Chapter 3
Studies of youth and the schools population

Methods and definitions

Data presented in the schools survey tables are derived mainly from the ESPAD schools survey project and the HBSC (WHO) Schools Survey: Health behaviour in school-aged children. Participation in both surveys, each conducted every four years, has grown in each round and includes both EU and non-EU Member States with over 20 EU Member States participating in the most recent surveys together with Norway and three candidate countries (Bulgaria, Romania and Turkey) in the ESPAD survey. In addition, annual, or biannual, national schools surveys are conducted in Spain, Italy, Portugal and Sweden and regional surveys are conducted in the UK and Belgium.

The international comparability of the ESPAD schools survey is based on nationally representative samples of school classes with the goal of having at least 2400 participating students from the target group, and by standardising the target age group (between 15 and 16 years), the questionnaire, data collection in schools, assurance of anonymity and the time of year that data collection takes place. Cautions are recommended regarding some data in specific countries: comments on these are found in the methodological information sections found on http://www.espad.org and in published reports – ESPAD (The European School Survey Project on Alcohol and Other Drugs) 1995, 1999 and 2003 The Swedish Council for Information on Alcohol and Other Drugs (CAN) and Council of Europe (Pompidou Group).

The HBSC (WHO) Health behaviour in school-aged children included for the first time in the 2001/2002 surveys core questions about cannabis use. International comparability is based on standardisation by target age group (mean age 15.5), cluster sampling methods with the goal of more than 1500 participating students from the target group, questions about cannabis based on the ESPAD survey questionnaire, data collection in the schools, and assurance of anonymity. As with ESPAD, cautions are recommended regarding some data in specific countries. Descriptions of the study are found on http://www.hbsc.org and in 'Young people's health in context. Health Behaviour in School-aged Children (HBSC) study: international report from the 2001/2002 survey' Edited by: Candace Currie, Chris Roberts, Antony Morgan, Rebecca Smith, Wolfgang Settertobulte, Oddrun Samdal and Vivian Barnekow Rasmussen, eds. (2004) Health Policy for Children and Adolescents, No. 4, 2004, ISBN 92 890 1372 9.

National schools survey conducted in Belgium, Spain, Italy, Portugal, Sweden and UK are largely comparable with ESPAD and HBSC surveys in terms of sampling, 15/16-year-old age groups, the questionnaire, data collection in schools, and assurance of anonymity. Overall the comparisons made between ESPAD data and other school surveys (in three countries, Norway, Sweden and the Netherlands, as well as comparisons between ESPAD and the HBSC surveys) show very similar figures. However in other countries, differences in methods for achieving prevalence estimates means that caution is necessary with regard to making direct comparisons between some of these surveys.

Overview of the data

Listed below are the tables in the bulletin, the supplementary downloadable tables and the associated graphics dealing with epidemiological studies among youth, along with a brief overview. Please note that the associated graphics and the supplementary tables are available only on the statistical bulletin website (http://stats05.emcdda.eu.int).

Summary points

Cannabis

- When viewing prevalence estimates through the three different observational time windows (LTP, LYP and LMP) there are considerable country variations between these prevalence patterns (Figure EYE-1 part (i), Table EYE-5 part (i)).
- Since 1995 there has been a consistent increase in

number of school students across the EU that have ever tried cannabis (Figure EYE-1 part (ii), Figure EYE-1 part (ix), Table EYE-5 part (i)).

