 times a week; 2-4 times a month; once a month or less; few times a year or less; I do not drink;
Q22: How often do you drink spirits? Every day; 4-6 times a week; 2-3 times a week; 2-4 times a month; once a month or less; few times a year or less; I do not drink;
Q23 If you consume some alcoholic beverage on a daily basis, how old were you when you started drinking it on a daily basis? ________________; I do not drink alcoholic beverage on a daily basis
Q24 How often do you drink 6 glasses or more of an alcoholic drink on the same occasion? Daily or almost daily; every week; every month; less than once a month; never;
Q25 During the last 30 days, have you drunk any alcohol? Yes; No;
Q26 During the last 30 days, on how many days did you drink alcohol? 20 days or more; 10-19 days; 4-9 days; 1-3 days
Q27 How many glasses or bottles of drinks you drank in the last week? (Write the number of drinks.)
1. beer (bottles of 0.33 l or bottles of 0.5 l)
2. wine (one glass 0.2 l)
3. spritzer, "bevanda" (half wine, half still water) (one glass 0.2 l)
4. spirit (one glass 0.03l)
Q28 Here is the list of reasons people cite as motives for drinking alcohol. Please evaluate on a scale from 1 (never) to 5 (always) the extent to which each of the reasons is present or was present while you are/were drinking alcohol. Please take under consideration every situation in which you have been drinking alcohol.

<table>
<thead>
<tr>
<th>I drink or drank alcohol ...</th>
<th>Never</th>
<th>Sometimes</th>
<th>Half of the time</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. because it is fun</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. so I can forget about my worries</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. so others won’t tease me if I don’t drink</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>4. to be more social</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>5. because it makes me feel good</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>6. it cheers me</td>
<td>1</td>
<td>2</td>
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up if I’m in a bad mood

7. so I don’t feel omitted

8. because social gatherings are than more fun

<p>| | | | |</p>
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Q29 Did someone consult with you in the last year that you should drink less? (Circle the answer in each row): Medical doctor: Yes No; Other health care worker: Yes No; Family members: Yes No; Someone else: Who?___________

Q30 What do you think? Do you have problem with alcohol drinking? Yes No

Q31 Have you contacted health institution due to this problem? Yes No

Q85 Did someone in your family have problems with alcohol? Yes, who?___________ No; I do not know

Q86 Was someone in your family included in the treatment due to the alcoholism? Yes,_______; No; I do not know

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork


19.2. Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures?  Yes / No

If yes, would you be willing to give a short presentation? Yes / No

36. **Misuse of benzodiazepines**

20.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? Yes / No

If yes, please provide the wording of the questions and response categories and indicate the name and year of the survey

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The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>.
Q32 Have you ever taken any sedatives or tranquilizers? Yes No
Q33 During the last 12 months, have you taken any sedatives or tranquilizers? Yes No
Q34 How often do you take sedatives or tranquilizers? 4 times a week; 2-3 times a week; 2-4 times a month; Once a month or less;
Q35 During the last 30 days, have you taken any sedatives or tranquilizers? Yes No
Q36 During the last 30 days, on how many days did you take sedatives or tranquilizers? 20 days or more; 10-19 days; 4-9 days; 1-3 days
Q37 How did you obtain sedatives or tranquilizers the last time you took them? I bought them or had them prescribed for me by a doctor, I got them from somebody else I know; I bought them without a prescription in a pharmacy or drug store; None of the above applies:

20.2. Have questions about the misuse of medicines, and in particular benzodiazepines been included in other national probabilistic surveys? Yes/No (provide link if possible)
Questions that were included in ESPAD survey.
20.3. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? Yes/No

If yes, would you be willing to give a short presentation? Yes/No

37. CAST scale (Cannabis Abuse Screening Scale)

27.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? Yes/No

If yes, please comment, briefly, on your experience.

38. Online and Telephone surveys

28.1. Are you currently using (or planning to use) online data collection in General Population Surveys. Yes/No

28.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys. Yes/No

If yes, would you be interested in a workshop organised during the GPS meeting in June on:

Online data collection Yes/No
Telephone interviews? Yes/No

If yes, would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details? Yes/No

39. Research analysis - references and electronic links
29.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use...)


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:

English version:

References:

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:

Pilot Survey on New Drugs:
The report in Croatian language can be downloaded at the Office for Combating Drugs Abuse webpage (http://www.uredzadroge.hr/wp-content/uploads/2013/11/2013_novi_trendovi.pdf)
29.2. Describe briefly plans for future new research or analysis based on survey results.
A 2nd series of general population survey will be carried out in 2015. The questions of new psychoactive substances will be included in the survey.

29.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent.

40. Extended mailing list

Please provide e mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.

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).

Abstract from CYPRUS

Note: for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).

41. Content-related aspects (Note: we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)

1.7. Please provide a very concise description of the drug use situation among the general population in your country in terms of prevalence (max suggested 15 lines).

In 2012 a third general population survey was carried out in Cyprus. Lifetime prevalence of cannabis was reported by almost 10% of the population. 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. Among 15- to 34-years olds, last year prevalence at 4.2% and last month prevalence at 2.0%, compared to the respective prevalence rates 7.9% and 4.5% in 2009 and 3.4% and 2.1% in 2006, was reported. Cocaine was the second most prevalent drug reported in 2009 and 2012. Last year prevalence of cocaine was reported at 0.6% and last month prevalence at 0.1%. In the previous surveys, last year prevalence of cocaine was reported at 2.2% in 2009 and 0.7% in 2006, and last month prevalence at 0.7% in 2009 and 0.4% in 2006. A strong link between gender and illicit drug use was re-confirmed in 2012, with males having higher prevalence rates for all drugs. The 2012 survey indicated the mean age of cannabis experimentation is 18 – 20 years which coincides with an
obligatory enrolment and release from a National Guard service for all men. As far as the school population is concerned, according to the 2011 ESPAD results, an increase in cannabis use is observed (all time frames).

1.8. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).

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

1.9. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

The results of the previous general population survey (2009) indicate that just one third of recent cannabis users (15-34) were also intensive alcohol consumers. However, according to the results of the most recent survey (2012) the respective percentages have dropped by almost half (15%). The reduction is most probably due to the fact that recent cannabis users in 2012 almost halved (from 7.9% in 2009 to 4.2% in 2012) as no reduction is observed in intensive alcohol consumers. Also, among recent cannabis users (15-34) 7 out of 10 were smoking daily or almost daily.

42. Methods

22.1. If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods…): please describe briefly your results (and provide a reference or electronic link)

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 were age, gender and area. In total, 90 weighing factors were used. The response rate and the participation rate of the 2012 General Population Survey were found to be well above the previous survey (response rate: 36% in 2009 and 62% in 2012; participation rate: 55.3% in 2009 and 76% in 2012).

22.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

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

(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

23.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? Yes / No

If yes,
How and why?
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.

Which indicators have been used and for what reasons?

- Age at first time of use of cannabis
- Age

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

23.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

Specifically

Idiosyncratic features of the country

Comparisons with neighbouring countries

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 official protocol cooperation between the
police and the treatment services (previously “Fred goes Net” program), which 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.

44. ‘New’ psychoactive substances

24.1. Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys?  Yes / No

If yes, please indicate which questions you included and any adaptations you made to the questions.

If no, but you asked questions about use of ‘new’ psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please provide the wording.

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

45. Alcohol use ⁹

25.1. Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document)  Yes / No

If yes, please indicate which questions you included and any adaptations you made to questions.

- RAPS – Rapid Alcohol Problems Screen
- AP section– Attitudes to alcohol policy

If no, but you asked other questions about use of alcohol, please provide the wording.

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork


25.2. Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures?  Yes / No

If yes, would you be willing to give a short presentation?  Yes / No

46. Misuse of benzodiazepines ¹⁰

⁹ We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.
26.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? Yes / No

If yes, please provide the wording of the questions and response categories and indicate the name and year of the survey.

Frequency of psychoactive medicines use is collected for both recent and current use. Frequency of recent psychoactive medicines use included the following options: no use/ once a month or less frequently/ 2 – 4 times a month/ 2 – 3 times a week/ 4 or more times a week. The answering options used for current use were as follows: never/ on 1 – 3 days/ on 4 – 9 days/ on 10 – 19 days/ on 20 or more days. Also, a question referring to the way the pharmaceuticals were obtained on the last occasion was also included.


26.2. Have questions about the misuse of medicines, and in particular benzodiazepines been included in other national probabilistic surveys? Yes / No (provide link if possible)

26.3. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? Yes / No

If yes, would you be willing to give a short presentation? Yes / No

47. CAST scale (Cannabis Abuse Screening Scale)

36.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? Yes / No

If yes, please comment, briefly, on your experience.

48. Online and Telephone surveys

37.1. Are you currently using (or planning to use) online data collection in General Population Surveys. Yes / No

37.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys. Yes / No

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10 The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
If yes, would you be interested in a workshop organised during the GPS meeting in June on:

Online data collection  Yes / No
Telephone interviews? Yes / No

If yes, would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details? Yes / No

49. Research analysis - references and electronic links

38.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use...)

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.

38.2. Describe briefly plans for future new research or analysis based on survey results.

38.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent.

Already sent.

50. Extended mailing list

Please provide e mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.

Neoklis Georgiades
neoklis@ektepn.org.cy

Dr. Stelios Stylianou
jsjxq96@cytanet.com.cy

Abstract from CZECH REPUBLIC

Note: for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).
In 2013, one omnibus study was conducted in the Czech Republic focusing on the prevalence rates of selected drug use among general population. Data were based on quota sampling of the population aged over 15 years (1005 respondents, out of them 868 respondents were aged 15-64 years). The study called *Prevalence of drug use in the general population* is repeated every year since 2011.

1.10. Please provide a very concise description of the drug use situation among the general population in your country in terms of prevalence (max suggested 15 lines).

Data from 2013 were not analysed yet; results will be available for the National Report. The results from studies carried out in 2012 (2 omnibus surveys and one large-scale study called *National Survey on Substance Use*) showed a stable situation in prevalence of drug use – cannabis use has remained stable with prevalence between 28-36%, followed by hallucinogenic mushrooms (4-6%) and ecstasy (4-5%); prevalence of other drugs has remained relatively stable at lower prevalence 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 has remained very low (lower than 1% in the last year, and lower than 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 in 2012 were regarded as high-risk users, which was about 1% of the general population aged 15-64 years.

1.11. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).

All of the recent 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 2011 study provided similar results – cannabis was the most prevalent illicit drug (42%), followed by hallucinogenic mushrooms (7%), LSD (5%) and ecstasy (3%). Pervitin, heroin and cocaine were rare (bellow 2% in lifetime). ESPAD study in 2011 showed a decline in all of the illicit drugs prevalence – 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.

1.12. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

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 were put on the list of controlled substances under the law). Both the GPS and ESPAD showed that use of hallucinogenic mushrooms has in the past years become more prevalent in the Czech population than the use of ecstasy.

52. **Methods**
28.1. If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods…): please describe briefly your results (and provide a reference or electronic link).

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.)

28.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

(No specific plans at this moment.)

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

(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

29.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? **Yes / No**

Yes.

Results of large-scale surveys, especially large-scale GPS conducted every 4 years (2004, 2008, 2012) 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.

If yes,

How and why?

Which indicators have been used and for what reasons?

Indicators used include lifetime, last year and last month prevalence, 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.

29.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

Specifically

Idiosyncratic features of the country

Comparisons with neighbouring countries

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. However, efforts are now made to implement an integrated approach to drug policy in the Czech Republic covering tobacco, alcohol, and illicit substances and gambling.

54. ‘New’ psychoactive substances

30.1. Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys? Yes / No

No, module was too long to be implemented in omnibus survey.

If yes, please indicate which questions you included and any adaptations you made to the questions.

If no, but you asked questions about use of ‘new’ psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please provide the wording.

Wording of the question in omnibus was: Have you ever tried any of the following substances? If so, when was it?

Possible answers: Yes, in the last 30 days
Yes, in the last 12 months
Yes, but not in the last 12 months
Never

Substances included: 1. cannabis, 2. ecstasy, 3. pervitin or amphetamines, 4. cocaine, 5. heroin, 6. LSD, 7. hallucinogenic mushrooms, 8. Inhalants
9. Other synthetic drugs (ketamine, GBL, pentedron, methylon, MPA, DMX, Funky, El Magico, synthetic cannabinoids such as JWH, AM etc.)
10. Other herbal drugs (Salvia divinorum, Kanna/Sceletium tortuosum, Kratom, Durman/Datura stramonium)

If the answer for 9. or 10. Was positive, then the respondent was asked: What substance was it for the last time? (Please, write down exactly what the respondent said.)

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

Study: Prevalence of drug use in the general population 2013, carried out by the National Monitoring Centre for Drugs and Drug Addiction (NFP) in collaboration with ppm factum research agency, December 2013 (CAPI, quota sampling, N=1005 respondents aged 15+, out of them 868 aged 15-64)

55. Alcohol use 11

31.1. Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document) Yes / No

We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.
No alcohol question was included in the 2013 omnibus survey (neither in the 2012 omnibus surveys). Alcohol questions were included in National Survey on Substance Use 2012, based on the wording provided in the European Model Questionnaire (EMQ).

**If yes,** please indicate which questions you included and any adaptations you made to questions.

Some of the SMART questions were to be used within the European Health Interview Survey (EHIS) in 2014 (carried out by the Institute of Health Information and Statistics): F_1, RSOD_1

**If no,** but you asked other questions about use of alcohol, please provide the wording.

Alcohol questions were included in National Survey on Substance Use 2012, based on the wording provided in the European Model Questionnaire (EMQ). Extra questions on alcohol use were implemented including CAGE screening scale. Questionnaire of the survey is provided in an attached document (CZ_GPS 2012_quest_en.doc) and the appendix (Appendix_CZ_GPS 2012_en.doc).

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

**Study:** National Survey on Substance Use 2012, carried out by the National Monitoring Centre for Drugs and Drug Addiction (NFP) in collaboration with SC&C agency, September–November 2012 (PAPI, stratified random sampling, N=2134 respondents aged 15-64).

31.2. Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? Yes / No

Yes

**If yes,** would you be willing to give a short presentation? Yes / No

No

56. **Misuse of benzodiazepines**

32.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? Yes / No

Yes

**If yes,** please provide the wording of the questions and response categories and indicate the name and year of the survey.

Questions on the misuse of medicines were included in National Survey on Substance Use 2012. Questionnaire of the survey is provided in an attached document (CZ_GPS 2012_quest_en.doc). The module asked the use of “Sedatives, anxiolytics and hypnotics” – respondents were provided a card with a list of medicines included in this category.

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12 The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>.
Benzodiazepines were among them. No questions were asked specifically on benzodiazepines.

Study: *National Survey on Substance Use 2012*, carried out by the National Monitoring Centre for Drugs and Drug Addiction (NFP) in collaboration with SC&C agency, September–November 2012 (PAPI, stratified random sampling, N=2134 respondents aged 15-64).

32.2. Have questions about the misuse of medicines and in particular benzodiazepines been included in other national probabilistic surveys? Yes / No (provide link if possible)

Misuse of medicines (“use of medicines without doctor’s prescription such as sedatives, hypnotics or opioid analgesics”) was included in *Prevalence of drug use in the general population 2012* and *Citizen Survey 2012*. Summary results (prevalence rates) were provided in the National Report.

32.3. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? Yes / No

*If yes,* would you be willing to give a short presentation? Yes / No

57. **CAST scale (Cannabis Abuse Screening Scale)**

45.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? Yes / No

Yes (CAST).

*If yes,* please comment, briefly, on your experience.

Full CAST was used in *National Survey on Substance Use 2012*. Filters were used in the questionnaire so that only last 12 months users answered the module questions, no problems were reported during the field data collection and data analysis was possible due to high last 12 month prevalence of cannabis use in the Czech Republic (9.2%).

58. **Online and Telephone surveys**

46.1. Are you currently using (or planning to use) online data collection in General Population Surveys.

Yes / No

Not so far. No decisions were made about the next GPS (planned for 2016).

46.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys.

Yes / No

Not so far. No decisions were made about the next GPS (planned for 2016).

*If yes,* would you be interested in a workshop organised during the GPS meeting in June on:

Even though my previous answer is No, I would be interested in a workshop on online data collection.

Online data collection Yes / No
Telephone interviews? Yes / No
If yes, would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details? Yes / No

59. Research analysis - references and electronic links

47.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use…) No specific analyses were conducted. Only summary results were published in the National Report and bulletin of the NFP Zaostreno na drogy (Focused on Drugs), and a final research report is being prepared.

47.2. Describe briefly plans for future new research or analysis based on survey results. Data from GPS were provided to graduate and undergraduate university students, and external NFP collaborators for further detailed analyses. Topics include “Effects of decriminalization on dynamics of cannabis use”, “Socioeconomic impacts of alcohol consumption and smoking”, “Microeconomic analysis of behaviour of alcohol consumers”, “Behaviour of alcohol users in the period of time-limited alcohol prohibition in the Czech Republic” and “Cannabis markets and behaviour of Czech cannabis users”.

47.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent. Questionnaire of the National Survey on Substance Use 2012 is provided in an attached document (CZ_GPS 2012_quest_en.doc).

60. Extended mailing list

Please provide e mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.

Viktor Mravčík, MD.: mravcik.viktor@vlada.cz
Pavla Chomynová: chomynova.pavla@vlada.cz
Dr. Ladislav Csémy : csemy@pcp.lf3.cuni.cz
Blanka Nechanská: nechanska@uzis.cz
Tomáš Zábranský, MD., PhD.: twz@adiktologie.cz
Vendula Běláčková: belackova@adiktologie.cz
Jiří Vopravil: vopravil@adiktologie.cz
Czech NFP: nms@vlada.cz, info@drogy-info.cz

Abstract from DENMARK

Note: for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).
61. **Content-related aspects** *(Note: we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)*

1.1. Please provide a very concise description of the drug use situation among general population in your country in terms of prevalence *(max suggested 15 lines).*

*The results from the National Health Survey in 2013 show that use of cannabis still is the most prevalent drug in Denmark. In all, 45.9% of the population in the age group 16-34 years have ever used cannabis and 17.6% have used it within the past year. In all, 23.9% have used cannabis during the last year among 16-24 year olds. In all, 2.4% have used cocaine during the last year and 1.4% have used amphetamines in this age group. 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. However, the most recent survey indicated that the prevalence of current (within the past year) cannabis use have increased in the period 2010-2013. For example, the prevalence increased from 13.5% in 2010 to 17.6% in 2013 in the age group 16-34 years (and from 18.9% to 23.9% among 16-24 year olds). Simultaneously, it is important to keep in mind that The European School Survey Project on Alcohol and Other Drugs (ESPAD) study indicated a decline in the use of cannabis and other illicit drugs in Denmark in period 2007-2011. These trends need to be further investigated.*

1.2. Comment on the consistency of your adult or school surveys results with other sources of information *(e.g. youth surveys, targeted studies in recreational settings, market indicators).*

*The reasons for the somewhat conflicting results between our adult and school surveys are, at this time, difficult to identify. The findings can be compared with data from national health-related registers *(i.e. The Danish National Patient Register and The Danish Register of Causes of Death)*, but these data are not conclusive. Cases admitted to a hospital as a result of poisoning with illicit drugs have increased in the period 2004-2012. Furthermore, a total of approximately 21,500 drug offence reports were registered in 2012. This is the highest annual number ever reported. On the other hand has the number of drug-related deaths dropped to its lowest since 1995.*

1.3. Describe, briefly, new insights into developments in drug use among general, school or youth populations *(e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and alcohol).*

*The prevalences of use of most illicit drugs have remained stable in the last decade. However, the prevalence of use of cocaine has increased and the most recent GPS indicate that the prevalence of use of cannabis has increased in past three years. Changing combinations of used substances over time need to be examined more thoroughly.*

62. **Methods**

2.1. If you have conducted ANY specific methodological analysis *(e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods…)*: please describe briefly your results *(and provide a reference or electronic link)*
We have examined response patterns in two general population health surveys carried out by face-to-face interview and self-administered questionnaire, respectively. The response rate was substantially higher in the face-to-face interview survey than in the self-administered survey. Furthermore, the study showed that the same factors were generally associated with non-response in both survey modes. Indicators based on factual questions with simple answer categories were overall more comparable according to mode than indicators based on questions that involved more subjective assessments.


Furthermore, the survey design in 2010 allowed us to examine how multiple reminders affect the response rate and survey estimates. The results will be published in The European Journal of Public Health shortly.

2.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

We are currently investigating the magnitude of non-response bias in the Danish Health and Morbidity surveys in 2000 and 2005 by obtaining register-based information on alcohol-, drug-, and smoking-related mortality and morbidity from administrative registers. The results will be published in a paper in an international peer-reviewed journal. These kinds of analyses are possible since all Danes have a unique and permanent 10-digit civil registration number. Thus, both participants and non-participants in the National Health Surveys/Danish Health and Morbidity surveys can be linked on individual level to different administrative registers.

63. Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs
(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

3.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? If so please describe:
- How and why?
- Which indicators have been used and for what reasons?

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.

3.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

Specifically
- idiosyncratic features of the country
comparisons with neighbouring countries

64. **Questions about ‘new’ psychoactive substances**

Have you included the voluntary EMQ module on NPS that was developed last year?

If you asked questions about use of ‘new’ psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc) in another way, please provide the wording and indicate the name and year of the survey.

*No surveys have been conducted since the voluntary EMQ module on NPS was developed. However, we have included questions on use of ketamine and GHB, respectively in the GPS in 2013. The prevalences are very low for both substances.*

65. **Questions about use of benzodiazepines**

If you asked questions about the use of benzodiazepines, please provide the wording and indicate the name and year of the survey. The reason for this is: .........................

*We don’t have included questions on use of benzodiazepines in our GPS. However, data on prescription drug use (including dispensed benzodiazepines) can be retrieved on an individual level from the Danish National Prescription Registry.*

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

5.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use…)

*In 2012, a health survey was carried out among socially marginalized, defined as users of shelters, drop-in centers, treatment centers and social psychiatric centers in Denmark. The questionnaire included questions on use of illicit drugs. The study was carried out by the National Institute of Public Health and the results have been published in the following report:*


*A health survey among prostitutes working at clinics in Copenhagen was conducted in 2010. The questionnaire included questions on use of illicit drugs. The study was carried out by the National Institute of Public Health and the results have been published in the following report:*

A study was carried out in order to examine the co-occurrence of indicators of addictive behaviors (e.g., smoking, high alcohol intake, use of cannabis) in patients with chronic non-cancer pain in long-term opioid treatment. The study combined data from the national health survey in 2010 and official Danish health and socio-economic, individual-based registers. The study was carried out by the National Institute of Public Health and Copenhagen University Hospital. The paper was published in Pain:


5.2. Describe briefly plans for future new research or analysis based on survey results.

Currently no specific plans.

5.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent.

67. Extended mailing list

Please provide e-mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.

We invite you to check our Statistical Bulletin website where we present the detailed methodological information about national surveys.
http://www.emcdda.europa.eu/stats12#gps:displayMethods
http://www.emcdda.europa.eu/stats12#gps:displayTables

We would also like to remind you that a restricted web page for the use of General Population Survey experts and National Focal Points has been constructed. The generic login for this site is: http://projects.emcdda.europa.eu/areaGPS
Username: area6
Password: GPS2012

68. 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:
<table>
<thead>
<tr>
<th>General Population Survey</th>
<th>Year 2000&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Year 2005&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Year 2010&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Year 2013&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONSE RATE (%)</td>
<td>63.5</td>
<td>51.5</td>
<td>60.7</td>
<td>57.1</td>
</tr>
<tr>
<td>NON RESPONSE RATE (%)</td>
<td>36.5</td>
<td>48.5</td>
<td>39.3</td>
<td>42.9</td>
</tr>
<tr>
<td>No contact</td>
<td>1.2</td>
<td>4.8</td>
<td>N.A.</td>
<td>N.A.</td>
</tr>
<tr>
<td>Refusals</td>
<td>22.4</td>
<td>22.5</td>
<td>N.A.</td>
<td>N.A.</td>
</tr>
<tr>
<td>Illness/handicapped</td>
<td>1.3</td>
<td>2.7</td>
<td>N.A.</td>
<td>N.A.</td>
</tr>
<tr>
<td>Other</td>
<td>0.8</td>
<td>3.4</td>
<td>N.A.</td>
<td>N.A.</td>
</tr>
<tr>
<td>Completed interview but did not complete the self-administered questionnaire</td>
<td>10.7</td>
<td>15.2</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

<sup>a</sup>Face-to-face interview + self-administered questionnaire
<sup>b</sup>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
Abstract from ESTONIA

Note: for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).

69. Content-related aspects (Note: we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)

1.13. Please provide a very concise description of the drug use situation among the general population in your country in terms of prevalence (max suggested 15 lines).

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.

No surveys focusing on drug use in the general population were conducted in Estonia during 2012 and no new information is available. The 2012 mail survey of Health Behaviour among Estonian Adult Population included a question on life-time prevalence of drug use. 15% of the 16–64-year-old persons, 21% of men and 10% of women, reported lifetime drug use. Repeated use of drugs was reported by 1% of the respondents. Previously, 13% and 10% of the respondents had had experiences with drugs according to the 2008 and 2004 surveys, respectively. A comparison of the surveys shows that the percentage of those, who have tried any illicit drug, has increased in the general population.

