European Monitoring Centre
for Drugs and Drug Addiction

Assistance to EMCDDA for the analysis of drug profiles from EMCDDA Databank on surveys of drug use

(Project CT.03.P1.200)

Final Report

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1. Introduction

1.1 Contemporary drug use in the European Union and Norway (EMCDDA 2004a)

Cannabis is currently the most popular drug in the EU with around 20% of adult members of the general population reporting a lifetime use (2002 data). Prevalence rates vary between and within countries, within specific sub populations, and reference period, and this difference is greatest in young men. For example, the UK reports high general lifetime and recent young person's (15-34) cannabis prevalence (~30%; 19.2% respectively), whilst Portugal and Finland the lowest (7-10%; 4.9% respectively). Drug use also tends to be highest in predominately urban areas although there are some suggestions that this gap is declining in some regions as a result of the homogenisation of youth drug cultures (Henderson 2004). Demands for cannabis treatment have progressively increased across Europe. However, although prevalence and frequency of use increased substantially in the 1990s, this has largely stabilised in most countries, and use is mainly restricted to experimentation (e.g. 20-40% of adults reporting lifetime use also report last year use, and 1-10% used in the previous month). Ecstasy has now overtaken amphetamine as the second most popular illicit drug with between 11-17% of 15-24 year olds reporting lifetime use in the Czech Republic, Spain, the Netherlands, and UK (compared with 0.5%-7% of the total adult population). Last year prevalence of cocaine in Spain and the UK (>2%) is now comparable with the USA (2.5% in the population aged 12 and above; 2003 National Survey on Drug Use and Health, Substance abuse and Mental Service Health Services Administration (SAMHSA)), although lifetime prevalence remains much less. Estimates of the extent of problematic drug use (i.e. traditionally described as heroin and heroin injection, but also increasingly concerning crack cocaine) are always difficult to ascertain, but have been reported between 2 and 10/1000 adult population depending upon country and geographic location.

1.2 Need for effective, ongoing situation analysis

The EMCDDA has encouraged EU member states to develop and report the findings of robust and repeated/continuous national surveys:

"*The aim of such surveys is to obtain comparable, reliable information on*:

- *the extent and pattern of consumption of different drugs in the general population;*
- *the characteristics and behaviours of users; and*
- *the attitudes of different population groups towards drug use.*

This information gained is then used to assess the situation, identify priorities and plan responses. National population surveys have been conducted in the Member States in recent years. Some repeat them on a regular basis. Comparative analysis of the data is difficult because of social and cultural differences, and differences in quality, methods, questionnaires and reporting formats can further compound these problems. The EMCDDA is working with key experts from the Member States to develop standards for conducting these surveys that will improve comparability at EU level whilst taking account of existing national approaches, instruments and methods. The standards consist of core modules to insert in broader national questionnaires, accompanied by guidelines on sampling, data collection, analysis and reporting results. A list of core items ('European Model Questionnaire') to be included in national survey questionnaires, methodological guidelines and basic analysis and reporting formats have all been produced and pre-tested. Further testing is needed, as are experimental studies of the impact of differences in, for example, sampling frames available in Member States."

http://www.emcdda.eu.int/index.cfm?fuseaction=public.Content&nNodeID=1380&sLanguageISO=EN
(Accessed 10/11/2004)

1.3 Background to the project

The prevalence and patterns of drug misuse in the general population of EU member states, assessed through national surveys, is one of the EMCDDA's Key Indicators. The European Model Questionnaire (EMQ) was designed to monitor this key indicator, providing core items that may be included in national surveys in order to aggregate drug misuse information across EU member states and provide reliable information on the extent and patterns of use, characteristics and behaviours of users, and attitudes of different population groups towards drug use. Compatibility is also improved by guidelines on sampling, data collection, analysis, and result reports. In addition to the development of guidelines for future studies, EMCDDA Project CT.00.EP.14 (European Union Databank on National Population Surveys on Drug Use (NPSD-EU), 2002) described the harmonisation of 10 existing datasets (2 from Greece; 2 from Germany; 3 from Spain; and 3 from UK) and reported example survival analyses of gender and national differences in the

onset of cannabis use in successive birth cohorts. These two project strands (EMQ and harmonisation) have run consecutively and represent development ongoing efforts towards improving the compatibility of EU drug data in order to support policy, strategy, and response. Report CT.00.EP.14 also presented two cross-national joint analyses carried out on the harmonised database created during the project (age of first cannabis use and the gender gap in drug use in Germany, Greece, and Spain).

To promote the harmonised databank as a useful research tool and to demonstrate its epidemiological applications, an invitation to tender was extended to National Focal Points in order to identify profiles of drug use. Particular attention was paid to differences and commonalities across countries and over time, with the identification of social and other factors associated with different user profiles of interest. The Centre for Public Health, under the auspices of the North West Public Health Observatory (NWPHO) and the UK Focal Point on Drugs successfully tendered for this project. This report builds upon earlier work by Kraus, Korf and their respective colleagues, and presents the first wide-ranging analysis of drug profiles data deposited in the EMCDDA Databank on surveys of drug use (Project CT.03.P1.200).

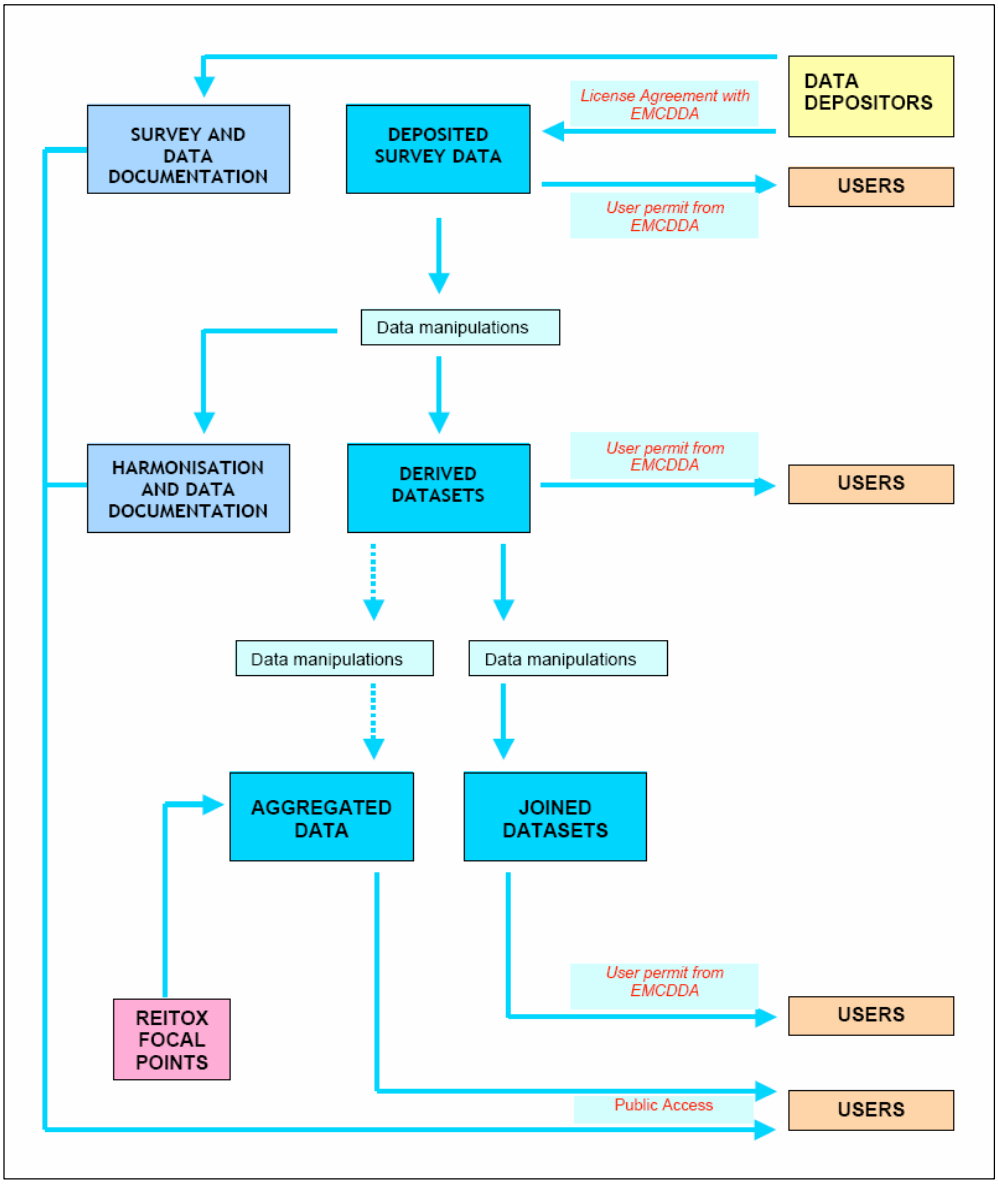


Figure 1 Summary model of NPSD-EU construction (*from* Bless et al., 2002). This project represents a User utility stage

1.4 Data sources (*see Table 1*)

Nationwide surveys on the use of licit and illicit drugs were conducted in (West) Germany in 1995 and 1997. All three samples were representative of the German-speaking general population aged 18-59 years

although there was no oversampling of subgroups. In 1995 and 1997, sampling was based on a multi-stage probability sampling design using a random route approach as described in detail elsewhere (Kraus et al., 2000). The questionnaire was self-administered in both surveys.

A drug survey of a sample of approximately 2000 12-64 year-old inhabitants of the greater Athens area was conducted in 1993 (Kokkevi & Stefanis, 1994). Five years later, the survey was extended to all of Greece with a sample size of about 3,750 (Kokkevi et al., 2000). A multistage probability design was applied: cities and villages were selected into four strata defined by degree of urbanization. Household members from recorded households in randomly-selected houses in each stratum were stratified by age and sex, and selected through systematic sampling. The two younger age groups (12-17 and 18-24 years) were oversampled. Data collection was based on structured interviews in the home of the respondent with response rates of 68% in 1993 and 63% in 1998.

Survey data for Spain were available for 1997 and 1999 (Pardo, 2001). In both surveys the target populations were those aged between 15 and 65 years old. The sample size in both surveys was approximately 12,500. Smaller autonomous communities and the age group 15-39 were over sampled. Face-to-face interviews were conducted at interviewees' homes with self-administered answer sheets on the consumption of legal and illegal drugs. Households were selected by means of a systematic random route procedure. Individuals in selected households were randomly chosen. The response rate was 87% in 1997 and 88% in 1999.

Data were available for England and Wales (for convenience referred to as the UK) *via* the drugs component of the British Crime Survey for the years 1994, 1996, and 1998. A stratified multi-stage random probability design was used to select the sample of addresses. Postcode sectors were sorted into 10 standard regions and systematic sampling took place within each region. In each selected household, one adult aged 16 or over was identified for interview using similar random-selection procedures. No substitution of respondents was allowed. Inner city areas were over sampled by a factor of two and were selected on the basis of classifying postcode sectors according to population density; level of owner-occupied tenure; and social class profile. Further details are described in the 1998 BCS Technical Report (Hales and Stratford 1998).

	Germany		Greece	Spain	UK
Survey name	Repräsenttativerhebung zum Konsum und Missbrauch illigalen Drogen		Population survey on the use of illicit and illicit substances in Greater Athens/National population survey on the use of illicit and illicit substances	Encuesta Domicilliaria de Consumo de Drogas	British Crime Survey
Net response	1995 = 7833		1993 = 2103	1995 = 9984	1994 = 11693
	1997 = 8020		1998 = 3752	1997 = 12515	1996 = 11244
				1999 = 12488	1998 = 10294
Response rate	65%		65%	87%	75%
Age range	18-59		12-64	15-65	16-59
Variables not included*	LTP	Sedatives, tranquillisers, dummy drug	LSD, crack, mushrooms, methadone, dummy drug	Alcohol, LSD, mushrooms, methadone, sedatives, tranquillisers, dummy drug	Alcohol, sedatives
	LYP	Dummy drug, any drug	LSD, crack, mushrooms, methadone, dummy drug		Alcohol, sedatives
	LMP	Dummy drug, any drug	LSD, crack, mushrooms, methadone, dummy drug	Alcohol, cannabis, amphetamine, heroin, cocaine, LSD, ecstasy, crack, mushrooms, methadone, sedatives, tranquillisers, dummy drug, any drug	Alcohol, sedatives

	LTF	Cannabis, amphetamine, cocaine, LSD, ecstasy, crack, mushrooms, methadone	LSD, crack, mushrooms, methadone	Cannabis, amphetamine, heroin, cocaine, LSD, ecstasy, crack, mushrooms, methadone	Cannabis, amphetamine, heroin, cocaine, LSD, ecstasy, crack, mushrooms, methadone
	LMF		LSD, crack, mushrooms, methadone	Alcohol cannabis, amphetamine, heroin, cocaine, LSD, ecstasy, crack, mushrooms, methadone, sedatives, tranquillisers	Alcohol cannabis, amphetamine, heroin, cocaine, LSD, ecstasy, crack, mushrooms, methadone, sedatives, tranquillisers
				General drinking frequency	
				General binge drinking frequency	General binge drinking frequency
	Age of first use of…		LSD, crack, mushrooms, methadone, any drug	LSD, mushrooms, methadone	Cannabis, amphetamine, heroin, cocaine, LSD, ecstasy, crack, mushrooms, methadone, any drug
	Having heard of…	Cannabis, amphetamine, heroin, cocaine, LSD, ecstasy, crack, mushrooms, methadone, sedatives, tranquillisers, dummy drug	Cannabis, LSD, crack, mushrooms, methadone, sedatives, tranquillisers	Cannabis, amphetamine, heroin, cocaine, LSD, ecstasy, crack, mushrooms, methadone, sedatives, tranquillisers, dummy drug	Sedatives
		Respondent income	Respondent income	Respondent income	Respondent income
		Level of urbanisation			Level of urbanisation
		Users treated as criminal or patient?	Users treated as criminal or patient?	Users treated as criminal or patient	Users treated as criminal or patient?
	Should …be legalised?	Cannabis, heroin		Cannabis, heroin	Cannabis, heroin
	Disapprove of use of…?	Cannabis, heroin, smoking, drinking, ecstasy	Cannabis, heroin, smoking, drinking, ecstasy	Cannabis, heroin, smoking, drinking, ecstasy	Cannabis, heroin, smoking, drinking, ecstasy
	See risk in use of…?	Cannabis, heroin, smoking, drinking, ecstasy, cocaine	Alcohol, ecstasy, cocaine		Cannabis, heroin, smoking, drinking, ecstasy, cocaine

Table 1 Comparison of datasets. * This refers to variables common to other datasets but not that particular country for any of the studied periods

Data considerations

(*For a full description of the European Model Questionnaire and the Databank see Bless 2002*)

Survey weights corrected to return total sample size by Ruud Bless (Quinx Research, ND)

Despite European Model Questionnaire (EMQ) harmonisation and standardisation there is a range of data quality and definitions; e.g. 'cocaine' refers to cocaine hydrochloride and/or cocaine carbonate (crack); some surveys report LSD use, whilst this is subsumed in the hallucinogens category by others.

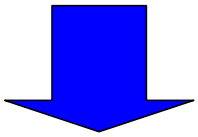
There is variation in national survey sampling methodology, years of data collection, response rate, and population sizes

Original survey age ranges differed and were standardised to the EMCDDA range (15-64). Where the original ranges were more restrictive there may be relative over-estimation of prevalence.

There is wide variation in the extent of reported variables; e.g. UK does not report details or alcohol or smoking, and does not include ages of drug initiation

The low population prevalence of most drugs means that it is not possible to performed detailed analysis on use or on characteristics of users; e.g. LYP heroin in the UK was 0.2%, n = 29

Variation exists between EMQ and national analyses (e.g. lifetime drug prevalence) because of the management of missing values in the construction of the EMQ.



It is inappropriate to conduct between country analyses, and therefore descriptive comparisons are the most appropriate.

Figure 2 Summary of data considerations

2. Methodology

2.1 A note on the analysis

The analytical proposal was discussed and agreed in February 2004 by Harry Sumnall (on behalf of the UK Focal Point), Julian Vincente, Paul Griffiths, and Colin Taylor (all EMCDDA) in consultation with those national population survey project leads who had submitted data to the databank. A progress meeting, held in Lisbon in May 2004 enabled national population survey representatives to advise the analytical process as it had proceeded to date.

It was not the purpose of the current project to provide a contemporary situational analysis of substance misuse; indeed, the most recent dataset was from 1999, five years prior to commencement of the project, and the EMCDDA has published full annual reports on behalf of Retoix Centres in the interim (e.g. EMCDDA 2004b). However, in terms of elucidating and defining the harmonised dataset as an effective research tool, this work provides a valuable supportive contribution. Furthermore, historical descriptions of changes in the social characteristics of European substance users in the 1990's, a time of great change in the social pharmacology and societal responses to illicit drug use (e.g. Parker et al., 1998), are lacking in the scientific literature. These two project strands lay the groundwork for developing dynamic analytical themes. It is anticipated that using the examples detailed in the current work, key analyses would be identified annually in accordance with EMCDDA priorities. Focal points would be encouraged to report results either through their own independent analysis, data workshops, or the submission of appropriately derived data to EMCDDA statisticians.

2.1.1 Combination of datasets

Although prevalence estimates were calculated, and are reported for individual datasets, pooling of each country's surveys allowed for more sophisticated analyses. For example, sociodemographic factors associated with recent cocaine use may have changed with time, reflecting changes in drug markets, economics, availability, and social acceptance. In such cases the year that the survey was conducted was designated as an independent variable. Furthermore, as described by Kraus and Augustin (2002), while the 1993 Greek survey covered the Greater Athens area, the 1998 survey was conducted nationwide. It was therefore necessary to test if in the 1998 Greek survey the responses for the dependent variables of interest given by individuals living in Athens significantly differed from those who did not. It was also necessarily to

subsequently test if the responses to the 1998 survey with non-significant regional response differences differed significantly from the responses to the 1993 survey. In general, no significant differences were found between surveys, which again allowed for data combination.

2.1.2 Drug use in the general population

For each dataset (i.e. country and year of survey) weighted drug use prevalences were calculated and stratified by standard EMCDDA age groups (15-64 (defined as 'All adults'; 15-34 (defined as 'Young Adults); 15-24; 25-34; 35-44; 45-54; 55-64 (defined as 'Broad Age Groups')), and sex (male, M; female, F; total, T). The age ranges of national population groups were filtered to these standard groups. For example, Greek data covered 12-64 year olds, whilst UK data described 16-59 year olds. In both cases there was censoring of datasets (i.e. Greece <15 year olds; UK 15, and >59 year olds) as the standard EMCDDA age groups range from 15-64. Where survey age ranges were more restrictive there may be relative over estimation of prevalence. Periods covered were lifetime (LTP), last 12 months (LYP), and last month (LMP) prevalence. LTP was calculated on the basis of all subject responses, whilst for LYP, and LTP missing values (i.e. those individuals not reporting a lifetime use of any or the illicit substance in question) were converted to valid responses in order to estimate substance users within the population, and not just those who had answered positively to preceding drugs questions. Substances selected for analysis were on the basis of inclusion in existing EMCDDA standard tables. Whilst this included substances such as methadone, crack cocaine, and other opioids, generally these were too infrequently reported to warrant further analysis, and population prevalence would have been subject to large statistical error. Alcohol and prescription medicines are in included standard tables for comparison purposes, although tobacco smoking forms a separate analysis. As noted in Table 1 there were discrepancies between countries concerning the range and type of drug data collected. For example LMP data was not collected by the Spanish survey in 1995, and LSD was grouped with 'other hallucinogens' (mainly psilocybin containing mushrooms), whereas for other datasets there were distinct categories. For survey years please refer to Table 1

In addition to these prevalence estimates, further basic substance use parameters were calculated (see Table 2 or description).

Parameter	Notes
Evolution	The development of recent drug use across survey years in young people
Period prevalence	The change in prevalence as the reporting period moves from LTP → LYP → LMP
Cumulative prevalence	Prevalence within 5 year birth cohorts, and cumulative prevalence across all cohorts
Drug quitting/experimentation	The proportion of individuals reporting LTP but not LYP. This represents individuals who may have only used a substance once, or ceased substance use either permanently or temporarily, the data does not allow differentiation
Age of initiation	Where available, the age that a drug was first used
Recent drug use	A gender based comparison of LMP for the most frequently reported illicit drugs
Tobacco smoking	Smoking status
Alcohol	LTP; LYP; LMP; last month drinking frequency; general frequency of drinking; general frequency of bingeing.