- In 2003 more male school students than female students report having used cannabis 40 or more times in their lifetimes. This gender difference is not as marked but still observable for lifetime prevalence (Figure EYE-1 part (iii), Table EYE-2 part (i) and (ii)).
- Eleven Member States and Bulgaria surveyed older age students (17 to 18 year old) in their national school surveys and, with only one exception, prevalence estimates for ever in lifetime prevalence (LTP) and current use (LMP) of cannabis among these older students are consistently higher than those for 15 to 16 year olds (Figure EYE-1 part (iv), Table EYE-3).
- LTP cannabis is associated with perceptions of risk at the general school student population level. The relationship is an inverse one where, when perception of risk is high, prevalence is low (Figure EYE-1 part (v)).
- LTP for cannabis is associated with perceptions about availability. Although perceptions about easy availability of cannabis reach considerably higher levels than estimates of use (Figure EYE-1 part (vi), Table EYE-2 part (i) and (ii), Table EYE-5 part (i) and (ii)).
- Since 1995, in 12 EU countries there has been an increase (between 1 % and 5 %) in school students who reported having tried cannabis when they were aged 13 years or under. Only in the Netherlands and the UK has there been a small decrease (of 1 %) (Figure EYE-1 part (vii), Table EYE-5 part (ii)).
- Most countries that report above average estimates for ever in lifetime use of cannabis also report above average estimates for 'binge' drinking (measured by drinking 5 or more drinks in a row during the last 30 days). France and Italy are exceptions where above average cannabis use is associated with lower than average binge drinking measures (Figure EYE-1 part (viii)).

Other drugs

- Prevalence estimates for ecstasy exceed those for amphetamine in 14 of the EU and candidate countries that participated in the 2003 ESPAD surveys of 15 to 16 year old school students (Figure EYE-2 part (vi), Table EYE-1).
- Since 1995 the greater increases in LTP for ecstasy occurred mostly in the new Central and Eastern European Member States. Decreases took place in Ireland and the UK before1999 and LTP has remained more stable since then (Figure EYE-2 part (i), Table EYE-4).
- Perceptions of risk for ecstasy and cocaine show no clear correlation with lifetime prevalence rates. This is likely to be due to relatively low figures reporting use (Figure EYE-2 part (ii), Figure EYE-2 part (iv)).
- Prevalence estimates for lifetime use of 'magic mushrooms' among 15 to 16 year old school students exceeded or equalled those for LSD or other hallucinogenic drugs in more than half of the countries that participated in the 2003 ESPAD survey (Figure EYE-2 part (v)).
- In 2003 prevalence of estimates for lifetime use of 'magic mushrooms' among 15/16 year old school students was greater than or equalled that for ecstasy in several Member States (Figure EYE-2 part (v)).
- Prevalence of drinking 5+ alcoholic drinks in a row is associated with perceptions of risk at the general school student population level. The relationship is an inverted one where, when perception of risk is high, prevalence is low (Figure EYE-2 part (iii)).