In 2006 study of the Health Behaviour among Estonian Adult Population survey’s only question related to drug use concerned cannabis use. In total of 78% of male and 86% of female had never tried cannabis during their entire life, while cannabis use in the past 30 days was quite low both among males (2.5%) and females.

1.14. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).

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.

1.15. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

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.

70. Methods

34.1. If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods…): please describe briefly your results (and provide a reference or electronic link)

No specific methodological analysis has been conducted.

34.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis. 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.

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

(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

35.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? Yes 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.
35.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

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.

72. ‘New’ psychoactive substances

36.1. Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys?  **No**

**If yes,** please indicate which questions you included and any adaptations you made to the questions.

**If no,** but you asked questions about use of ‘new’ psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please provide the wording. 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.

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

The 2014 April mail survey of Health Behaviour among Estonian Adult Population included a question on life-time prevalence of NPS. Question was: Have you ever used legal psychoactive substances (can be ordered via internet) which have similar effect to narcotic substances (PMMA, 2C-I, mCPP, 5MeO-DMT, BZP)? The Health Behavior among Estonian Adult Population study is based on a random sample from the Estonian population (n=5000) aged between 16 to 64 years. It is conducted each even year, starting from 1990 and contains few questions on drug addiction.

73. **Alcohol use**

37.1. Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document)  **No**

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**13** We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.
There has not been any specific analyses.

37.2. Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? Yes

74. Misuse of benzodiazepines

38.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? No

There has been no recent surveys among general population.

38.2. Have questions about the misuse of medicines, and in particular benzodiazepines been included in other national probabilistic surveys? No

38.3. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? Yes

75. CAST scale (Cannabis Abuse Screening Scale)

54.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? No

76. Online and Telephone surveys

55.1. Are you currently using (or planning to use) online data collection in General Population Surveys. No

55.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys. No

77. Research analysis - references and electronic links

56.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use…)

14 The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
No specific analysis conducted in the past 3 years.

56.2. Describe briefly plans for future new research or analysis based on survey results.

Last general population survey was in Estonia in 2008, we are planning a new survey in 2014 or 2015.

56.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent.

78. **Extended mailing list**

Please provide e-mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.

Sigrid Vorobjov, researcher, Infectious Diseases and Drug Monitoring Department, National Institute for Health Development - Sigrid.Vorobjov@tai.ee

Kristi Rüütel, head of the Infectious Diseases and Drug Monitoring Department, National Institute for Health Development - Kristi.Ruutel@tai.ee

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**Abstract from FINLAND**

**Note:** for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).

79. **Content-related aspects** *(Note: we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)*

1.16. Please provide a very concise description of the drug use situation among the general population in your country in terms of prevalence *(max suggested 15 lines)*.

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.
1.17. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).

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.

1.18. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

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.

80. Methods

40.1. If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods…): please describe briefly your results (and provide a reference or electronic link)

- 

40.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

In the next population survey, which will be conducted in the fall 2014, all the respondents will be first asked to response online. For the first round's non-respondents, a paper questionnaire will be sent on next rounds. We are planning to evaluate the mode effect of different answering techniques (paper vs. online).

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

(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

41.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? Yes / No

If yes,
How and why?
Which indicators have been used and for what reasons?
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.

41.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

Specifically
Idiosyncratic features of the country
Comparisons with neighbouring countries

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

82. ‘New’ psychoactive substances

42.1. Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys? Yes / No

If yes, please indicate which questions you included and any adaptations you made to the questions.

If no, but you asked questions about use of ‘new’ psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please provide the wording.

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

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)

Mephedrone, synthetic cannabinoids and synthetic cathinones (such as alpha-PVP) will be added in these lists of substances in 2014 data collection.

83. Alcohol use

43.1. Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document) Yes / No

SMART reference document was not attached

If yes, please indicate which questions you included and any adaptations you made to questions.

If no, but you asked other questions about use of alcohol, please provide the wording.

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

Drug survey 2010 had several questions about alcohol. All 10 AUDIT questions were included in the questionnaire. In addition, it included the following questions about alcohol:

Q12: Have you consumed alcoholic beverages?
RC: Yes, within the last 30 days; Yes, within the last 12 months; Yes, occasionally, but not within the last 12 months; Never

Q17: How often do you go to a bar, a pub or other restaurant licensed to serve alcohol (other than at lunch during workday)?
RC: Several times per week; Once a week; A few times in a month; Once or twice a year; Less than once a year, Never

Q65: During the last 12 months how many units of alcohol did you consume that day when you consumed the most?
RC: I consumed _________ units; I have not consumed alcohol during the last 12 months

Q66: During the last 12 months how often did you consume the following amounts of alcohol in one day?

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15 We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.
a) 18 units or more  
b) 13–17 units  
c) 8–12 units  
d) 5–7 units  
e) 3–4 units  
f) 1–2 units  

RC: Never; Once or twice a year; 3–10 times a year; 1–3 times a month; Once a week; 2–3 times a week; At least 4 times a week

43.2. Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? Yes / No

If yes, would you be willing to give a short presentation? Yes / No

84. Misuse of benzodiazepines

44.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? Yes / No

If yes, please provide the wording of the questions and response categories and indicate the name and year of the survey

In the forthcoming 2014 survey we will ask about the non-medical use of prescription drugs more specifically than in the previous surveys. Most of the questions will concern prescription drugs (hypnotics, sedatives or strong painkillers) in general, but one question focuses on different groups of drugs:

Q: Have you used the following prescription drugs non-medically:

a) sedatives or hypnotics (such as benzodiazepines, list of Finnish trade names)?
b) strong painkillers (such as list of Finnish trade names)?
c) Lyrica (=Finnish trade name) or other pregabalin?
d) other, what?

RC: Yes/no

44.2. Have questions about the misuse of medicines, and in particular benzodiazepines been included in other national probabilistic surveys? Yes / No (provide link if possible)

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16 The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
Finnish School Health Promotion Study (2013) and ESPAD survey (2011) included some questions about the misuse of medicines (in general, not about benzodiazepines in particular).

School Health Promotion Study:

Q 60 Have you ever tried or used the following substances? Please give an answer for each item.
- Alcohol with drugs to become intoxicated
- Drugs (sedatives, sleeping pills, painkillers, without alcohol) to become intoxicated

RC: never; once; 2 to 4 times; 5 times or more.


ESPAD:

Q C31 On how many occasions in your lifetime (if any) have you used any of the following drugs? Mark one box for each line.
- Tranquillisers or sedatives (without a doctor’s prescription)
- Alcohol together with pills (medicaments) in order to get high

RC: 0, 1–2, 3–5, 6–9, 10–19, 20–39, 40 or more (number of occasions).


44.3. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? Yes / No

If yes, would you be willing to give a short presentation? Yes / No

85. **CAST scale (Cannabis Abuse Screening Scale)**

63.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? Yes / No

If yes, please comment, briefly, on your experience.

86. **Online and Telephone surveys**

64.1. Are you currently using (or planning to use) online data collection in General Population Surveys.
64.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys.
Yes / No

If yes, would you be interested in a workshop organised during the GPS meeting in June on:

Online data collection  Yes / No (to some extent)
Telephone interviews? Yes / No

If yes, would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details? Yes / No

87. Research analysis - references and electronic links

65.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use…)

On problem drug users:
Tammi T, Pitkänen T, Perälä J, Stadin nistit – huono-osaiisten helsinkiläisten huumidenkäyttäjien päätteet 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].

On domestic cannabis cultivation:


On harms to others:


Basic reporting of the survey:


On use of anabolic steroids and doping:

On non-medical use of prescription drugs:

65.2. Describe briefly plans for future new research or analysis based on survey results.

Themes concerning polydrug use, the non-medical use of prescription drugs and cannabis will be emphasised in the forthcoming 2014 data collection. In addition, we are planning to conduct a comparative study with the data from the population based drug survey and wastewater study.

65.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent.

88. Extended mailing list

Please provide e mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.

pekka.hakkarainen@thl.fi 
karoliina.karjalainen@thl.fi

Abstract from FRANCE

Taken from the 2013 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 old and especially among boys.

Very rare before 15 years old, 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 hypotheses 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 in the last survey, a representative sample of the young people by school levels had been also carried out. The same approach had been realized for the last ESPAD at the secondary school.

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 analyses 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 (modelling).

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.

a. **Have general population survey been used to formulate nd/or to evaluate explicit drug policy targets?**

No

4. **“New” psychoactive substances**

OFDT takes part in the NPS European project: “e-trend” survey will be carried out in the first half of the year 2014. The survey will be on line on May, the 19th in the different countries.

4.1 **Have you include the voluntary questions EMQ module on NPS that was developed, presented and discussed on the last year’s GPS meeting in recent general population surveys?**

No, In Escapad suvey 2014, one question on NPS have been added :

“During your life, have you already consumed a substance which imitates the effects of a drug (named RC, Legal high or NPS..) for exemple mephredrone, spice, methoxetamine or synthetic cannabis ? Yes/No

5. **Alcohol use**
5.1 Have you included any of the alcohol questions developed by the SMART project in recent
general population surveys?

No

5.2 Would you be interested in attending a workshop organised during the GPS meeting in June
on developing an EMQ module for alcohol measures?

No

6. Misuse of benzodiazepines

50.1. Have you included any questions about the misuse of benzodiazepines in recent general
population surveys?

No

50.2. Have questions about the misuse of medicines, and in particular benzodiazepines been
included in other national probabilistic surveys?

No

50.3. Would you be interested in attending a workshop organised during the GPS meeting in June
on misuse medicines, with a special focus on benzodiazepines?

No

7. CAST scale (Cannabis Abuse Screening Scale)

72.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short
Dependence Scale) or other screening instrument to screen for cannabis use disorders
in the most recent or any previous national population surveys?

Yes, for the last Health Barometer surveys, CAST scale and SDS have been used and
CAST on ESCAPAD survey.

73. Online and Telephone surveys

73.1. Are you currently using (or planning to use) online data collection in General Population
Surveys.

No

73.2. Are you currently using (or planning to use) telephone interviews in General Population
Surveys.

Yes
If yes, would you be interested in a workshop organised during the GPS meeting in June on:

Online data collection  ? YES
Telephone interviews ? No

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

9.1. **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

Outcomes of a survey on the French people’s perceptions and opinions of drugs use was published in 2013 (in French only).

A survey by quota was realized on the uses of e-cigarettes on adult population.

In the publication of the data on the behaviour of the young people in the Health barometer survey (INPES), an analysis on the consumptions of alcoholic drinks and on the uses of illicit drugs was realized over 15-30 years.

An analysis at the geographical level was also published on the general population (INPES).

9.2. **ESCAPAD survey 2014 will interest in the intensive use of alcohol at the 17-year-old young people (context, first drunkenness, scale of enjoyment etc.)**

9.3

10. **Extended mailing list**

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**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 salariables”, 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.

Abstract from GERMANY

Note: for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).

89. Content-related aspects
1.1. The latest wave of the Drug Affinity Study (Bundeszentrals 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 2012 Epidemiological Survey of Substance Abuse (ESA) revealed that 4.5% of adults aged 18 to 64 reported having used cannabis within the past year (Pabst, Kraus, Gomes de Matos & Plontek, 2013). Prevalence rates for other illicit drugs are below 1.0% (e.g. cocaine 0.8%, amphetamines 0.7%). Prevalences are higher for males than for females for all illicit drugs. The use of cannabis is most prevalent among young adults aged 18 to 20 years, whilst the use of other illicit drugs is most prevalent among those aged 24 to 29 years. 12-months prevalence rates of dependence are 0.5% for cannabis, 0.2% for cocaine and 0.1% for amphetamines.

References:
1.2. In Germany, there are two 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 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:


1.3. In the 2012 ESA, homotypic comorbidities among the general population have been assessed for the first time. The prevalence rates for at least one further (licit or illicit) substance use disorder are 81.7 %, 92.8 % and 76.6 % among individuals with a cannabis, cocaine and amphetamine related disorder, respectively.

Reference:


90. Methods

2.1 The 2012 ESA study applied a mixed-mode design including paper-and-pencil questionnaires, internet surveys and telephone interviews. Mode-effect as well as non-response analyses were performed (Kraus, Piontek, Pabst & Gomes de Matos, 2013). Results revealed that nonparticipants reported less drug use than participants and that subjects who responded by telephone or online reported less cannabis use than those who answered the postal questionnaire.

Reference:

2.2 no further analyses planned

91. **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 (Müller, Kraus, Piontek, & Pabst, 2010; Müller, Piontek, Pabst, Baumeister, & Kraus, 2010).

References:

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 (Hibell et al., 2012). 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.

References:

92. **‘New’ psychoactive substances**

4.1 Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys? Yes / No The voluntary EMQ module on NPS was not included in the 2012 ESA.

If no, but you asked questions about use of ‘new’ psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please provide the wording.

Synthetic cannabinoids such as spice or smoke have been surveyed among the general population in 2012 ESA for the second time after 2009. 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, bath salts, cathinones or other”. In addition, lifetime as well as past 30 days prevalence and frequency have been assessed. Furthermore, participants were asked when they used synthetic cannabinoids for the first and for the last time.

Used in the 2012 ESA. Fieldwork was between February and June 2012.

93. **Alcohol use**¹⁷

5.1 Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document) **Yes / No**

If **yes**, please indicate which questions you included and any adaptations you made to questions.
Beverage-specific quantity frequency: asked for the last 30 days and 12 months depending on the last time alcohol was consumed; frequency was asked as an open-ended questions on number of days instead of categories.
Risky single occasion drinking: asked for the last 30 days and 12 months depending on the last time alcohol was consumed; frequency of drinking 5+ alcoholic drinks (instead of 6+) on one day (instead of one occasion)
Alcohol abuse and dependence: CIDI questions were used for the last 12 months
Harm from others: all SMART items and two additional items; answer categories yes vs. no instead of number of times

Used in the 2012 ESA. Fieldwork was between February and June 2012.

5.2 Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? **Yes / No**

If **yes**, would you be willing to give a short presentation? **Yes / No**

94. **Misuse of benzodiazepines**¹⁸

6.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? Yes / **No**

In the 2012 ESA, DSM-IV abuse and dependence has been surveyed for analgesics, hypnotics, and tranquillisers, but not for benzodiazepines specifically.

6.2. Have questions about the misuse of misuse of medicines, and in particular benzodiazepines been included in other national probabilistic surveys? Yes / **No**

¹⁷ We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.

¹⁸ The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
6.3 Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? Yes / No

If yes, would you be willing to give a short presentation? Yes / No

95. CAST scale (Cannabis Abuse Screening Scale)
7.1 Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? Yes / No

In the 2012 ESA, the Munich Composite International Diagnostic Interview (M-CIDI, Wittchen et al., 1995) items were used to assess DSM-IV cannabis abuse and dependence and DSM-5 cannabis use disorder. The interview can easily be adapted to a paper-pencil version. Given enough space is provided in the survey, it is a handy tool to assess substance related disorders, what is also supported by a decent number of missing values on the items.
In earlier waves of the survey, SDS was used as a screening scale to assess problematic use of cannabis. The implementation of the scale was easy and without problems. Data from the 2006 survey were used for psychometric analyses resulting in cut-off scores for screening DSM-IV cannabis dependence (Steiner, Baumeister & Kraus, 2008).
With regard to adolescents, the CAST scale was implemented in the German part of the 2011 ESPAD study (Kraus, Pabst & Piontek, 2012).

Reference:

96. Online and Telephone surveys
8.1 Are you currently using (or planning to use) online data collection in General Population Surveys. Yes / No
The 2012 ESA was conducted using a mixed mode design applying online surveys, telephone interviews, and paper-and-pencil questionnaires.

8.2 Are you currently using (or planning to use) online data collection in General Population Surveys. Yes / No
The 2012 ESA was conducted using a mixed mode design applying online surveys, telephone interviews, and paper-and-pencil questionnaires.
If yes, would you be interested in a workshop organised during the GPS meeting in June on:

Online data collection  Yes / No
Telephone interviews? Yes / No

If yes, would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details? Yes / No

97. Research analysis - references and electronic links
9.1 Specific analyses
• Assessment of past month patterns and prevalence of multiple substance use of alcohol, tobacco, and cannabis by level of intensity and associated influencing factors (ESA data)

• Assessment of problem awareness concerning the own substance use in individuals with and without substance use disorders, as well as the related utilization of various sources of treatment/support (ESA data)

• Evaluation of differences between German federal states regarding adolescent consumption of alcohol, tobacco and cannabis and its time trends (ESPAD data)

• 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)

• 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)

• 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)
9.2 The next ESA wave is planned for 2015 with a focus on concurrent substance use patterns.

9.3 The most recent questionnaire used in the ESA study is available at: http://www.ift.de/fileadmin/literaturliste/Epidemiologischer_Suchtsurvey_2012.pdf
The most recent questionnaire used in the ESPAD study is available from the appendix of the national ESPAD-report at http://www.ift.de/literaturverzeichnis/Bd_181_Espad-2011.pdf.

98. Extended mailing list

Abstract from GREECE

**Note:** for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).

**Notes:**

- Underlined black text indicates unchanged entries; Underlined text in red indicates new or edited entries

The most recent GP survey in Greece was conducted in 2004. The information below refers to the GP survey - not to student population surveys.

99. **Content-related aspects (Note: we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)**

1.19. Please provide a very concise description of the drug use situation among the general population in your country in terms of prevalence (max suggested 15 lines).

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. 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.

1.20. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).
The trends in lifetime use of illicit drugs found in the school surveys parallel those in the general population. Drug use is reported in higher rates in student population surveys, 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](http://contenido.irefrea.org/archivos/irefrea/Descriptive_report_in_9_cities.pdf))

1.21. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

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.

100. Methods

52.1. If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods…): please describe briefly your results (and provide a reference or electronic link)

No specific methodological analysis on GPS data has been conducted.

52.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

No specific methodological analysis on GPS data has been planned.

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

(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

53.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? Yes / No

If yes,

How and why?

Which indicators have been used and for what reasons?

There is no clear evidence about the extent to which GPS data have been directly used in policy formulation. Reference to GPS data is made in the National Action Plan on Drugs in the section pertinent to the drug situation in the country. 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.

53.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

Specifically

Idiosyncratic features of the country

Comparisons with neighbouring countries

No study known to us has looked into the aetiology of own differences compared other countries. Factors whose role should be considered nonetheless are a) individual-level attitudes in drug-use related (appear to be higher), b) family function i.e., relatively high
levels of intact family structure and family control, and the resulting prolonged resource
dependency (financial, educational etc.) of the younger family members to their parents,
c) the intensive efforts of substance use prevention policies in place in the country since
1995 (seventy-three drug prevention centres operate nationwide since 1995), d) the
comparatively low normalisation levels of drug use (as opposed to e.g., alcohol and
tobacco use) coupled with high levels of societal control on drug use (pressure by family,
kin, neighbourhood, school or work environment); and e) factors associated with the
climate, and the associated leisure activities and the organisation of free time of youth in
Greece.

102. ‘New’ psychoactive substances
54.1. Have you included the voluntary EMQ module on NPS that was developed, presented and
discussed at last year’s GPS meeting in recent general population surveys?   No
   If yes, please indicate which questions you included and any adaptations you made to the
   questions. n/a
   If no, but you asked questions about use of ‘new’ psychoactive substances (mephedrone,
ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please
   provide the wording. We have not asked questions about use of ‘new’ psychoactive
   substances in another way
   Please provide the name of the relevant survey/s and date (year and month/s) of the
   fieldwork. n/a

103. Alcohol use
55.1. Have you included any of the alcohol questions developed by the SMART project in recent
general population surveys? (see attached SMART reference document) No
   If yes, please indicate which questions you included and any adaptations you made
to questions. n/a
   If no, but you asked other questions about use of alcohol, please provide the
   wording.
   “Have you ever drunk any alcoholic drink in your lifetime / in last 12 months / in the
   last 30 days? If yes, how many times?”
   Please provide the name of the relevant survey/s and date (year and month/s) of the
   fieldwork
   Name: Nationwide general population household survey on psychosocial health and
   substance use (Face-to-face household survey conducted in 2004 (May-June) by
   University Mental Health Research Institute)
55.2. Would you be interested in attending a workshop organised during the GPS meeting in June
on developing an EMQ module for alcohol measures? It depends on the agenda and the
   topics concurrent workshops.
   If yes, would you be willing to give a short presentation? No, no new data available

104. Misuse of benzodiazepines

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19 We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.

20 The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females
56.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? Yes, separately for tranquilisers and sedatives

If yes, please provide the wording of the questions and response categories and indicate the name and year of the survey

**Wording:** Have you ever taken tranquilisers without doctor’s prescription in your lifetime / in last 12 months / in the last 30 days? If yes, how many times?** Response options:** “No”, “1-2 times”, “3-9 times”, “10-19 times”, “20-39 times”, “40-99 times”, “≥100 times”, “Don’t know”, “Don’t want to answer”. **Name:** Nationwide general population household survey on psychosocial health and substance use (Face-to-face household survey conducted in 2004 (May-June) by University Mental Health Research Institute)

56.2. Have questions about the misuse of medicines and in particular benzodiazepines been included in other national probabilistic surveys? No, not known to us

56.3. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? Yes

If yes, would you be willing to give a short presentation? No, no new data available

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105. **CAST scale (Cannabis Abuse Screening Scale)**

80.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? No

If yes, please comment, briefly, on your experience. n/a

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106. **Online and Telephone surveys**

81.1. Are you currently using (or planning to use) online data collection in General Population Surveys.

No

81.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys.

Yes (thinking of)

If yes, would you be interested in a workshop organised during the GPS meeting in June on:

Online data collection  No

Telephone interviews? Yes

If yes, would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details? No, nothing to present

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

82.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use…) No specific analyses were conducted in the past 3 years based on the general population survey.

and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
82.2. Describe briefly plans for future new research or analysis based on survey results. **No plan until the next GP survey is conducted.**

82.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent. **A copy of the 2004 GPS questionnaire (Greek version) has been already send to the EMCDDA.**

108. **Extended mailing list**

   Please provide e mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.

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**Abstract from HUNGARY**

*Note: for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).*  
*Taken from the 2013 abstract*

**New information**

109. **Content-related aspects** *(Note: we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)*

1.22. Please provide a very concise description of the drug use situation among the general population in your country in terms of prevalence *(max suggested 15 lines).*

   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.

1.23. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).
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.

1.24. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

**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%).

110. **Methods**

58.1. If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods…): please describe briefly your results (and provide a reference or electronic link)

58.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

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

(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

59.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? **Yes** / **No**

   If yes, In new National Drug Strategy (ratified 16. October 2013.) 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. 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 2014.

In the outcomes they set the following targets (by the year 2020):
- reduce lifetime prevalence of illegal substances in the general population
- reduce lifetime prevalence of illegal substances in youth population by 10%
- reduce lifetime prevalence of combined use of alcohol and prescription drugs in youth population by 2%

59.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)
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.

112. ‘New’ psychoactive substances

60.1. Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys?  Yes / No

If yes, please indicate which questions you included and any adaptations you made to the questions.

If no, but you asked questions about use of ‘new’ psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please provide the wording.

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

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?”
113. **Alcohol use**

61.1. Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document)  **Yes / No**

   **If yes,** please indicate which questions you included and any adaptations you made to questions.

   **If no,** but you asked other questions about use of alcohol, please provide the wording.

   Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

61.2. Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures?  **Yes / No**

   **If yes,** would you be willing to give a short presentation?  **Yes / No**

114. **Misuse of benzodiazepines**

62.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys?  **Yes / No**

   **If yes,** please provide the wording of the questions and response categories and indicate the name and year of the survey.

62.2. Have questions about the misuse of medicines, and in particular benzodiazepines been included in other national probabilistic surveys?  **Yes / No** (provide link if possible)

**ESPAD 2011**

In the ESPAD survey there are questions about misuse of medicines:

- Have you ever taken tranquillisers or sedatives because a doctor told you to take them?
- How difficult do you think it would be for you to get each of the following, if you wanted?
  “Tranquillisers or sedatives (without a doctor’s prescription)” was listed among the substances.
- “On how many occasions in your lifetime (if any) have you used any of the following drugs?”

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21 We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.

22 The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
62.3. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? Yes / No

If yes, would you be willing to give a short presentation? Yes / No

115. CAST scale (Cannabis Abuse Screening Scale)

89.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? Yes / No

If yes, please comment, briefly, on your experience.

116. Online and Telephone surveys

90.1. Are you currently using (or planning to use) online data collection in General Population Surveys. Yes / No

90.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys. Yes / No

If yes, would you be interested in a workshop organised during the GPS meeting in June on:

Online data collection Yes / No
Telephone interviews? Yes / No

If yes, would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details? Yes / No

117. Research analysis - references and electronic links

91.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use…)

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.
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. They 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/

91.2. Describe briefly plans for future new research or analysis based on survey results.

91.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent.

118. **Extended mailing list**

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**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/tranquilisers: 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\(^23\) 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\(^24\) 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\(^25\)). 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 research findings and information available to it. The NACDA membership comprises representatives from government departments, state


\(^24\) Hibell et al. (2003, 2007 2011)

\(^25\) Formerly the National Advisory Committee on Drugs (NACD).
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.

3. 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?
Yes 1 CONTINUE
No 2
Don’t know X
Refused Y
GO TO Q193

SHOW CARD 183 AGAIN
MULTICODE

Q184 What is/are the name of the substances that you took?