Table 2 Prevalence estimates for illicit drugs, alcohol, and tobacco

2.1.3 Conditional prevalence – polysubstance misuse

Conditional prevalence of substance use across periods was calculated (i.e. the prevalence of use of drug B considering use of drug A has already occurred). This analysis does not allow for the assessment of simultaneous polysubstance use (i.e. two or more drugs taken at the same time), and only $LMP_{drugA}|LMP_{drugB}$ data gives an accurate estimation of concurrent polysubstance use (use of two or more drugs within a four week period). This calculation showed the association between prevalence of drug B in those individuals reporting use of drug A, the increase or decrease of which could then be compared to the general population prevalence (i.e. the unconditional prevalence). However, this data does not suggest causation (i.e. use of drug A increases the likelihood of use of drug B) as polysubstance use may be a product of psychopharmacological synergy (e.g. Schechter, 1997), the perceived function of drug combinations (e.g. Boys et al., 2001), cultural influence (e.g. Galaif and Newcomb, 1999), drug availability (e.g. Collins et al., 1998), and user personality traits (e.g. Dughiero et al., 2001). Other conditional prevalences are reported for completeness and indicate the wide variety of substances taken within a typical career. The use of

homogeneity analysis (HOMALS) to study the interdependence between use of different substances, and the identification of typological clusters was considered (e.g. Smit et al., 2002), but ultimately rejected by the project team as an over complex means of visualising simple relationships in light of prevailing 'recreational' and experimental drug use compared to substances with the potential for dependence (i.e. revealed clusters would tend to centre around cannabis and the dance drugs).

2.1.4 Multivariate analyses

2.1.4.1 *Logistic regression* is used to predict a dependent variable on the basis of independents and to determine the percent of variance in the dependent variable explained by the independents; to rank the relative importance of independents; to assess interaction effects; and to understand the impact of covariate control variables. A backwards stepwise logistic regression with simple contrasts for categorical variables was used to investigate the influence of sociodemographic and drug use variables on LTP and LYP of the most popularly reported drugs (amphetamine, cannabis, cocaine, ecstasy, hallucinogens/LSD)

2.1.4.2 *Multinomial Logistic Regression* is used for classifying subjects based on values of a set of predictor variables. This type of regression is similar to logistic regression, but it is more general because the dependent variable is not restricted to two categories. In these analyses, the age of first cannabis use in Germany, Greece, and Spain, and last month frequency of cannabis in Germany and Spain was examined as a function of sociodemographic variables. Relatively low prevalence and a high number of missing cases precluded similar analysis for other drugs.

2.1.5 Survival analyses and Cox regression

Discrete-survival analysis can be used to investigate onset, cessation, relapse, and recovery in health data (Willett and Singer 1993). The comprehensive analysis of Kraus and Auguston (2002) detailed in report CT.00.EP.14 meant that further work on cannabis was redundant within the current project, but utilising a similar approach it was feasible to examine whether early initiation of cannabis use was more likely to be associated with use of other illicit drugs. Too few individuals reported use of heroin or crack cocaine to make analysis of these substances worthwhile, but considering the important part played by dance drugs (e.g. amphetamine, cocaine, ecstasy, LSD) in the contemporary recreational pharmacopoeia, survival time until initiation of at least one of these drugs, and years of survival after cannabis initiation was examined. Life table analysis of years until dance drug initiation in the total population revealed the proportion of individuals 'surviving' (i.e abstaining from use) continuous 5 year periods; a subsequent calculation was repeated *within* dance drug users to avoid the undestimation bias caused by the relatively low prevalence of use. Since the probability of dance drug initiation is close to zero after the age of 50, hazard rates were not calculated for older individuals. Censored cases (i.e. specific event had not occurred at time of survey) were those individuals in which dance drugs had not been initiated. It is important to note that this approach may not necessarily represent lifelong abstention, as drug use may commence after the survey sampling date, particularly in young people.

2.1.6 *The Kaplan-Meier survival function*

(with log-rank test) until initiation of dance drug use was calculated for individuals reporting a lifetime use of cannabis and compared with cannabis abstainers. This test generally gives a good estimate of the survival probabilities for each group studied. In a pilot analysis conducted with the Spanish dataset, 76.2% of cannabis users were censored compared to 99.6% of abstainers (i.e. had not used a dance drug at the time of survey). As polysubstance is widespread within substance misusers, this finding was not unexpected (Smit et al., 2002) and unsurprisingly, preliminary log rank tests showed a large significant difference between the two survival curves for all datasets (log-rank statistic = 6931.21, $p < 0.001$). As these initial pilot explorations were unrevealing, Cox-regression analysis was then used to explore the effects of independent variables upon the survival outcome in the total population i.e. time until first dance drug episode; and to examine birth cohort-specific changes in onset. Cox regression is similar to regular multiple regression except that the dependent variable is the hazard rate and allows for both numeric and categorical independent (predictor) variables. Demographic information and frequency of use of alcohol, tobacco, and cannabis and/or the prevalence of use of other drugs, were entered as covariates. Variables significantly influencing the survival function were then identified

2.2 Software

Analysis was conducted using SPSS (v12.0), SigmaStat (v3.0), STATA (v8) statistical software packages. A significance level of $p < 0.05$ was set for all tests.

3. Analysis and Results

3.1 Drug use in the general population

Tables A.2 – A.29 in Appendix A are adapted from the EMCDDA standard tables templates, used to standardise quantitative drug prevalence information according to country, survey year, age group, and reporting period (i.e. lifetime, last 12 months, last month). These tables will not be described in detail in this text, but general trends are summarised in Table 3 below, and reference is made to relevant figures.

In summary, retrospective analysis supported the current understanding that although it is far from being reported by the majority, drug use is widespread, with lifetime use of any illicit substance within the general population (ages 15-64) ranging from 10.3% (Greece 1993) to 24.5% (UK 1998). Cannabis remained the most popular illicit drug in all age groups and reporting periods. In all surveys, within specific age groups, notably 15-24 year olds, there was a dramatic increase compared to general population reporting. For example, lifetime illicit drug prevalence ranged from 11.0% (Greece 1993) to 46.6% (UK 1998). Examining recent time periods, a more useful indicator of prevailing trends, general population prevalence remained high with a similar national distribution (e.g. last year and last month prevalence, Greece 1993 → UK 1998; 2.7% → 8.6%, 1.2% → 5.1% respectively). Although, generally, in Germany, Greece and Spain, LTP remained stable, in the UK there was a sharp increase in reporting of lifetime use of all drugs over the three surveys with the greatest increase seen in cannabis. As earlier reported by Ramsay and colleagues (2001), there was a small but significant rise in LTP cocaine, although this was still less than observed in Spain, which, as a major transit route of Latin American cocaine into Europe (also reflected in the number of seizures each year) historically has the highest levels of cocaine use in Europe (EMCDDA, 2003).

It is difficult to establish meaningful trends on a population level as reporting of drug use is strongly dependent upon age, gender, and urbanisation (i.e. access to drugs and participation in drug using lifestyle). Analysis showed that LYP ecstasy, for example, was reported by approximately 2.5% in Germany, Spain, and the UK (Panel 1) but in contrast, specifically examining the 15-24 year old group, there were clear differences between countries (Panels 7, 9, and 10). In the UK ecstasy peaked at 6.0% in 1996, whilst peaks in Germany and Spain were 2.8% and 3.0% respectively. As shall be discussed, factors such gender (Section 3.2), and area of residence (Section 3.6) may explain additional population variance.

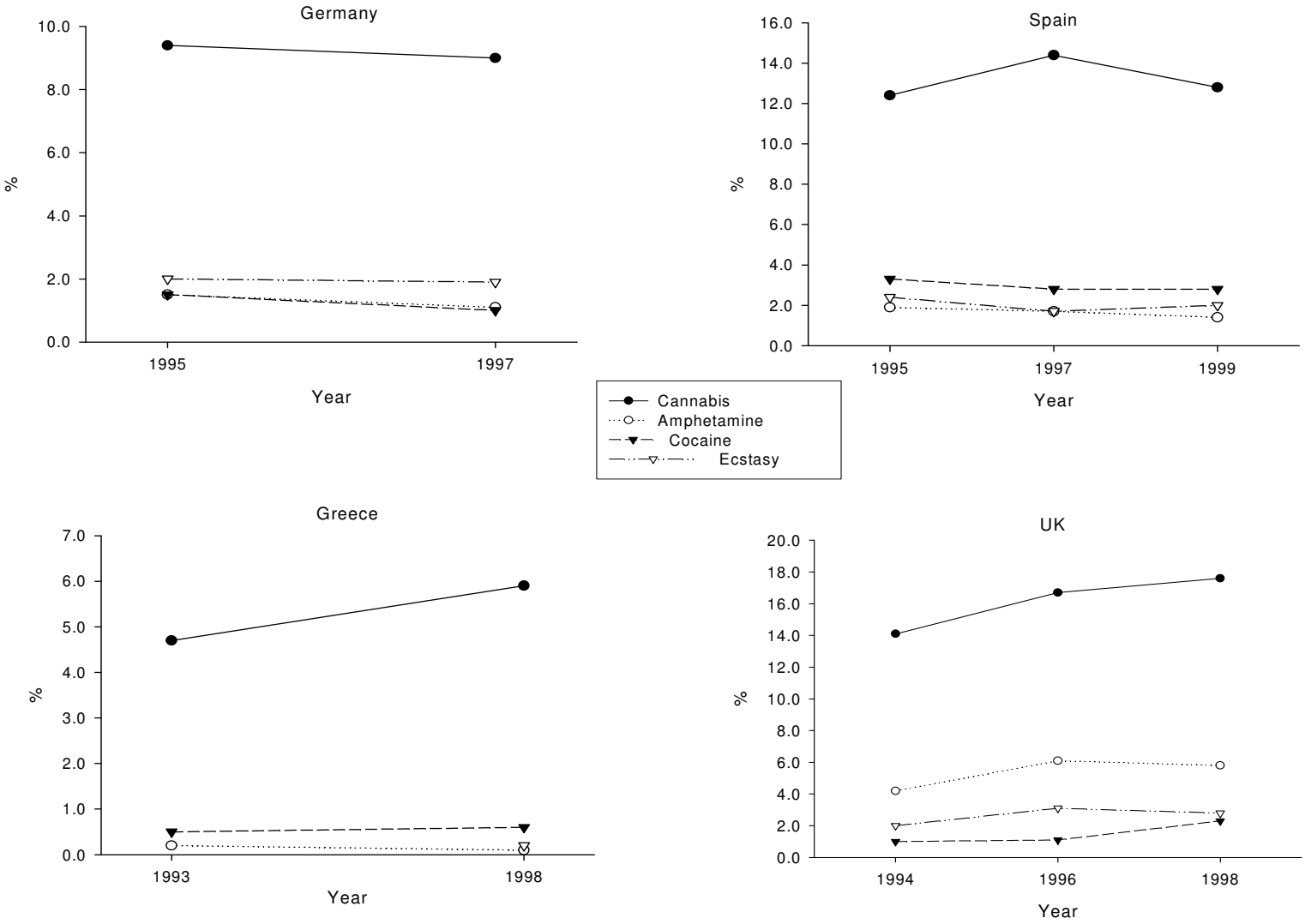
3.2 Gender differences in young person's drug use

3.2.1 Recent prevalence

With the exception of tranquillisers and sedatives, young males (aged 15-34) were more likely to report recent (LYP) substance use than females and (in those countries which reported it), greater frequency of lifetime use (for cannabis comparison see Figure 7 and for all drugs please refer to Tables A1-A29). Examining the combined datasets for each country, fewer males had *never* smoked tobacco in Germany (31.2% vs 48.7%, $\chi^2 = 6.750$, $p < 0.01$) and Spain (26.6% vs 48.8%, $\chi^2 = 10.272$, $p < 0.01$), but not Greece (25.7% vs 35.2%, $\chi^2 = 1.911$, NS). The proportion of lifetime quitting after initiation was lower, but these differences did not reach statistical significance (Germany 25.7% vs 21.3%, $\chi^2 = 0.695$, NS; Greece 19.0% vs 20.7%, $\chi^2 = 0.125$, NS; Spain 25.8% vs 18.3%, $\chi^2 = 1.865$, NS). Nevertheless, whilst there was no significant difference between males and females in their levels of alcohol use in Germany ($\chi^2 = 0.889$, NS), and Spain ($\chi^2 = 0.889$, NS), more males reported LYP alcohol in Greece ($\chi^2 = 7.037$, $p < 0.05$). Drug-use patterns are dynamic and liable to change with ageing and across population cohorts. The findings of *The Scottish Crime Survey* for example which included data from 12–15 year olds, indicated changing patterns in drug use among young people in Scotland (Hammersely 1994). In certain age groups, girls were more likely than boys to have reported use of temazepam, amphetamines, LSD and solvents. However, patterns of drug use in those aged 16 years or older were more typical, with a greater proportion of males to females reporting drug use. This suggests that whilst in younger age groups, more girls than boys are prepared to experiment with drugs, this is short lived. Males were not only more likely than females to use illicit drugs, but were more likely to believe that cannabis should be legal (Germany, $\chi^2 = 3.916$, $p < 0.05$; Greece, $\chi^2 = 5.373$, $p < 0.05$), and less likely to perceive cannabis possessing moderate risk or greater when used regularly (Spain, $\chi^2 = 2.805$, NS; Greece, $\chi^2 = 3.030$, NS). This may largely be because they are less likely to disapprove of substance use in general (Lowden and Powney, 2000; *also see section* 3.10.1).

Country	**Germany**		**Greece**		**Spain**			**UK**		
Year of survey	1995	1997	1993	1998	1995	1997	1999	1994	1996	1998
Age	15-24 year olds report highest levels of illicit drugs across all prevalence periods									
Gender	Males report higher levels of illicit drugs across all prevalence periods									
Period Prevalence	Prevalence decreases from LTP → LYP → LMP									
Illicit drug most frequently reported LTP (% all adults/15-34 year olds)	Cannabis (11.9/19.7)	Cannabis (11.5/19.5)	Cannabis (9.8/14.1)	Cannabis (12.8/19.5)	Cannabis (14.2/22.9)	Cannabis (22.2/31.9)	Cannabis (19.9/28.6)	Cannabis (17.3/27.7)	Cannabis (20.1/33.2)	Cannabis (22.5/37.7)
Illicit drug most frequently reported LYP (% all adults/15-34 year olds)	Cannabis (4.3/9.4)	Cannabis (4.0/9.0)	Cannabis (2.7/4.7)	Cannabis (9.2/5.9)	Cannabis (7.1/12.4)	Cannabis (7.9/14.4)	Cannabis (7.0/12.8)	Cannabis (7.0/14.1)	Cannabis (7.8/16.7)	Cannabis (8.0/17.6)
Illicit drug most frequently reported LMP (% all adults/15-34 year olds)	Cannabis (2.8/6.1)	Cannabis (2.7/5.9)	Cannabis (1.2/2.2)	Cannabis (2.2/4.6)	-	Cannabis (4.6/8.4)	Cannabis (4.5/7.9)	Cannabis (4.1/8.4)	Cannabis (4.5/9.5)	Cannabis (4.7/10.5)
Amphetamine trends	Decrease in young person and general population prevalence		Decrease in young persons and general population prevalence		Increased in 1997 then decreased			Increase in young person and general population prevalence		
Cannabis trends	Decrease in young person and general population prevalence		LTP decreased in general population, increased in young adults; increased in LYP and LMP		Increased in 1997 then decreased			Increase in young person and general population prevalence		
Cocaine trends	Decrease in young person and general population prevalence		Increase in young person and general population prevalence		Decrease in young person and general population prevalence			Increase in young person and general population prevalence		
Ecstasy trends	Increase in LTP; LYP stable; LMP decreased in both young people and general population		Data only collected for 1998		Increased in LTP; decrease in LYP in both young people and general population			Increase in young person and general population prevalence		
Hallucinogen trends	LTP decreased in general population, increased in young adults; LYP and LMP decreased		Decrease in young person and general population prevalence		Increased in 1997 then decreased			Increase in young person and general population prevalence		

Table 3 Summary of key features reported in standard tables and text



Panel 1, Figures 3-6 (*previous page*) Evolution of drug use prevalence (cannabis, cocaine, amphetamine, ecstasy) in the past year among young people aged 15-34. No ecstasy data was collected from Greece in 1993.

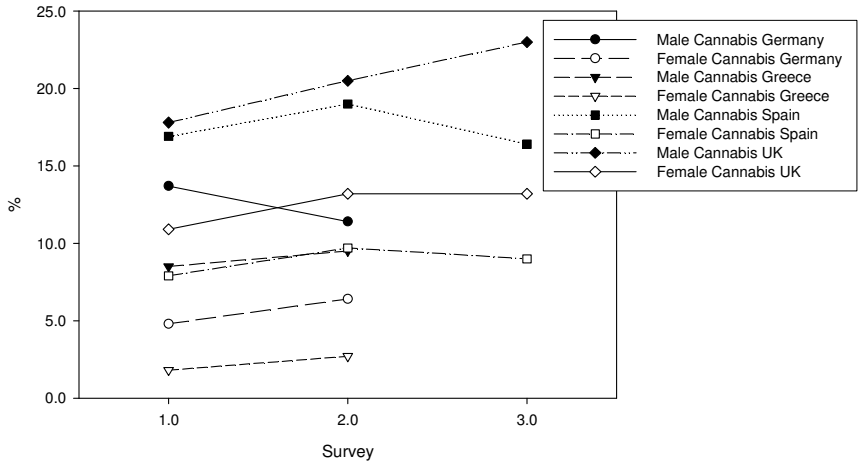
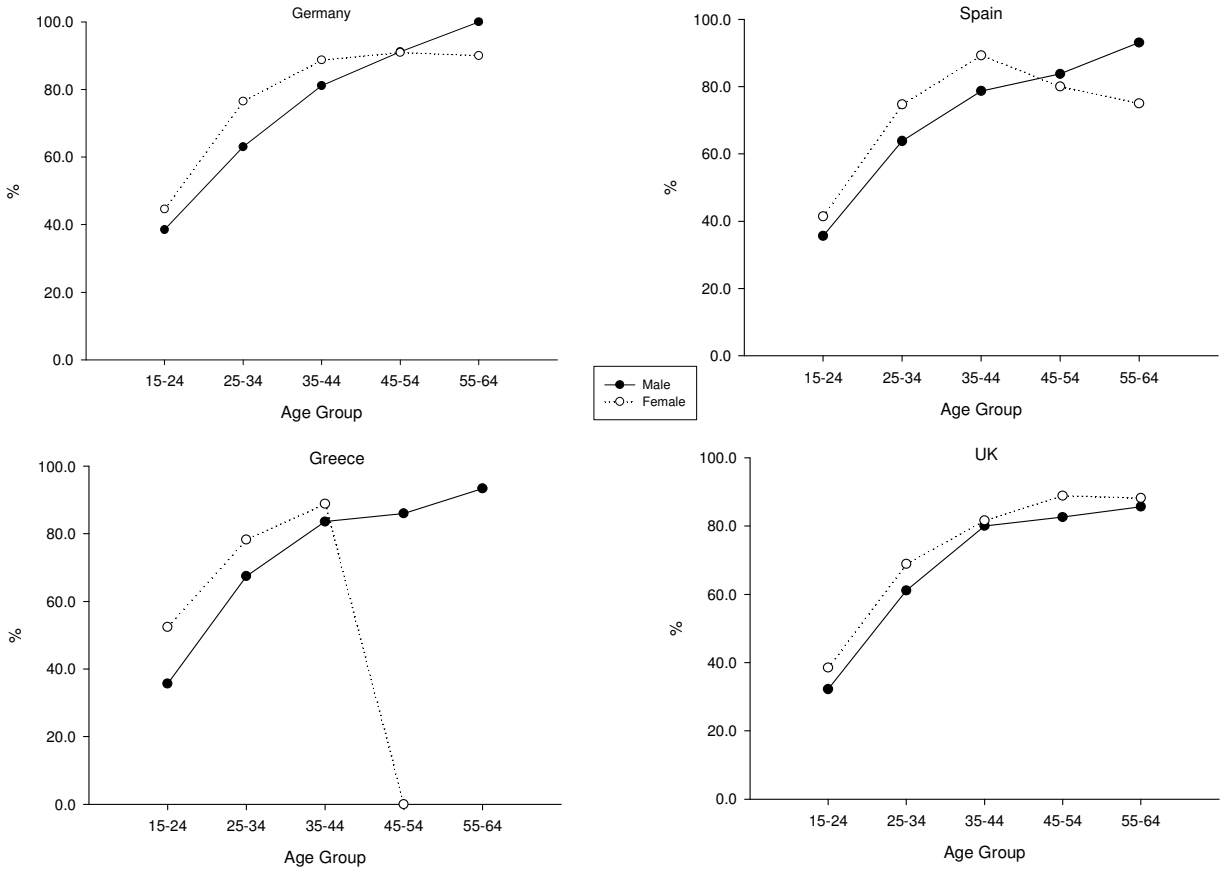


Figure 7 Gender differences in recent cannabis use in young people in Germany, Greece, Spain, and the UK. See Table 1 for survey years.