Data tables

Table EYE-0. School surveys: sources

Country	Ref.	Sources
International		ESPAD figures are taken directly from the 1995, 1999 and 2003 ESPAD reports: The European school survey project on alcohol and other drugs The Swedish Council for Information on Alcohol and Other Drugs (CAN) and Council of Europe Pompidou Group. HBSC (WHO) figures for 2001/2 are taken directly from the international coordinator: Currie C. et al HBSC International Report from 2001/2002 WHO survey.
Belgium (Flemish)	1	Maes L and Vereecken C. Database 'Jongeren en gezondheid 1998' part of a WHO cross national study, University of Ghent, Department of Public Health. Ghent, 1999.
	2	VAD 1999 Kinable H. Bevraging van Vlaamse leerlingen in het Kader van een drugbeleid op school. Syntheserapport januari-juni 1999.
	3	Maes L and Vereecken C. Database 'Jongeren en gezondheid 1990-2000' part of a WHO cross national study, University of Ghent, Department of Public Health. Ghent, 2000.
	4	VAD 2000 Vereniging voor alcohol en ander drug problemen annual study in Flemish Community.
	5	VAD 2002 Leerlingenbevraging Schooljaar 2000-2001 Brussels, VAD.
	7	VAD 2003 Bevraging van Vlaamse leerlingen in het kader van een drugbeleid op school. Syntheserapport schooljaar 2002-2003. Brussel: VAD.
Belgium (French)	8	Piette D, Prevost M, Boutsen M et coll. Vers la santé des jeunes en l'an 2000, HBSC, WHO, ULB-Promes, 1997.
Greece	1	Kokkevi A, Stefanis C- University Mental Health Research Institute, 1994.
	2	Kokkevi, A., et al:Substance Use among High School Students in Greece: Outburst of illicit Drug Use in a Society Under Change. Drug and Alcohol Dependence, Vol.58 (2000), 181-188.
Spain	1, 2, 3, 4	School Survey on Drugs Plan Nacional Sobre Drogas.
France	1	Choquet M., Ledoux S., 1994, Adolescents, enquête nationale, Paris, Les éditions INSERM.
	2	Ballion R. Enquête sur les conduites déviantes des lycéens 1997. Resultats preliminaires. CADIS - OFDT, 1998.
	3	Not available.
Ireland	2	Not available.
Italy	3, 4	F. Mariani National Research Council - The Espad Project in Italy.
	5	Not available
Luxembourg	1	Fischer U. CH., Cannabis - eine Analyse der aktuellen Situation, CePT, Luxembourg, 2000.
	2	Das Wohlbefinden der Jugend - Health Behaviour in School-aged Children (HBSC), Ministry of Health, Luxembourg.
Hungary	3	Not available.
Netherlands	1	De Zwart W et al. Key data; smoking, drinking, drug use and gambling among pupils aged 10 years and older. Trimbos Institute, 1997.
	2	Jeugd en Riskant Gedrag; Kerngegevens uit het peilstationsonderzoek 2003, Utrecht Trimbos Institute.
Austria	1	Springer A, Uhl A and Widensky K. Schüler und Drogen in Österreich: Wissen, Erfahrungen, Einstellungen. Wiener Zeitschrift für Suchtforschung, Nr. 1/2 1996; 3-21.
Portugal	3	Not available.
Sweden	2, 4, 5, 6, 7, 8	Annual School Survey CAN. Sweden.
United Kingdom	2	Balding J. Young people in 1997: the Health Related behaviour Questionnaire results for 37.538 pupils between the ages 9 and 16. Schools Health Education Unit. Exeter Univ. Exeter, 1998.
United Kingdom (England)	1, 2, 3, 4	Smoking, drinking and drug use among young people in England. Office of National Statistics (ONS).
United Kingdom (Northern Ireland)	1	Not available.
United Kingdom (Scotland)	1, 2, 3	Smoking, drinking and drug use among young people in Scotland. Scottish Executive.
United Kingdom (Wales)	1	Welsh Youth Health Survey 1998. Part of WHO co-ordinated HBSC study.

Table EYE-1. Recent school surveys: lifetime prevalence (percentage) of psychoactive substance use among students 15 to 16 years old