Herbal smoking mixtures/incense e.g. Smoke, Spice, Sence
Party Pills or Herbal Highs
Bathsals, Plantfeeders or Other Powders
Kratom (Krypton)

Salvia, Magic mint, Divine mint or Sally D
Other, please specify

Don’t know 5
Refused 6
CONTINUE
GO TO Q193

5. Questions on Alcohol Use (General population study 2010/11)

Q10 Have you ever drunk alcohol?

Yes 1 CONTINUE
No 2
Don’t know X
Refused Y
GO TO Q16
If yes to ‘10’ ask

Q11a At what age did you first drink alcohol ‘beyond sips or tastes’?

<table>
<thead>
<tr>
<th></th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t know</td>
<td>X</td>
</tr>
<tr>
<td>Refused</td>
<td>Y</td>
</tr>
</tbody>
</table>

If yes to ‘10’ ask

Q11b How often have you consumed alcohol in the last 12 months?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>1</td>
</tr>
<tr>
<td>4/5 times a week</td>
<td>2</td>
</tr>
<tr>
<td>2/3 times a week</td>
<td>3</td>
</tr>
<tr>
<td>Once a week</td>
<td>4</td>
</tr>
<tr>
<td>2-3 times a month</td>
<td>5</td>
</tr>
<tr>
<td>Once a month</td>
<td>6</td>
</tr>
<tr>
<td>Less often than once a month</td>
<td>7</td>
</tr>
<tr>
<td>Never</td>
<td>8</td>
</tr>
<tr>
<td>Don’t know</td>
<td>X</td>
</tr>
<tr>
<td>Refused</td>
<td>Y</td>
</tr>
</tbody>
</table>

SHOW CARD 11c

Q11c During the last 12 months, how many standard drinks containing alcohol have you drunk on a typical day when you were drinking?

<table>
<thead>
<tr>
<th></th>
<th>FIGURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t know</td>
<td>X</td>
</tr>
<tr>
<td>Refused</td>
<td>Y</td>
</tr>
</tbody>
</table>

A standard drink is (SHOW CARD with pictures depicting measures):
- A half pint or a glass of beer, lager or cider
- A single measure of spirits, for example, whiskey, vodka, gin
- A small glass of wine (100ml)
- A bottle of alcopops (275ml long neck standard bottle)
- A small can/bottle of beer, lager or cider (330 ml)

Ask everyone who has consumed alcohol in the past 12 months

SHOW CARD 11d

Q11d During the last 12 months, how often have you consumed (drank) the equivalent of 4 pints of beer/cider or more or 7 pub measures of spirits or one bottle of wine or 6 pre-mixed spirit drinks (alcopops) on one drinking occasion?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>1</td>
</tr>
<tr>
<td>4/5 times a week</td>
<td>2</td>
</tr>
<tr>
<td>2/3 times a week</td>
<td>3</td>
</tr>
<tr>
<td>Once a week</td>
<td>4</td>
</tr>
<tr>
<td>2/3 times a month</td>
<td>5</td>
</tr>
<tr>
<td>Once a month</td>
<td>6</td>
</tr>
<tr>
<td>Less often than once a month</td>
<td>7</td>
</tr>
<tr>
<td>Never</td>
<td>8</td>
</tr>
<tr>
<td>Don’t know</td>
<td>X</td>
</tr>
<tr>
<td>Refused</td>
<td>Y</td>
</tr>
</tbody>
</table>
Q193  During the last 12 months, have you
INTERVIEWER NOTE: WE ARE ASKING THIS QUESTION OF EVERYONE WHO DRANK
ALCOHOL IN THE LAST 12 MONTHS

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had feelings of guilt or remorse after drinking</td>
<td>1</td>
<td>2</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Had a friend or family member tell you about things you said or did while drinking that you did not remember</td>
<td>1</td>
<td>2</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Failed to do what was normally expected from you because of drinking (SHOW CARD) Missed days and poor performance at work or school/college; or, Suspended or expelled from school/college; or, Neglected children and/or other family members</td>
<td>1</td>
<td>2</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Needed a first drink in the morning to get yourself going after a heavy drinking session</td>
<td>1</td>
<td>2</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Needed to drink more than before to get the same effect</td>
<td>1</td>
<td>2</td>
<td>X</td>
<td>Y</td>
</tr>
</tbody>
</table>
6. **Misuse of benzodiazepines**

6.1 Have you included any questions about the misuse of benzodiazepines in recent general population surveys? **Yes / No**

Now I’m going to ask a few questions about drugs that are sometimes used as medicines.

**SHOW CARD 16**
Q16 Have you ever heard of any of these ................? SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>X</td>
</tr>
<tr>
<td>Refused</td>
<td>Y</td>
</tr>
</tbody>
</table>

Go to Q25

Show card 16 again.

Interviewer to read out:

“All of the drugs listed on this card are names for sedatives or tranquillisers”.

Q17 Do you personally know people who take sedatives or tranquillisers?

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>X</td>
</tr>
<tr>
<td>Refused</td>
<td>Y</td>
</tr>
</tbody>
</table>

Q18 Have you ever taken sedatives or tranquillisers?

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>X</td>
</tr>
<tr>
<td>Refused</td>
<td>Y</td>
</tr>
</tbody>
</table>

Go to Q25

Q19 At what age did you first take sedatives or tranquillisers?

| Don’t know | X |
| Refused | Y |

Q20 During the last 12 months have you taken sedatives or tranquillisers?

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>X</td>
</tr>
<tr>
<td>Refused</td>
<td>Y</td>
</tr>
</tbody>
</table>

Go to Q25

Q21 During the last 30 days have you taken sedatives or tranquillisers?

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>X</td>
</tr>
<tr>
<td>Refused</td>
<td>Y</td>
</tr>
</tbody>
</table>

Go to Q25

Q22 During the last 30 days, on how many days have you taken sedatives or tranquillisers?

| Don’t know | X |
| Refused | Y |

SHOW CARD 23

Q23 What method do you most commonly use to take sedatives or tranquillisers?

**Just call me out the number from the card CODE ONE ONLY**

<table>
<thead>
<tr>
<th>Oral (Tablets or Syrup)</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injection with a needle</td>
<td>2</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>3</td>
</tr>
<tr>
<td>Don’t know</td>
<td>X</td>
</tr>
<tr>
<td>Refused</td>
<td>Y</td>
</tr>
</tbody>
</table>

SHOW CARD 24

Q24 On the last occasion you

I got them on a prescription | 1
7. **CAST scale (Cannabis Abuse Screening Scale)**

The CAST scale has not been used.

8. **Online and Telephone surveys**

Online and Telephone surveys are not used.

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

9.1. 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**

<table>
<thead>
<tr>
<th>Report/bulletin description</th>
<th>2002/3</th>
<th>2006/7</th>
<th>2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Use in Ireland and Northern Ireland: Reports results from Ireland, Northern Ireland and All-Island</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Drug Use in Ireland and Northern Ireland: Regional Drug Task Forces (Ireland) &amp; Health and Social Care Trusts (Northern Ireland)* Reports regional results for Ireland and Northern Ireland.</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Drug Use in Ireland and Northern Ireland: Cannabis Results for Ireland and Northern Ireland</td>
<td>□</td>
<td>□</td>
<td>□ Results for Ireland only</td>
</tr>
<tr>
<td>Drug Use in Ireland and Northern Ireland: Cocaine Results</td>
<td>□</td>
<td>□</td>
<td>□ Results for Ireland only</td>
</tr>
<tr>
<td>Drug Use in Ireland and Northern Ireland: Polydrug Use Results</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Drug Use in Ireland and Northern Ireland: Sedatives,</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
In 2014 one additional piece of work has been undertaken and draft reports prepared. This was a report presenting results regarding use of cocaine on lifetime (ever used), last year (recent use) and last month (current use) prevalence rates for the Republic of Ireland. The report also examined age of first use, frequency of use, and method of taking cocaine, how cocaine was obtained, reasons for stopping use and the profile of cocaine use within the general population using the General Population Survey data from 2002/3, 2006/7 and 2010/11.

9.2 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).

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

10 Extended mailing list

References


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


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

119. Content-related aspects (Note: we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)

1.25. Please provide a very concise description of the drug use situation among the general population in your country in terms of prevalence (max suggested 15 lines).

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).

1.26. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).

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.

1.27. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

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 (GPS-DPA 2012). 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.

In 2013, the Department for Anti-drug Policies conducted a new edition of the Students Population Survey (SPS-DPA 2013). On this regard, the 15.2% of students aged 15-19 years reported having use cannabis during the month prior to the survey, and 90.2% of these had consumed alcoholic beverage during the same period. Of the students surveyed, 1.05% reported having used cocaine in the 30 days prior to the survey; 92.3% of these cocaine users had also consumed alcoholic beverages.

120. Methods

64.1. If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods…): please describe briefly your results (and provide a reference or electronic link)

In 2013, as in previous years, the SPS-DPA Student Population Survey 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 344 questions, articulated in 11 sections, which can be reduced to 182 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 3,900 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 lead 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 Särndal (1992)\(^\text{26}\) has been performed. This procedure has become the gold standard for the weights adjustment in sample surveys.

64.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

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.

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

(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

65.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? **Yes / No**

Yes

If yes, How and why?

Which indicators have been used and for what reasons?

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).

65.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

Specifically
Idiosyncratic features of the country
Comparisons with neighbouring countries
None

122. ‘New’ psychoactive substances

66.1. Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys?  Yes / No

If yes, please indicate which questions you included and any adaptations you made to the questions.
If no, but you asked questions about use of ‘new’ psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please provide the wording.

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

In the first half of 2014, the Department for Anti-drug Policies launched and managed the new editions of the Students Population Survey and the General Population Survey (SPS-DPA 2014 and GPS-DPA 2014). These surveys investigated the consumption of some new psychoactive substances, according to the voluntary module of the EMQ (European Model Questionnaire). In particular, the consumption of Mephedrone or 4-MMC, 4MEC, BK-MDMA, MDPV, BK-MBDB, 4 DMMC, Pentedrone, GBL or GHB, Synthetic Cannabinoids (Spice, JWH, K2), Ketamine, Piperazines (BZP), phenylethylamine (DOC, DOB, 2C-B or Nexus), 6-APB, Salvia Divinorum, Kratom, Magic mint, Calea Zacatechichi, Damiana, Cola nitida, Khat, Ayahuasca, Kavakava, LSA (a psychedelic ergoline alkaloid closely related to LSD), Methoxetamine, and Speed (an amphetamine, a stimulating drug that triggers the brain’s reward system giving the user feelings of pleasure) have been examined with reference to the lifetime, the last year and the last month consumption.

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.

123. Alcohol use

67.1. Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document)  Yes / No

If yes, please indicate which questions you included and any adaptations you made to questions.
If no, but you asked other questions about use of alcohol, please provide the wording.

---

**Notes:**

27 We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.
Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

The GPS-DPA surveys (both 2012 and 2014) investigated the alcohol consumption, according to the lifetime, the last year, the last month and the last week consumption. Moreover, drunkenness has been investigated, with reference to the last year, the last month and the last week.

With reference to the SPS-DPA surveys, a more detailed alcohol section has been set up. Besides the alcohol consumption questions and the drunkenness, the survey contains some questions regarding the frequency of drinking some specific alcoholic beverages (beer, wine, etc) and the amount of alcoholic beverages drank the last time. Moreover, in the more recent SPS-DPA surveys (both 2013 and 2014) the Binge Drinking question has been added, asking how many times the interviewed student had five drinks or more on one occasion.

67.2. Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? Yes / No

If yes, would you be willing to give a short presentation? Yes / No

124. Misuse of benzodiazepines 28

68.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? Yes / No

If yes, please provide the wording of the questions and response categories and indicate the name and year of the survey.

No, the General Population Surveys (both 2012 and 2014) only contain questions regarding the use (not the misuse) of benzodiazepines with reference to the lifetime, the last year and the last month consumption.

68.2. Have questions about the misuse of medicines, and in particular benzodiazepines been included in other national probabilistic surveys? Yes / No (provide link if possible)

The survey “Indagine Statistica Multiscopo sulle Famiglie – Condizioni di Salute e Ricorso ai Servizi Sanitari” of the Italian National Institute of Statistics (ISTAT) investigates the misuse of medicines from a general point of view, without the specification of the typology (benzodiazepines are not mentioned in the ISTAT questionnaire).

68.3. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? Yes / No

If yes, would you be willing to give a short presentation? Yes / No

125. CAST scale (Cannabis Abuse Screening Scale)

28 The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
106.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? **Yes / No**

   If yes, please comment, briefly, on your experience.  
   With reference to the 2014 GPS-DPA survey in the population aged 18-64 years, the CAST (Cannabis Abuse Screening Scale) has been used. Moreover, in the more recent SPS-DPA surveys (both 2013 and 2014) performed in the student population aged 15-19 years, the CAST (Cannabis Abuse Screening Scale) has been used. The SDS (Short Dependence Scale) has been added only in the SPS-DPA 2014 questionnaire.

126. **Online and Telephone surveys**

107.1. Are you currently using (or planning to use) online data collection in General Population Surveys.  
**Yes / No**

The SPS-DPA Student Population Surveys are conducted with the support of computer technology. The C.A.S.I. (Computer-Aided Self-Completed Interview) method is adopted, which made it possible to fill out the online questionnaire using a nonreplicable, unique and anonymous access ID.

107.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys.  
**Yes / No**

   No

   If yes, would you be interested in a workshop organised during the GPS meeting in June on:

   Online data collection  **Yes / No**
   Telephone interviews? **Yes / No**

   If yes, would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details? **Yes / No**

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

108.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use...)

   Last year, a specific analysis based on the 2011 student population survey has been published, with the principal aim to describe the behaviours 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.

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. 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 develop substance abuse problems may be more likely to develop gambling problems.

Another manuscript based on the link between the Italian wastewater study results and the 2012 GPS-DPA results is ongoing, which shows coherence in the consumption of cannabis and cocaine, with reference to the geographical area.

Finally, a manuscript based on the investigation of the risk factors for licit and illicit drug use in the student population aged 15-19 years (SPS-DPA 2012 results) has been completed and ready to be submitted.

108.2. Describe briefly plans for future new research or analysis based on survey results.

None

108.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent. The GPS-DPA and SPS-DPA questionnaires are available only in Italian. Anyway, if you think they could be useful, please, let us know and we will send them to you.

128. Extended mailing list

Please provide e mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.

r.mollica@palazzochigi.it
giovanni.pieretti@unibo.it
alessandra.andreotti@centroexplora.it

We invite you to check our Statistical Bulletin website where we present the detailed methodological information about national surveys and you can find tables and charts.


We would also like to remind you that a restricted web page for the use of General Population Survey experts and National Focal Points has been constructed. The generic login for this site is:

http://projects.emcdda.europa.eu/areaGPS
Username: area6
Password: GPS2012

Abstract from LATVIA

1. Content-related aspects

This far Latvia has conducted three general population surveys (in 2003, 2007 and 2011) on drug use prevalence; all three surveys employed similar and thus comparable methodology. Latvia has also been participating in ESPAD study since 1995. Some drug use questions are included in the HBSC study as Latvia has been involved there since 1993. In 2006, 2008 and 2010 a study
regarding risk and protective factors for substance use initiation were conducted in Riga city. In 2007 a study looking at drug use in recreational settings was carried out. In 2008 Latvian Health Interview Survey (part of EHIS) was carried out and included a few drug use prevalence questions. The last GPS was conducted in 2011. It was suggested that there had been a decrease in all prevalence rates of any illegal substance use in comparison to the study of 2007. Positive changes can be explained in two ways. First, the situation is stable as in Latvia as well as in other European countries, but there are qualitative changes. We witness the emergence of new substances at the market, such as new synthetic cannabinoids, increasing spread of mefedrone, “Spice”, and other plant mixes. Second, as the indicator of drug trials during lifetime is cumulative. So, its decline means that a number of those people who tried drugs emigrated from the country since 2007.

Table 1. Proportion of recent and current users who have tried any drug, 2003, 2007 and 2011 (%)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>During lifetime (LTP)</th>
<th>During past year (LYP)</th>
<th>During past month (LMP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15–64 years</td>
<td>14.3</td>
<td>4.4</td>
<td>1.8</td>
</tr>
<tr>
<td>2011</td>
<td>16.1</td>
<td>6.1</td>
<td>2.2</td>
</tr>
<tr>
<td>2007</td>
<td>12.3</td>
<td>4.6</td>
<td>2.2</td>
</tr>
<tr>
<td>2003</td>
<td>22.9</td>
<td>8.2</td>
<td>3.2</td>
</tr>
<tr>
<td>15–34 years</td>
<td>27.9</td>
<td>11.9</td>
<td>4.2</td>
</tr>
<tr>
<td>2007</td>
<td>21.9</td>
<td>9.7</td>
<td>4.7</td>
</tr>
<tr>
<td>2003</td>
<td>7.8</td>
<td>1.5</td>
<td>0.7</td>
</tr>
<tr>
<td>35–64 years</td>
<td>6.8</td>
<td>1.6</td>
<td>0.7</td>
</tr>
<tr>
<td>2007</td>
<td>5.3</td>
<td>0.9</td>
<td>0.5</td>
</tr>
<tr>
<td>2003</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The most commonly tried and used illegal substance over the last 12 months among general population is cannabis, followed by ecstasy. Third most commonly tried substance is intoxicating smoking blend/incense or so called “Spice” or “Alarama”. Such mixtures have been tried by 2.5% of the population aged 15-64 years, including 3.7% of men and 1.4% of women, and by young people aged 15-24 (6.1%).

School surveys suggest that overall drug use prevalence rates have been slightly decreasing since 2003.

Table 2. Lifetime cannabis use prevalence rates among 15–16–year-old students

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESPAD 2003</td>
<td>16</td>
<td>20</td>
<td>12</td>
</tr>
<tr>
<td>ESPAD 2007</td>
<td>18</td>
<td>24</td>
<td>13</td>
</tr>
<tr>
<td>ESPAD 2011</td>
<td>24</td>
<td>29</td>
<td>19</td>
</tr>
<tr>
<td>ESPAD 2013</td>
<td>21</td>
<td>24</td>
<td>19</td>
</tr>
<tr>
<td>ECAD 2006 Riga</td>
<td>18</td>
<td>26</td>
<td>11</td>
</tr>
<tr>
<td>ECAD 2008 Riga</td>
<td>22</td>
<td>27</td>
<td>17</td>
</tr>
<tr>
<td>ECAD 2010 Riga</td>
<td>23</td>
<td>30</td>
<td>16</td>
</tr>
</tbody>
</table>

2. Methods
The last general population survey was updated with several new questions of unregistered alcohol, adding alcohol and substance abuse measurement instruments – CIDI and CAST. The

29 Methodological study according the ESPAD methodology. The data is comparable with the findings of previous ESPAD studies.
30 European Cities Against Drugs international research initiative „Youth in Europe”. More information can be found on www.ecad.net or www.youthineurope.org
questions for used substances also included intoxicating smoking blends/incense (such as the so-called "Spice" group mixes or "Alarama").

As well there were some changes due to one alcohol unit. In the survey of 2007 the definition of one unit stated 10g of absolute alcohol, but in 2011 it was defined to have 12g of absolute alcohol.

In the spring of 2013 (April to May), a methodological study was conducted in Latvia using the ESPAD (European School Survey Project on Alcohol and Other Drugs) methodology. The primary objective of the methodological study was to determine whether and to what extent the answers of students differ depending on whether the fill-in questionnaire form is completed in the conventional manner (as a printed copy) or electronically. Following the fact that the sample group for the study has been selected as a representative sample of 14-16 year-olds from Latvia, it provides an insight into the prevalence of alcohol, tobacco and drug use in this target group, and, although the data should be interpreted with caution, it is comparable with the findings of the previous ESPAD studies. The methodological nuances of the study and drug use prevalence rates in three age groups ascertained by surveying the students have been described in this section. More detailed information is available in the National Report 2012.

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

The National Drug Strategy (2011–2017) was developed in 2010 and approved by the Cabinet of Ministers in 2011. Within the development process several indicators for assessing the impact have been considered and approved by the working group. Taking into account economic recession and funding allocated for the implementation of the strategy the approach employed in predicting the outcome by the end of the strategy was a conservative one.

The indicators for which the information will be obtained from the general population and school surveys are as follows:

- **Political result A1:** to stabilize the increase in respect( not clear; I would write the increase of...) of the number of persons who have tried illegal substances
  - increase of prevalence rate of any illegal substances among 15–64–year-old population (in percentage points)
  - increase of prevalence rate of any illegal substances among 15–34–year-old population (in percentage points)
  - increase of prevalence rate of any illegal substances among 15–16–year-old student population (in percentage points)

- **Political result A2:** to decrease recent drug use prevalence (last year prevalence) of illegal substances
  - Last year prevalence rate among 15–64–year-old population (in percentage points)
  - Last year prevalence rate among 15–34–year-old population (in percentage points)
  - Last year prevalence rate among 15–16–year-old student population (in percentage points)

The strategy includes guidelines for assessing these results and how the indicators are to be assessed in the future. National Focal Point has played a major role in the discussions of these and other indicators to evaluate the strategy.

At the moment we are in the process of the Strategy’s midterm evaluation comparing data from 2007 and 2011 surveys.

Data from general population survey are also used in other political documents such as Public Health Strategy 2011 – 2014, Alcohol Harm Reduction Plan and others.

4. ‘New’ psychoactive substances

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Next general population survey is planned to be carried out next year in 2015. We are planning to include the voluntary EMQ module on NPS. Especially, we are planning to ask questions on such a substance as “SPICE (SYNTHETIC CANNABINOIDS, ‘SPACE’)". Our previous survey also contained questions regarding new psychoactive substances, these questions were under the section of “other psychoactive substances". Based on the voluntary EMQ module on NPS we have updated the questionnaire for ongoing survey among prisoners.

5. Alcohol use
In survey 2011 there were already included some of SMART recommendations for the measurement of alcohol use in the identification of risky alcohol use problems in different population groups. In the upcoming survey in 2015 we are planning to update the questionnaire according to the latest SMART recommendations.

Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? **Yes** / **No**
If yes, would you be willing to give a short presentation? **Yes** / **No**

6. Misuse of benzodiazepines
There is a section of questions of medicines: tranquilizers and sedatives. There are no specific questions of benzodiazepines but respondents are asked to name used tranquilizers and sedatives.
According to the results of the survey 2011, LTP of benzodiazepines is 11%, LYP – 5.3%.
There are some questions regarding tranquilizers and sedatives, not specifically on benzodiazepines, included in surveys among prisoners (2010), recreational area visitors (2012) and pregnant women (2013).

Would you be interested in attending a workshop organized during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? **Yes** / **No**
If yes, would you be willing to give a short presentation? **Yes** / **No**

7. CAST scale (Cannabis Abuse Screening Scale)
The CAST scale has been used in survey 2011.

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**32** We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.

**33** The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
8. Online and Telephone surveys
We are not currently using online data collection in General Population Surveys but we are planning to use this type of data collection in future.

We aren’t using or planning to use telephone interviews in General Population Surveys.

If yes, would you be interested in a workshop organized during the GPS meeting in June on:
Online data collection  Yes / No
Telephone interviews?  Yes / No
If yes, would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details?  Yes / No

9. Research analysis - references and electronic links
In the future we are planning to continue the updating of GPS questionnaire according to the latest issues in focus. As well we are planning to carry out surveys specifically on NPS and inhalants. We hope to increase the frequency of GPS to every two years.

10. Extended mailing list
Ilze Koroleva, Institute of Philosophy and Sociology, University of Latvia; email: ilzek@petijums.lv
Sigita Snikere, Institute of Philosophy and Sociology, University of Latvia; email: sigita@petijums.lv
Girts Brigis, Riga Stradins University; email: girts.brigis@rsu.lv

We invite you to check our Statistical Bulletin website where we present the detailed methodological information about national surveys including tables and charts.

We would also like to remind you that a restricted web page for the use of General Population Survey experts and National Focal Points has been constructed. The generic login for this site is:
http://projects.emcdda.europa.eu/areaGPS
Username: area6
Password: GPS2012
Abstract from LITHUANIA

Note: for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).

129. Content-related aspects

1.28. 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:

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.

1.29. 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.

1.30. 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.

130. **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.

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

71.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? **Yes**

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. General population study aids (e.g. prevalence, availability) in assessment of drug demand, supply and their changes.

71.2. According to the most recent general population survey, a decrease in the prevalence of the use of drugs in Lithuania, as well as in neighbouring countries, is observed among all of the indicators. As in neighbouring countries, the most popular drug in Lithuania is cannabis. Compared with neighbouring countries, prevalence of use of NPS in Lithuania was not widely spread due to a quick response (Generic system was introduced in 2010).

132. **‘New’ psychoactive substances**
72.1. Have you included the voluntary EMQ module on NPS that was developed, presented and
discussed at last year’s GPS meeting in recent general population surveys? **No**

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.

133. **Alcohol use**

73.1. Have you included any of the alcohol questions developed by the SMART project in recent
general population surveys? (see attached SMART reference document) **No**

The wording of the questions is:
During the last 12 months, have you drunk beer, wine, spirits or any other alcoholic
drink? Yes; No; If No, go to Section C
How often do you consume alcoholic drinks? Beer, cider/ Wine/ Liqueurs, other
alcoholic drinks / Spirits such as vodka, cognac, etc. R.C.: 4 times a week or more; 2-3
times a week; 2-4 times a month; Once a month at most; I don't drink alcoholic drinks;
Difficult to say
How often do you drink 6 or more standart alcohol units
(indicator of unit measure: 40 ml strong drinks; 120-150 g wine, 330 ml beer or cider)
R.C.: Daily or almost daily; every week; every month; less than once a month; never
During the last 30 days, have you drunk any alcohol? Yes; No; if No go to section C
During the last 30 days, on how often did you drink alcohol (including beer)? Daily or
almost daily; Several times a week; Once a week at least; Less than once a week;
Difficult to say

73.2. Would you be interested in attending a workshop organised during the GPS meeting in June
on developing an EMQ module for alcohol measures? **Yes**

If **yes**, would you be willing to give a short presentation? **No**

134. **Misuse of benzodiazepines**

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**Note:**

34 We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role
that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European
Commission (DG SANCO) to develop comparable alcohol measures.