With the exception of tranquillisers and sedatives, the proportion of lifetime users quitting drugs was also gender and age dependent (*see also Section 3.5*).
Figure 8 shows that whilst rates of cannabis (and other illicit drug) quitting is generally higher in females than males, this is comparable in older age groups (i.e. 45+), perhaps because a greater number of females have quit before reaching the age of 45. However, this comparison may also be distorted by the relatively low prevalence in older females.

Many epidemiological studies have found increasing use of sedatives and tranquillisers with age and the female gender (e.g. Lagnaoui et al., 2004). However, the current analysis did not support this (German data only) and demonstrated that recent use was equivalent between the genders. Interestingly, frequency of use in the previous month was generally higher in older females (Figure 9), and whilst quitting rates were relatively low compared to many other illicit drugs (Figures 75-90), gender differences were country and age dependent.



For instance, in Germany rates of quitting were higher in males for individuals aged above 25 years old, and in Spain there were only more female than male quitters in the oldest age group (55-64). The UK and Greece reported the highest levels of quitting, which was more predominant in females in older age groups.

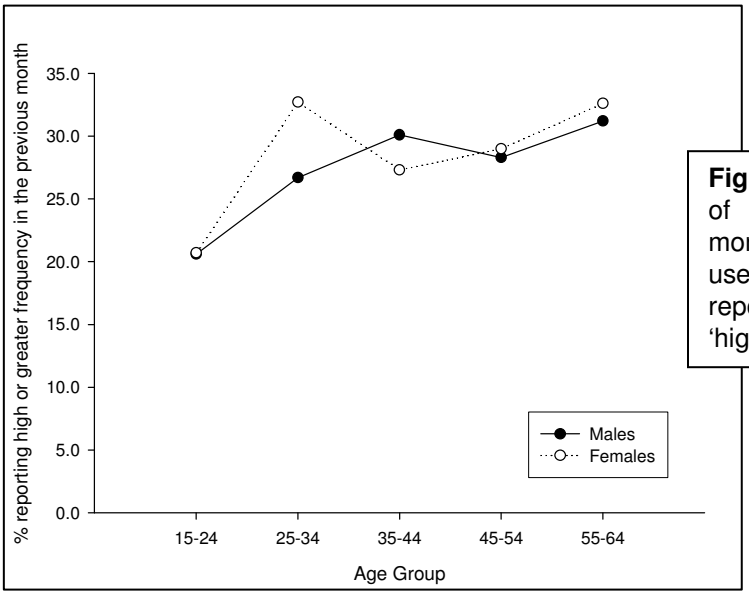
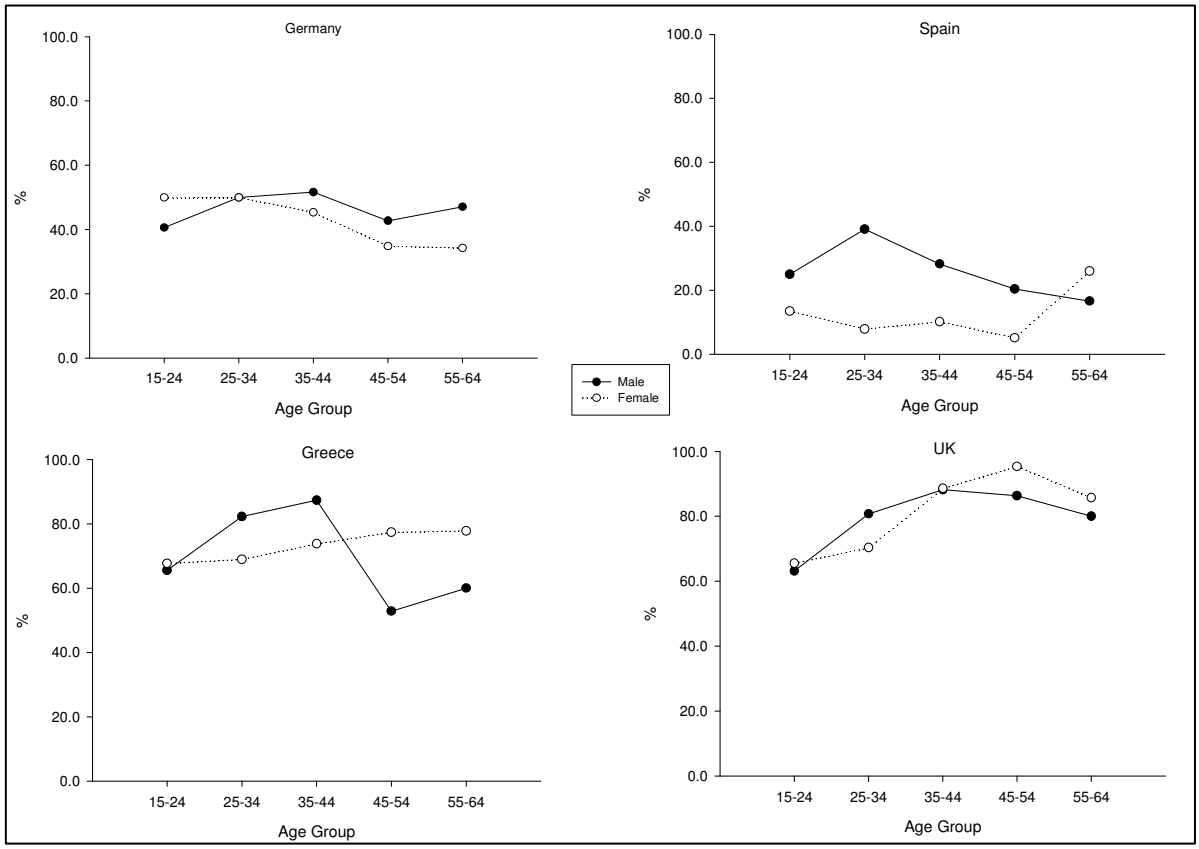


Figure 9 Gender comparison of the percentage of last month German tranquilliser users (combined dataset) who reported frequency of use as 'high' or greater.



Panel 2, Figures 10-13 Percentage of lifetime users of tranquillisers not reporting use in the previous year (i.e. quitting/discontinuation). In Germany, LTP data was not available hence calculation is based upon LYP and LMP.

3.2.2 Comparison of male and female cannabis users

The prevalence analysis was extended in order to examine factors that predicted the gender of lifetime cannabis users. LTP of other drugs, sociodemographic, and attitudinal data were entered as independent variables in a backwards stepwise logistic regression.

3.2.2.1 Germany

In the combined German dataset, when compared to males, female cannabis users were more likely (Nagelkerke R^2 = 0.130; Table 4) to be younger; to be last year, but low lifetime frequency users of cannabis; more likely to report a lifetime use of heroin, but less likely to report use of ecstasy; more likely to engage in other types of employment and less likely to report income in the highest quartile; less likely to be married and more likely to be widowed; less likely to live in rural areas; and more likely to be identified in more recent years' surveys.

Variable	B	SE	Wald	Exp(B)	95% CI
LYP Cannabis					
Yes	0	-			
No	0.403	0.142	8.119**	1.497	1.134 – 1.975
Frequency of cannabis use					
High	0	-			
Low	0.408	0.139	8.674**	1.504	1.146 – 1.974
LTP heroin					
Yes	0	-			
No	0.706	0.338	4.375*	0.494	0.255 – 0.957
LTP ecstasy					
Yes	0	-			
No	0.433	0.214	4.114*	1.542	1.015 – 2.345
Age	0.031	0.009	13.039***	0.969	0.953 – 0.986
Marital status					
Married	0	-			
Single	0.662	0.175	14.396***	0.516	0.366 – 0.726
Widowed	2.676	1.336	4.013*	14.533	1.060 – 199.322
Employment status					
Employed	0	-			
Other	0.891	0.140	40.333***	2.437	1.851 – 3.209
Household income					
Lowest quartile	0	-			
Highest quartile	0.362	0.150	5.828*	0.696	0.519 – 0.934
Level of urbanisation					
Metropolitan	0	-			
Rural	0.338	0.143	5.622*	0.713	0.539 – 0.943
Year of survey	**0.299**	**0.062**	**23.163*** **	**1.348**	**1.194 – 1.975**

Table 4 Logistic regression analysis of variables predicting cannabis use in German females compared to males. Reference categories precede each variable group.* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

3.2.2.2 Greece

In Greece, compared to their male counterparts, female lifetime cannabis users were more likely (Nagelkerke R^2 = 0.287; Table 5) to be younger, to report employment status as 'other' (category including homemaking), to have high educational achievements, and to report household incomes in the top 75%. Interestingly, use of other drugs was not a significant variable, suggesting that in Greece these two populations mainly differ on socio-economic factors, with female cannabis users representing a small (5% of females, 24.5% of lifetime cannabis users), intelligent and relatively wealthy subset of the population who exhibit controlled drug using behaviours. Mean age of female cannabis initiation was 20.53 ± 0.49 years, which suggests that use coincided with University attendance.

Variable	B	SE	Wald	Exp(B)	95% CI
Frequency of cannabis use					
High	0	-			
Low	0.711	0.345	4.238*	2.035	1.035 – 4.003
Age	**0.062**	**0.024**	**6.468***	**0.940**	**0.896 – 0.986**
Employment status					
Employed	0	-			
Other	1.494	0.653	5.244*	4.457	1.240 – 16.013
Highest educational achievement					
Low	0	-			
High	1.797	0.816	4.848*	6.032	1.218 – 29.867
Household income					
Lowest quartile	0	-			
Middle 50%	1.347	0.534	6.364*	0.260	0.091 – 0.740
Highest quartile	1.473	0.549	4.210	0.229	0.078 – 0.672

Table 5 Logistic regression analysis of variables predicting cannabis use in Greek females compared to males. Reference categories precede each variable group.* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

3.2.2.3 Spain

Female Spanish lifetime cannabis user status was predicted (Nagelkerke $R^2 = 0.196$; Table 6) by a greater likelihood of being young, widowed or divorced, but not single; being a student, unemployed, or reporting other employment status; to have medium or high educational achievements; and to live in metropolitan areas. With respect to drug use, compared to male cannabis users, females were less likely to report use in the previous year, to have initiated at a younger age, and to be more likely to perceive regular cannabis use to be associate with moderate levels of risk.

Variable	B	SE	Wald	Exp(B)	95% CI
LYP Cannabis					
Yes	0	-			
No	0.281	0.081	12.001**	1.324	1.130 – 1.553
Age of cannabis initiation	0.063	0.006	108.795***	0.939	0.928 – 0.950
Risk of regular cannabis use					
No risk	0	-			
Moderate risk	0.285	0.105	7.323**	1.330	1.082 – 1.634
LTP alcohol					
Yes	0	-			
No	0.922	0.375	6.046*	0.398	0.191 – 0.829
LTP cocaine					
Yes	0	-			
No	0.264	0.102	6.718*	1.302	1.066 – 1.589
Age	0.063	0.006	108.795***	0.939	0.928 – 0.950
Marital status					
Married	0	-			
Single	0.379	0.092	17.097***	0.685	0.572 – 0.819
Widowed	2.425	0.540	20.155***	11.303	3.921 – 32.581
Divorced	0.801	0.153	27.335***	2.227	1.650 – 3.007
Employment status					
Employed	0	-			
Student	0.712	0.100	51.026***	2.039	1.677 – 2.479
Unemployed	0.581	0.104	31.791***	1.792	1.463 – 2.196
Other	2.370	0.145	268.913***	10.696	8.057 – 14.198
Educational achievement					
Low	0	-			
Medium	0.417	0.079	27.808***	1.518	1.300 – 1.772
High	0.927	0.092	101.662***	2.526	2.110 – 3.025
Level of urbanisation					
Metropolitan	0	-			
Rural	0.179	0.089	4.087*	0.836	0.702 – 0.995

Table 6 Logistic regression analysis of variables predicting cannabis use in Spanish females compared to males. Reference categories precede each variable group. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

3.2.2.4 UK

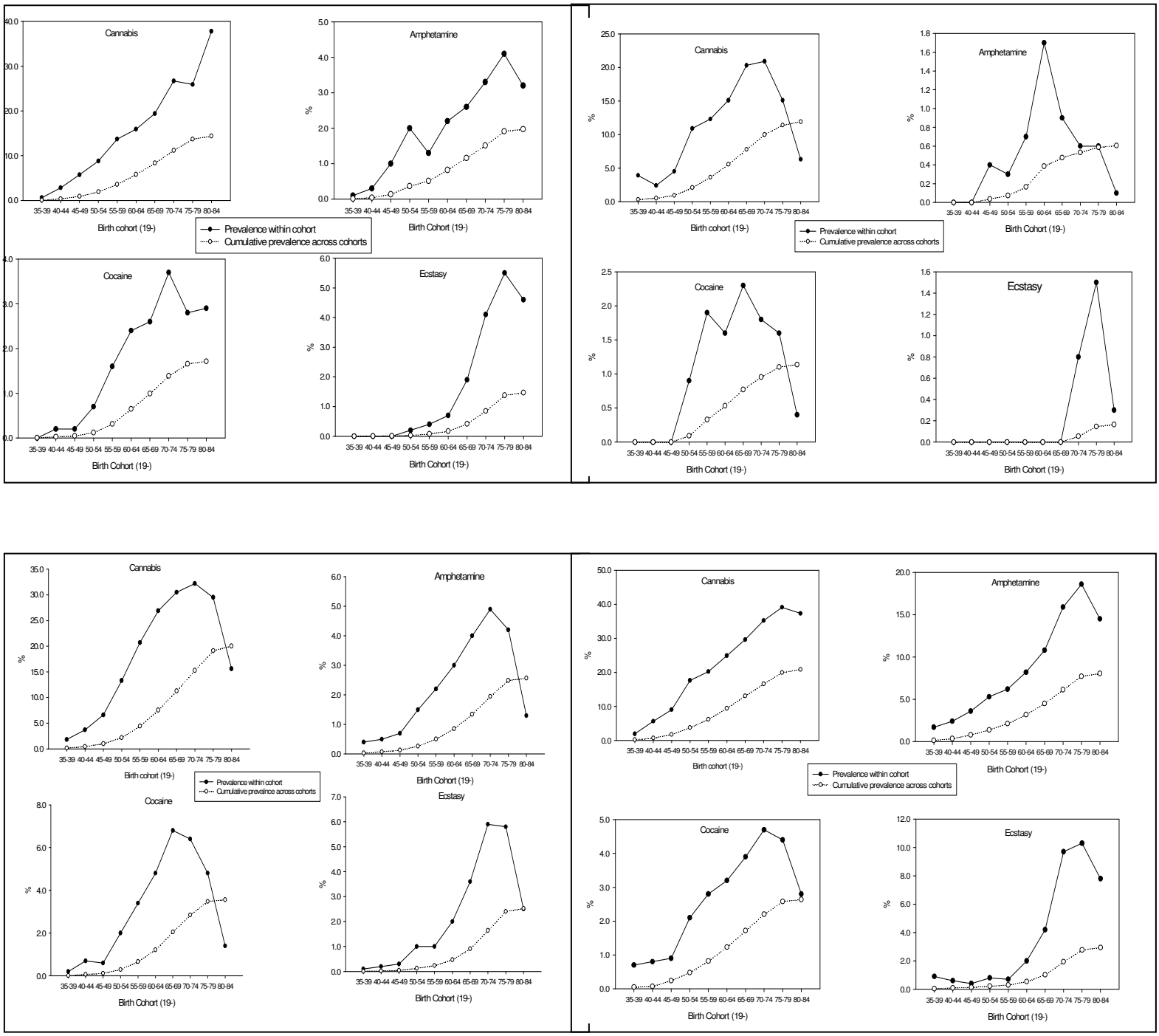
In England and Wales, female lifetime cannabis users were identified in more recent surveys. And were younger, married, and employed, but low educational achievers and less likely to be high earners (Nagelkerke R^2 = 0.235; Table 7). Compared with males this group was less likely to report cannabis use in the previous year and also less likely to report high alcohol drinking frequency.

Variable	B	SE	Wald	Exp(B)	95% CI
LYP Cannabis					
Yes	0	-			
No	0.167	0.063	7.110**	0.846	0.748 – 0.957
General alcohol drinking frequency					
High	0	-			
Medium	0.491	0.206	5.680*	0.444	0.585 – 1.265
Not once	0.490	0.198	6.141*	1.632	1.108 – 2.404
Age	**0.024**	**0.004**	**42.086*** **	**0.976**	**0.969 – 0.983**
Marital status					
Married	0	-			
Cohabiting	0.724	0.190	14.586***	0.485	0.334 – 0.703
Single	0.447	0.196	5.180*	0.640	0.435 – 0.940
Widowed	0.481	0.191	6.315*	0.618	0.425 – 0.900
Household composition					
1 person	0	-			
> 1 person	0.466	0.097	23.095***	0.628	0.519 – 0.759
Educational Achievement					
Low	0	-			
Medium	0.437	0.088	24.713***	0.646	0.544 – 0.767
High	0.213	0.061	12.128***	0.809	0.717 – 0.911
Employment status					
Employed	0	-			
Student	1.560	0.094	273.305***	0.210	0.175 – 0.253
Unemployed	1.488	0.134	123.096***	0.226	0.174 – 0.294
Other	2.251	0.137	268.470***	0.105	0.080 – 0.138
Household income					
Lowest quartile	0	-			
Middle 50%	0.267	0.093	8.217**	1.306	1.088 – 1.568
Highest quartile	0.137	0.064	4.577*	0.872	0.769 – 0.989
Year of survey	**0.040**	**0.017**	**5.578***	**1.041**	**1.007 – 1.077**

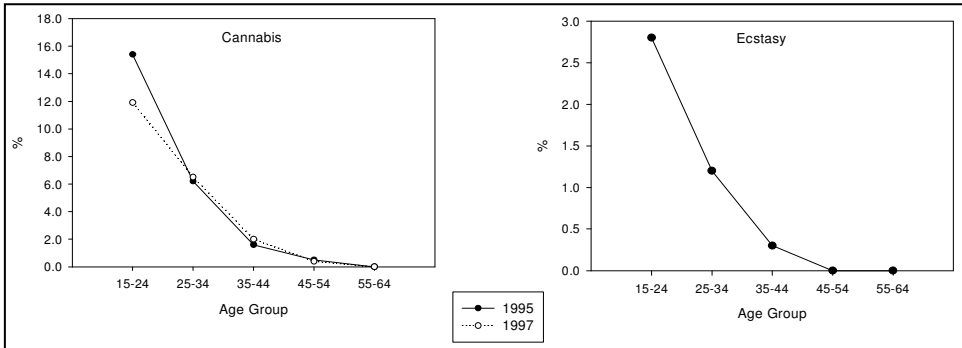
Table 7 Logistic regression analysis of variables predicting cannabis use in UK females compared to males. Reference categories precede each variable group. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

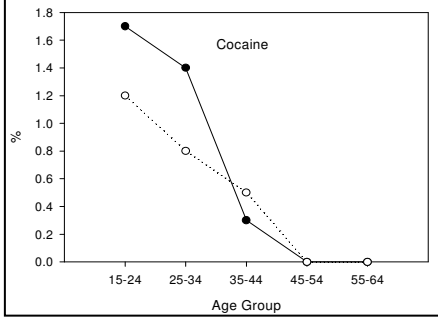
3.3 Age and birth cohort

Clear patterns emerged for all drugs investigated. More recent birth cohorts reported progressively greater incidences of lifetime drug use that tended to peak in those born in the early to mid 1970's (Panels 3-6). Unsurprisingly, as suggested by this, recent drug use peaked in the youngest age groups, and with the exception of cocaine in Spain and Germany, the greatest decline in use is seen during the transition from 24 to 25 years old (Panels 7-10). The sharp decline in self-report in later birth cohorts was not due to changes in consumption but probably reflects age at the time of sampling, with younger respondents not having reached the mean age of initiation. Of note are the curves for cocaine. Compared to other drugs, peak prevalence was reported in those born between 1965 and 1974, individuals who would have been in their late 20s and early 30s at the time of sampling; findings which complement those in section 3.4 which suggest that more highly educated individuals with large incomes are over represented in populations of (powdered) cocaine users, something which supports the social profiles described by contemporary authors (e.g. Ramsay et al., 1999). Recent cannabis use (Figure 42) showed no sign of abating, with an increase or maintenance of use seen in all age groups apart from 15-24 year olds in Germany. It is uncertain why this occurred and no explanation is forthcoming from the data, but it is interesting to note that whereas in other countries this group showed the largest increase of use over time, in Germany there was an associated decrease. Further comments on specific drugs are made below.