Country		Year	Ref.	Project	Sample 15/16 y.o.	Cannabis	Inhalants/volatile substances	Amphetamines	Ecstasy	LSD & other hallucinogens	Cocaine	Heroin
Belgium (Flemish)		2002-2003	7	VAD	512	24	7	3	3	3	3	2
Belgium		2003		ESPAD	2320	32	7	2	4	3	3	1
Czech Republic		2003		ESPAD	3195	44	9	4	8	6	1	1
Denmark		2003		ESPAD	2978	23	8	4	2	1	2	1
Germany	(e)	2003		ESPAD	5110	27	11	5	3	3	2	1
Estonia		2003		ESPAD	2463	23	8	7	5	2	1	1
Greece		2003		ESPAD	1906	6	15	0	2	1	1	1
Spain	(c) (f)	2002	4	PNSD	25770	36	3	4	5	4	6	1
France	(a)	2003		ESPAD	2199	38	11	2	3	1	3	2
Ireland		2003		ESPAD	2407	39	18	1	5	2	3	1
Italy		2003		ESPAD	4871	27	6	3	3	3	4	4
Cyprus		2003		ESPAD	2152	4	18	0	0	0	0	0
Latvia		2003		ESPAD	2841	16	7	3	3	1	1	1
Lithuania		2003		ESPAD	5036	13	5	5	2	2	1	1
Hungary		2003		ESPAD	2677	16	5	3	3	2	1	1
Netherlands		2003		ESPAD	2095	28	6	1	5	2	3	1
Malta		2003		ESPAD	3500	10	16	1	1	1	1	1
Austria		2003		ESPAD	2402	21	14	4	3	2	2	1
Poland		2003		ESPAD	5964	18	9	5	3	2	2	2
Portugal		2003		ESPAD	2946	15	8	3	4	2	3	2
Slovenia		2003		ESPAD	2785	28	15	1	3	1	1	1
Slovakia		2003		ESPAD	2276	27	9	2	3	2	1	0
Finland		2003		ESPAD	3543	11	8	1	1	1	0	1
Sweden	(d)	2003	8	CAN	approx. 5000	6	7	1	1	0	0	1
Sweden		2003		ESPAD	3232	7	8	1	2	1	1	1
United Kingdom		2003		ESPAD	2068	38	12	3	5	2	4	1
Bulgaria		2003		ESPAD	2740	21	3	2	3	2	2	1
Romania		2003		ESPAD	4371	3	1	0	1	0	1	0
Turkey	(e)	2003		ESPAD	4177	4	4	2	2	2	2	2
Norway		2003		ESPAD	3833	9	5	2	2	1	1	1

Notes:

This table aims to present data on 15- to 16-year-old school students obtained from national surveys. The surveys for Belgium (Flemish) is the Flemish region only, and the German and Turkish ESPAD surveys are limited to the regions specified in note (e). In all of the school surveys, the method for data collection was classroom based, anonymous, self-completion questionnaires in written test conditions.

Caution is required comparing figures due to methodological limitations. For methods and definitions see page 3.1.

ESPAD

ESPAD (the European School Survey Project on Alcohol and Other Drugs) is co-ordinated by The Swedish Council for Information on Alcohol and Other Drugs (CAN) and Council of Europe (Pompidou Group). ESPAD prevalence figures are reported rounded to the nearest whole percentage point (other sources supply percentages up to one decimal place, which have been rounded off for use in this table). The sample sizes refer to the number of participating students who filled in the questionnaire. For further details see www.espad.org.

(a) LSD & other hallucinogens: includes LSD only.

(c) Ecstasy: includes other synthetic drugs. LSD & other hallucinogens: includes poppers/amyl nitrate.

(d) ESPAD methods are adopted to varying degrees.

(e) ESPAD 2003 Germany figures are based in six regions only (Bavaria, Brandenburg, Berlin, Hesse, Mecklenburg-Western Pomerania and Thuringia). Turkey figures are based on one major city in each of 6 different regions (Adana, Ankara, Diyarbakir, Istanbul, Izmir and Samsun).

(f) The sample size given for this survey is for a wider age range than 15 to 16 years.

Sources:

See Table EYE-0 (page 3.4).

Table EYE-2 part (i). Recent school surveys: prevalence of cannabis use among students 15 to 16 years old. Percent lifetime prevalence (LTP), last year prevalence (LYP), and last month prevalence (LMP)