35 The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of
medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has
been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive
medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime
(UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females
and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from
Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
74.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? **No**

74.2. Have questions about the misuse of medicines, and in particular benzodiazepines been included in other national probabilistic surveys? **No**

74.3. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? **No**

    If yes, would you be willing to give a short presentation? **No**

135. **CAST scale (Cannabis Abuse Screening Scale)**

123.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? **No**

    If yes, please comment, briefly, on your experience.

136. **Online and Telephone surveys**

124.1. Are you currently using (or planning to use) online data collection in General Population Surveys. **No**

124.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys. **No**

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

125.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use…)

    - 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

Use of psychoactive substances among Šiauliai County high school students in 2006 and 2012
Electronic link:
http://www.hi.lt/images/VS%204(63)%20ORIG%20S%20Psichoaktyviosios%20medzigos.pdf

125.2. Our future research and analysis:
Psychoactive substances use among night club visitors, 2013; Electronic link will be available in few weeks.

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

138. Extended mailing list
Ernestas Jasaitis (ernestas.jasaitis@ntakd.lt)
Valerij Dobrovolskij (valerij.dobrovolskij@ntakd.lt)

Abstract from LUXEMBOURG

Note: for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).

139. Content-related aspects (Note: we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)

1.1. Following a feasibility assessment performed by the national ILRES institute, the European Health Interview Survey (EHIS) has been launched in February 2013. The survey is currently being carried out by CRP-Santé (Public Research Centre of Health). It will be conducted until 31st December 2014.

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. First EHIS results are expected in 2015-2016. 6 supplementary items have been added to the questionnaire regarding lifetime, last 12 months and last 30 days prevalence of cannabis, ecstasy, amphetamines, cocaine, heroin, hallucinogenic mushrooms, LSD, solvents and legal highs.

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).  

140. Methods

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

(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

- 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.

142. Questions about ‘new’ psychoactive substances

A question on ‘new substances/products’ (legal highs further defined in the questionnaire) and its life-time, last 12 months and last 30 days prevalence has been added for national purposes to the EHIS questionnaire. Substances like mephedrone, ketamine or spice have not been specifically mentioned.

143. Questions about use of benzodiazepines

No questions about benzodiazepines have been asked.

144. Research analysis - references and electronic links
6.1. 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.

145. Extended mailing list

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Serge.Krippler@ms.etat.lu
Cpaulos@cept.lu
yolande.wagner@ms.etat.lu

Abstract from MALTA

Note: for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).

146. Content-related aspects (Note: we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)

1.31. Please provide a very concise description of the drug use situation among the general population in your country in terms of prevalence (max suggested 15 lines).

The ever consumption of alcohol is very common within the Maltese society with the results showing that consumption of alcohol among younger individuals is on the increase. **Current alcohol consumption stands at 58.8%**. Smoking **tobacco** is still very common within the Maltese population. In fact, almost **one third of the population are current smokers of tobacco**. Smoking of tobacco is very gender related with a higher incidence among men than women. The use of **sedatives and tranquillisers** is much less common in among the Maltese population than alcohol and tobacco. **6.5% of the population are current users** of these medical drugs. It is very clear that women are more frequent users of these substances than men. Research findings reveal that use of **cannabis** is not common in Malta. **Current use stands at 0.4%**. Continuation of use is also not common with a low 10% of ever users being current users. The rate of ever use of cannabis is almost four times higher among men than women. From the research findings, it can be concluded that the use of **illicit drugs, apart from cannabis**, is very rare in Malta. **Ever use of these drugs stands at 1.4%**. Ever usage of any of these drugs is much more present among men than women.
1.32. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).

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. The research tool which was used in the 2013 General Population Survey is consistent with the tool used in 2001 with the exception that some new questions were introduced, namely those related to prevalence of mephedrone use and use of New Psychoactive Substances. When compared to the GPS conducted in 2001, the prevalence of substances reported in 2013 seems to have remained very consistent with percentages reported in 2001.

1.33. Use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

Questions on the prevalence of mephedrone use and on the use of New Psychoactive drugs were introduced to the 2013 GPS research tool in addition to the questionnaire used in 2001.

147. Methods

76.1. If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods…): please describe briefly your results (and provide a reference or electronic link).

At this stage, no methodological analyses have been conducted.

76.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

There are no immediate plans for such analysis.

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

(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

77.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? Yes

If yes,
How and why?
Which indicators have been used and for what reasons?

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. Currently there are national plans to
update the National Drugs Policy and launch the first National Alcohol Policy. The recent GPS findings as well as the reports mentioned above will also be influential and instrumental in formulating these new Policy Documents

77.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

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 6.9%. Unemployment stands at around 13.7% among youths (EUROSTAT March 2014).

In terms of substance use amongst school-aged children, since Malta is an 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 a manifestation of different family forms and seeing increases in single and separated families. 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%). Easy accessibility to alcohol for young people as well as a somewhat permissive attitude towards alcohol use contributes to the high rates reported in the use of this substance.

* these are possibilities and no concrete evidence exists.

149. ‘New’ psychoactive substances

78.1. Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys? Yes
If yes, please indicate which questions you included and any adaptations you made to the questions.

- Have **you ever heard** of such substances, e.g. Spice, kratom, salvia, skunk, Herbal incense and charge?
- Do **you personally know** people who take such psychoactive substances?
- Have **you ever taken** such psychoactive substances yourself?
- What **was the appearance/form** of the new substances you used?
  - Herbal smoking mixtures with drug-like effects
  - Powders, crystals or tablets with drug-like effects
  - Liquids with drug-like effects
  - Other, please specify
  - Don’t remember/don’t know
  - Refused

- **Thinking about your use** of new substances, have you ..........?
  - been given by or bought from a friend
  - bought them from a specialised shop
  - bought them from the internet
  - bought them from a drug dealer
  - Other, please specify
  - Don’t remember/don’t know
  - Refused

- During the last 12 months, have you taken **such psychoactive substances**?
- During the last 30 days, have you **taken such psychoactive substances**?
- During the last 30 days, on how many days did you take **such psychoactive substances**?
- At what age did you **take such psychoactive substances** for the first time?

If no, but you asked questions about use of ‘new’ psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please provide the wording.

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

**Source:** Use Of Licit And Illicit Drugs In Malta – A General Population Survey among 18-65 year olds. Fieldwork conducted between September and December 2013.

**150. Alcohol use**

---

36 We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.
79.1. Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document) No

If yes, please indicate which questions you included and any adaptations you made to questions.

If no, but you asked other questions about use of alcohol, please provide the wording.

Have you ever drunk any alcohol, such as beer, wine, spirits or any other alcoholic drink/s?
During the last 12 months, have you taken any alcohol?
How often do you drink alcohol?
How often do you drink six glasses of an alcoholic drink on the same occasion?
During the last 30 days, have you drunk any alcohol?
During the last 30 days, on how many days did you drink any alcohol?
At what age did you drink alcohol for the first time?

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork


79.2. Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? Yes

If yes, would you be willing to give a short presentation? No

151. Misuse of benzodiazepines

80.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? Yes

If yes, please provide the wording of the questions and response categories and indicate the name and year of the survey

Have you ever used tranquillizers or sedatives?
During the last 12 months, have you used tranquillizers or sedatives?
During the last 30 days, have you used tranquillizers or sedatives?

The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
During the last 30 days, **on how many days** did you use **tranquillizers or sedatives**? 
**At what age** did you use **tranquillizers or sedatives** for the first time?

**Source:** Use Of Licit And Illicit Drugs In Malta – A General Population Survey among 18-65 year olds (2013)

80.2. Have questions about the misuse of medicines, and in particular benzodiazepines been included in other national probabilistic surveys? Yes / No (provide link if possible) Yes

80.3. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? Yes 

**If yes, would you be willing to give a short presentation?** No

152. **CAST scale (Cannabis Abuse Screening Scale)**

132.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? No

**If yes, please comment, briefly, on your experience.**

153. **Online and Telephone surveys**

133.1. Are you currently using (or planning to use) online data collection in General Population Surveys. No

133.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys. No

**If yes, would you be interested in a workshop organised during the GPS meeting in June on:**

Online data collection **Yes**
Telephone interviews? **No**

**If yes, would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details?** No

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

134.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific
substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use…)

Appendix 1 outlines some results from the recently conducted (2013) general population survey in Malta. Specific analyses will be conducted in future.

134.2. Describe briefly plans for future new research or analysis based on survey results. Further comparisons will be made between results from the 2013 and 2001 general population survey and further comparisons will be drawn between the age cohort of 18-24 years with findings of the ESPAD Surveys 2007 and 2011.

134.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent.

155. Extended mailing list

Please provide e mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.

marilyn.clark@um.edu.mt
rpusc@biotech.um.edu.mt
manuel.gellel@gov.mt
sharon.arpa@gov.mt
carlo.olivari-demanuele@gov.mt

We invite you to check our Statistical Bulletin website where we present the detailed methodological information about national surveys and you can find tables and charts. http://www.emcdda.europa.eu/stats13#gps:displayMethods

We would also like to remind you that a restricted web page for the use of General Population Survey experts and National Focal Points has been constructed. The generic login for this site is: http://projects.emcdda.europa.eu/areaGPS
Username: area6
Password: GPS2012

Appendix 1
Of the 3,000 individuals in the sample, a total of 1869 were interviewed. Individuals in the sample (excluding those who refused to participate) were visited three times to secure participation. There were 711 (23.7%) visits where the person was not found at home, 264 (8.8%) where the person refused to participate in the research study, 105 (3.5%) resulted to be cases where the person no longer lived in that household and 51 (1.7%) where the interviewer did not manage to find the address (address not longer existed). No weighting was applied in conducting this GPS when taking the subgroups by age. A consistent average of 0.7% of the respective country population in each age bracket was interviewed in the field work for this study.
In the 2013 comparative analysis were conducted with prevalence data of the 2001 GPS. Comparisons were also drawn between the age cohort of 18-24 years with findings of the ESPAD Surveys 2007 and 2011. Students who participated in the 2007 and 2011 ESPAD surveys, in 2013 would fit between the 18-24 years age cohort of this General Population Study.

Just over three quarters (75.9%) of the respondents indicated that they have consumed alcohol at least once in their lifetime. This corresponds to similar data which was presented in the 2001 General Population Surveys which had also reported lifetime use of 75.6%. A total of 45% of the respondents indicated that they have at least smoked tobacco once in their lifetime. This marks a significant decrease from the 52.3% of respondents who reported ever smoking in the 2001 Survey. About 13% of the aggregate respondents interviewed indicated that they have used sedatives or tranquillisers at least once in their lifetime. This marks a decrease of 1.9% compared to the 14.9% reported in 2001.

A low 4.4% of the respondents reported to have taken cannabis at least once in their lifetime. In 2001 the prevalence of lifetime use of cannabis stood at 3.5%. Questions regarding the use of the following drugs were asked to all respondents: ecstasy, LSD, mephedrone, new psychoactive substances, amphetamines, cocaine and heroin. Each of the seven drugs were used by less than 1% of the population. This figure remains unchanged from the situation presented in the 2001 GPS report which had also reported such use at less than 1%.

**Sources:**

- European School Survey Project on Alcohol and Other Drugs: Student Survey in Secondary Schools, Malta – 2011
- European School Survey Project on Alcohol and Other Drugs: Student Survey in Secondary Schools, Malta – 2007

**Abstract from NORWAY**

*New information*

1. **Content-related aspects**

   a. The prevalence of drug use is relatively low in the general population in Norway. The last year prevalence (LYP) of cannabis was around 4%, and the last month prevalence (LMP) was around 1.5%, in the most recent general population surveys (from 2012 and 2013). LYP of other drugs was 1.5% (data only available for 2013). Trends in drug use in the general population are very difficult to assess, in particular because estimates from previous surveys were likely biased, and the most recent surveys uses a different sampling procedure.
However, both the LYP and LMP are lower in the most recent surveys than in the last survey in 2004 for all types of narcotic drugs.

1.2. The relatively low prevalence of drug use in Norway has also been observed in comparative surveys of the youth population, such as the ESPAD data. Estimates of the prevalence of drug use based on young respondents in the general population surveys are also roughly consistent with estimates from national surveys from the youth population. There has 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. Synthetic cannabis or spice
6. Other

In a survey from 2013, we also included questions about LYP of synthetic cannabis, synthetic cathinones, and “other new drugs”.

5. Alcohol use

a. We have not at present included the alcohol questions developed by the SMART project in recent population surveys, but future implementation of these questions are under consideration. However, many of the alcohol questions that are included at present are comparable with those developed by the SMART project. In particular, this applies to questions about the frequency of drinking, the frequency of risky single occasion drinking, and the frequency of drinking to intoxication. All of these questions uses the following wording:

“How often during the last 12 months have you been [drinking alcohol/had more than 6 units of alcohol/drinking to intoxication]”

1. Almost daily
2. 4-5 days per week
3. 2-3 days per week
4. around 1 day per week
5. 4 days per month or more
6. 2-3 days per month
7. around 1 day per month
8. a few days
9. one day

The questions about beverage-specific consumption (BSFQ) in the Norwegian surveys uses a different reference period (last month) than is recommended by the SMART project (last year).

The fieldwork for the 2012 survey took place spring (09.05.2012-30.06.2012) and autumn (24.09.2012-03.11.2012), the fieldwork for the 2013 survey took place during spring (22.04.2013-29.06.2013).

6. Misuse of benzodiazepines

6.1 Yes, we included questions about use/misuse of benzodiazepines in the 2013 survey. The wording of the questions were:

1. “Have you used prescription sleeping pills during the last 12 months?” (Yes/No)
2. “Have you used prescription painkiller pills during the last 12 months?” (Yes/No)

If the answer is “Yes”, respondents were asked if the pills were prescribed by a doctor (Yes/No), obtained from friends or family (Yes/No), and/or obtained from the internet (Yes/No).

In Norway, data from a register of all prescriptions (“Nasjonalt reseptbasert legemiddelregister”) are sometimes available for researchers. These data can be combined with data from other registers (e.g. tax, education, or health registers) through unique personal identification numbers.
7. **CAST scale (Cannabis Abuse Screening Scale)**

No, we have not implemented the CAST scale, SDS, or other screening instrument to screen for cannabis use disorder in any national population surveys.

8. **Online and Telephone surveys**

8.1 No, we are not using online data collection in General Population Surveys in Norway.

8.2 Yes, all the most recent surveys (a series of annually repeated cross-section surveys that started in 2012) use telephone interviews.

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

   a. 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.

   b. The Norwegian surveys are used for documentation purposes (monitoring alcohol, tobacco and drug use in the general population), with results published in annual national reports ("Rusmidler i Norge", available from [www.sirus.no](http://www.sirus.no)). In addition, several research projects rely on these data to investigate questions related to polydrug use, synthetic drug use, use of prescription drugs, consequences of drug use, and measurement issues.

   c. Sent earlier

10. **Extended mailing list**

    Ståle Østhus so@sirus.no
    Anne Line Bretteville-Jensen. alb@sirus.no
    Astrid Skretting. as@sirus.no

| Abstract from POLAND |

**Note:** for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).
156. **Content-related aspects (Note: we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)**

1.34. Please provide a very concise description of the drug use situation among the general population in your country in terms of prevalence *(max suggested 15 lines)*.

1.35. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).

1.36. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

157. **Methods**

82.1. If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods…): please describe briefly your results (and provide a reference or electronic link).

82.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

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

*(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers)*.

83.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? **Yes / No**

   If yes,
   How and why?
   Which indicators have been used and for what reasons?

83.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

   **Specifically**
   Idiosyncratic features of the country
   Comparisons with neighbouring countries

159. **‘New’ psychoactive substances**
84.1. Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year's GPS meeting in recent general population surveys? Yes / No

If yes, please indicate which questions you included and any adaptations you made to the questions.

If no, but you asked questions about use of ‘new’ psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please provide the wording.

The 2013 survey included only a few questions on substance use including NPS (smart drugs). Firstly there was question on particular substances use in lifetime, last 12 months and last 30 days including generic item related to NPS use. Than the users were asked for providing names (no more than 4) of NPSs used lately.

Please find below the exact wording of the questions:

Q1. Have you ever used any of substances listed below: (Please mark one code in each line)

<table>
<thead>
<tr>
<th>Yes, ever in my life</th>
<th>Yes, in past 12 months</th>
<th>Yes, in past 30 days</th>
<th>No, never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tranquilizers or sedatives without doctor prescription</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Marihuana or hash</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Amphetamine</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Ecstasy</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. „Dopalacze” the so-called „smart drugs” (psychoactive substances sold in special shops or by internet)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Cocaine/crack</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. LSD or hallucinogenic mushrooms</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Astrolit</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Heroine</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Methadone</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. „Kompot” – Polish heroine</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Anabolic steroids</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. Inhalants (e.g. glue, paints)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Q1a. If you used „dopalacze", Please list the names of 4 substances used recently:
1. .......................................................... 
2. ..........................................................
3. ..........................................................
4. ..........................................................
5. Don’t remember
Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

The name of section related to drugs in omnibus survey was “psychoactive substances and drugs” (Środki odurzające i narkotyki).

160. Alcohol use

85.1. Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document) **Yes / No**

The SMART questions was not included in last survey, but they were included in Drug Survey 2010.

If yes, please indicate which questions you included and any adaptations you made to questions.

We included:
- F_1,
- BSOF_1 to BSOF_6,
- RSOD_1

and additionally
- questions on age of onset of beer, wine and spirits drinking.
- AUDIT (without first two items)

If no, but you asked other questions about use of alcohol, please provide the wording.

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork

Drug Survey 2010 – “Psychoactive substance use – attitudes and behaviours”. Data were collected in November and December 2010.

85.2. Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? **Yes / No**

If yes, would you be willing to give a short presentation? **Yes / No**

161. Misuse of benzodiazepines

---

38 We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.

39 The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
86.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? **Yes / No**

   **If yes**, please provide the wording of the questions and response categories and indicate the name and year of the survey

See point 4. (Item 1) and additionally:

Q2. Have you ever used tranquilizers or sedatives available only for doctor prescription, but without doctor prescription?
   **(If yes, please go to the Q3. If no this section is completed)**

   □ YES
   □ NO

Q3. Have you used tranquilizers or sedatives available only for doctor prescription in the past 12 months, but without doctor prescription?
   **(If yes, please go to the Q4. If no go to the Q5)**

   □ YES
   □ NO

Q4. Have you used tranquilizers or sedatives available only for doctor prescription in the past 30 days, but without doctor prescription?
   **(If yes, please go to the Q5. If no go to the Q5)**

   □ YES
   □ NO

Q5. Please list the names of 4 tranquilizers or sedatives available for doctor prescription only, but used recently without prescription:
   1. ..........................................................................................
   2. ..........................................................................................
   3. ..........................................................................................
   4. ..........................................................................................
   5. Don’t remember

86.2. Have questions about the misuse of misuse of medicines, and in particular benzodiazepines been included in other national probabilistic surveys? **Yes / No** (provide link if possible)

The questions on tranquilizers and sedatives were used in 2002, 2006 and 2010 Drug Surveys.

86.3. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? **Yes / No**

   **If yes, would you be willing to give a short presentation? Yes / No**
162. **CAST scale (Cannabis Abuse Screening Scale)**

141.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? **Yes / No**

   If yes, please comment, briefly, on your experience.

163. **Online and Telephone surveys**

142.1. Are you currently using (or planning to use) online data collection in General Population Surveys. **Yes / No**

142.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys. **Yes / No**

   If yes, would you be interested in a workshop organised during the GPS meeting in June on:

   Online data collection **Yes / No**
   Telephone interviews? **Yes / No**

   If yes, would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details? **Yes / No**

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

143.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use…)

143.2. Describe briefly plans for future new research or analysis based on survey results.

143.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent.
165. **Extended mailing list**

Please provide e-mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.

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### Abstract from PORTUGAL

**Note:** for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).

166. **Content-related aspects** *(Note: we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)*

1.37. Please provide a very concise description of the drug use situation among the general population in your country in terms of prevalence *(max suggested 15 lines).*

   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.

1.38. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).

   There is a consistency of our adult or school surveys results with other sources of information.

1.39. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

   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 heroin 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.

167. **Methods**

2.1 If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods…): please describe briefly your results (and provide a reference or electronic link).

   No.
2.2 If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

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

(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

3.1 Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? **Yes.**

   **If yes,**
   How and why?
   Which indicators have been used and for what reasons?

These studies have allowed the provision of information on key indicators in the areas of drugs and alcohol, essential for the planning and evaluation of policies at national and international level, (GPS data was used to the evaluation of the National Plan for the Reduction of Alcohol Related Problems as well as for the elaboration of PNRCAD 2013-2020 (use of indicators to define targets and respective evolution).

The GPS indicators used on the PNRCAD 2013-2020 were the following: Average age of first use; Prevalence of recent use (last 12 months); Risk use prevalence and dependence (last 12 months); Gambling Prevalence (money) of risk and pathologic (12M).

3.2 Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

   **Specifically**
   Idiosyncratic features of the country
   Comparisons with neighbouring countries

4.1 Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys? **No**, because when the voluntary EMQ model was elaborated we already were in the field doing our GPS.

   **If yes**, please indicate which questions you included and any adaptations you made to the questions.

   **If no,** but you asked questions about use of ‘new’ psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please provide the wording.

**LH – “LEGAL HIGHS”**

LH1. Have you ever used “legal highs” (e.g., salvia, spice, mephedrone, etc.)?
LH2. In the past 12 months, did you use this type of product (legal highs)?
LH3. As regards the last 12 months, how often have you used this type of product (legal highs)?
LH4. In the last 30 days, have you used this type of product (legal highs)?
LH5A. In the past 30 days, in how many days did you use this product (legal highs)?
LH5B. In the past 30 days, how often have you used this type of product (legal highs)?
LH6. Usually, how do you get that product (legal highs)?

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.
Fieldwork: 12/2011 - 04/2012 (data collection control 12/2012 - 03/2013)

5.1 Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document) Yes, we added some questions developed by the SMART project and we also did some adaptations.