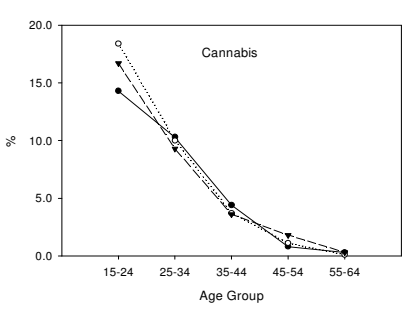


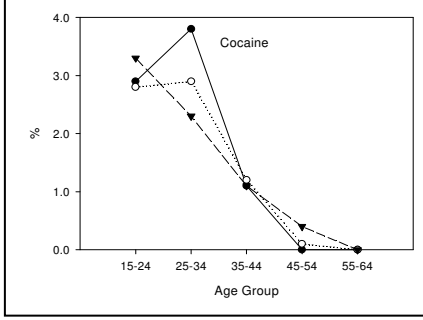
Panels 3-6 Figures 14-29 (*overleaf*)
Prevalence and cumulative prevalence of amphetamines, cannabis, cocaine, and ecstasy use within birth cohorts and across the population (combined datasets) in Germany (top left), Greece (top right), Spain (bottom left) and UK (bottom right).



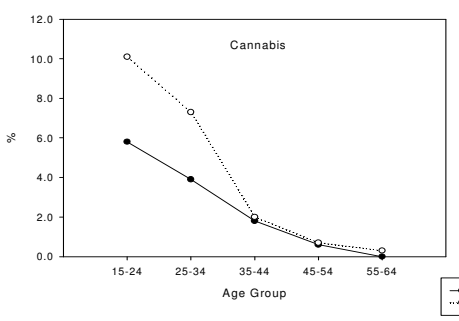


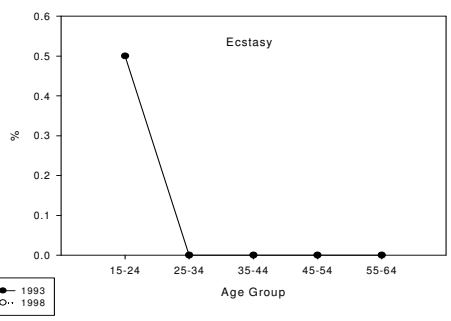
Panel 7 Figures 30-32 Recent (LYP) drug use in Germany, age and survey stratification

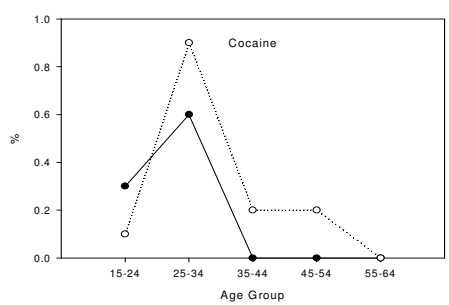




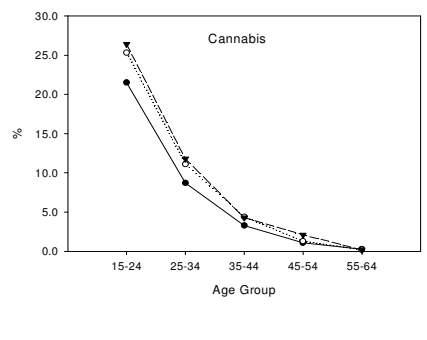
Panel 9 Figures 36-38 Recent (LYP) drug use in Spain, age and survey stratification

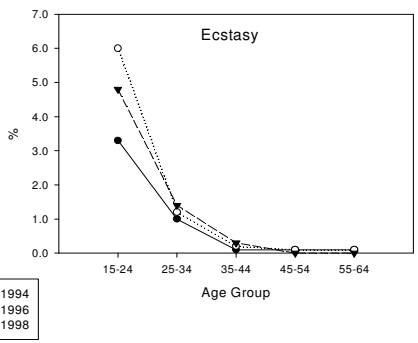


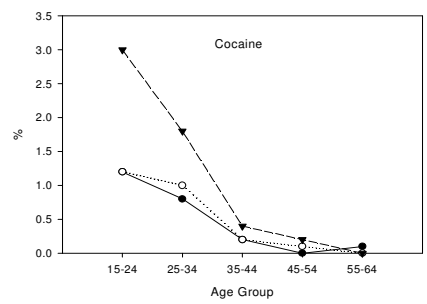




Panel 8 Figures 33-35 Recent (LYP) drug use in Greece, age and survey stratification







Panel 10 Figures 39-41 Recent (LYP) drug use in UK, age and survey stratification

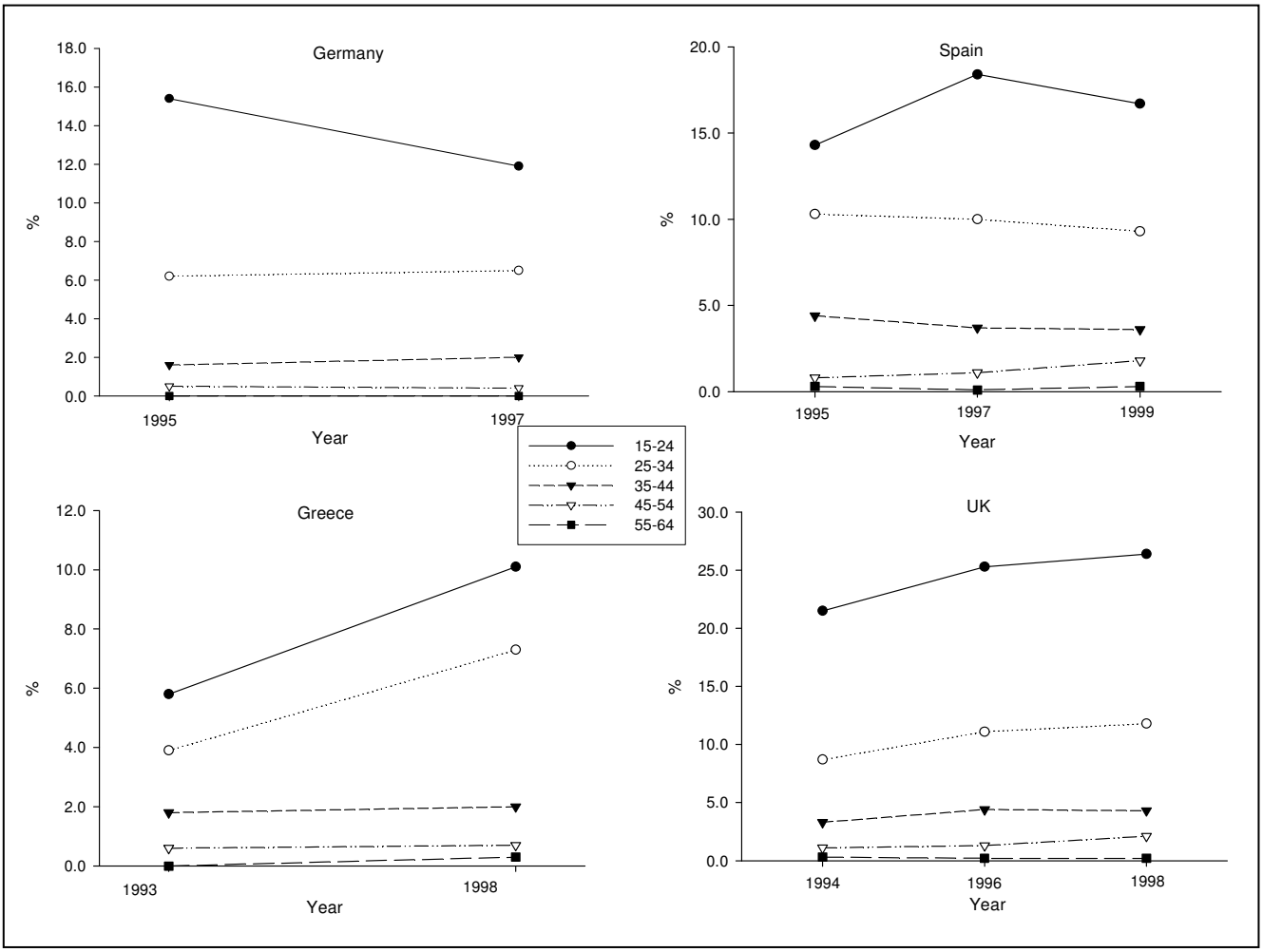


Figure 42 Evolution of recent cannabis use in Germany, Greece, Spain, and the UK. Shown are LYP for each survey year, stratified by age

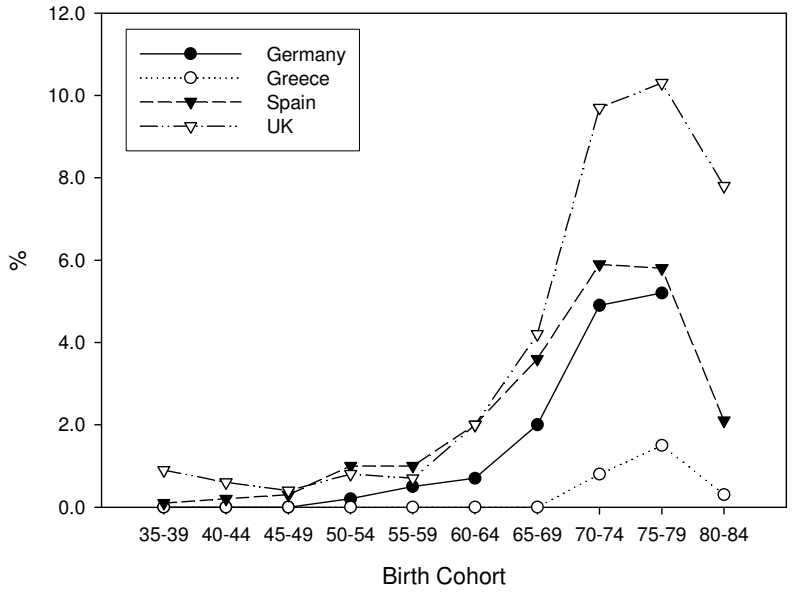


Figure 42a Lifetime ecstasy prevalence by birth cohort; country comparison

Use of ecstasy was highest in UK respondents born between 1975-1979 (10.3%), although in all countries the greatest increase in uptake was in those born between 1970-1974 compared to the previous cohort (Figure 42a). This suggests, and in contrast to the cannabis findings of Kraus and colleagues (2002), that there is no temporal

differences in diffusion of the prototypical dance drug between the surveyed countries. This may largely be due to the harmonisation of dance music culture across Europe with which ecstasy is most commonly associated.

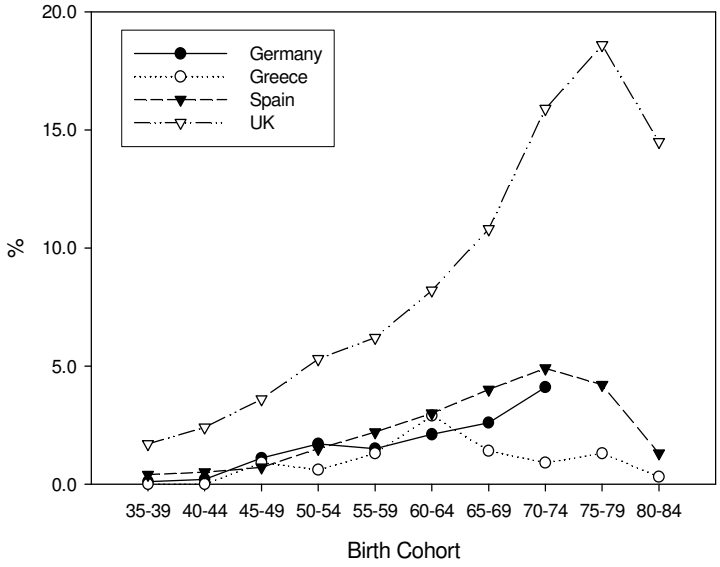


Figure 42b Lifetime amphetamine prevalence by birth cohort; country comparison

Amphetamine (amphetamine sulphate in the UK) has always been popular amongst British youth (Klee, 1998), and this is clearly illustrated in Figure 42b. Whereas amphetamine has diffused throughout the UK population, and is more popular in specific younger cohorts than ecstasy and cocaine, use in other countries lags at least five cohorts behind. Spain and Greece have also showed a decrease in prevalence in more recent cohorts so unless there is a rapid and dramatic change in drug use trends, this seems to be a feature exclusive to the UK.

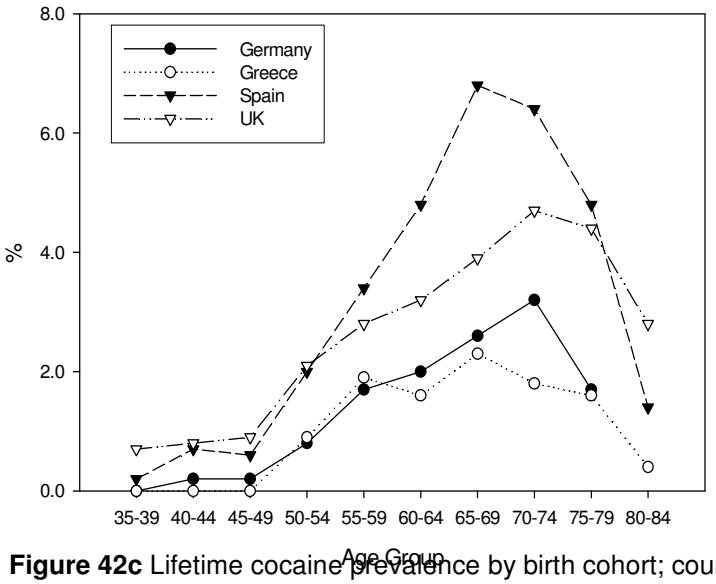


Figure 42c Lifetime cocaine prevalence by birth cohort; country comparison

Cocaine presents an interesting picture (Figure 42c). Whilst there seems to have been rapid diffusion in the Spanish population this has been more gradual in other countries. Cocaine in Spain seems also to be a drug associated with older individuals but younger cohorts in the UK as LTP approaches and exceeds Spanish reporting in those born after 1975. There seems to be no consistent age related use patterns in Greece as prevalence is approximately stable at 2% in those born since 1955.

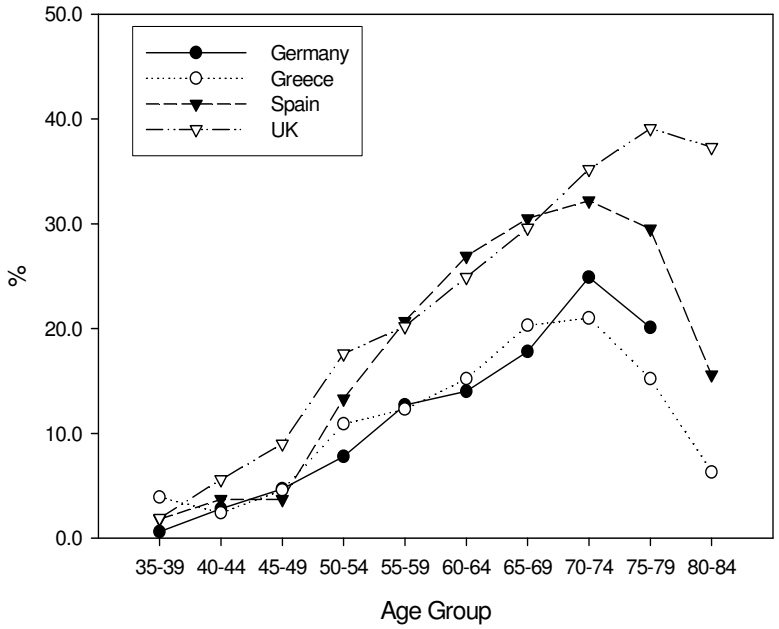


Figure 42d Lifetime cannabis prevalence by birth cohort; country comparison

Prevalence of lifetime cannabis use in Spain and the UK was approximately identical up until those respondents born since the 1970's (Figure 42d). Whereas in keeping with trends for other drugs, Spanish LTP sharply decreased, but that for the UK increased and only slightly dropped in the most recent cohort. The 2004 ESPAD report, which examined data collected in 2003 found that 38% of 15 and 16 year olds had used cannabis at least once in their lives, a figure slightly greater than the 36.5% of 16 year olds reporting cannabis in the most recent UK survey collected in the database (1998). It is therefore likely that if this analysis was continued there would be a progressive increase in LTP in cohorts. Similarly to the findings of Kraus and colleagues (2002), Spain and UK lead the way in cannabis use with Greece and Germany reporting equivalent prevalence 2 birth cohorts later.

3.4 Logistic regression analysis of factors associated with lifetime illicit drug use, and last year prevalence of cannabis.

3.4.1 Spain

i) *LTP amphetamine* – 2.3% of the population reported ever using amphetamines. Examining predictive factors for reporting a lifetime use, backwards-stepwise logistic regression analysis (R^2 = 0.978, $p < 0.001$; with simple contrasts for categorical variables) revealed few predictive factors (Table 8). Lifetime amphetamine users were more likely to have used cocaine, and cannabis, but less likely to have used alcohol and hallucinogens compared to abstainers.

Variable	B	SE	Wald	Exp(B)	95% CI
LTP Alcohol					
No	0	-			
Yes	2.760	1.210	5.203*	0.063	0.006 – 0.678
LTP Cannabis					
No	0	-			
Yes	3.222	0.123	257.150***	15.300	10.222 – 21.531
LTP Cocaine					
No	0	-			
Yes	3.814	0.868	19.315***	45.337	8.274 – 248.411
LTP Hallucinogens					
No	0	-			
Yes	2.129	0.910	5.476*	0.119	0.020 – 0.708

Table 8 Logistic regression analysis of LTP amphetamine in Spain. Reference categories precede each variable group. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown. Crucial to the interpretation of the results is the exp(β) value which is an indicator of the change in odds (the probability of the

event occurring/probability of the event not occurring)of the event occurring resulting from a unit change in the predictor variable compared to the reference category. **NB** legend applicable to all regression tables in section 3.4

ii) *LTP cocaine* – 3.2% of the population reported ever using cocaine. Examining predictive factors for lifetime use, backwards-stepwise logistic regression analysis (R^2 = 0.943, p < 0.001; with simple contrasts for categorical variables) revealed that cocaine users were more likely to be male, divorced; living alone in metropolitan areas; smokers; and lifetime users of amphetamines, cannabis, and ecstasy (Table 9). Compared to abstainers, lifetime users were less likely to view using cocaine once or twice to have moderate or great risk, but equally as likely to view it possessing small risk to health. Interestingly, the year that the survey was conducted predicted user status, with those responding more recently more likely to report a lifetime use.