Country		Year	Ref.	Project	Sample 15/16 y.o.	LTP all	LTP male	LTP female	LYP	LMP
Belgium (Flemish)		2002-2003	7	VAD	512	24	27	21	15	
Belgium		2003		ESPAD	2320	32	37	28	27	17
Czech Republic		2003		ESPAD	3195	44	48	40	36	19
Denmark		2003		ESPAD	2978	23	27	18	17	8
Germany	(b)	2003		ESPAD	5110	27	31	24	21	12
Estonia		2003		ESPAD	2463	23	28	18	14	6
Greece		2003		ESPAD	1906	6	7	5	5	2
France		2003		ESPAD	2199	38	42	35	31	22
Ireland		2003		ESPAD	2407	39	38	39	31	17
Italy		2003		ESPAD	4871	27	31	23	22	15
Cyprus		2003		ESPAD	2152	4	7	2	3	2
Latvia		2003		ESPAD	2841	16	20	12	9	4
Lithuania		2003		ESPAD	5036	13	18	9	11	6
Hungary		2003		ESPAD	2677	16	18	13	11	6
Netherlands		2003		ESPAD	2095	28	32	24	23	13
Malta		2003		ESPAD	3500	10	13	8	9	4
Austria		2003		ESPAD	2402	21	23	18	17	10
Poland		2003		ESPAD	5964	18	23	13	14	8
Portugal		2003		ESPAD	2946	15	18	12	13	8
Slovenia		2003		ESPAD	2785	28	31	26	23	14
Slovakia		2003		ESPAD	2276	27	32	22	20	10
Finland		2003		ESPAD	3543	11	11	11	8	3
Sweden	(c)	2003	8	CAN	approx. 5000	6	6	6		2
Sweden		2003		ESPAD	3232	7	9	6	5	1
United Kingdom		2003		ESPAD	2068	38	41	35	31	20
Bulgaria		2003		ESPAD	2740	21	23	19	16	8
Romania		2003		ESPAD	4371	3	4	2	2	0
Turkey	(b)	2003		ESPAD	4177	4	6	2	5	3
Norway		2003		ESPAD	3833	9	9	9	6	3

Notes:

This table aims to present data on 15- to 16-year-old school students obtained from national surveys. The surveys for Belgium (Flemish) is the Flemish region only and the Germany ESPAD is limited to the regions specified in note (b). In all of the school surveys the method for data collection was classroom based, anonymous, self-completion questionnaires in written test conditions.

Caution is required comparing figures due to methodological limitations. For methods and definitions see page 3.1

ESPAD

ESPAD (The European School Survey Project on Alcohol and Other Drugs) 1995 and 1999 is co-ordinated by The Swedish Council for Information on Alcohol and Other Drugs. (CAN) and Council of Europe (Pompidou Group). ESPAD prevalence figures are reported rounded to the nearest whole percentage point (other sources supply percentages up to one decimal place, which have been rounded off for use in this table). The sample sizes given for 15/16 y.o. refer to the number of participating students who filled in the questionnaire.

For further details see http://www.espad.org.

(b) ESPAD 2003 Germany figures are based in six regions only (Bavaria, Brandenburg, Berlin, Hesse, Mecklenburg-Western Pomerania and Thuringia). Turkey figures are based on one major city in each of 6 different regions (Adana, Ankariyarbakir, Istanbul, Izmir and Samsun).

(c) ESPAD methods are adopted to varying degrees.

Sources:

See Table EYE-0 (page 3.4).

Table EYE-2 part (ii). Recent school surveys: prevalence of cannabis use among students 15 to 16 years old. Use patterns (percentages)

Country		Year	Ref.	Project	Sample 15/16 y.o.	First use age 13 or before	Perceived availability	Use 40+ times	Use 40+ times males	Use 40+ times females
Belgium		2003		ESPAD	2320	7	49	7	11	4
Czech Republic		2003		ESPAD	3195	6	58	9	12	6
Denmark		2003		ESPAD	2978	6	52	2	3	2
Germany	(b)	2003		ESPAD	5110	9	41	5	6	3
Estonia		2003		ESPAD	2463	4	23	3	5	0
Greece		2003		ESPAD	1906	1	20	1	1	1
France		2003		ESPAD	2199		47	9	14	5
Ireland		2003		ESPAD	2407	8	60	7	6	7
Italy		2003		ESPAD	4871	4	44	6	8	4
Cyprus		2003		ESPAD	2152	1	12	1	1	0
Latvia		2003		ESPAD	2841	3	22	1	2	0
Lithuania		2003		ESPAD	5036	1	20	1	2	0
Hungary		2003		HBSC(WHO)	1330			1	2	0
Hungary		2003		ESPAD	2677	2	20	1	2	1
Netherlands		2003		ESPAD	2095	8	42	6	9	3
Malta		2003		ESPAD	3500	2	20	1	2	1
Austria		2003		ESPAD	2402	5	33	4	4	2
Poland		2003		ESPAD	5964	1	37	2	4	1
Portugal		2003		ESPAD	2946	4	29	3	5	2
Slovenia		2003		ESPAD	2785	7	55	6	7	5
Slovakia		2003		ESPAD	2276	5	49	3	5	2
Finland		2003		ESPAD	3543	2	19	0	1	0
Sweden	(c)	2003	8	CAN	approx. 5000					
Sweden		2003		ESPAD	3232	1	23	0	1	0
United Kingdom		2003		ESPAD	2068	13	58	10	13	6
Bulgaria		2003		ESPAD	2740	3	36	3	4	2
Romania		2003		ESPAD	4371	0	10	0	0	0
Turkey	(b)	2003		ESPAD	4177	1	7	1	1	0
Norway		2003		ESPAD	3833	3	26	1	2	1