If yes, please indicate which questions you included and any adaptations you made to questions.
Frequency of drinking

B3.1. Taking into consideration the last 12 months, how often did you drink any alcoholic beverage? [SHOW CARD B1]
1) Every day
2) 5 – 6 times a week
3) 3 – 4 times a week
4) 1 – 2 times a week
5) 2 – 3 times a month
6) Once a month
7) 6 – 11 times a year
8) 2 – 5 times a year
9) Once a year

Beverage specific quantity frequency method

B3.2. Taking into consideration the last 12 months, how often did you drink beer? [SHOW CARD B1]
B3.3. Taking into consideration the last 12 months, how often did you drink alcopops? [SHOW CARD B1]
B3.4. Taking into consideration the last 12 months, how often did you drink wine? [SHOW CARD B1]
B3.5. Taking into consideration the last 12 months, how often did you drink spirits (whisky, brandy, liqueurs, etc.)? [SHOW CARD B1]
1) Every day

We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.
2) 5 – 6 times a week
3) 3 – 4 times a week
4) 1 – 2 times a week
5) 2 – 3 times a month
6) Once a month
7) 6 – 11 times a year
8) 2 – 5 times a year
9) Once a year
99) Doesn’t know
00) Doesn’t answer

B4.1. How much did you drink on average on a day when you drank beer over the past 12 months? [SHOW CARD B2]
| ____ | 20 cl glass/bottle/small mugs
| ____ | 33 cl glass/bottle/can/sized mugs
| ____ | 50 cl glass (“girafas”)/steins beer
99) Doesn’t know
00) Doesn’t answer

B4.2. How much did you drink on average on a day when you drank alcopops over the past 12 months? [SHOW CARD B2]
| ____ | 27 cl bottles
99) Doesn’t know
00) Doesn’t answer

B4.3. How much did you drink on average on a day when you drank wine over the past 12 months? [SHOW CARD B2]
| ____ | 15 cl glass
| ____ | 33 cl bottles
| ____ | 75 cl bottles
99) Doesn’t know
00) Doesn’t answer

B4.4. How much did you drink on average on a day when you drank spirits (whisky, brandy, liqueurs, etc.) over the past 12 months? [SHOW CARD B2]
| ____ | 5 cl glass
99) Doesn’t know
00) Doesn’t answer

Context of drinking

B22A1. Usually, how often do you drink beer with a meal? [SHOW CARD B6]
B22A2. Usually, how often do you drink beer at some other time? [SHOW CARD B6]
B22B1. Usually, how often do you drink alcopops with a meal? [SHOW CARD B6]
B22B2. Usually, how often do you drink alcopops at some other time? [SHOW CARD B6]
B22C1. Usually, how often do you drink wine with a meal? [SHOW CARD B6]
B22C2. Usually, how often do you drink wine at some other time? [SHOW CARD B6]
B22D1. Usually, how often do you drink spirits (whisky, brandy, liqueurs, etc.) with a meal? [SHOW CARD B6]
B22D2. Usually, how often do you drink spirits (whisky, brandy, liqueurs, etc.) at some other time? [SHOW CARD B6]

B23A1. Usually, how often do you drink beer at home? [SHOW CARD B6]
B23A2. Usually, how often do you drink beer in a restaurant? [SHOW CARD B6]
B23A3. Usually, how often do you drink beer in a bar, pub, etc.? [SHOW CARD B6]
B23A4. Usually, how often do you drink beer outdoors? [SHOW CARD B6]
B23B1. Usually, how often do you drink alcopops at home? [SHOW CARD B6]
B23B2. Usually, how often do you drink alcopops in a restaurant? [SHOW CARD B6]
B23B3. Usually, how often do you drink alcopops in a bar, pub, etc.? [SHOW CARD B6]
B23B4. Usually, how often do you drink alcopops outdoors? [SHOW CARD B6]
B23C1. Usually, how often do you drink wine at home? [SHOW CARD B6]
B23C2. Usually, how often do you drink wine in a restaurant? [SHOW CARD B6]
B23C3. Usually, how often do you drink wine in a bar, pub, etc.? [SHOW CARD B6]
B23C4. Usually, how often do you drink wine outdoors? [SHOW CARD B6]
B23D1. Usually, how often do you drink spirits (whisky, brandy, liqueurs, etc.) at home? [SHOW CARD B6]
B23D2. Usually, how often do you drink spirits (whisky, brandy, liqueurs, etc.) in a restaurant? [SHOW CARD B6]
B23D3. Usually, how often do you drink spirits (whisky, brandy, liqueurs, etc.) in a bar, pub, etc.? [SHOW CARD B6]
B23D4. Usually, how often do you drink spirits (whisky, brandy, liqueurs, etc.) outdoors? [SHOW CARD B6]

B24A2. Usually, how often do you drink beer with family? [SHOW CARD B6]
B24A3. Usually, how often do you drink beer with friends? [SHOW CARD B6]
B24A4. Usually, how often do you drink beer with strangers? [SHOW CARD B6]
B24B2. Usually, how often do you drink alcopops with family? [SHOW CARD B6]
B24B3. Usually, how often do you drink alcopops with friends? [SHOW CARD B6]
B24B4. Usually, how often do you drink alcopops with strangers? [SHOW CARD B6]
B24C1. Usually, how often do you drink wine alone? [SHOW CARD B6]
B24C2. Usually, how often do you drink wine with family? [SHOW CARD B6]
B24C3. Usually, how often do you drink wine with friends? [SHOW CARD B6]
B24C4. Usually, how often do you drink wine with strangers? [SHOW CARD B6]
B24D1. Usually, how often do you drink spirits (whisky, brandy, liqueurs, etc.) alone? [SHOW CARD B6]

B24D2. Usually, how often do you drink spirits (whisky, brandy, liqueurs, etc.) with family? [SHOW CARD B6]
B24D3. Usually, how often do you drink spirits (whisky, brandy, liqueurs, etc.) with friends? [SHOW CARD B6]
B24D4. Usually, how often do you drink spirits (whisky, brandy, liqueurs, etc.) with strangers? [SHOW CARD B6]

1. Often
2. Sometimes
3. Rarely
4. Never

Risky single occasion drinking or binge drinking
B8A. [Female] How often in the past 12 months, have you had five drinks or more on one occasion? [SHOW CARD B4]

B8B. [Male] How often in the past 12 months, have you had six drinks or more on one occasion? [SHOW CARD B4]

1. Daily or almost daily
2. Every week
3. Every month
4. Less than once a month
5. Never
99. Doesn’t know
00. Doesn’t answer

B10A. [Female] In the last 12 months, during what time period (hours), would you usually drink five or more drinks on one occasion?

B10B. [Male] In the last 12 months, during what time period (hours), would you usually drink six or more drinks on one occasion?

1. Less than 1 hour
2. [_____] Hours
99. Doesn’t know
00. Doesn’t answer

Drunkenness

B6A. How often in the past 12 months did you drink enough to feel intoxicated or drunk – either you felt unsteady on your feet, or your vision was blurred, or your speech was slurred?

[_____] [Number of times]

99. Doesn’t know
00. Doesn’t answer

B14A. How many drinks usually makes you feel intoxicated or drunk? [SHOW CARD B2]

[_____] 20 cl glass/bottle/small beer mugs
[_____] 33 cl glass/bottle/can sized beer mugs
[_____] 50 cl glass (“girafas”)/steins beer
[_____] 27 cl alcopops bottles
[_____] 15 cl wine glass
[_____] 33 cl wine bottles
[_____] 75 cl wine bottles
[_____] 5 cl spirits glass
99. Doesn’t know
00. Doesn’t answer

AUDIT and CAGE (not RAPS)
If no, but you asked other questions about use of alcohol, please provide the wording.

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork

Fieldwork: 12/2011 - 04/2012 (data collection control 12/2012 - 03/2013)

5.2 Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? Yes

If yes, would you be willing to give a short presentation? No

6.1 Have you included any questions about the misuse of benzodiazepines in recent general population surveys? No. There is not a specific question on misuse of benzodiazepines but there is a specific question concerning medicines: any type of sedative, tranquilizer or hypnotic, such as; Ansilor, Lorsedil, Lorenin, Lexotan, Ultramidol, Xanax, Valium, Unisedil, Metamidol, Bialzepan, Dormicum, Rohipnol, Medipax, Kainever? If the interviewee answers “no”, it’s asked: “And have you ever taken, for example: Atarax, Normisson, Halcion, Bened, Morfex, Dormonoct”.

If yes, please provide the wording of the questions and response categories and indicate the name and year of the survey

6.2 Have questions about the misuse of misuse of medicines, and in particular benzodiazepines been included in other national probabilistic surveys? Yes (?)  
“Evolução do consumo de benzodiazepinas em Portugal de 1995 a 2001”;
“Evolução da utilização das Benzodiazepinas em Portugal Continental entre 1999 e 2003”;
“Benzodiazepine’s Utilization in Continental Portugal”;
“Benzodiazepines's Utilization and Forecast in Portugal Mainland”;
“Psicofármacos: evolução do consumo em Portugal Continental (2000-2012)”

6.3 Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? Yes

If yes, would you be willing to give a short presentation? No

The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
7.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? Yes, but for the moment we only have information on the prevalence’s.

If yes, please comment, briefly, on your experience.

8.1 Are you currently using (or planning to use) online data collection in General Population Surveys.
No

8.2 Are you currently using (or planning to use) telephone interviews in General Population Surveys.
Yes

If yes, would you be interested in a workshop organised during the GPS meeting in June on:

Online data collection Yes
Telephone interviews? Yes

If yes, would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details? No

9.1 Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use…)


Apresentação dos primeiros resultados do estudo III Inquérito Nacional ao Consumo de Substâncias Psicoativas na População Geral, Portugal 2012

http://www.sicad.pt/BK/EstatisticaInvestigacao/EstudosConcluidos/Lists/SICAD_ESTUDOS/Attachments/135/Relat%C3%B3rio_Preliminar.pdf

9.2 Describe briefly plans for future new research or analysis based on survey results. Based on the last survey results a specific analysis on workplace was done.

9.3 Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent. Questionnaire attached.
Please provide e-mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.

cm.balsa@fcsh.unl.pt
claravital@fcsh.unl.pt
claudia.urbano@fcsh.unl.pt

**Abstract from ROMANIA**

**Note:** for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).

169. **Content-related aspects** *(Note: we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)*

1.40. Please provide a very concise description of the drug use situation among the general population in your country in terms of prevalence *(max suggested 15 lines).*

1.41. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).

1.42. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

170. **Methods**

88.1. If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods…): please describe briefly your results (and provide a reference or electronic link)

88.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

171. **Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs** *(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).*

89.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? **Yes / No**

If yes,
How and why?
Which indicators have been used and for what reasons?

89.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

Specifically
Idiosyncratic features of the country
Comparisons with neighbouring countries

172. ‘New’ psychoactive substances

90.1. Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys?  Yes / No

20 questions on NPS (like the other drugs) were addressed in RO 2013 GPS.

If yes, please indicate which questions you included and any adaptations you made to the questions.

Yes.
1. Have you ever heard about ‘ethnobotanics’? (the most known term used in Romania for NPS)
2. Do you know persons who use …?
3. How many?
4. Have you ever used?
5. Please specify the name of the substances you used.
6. Age at first use
7. Have you used such substances in the last 12 months?
8. Please specify the name of the substances you used.
9. Which was the form of the substance ….(1. mix of herbals with the effects of illicit drugs; 2. powders, crystals or tablets with the effects of illicit drugs; 3. Liquids with the effects of illicit drugs; 4. Others. Specify)
10. Which was the method you used for take … (administration route)
11. Thinking about the last time within the last 12 months, when you used …. how did you obtained them? (1. shops, 2. friend, 3. online shop, 4. black market/dealer, 5. Others. Specify)
12. Where were you last time when you used…..(1. Street, 2. Disco, 3. Office……)
13. Thinking about the last 12 months how difficult it was to obtain…. (1. Very easy, 2. Easy, 3. Nor easy nor difficult, 4. Difficult, 5. Very difficult, 99…)
14. In the last 30 days have you used….
15. Specify
16. How many days within the last 30 days have you used …
17. Have you used regularly (daily or almost daily)?
18. Age of regularly use/
19. Have you ever try not to use ….
20. Which was the reason?
If no, but you asked questions about use of ‘new’ psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please provide the wording.

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

173. Alcohol use

91.1. Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document) Yes / No

The SMART reference document is not attached, but yes!

If yes, please indicate which questions you included and any adaptations you made to questions.

Questions for those who drank in the last 12 months
Thinking about the last 12 months, how often did you drink?

<table>
<thead>
<tr>
<th></th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits (vodka,…)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily or almost daily</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2/3 times per week</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Every week</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2/3 times per month</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Every month</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>More rarely then every month</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Never</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

AFTER THAT, AUDIT QUESTIONS WERE ASKED

If no, but you asked other questions about use of alcohol, please provide the wording.

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork

91.2. Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? Yes / No

Yes.

If yes, would you be willing to give a short presentation? Yes / No

No.

174. Misuse of benzodiazepines

We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.

The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>.
92.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? Yes / No

**Yes.**

If yes, please provide the wording of the questions and response categories and indicate the name and year of the survey.

Generic: Sedatives, tranquilizers, anti-depressives without medical prescription.

92.2. Have questions about the misuse of medicines, and in particular benzodiazepines been included in other national probabilistic surveys? Yes / No (provide link if possible)

*ESPAD*

92.3. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? Yes / No

**No.**

If yes, would you be willing to give a short presentation? Yes / No

175. **CAST scale (Cannabis Abuse Screening Scale)**

150.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? Yes / No

**Yes.**

If yes, please comment, briefly, on your experience.

We currently performing the data analyses.

176. **Online and Telephone surveys**

151.1. Are you currently using (or planning to use) online data collection in General Population Surveys.

**No.**

151.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys.

**No.**

If yes, would you be interested in a workshop organised during the GPS meeting in June on:

Online data collection  Yes
Telephone interviews? No

If yes, would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details? Yes / No

**No.**
177. Research analysis - references and electronic links

152.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use…)

152.2. Describe briefly plans for future new research or analysis based on survey results.

152.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent.

178. Extended mailing list

Please provide e mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.

We invite you to check our Statistical Bulletin website where we present the detailed methodological information about national surveys and you can find tables and charts.


We would also like to remind you that a restricted web page for the use of General Population Survey experts and National Focal Points has been constructed. The generic login for this site is: http://projects.emcdda.europa.eu/areaGPS
Username: area6
Password: GPS2012

Abstract from SLOVAKIA

No comments and updates in item 1. Content-related aspects

179. Methods

94.1. If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods…): please describe briefly your results (and provide a reference or electronic link)
No

94.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.
No

Note: In 2013 NMCD supported the study on waste water analyse. Experts from Slovak Technical University have analysed waste water in 9 biggest Slovak cities an two “recreational events”, summer open-air festivals Pohoda (30 000 participants approximately) and Lodenica (10 000 participants ). The project analysed 26 psychoactive substances (drugs, medications and their metabolits) on the inputs of 12 wastewater plants. Since July 2013 till November 2013 the drug habits of 1,2 Mio inhabitants were surveyed through waste water analyse. Bratislava – capital of
Slovakia holds its priority in drug and medications use, even metamphetamine (pervitin) (National Report 2013, part 2.1) but data has to be interpreted very carefully. The study has attracted media attention and headlines „We are drinking drugs .... or Sewerage is full of drugs. appeared in newspapers and magazines.

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

(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

95.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? No – the only one exception was the GPS 2010 and ESPAD 2011 (Slovak coverage of 15-19 years old students regarding NPS. Data on use of NPS partly influenced the amendments in basic Act on narcotic substances, psychotrophic substances and preparations (No.139/1998).

95.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

NA

181. ‘New’ psychoactive substances

96.1. Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys? **Voluntary EMQ module (questions were officially translated from English to Slovak and back) was included in GPS questionnaire for the F2F survey programmed during autumn 2013. Unfortunately this GPS 2013 was not carried out. We’ve planned to compare data of EMQ model on NPS in general population with data of on-line NPS survey gathered from visitors of “drug friendly” web page www.rastamama.sk.**

This small survey “Use of new psychoactive substances in specific groups/environments” was carried out in 2013 (collecting of data in August and September 2013), and brought these outputs: (N of respondents = 191; No of respondents who are informed on NPS = 157 (82,19%); No of LTP respondents = 83 (43,45%); No of LYP respondents 40 (20,94%). **The most preferred NPS are of herbal origin/form** in subgroup of LTP followed by second form powders, pills and crystals. Only LYP respondents use all three forms of NPS as well as fluids and the total share of powders, crystal or pills is 14,45% (N=77 (83 minus 6 missing replies) is constituted in 4/5 from LYP respondents).

Fig.1 Preference of NPS form and method of NPS use (N=77) NPS online survey NMCD 2013
In total, the used psychoactive substances represented a considerable number of types, namely up to 79 “quasi” NPS, 2 kinds of over-the-counter medications and 2 kinds of prescribed controlled medications and 4 “classic” substances (with priority of marijuana combined with others).

Almost identical number of respondents (27, and 26) got these substances in specialized shops (27=33%) or got/bought a new psychoactive substance from a friend (26=31%). Up to 15% of respondents have bought these substances via internet.

In LYP respondents one third exploited two or more sources, internet 6 times in combination and 8x in individual source. Leading role of internet in “LYP group” comparing LTP group could be the result of Crazy and Euphoria stoney shops elimination in the year 2012.

Fig.2 More diversified sources of NPS in LYP respondents, NPS online survey NMCD 2013

\[44\] Overlapping of individual groups of products – herbal origin, synthetic - chemical names and commercial names of products.

\[45\] Options related to the NPS source were given within the fixed question of the new module EMQ.
Opinions on the NPS

“Satisfaction” with the given substance was expressed by one-fifth of respondents with LTP (N=83). The highest share - 39% - had the answers grouped in “I have tried, but I do not consider it to be something special”. Up to 24%, i.e. 20 respondents having experience with the NPS, have refused chemicalisation of psychoactive substances and would prefer natural products; recommending their legalisation/decriminalisation. 17% of respondents (N=83) have not presented their opinion on the drug they tried.

182. Alcohol use

Slovak GPS questionnaire in “Alcohol” section was derived from EMQ modul on alcohol, amended by several questions on frequency of binge drinking, type of alcohol and volume of alcohol. Alcohol questions are completed by CAGE four items scale. Such modul was employed in last NMCD GPS 2010.

1. Have you ever felt you should cut down on your drinking?
2. Have people annoyed you by criticising your drinking?
3. Have you ever felt bad or guilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?

Currently new modul on alcohol use is in question, that’s why we are interested in EMCDDA recommendations how to deal/fit questioning on polydrug use …

97.1. Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? **Yes**
If yes, would you be willing to give a short presentation? **No**

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*We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.*
183. Misuse of benzodiazepines

98.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? Yes, in NMCD GPS 2010, but questions were neither comprehensible for respondents, nor the data correctly processed. The outputs were not applicable - NMCD GPS 2010.

98.2. NMCD is not informed on other national surveys which investigated misuse of medicines, and in particular benzodiazepines

98.3. We (Mrs Kastelová or Mr. Luha) will be interested in workshop on misuse of medicines, with a special focus on benzodiazepines

98.4. No presentation at all.

184. CAST scale (Cannabis Abuse Screening Scale)

159.1. NMCD has used CAST scale (Cannabis Abuse Screening Scale) in the previous national population surveys: 1) 2006 special by telephone interviewing survey on cannabis use, 2) 2010 NMCD GPS. 3) ESPAD survey in Slovakia 15-19 years old students. National coverage of general population regarding CAST was amended by on-line survey on www.rastamama.sk 2011.

185. Online and Telephone surveys

160.1. Are you currently using (or planning to use) online data collection in General Population Surveys.

Planned sample of SK – GPS 2014 (???) is over six thousands respondents, in 2013 we’ve considered to carry out the on-line survey with identical questionnaire in small subgroup cca 1000 respondents and than to compare the data regarding different methods. That’s way we would be interested in a workshop organised during the GPS meeting in June on Online data collection

160.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys.

No telephone interviews

186. Research analysis - references and electronic links

161.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use...)

161.2. Describe briefly plans for future new research or analysis based on survey results.

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The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
161.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent. It was already sent, but the new version with questions on misuse of medications (benzodiazepines incl) and alcohol questions will be sent

187. Extended mailing list
Ms. Darina Sedláková, MD,MPH – Head of SK Office of WHO – email address: dse@euro.who.int, http://www.who.sk

Abstract from SLOVENIA

Note: for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).

From 2013 abstract
New in 2014 abstract

188. Content-related aspects (Note: we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)

1.43. Please provide a very concise description of the drug use situation among the general population in your country in terms of prevalence (max suggested 15 lines).

According to the Survey on tobacco, alcohol and other drugs conducted in 2011 and 2012 by the National Institute of Public Health, 16.1% of inhabitants of Slovenia aged 15–64 (almost one fifth of men and 12.2% of women) have used an illicit drug on one or more occasions in their lifetime. Among those who reported lifetime drug use, most used cannabis (15.8%). The proportion of lifetime cannabis use was higher in men than in women and was highest in respondents under 34 years of age. 2.1% of people reported lifetime use of cocaine, and the same proportion of people reported lifetime use of ecstasy. 1.0% reported lifetime use of LSD and 0.9% reported lifetime use of amphetamines. Heroin was used by less than one percent of people. Less than one percent of the Slovenian population have used new drugs on at least one occasion in their lifetime. Respondents who have already used one of the new drugs mostly stated that they had used methylone or mephedrone. 6.4% of the Slovenian population aged 15–64 reported lifetime polydrug use (use of two or more different drugs, including alcohol, during one consumption episode), which is most prevalent among young adults.

1.44. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).

In 2010 the DrogArt Association and Etnoblog conducted a survey on the use of cocaine and other drugs in nightlife. It was carried out in bars and clubs in large cities and at large and small electronic music events, while a part of the survey was carried out via an online questionnaire, which was identical to the questionnaire handed out during field work. There were 607 respondents, of whom 57.2% were male and 42.8% were female. The average age was 25, and the sample age range was 15 to 56. Marijuana was the illicit drug used by the largest proportion of respondents (over 80%). Marijuana was followed by amphetamines and cocaine.
In 2012, Slovenian police recorded a significant increase in the seized quantities of most illicit drugs in Slovenia compared to 2011. In 2012, the exceptions were methamphetamines and hashish. Of the total quantity of cannabis seized (706.06 kg), 117.06 kg was seized in especially adopted enclosed spaces. The estimate of illicit drug availability is influenced also by data on illicit drugs seized from Slovenian citizens abroad. Similar to 2011, amphetamines and cannabis remain the drugs most commonly seized in large quantities in EU Member States, such as Sweden and Germany, and in Western Balkan countries – Montenegro, Serbia, and Croatia. Based on this data, we can conclude that, in addition to the classical Balkan Route, there is a smuggling path for these illicit drugs leading from the above mentioned countries to Slovenia.

1.45. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

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 than boys, 65% used alcohol past 30 days (ESPAD average is 57%), 53% reported heavy episodic drinking past 30 days. Rates were 23% for lifetime time use of cannabis, 6% for lifetime use of other illicit drugs other than cannabis, 5% for lifetime use of tranquilizers 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.

189. Methods

100.1. If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods...): please describe briefly your results (and provide a reference or electronic link)
The Survey on 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). 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.

Based on ATADD 2011-12 data, two papers were presented at international conference Applied Statistics 2013 at Ribno, Slovenia (conference webpage: http://conferences.nib.si/AS2013/):

- Data collection on prevalence and patterns of drug use among general Slovene population (authors: Katja Rostohar and Darja Lavtar),
- The effect of sample size and weighting procedures on final estimators of health indicators (authors: Metka Zaletel, Katja Rostohar, Aleš Korošec and Darja Lavtar).

100.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

No plans.

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

(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

101.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? **Yes / No**

   If yes,
   How and why?
   Which indicators have been used and for what reasons?

Data from Survey on tobacco, alcohol and other drugs (ATADD 2011-12) were used while preparing the National Crime Prevention and Crime Control Strategy 2012-2016 and the Resolution on the 2014-2020 National Programme in the Field of Drugs. Ministry of Health also used data from Survey on tobacco, alcohol and other drugs (ATADD 2011-12) in the debate on the law on cannabis and in the preparation of the call for preventive programs in the field of drugs. Using data from Survey on tobacco, alcohol and other drugs (ATADD 2011-12) key planning priorities, tasks and measures are made and data are also used for planning the funding.

101.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

   **Specifically**
   Idiosyncratic features of the country
Comparisons with neighbouring countries

In 2010 the DrogArt Association and Etnoblog conducted a survey on the use of cocaine and other drugs in nightlife. The survey was carried out in parallel in Slovenia and Italy (in the Province of Venice and the Friuli-Venezia Giulia region) because we were interested in both the characteristics of drug use in Slovenia as well as the comparison with Italy, which has one of the highest prevalence rates of cocaine use among young adults in the EU. It was carried out in bars and clubs in large cities and at large and small electronic music events, while in Slovenia a part of the survey was carried out via an online questionnaire, which was identical to the questionnaire handed out during field work. In Slovenia there were 607 respondents, of whom 57.2% were male and 42.8% were female. The average age was 25, and the sample age range was 15 to 56. The final sample in the Italian part of the survey consisted of 446 respondents, of whom 52.9% were male and 47.1% were female. The average age was 26, and the sample age range was 15 to 50.

Marijuana was the illicit drug used by the largest proportion of respondents (over 80%) in both countries. In Slovenia, marijuana was followed by amphetamines and cocaine. The second and third most commonly used drugs among Italian respondents were cocaine and hallucinogens, respectively.

The drug used most commonly in Italy was marijuana, as more than half of respondents tried it on more than forty occasions. Marijuana was followed by cocaine and ecstasy, both with significantly smaller proportions. If we compare these data with those from the Slovenian part of the survey, we can see that the frequency of use is similar for marijuana, cocaine and heroin, while the prevalence of frequent use of amphetamines and ecstasy was significantly higher in Slovenia. While the results show that lifetime prevalence of cocaine use in nightlife is relatively high in both countries, only a small proportion of users use it with any degree of regularity.

191. ‘New’ psychoactive substances

102.1. Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys?  Yes / No

If yes, please indicate which questions you included and any adaptations you made to the questions.

If no, but you asked questions about use of ‘new’ psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please provide the wording.

1) Q: Do you personally know people who take any other drugs (Spice, Mefedron, Metilon,…)? A: Yes/No
2) Q: Have you ever taken any other drugs (Spice, Mefedron, Metilon,…) yourself? A: Yes/No
3) Q: Please, name the other drugs you ever took. A: ___________
4) Q: At what age did you take any other drugs (Spice, Mefedron, Metilon,…) for the first time? A: _____ years
5) Q: During the last 12 months, have you taken any other drugs (Spice, Mefedron, Metilon,…)? A: Yes/No
6) Q: During the last 30 days, have you taken any other drugs (Spice, Mefedron, Metilon,…)? A: Yes/No
7) Q: During the last 30 days, on how many days did you take any other drugs (Spice, Mefedron, Metilon,…)? A: _____ days
8) Q: Please, name the other drugs you took during the last 30 days. A: ____________

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.
Anketa o uporabi tobaka, alkohola in drugih drog 2011-2012 (ATADD) – Survey on Tobacco, Alcohol and Other Drugs; fieldwork: October – November 2011, April – June 2012

192. **Alcohol use**

103.1. Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document)  **Yes / No**

If yes, please indicate which questions you included and any adaptations you made to questions.
Questions in our national ATADD 2011-2012 that are taken from SMART questionnaire:
1) AP – Attitudes to alcohol policy: all statements included except AP_7; statement AP_2 was slightly changed to ‘The blood alcohol limit for drivers should be kept at 0.’; answer categories are in reverse order.
2) F – Frequency of drinking: question F_1 was used, slightly changed (divided into 2 questions).
3) BSQF – Beverage specific quantity frequency method: questions BSQF_1, BSQF_3, BSQF_5 were used (answer categories are a bit modified), questions BSQF_2, BSQF_4, BSQF_6 were used with a modifications (questions asked about the amount of drinking in the last 30 days); questions for two country-specific beverages were used: a) Radler – mixture of beer and lemonade and b) alcopops (e.g. Bacardi Breezer, Smirnoff Ice) – for both beverages two questions were asked: on frequency of drinking in the past 12 months and quantity of drinking in the past 30 days.
4) RSOD – Risky Single Occasion Drinking: question RSOD_1 was used as gender specific (men: 6 units, women: 4 units); answer categories were a bit modified.
5) ASC – Adverse social consequences of own alcohol used: all questions (ASC_1 to ASC_7) were used; for ASC_6 and ASC_7 different answer categories were used (No, Yes, but not in the past 12 month, Yes, in the past 12 months).
6) UP – Unrecorded purchasing: questions UP_1, UP_3, UP_5, UP_7, UP_9, UP_11 and UP_13 were used.
7) COM – Impact of others drinking: all questions except COM_8 were used. The answer categories were set as closed categories: Never, 1-2 times, 3-5 times, 6-12 times, 13 timer or more.