Variable	B	SE	Wald	Exp(B)	95% CI
Gender					
Female	0	-			
Male	0.553	0.113	24.133***	1.739	1.394 – 2.168
Marital status					
Married	0	-			
Divorced	0.979	0.207	22.292***	2.663	1.773 – 3.999
Household composition					
1 person	0	-			
> 1 person	0.611	0.167	13.464***	0.543	0.391 – 0.752
Urbanisation					
Metropolis	0	-			
Rural	0.587	0.135	18.945***	0.556	0.427 – 0.724
Year of survey	**0.130**	**0.053**	**6.012***	**1.139**	**1.026 – 1.263**
Smoking status					
Smoker	0	-			
Quitter	0.723	0.137	27.845***	0.485	0.371 – 0.635
Never smoked	1.912	0.228	70.224***	0.148	0.094 – 0.231
LTP Amphetamines					
No	0	-			
Yes	2.974	0.151	387.789***	19.577	14.561 – 26.322
LTP Cannabis					
No	0	-			
Yes	3.457	0.121	297.431***	19.051	9.853 – 25.048
LTP Ecstasy					
No	0	-			
Yes	1.517	0.167	83.008***	4.560	3.290 – 6.320
Risk of trying cocaine once or twice					
None	0	-			
Moderate	1.006	0.210	22.917***	0.366	0.242 – 0.552
Great	1.671	0.203	67.749***	0.188	0.126 – 0.280

Table 9 Logistic regression analysis of LTP cocaine in Spain. Reference categories precede each variable group. * p < 0.05; ** p < 0.01; *** p <0.001. Only significant predictive variables are shown.

iii) *LTP ecstasy* – 2.3% of the population reported ever having used ecstasy. Examining predictive factors for having ever tried ecstasy, backwards-stepwise logistic regression analysis (R^2 = 0.506, p < 0.001; with simple contrasts for categorical variables) revealed that ecstasy users were more likely to be male; single; living alone in metropolitan areas; less likely to be students; smokers; and lifetime users of amphetamines, cannabis, cocaine, and hallucinogens (Table 10). Lifetime users were less likely to view using ecstasy once or twice to have moderate or great risk, compared to abstainers, but equally as likely to view it possessing small risk to health. Like the finding for cocaine, the year that the survey was conducted again predicted user status, with those conducted more recently more likely to identify lifetime users.

Variable	B	SE	Wald	Exp(B)	95% CI
Household composition					
1 person	0	-			
> 1 person	0.565	0.189	8.949**	0.568	0.392 – 0.823
Marital status					
Married	0	-			
Single	0.582	0.176	10.974**	1.790	1.268 – 2.526
Employment status					
Employed	0	-			
Student	0.504	0.168	8.974**	0.604	0.434 – 0.840
Other	0.943	0.305	9.557**	0.389	0.214 – 0.708
Urbanisation					
Metropolis	0	-			
Rural	0.427	0.146	8.563**	0.653	0.490 – 0.869
Year of survey	**0.191**	**0.056**	**11.610****	**1.211**	**1.085 – 1.352**
Smoking status					
Smoker	0	-			
Quitter	0.469	0.144	10.595**	0.625	0.472 – 0.830
Never smoked	1.558	0.204	58.100***	0.210	0.141 – 0.314
LTP Amphetamines					
No	0	-			
Yes	1.913	0.168	130.078***	6.774	4.876 – 9.411
LTP Cannabis					
No	0	-			
Yes	2.643	0.181	212.730***	14.055	9.853 – 20.048
LTP Cocaine					
No	0	-			
Yes	1.647	0.162	103.00***	5.189	3.776 – 7.132
LTP Hallucinogens					
No	0	-			
Yes	1.715	0.165	108.596***	5.559	4.026 – 7.676
Risk of using ecstasy once or twice					
None	0	-			
Moderate	0.865	0.219	15.632***	0.421	0.274 – 0.647
Great	1.581	0.221	51.075***	0.206	0.133 – 0.317

Table 10 Logistic regression analysis of LTP ecstasy in Spain. Reference categories precede each variable group.* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

iv) *LTP hallucinogens* – 2.3% of the population reported ever having used hallucinogens. Examining predictive factors for reporting lifetime use, backwards-stepwise logistic regression analysis ($R^2 = 0.669$, $p < 0.001$, with simple contrasts for categorical variables; Table 11) revealed that hallucinogen users were more likely to be male; smokers, or former smokers; and polysubstance users, with a greater lifetime prevalence of amphetamine, cannabis, cocaine, and ecstasy, but a similar experience of alcohol. The year that the survey data was collected also had an important influence of LTP hallucinogens. In contrast to cocaine and amphetamines, individuals sampled in more recent years were less likely to report use suggesting that this type of drug is becoming less popular. This is supported by examination of the standard tables in Appendix A (LTP 2.2→0.9→2.0%)

Variable	B	SE	Wald	Exp(B)	95% CI
Gender					
Female	0	-			
Male	0.543	0.148	13.460***	1.721	1.288 – 2.300
Survey Year	0.292	0.068	18.607***	0.747	0.654 – 0.853
Smoking status					
Smoker	0	-			
Never smoked	0.775	0.332	5.438*	0.461	0.240 – 0.884
LTP amphetamine					
No	0	-			
Yes	2.247	0.155	209.497***	9.460	6.978 – 12.824
LTP cannabis					
No	0	-			
Yes	2.173	0.262	68.646***	8.781	5.252 – 14.681
LTP cocaine					
No	0	-			
Yes	2.348	0.152	239.829***	10.466	7.775 – 14.088
LTP ecstasy					
No	0	-			
Yes	1.357	0.163	68.966***	3.883	2.819 – 5.349

Table 11 Logistic regression analysis of LTP hallucinogens in Spain. Reference categories precede each variable group.* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

v) *LTP cannabis* - 18.1% of the Spanish population reported ever using cannabis. Examining predictive factors for lifetime use, backwards-stepwise logistic regression analysis ($R^2 = 0.517$, $p < 0.001$; with simple contrasts for categorical variables) revealed several predictive factors (Table 12). Compared to abstainers, lifetime cannabis smokers were more likely to be male; divorced; smokers; lifetime users of cocaine and ecstasy; but not a member of the 1955 – 1959 birth cohort. Lifetime cannabis smokers were less likely to believe that regular use was associated with risk, and especially unlikely to view cannabis as possessing great risk.

Variable	B	SE	Wald	Exp(B)	95% CI
Gender					
Female	0	-			
Male	0.865	0.392	4.875*	2.375	1.102 – 5.117
Marital status					
Married	0	-			
Divorced	1.902	0.536	12.622***	6.703	2.346 – 19.145
Birth Cohort					
'35-'39	0	-			
'55-'59	2.220	1.048	4.487*	0.109	0.014 – 0.847
Smoking status					
Smoker	0	-			
Never smoked	2.189	0.701	9.756**	0.112	0.028 – 0.442
LTP Cocaine					
No	0	-			
Yes	3.784	0.619	37.331***	43.986	13.067 – 148.069
LTP Ecstasy					
No	0	-			
Yes	3.443	0.778	19.602***	31.280	6.813 – 143.616
Risk of regular cannabis use					
None	0	-			
Small	0.620	0.103	36.454***	0.538	0.440 – 0.658
Moderate	1.417	0.095	222.766***	0.242	0.201 – 0.292
Great	2.369	0.093	649.493***	0.094	0.078 – 0.112

Table 12 Logistic regression analysis of LTP cannabis in Spain. Reference categories precede each variable group.* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

To compare these characteristics with individuals who reported more recent use of cannabis, the logistic regression was repeated for LYP. A narrower profile of results was obtained (R^2 = 0.508, p < 0.001; Table 13 *overleaf*).

Variable	B	SE	Wald	Exp(B)	95% CI
Age	0.064	0.025	6.833**	0.938	0.894 – 0.984
Gender					
Female	0	-			
Male	0.496	0.070	50.804***	1.642	1.433 – 1.883
Marital status					
Married	0	-			
Cohabiting	0.650	0.106	37.232***	1.915	1.554 – 2.359
Widowed	0.773	0.183	17.926***	2.167	1.515 – 3.099
Employment status					
Employed	0	-			
Student	0.494	0.099	24.913***	1.639	1.350 – 1.990
Unemployed	0.244	0.105	5.393*	1.276	1.039 – 1.567
Urbanisation					
Metropolis	0	-			
Rural	0.177	0.086	4.224*	0.837	0.707 – 0.992
Smoking status					
Smoker	0	-			
Never smoked	1.000	0.083	144.990***	0.368	0.313 – 0.433
Quitter	2.710	0.144	354.442***	0.067	0.050 – 0.088
LTP Alcohol					
No	0	-			
Yes	0.931	0.238	15.256***	2.536	1.590 – 4.045
LTP Cocaine					
No	0	-			
Yes	1.299	0.126	106.936***	3.665	2.865 – 4.687
LTP Ecstasy					
No	0	-			
Yes	1.185	0.131	82.405***	3.272	2.533 – 4.226
LTP Hallucinogens					
No	0	-			
Yes	0.638	0.148	18.680***	1.893	1.417 – 2.529
Risk of regular cannabis use					
None	0	-			
Small	0.754	0.101	55.773***	0.470	0.386 – 0.573
Moderate	1.646	0.100	272.379***	0.193	0.159 – 0.234
Great	2.638	0.105	631.831***	0.072	0.058 – 0.088

Table 13 Logistic regression analysis of LYP cannabis in Spain. Reference categories precede each variable group.* p < 0.05; ** p < 0.01; *** p <0.001. Only significant predictive variables are shown.

Compared to non-users, users of cannabis in the previous year were more likely to be young, unemployed or studying males living in urbanised areas who were cohabiting with a partner or who had been widowed. These individuals were also more likely to report lifetime use of alcohol, ecstasy, cocaine, and hallucinogens. Unsurprisingly, they perceived regular cannabis use to be less risky than other subjects.

To examine whether there were differences between experimenters and ex-users (defined as reporting a lifetime but not a last year use) and recent users (defined as reporting last year use), a final regression was performed *within* cannabis users (Table 14). The model was significant (R^2 = 0.447, p < 0.001).

Variable		B	SE	Wald	Exp(B)	95% CI
Year of Survey		0.083	0.039	4.526*	1.086	1.007 – 1.172
Age		0.120	0.029	17.732***	0.887	0.838 – 0.938
Gender						
Female		0	-			
Male		0.261	0.086	9.213**	1.298	1.097 – 1.536
Marital status						
Married		0	-			
Cohabiting		0.779	0.108	51.820***	2.179	1.763 – 2.694
Widowed		0.773	0.189	16.825***	2.167	1.498 – 3.136
Employment status						
Employed		0	-			
Student		0.398	0.122	10.598**	1.488	1.171 – 1.891
Unemployed		0.274	0.121	5.142*	1.315	1.038 – 1.666
Highest Educational Achievement						
Low		0	-			
Medium		0.270	0.091	8.781**	1.311	1.096 – 1.567
Smoking status						
Smoker		0	-			
Never smoked		0.705	0.096	53.377***	0.494	0.409 – 0.597
Quitter		0.867	0.192	20.434***	0.420	0.289 – 0.612
LTP Cocaine						
No		0	-			
Yes		1.433	0.194	54.319***	4.189	2.862 – 6.132
LTP Ecstasy						
No		0	-			
Yes		2.020	0.333	36.772***	7.542	3.925 – 14.491
LTP Hallucinogens						
	No	0	-			
	Yes	0.390	0.163	5.708*	1.477	1.073 – 2.034
Risk of regular cannabis use						
None		0	-			
Small		0.616	0.114	29.042***	0.540	0.432 – 0.676
Moderate		1.318	0.116	130.244***	0.268	0.213 – 0.336
Great		1.696	0.123	191.622***	0.183	0.144 – 0.233

Table 14 Logistic regression analysis of predictive factors for LYP Cannabis within those individuals who had ever reported LTP. Reference categories precede each variable group. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

In common with predictors of other drug use, last year users of cannabis were more likely to be reported in more recently conducted surveys. Again these individuals were younger males who were either cohabiting with a partner or widowed, and unlikely to be in full time work (students or unemployed). Interestingly, last year users of cannabis were also more likely to have achieved medium educational achievements compared to experimenters, perhaps reflecting their student status. Polysubstance use was the norm, with fewer non-smokers and quitters, more likely to report use of cannabis in the previous year, and greater lifetime experience with ecstasy and hallucinogens.

3.4.2 Germany

i) *LTP amphetamine* – 2.0% of the population reported a lifetime use of amphetamine. Predictive factors are shown in Table 15. Lifetime users were single, younger, and had a history of cocaine, LSD, and ecstasy use. Surprisingly, respondent gender did not predict status, with males and females equally as likely to have reported using amphetamine, and a lifetime history of cannabis did not influence the model outcome. This may reflect the relatively low population prevalence of amphetamine in Germany.

Variable	B	SE	Wald	Exp(B)	95% CI
Year of Survey	0.065	0.032	4.190*	0.937	0.880 – 0.997
Age	0.092	0.020	20.648***	0.912	0.877 – 0.949
LTP Cocaine					
No	0	-			
Yes	1.369	0.158	75.351***	3.933	2.887 – 5.357
LTP LSD					
No	0	-			
Yes	1.360	0.161	71.626***	3.895	2.843 – 5.337
LTP Ecstasy					
No	0	-			
Yes	1.127	0.182	38.305***	3.087	2.160 – 4.410
Marital Status					
Married	0	-			
Cohabiting	0.680	0.234	8.444**	1.973	1.248 – 3.121
Divorced	0.750	0.303	6.102*	2.116	1.167 – 3.836
Separated	0.914	0.386	5.608*	2.495	1.171 – 5.316

Table 15 Logistic regression analysis of predictive factors for LTP amphetamine in Germany. Reference categories precede each variable group.* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

ii) *LTP cocaine* – 1.7% of the total survey population reported a lifetime use of cocaine. The regression model was significant ($R^2 = 0.386$, $p < 0.001$; Table 16). Respondents reported currently smoking, and lifetime use of amphetamine, LSD, and ecstasy. Age of first cannabis use was also included, with younger initiation more likely to be associated with cocaine. The model predicted that lifetime users would also tend to be in the lowest quartile of the national distribution of household income.

Variable	B	SE	Wald	Exp(B)	95% CI
Smoking					
Current smoker	0	-			
Quitter	0.427	0.174	5.998*	0.652	0.463 – 1.072
LTP Amphetamine					
No	0	-			
Yes	1.365	0.159	74.001***	3.917	2.870 – 5.347
LTP LSD					
No	0	-			
Yes	1.703	0.168	102.255***	5.491	3.947 – 7.639
LTP Ecstasy					
No	0	-			
Yes	1.804	0.184	95.639***	6.072	4.230 – 8.717
Age of first cannabis use	0.077	0.021	12.555***	0.925	0.887 – 0.966
Household income					
Lowest quartile	0	-			
Mid 50%	0.389	0.164	5.643*	0.677	0.491 – 0.934
Highest quartile	0.597	0.178	11.292***	0.550	0.388 – 0.780

Table 16 Logistic regression analysis of predictive factors for LTP cocaine in Germany. Reference categories precede each variable group.* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

iii) LTP Ecstasy – 1.5% of the total German population reported having ever taken ecstasy. The regression model was significant ($R^2 = 0.454$, $p < 0.001$). Lifetime users were more likely to be employed, unmarried males, with a lifetime user of alcohol, amphetamine, cocaine and LSD (Table 17).

Variable	B	SE	Wald	Exp(B)	95% CI
Gender					
Female	0	-			
Male	0.388	0.173	50.026*	1.474	1.050 – 2.068
LTP Alcohol					
No	0	-			
Yes	1.882	0.549	11.719***	0.152	0.052 – 0.447
LTP Amphetamine					
No	0	-			
Yes	1.191	0.189	39.862***	3.291	2.274 – 4.764
LTP Cocaine					
No	0	-			
Yes	1.882	0.192	96.552***	6.569	4.512 – 9.561
LTP LSD					
No	0	-			
Yes	1.915	0.213	80.960***	6.790	4.474 – 10.306
Marital status					
Married	0	-			
Single	1.297	0.330	15.416***	3.660	1.915 – 6.993
Separated	1.725	0.622	7.693*	5.612	1.659 – 18.990
Employment status					
Employed	0	-			
Student	0.735	0.236	9.740*	0.480	0.302 – 0.761

Table 17 (*previous page)* Logistic regression analysis of predictive factors for LTP ecstasy in Germany. Reference categories precede each variable group.* p < 0.05; ** p < 0.01; *** p <0.001. Only significant predictive variables are shown.

iv) LTP LSD – 1.6% of the population reported a lifetime use. The regression model was significant (R^2 = 0.431, p < 0.001; Table 18). Lifetime users were more likely to be identified in older surveys, and also be older at the time of sampling. Most had smoked tobacco in their lives, reported use of amphetamines, cocaine, and ecstasy, and initiated cannabis at a younger age than non users. LSD users were more likely to be students, and therefore were less likely to report an income in the highest quartile.

Variable	B	SE	Wald	Exp(B)	95% CI
Survey year	0.079	0.035	5.128*	0.924	0.863 – 0.989
Age	0.100	0.010	93.919***	1.105	1.083 – 1.128
Smoking					
Current smoker	0	-			
Never smoked	1.190	0.361	10.872***	0.304	0.150 – 0.617
LTP Amphetamine					
No	0	-			
Yes	1.379	0.160	74.619***	3.972	2.904 – 5.431
LTP Cocaine					
No	0	-			
Yes	1.718	0.166	106.837***	5.572	4.023 – 7.718
LTP Ecstasy					
No	0	-			
Yes	1.857	0.205	81.923***	6.407	4.285 – 9.580
Age of first cannabis use	0.188	0.025	55.307***	0.829	0.789 – 0.871
Employment Status					
Employed	0	-			
Student	0.721	0.256	7.892**	2.056	1.243 – 3.398
Household income					
Lowest quartile	0	-			
Highest quartile	0.449	0.200	5.003*	0.639	0.431 – 0.456

Table 18 Logistic regression analysis of predictive factors for LTP LSD in Germany. Reference categories precede each variable group. * p < 0.05; ** p < 0.01; *** p <0.001. Only significant predictive variables are shown.

v) LTP cannabis - 14.4% of the German population reported LTP cannabis. Examining predictive factors for having ever smoked cannabis, backwards-stepwise logistic regression analysis (R^2 = 0.517, p < 0.001; with simple contrasts for categorical variables) revealed several predictive factors (Table 19). In particular, and in contrast to Greece and Spain, cannabis users were more likely to have achieved medium or high educational achievements, and to have incomes in the highest population quartile. However in common with the other countries the model predicted that lifetime users would also be younger, and have a history of smoking, alcohol, amphetamines, cocaine, LSD, Ecstasy. They would also be single or cohabiting with a partner, and be identified in more recent surveys.

Variable	B	SE	Wald	Exp(B)	95% CI
Age	0.033	0.017	3.936*	0.967	0.936 – 1.000
Gender					
Female	0	-			
Male	0.336	0.048	49.117*	1.400	1.274 – 1.538
Smoking					
Current smoker	0	-			
Quitter	0.324	0.056	33.582**	0.723	0.648 – 0.807
Never smoked	1.832	0.063	854.752***	0.160	0.142 – 0.181
LTP Alcohol					
No	0	-			
Yes	1.359	0.219	38.494***	3.893	2.534 – 5.981
LTP Amphetamine					
No	0	-			
Yes	2.974	0.186	254.988***	19.571	13.586 – 28.194
LTP Cocaine					
No	0	-			
Yes	3.885	0.328	140.655***	48.674	25.613 – 92.501
LTP LSD					
No	0	-			
Yes	3.777	0.297	161.968***	43.692	24.422 – 78.169
LTP Ecstasy					
No	0	-			
Yes	1.555	0.213	53.057***	4.734	3.116 – 7.194
Marital Status					
Married	0	-			
Cohabiting	0.574	0.095	36.383***	1.776	1.474 – 2.141
Single	0.738	0.076	94.898***	2.092	1.803 – 2.427
Divorced	0.416	0.120	12.002**	1.516	1.198 – 1.917
Household composition					
1 person	0	-			
> 1 person	0.241	0.078	9.492**	0.786	0.674 – 0.916
Employment status					
Employed	0	-			
Other	0.331	0.062	28.231***	1.392	1.232 – 1.573
Highest educational achievement					
Low	0	-			
Medium	0.486	0.061	63.738***	1.626	1.443 – 1.832
High	1.047	0.076	190.036***	2.849	2.455 – 3.307
Household income					
Lowest quartile	0	-			
Highest quartile	0.274	0.067	16.633***	1.315	1.153 – 1.500
Year of survey	0.134	0.020	43.513***	1.143	1.099 – 1.190
Birth cohort					
1935-1939	0	-			
1940-1944	0.957	0.368	6.747**	2.604	1.265 – 5.360
1945-1949	1.409	0.385	13.405***	4.090	1.924 – 8.695
1950-1954	1.594	0.422	14.289***	4.925	2.155 – 11.256

1955-1959	1.994	0.473	17.796***	7.341	2.908 – 18.537
1960-1964	1.929	0.530	13.238***	6.885	2.435 – 19.464
1965-1969	1.926	0.595	10.477**	6.860	2.138 – 22.017
1970-1974	2.109	0.664	10.105**	8.243	2.245 – 30.263
1975-1979	1.806	0.734	6.060*	6.087	1.445 – 25.643
1980-1984	2.305	0.798	8.342**	10.024	2.098 – 47.897

Table 19 Logistic regression analysis of predictive factors for LTP cannabis in Germany. Reference categories precede each variable group. * p < 0.05; ** p < 0.01; *** p <0.001. Only significant predictive variables are shown.