Notes:

Perceived availability: Perceived availability of cannabis is the percentage of students answering 'very easy' or 'fairly easy' (in the 6 point scale) to the question 'How difficult do you think is would be for you to get cannabis, if you wanted?'

Use 40+ times: in ESPAD surveys during lifetime.

Comparison between males and females for Use 40+ times is limited, because numbers are often too small to be statistically significant.

(b) ESPAD 2003 Germany figures are based in six regions only (Bavaria, Brandenburg, Berlin, Hesse, Mecklenburg-Western Pomerania and Thuringia). Turkey figures are based on one major city in each of 6 different regions (Adana, Ankara, Diyarbakir, Istanbul, Izmir and Samsun).

(c) This school surveys make use of the ESPAD questionnaire. ESPAD methods are adopted to varying degrees.

Sources:

See Table EYE-0 (page 3.4).

Table EYE-3. Recent school surveys: lifetime prevalence of psychoactive substance use and last month prevalence (LMP) of cannabis (percentages), among students 17 to 18 years old

Country		Year	Ref.	Project	Age range (years)/cohort	Sample size for age range	Cannabis	LMP Cannabis	Inhalants/volatile substances	Amphetamines	Ecstasy	LSD & other hallucinogens	Cocaine	Heroin
Belgium (Flemish)		2003	7	VAD	11 to 22	357	47.0		9.7	5.5	8.9	8.3	4.0	1.4
Czech Republic	(c) (d)	2003		ESPAD	born in 1985	4830	56.2	22.3	6.4	8.4	11.4	11.7	1.6	2.7
Greece		2003		ESPAD	11 to 18	6408	10.3	3.7	12.9	0.9	1.7	1.6	1.3	0.6
France	(b) (c)	2003	3	ESPAD	12 to 18	16833	54.2	29.9	12.2	2.4	4.5	1.4	2.3	1.6
Italy	(a)	2003		ESPAD	15 to 19	28395	39.0	21.9	7.4	3.1	3.6	3.5	6.3	1.5
Cyprus	(d)	2003		ESPAD	14 to 17	2811	1.6	0.7	3.7	0.2	0.5	0.1	1.2	0.2
Latvia (Riga)		2003		ESPAD	13 to 20	3680	30.1	6.9		6.4	5.2	2.7	2.2	1.0
Hungary		2003		ESPAD	14 to 22	2453	36.8	16.5	4.1	12.1	12.4	7.5	3.6	2.7
Netherlands		2003	2	JRG	11 to 18	7883	43.8	17.6		5.2	7.5	8.6	4.6	1.2
Austria	(c)	2003		ESPAD	17 to 18	686	36.9	18.0	14.6	4.7	6.9	5.0	5.3	2.1
Portugal	(a)	2003		ESPAD	13 to 18	18000	25.9	10.7			4.3	3.7	1.4	
Slovakia		2003		ESPAD	15 to 19	11287	35.6	11.9	9.5	3.4	6.0	6.6	1.5	0.8
Bulgaria		2003		ESPAD	15 to 18		30.6	9.3	3.6	3.0	3.3	1.1	3.3	2.0

Notes:

This table aims to present data on 17- to 18-year-old school students obtained from national surveys. Surveys marked ESPAD were carried out using ESPAD methods to varying degrees. The surveys for Belgium (Flemish) is the Flemish region only. In all of the school surveys the method for data collection was classroom based, anonymous, self-completion questionnaires in written test conditions.