If no, but you asked other questions about use of alcohol, please provide the wording.

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork
Anketa o uporabi tobaka, alkohola in drugih drog 2011-2012 (ATADD) – Survey on Tobacco, Alcohol and Other Drugs; fieldwork: October – November 2011, April – June 2012

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*We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.*
103.2. Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? **Yes / No**

   **If yes, would you be willing to give a short presentation?** **Yes / No**

193. **Misuse of benzodiazepines**

104.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? **Yes / No**

   **If yes, please provide the wording of the questions and response categories and indicate the name and year of the survey**

104.2. Have questions about the misuse of medicines, and in particular benzodiazepines been included in other national probabilistic surveys? **Yes / No** (provide link if possible)

104.3. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? **Yes / No**

   **If yes, would you be willing to give a short presentation?** **Yes / No**

194. **CAST scale (Cannabis Abuse Screening Scale)**

168.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? **Yes / No**

   **If yes, please comment, briefly, on your experience.**

195. **Online and Telephone surveys**

169.1. Are you currently using (or planning to use) online data collection in General Population Surveys. **Yes / No**

169.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys.

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49 The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
Yes / No

If yes, would you be interested in a workshop organised during the GPS meeting in June on:

Online data collection  Yes / No
Telephone interviews?  Yes / No

If yes, would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details?  Yes / No

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

170.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use...)

170.2. Describe briefly plans for future new research or analysis based on survey results.

170.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent.

197. **Extended mailing list**

Please provide e mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.

<table>
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<th>Abstract from SPAIN</th>
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**Note:** for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).

198. **Content-related aspects** (*Note:* we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)

1.46. Please provide a very concise description of the drug use situation among the general population in your country in terms of prevalence (*max suggested 15 lines*).

In 2011 (sample size 22128) psychoactive drugs that showed a greater prevalence of use in all of the time-related indicators were are alcohol and tobacco. With regard to the illicit drugs, cannabis
was the substance showing the greatest lifetime prevalence (27.4%), followed by powder cocaine (8.8%). Last year prevalence use were 9.6% and 2.2% respectively.

It should be mentioned that prevalences of hypnosedatives (tranquilizers and/or sleeping pills) increased for every time-related indicator: 17.1% of the surveyed population had taken tranquilizers sometime in their lives (a 6.1% rise compared to 2009). Last year prevalence was 9.8% (4.3% rise compared to 2009), being, for the first time, higher than cannabis prevalence and the third most used psychoactive substance after alcohol (76.6%) and tobacco (40.2%).

Focusing on drug use within the last 30 days, hypnosedatives are, for the first time in the historical series, the third most widespread psychoactive substance among the population (8.3%), ranking over cannabis which, since 2009, lost users (-0.6 percentage points) down to a 7.0% prevalence. Increase of hypnosedatives prevalence was mainly due to tranquilizers (rising from 4.0% to 6.9%) although sleeping pills showed a little increase as well (from 2.7% to 3.4%).

1.47. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).

- 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.
  - In the case of cannabis, a slightly different trend was registered since prevalences, in general, showed stabilization while TDI, mortality, drug related emergencies and CAST scale results showed how cannabis has been gaining share for the last few years.
  - Mortality indicator shows more presence of some drugs in the analysis (no direct related death) when the prevalence is higher.
  - Information on the consistence of drug use prevalence with the available market indicators is much more limited, anyway analyse together supply and demand indicator can be useful.

1.48. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

- We intend to go deeper into some aspects of polydrug 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, including binge drinking, intoxications and “botellón”.
- The analysis of the patterns of alcohol use is one of ours priorities, with special focus in young population, in the context of a project of alcohol legislation among persons under 18 years old. In EDADES 2013 AUDIT module has been introduced.
- Other priority is to go deeper into the patterns of cannabis use and the problematic use, especially in young population. CAST module is included in household survey for the first time in 2013 and we have already a series of CAST module in Students Survey–ESTUDES- (2006,
2008, 2010, and 2012). This information is relevant and useful in the environment of the international debate related whit cannabis regulation/legalization.

- 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 further surveys. We introduced it in EDADES 2011 and 2013 and ESTUDES 2012. We make specific analysis in this field.
- A specific module on legal and illegal drug use in “working population” has been introduced in EDADES 2013 in order to have information in the context on the financial crisis and to be able to compare data with the results of the same module in EDADES 2007.
- For the first time in General Population Surveys in Spain, we included some questions in order to estimate the last year incidence of tobacco, cannabis and cocaine.

199. Methods

106.1. If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods...): please describe briefly your results (and provide a reference or electronic link)

106.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

- At the moment, in the context of the implementation of the Spanish Action Plan on Drugs 2013-2016, we are working in a project to analyse the different methods and results in Health Surveys and Drugs Surveys.
- Analysis of non-response has been made already and it is planned to go deeper.
- We are considering pros and cons of using computers/tablets to fill GPS questionnaire online. At the moment we are still using paper and pencil. This is a very important issue since the use of computer/tablet/internet would result in adapting the questionnaire structure. This means we would need to conduct a pilot study so we get more information/evidence related to possible biases. In any case, sampling would not be affected.
- EMCDDA documents on this specific issue have been reviewed but it seems that more information is needed to decide/support the use of new methodology.

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

(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

107.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets?
   If yes, How and why? Which indicators have been used and for what reasons?
   Yes

- 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.
• Beside, this information is used to establish priorities when researchers apply for the National Plan of Drugs research grants.
• The statistics information helps to guide and support some national policies (alcohol or cannabis legislation, etc).
• The most used indicators are Surveys (GPS and Student Survey), Treatment Demand Indicator and Problematic Use. With regard to surveys, prevalence of use and risk perception are considered as must.
• We regularly consult supply statistics in order to complete demand data.

107.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

Specifically: Idiosyncratic features of the country. Comparisons with neighbouring countries

Spain share some characteristic in drug use with UK and Check Republic, even it is not easy to find so much similarities between their population.

Anyway, from our point of view Spain has some specific characteristics that can influence of the type and pattern of drugs use:

• Supply: Do to geographic situation and ways of commercialization; some drugs are more available in Spain than in other countries (cannabis and cocaine). Generally speaking, more availability involves more use, and Spain is one of the countries with higher cannabis and cocaine seizures. This is expected to make prices decline, facilitating consumption, particularly among young people.
• Legislation: Spanish legislation permits (not punishable) individual use of drugs. There can be a relationship between non prohibited consumption, higher availability, lower risk perception and…. prevalence use. Other countries have stricter laws and probably this issue has some influence in the use of drugs. (In Spain, for instance, regulation of tobacco after social debate and increase of risk perception resulted in a decrease of smokers.
• Idiosyncratic features: Availability in leisure context, like “botellón” (enjoy drinking alcohol in publics spaces whit any adult control). People like enjoy outdoors because of the warm and sunny weather. Use of alcohol (+ other drugs) is part of the way to share time and fun with others. Spanish population show rather low risk perception of alcohol and cannabis, while is that of tobacco is considerably higher.
• Historical developments: Spanish population still remember heroine epidemic 25 years ago. At the moment, people tend to look for less stigmatizing drugs. This way, cannabis use is perceived as rather “regular” by some groups of the population.

Besides, most of the population has ended up considering drug addiction as a health problem with possible and available therapy. In Spain, drug addiction treatment is universal and free.

201. ‘New’ psychoactive substances

Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys? Yes.
If yes, please indicate which questions you included and any adaptations you made to the questions. If no, but you asked questions about use of ‘new’ psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please provide the wording.

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

Question related to NPS has been introduced in Spain in ESTUDES (Student Survey 14-18 y.o) 2010 and 2012 and in EDADES (Household Survey 15-64 y.o) 2013. The EMQ module proposed by the EMCCDDA was introduced for the first time in EDADES 2013; minor changes were introduced in order to adapt the module to the National situation.


Methodology and result from 2000 to 2012 for Spanish General Population Survey (EDADES) and Spanish School Survey on Drug use (ESTUDES) are available (in English) in National Reports at http://www.emcdda.europa.eu/countries/spain

Methodology and result from 1996 to 2013 for Spanish General Population Survey (EDADES) and Spanish School Survey on Drug use (ESTUDES) are available (in Spanish) at http://www.pnsd.msc.es/Categoria2/observa/estudios/home.htm

NPS module, used in EDADES 2013, is available at the end of this document (annex).

202. Alcohol use

109.1. Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document)

No yet, but we are thinking about the possibility to use SMART questionnaire in General Population Survey in 2015, in the context of the EU Alcohol Joint Action.

If yes, please indicate which questions you included and any adaptations you made to questions. If no, but you asked other questions about use of alcohol, please provide the wording.

In Spain we have included alcohol use questions in General Population Survey and Students Survey since 1994. In EDADES 2013, general questions, like previous years, were included together with a specific AUDIT module. AUDIT module was already used in EDADES 2009, so it is expected to have some data comparisons.

Detailed questions, used in EDADES 2013, are available at the end of this document (annex)

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.

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50 We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.
Methodology and results from 1995-2013 Spanish General Population Survey (EDADES) and 1994-2012 Spanish School Survey on Drug use (ESTUDES) are available (in English) in National Reports at http://www.emcdda.europa.eu/countries/spain

109.2. Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? Yes

If yes, would you be willing to give a short presentation? No

203. Misuse of benzodiazepines

110.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? Yes
110.2. If yes, please provide the wording of the questions and response categories and indicate the name and year of the survey

In Spain we include questions related to medical prescribed/misuse of benzodiazepines and other hipnosedatives in GPS and Students survey since 1994, although data for only benzodiazepines is not available. Detailed questions (GPS-EDADES 2013), are available at the end of this document (annex 1).

110.3. Have questions about the misuse of misuse of medicines and in particular benzodiazepines been included in other national probabilistic surveys? Yes / No (provide link if possible)

Yes.

A “National Survey on Health” is conducted periodically in Spain since 1987 (last survey 2011). This survey includes questions related to medicines and benzodiazepines. Methodology, questionnaire and results are available at https://www.msssi.gob.es/estadEstudios/estadisticas/encuestaNacional/home.htm

110.4. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? Yes

________________________

51 The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
If yes, would you be willing to give a short presentation? No

204. **CAST scale (Cannabis Abuse Screening Scale)**

177.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? Yes

If yes, please comment, briefly, on your experience.

Due to the high prevalence of cannabis use in Spain, the Spanish Observatory on Drug is very interested in estimating problematic use of cannabis, especially among young population. Since 2006, we have included some scales in the Students surveys with the aim of assessing the scales and get results on problematic use (table 1). We believe this approach is very useful, because even if the prevalence of use has been decreasing lately, problematic cannabis use among adolescents has been increasing, giving a more complete picture of the situation.

<table>
<thead>
<tr>
<th>Year</th>
<th>2006</th>
<th>2008</th>
<th>2010</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td>Scale used*</td>
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<td>CAST</td>
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<td>DSM-IV</td>
<td>M-CIDI</td>
<td>M-CIDI</td>
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</tbody>
</table>


205. **Online and Telephone surveys**

178.1. Are you currently using (or planning to use) online data collection in General Population Surveys.
No, but we are thinking about it.

178.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys.
No

If yes, would you be interested in a workshop organised during the GPS meeting in June on:
Online data collection Yes
Telephone interviews? Yes

If yes, would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details? No

It is not planned, in the short term, to use in General Population Surveys telephone interviews.
We are considering pros and cons of using computers/tablets to fill GPS questionnaire online. At the moment we are still using paper and pencil. This is a very important issue since the use of computer/tablet/internet would result in adapting the questionnaire structure. This means we would need to conduct a pilot study so we get more information/evidence related to possible biases. In any case, sampling would not be affected.

EMCDDA documents on this specific issue have been reviewed but it seems that more information is needed to decide/support the use of new methodology.

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

179.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use…)

- Methodology and result from 2000 to 2012 for Spanish General Population Survey (EDADES) and Spanish School Survey on Drug use (ESTUDES) are available (in English) in National Reports at [http://www.emcdda.europa.eu/countries/spain](http://www.emcdda.europa.eu/countries/spain)
- Methodology and result from 1996 to 2013 for Spanish General Population Survey (EDADES) and Spanish School Survey on Drug use (ESTUDES) are available (in Spanish) at [http://www.pnsd.msc.es/Categoria2/observa/estudios/home.htm](http://www.pnsd.msc.es/Categoria2/observa/estudios/home.htm)
- Methodology and result (1996 to 2013) related with drug use in Spain and data from surveys and key indicators are available at [http://www.pnsd.msc.es/Categoria2/observa/home.htm](http://www.pnsd.msc.es/Categoria2/observa/home.htm)

179.2. Describe briefly plans for future new research or analysis based on survey results.

Futures plans of analysis include studying incidence questions (introduced for the first time in EDADES 2013), problematic cannabis use (through CAST scale), intensive alcohol use/risk consumption (using basic questions and AUDIT module), polydrug use and NPS.

Besides analysis of drug use in working population is planned to be published when GPS EDADES 2013 results become available. EDADES 2013 included a specific module on drug use in working population.

- Please see question 1.3 in this document.

179.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent.

207. **Extended mailing list**
Please provide e mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.

Information related to developments in the General Population Survey indicator can be send to Rosario Sendino, Director of the Spanish Observatory on Drugs (Government Delegation for the National Plan on Drugs,(Ministry of Health, Social Services and Equality). rsendino@msssi.es and also to Elena Álvarez ealvarezm@msssi.es, Begoña Brime bbrime@msssi.es, Aurora Lizcano aruizl@msssi.es and Noelia Llorens Aleixandre noelia.llorens@gmail.com
**NEW PSICOACTIVES SUBSTANCES**

OTS1. Para cada una de las siguientes sustancias, indique si usted las ha 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’.

<table>
<thead>
<tr>
<th></th>
<th>¿Ha consumido ALGUNA VEZ EN LA VIDA?</th>
<th>¿Ha consumido alguna vez en los ÚLTIMOS 12 MESES?</th>
<th>¿Ha consumido alguna vez en los ÚLTIMOS 30 DÍAS?</th>
<th>EDAD en que la consumió por primera vez en su vida</th>
</tr>
</thead>
<tbody>
<tr>
<td>KETAMINA (también llamada el K, Ketolar, Special K, vitamina K, polvo k)</td>
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<tr>
<td>SPICE (también llamada spice drugs, cannabinoides sintéticos)</td>
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<tr>
<td>PIPERAZINAS (incluyen BZP, A2, mCPP)</td>
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<tr>
<td>MEFEDRONA (también llamada miau-miau, 4-MMC, burbujas azules, catmef)</td>
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<tr>
<td>NEXUS (también llamada 2CB, Afro, Special cake)</td>
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<tr>
<td>METANFETAMINA (también llamada ice)</td>
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<tr>
<td>SETAS MAGICAS (también llamadas hongos alucinógenos)</td>
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<tr>
<td>RESEARCH CHEMICALS</td>
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<tr>
<td>LEGAL HIGHS</td>
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<tr>
<td>SALVIA (también llamada ska pastora, ska María, hierba María o hierba de los Dioses, Sally D, Lady Salvia, Magic Mint)</td>
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<tr>
<td>ESTEROIDES ANABOLIZANTES</td>
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<td>OTRAS (especificar) (____________________)</td>
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</table>

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 TRAVES DE INTERNET: PÁGINAS WEB
- A TRAVÉS DE INTERNET: REDES SOCIALES
- A TRAVES 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 grado de dificultad piensa que tendría Vd. para obtener 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?

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<thead>
<tr>
<th></th>
<th>Prácticamente imposible</th>
<th>Difícil</th>
<th>Relativamente fácil</th>
<th>Muy fácil</th>
<th>Nunca he oído hablar de esta droga</th>
<th>NS/NC</th>
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<tbody>
<tr>
<td>a. KETAMINA</td>
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<td>b. SPICE</td>
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<td>c. PIPERAZINAS</td>
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<td>d. MEFEDRONA</td>
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<td>e. NEXUS</td>
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<td>f. METANFETAMINA</td>
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<td>g. SETAS MÁGICAS</td>
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<td>j. SALVIA</td>
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<tr>
<td>k. ESTEROIDES ANABOLIZANTES</td>
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**OTS4.** Nos gustaría saber su opinión sobre los problemas de salud o de cualquier otro tipo, que pueden significar cada una de las siguientes situaciones. Leer todas las categorías despacio.

Con "alguna vez" queremos decir "una vez al mes o con menos frecuencia".
¿Por qué vía o vías ha recibido, principalmente, información 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).

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<thead>
<tr>
<th></th>
<th>Ningún problema</th>
<th>Pocos problemas</th>
<th>Bastantes problemas</th>
<th>Muchos problemas</th>
<th>Nunca he oído hablar de esta droga</th>
<th>NS/NC</th>
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<tr>
<td>CONSUMIR KETAMINA</td>
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<td>ALGUNA VEZ</td>
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<td>CONSUMIR SPICE ALGUNA</td>
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<td>CONSUMIR PIPERAZINAS</td>
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<td>CONSUMIR MEFEDRONA</td>
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<td>CONSUMIR NEXUS ALGUNA</td>
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<td>CONSUMIR METANFETAMINA</td>
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<td>CONSUMIR RESEARCH</td>
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<tr>
<td>CHEMICALS ALGUNA VEZ</td>
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<tr>
<td>CONSUMIR LEGAL HIGHS</td>
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<td>ALGUNA VEZ</td>
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<tr>
<td>CONSUMIR SALVIA ALGUNA</td>
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<td>VEZ</td>
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<td>CONSUMIR ESTEROIDES</td>
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<tr>
<td>ANABOLIZANTES ALGUNA VEZ</td>
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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 le gustaría recibir una información mejor y más objetiva sobre el consumo de estas drogas (ketamina, spice, piperazinas, mephedrona, 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).

<table>
<thead>
<tr>
<th>Vías de Información</th>
<th>Seleccionado</th>
</tr>
</thead>
<tbody>
<tr>
<td>A TRAVÉS DE INTERNET: PÁGINAS WEB</td>
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<tr>
<td>A TRAVÉS DE INTERNET: REDES SOCIALES</td>
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<tr>
<td>A TRAVÉS DE INTERNET: FOROS</td>
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<tr>
<td>PADRES/FAMILIARES</td>
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<tr>
<td>UN AMIGO/A, CONOCIDO/A O COMPANERO/A DE TRABAJO</td>
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<tr>
<td>PROFESIONALES SOCIOSANITARIOS (MÉDICOS, ENFERMERAS/OS, TRABAJADORES SOCIALES…)</td>
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<td>PROFESORES/AS</td>
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<tr>
<td>CHARLAS O CURSOS SOBRE EL TEMA</td>
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<tr>
<td>ORGANISMOS OFICIALES (MINISTERIOS, CONSEJERÍAS, …)</td>
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<td>LIBROS Y/O FOLLETOS</td>
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<td>LOS MEDIOS DE COMUNICACIÓN (PRENSA, TV O RADIO)</td>
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<td>LA POLICÍA</td>
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<td>PERSONAS QUE HAN TENIDO CONTACTO CON ELLAS</td>
<td></td>
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<tr>
<td>OTROS</td>
<td></td>
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<tr>
<td>NO ME INTERESA ESTE TIPO DE INFORMACIÓN</td>
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<td>NS/NC</td>
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**ALCOHOL GENERAL QUESTIONS**

AHORA VAMOS A VOLVER A PREGUNTARLE algunas cosas SOBRE EL USO DE ALCOHOL EN LOS 12 ÚLTIMOS MESES.

Muy importante:
- SI NO HA CONSUMIDO ALCOHOL EN LOS ÚLTIMOS 12 MESES, no conteste este bloque y pase a la pregunta T1 (Tabaco)
- SI HA CONSUMIDO ALCOHOL EN LOS ÚLTIMOS 12 MESES, debe contestar todas las preguntas porque forman parte de un cuestionario y deben analizarse conjuntamente.

A1. ¿Ha tomado usted, ALGUNA VEZ, aunque fuera sólo una vez, cualquier clase de bebida alcohólica?

<table>
<thead>
<tr>
<th>Opción</th>
<th>Seleccionado</th>
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</thead>
<tbody>
<tr>
<td>SI, ALGUNA VEZ HE TOMADO UNA BEBIDA ALCOHOLICA</td>
<td>1</td>
</tr>
<tr>
<td>NUNCA HE TOMADO UNA BEBIDA ALCOHOLICA</td>
<td>2</td>
</tr>
</tbody>
</table>
A2. ¿Qué EDAD tenía la PRIMERA VEZ que tomó cualquier clase de bebida alcohólica? No incluya sorbos de la bebida de otra persona.
Si Vd. no puede recordar exactamente qué edad tenía, indique una edad aproximada. Ponga los años que tenía sobre la línea o marque con una “X” la casilla.

ANOTE EDAD DEL PRIMER CONSUMO DE CUALQUIER BEBIDA ALCOHÓLICA:______AÑOS

[ ] NUNCA HE TOMADO UNA BEBIDA ALCOHÓLICA 1

A3. Ahora piense en los ÚLTIMOS 12 MESES. ¿Cuántos días tomó Vd. una o más bebidas alcohólicas durante los ÚLTIMOS 12 MESES?
Recuerde el ejemplo que leyó al inicio del cuestionario.

<table>
<thead>
<tr>
<th>Opción</th>
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<tbody>
<tr>
<td>ENTRE 1–3 DÍAS</td>
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<td>ENTRE 4–9 DÍAS</td>
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<td>ENTRE 20–29 DÍAS</td>
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<tr>
<td>ENTRE 30–150 DÍAS</td>
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<tr>
<td>ENTRE 30–150 DÍAS</td>
<td>7</td>
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<tr>
<td>MAS DE 150 DÍAS</td>
<td>8</td>
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<tr>
<td>NO HE TOMADO BEBIDAS ALCOHÓLICAS DURANTE LOS ÚLTIMOS 12 MESES</td>
<td>9</td>
</tr>
<tr>
<td>NUNCA HE TOMADO BEBIDAS ALCOHÓLICAS</td>
<td>10</td>
</tr>
<tr>
<td>NUNCA HE TOMADO UNA BEBIDA ALCOHÓLICA</td>
<td>11</td>
</tr>
</tbody>
</table>

A4. Durante estos ÚLTIMOS 12 MESES, ¿cuántos días se emborrachó?

<table>
<thead>
<tr>
<th>Opción</th>
<th>Valor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTRE 1–3 DÍAS</td>
<td>1</td>
</tr>
<tr>
<td>ENTRE 4–9 DÍAS</td>
<td>2</td>
</tr>
<tr>
<td>ENTRE 10–19 DÍAS</td>
<td>3</td>
</tr>
<tr>
<td>ENTRE 20–29 DÍAS</td>
<td>4</td>
</tr>
<tr>
<td>30 DÍAS ó MÁS</td>
<td>5</td>
</tr>
</tbody>
</table>

AB1. ¿En los últimos 12 meses, con qué frecuencia ha hecho usted “botellón”?
AB2. En los últimos 12 meses, ¿bebe usted alcohol cuando hace “botellón”?

<table>
<thead>
<tr>
<th>Opción</th>
<th>Selección</th>
</tr>
</thead>
<tbody>
<tr>
<td>Si, siempre o más de la mitad de las veces</td>
<td>1</td>
</tr>
<tr>
<td>Sí, menos de la mitad de las veces</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>No he hecho botellón en el último año</td>
<td>4</td>
</tr>
<tr>
<td>Nunca he hecho botellón</td>
<td>5</td>
</tr>
</tbody>
</table>

Las siguientes preguntas se refieren solamente a los ÚLTIMOS 30 DÍAS

A5. Centrándose en los ÚLTIMOS 30 DÍAS, ¿cuántos días tomó Vd. una o más bebidas alcohólicas?

<table>
<thead>
<tr>
<th>Opción</th>
<th>Selección</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTRE 1– 3 DÍAS</td>
<td>1</td>
</tr>
<tr>
<td>30 DÍAS</td>
<td>5</td>
</tr>
<tr>
<td>ENTRE 4 – 9 DÍAS</td>
<td>2</td>
</tr>
<tr>
<td>NO HE TOMADO BEBIDAS ALCOHÓLICAS DURANTE LOS ÚLTIMOS 30 DÍAS</td>
<td>6</td>
</tr>
<tr>
<td>ENTRE 10 – 19 DÍAS</td>
<td>3</td>
</tr>
<tr>
<td>NUNCA HE TOMADO BEBIDAS ALCOHÓLICAS</td>
<td>7</td>
</tr>
<tr>
<td>ENTRE 20 – 29 DÍAS</td>
<td>4</td>
</tr>
</tbody>
</table>

A5N. Durante los ÚLTIMOS 30 DÍAS, ¿cuántos días se emborrachó?
A6. Durante los ÚLTIMOS 30 DÍAS, por término medio, ¿cuántas bebidas alcohólicas se tomaba cada día que consumía alcohol?
Cuente como una bebida una lata o una botella de cerveza, o un vaso de vino, champán, o jerez, una copa de licor o un combinado. Ponga sobre la línea el número de bebidas.