The regression model predicting determinants of LYP cannabis was significant (R^2 = 0.381, p < 0.001; Table 20). Recent users had initiated at an earlier age and were young males who were single or cohabiting, and reported low household incomes. Like LTP cannabis users, they also reported alcohol, amphetamine, cocaine, and LSD but not Ecstasy.

Variable	B	SE	Wald	Exp(B)	95% CI
Age	0.129	0.033	15.379***	0.879	0.824 – 0.938
Gender					
Female	0	-			
Male	0.435	0.095	21.149***	1.545	1.283 – 1.859
Smoking					
Current smoker	0	-			
Quitter	1.023	0.128	63.600***	0.360	0.279 – 0.462
Never smoked	0.630	0.131	23.117***	0.532	0.412 – 0.688
Marital status					
Married	0	-			
Cohabiting	0.800	0.187	18.325***	2.226	1.543 – 3.211
Single	1.158	0.156	55.383***	3.183	2.346 – 4.317
Divorced	1.104	0.257	18.657***	3.017	1.828 – 4.979
Separated	1.294	0.331	15.318	3.647	1.908 – 6.972
Household composition					
1 person	0	-			
> 1 person	0.406	0.128	9.967**	1.500	1.166 – 1.930
LTP Alcohol					
No	0	-			
Yes	1.238	0.552	5.022*	3.448	1.168 – 10.178
LTP Amphetamine					
No	0	-			
Yes	0.405	0.148	7.502**	1.499	1.122 – 2.003
LTP Cocaine					
No	0	-			
Yes	1.047	0.152	47.588***	2.850	2.116 – 3.837
LTP LSD					
No	0	-			
Yes	0.809	0.174	21.626***	2.247	1.597 – 3.160
Age of first cannabis use	0.036	0.012	8.734**	1.036	1.012 – 1.061
Household income					
Lowest quartile	0	-			
Mid 50%	0.248	0.109	5.207*	0.780	0.630 – 0.966
Highest quartile	0.321	0.121	7.088**	0.725	0.572 – 0.919

Table 20 Logistic regression analysis of predictive factors for LYP cannabis in Germany. Reference categories precede each variable group. * p < 0.05; ** p < 0.01; *** p <0.001. Only significant predictive variables are shown.

33.6% of lifetime German lifetime cannabis users reported more recent consumption (R^2 = 0.381, p < 0.001; Table 21). Compared to experimenters, recent users, who were young single males, had initiated cannabis at an

earlier age, and lived in a household of more than one person. Again, they reported less household income than uniquely lifetime users which may be related to the younger age of this group. They were also more likely to report a lifetime use of alcohol, amphetamine, cocaine, and LSD.

Variable	B	SE	Wald	Exp(B)	95% CI
Age	0.129	0.033	15.379***	0.879	0.824 – 0.938
Gender					
Female	0	-			
Male	0.434	0.009	21.149***	1.545	1.283 – 1.859
Smoking					
Current smoker	0	-			
Quitter	1.023	0.128	63.600***	0.360	0.280 – 0.462
Never smoked	0.630	0.131	23.117***	0.532	0.412 – 0.688
Marital status					
Married	0	-			
Cohabiting	0.800	0.187	18.325***	2.226	1.543 – 3.211
Single	1.158	0.156	55.383***	3.182	2.346 – 4.317
Divorced	1.104	0.256	18.657***	3.017	1.828 – 4.979
Separated	1.293	0.331	15.319***	3.647	1.908 – 6.972
Household composition					
1 person	0	-			
> 1 person	0.406	0.128	9.967**	1.500	1.166 – 1.930
LTP Alcohol					
No	0	-			
Yes	1.238	0.552	5.022*	3.448	1.168 – 10.178
LTP Amphetamine					
No	0	-			
Yes	0.405	0.148	7.502**	1.499	1.122 – 2.003
LTP Cocaine					
No	0	-			
Yes	1.047	0.152	47.588***	2.850	2.116 – 3.837
LTP LSD					
No	0	-			
Yes	0.809	0.174	21.626***	2.247	1.597 – 3.160
Age of first cannabis use	0.036	0.012	8.734**	1.036	1.012 – 1.061
Household income					
Lowest quartile	0	-			
Mid 50%	0.248	0.109	5.207*	0.780	0.630 – 0.966
Highest quartile	0.322	0.121	7.088**	0.725	0.572 – 0.919

Table 21 Logistic regression analysis of predictive factors for recent use of cannabis in Germany, *within* cannabis users. Reference categories precede each variable group. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

3.4.3 Greece

i) LTP Amphetamine – 1.2% of the combined Greek population reported a lifetime use of amphetamine. The regression model was significant but did not account for much of the population variance ($R^2 = 0.164$, $p < 0.001$). Use of this drug, perhaps as a result of the low prevalence was only predicted by lifetime reporting of cocaine (Table 22).

Variable	B	SE	Wald	Exp(B)	95% CI
LTP Cocaine					
No	0	-			
Yes	3.105	0.715	18.883***	22.314	5.499 – 90.535

Table 22 Logistic regression analysis of predictive factors for LTP amphetamine in Greece compared with non-users. Reference categories precede each variable group. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

ii) LTP Cocaine – 1.1% of the population reported a lifetime use (significant model, $R^2 = 0.555$, $p < 0.001$). Again, few predictive variables were identified, limited to LTP amphetamine, cannabis, and hallucinogens (Table 23).

Variable	B	SE	Wald	Exp(B)	95% CI
LTP Amphetamine					
No	0	-			
Yes	2.710	0.993	7.445**	15.023	2.145 – 105.205
LTP Cannabis					
No	0	-			
Yes	3.470	1.009	11.813**	32.123	4.442 – 232.309
LTP Hallucinogens					
No	0	-			
Yes	3.813	0.553	47.547***	45.280	15.320 – 133.838

Table 23 Logistic regression analysis of predictive factors for LTP cocaine in Greece compared with non-users. Reference categories precede each variable group. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

iii) LTP Ecstasy – 0.3% of the population reported a lifetime use. The regression model was highly significant but the large model coefficient ($R^2 = 0.698$, $p < 0.001$) should be interpreted with caution because of the low prevalence. Ecstasy users were younger, and also reported use of cannabis and hallucinogens (Table 24).

Variable	B	SE	Wald	Exp(B)	95% CI
Age	0.282	0.126	5.000*	0.754	0.589 – 0.966
LTP Cannabis					
No	0	-			
Yes	9.463	47.320	0.040	12876.84	-
LTP Hallucinogens					
No	0	-			
Yes	4.790	1.255	14.581***	120.360	10.295 – 1407.18

Table 24 Logistic regression analysis of predictive factors for LTP ecstasy in Greece compared with non-users. Reference categories precede each variable group.* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

iv) LTP Hallucinogens – 1.5 % of the population reported use. The statistically significant regression model ($R^2 = 0.657$, $p < 0.001$) indicated that lifetime use of cocaine, and ecstasy and living in a household of one person predicted status (Table 25)

Variable	B	SE	Wald	Exp(B)	95% CI
Household composition					
1 person	0	-			
> 1 person	2.283	0.708	10.399**	0.101	0.025 – 0.408
LTP Cocaine					
No	0	-			
Yes	3.614	0.625	33.451***	37.107	10.904 – 126.274
LTP Ecstasy					
No	0	-			
Yes	3.811	1.378	7.649**	45.175	3.035 – 672.518

Table 25 Logistic regression analysis of predictive factors for LTP hallucinogens in Greece compared with non-users. Reference categories precede each variable group.* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

v) LTP Cannabis – 11.2% of the Greek population reported a lifetime use of cannabis (model coefficient $R^2 = 0.403$, $p < 0.001$). There was a large range of predictive factors (Table 26). Users were most likely to be single employed males living in urban areas. They were lifetime users of cocaine, but not other drugs, and

were unlikely to view cannabis to be associated with moderate or great risks. Unsurprisingly, lifetime users though cannabis should be legalized.

Variable	B	SE	Wald	Exp(B)	95% CI
Gender					
Female	0	-			
Male	0.934	0.172	29.530***	2.544	1.817 – 3.563
Marital status					
Married	0	-			
Cohabiting	1.198	0.582	4.238*	3.313	1.059 – 10.364
Employment status					
Employed	0	-			
Student	0.932	0.271	11.817**	0.393	0.232 – 0.670
Other	0.797	0.331	5.783*	0.451	0.236 – 0.863
Urbanisation					
Metropolis	0	-			
Urban	0.646	0.198	10.675**	0.524	0.356 – 0.772
LTP Cocaine					
No	0	-			
Yes	3.529	1.204	8.593**	34.074	3.220 – 360.593
Risk of regular cannabis use					
None	0	-			
Moderate	0.710	0.362	3.851*	0.492	0.242 – 0.999
Great	1.464	0.357	16.840***	0.231	0.115 – 0.465
Cannabis should be legalized					
No	0	-			
Yes	1.222	0.164	55.680***	3.395	2.463 – 4.673

Table 26 Logistic regression analysis of predictive factors for LTP cannabis in Greece compared with non-users. Reference categories precede each variable group.* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

3.5% of the Greek population reported use of cannabis in the previous year. Use status was predicted (R^2 = 0.480, $p < 0.001$) by age, marital status, LTP cocaine, and the opinion that cannabis should be legalised (Table 27). Users also thought that regular cannabis use was not associated with a high level of risk.

Variable	B	SE	Wald	Exp(B)	95% CI
Age	0.096	0.026	13.355***	1.100	1.045 – 1.158
Marital status					
Married	0	-			
Single	0.970	0.450	4.650*	0.379	0.157 – 0.915
Divorced	2.380	0.955	6.213*	0.092	0.014 – 0.601
LTP Cocaine					
No	0	-			
Yes	2.836	0.614	21.320***	0.059	0.018 – 0.196
Risk of regular cannabis use					
None	0	-			
High	1.355	0.538	6.446*	0.387	0.136 – 0.682
Cannabis should be legalised					
No	0	-			
Yes	0.850	0.350	5.897*	2.339	1.178 – 4.642

Table 27 Logistic regression analysis of predictive factors for LYP cannabis in Greece compared with non-users. Reference categories precede each variable group.* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

31.2% of lifetime cannabis users reported use in the year preceding survey participation. Use status was predicted (R^2 = 0.555, $p < 0.001$) by age, employment status, level of urbanisation, low lifetime cannabis

frequency, and the perception that cannabis should be legalized; perhaps driven by the perception that it did not possess high risk when used regularly (Table 28)

Variable	B	SE	Wald	Exp(B)	95% CI
Age	0.121	0.018	43.160***	0.886	0.855 – 0.919
Employment status					
Employed	0	-			
Student	0.782	0.395	3.927*	2.186	1.009 – 4.738
Other	1.388	0.544	6.509*	4.009	1.380 – 11.647
Level of urbanization					
Metropolitan	0	-			
Rural	0.785	0.324	5.859*	2.192	1.161 – 4.137
Lifetime cannabis frequency					
High	0	-			
Low	2.653	0.289	84.227***	14.202	8.058 – 25.029
Risk of regular cannabis use					
None	0	-			
High	1.203	0.410	8.627**	0.300	0.135 – 0.670
Cannabis should be legalised					
No	0	-			
Yes	0.761	0.283	7.224**	0.467	0.268 – 0.814

Table 28 Logistic regression analysis of predictive factors for LYP cannabis *within* cannabis users in Greece compared with lifetime users. Reference categories precede each variable group.* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

3.4.4 UK

i) LTP Amphetamines – 6.2% of the population reported a lifetime use of an amphetamine. Significant model variables ($R^2 = 0.505$, $p < 0.001$; Table 29) included use of cannabis, cocaine, ecstasy, and LSD. Users were also born more recently, employed, but not reporting high educational achievement or income.

Variable	B	SE	Wald	Exp(B)	95% CI
Year of birth	0.034	0.003	137.012***	1.034	1.029 – 1.040
Employment status					
Employed	0	-			
Student	0.793	0.124	40.723***	0.452	0.354 – 0.577
Other	0.213	0.082	6.719*	0.808	0.688 – 0.949
Highest Educational Achievement					
Low	0	-			
High	0.223	0.081	7.470**	0.800	0.682 – 0.939
Household income					
Low	0	-			
High	0.182	0.090	4.102*	0.833	0.698 – 0.994
Marital status					
Married	0	-			
Divorced	0.247	0.120	4.264*	1.280	1.013 – 1.619
LTP Cannabis					
No	0	-			
Yes	2.479	0.063	1550.495***	11.927	10.542 – 13.493
LTP Cocaine					
No	0	-			
Yes	1.560	0.104	224.417***	4.758	3.880 – 5.836
LTP Ecstasy					
No	0	-			
Yes	1.686	0.108	244.836***	5.397	4.370 – 6.666
LTP LSD					
No	0	-			
Yes	1.841	0.079	544.079***	6.303	5.400 – 7.358

Table 29 Logistic regression analysis of predictive factors for LTP amphetamines in England and Wales compared to non-users. Reference categories precede each variable group.* p < 0.05; ** p < 0.01; *** p <0.001. Only significant predictive variables are shown.

ii) LTP Cocaine - 2.0 % of the population reported use. Users had experience with amphetamines, cannabis, Ecstasy and LSD (significant model coefficient R^2 = 0.515, p < 0.001; Table 30). They were unlikely to be widowed but more likely to report medium or high educational achievements compared to abstainers.

Variable	B	SE	Wald	Exp(B)	95% CI
Highest Educational Achievement					
Low	0	-			
Medium	0.356	0.122	8.510**	1.428	1.124 – 1.814
High	0.724	0.130	31.047***	2.063	1.600 – 2.661
Marital status					
Married	0	-			
Widowed	1.025	0.433	5.606*	0.359	0.154 – 0.838
LTP Amphetamine					
No	0	-			
Yes	1.553	0.101	233.243***	4.726	3.872 – 5.769
LTP Cannabis					
No	0	-			
Yes	3.093	0.134	356.880***	22.034	15.987 – 30.370
LTP Ecstasy					
No	0	-			
Yes	1.322	0.109	148.493***	3.753	3.034 – 4.644
LTP LSD					
No	0	-			
Yes	0.834	0.099	70.992***	2.303	1.897 – 2.797

Table 30 Logistic regression analysis of predictive factors for LTP cocaine in England and Wales compared to non-users. Reference categories precede each variable group. * p < 0.05; ** p < 0.01; *** p <0.001. Only significant predictive variables are shown.

iii) LTP Ecstasy – 3.3 % of the population reported a lifetime use. There was a large number of significant variables identified in the regression model (R^2 = 0.567, p < 0.001; Table 31). Firstly, LTP ecstasy was more likely to be reported in more recent surveys, which may reflect the important part this drug plays in contemporary dance culture, which had entered the mainstream by the mid to late 1990's (Collin and Godfrey, 1997). Users were unmarried males with low educational achievement, unlikely to be born before 1960. They also reported lifetime uses of amphetamine, cannabis, cocaine, and LSD.

Variable	B	SE	Wald	Exp(B)	95% CI
Year of Survey	0.101	0.042	5.740*	1.107	1.019 – 1.202
Age	0.067	0.032	4.214*	0.935	0.877 – 0.997
Gender					
Female	0	-			
Male	0.210	0.091	5.368*	1.234	1.033 – 1.473
Highest Educational Achievement					
Low	0	-			
Medium	0.269	0.112	5.732*	0.764	0.613 – 0.952
High	0.426	0.128	11.019***	0.653	0.507 – 0.840
Marital status					
Married	0	-			
Cohabiting	0.826	0.132	38.969***	2.284	1.762 – 2.961
Widowed	0.519	0.207	6.271*	1.680	1.119 – 2.522
Divorced	0.794	0.261	9.274**	2.212	1.327 – 3.687
LTP Amphetamine					
No	0	-			
Yes	1.828	0.110	277.864***	6.219	5.017 – 7.710
LTP Cannabis					
No	0	-			
Yes	1.440	0.139	107.330***	4.222	3.215 – 5.545
LTP Cocaine					
No	0	-			
Yes	1.675	0.112	223.682***	5.340	4.288 – 6.651
LTP LSD					
No	0	-			
Yes	1.663	0.100	277.247***	5.274	4.337 – 6.415
Birth Cohort					
1935-1939	0	-			
1945-1949	1.377	0.543	6.439*	0.252	0.087 – 0.731
1950-1954	2.173	0.636	11.671***	0.114	0.033 – 0.396
1955-1959	2.357	0.752	9.829**	0.095	0.021 – 0.413

Table 31 Logistic regression analysis of predictive factors for LTP ecstasy in England and Wales compared to non-users. Reference categories precede each variable group.* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

iv) LTP LSD – 3.4% of the population reported a lifetime use of LSD, and a similar profile to other drug users was obtained ($R^2 = 0.564$, $p < 0.001$; Table 32). Again, this population was male, having either low to medium education, and not in full time employment. This may account for their relatively low household incomes

Variable	B	SE	Wald	Exp(B)	95% CI
Gender					
Female	0	-			
Male	0.614	0.079	59.773***	1.848	1.582 – 2.160
Highest Educational Achievement					
Low	0	-			
Medium	0.232	0.100	5.329*	0.793	0.651 – 0.966
Employment status					
Employed	0	-			
Student	0.405	0.150	7.267**	1.499	1.117 – 2.012
Unemployed	0.693	0.133	27.058***	2.000	1.540 – 2.597
Other	0.295	0.121	5.947*	1.343	1.060 – 1.703
Household Income					
Low	0	-			
Medium	0.203	0.101	4.085*	0.816	0.670 – 0.994
High	0.252	0.121	4.372*	0.777	0.614 – 0.984
LTP Amphetamine					
No	0	-			
Yes	1.857	0.080	539.880***	6.408	5.479 – 7.495
LTP Cannabis					
No	0	-			
Yes	2.831	0.121	547.500***	16.959	13.379 – 21.497
LTP Cocaine					
No	0	-			
Yes	1.135	0.102	124.203***	3.110	2.548 – 3.800
LTP Ecstasy					
No	0	-			
Yes	1.790	0.101	317.065***	5.990	4.919 – 7.295

Table 32 Logistic regression analysis of predictive factors for LTP LSD in England and Wales compared to non-users. Reference categories precede each variable group.* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

v) LTP Cannabis – 16.1% reported a lifetime use. The regression model was significant ($R^2 = 0.624$; $p < 0.001$) and indicated that users were young, recently born males, likely to be living on their own, earning high incomes, and have medium to high educational achievements (Table 33). They also report lifetime use of amphetamine, cocaine, ecstasy, and LSD.