Caution is required comparing figures due to methodological limitations. For methods and definitions see page 3.1.

(a) Figures for Italy and Portugal are based on combined average prevalence for 17 and 18 year old students which does not allow for possible difference in sample size between the 2 ages groups.

(b) LSD & other hallucinogens: includes LSD only.

(c) Cocaine: cocaine powder only.

(d) Heroin: opiates.

List of supplementary material

The figures and supplementary tables listed here are available on the statistical bulletin website (http://stats05.emcdda.eu.int).

Figures

Figure EYE-1. Cannabis prevalence rates

- Figure EYE-1 part (i). Lifetime, last year and last month prevalence of cannabis use among 15 to 16 year old school students in 2003
- Figure EYE-1 part (ii). Lifetime prevalence of cannabis use among 15 to 16 year-old school students reported in the 1995, 1999 and 2003 rounds of the ESPAD survey
- Figure EYE-1 part (iii). Comparison of male and female school students' lifetime prevalence (percentage) of cannabis use 40 or more times among 15 to 16 year old school students in 2003
- Figure EYE-1 part (iv). Comparison of 15 to 16 and 17 to 18 year old school students' current (last month) prevalence of cannabis use in 2003
- Figure EYE-1 part (v). Comparison of lifetime prevalence of cannabis use with perceived great risk (percentages), among 15 to 16 year old school students in 2003
- Figure EYE-1 part (vi). Comparison of lifetime prevalence for cannabis and ecstasy use with easy availability (percentages) among 15 to 16 year old school students in 2003
- Figure EYE-1 part (vii). Comparison of 1999 and 2003 (percentage) of 15 to 16 year old school students who reported that they first used cannabis 13 years or younger
- Figure EYE-1 part (viii). Comparison of lifetime prevalence (percentage) of cannabis use and drinking 5 or more drinks in a row during past month among 15 to 16 year old school students in 2003
- Figure EYE-1 part (ix). Changes 1995 to 2003 in percentage lifetime prevalence of cannabis use among 15 to 16 year old school students

Figure EYE-2. Lifetime prevalence for drugs other than cannabis among school students

- Figure EYE-2 part (i). Changes 1995 to 2003 in lifetime prevalence (percentage) of ecstasy use among 15 to 16 year old school students
- Figure EYE-2 part (ii). Comparison of lifetime prevalence of ecstasy use with perceived great risk (percentages) among 15 to 16 year old school students
- Figure EYE-2 part (iii). Comparison of last month prevalence of drinking 5 or more alcoholic drinks in a row with perceived great risk (percentages) among 15 to 16 year old school students in 2003
- Figure EYE-2 part (iv). Comparison of lifetime prevalence of cocaine use with perceived great risk (percentages) among 15 to 16 year old school students in 2003
- Figure EYE-2 part (v). Lifetime prevalence for use of ecstasy, LSD and other hallucinogens and magic mushrooms (percentages) among 15 to 16 year old school students in 2003
- Figure EYE-2 part (vi). Lifetime prevalence for use of ecstasy and amphetamines (percentages) among 15 to 16 year old school students in 2003

Tables

Table EYE-4. School surveys: Lifetime prevalence of psychoactive substance use among 15 to 16 year old students

Table EYE-5. School surveys: Prevalence of cannabis use among students 15 to 16 years

- Table EYE-5 part (i). Lifetime prevalence (LTP), last year prevalence (LYP), and last month prevalence (LMP)
- Table EYE-5 part (ii). Use patterns