ANOTE EL Nº BEBIDAS ________

NO HE TOMADO BEBIDAS ALCOHÓLICAS DURANTE LOS ÚLTIMOS 30 DÍAS 1

NUNCA HE TOMADO UNA BEBIDA ALCOHÓLICA 2

A7. Durante los ÚLTIMOS 30 DÍAS, ¿cuántos días ha tomado en la misma ocasión 5 ó más bebidas alcohólicas (si usted es hombre) o 4 ó más bebidas alcohólicas (si usted es mujer)? Entendiendo por “ocasión” cuando se toman varias bebidas seguidas o en un plazo de un par de horas.
No excluya las bebidas tomadas durante las comidas. Ponga sobre la línea el número de días.

A7.1. HOMBRE:

ANOTE EL Nº DE DÍAS EN QUE HA TOMADO 5 ó MÁS BEBIDAS EN LA MISMA OCASIÓN: ______ días

NO HE TOMADO 5 ó MÁS BEBIDAS ALCOHÓLICAS EN LA MISMA OCASIÓN DURANTE LOS ÚLTIMOS 30 DÍAS 1

NUNCA HE TOMADO UNA BEBIDA ALCOHÓLICA 2

NO HE TOMADO BEBIDAS ALCOHÓLICAS DURANTE LOS ÚLTIMOS 30 DÍAS 3

A7.2. MUJER:
ANOTE EL NÚMERO DE DÍAS EN QUE HA TOMADO 4 Ó MÁS BEBIDAS EN LA MISMA OCASIÓN: _______ días

<table>
<thead>
<tr>
<th>Opción</th>
<th>Caja</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO HE TOMADO 4 Ó MÁS BEBIDAS ALCOHÓLICAS EN LA MISMA OCASIÓN DURANTE LOS ÚLTIMOS 30 DÍAS</td>
<td>1</td>
</tr>
<tr>
<td>NUNCA HE TOMADO UNA BEBIDA ALCOHÓLICA</td>
<td>2</td>
</tr>
<tr>
<td>NO HE TOMADO BEBIDAS ALCOHÓLICAS DURANTE LOS ÚLTIMOS 30 DÍAS</td>
<td>3</td>
</tr>
</tbody>
</table>

A8N. Respecto a sus hábitos sobre consumo de alcohol EN LOS ÚLTIMOS 30 DÍAS, ¿Qué tipos de bebida alcohólica suele consumir? (Puede marcar más de una opción)

<table>
<thead>
<tr>
<th>Opción</th>
<th>Caja</th>
</tr>
</thead>
<tbody>
<tr>
<td>VINO/CHAMPÁN</td>
<td></td>
</tr>
<tr>
<td>CERVEZA/ SIDRA</td>
<td></td>
</tr>
<tr>
<td>APERITIVOS/ VEGETARIANOS</td>
<td></td>
</tr>
<tr>
<td>COMBINADOS/ CUBANAS</td>
<td></td>
</tr>
<tr>
<td>LICORES DE FRUTAS</td>
<td></td>
</tr>
<tr>
<td>LICORES FUERTES</td>
<td></td>
</tr>
</tbody>
</table>

DÍAS

<table>
<thead>
<tr>
<th>Días Laborables (de Lunes a Miércoles)</th>
<th>Caja</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
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<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Días Jueves</th>
<th>Caja</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Días Fin de Semana (de Viernes a Domingo)</th>
<th>Caja</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
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<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

NUNCA HE CONSUMIDO ALCOHOL

ALCOHOL AUDIT MODULE

AU1. ¿Con qué frecuencia consume bebidas alcohólicas?

<table>
<thead>
<tr>
<th>Opción</th>
<th>Caja</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nunca</td>
<td>1</td>
</tr>
<tr>
<td>Una o menos veces al mes</td>
<td>2</td>
</tr>
<tr>
<td>2 a 4 veces al mes</td>
<td>3</td>
</tr>
<tr>
<td>2 ó 3 veces a la semana</td>
<td>4</td>
</tr>
<tr>
<td>4 o más veces a la semana</td>
<td>5</td>
</tr>
</tbody>
</table>

AU2. ¿Cuántas bebidas alcohólicas consume normalmente cuando bebe?
AU3. ¿Con qué frecuencia se toma 6 o más bebidas alcohólicas en un solo día?

- Nunca  
- Menos de una vez / mes  
- Mensualmente  
- Semanalmente  
- A diario o casi a diario  

AU4. ¿Con qué frecuencia, en el curso del último año, ha sido incapaz de parar de beber una vez que había empezado?

- Nunca  
- Menos de una vez / mes  
- Mensualmente  
- Semanalmente  
- A diario o casi a diario  

AU5. ¿Con qué frecuencia, en el curso del último año, no pudo atender sus obligaciones porque había bebido?

- Nunca  
- Menos de una vez / mes
AU6. ¿Con qué frecuencia, en el curso del último año, ha necesitado beber en ayunas para recuperarse después de haber bebido mucho el día anterior?

- Nunca ☐
- Menos de una vez / mes ☐
- Mensualmente ☐
- Semanalmente ☐
- A diario o casi a diario ☐

AU7. ¿Con qué frecuencia, en el curso del último año, ha tenido remordimientos o sentimientos de culpa después de haber bebido?

- Nunca ☐
- Menos de una vez / mes ☐
- Mensualmente ☐
- Semanalmente ☐
- A diario o casi a diario ☐

AU8. ¿Con qué frecuencia, en el curso del último año, no ha podido recordar lo que sucedió la noche anterior porque había estado bebiendo?

- Nunca ☐
- Menos de una vez / mes ☐
- Mensualmente ☐
- Semanalmente ☐
- A diario o casi a diario ☐

AU9. Usted, o alguna otra persona, ¿ha resultado herida porque usted había bebido?

- No ☐
AU10. ¿Algún familiar, amigo, médico o profesional sanitario ha mostrado preocupación por su consumo de alcohol, o le ha sugerido que deje de beber?

No ☐ 1
Sí, pero no en el curso del último año ☐ 2
Sí, en el último año ☐ 3

BENZODIAZEPINES QUESTIONS

INCLUYA: Lexatín, orfidal, noctamid, trankimazin, rohipnol, tranxilium, diazepam, valium, zolpidem, hipnóticos, benzos, benzodiazepinas, barbitúricos, etc.
NO INCLUYA: valeriana, pasiflora, dormidina.

TS. Indique si usted ha consumido TRANQUILIZANTES / SEDANTES 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.

<table>
<thead>
<tr>
<th>¿Ha consumido ALGUNA VEZ EN LA VIDA?</th>
<th>¿Ha consumido alguna vez en los ÚLTIMOS 12 MESES?</th>
<th>¿Ha consumido alguna vez en los ÚLTIMOS 30 DÍAS?</th>
<th>¿Ha consumido en el último mes a diario o casi a diario (+ de 20 días)?</th>
<th>EDAD en que la consumió por primera vez en su vida</th>
</tr>
</thead>
<tbody>
<tr>
<td>No ☐</td>
<td>Sí ☐</td>
<td>Sí ☐</td>
<td>Sí ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

TRANQUILIZANTES / SEDANTES

SOMNÍFEROS

Marque con una “X” la casilla correspondiente a su respuesta
Recuerde que sólo ha de marcar una casilla en cada pregunta.
Indique si usted ha consumido **SOMNÍFEROS 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.

<table>
<thead>
<tr>
<th>EN LA VIDA?</th>
<th>ÚLTIMOS 12 MESES?</th>
<th>ÚLTIMOS 30 DÍAS?</th>
<th>a diario (+ de 20 días)?</th>
<th>por primera vez en su vida</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Sí</td>
<td>No</td>
<td>Sí</td>
<td>No</td>
</tr>
</tbody>
</table>

**SOMNÍFEROS**  

-● 1  
-● 2

A continuación las siguientes preguntas se refieren a los mismos medicamentos cuando se han obtenido **SIN RECETA MÉDICA**, es decir:
- El médico se lo ha recetado a otra persona de la familia y Vd. los toma de vez en cuando
- El médico se los recetó a Vd. en alguna ocasión pero los ha seguido tomando sin control por su médico
- Los ha conseguido por otros medios distintos a la receta médica

**TRANQUILIZANTES / SEDANTES SIN RECETA**  

[medicamentos para calmar los nervios o la ansiedad]

Marque con una “X” la casilla (●) correspondiente a su respuesta  
Recuerde que sólo ha de marcar una casilla en cada pregunta.

Indique si usted ha consumido **TRANQUILIZANTES / SEDANTES SIN RECETA 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.

<table>
<thead>
<tr>
<th>¿Ha consumido ALGUNA VEZ EN LA VIDA?</th>
<th>¿Ha consumido alguna vez en los ÚLTIMOS 12 MESES?</th>
<th>¿Ha consumido alguna vez en los ÚLTIMOS 30 DÍAS?</th>
<th>EDAD en que la consumió por primera vez en su vida</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Sí</td>
<td>No</td>
<td>Sí</td>
</tr>
</tbody>
</table>

**TRANQUILIZANTES / SEDANTES SIN RECETA**  

Marque con una “X” la casilla (●) correspondiente a su respuesta  
Recuerde que sólo ha de marcar una casilla en cada pregunta.

**SOMNÍFEROS SIN RECETA**  

[medicamentos para dormir]

Marque con una “X” la casilla (●) correspondiente a su respuesta  
Recuerde que sólo ha de marcar una casilla en cada pregunta.
Sosr1. Indique si usted ha consumido **SOMNÍFEROS SIN RECETA** 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.

<table>
<thead>
<tr>
<th>¿Ha consumido ALGUNA VEZ EN LA VIDA?</th>
<th>¿Ha consumido alguna vez en los ÚLTIMOS 12 MESES?</th>
<th>¿Ha consumido alguna vez en los ÚLTIMOS 30 DÍAS?</th>
<th>EDAD en que la consumió por primera vez en su vida</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Sí</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>Sí</td>
<td>No</td>
<td>Sí</td>
<td>No</td>
</tr>
</tbody>
</table>

SOMNÍFEROS SIN RECETA  □1 □2 □1 □2 □1 □2
Note: for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).

Taken from the 2013 abstract
New information 2014

208. Content-related aspects (Note: we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)

1.49. Please provide a very concise description of the drug use situation among the general population in your country in terms of prevalence (max suggested 15 lines).

According to population based surveys, cannabis is the most frequently drug used in Sweden. In 2013, 11.8% of the population aged 16 to 84 years reported to ever having tried cannabis, and 2.3% reported having use cannabis in the past 12 month. The prevalence of cannabis use is higher in the younger age groups, with 20.5% among 16 to 29-year-olds reporting to ever having tried cannabis in 2013 and 6.6% having used cannabis in the past 12 months. Regular population based surveys of cannabis use have been conducted since 2004 and show a slowly increasing trend in cannabis use, in particular in the largest cities. National population based surveys of use of other drugs that cannabis has been conducted less frequently in Sweden. A survey in 2009 reported a life-time-prevalence among 16 to 64-year-olds of 5% for amphetamines, 3% for cocaine and hallucinogens, and 2% for opiates and ecstasy. A later survey in 2012 in a national sample of respondents between 16 and 64 years, showed a life-time prevalence of 3% for amphetamines and cocaine, and 2% for hallucinogens, opiated and ecstasy.

1.50. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).

National population based surveys of cannabis use has been conducted yearly in a consisted manner since 2004 and show a small increase in life-time-prevalence over time. The prevalence in these surveys are similar to comparable regional surveys, but differ from targeted studies in recreational settings. For example, a survey among university students in 2009 showed 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. 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.

School surveys of drug use have been conducted yearly in a standardized way since 1971 among adolescence 15-16 year. The school survey showed the highest prevalence of life-time cannabis use in the early 70-ties and the lowest prevalence in the late 80-ties and early 90-ties. Since the mid-nineties the prevalence of life-time cannabis use has been between 5-10% with some fluctuation over the years with no clear changing trend over time.
1.51. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

School surveys indicate an increased number of adolescents (15-16 years) that have used drugs more than 6 times in their lives. This increase is most pronounced during the past five years.

209. Methods

2.1 If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods…): please describe briefly your results (and provide a reference or electronic link)

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).

2.2 If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

No current plan from methodological analyses.

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

(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

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.

3.1 Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? Yes / No

No

If yes,
How and why?
Which indicators have been used and for what reasons?

3.2 Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

Sweden has lower prevalence of cannabis use as compared to most European countries. The situation is similar to some of the neighbouring countries such as Norway.

Specifically
Idiosyncratic features of the country
Comparisons with neighbouring countries

211. ‘New' psychoactive substances

4.1 Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys? Yes / No

No, no questions regarding ‘new' psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), 'legal highs', etc.) has been used in our national surveys.

212. Alcohol use

5.1 Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document) Yes / No

Yes, the question on “Generic frequency” F_1 is included in the European Health Interview Survey (EHIS) 2014. This is probably true for most EU countries. In Sweden we will collect data between September and December 2014.

5.2 Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? Yes / No

Yes, it would be great to participate and in particular discuss the possibility of synchronize the measures in the EMQ module with the EHIS questionnaire. I could present the EHIS questions regarding alcohol if needed.

213. Misuse of benzodiazepines

6.1 Have you included any questions about the misuse of benzodiazepines in recent general population surveys? Yes / No

Yes, it was included in a national survey in 2013, called “Vanor och konsekvenser”. The item included was phrased:
“Have you ever used any of the following prescription drugs or substance without a prescription? That is when you have used drugs: without prescription, or more often than prescribed by your doctor”
“Sedatives, e.g. Zolpidem (Stilnox), Zopiklon (imovane), Flunitrazepam, Nitrazepam, Oxascand, Sobril, Stesolid”

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52 We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.

53 The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
Response alternatives: “No”, “Yes, but more than 12 months ago”, “Yes, during the past 12 months”, and “Yes, during the past 30 days”.

6.2 Have questions about the misuse of medicines, and in particular benzodiazepines been included in other national probabilistic surveys? Yes / No (provide link if possible)

See 6.1.

6.3 Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? Yes / No

Yes, but I do not have much to present.

214. **CAST scale (Cannabis Abuse Screening Scale)**

179.4. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? Yes / No

No.

215. **Online and Telephone surveys**

180.1. Are you currently using (or planning to use) online data collection in General Population Surveys. Yes / No

Yes.

180.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys. Yes / No

Yes, I would be interested in participating in both workshops. We have a planned survey (EHIS) where we will use postal, online, and telephone interviews to collect data.

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

181.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use…)

I will have to get back regarding this. I am not currently aware of any specific analyses based on drug surveys, but will search and get back regarding this.

181.2. Describe briefly plans for future new research or analysis based on survey results.
We are planning a study of mental and physical health consequences of cannabis used, using data from a large scale longitudinal cohort study in Sweden. We will also look at consistency and change in use of cannabis other time.

181.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent.

These are the questions used regarding substance use in our surveys in 2014:

Have you ever used hashish or marijuana?
No.
Yes, more than 12 months ago.
Yes, during the last 12 months.
Yes, during the last 30 days.

Have you ever taken any illicit drug other than hashish or marijuana (such as amphetamines, cocaine, heroin, ecstasy or LSD)?
No.
Yes, more than 12 months ago.
Yes, during the last 12 months.
Yes, during the last 30 days.

217. Extended mailing list

Please provide e mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.

GPS national expert Sweden: richard.branstrom@folkhalsomyndigheten.se

**Abstract from THE NETHERLADS**

**Note:** for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).

2013 text is highlighted in blue

218. Content-related aspects (**Note:** we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)

1.1. Please provide a very concise description of the drug use situation among general population in your country in terms of prevalence (**max suggested 15 lines**).

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 then, changes in data collection methods precluded reliable estimates of drug use. At the moment the figures from 2009 are still used in policy documents.

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. 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. In this framework of national coordination and integration of monitoring systems on lifestyle behaviors, as of 2014 core data on drug use will be collected annually among the adult population in the General Health Questionnaire by Statistics Netherlands, including only key indicators on the different lifestyle subjects (including drug use). This approach will avoid the limitations of the prior assessments (e.g. low sample size and low net response rate). Additionally (bi-annually per subject or theme) a broader in-depth lifestyle survey among the adult population will take place. Starting from 2016, a more detailed assessment on substance use, including drug use, will be carried out in the context of the in-depth lifestyle survey at least every four years, maybe every two years. The first results will be available in 2016. This data will also be collected from a national population sample by Statistics Netherlands.

Participation of the Trimbos Institute in this national broader working group, and close cooperation 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).

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. At the end of 2013 new data on cannabis use among school-aged children was collected within the international HBSC 2103 study. Results will be available in the autumn of 2014. New information on the use of other drugs will be available from the next Dutch survey among pupils of mainstream primary and secondary education and the ESPAD study in 2015 (data available in 2016).

1.2. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).

_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 off.

**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.

**Visitors of parties, festivals and clubs**

A recent web survey among a targeted sample of (frequent) visitors of parties, festivals and clubs showed that substance use was much more prevalent in this population compared to the age matched general population, and the more often people attended parties, the higher the risk of having used tobacco and drugs (Goossens et al. 2013). In Spring 2013, 3,335 respondents between 15 and 35 years, who visited at least once a party, festival or club in the past year, were recruited through an online community Partyflock and by advertisements on websites for nightlifers, students unions and a variety of social media (e.g. Facebook pages related to parties and festivals). Note that this is a convenience sample, which may be self-selected and not representative for all young people attending the nightlife scene.

In the current survey over half (56%) of the respondents were male and the average age was 23 years. Prevalence (lifetime, last year and last month) rates of substance use were much higher compared to the general population of 15-34/35 years, i.e. over two times higher for tobacco (cf. 29.6%), about three times higher for cannabis (cf. 13,7%), about ten times higher for cocaine (cf. 2.4%) and about twenty times higher for ecstasy (cf. 3.1%).

1.3. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and alcohol).

No important new insights.

219. **Methods**

2.1. If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods…) please describe briefly your results (and provide a reference or electronic link)

No specific analyses were carried out.
2.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

No plans

220. Use of population survey information for formulation of drug policies, policy evaluation and public debate on drugs
(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

3.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets?
Yes / No

If yes,
How and why?
Which indicators have been used and for what reasons?

The results of the general populations are included in the National Drug Monitor (Van Laar et al., 2013), which is commissioned by the Dutch Ministry of Health. 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.

3.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

Specifically
idosyncratic features of the country
comparisons with neighbouring countries

221. ‘New’ psychoactive substances

4.1 Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys? Yes / No

No, we have not yet included the EMQ module on NPS in a recent general population study. We may consider including the module in our next extended general population survey on substance use in 2016.

If no, but you asked questions about use of ‘new’ psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please provide the wording.
Questions on the use of ‘new’ psychoactive substances was asked in a specific survey among 15 to 35 year olds who had attended a party, festival or club at least once in the past year (Goossens et al., 2013 (see also paragraph 1.2). The wording of the question was as follows: ‘When was the last time you used the substances described below?’ Substances were: Mefedron (meow meow, 4-MMC), Spice (synthetic cannabis), 2C-B, 4-Fluoramphetamine (4-FA, Flux), Methoxetamine (MCE, Mexxy), Methylon (metholyne, APK, explosion), 6-APB (Benzo Fury)

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork.
- The survey was called “The big partygoer survey 2013”. Data was collected in April 2013.

222. Alcohol use

5.1 Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document) No

If no, but you asked other questions about use of alcohol, please provide the wording.

In our current general population survey we ask the following questions about alcohol:
- Did you drink a beverage containing alcohol during the past 12 months, i.e. beer, wine liquor, gin, or drinks mixing alcohol with lemonade (like breezers)? Alcoholfree or low alcohol beer does not count.
  Yes
  No

- Did you ever drink alcohol?
  Yes
  No

- On how many of the following four working days (Monday up to Thursday) do you usually drink a beverage containing alcohol?
  4 days / 3 days/ 2 days / 1 day / less than one day / I never drink during the working week.

- How many glasses of alcohol do you drink on such a working day?
  16 or more / 11-15 / 7-10 / 6 / 5 / 4/ 3 / 2 / 1

- On how many of the three weekend days (Friday, Saturday, Sunday) do you usually drink a beverage containing alcohol?
  3 days/ 2 days / 1 day / less than one day / I never drink during the weekend.

- How many glasses of alcohol do you drink on such a working day?
  16 or more / 11-15 / 7-10 / 6 / 5 / 4/ 3 / 2 / 1

We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.
How often, during the past 6 months, did you drink 4 or more glasses containing alcohol during one day?
- Every day / 5-6 times per week  
- 3-4 times per week / 1-2 times per week / 1-3 times per month / 3-5 times per 6 months / 1-2 times per 6 months / never

How often, during the past 6 months, did you drink 6 or more glasses containing alcohol during one day?
- Every day / 5-6 times per week  
- 3-4 times per week / 1-2 times per week / 1-3 times per month / 3-5 times per 6 months / 1-2 times per 6 months / never

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork
Survey: General Health Questionnaire, Central Bureau for Statistics, the Netherlands.
Data collection: Jan-Dec 2014.

5.2 Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? No

223. Misuse of benzodiazepines

6.1 Have you included any questions about the misuse of benzodiazepines in recent general population surveys?
No questions about misuse were asked. However questions on the use of sleeping pills and tranquilizers (mostly benzodiazepines) in general were asked in the 2009 general population survey, and in ESPAD 2011.

6.2 Have questions about the misuse of medicines, and in particular benzodiazepines been included in other national probabilistic surveys?
Not to my knowledge.

6.3 Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines?
No

224. CAST scale (Cannabis Abuse Screening Scale)

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The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
188.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? **Yes**

If yes, please comment, briefly, on your experience.
The CAST scale was included in the Dutch ESPAD questionnaire of 2011. However, the data have not yet been analysed.

8. **Online and Telephone surveys**

8.1 Are you currently using (or planning to use) online data collection in General Population Surveys.
**Yes**

8.2 Are you currently using (or planning to use) telephone interviews in General Population Surveys.
**No**

If yes, would you be interested in a workshop organised during the GPS meeting in June on:

Online data collection  **No**
Telephone interviews?  **No**

If yes, would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details?  **No**

9 **Research analysis - references and electronic links**

9.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use...)


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.


This study examined the extent to which the elevated risk of substance use in special education for behavioral problems (SEB) and in residential youth care institutions (RYC) can be explained by high levels of individual, family, and peer risk indicators that are known to characterize their risk profile. The adolescents in SEB and RYC were compared to students with learning disabilities (SEL). Results showed that adolescents in SEB/RYC reported higher levels of daily smoking, weekly alcohol consumption, cannabis and hard drug use, as well as greater prevalence of individual, family and peer factors. Although background factors explained some of the variance in substance use, the differences between adolescents in SEB/RYC compared to SEL remained significant and substantial, with the exception of heavy alcohol consumption.

9.2. Describe briefly plans for future new research or analysis based on survey results.

The Netherlands has participated in the HBSC 2013 study, including questions on the use of cannabis. New information on cannabis use among adolescents in the Netherlands from this study will be published before the end of 2014.

9.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent.

The final questionnaire is not yet ready.

10 Extended mailing list

Please provide e-mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.

wm.zwart@minvws.nl
kmonshouwer@trimbos.nl
jverdurmen@trimbos.nl


Note: for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).

225. **Content-related aspects** (Note: we do not aim to replicate the National Report, but to obtain more methodological interpretation. You could base this part on a summary of your 2013 Reitox National Report)

1.52. Please provide a very concise description of the drug use situation among the general population in your country in terms of prevalence (max suggested 15 lines).

**Report on general population survey of attitudes and behaviours towards the use of tobacco, alcohol and drugs in Turkey 2011 below:**

The study was conducted on a cross-sectional sample selected to represent Turkey in 2011 in the study on attitudes and behaviours towards the Alcohol-use, tobacco and drugs in Turkish residential population. The study was conducted in 25 provinces and successful interviews were conducted with 8,045 individuals residing in these addresses. Our major results are presented with tables.

**Table 1:** Distribution of the age groups according to the status of life-time drug-use of the general population, Turkey, 2011.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Yes %</th>
<th>No %</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>2,9</td>
<td>97,1</td>
</tr>
<tr>
<td>25-44</td>
<td>2,8</td>
<td>97,2</td>
</tr>
<tr>
<td>45-64</td>
<td>2,3</td>
<td>97,7</td>
</tr>
</tbody>
</table>

p=0,323

**Table 2:** Distribution of the gender groups according to the status of life-time drug use of the general population, Turkey, 2011.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Yes %</th>
<th>No %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3,5</td>
<td>96,5</td>
</tr>
<tr>
<td>Female</td>
<td>2,6</td>
<td>97,4</td>
</tr>
</tbody>
</table>
Table 3: Distribution of the education groups according to the status of life-time drug-use of the general population, Turkey, 2011.