Variable	B	SE	Wald	Exp(B)	95% CI
Age	0.030	0.010	8.358**	1.030	1.010 – 1.051
Year of birth	0.094	0.010	84.275***	1.099	1.077 – 1.121
Gender					
Female	0	-			
Male	0.460	0.035	177.430***	1.584	1.480 – 1.695
Employment status					
Employed	0	-			
Other	0.190	0.054	12.630***	0.827	0.744 – 0.918
Highest Educational Achievement					
Low	0	-			
Medium	0.469	0.048	94.985***	1.599	1.455 – 1.757
High	0.895	0.052	298.829***	2.448	2.211 – 2.709
Household composition					
1 person	0	-			
> 1 person	0.424	0.064	44.153***	0.654	0.577 – 0.741
Household income					
Low	0	-			
High	0.412	0.058	50.973***	1.510	1.349 – 1.691
Marital status					
Married	0	-			
Cohabiting	0.557	0.054	104.490***	1.745	1.568 – 1.942
Widowed	0.462	0.181	6.515*	0.630	0.442 – 0.898
Divorced	0.610	0.080	58.128***	1.841	1.573 – 2.153
Separated	0.510	0.112	20.554***	1.665	1.336 – 2.075
LTP Amphetamine					
No	0	-			
Yes	2.455	0.064	1484.452***	11.642	10.275 – 13.190
LTP Cocaine					
No	0	-			
Yes	2.478	0.158	246.675***	11.913	8.744 – 16.229
LTP Ecstasy					
No	0	-			
Yes	0.882	0.154	32.651***	2.415	1.785 – 3.268
LTP LSD					
No	0	-			
Yes	2.702	0.124	474.654***	14.902	11.687 – 19.002

Table 33 Logistic regression analysis of predictive factors for LTP cannabis in England and Wales compared to non-users. Reference categories precede each variable group. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

v) LYP Cannabis – 6.1% reported use of cannabis in the previous year. The regression model ($R^2 = 0.407$ $p < 0.001$; Table 34) identified recent users to have an identical profile as lifetime users, namely that they were young single males, living on their own with medium to high education and income. They also reported use of amphetamines, cocaine, LSD, and ecstasy

Variable	B	SE	Wald	Exp(B)	95% CI
Age	0.068	0.018	13.638***	0.934	0.901 – 0.969
Gender					
Female	0	-			
Male	0.409	0.052	61.335***	1.505	1.359 – 1.666
Highest Educational Achievement					
Low	0	-			
Medium	0.221	0.071	9.671**	1.248	1.085 – 1.434
High	0.510	0.079	41.506***	1.664	1.425 – 1.942
Employment status					
Employed	0	-			
Student	0.217	0.086	6.290*	1.242	1.049 – 1.472
Unemployed	0.342	0.091	14.104***	1.408	1.179 – 1.684
Marital status					
Married	0	-			
Cohabiting	0.862	0.086	101.294***	2.368	2.002 – 2.801
Single	1.053	0.080	174.679***	2.867	2.453 – 3.352
Widowed	0.828	0.334	6.157*	2.289	1.190 – 4.402
Divorced	1.080	0.126	73.088***	2.945	2.300 – 3.772
Separated	1.062	0.169	39.463***	2.892	2.076 – 4.027
Household composition					
1 person	0	-			
> 1 person	0.215	0.084	6.513*	0.807	0.684 – 0.951
LTP Amphetamine					
No	0	-			
Yes	1.655	0.065	641.105***	5.236	4.606 – 5.951
LTP Cocaine					
No	0	-			
Yes	0.890	0.103	74.903***	2.436	1.991 – 2.980
LTP Ecstasy					
No	0	-			
Yes	0.805	0.100	64.576***	2.237	1.838 – 2.722
LTP LSD					
No	0	-			
Yes	1.062	0.085	156.201***	2.891	2.448 – 3.415

Table 34 Logistic regression analysis of predictive factors for LYP cannabis in England and Wales compared to non-users. Reference categories precede each variable group. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

vi) LYP Cannabis in lifetime users – 38.4 % of users reported more recent exposure ($R^2 = 0.326$, $p < 0.001$). Compared to experimenters (Table 35), current users were younger males, more likely to be employed and unmarried. They also were more likely to report lifetime use of amphetamine, cocaine, ecstasy, and LSD.

Variable	B	SE	Wald	Exp(B)	95% CI
Age	0.096	0.014	44.679***	0.908	0.883 – 0.934
Gender					
Female	0	-			
Male	0.241	0.061	15.386***	1.273	1.128 – 1.436
Employment status					
Employed	0	-			
Student	0.300	0.116	6.685**	1.350	1.075 – 1.694
Unemployed	0.347	0.108	10.307**	1.415	1.145 – 1.749
Marital status					
Married	0	-			
Cohabiting	0.504	0.090	31.333***	1.656	1.388 – 1.976
Single	1.004	0.081	153.769***	2.730	2.329 – 3.199
Widowed	1.020	0.376	7.368**	2.773	1.328 – 5.800
Divorced	0.936	0.133	49.567***	2.550	1.965 – 3.309
Separated	1.005	0.184	29.691***	2.733	1.903 – 3.923
LTP Amphetamine					
No	0	-			
Yes	0.491	0.070	50.037***	1.634	1.426 – 1.872
LTP Cocaine					
No	0	-			
Yes	0.508	0.100	26.600***	1.634	1.426 – 1.872
LTP Ecstasy					
No	0	-			
Yes	0.600	0.103	33.646***	1.822	1.488 – 2.231
LTP LSD					
No	0	-			
Yes	0.458	0.085	29.149***	1.581	1.339 – 1.868

Table 35 Logistic regression analysis of predictive factors for LYP cannabis within lifetime users in England and Wales. Reference categories precede each variable group.* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Only significant predictive variables are shown.

3.5 Summary

Whilst revealing, these data only confirm much of the existing literature. For example, that users of illicit drugs are likely to be young male polysubstance users is well known (Sumnall et al. 2004). However, this analysis reinforced the view that the social characteristics of the majority of recreational drug users (a cross country comparison of recent users of cannabis is given in Table 35) are not greatly different from the non-drug using population (Calafat et al., 1998; Measham et al. 2001; von Sydow et al. 2002). Somewhat unsurprisingly, last year users of cannabis viewed there to be less risk associated with regular use of the drug. Although many drug users do indeed associate drug use with appreciable risk and make sophisticated risk assessments, generally, more experienced or regular users are less likely to have experienced negative drug effects or place less value in them according to their personally defined cost/benefit models (Gamma et al. 2005). As the predictive profile of lifetime and last year users was dissimilar, it is likely that there are sociodemographic differences between those individuals who experiment with drugs and those who report more recent or regular use (NB in common with all general populations survey caveats, last year use may also represent lifetime use, if the individual was initiated in the previous 12 months).

Whilst the reasons precluding direct cross country comparison have already been outlined (Figure 2), calculation of exp(β)values (also called the odds ratio) in the multiple regression allows for a convenient means of comparing the relative contribution of variables to the model. For example, an odds ratio of 2.0 means that the odds of being in the highest class of the dependent variable (e.g. reporting LTP cannabis) are multiplied by 2.0 when the independent variable increases by 1 unit. Examining Table 2, which illustrates significant variables predicting recent (LYP) cannabis use in lifetime users, it is clear that many predictors are shared across countries. However, the relative predictive contributions are different. The data indicates that young males are more likely to report this status, but that this is also more likely in Germany (exp(β) = 0.879; 1.545 respectively). For example, in Greece, Spain, and the UK, status was dependent upon reporting being a student, but this

relationship was strongest in Greece (exp(β) = 2.186). Whilst LTP cocaine was a significant predictor in Germany, Spain, and the UK, this was strongest in the Spanish model (exp(β)=4.189). Finally, whilst perceived cannabis risk was significant for Greek and Spanish data, Spanish users were less likely to report they believed in greater risk (exp(β) = 0.183).

Variable	Germany	Greece	Spain	UK
Age	0.879***	0.886***	0.887***	0.908***
Gender				
Female	0	-	0	0
Male	1.545***	-	1.298**	1.273***
Employment status				
Employed	-	0	0	0
Student	-	2.186*	1.488**	1.350***
Unemployed	-	-	1.315*	1.415***
Other	-	4.009*	-	-
Highest educational achievement				
Low	-	-	0	-
Medium	-	-	1.311**	-
Household income				
Lowest quartile	0	-	-	-
Mid 50%	0.780*	-	-	-
Highest quartile	7.088**	-	-	-
Marital status				
Married	0	-	0	0
Cohabiting	2.226***	-	2.179***	1.656***
Single	3.182***	-	-	2.730***
Widowed	-	-	2.167***	2.773**
Divorced	3.017***	-	-	2.550***
Separated	3.647***	-	-	2.733***
Household composition				
1 person	0	-	-	-
> 1 person	1.500***	-	-	-
Level of urbanisation				
Metropolitan	-	0	-	-
Rural	-	2.192*	-	-
LTP alcohol				
No	0	-	-	-
Yes	3.448*	-	-	-
LTP amphetamine				
No	0	-	-	0
Yes	1.499***	-	-	1.634***
LTP cocaine				
No	0	-	0	0
Yes	2.850***	-	4.189***	1.634***
LTP ecstasy				
No	-	-	0	0
Yes	-	-	7.542***	1.822***
LTP hallucinogens/LSD				
No	0	-	0	0
Yes	2.247***	-	1.477	1.581***
Smoking				
Current	-	-	0	-
Never smoked	-	-	0.494***	-
Quitter	-	-	0.420***	-
Age of first cannabis use	1.036**	-	-	-
Lifetime cannabis frequency				
High	-	0	-	-

Low	-	14.202***	-	-
Cannabis should be legalised				
No	-	0	-	-
Yes	-	0.467**	-	-
Risk of cannabis use				
None	-	0	0	-
Small	-	-	0.540***	-
Moderate	-	-	0.268***	-
Great	-	0.300**	0.183***	-

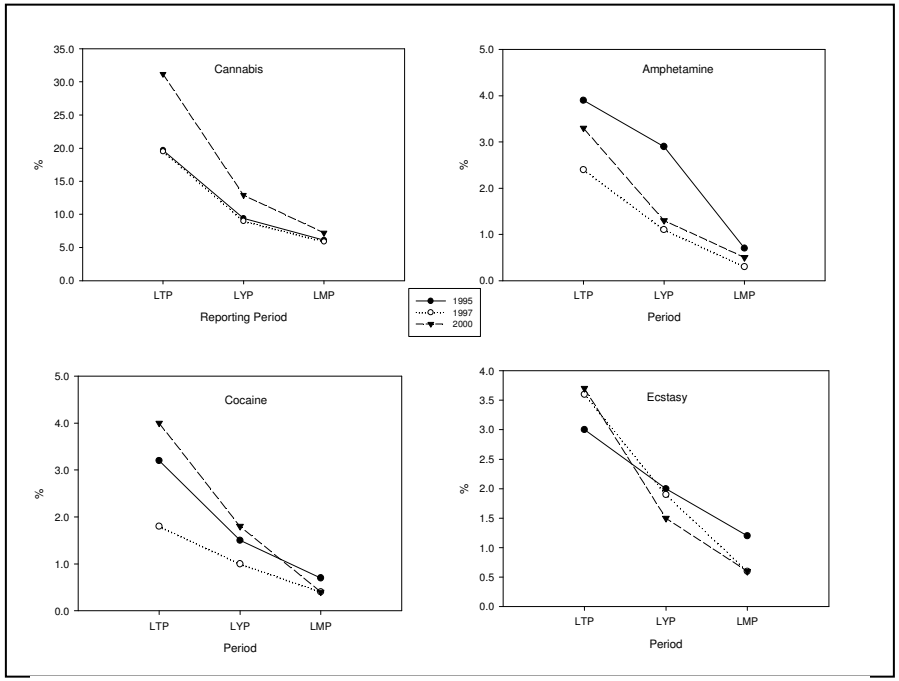
Table 35 Summary of predictive factors comparing recent cannabis users vs experimenters (defined as a lifetime but not last year use) across the four countries. Shown are exp(β) values. –, variable not assessed or non-significant; * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. Only significant predictive variables are shown.

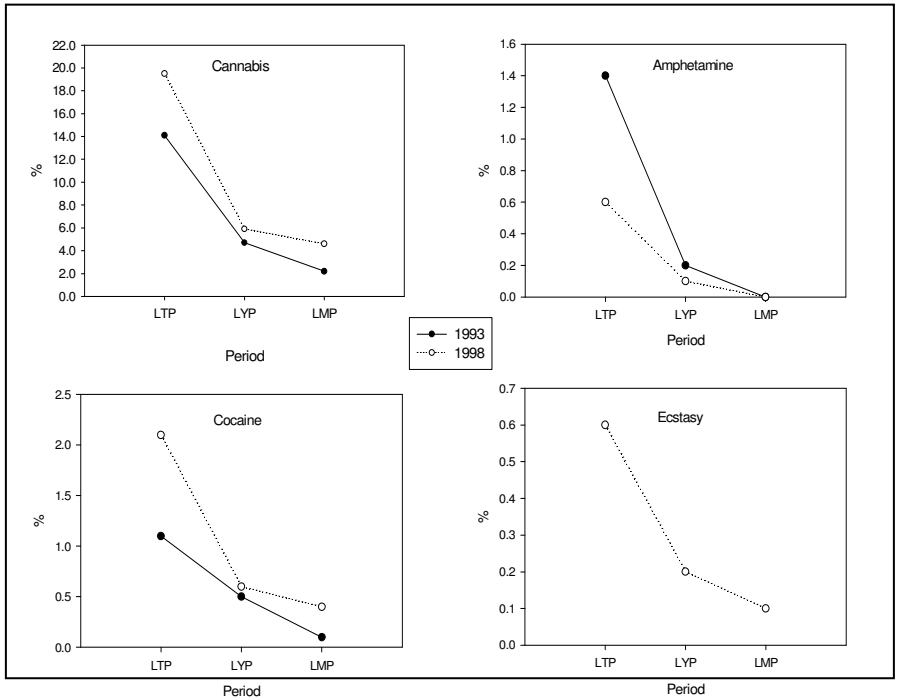
3.6 Discontinuation and quitting

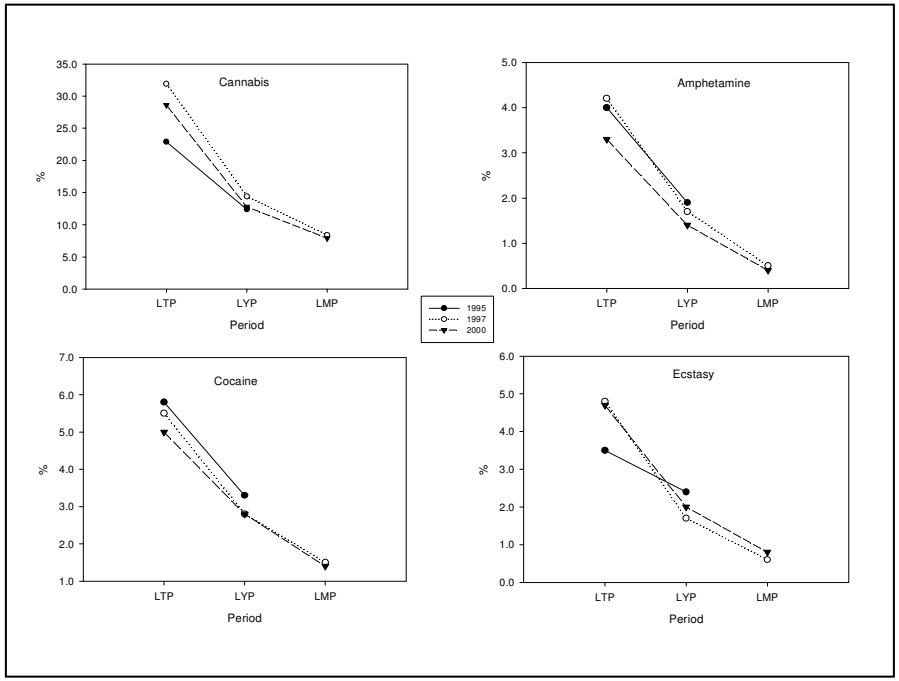
All indications suggest low continuation rates (i.e. LTP > LYP > LMP) for all drugs (Panel 11), with the lowest rate of discontinuation seen with cannabis (Panels 19-22). Whilst there are no general trends across substances, many individuals seem to discontinue use in their mid to late twenties, coinciding with dedication to career and family, or if they no longer desire the effects that drugs produce (Chen and Kandel 1998). Specific decreases in 'quitting' seen in older age groups (e.g. cocaine quitters in Greece, Figure 81) are most likely statistical artefacts resulting from small original LTP rather than maintenance of use. The National Treatment Agency (NTA) has estimated that 154,000 individuals were in contact with treatment services in England in 2003/2004, out of a total of 250 – 350,000 problematic users. This represents 0.5 – 0.7% of the approximate total adult population of 50,000,000, and 6.3 – 8.8% of the four million individuals that have been estimated to have ever used illicit drugs, or 25.0 – 35.0 % (assuming that these represent the same individuals) of the one million reporting ever having used a Class A drug (drugs such as heroin, crack cocaine, and ecstasy; Condon and Smith, 2003). Taken together, these data suggests that most illicit substance users take drugs occasionally, perhaps experimentally, without experiencing compulsion, and without developing symptoms of drug dependence.

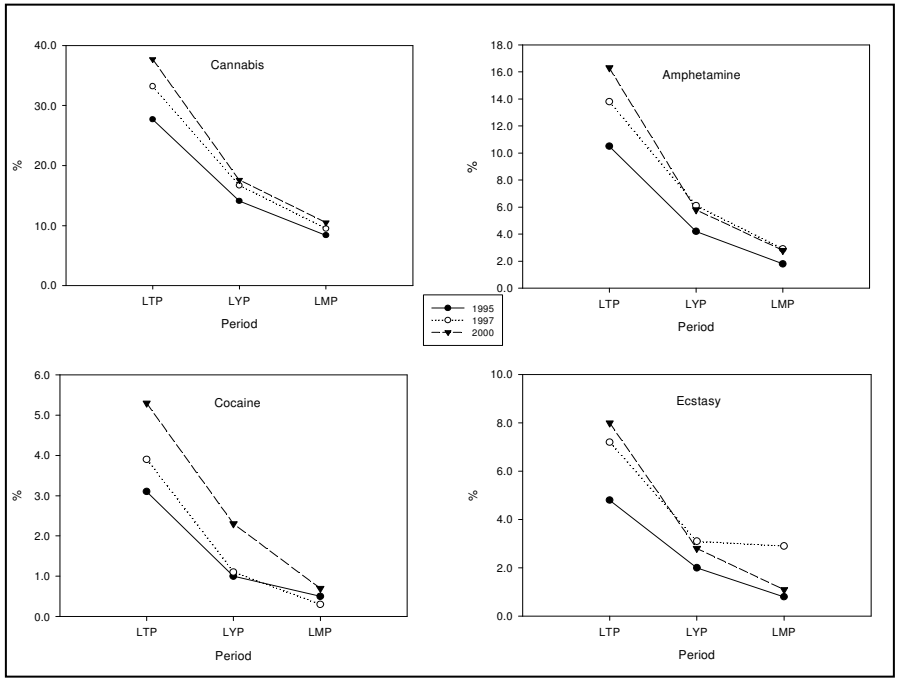
Panels 11-14 Figures 43-58 (page 62) Period prevalence (LTP; LYP; LMP) in young people (15-34; 16-34 in UK) of cannabis, amphetamine, cocaine, and ecstasy derived from combined datasets in Germany (top left), Greece (top right), Spain (bottom left), UK (bottom right). Lines represent % within age group reporting use in a particular period.
Panels 15-18 Figures 59-74 (page 63) Age stratified period prevalence (LTP; LYP; LMP) of cannabis, amphetamine, cocaine, and ecstasy derived from combined datasets in Germany (top left), Greece (top right), Spain (bottom left), UK (bottom right). Lines represent % within age group reporting use in a particular period.