<table>
<thead>
<tr>
<th>Education</th>
<th>Yes %</th>
<th>No %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uneducated</td>
<td>2,6</td>
<td>97,4</td>
</tr>
<tr>
<td>Elementary graduate</td>
<td>2,4</td>
<td>97,6</td>
</tr>
<tr>
<td>Secondary school graduate</td>
<td>3,2</td>
<td>96,8</td>
</tr>
<tr>
<td>High school graduate</td>
<td>2,6</td>
<td>97,4</td>
</tr>
<tr>
<td>University graduate</td>
<td>3,1</td>
<td>96,9</td>
</tr>
</tbody>
</table>

p=0.078

Table 4: Distribution of the income groups according to the status of life-time drug-use of the general population, Turkey, 2011.

<table>
<thead>
<tr>
<th>Income Group</th>
<th>Yes %</th>
<th>No %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 250 EU</td>
<td>5,6</td>
<td>94,4</td>
</tr>
<tr>
<td>250-500 EU</td>
<td>2,2</td>
<td>97,8</td>
</tr>
<tr>
<td>501-1000 EU</td>
<td>2,6</td>
<td>97,4</td>
</tr>
<tr>
<td>1001 TL and above</td>
<td>2,9</td>
<td>97,1</td>
</tr>
</tbody>
</table>

p=0.001

Since this study identified marihuana as the most commonly used drug and other drugs are used very infrequently, the marihuana-use was evaluated individually. The life-time, in the last 12 months and in the last 1 month marihuana-use prevalence for the participants are provided in Table 5.

Table 5: Life-time, in the last 12 months and in the last 1 month marihuana-use prevalence of the general population, Turkey, 2011.

<table>
<thead>
<tr>
<th>Marihuana-use Prevalences</th>
<th>Number of Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life-time</td>
<td>0,7</td>
</tr>
<tr>
<td>Last 12 months</td>
<td>0,3</td>
</tr>
<tr>
<td>Last 1 months</td>
<td>0,2</td>
</tr>
</tbody>
</table>

The mean age for the first-time marihuana-use is 20,89±3,99, with a median of 20,00.

Report on school population survey of attitudes and behaviours towards the use of tobacco, alcohol and drugs in Turkey 2011 below;

Cross-sectional research on attitudes and behaviors towards smoking, drinking alcohol and drug use at schools in Turkey has been carried out on a pre-selected sampling representing 877,730 2nd grade students in High Schools during 2011 – 2012 academic year. It is planned that the study would be carried out with participation of 9500 people at 1% error margin within 95% confidence interval determined by TUBIM (Turkish Drug Addiction Monitoring Center) School Research study group.
1.1% (130) of the students have a family member who uses drug other than tobacco and/or alcohol and 87.4% of them is either mother, father or sibling. 1.5% (178) of the subjects used drug without any reason of a disease (life-time prevalence). Mean age of first abusing drug is 13.88 ±2.39, its median is 14.00.

Table 6: Drug use prevalence of the subjects for life-time, last 12 months, last 3 months, last 1 month and at the time when the research is done, Turkey, 2011.

<table>
<thead>
<tr>
<th>Drug Use Prevalence (%)</th>
<th># of person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life-time</td>
<td>1.5</td>
</tr>
<tr>
<td>Last 12 months</td>
<td>0.5</td>
</tr>
<tr>
<td>Last 3 months</td>
<td>0.5</td>
</tr>
<tr>
<td>Last 1 month</td>
<td>0.5</td>
</tr>
<tr>
<td>Still</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>178</td>
</tr>
<tr>
<td></td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>63</td>
</tr>
</tbody>
</table>

42.1% of those abusing drug reported that they use drug once a week, and 36.8% of them twice. 88 of 178 people who are abusing drug (49.5%) disclosed name of the drug they use. Responses regarding drugs used approximately correspond to one-half of the group and hashish is on the first place by far, followed by volatiles on the second (gas, resin, 404). Nevertheless it is also hardly responded, it is revealed that one of every five users prefer to use multiple drugs. Drug is taken by inhalation most frequently and followed by oral on the second place. 0.7% of the girls and 2.3% of the boys have tried to use drug previously.

Drugs used are defined under six sub-groups according to their influences and distribution of which is provided below.

Table 7: Group of drugs used by the subjects, Turkey, 2011*.

<table>
<thead>
<tr>
<th>Code</th>
<th>Group</th>
<th>Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hashish and</td>
<td>Hashish, gambling, ray, roj, roy, herb, yellow, sandoz, green-head, pro, pet, cigarette, bottle bong, marijuana, snuff specific to Maraş province, cannabis sativa, argileh</td>
</tr>
<tr>
<td>2</td>
<td>Volatiles</td>
<td>Gas, resin, adhesives, thinner, cologne</td>
</tr>
<tr>
<td>3</td>
<td>Stimulants</td>
<td>Rolex, birds (type of amphetamine), ecstasy, junk, strawberry, energy drink</td>
</tr>
<tr>
<td>4</td>
<td>Heroine</td>
<td>Heroine, narcotics</td>
</tr>
<tr>
<td>5</td>
<td>Cocaine</td>
<td>Cocaine, crack</td>
</tr>
<tr>
<td>6</td>
<td>Hallucinogenics</td>
<td>Bonsai</td>
</tr>
</tbody>
</table>

*Note: Names of the drugs in slang may vary by regions.

Table 8: Distribution of the drugs used by preference, Turkey, 2011

<table>
<thead>
<tr>
<th>Drug Groups</th>
<th>1st Choice</th>
<th>2nd Choice</th>
<th>3rd Choice</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%*</td>
<td>N</td>
<td>%*</td>
</tr>
<tr>
<td>Hashish and its derivatives</td>
<td>54</td>
<td>61.4</td>
<td>18</td>
<td>39.1</td>
</tr>
<tr>
<td>Volatiles</td>
<td>16</td>
<td>18.2</td>
<td>10</td>
<td>21.8</td>
</tr>
<tr>
<td>Stimulants</td>
<td>10</td>
<td>11.4</td>
<td>10</td>
<td>21.8</td>
</tr>
<tr>
<td>Heroine</td>
<td>4</td>
<td>4.6</td>
<td>6</td>
<td>13.0</td>
</tr>
<tr>
<td>Cocaine</td>
<td>2</td>
<td>2.2</td>
<td>2</td>
<td>4.3</td>
</tr>
<tr>
<td>Hallucinogenics</td>
<td>2</td>
<td>2.2</td>
<td>1</td>
<td>12.5</td>
</tr>
</tbody>
</table>

*percentage of the column is the frequency among those who disclosed name of the drug they used

Hashish and its derivatives take the first place with 84.1% among all the subjects reported
drug use, followed by volatiles with 32.9% and stimulants with 22.7%. Hashish takes the first place with 61.3% frequency in the first choice, 39.1% in the second and 25.0% in the third among the subjects reported the drug they used.

1.53. Comment on the consistency of your adult or school surveys results with other sources of information (e.g. youth surveys, targeted studies in recreational settings, market indicators).

1.54. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

**Our country plans the research new school population survey, for next term.**

226. **Methods**

114.1. If you have conducted ANY specific methodological analysis (e.g. analysis of non-response, differences in drug prevalence estimates in health or drug surveys, online surveys, weighting methods...): please describe briefly your results (and provide a reference or electronic link)

The GPS study was conducted using face-to-face interview method in provinces determined by TUBIM (Turkish Drug Addition Monitoring Centre) General Population Survey study group, in addresses received from TUIK (Turkish Statistical Institute).

During SPS study field application of the research, parent permission forms are distributed to studies at first and then questionnaire forms are distributed to students who brought permission forms accepted by their parents and they are allowed to fill the questionnaire on their own. Students who completed the questionnaire put the form into an enclosed envelope provided to them and delivered it to relevant firm personnel and/ or drop it into a box/ bag. Firm personnel who completed the application sealed the box/ bag upon filling the data sheet inside the box/ bag.

114.2. If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

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

*(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).*

115.1. Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? **YES/ No**

If yes, How and why? Which indicators have been used and for what reasons?

Turkey introduces a new approach to the fight against substance will find below the details of TOKEP:
Ministry of Interior, the short name TOKEP Addicts who is implementing the Social Inclusion Action Plan. TOKEP with substance abuse prevention, treatment and rehabilitation will be a whole. Of addicts across the country in order to identify and directed “Information Center” will be established. The action plan will be implemented in 21 provinces in the years 2013-2020.

The number of AMATEM’s with TOKEP be upgraded from 22 to 52. 25 for the first time in Turkey drug addicts rehabilitation center will be opened. Against drugs “Alo 171 Smoking Cessation Counseling” will be established as a new line. Ministry of Education, elementary and high school curriculum of “substance abuse” to put lessons. In the course of the dangers of drugs to be processed. “Patients regulation of” changing the dependent under 18 years old will be brought to the requirement of compulsory treatment in the hospital. Ending treatment for substance abuse, job - established business through the vocational courses to be found. Will be established “social follow-up teams”, drug addicts or in workplaces to control.

Ministry of Justice, TOKEP effective consequences of drug use for up to 1 year to 2 years imprisonment envisages the repeal of the Criminal Code will 191st item. Thus, substance abuse offenses will not be. In 188th revised drug production and trafficking of imprisonment imposed, will be removed on 5-15, 20 years.

115.2. Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)

Specifically
Idiosyncratic features of the country
Comparisons with neighbouring countries

228. ‘New’ psychoactive substances

116.1. Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys? Yes / NO

If yes, please indicate which questions you included and any adaptations you made to the questions.

If no, but you asked questions about use of ‘new’ psychoactive substances (mephedrone, ketamine, synthetic cannabinoids (spice), ‘legal highs’, etc.) in another way, please provide the wording.

Please provide the name of the relevant survey/s and date (year and month) of the fieldwork.

229. Alcohol use

56 We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.
117.1. Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document) Yes / NO

If yes, please indicate which questions you included and any adaptations you made to questions.

If no, but you asked other questions about use of alcohol, please provide the wording.

We asked lifetime, last year and last month alcohol use in our GPS and SPS Survey

Please provide the name of the relevant survey/s and date (year and month/s) of the fieldwork

117.2. Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures? Yes / NO

If yes, would you be willing to give a short presentation? Yes / No

230. Misuse of benzodiazepines

118.1. Have you included any questions about the misuse of benzodiazepines in recent general population surveys? Yes / NO

If yes, please provide the wording of the questions and response categories and indicate the name and year of the survey

118.2. Have questions about the misuse of medicines, and in particular benzodiazepines been included in other national probabilistic surveys? Yes / No (provide link if possible)

118.3. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? Yes / No

If yes, would you be willing to give a short presentation? Yes / No

231. CAST scale (Cannabis Abuse Screening Scale)

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57 The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
195.1. Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? **NO**

**If yes,** please comment, briefly, on your experience.

232. **Online and Telephone surveys**

196.1. Are you currently using (or planning to use) online data collection in General Population Surveys. **NO**

196.2. Are you currently using (or planning to use) telephone interviews in General Population Surveys. **Yes / No**

**If yes,** would you be interested in a workshop organised during the GPS meeting in June on:

Online data collection **Yes / No**
Telephone interviews? **Yes / No**

**If yes,** would you be willing to give a short presentation describe the sampling frame, how response rates are calculated or other methodological details? **Yes / No**

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

197.1. Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use…)

*We are analysing our GPS and SPS results about living places, marriage status, mother/father education status and other.*


197.2. Describe briefly plans for future new research or analysis based on survey results. **We are planning SPS late 2014.**

197.3. Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent.

234. **Extended mailing list**

Please provide e mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.
Abstract from UNITED KINGDOM

Note: for each question below, if no changes have occurred please copy and paste from the 2013 National abstract to save your time. This will provide a useful stand alone document. We would appreciate it if you highlight the copy pasted sections in a different colour (Compilation of 2013 abstracts attached).

235. Content-related aspects

1.55. The Crime Survey for England and Wales (CSEW) shows a statistically significant decrease in recent drug use between 2011/12 and 2012/13 (from 8.9% to 8.2%) mainly driven by a decrease in cannabis use, from 6.9% to 6.4%. There were also decreases in the use of magic mushrooms, ketamine and mephedrone. Data for 2012 from Smoking, drinking and drug use amongst young people in England remained stable with 11.9% of pupils aged 11 to 15 years reported using drugs in the last year, following a sharp fall from 14.8% to 12.5% between 2009 and 2010. As in previous years, cannabis was the most commonly used substance (7.5% of pupils used it in the last year) followed by volatile substances (3.6%). Prevalence of use of new psychoactive substances remains relatively low in surveys on drug use. However, keeping up with their rapid change is a challenge for surveys and makes it uncertain if they capture all types of drug use. This is illustrated by the case of mephedrone. Analysis of the trend in the ‘any stimulant drug’ amongst 16 to 24 year olds in the CSEW since 2008/09 reveals a sharp decline, however inclusion of mephedrone within the measure changes the trend, with stimulant use more stable before a large decrease in the 2012/13 survey when last year mephedrone use decreased substantially. The large difference between the two any stimulant measures in 2010/11 (7.6% excluding mephedrone and 9.2% including mephedrone) and 2011/12 (6.9% and 8.1% respectively), suggests that for some young people, mephedrone replaced more traditional stimulants. However, the subsequent decrease in the use of mephedrone does not appear to have precipitated a move back to traditional stimulants since the original any stimulant measure continued to show a decrease in 2012/13. It is uncertain whether this reflects an actual decrease in stimulant use or whether the CSEW is failing to capture other newer stimulants being used by these young adults.

1.56. Data from the 2012 self-selecting Mixmag/Guardian survey of people, mainly drug users, involved in the club scene again found that, after cannabis (used by 79% of participants), ecstasy was the most common stimulant (last year use reported by 67%) followed by cocaine (42%), whereas in the GPS cocaine is the most common stimulant (last year use reported by 2.0% of adults aged 16 to 59) followed by ecstasy (reported by 1.3% of adults). As in the GPS, last year use of mephedrone in the Mixmag survey had again decreased (from 20% to 14%). Other self-selecting surveys of university students show a similar pattern of use to the Mixmag/Guardian survey, with ecstasy the most commonly reported drug after cannabis.

1.57. Describe, briefly, new insights into developments in drug use among general, school or youth populations (e.g. changing patterns or combinations of substances used, such as cocaine and alcohol, cannabis and cigarettes).

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.

236. Methods

2.1 No new methodological analyses conducted this year

2.2 If you plan to conduct any methodological analyses please describe briefly your future plans for such analysis.

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

(Note: we are not asking you to formulate policies, but to reflect on your practical experience about how your scientific work has been, or might be used, to inform policy makers).

3.1 Have general population surveys been used to formulate and/or evaluate explicit drug policy targets? Yes

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.

The latest annual review of the UK drug strategy, HM Government (2013) Drug Strategy Annual Review: Delivering in a New Landscape, quoted data on prevalence trends from both the CSEW and the school survey to highlight the fact that drug use was at its lowest level since measurement began in 1996. It also made use of some data from the CSEW on attitudes to use of different substances and whether or not people think use is safe. The general population and school surveys are also identified as sources of data in the document Drug Strategy 2010 Evaluation Framework: evaluating costs and benefits published in 2013.

3.2 Please try to interpret or explain similarities and differences between your own and other countries (e.g. historical developments, policy, social and economic context, lifestyles and drug availability)
Specifically
The UK for some time had comparatively high rates of drug use among the general population, largely cannabis. However, over recent years the rates of cannabis use have been declining steadily and hence also any drug use. The reasons for this are unclear but may relate to the parallel decrease in cigarette smoking and/or the growing policy focus on binge drinking.

238. ‘New’ psychoactive substances

4.1 Have you included the voluntary EMQ module on NPS that was developed, presented and discussed at last year’s GPS meeting in recent general population surveys?  Yes

We included some of the questions from the voluntary EMQ module in the 2014/15 CSEW which runs from April 2014 to March 2015 inclusive.

It is also important to note that ketamine and mephedrone, which might be viewed as new psychoactive substances in some countries, have been established within UK drug repertoires for some time and are included in the main part of the drugs module rather than as NPS.

The specific questions NPS asked were:

WHETHER TAKEN NEW PSYCHOACTIVE SUBSTANCES IN LAST 12 MONTHS

+DISPLAY [ASK ALL AGE 16-59 IF NONRESP = 1 OR NONRESP2 = 1 OR 3]

There are a range of substances sometimes called ‘legal highs’ that have the same effects as drugs such as cannabis, ecstasy, or cocaine. These are herbal or synthetic substances that you take to get ‘high’, which may or may not be illegal to buy. These substances can come in different forms such as herbal mixtures which you smoke, powders, crystals, tablets, or liquids.

NPSUSE1

Have you EVER taken these substances (sometimes called legal highs)?

NOTES: These are new substances sometimes known as legal highs that have the same effects as drugs like cannabis, ecstasy, or cocaine and can come in different forms such as herbal mixtures, powders, crystals or tablets.

1  Yes
2  No
3  Never heard of them
4  Don’t want to answer

NPSUSE2  [ASK IF NPSUSE1 = YES]

In the LAST 12 MONTHS have you taken any of these substances, (sometimes called ‘legal highs’)?
REMEMBER: Legal highs are substances that have the same effect as drugs like cannabis, ecstasy or cocaine and which come in different forms such as herbal mixtures, powders, crystals or tablets.

1  Yes  
2  No

NPSUSE3  [ASK IF NPSUSE2 = YES]

Thinking about the LAST TIME you took any of these substances, (sometimes called ‘legal highs’), what type of substance was it? Was it…

1  Herbal smoking mixtures  
2  Powders, crystals or tablets  
3  Liquids  
4  Some other type of substance  
5  Don’t know  
6  Don’t want to answer

NPSUSE4  [ASK IF NPSUSE2 = YES]

Still thinking about the LAST TIME you took this substance, (sometimes called a ‘legal high’), WHO or WHERE did you get it from?

1  A family member  
2  Someone else well known to you (e.g. friend, neighbour, work colleague)  
3  Someone else known to you just by sight or to speak to casually  
4  A stranger  
5  A known dealer  
6  A dealer not known to you personally  
7  The internet  
8  A shop  
9  Don’t Know  
10  Don’t want to answer

239. Alcohol use

5.1 Have you included any of the alcohol questions developed by the SMART project in recent general population surveys? (see attached SMART reference document)  No

If no, but you asked other questions about use of alcohol, please provide the wording.

ALCOFT  [ASK ALL AGE 16-59 IF NONRESP = 1 OR NONRESP2 = 1 OR 3]

58 We are revising the European Model Questions on alcohol, in the context of our work on polydrug use, recognising the central role that alcohol plays in polydrug use. We are collaborating with alcohol researchers working in a consortium funded by the European Commission (DG SANCO) to develop comparable alcohol measures.
First, thinking about ALL kinds of alcoholic drink, how often have you had an alcoholic drink of any kind during the last 12 months?

1. Almost every day  
2. 5 or 6 days a week  
3. 3 or 4 days a week  
4. Once or twice a week  
5. Once or twice a month  
6. Once every couple of months  
7. Once or twice a year  
8. Not at all in last 12 months  
9. Do not drink alcohol at all  
10. Don't want to answer

**ANYALCOF** [ASK IF ALCOFT IN (1...7)]

You've told us about what you have drunk over the last 12 months. However, what people drink can vary a lot over a year, so the next few questions are about just the LAST MONTH.

How often have you had an alcoholic drink of any kind during the LAST MONTH?

1. Almost every day  
2. 5 or 6 days a week  
3. 3 or 4 days a week  
4. Once or twice a week  
5. Once or twice a month  
6. Not at all in the last month  
7. Don't want to answer

**ALCDRUNK** [ASK IF ALCOFT IN (1..7)]

Thinking about the last 12 months, about how often have you felt very drunk?

1. Most days  
2. Once or twice a week  
3. Two or three times a month  
4. Once a month  
5. Once every couple of months  
6. Less often  
7. Never  
8. Don't want to answer

**DFTDRNK** [ASK IF ALCOFT IN (1..7) AND DFTDRIVE = 1]
In the last 12 months how often, if at all, have you driven when you think you may have been over the legal alcohol limit, even if only by a small amount?

1. Every day/almost every day
2. A few times a week
3. Once or twice a week
4. Once or twice a month
5. Once every couple of months
6. Once or twice in the last 12 months
7. Not at all
8. Don’t know
9. Don’t want to answer

These questions are included in the Crime Survey for England & Wales.

5.2 Would you be interested in attending a workshop organised during the GPS meeting in June on developing an EMQ module for alcohol measures?  

**Yes**

If yes, would you be willing to give a short presentation?  

**No**

There is an interest in improving the alcohol questions on the UK surveys but there are serious constraints on length in them all. I would therefore be interested in discussing if any proposed EMQ module for alcohol can be developed that can be applied in a staged way so that those who cannot incorporate many questions can also produce some comparable data.

240. **Misuse of benzodiazepines**

6.1 Have you included any questions about the misuse of benzodiazepines in recent general population surveys?  

**Yes** – the following question is a standard question on the CSEW

(EVER used/in the last 12 MONTHS/last month) have you taken TRANQUILLISERS (TEMAZEPAM, VALIUM, ROOFIES, JELLIES) (not prescribed by a doctor)?

1. Yes
2. No

118.4. Have questions about the misuse of medicines, and in particular benzodiazepines been included in other national probabilistic surveys?  

**Yes** (provide link if possible)

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59 The EMCDDA founding regulation and work programme stresses the importance of a better understanding of the misuse of medicines, particularly when these are used in combination with illicit drugs. A cross unit project (CUP) on misuse of medicines has been set up to elaborate a conceptual framework for EMCDDA activities in this area. Prevalence estimates for misuse of psychoactive medicines are reported in the USA and other parts of the world (Canada, Australia) (United Nations Office on Drugs and Crime (UNODC), 2011). In Europe, data from general population surveys are insufficiently comparable for routine monitoring, although females and older age groups commonly report higher prevalence than males. Further information about this work can be obtained from Klaudia Palczak <Klaudia.Palczak@emcdda.europa.eu>
The national psychiatric morbidity surveys ask a similar question but also collect information on prescribed benzodiazepines. The report of the 2007 survey can be found here: http://www.hscic.gov.uk/pubs/psychiatricmorbidity07.

118.5. Would you be interested in attending a workshop organised during the GPS meeting in June on misuse medicines, with a special focus on benzodiazepines? **Yes, possibly**

It is worth noting that the harmonised database group did do some exploration of different questions on misuse of sedative medication in 2011, which clearly demonstrated a number of challenges in this area.

In the UK, there is a desire to get a better set of questions to get more information on misuse of medicines because it is an issue that is featuring quite a lot in the media and public debate. However, a lot of that is driven by the US experience of addiction to pain killers so that is a current focus, although it is not clear how big an issue it really is (hence the need to get some questions on it.

The question included is:

**+DISPLAY [ASK ALL AGE 16-59 IF NONRESP = 1 OR NONRESP2 = 1 OR 3]**

The next question is about your use of painkillers. We are **not** interested in your use of “over-the-counter” painkillers such as aspirin, paracetamol or ibuprofen (e.g. Nurofen) that can be bought in pharmacies, shops or supermarkets without a doctor’s prescription.

**YRPAINK [ASK ALL AGE 16-59 IF NONRESP=1 OR NONRESP2=1 OR 3]**

In the last 12 MONTHS have you taken prescription-only painkillers (e.g. tramadol, codeine, morphine) that were not prescribed for you and that you took only for the experience or feeling it gave you?

1. Yes
2. No
3. Don't want to answer

If **yes**, would you be willing to give a short presentation? **Possibly, but am not sure what I could usefully present.**

241. **CAST scale (Cannabis Abuse Screening Scale)**

7.1 Have you used CAST scale (Cannabis Abuse Screening Scale), SDS (Short Dependence Scale) or other screening instrument to screen for cannabis use disorders in the most recent or any previous national population surveys? **Yes**

The Severity of Dependence Scale (SDS) was used in the Offending Crime and Justice Survey in 2003 which had a sample size of ~ 10,000 aged 10 to 65. However the number of people for whom it was appropriate proved to be tiny and the results were never published.

In contrast, the national psychiatric morbidity surveys (1993, 2000, 2007, 2014), which each involved interviews with about 8,000 people aged 16 and over, have used the
Diagnostic Interview Schedule and consider a score of 1 or more symptoms as indicating ‘signs of dependence’. In 2007, the SDS was also asked of users of cannabis but the data has not been published.

242. Online and Telephone surveys

8.1 Are you currently using (or planning to use) online data collection in General Population Surveys.
   No
8.2 Are you currently using (or planning to use) telephone interviews in General Population Surveys.
   No

243. Research analysis - references and electronic links

9.1 Please provide a few lines (with a reference or electronic link) on specific analyses conducted in the past 3 years (or in progress) based on drug surveys (e.g. specific substances, gender, urban/rural, lifestyles, mental or general health, other social correlates, incidence or cessation of use, intensive use…)


   The findings from the Survey of Smoking, Drinking & Drug Use among Schoolchildren in England are also published annually. The most recent report from the 2012 survey can be found here: [http://www.hscic.gov.uk/catalogue/PUB11334](http://www.hscic.gov.uk/catalogue/PUB11334).

9.2 Describe briefly plans for future new research or analysis based on survey results.

   In addition to the reports from the CSEW 2014/15, which included some questions on concurrent poly-drug use, and the 2013 school survey for England which will be published in July 2014, there should also be reports from the 2012/13 Scottish Crime & Justice Survey and possibly the 2013 SALSUS survey published this year.

9.3 Please send electronic link (or a hard copy) of your most recent questionnaire for the EMCDDA Questionnaire mapping project, in English if possible, unless already sent.

244. Extended mailing list

   Please provide e mail addresses of new key experts you consider might be interested in receiving news on developments in the general population survey indicator and associated publications.