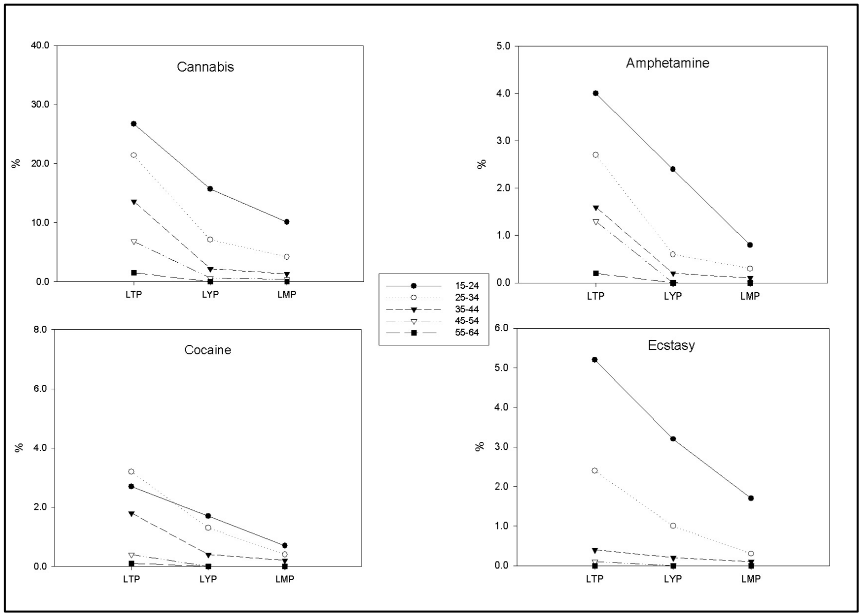
Panel 19-22 Figures 75-90 (page 64) Drug 'quitters' (defined as reporting LTP but not LYP)) of cannabis, amphetamine, cocaine, and ecstasy in Germany (top left), Greece (top right), Spain (bottom left), UK (bottom right).

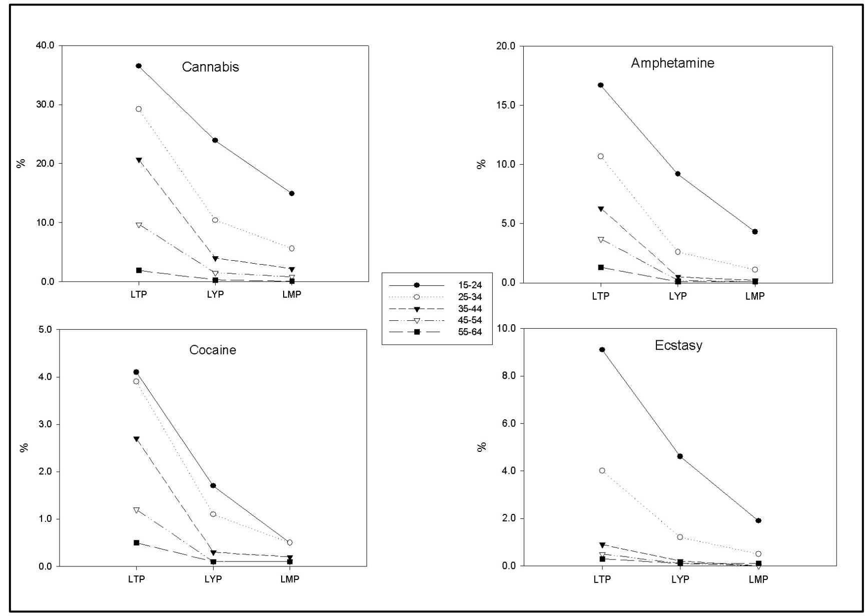

Cannabis
Amphetamine
Cocaine
Ecstasy
%
LTP
LYP
LMP
Reporting Period
Period
1995
1997
2000

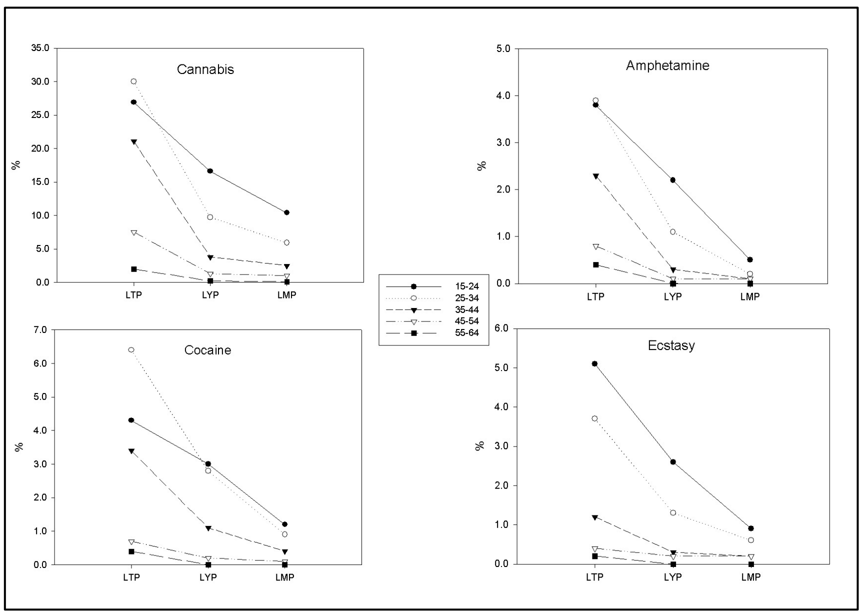

Cannabis
Amphetamine
Cocaine
Ecstasy
%
LTP
LYP
LMP
Period
1993
1998

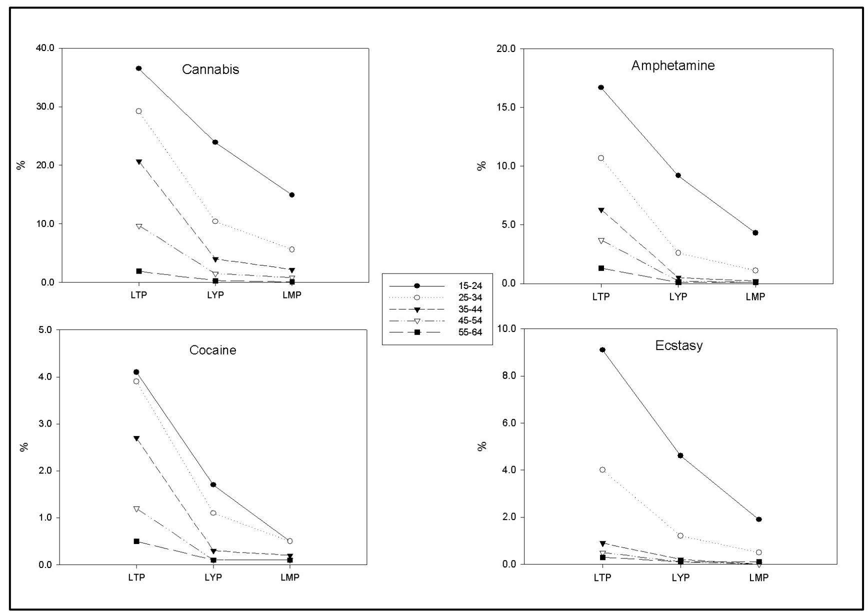

Cannabis
Amphetamine
Cocaine
Ecstasy
%
LTP
LYP
LMP
Period
1995
1997
2000

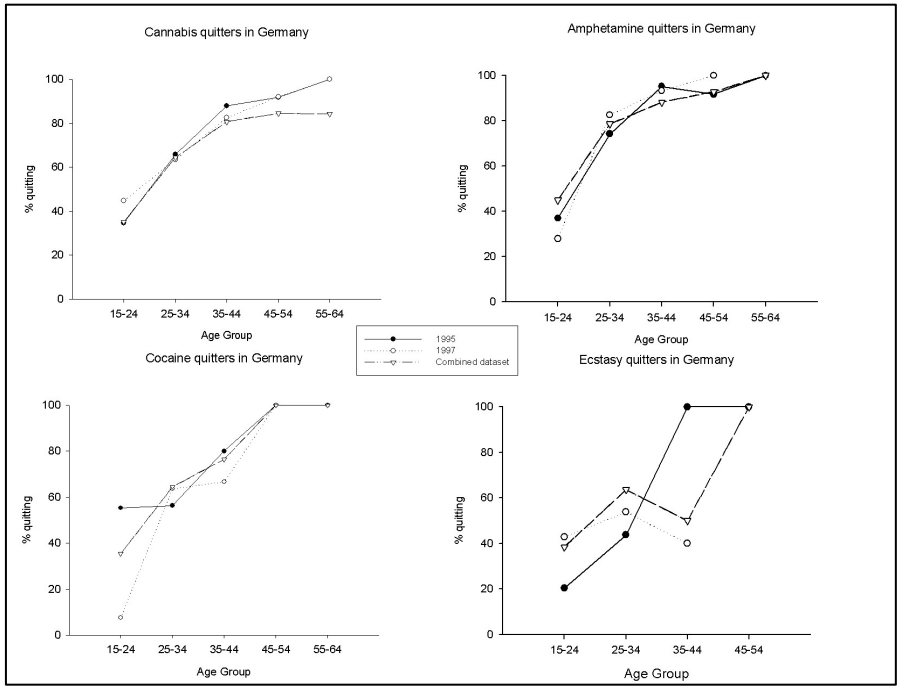

Cannabis
Amphetamine
Cocaine
Ecstasy
%
LTP
LYP
LMP
Period
1995
1997
2000

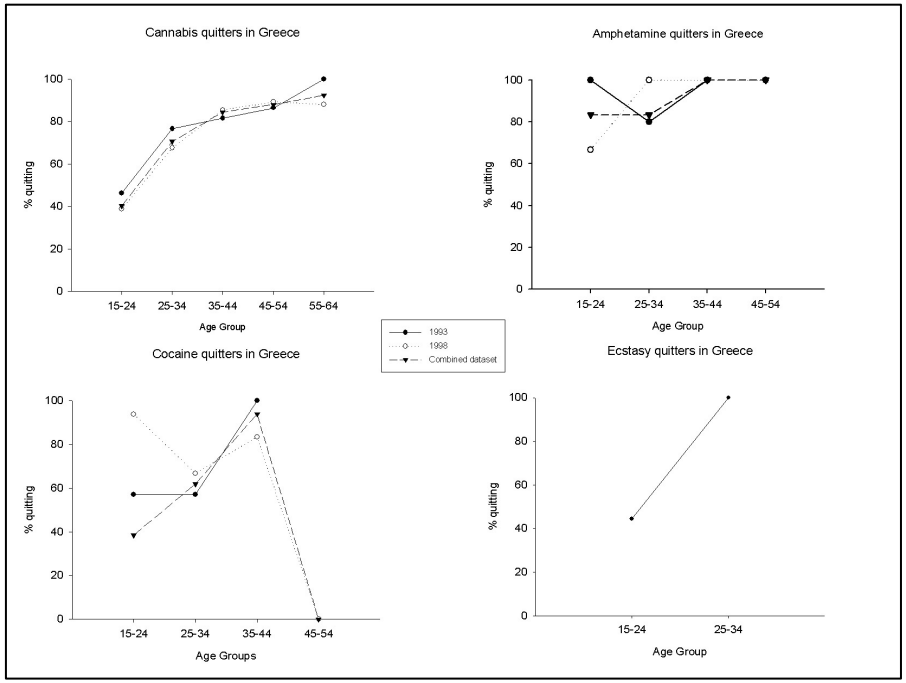

Cannabis
Amphetamine
Cocaine
Ecstasy
%
LTP
LYP
LMP
15-24
25-34
35-44
45-54
55-64

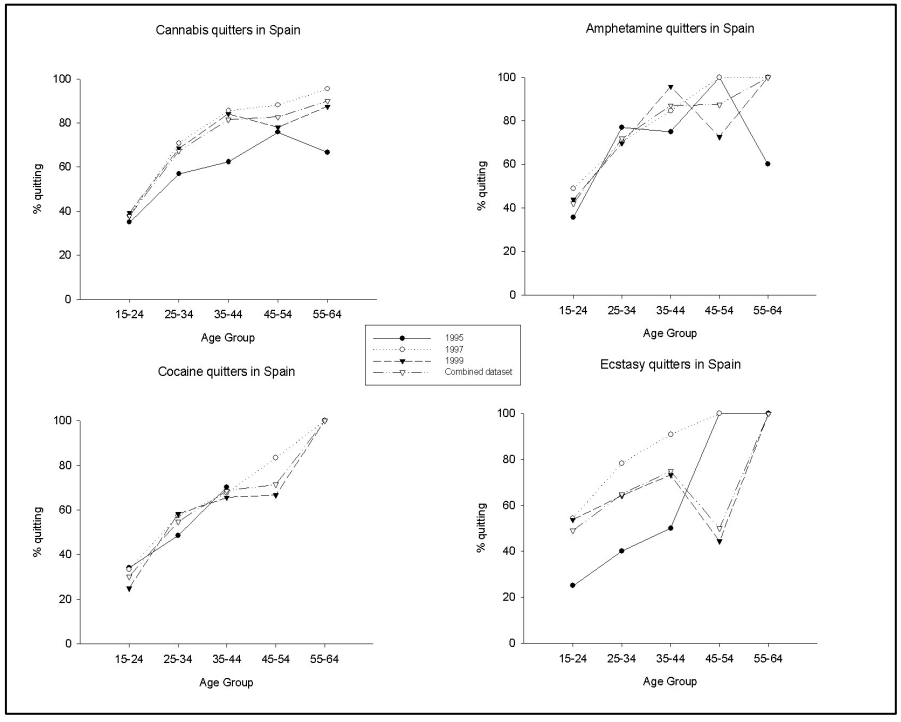

Cannabis
Amphetamine
Cocaine
Ecstasy
%
LTP
LYP
LMP
15-24
25-34
35-44
45-54
55-64

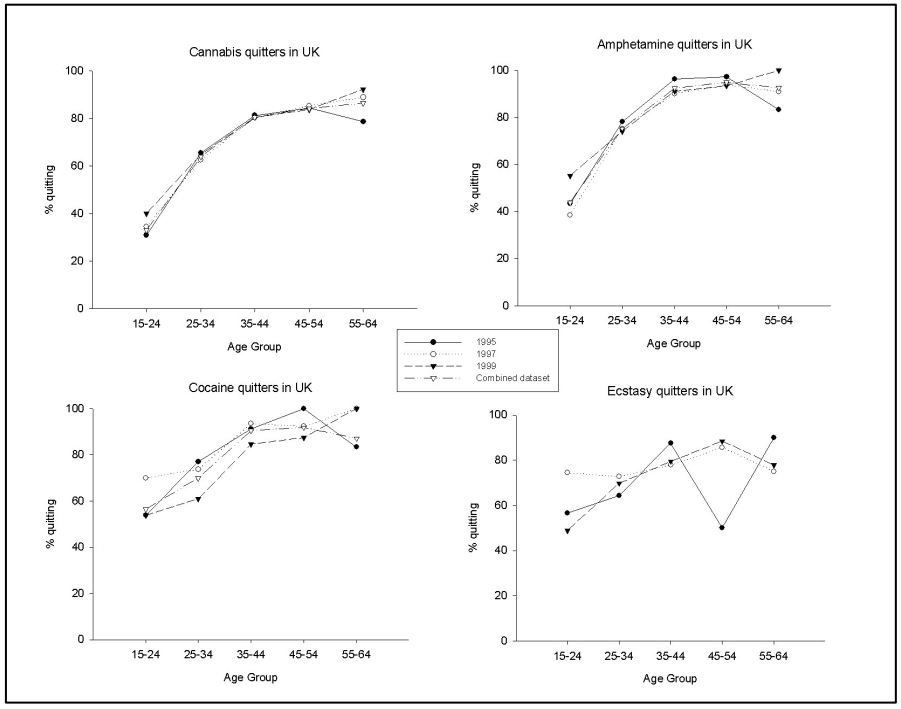

Cannabis
Amphetamine
Cocaine
Ecstasy
%
LTP
LYP
LMP
15-24
25-34
35-44
45-54
55-64


Cannabis
Amphetamine
Cocaine
Ecstasy
%
LTP
LYP
LMP
15-24
25-34
35-44
45-54
55-64


Cannabis quitters in Germany
Amphetamine quitters in Germany
Cocaine quitters in Germany
Ecstasy quitters in Germany
% quitting
Age Group
15-24
25-34
35-44
45-54
55-64
1995
1997
Combined dataset


Cannabis quitters in Greece
Amphetamine quitters in Greece
Cocaine quitters in Greece
Ecstasy quitters in Greece
% quitting
Age Group
Age Groups
15-24
25-34
35-44
45-54
55-64
1993
1998
Combined dataset


Cannabis quitters in Spain
Amphetamine quitters in Spain
Cocaine quitters in Spain
Ecstasy quitters in Spain
% quitting
Age Group
15-24
25-34
35-44
45-54
55-64
1995
1997
1999
Combined dataset


Cannabis quitters in UK
Amphetamine quitters in UK
Cocaine quitters in UK
Ecstasy quitters in UK
% quitting
Age Group
15-24
25-34
35-44
45-54
55-64
1995
1997
1999
Combined dataset

3.7 Polysubstance misuse

Polysubstance use is a longstanding health concern and is common in young people, especially among those who use alcohol, tobacco, and cannabis (Stein et al., 1987). Historical research with adolescent and young adult subjects has examined patterns of polydrug use (e.g. Kandel et al., 1984; Newcomb, 1992), individual difference characteristics predictive of polydrug use (e.g. Newcomb et al., 1996), patterns of simultaneous and concurrent polydrug use (i.e., drug combinations) (e.g. Smit et al., 2002), and the order of initiation of drug use (Pedersen and Skrondal, 1999). The function of polysubstance use may maximise or produce synergistic drug effects (e.g. cocaine & alcohol, or LSD & ecstasy), ameliorate acute negative effects (e.g. cannabis after acute ecstasy 'comedown'), or to substitute sought after effects (e.g. use of benzodiazepines in heroin users). Interventions have only recently begun providing drug users with adequate knowledge on the effects of specific drugs and the consequences of multiple drug use, and how to treat on-site drug emergencies (EMCDDA 2002).

The following section details analyses of recent (i.e. $LYP_{drugA}|LYP_{drugB}$), concurrent (i.e. $LMP_{drugA}|LMP_{drugB}$), and lifetime (i.e. $LTP_{drugA}|LTP_{drugB}$) polysubstance use in the combined datasets (Tables 36-47; Figures 91-93). Appendix B displays yearly information tables on $LTP_{drugA}|LTP_{drugB}$; $LTP_{drugA}|LYP_{drugB}$; $LTP_{drugA}|LMP_{drugB}$; $LYP_{drugA}|LYP_{drugB}$; $LYP_{drugA}|LMP_{drugB}$; $LMP_{drugA}|LMP_{drugB}$ for each year's survey data.

In all datasets individuals who reported the use of one substance were much more likely to report use of another in the specified time period. For example, in the combined Spanish dataset, whilst LMP cocaine was 1.1% in young people, this rose to 14.4% within cannabis users. Similarly, LMP Ecstasy use in Germany was low, 0.9%, but this increased dramatically in cocaine users to 28.4%. Such increases were much more dramatic on consideration of longer reporting periods; LYP amphetamine in the combined UK dataset was 5.3%, but this rose to 75.1% in Ecstasy users, which suggests that different drugs with overlapping psychopharmacological properties may act as functional substitutes and compliments for users (Sumnall et al. 2004).

Germany	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	92.1	-	21.0	3.4	2.6	3.4	2.2	0.6
Cannabis	19.6	98.3	-	13.3	12.2	14.4	10.5	3.0
Ecstasy	3.3	95.0	78.7	-	34.4	32.3	35.1	8.9
Cocaine	2.5	96.6	96.0	45.9	-	46.0	48.2	18.0
Amphetamines	3.1	98.4	89.3	34.1	36.4	-	39.4	11.4
LSD	2.1	97.8	89.9	55.8	57.4	59.3	-	19.5
Heroin	0.6	963.4	92.2	47.0	71.1	57.1	64.6	-
LTP/LTP	15-34							

Table 36 Polysubstance misuse in young people (15-34) in Germany (LTP/LTP). Percentage of use of one substance (columns) given the use of another (rows). Unconditional prevalences are presented in the first column

Germany	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	90.1	-	46.6	2.1	1.3	1.4	1.1	0.2
Cannabis	45.7	98.7	-	18.4	14.4	13.7	11.8	2.1
Ecstasy	2.0	96.0	77.6	-	29.7	32.5	35.1	3.5
Cocaine	1.3	93.8	95.3	44.7	-	41.8	39.3	13.0
Amphetamines	1.3	98.3	88.7	50.4	43.3	-	53.6	9.2
LSD	1.0	96.0	96.6	66.4	49.3	61.1	-	7.9
Heroin	0.2	95.7	79.1	31.1	67.9	46.6	37.8	-
LYP/LYP	15-34							

Table 37 Polysubstance misuse in young people (15-34) in Germany (LYP/LYP). Percentage of use of one substance (columns) given the use of another (rows). Unconditional prevalences are presented in the first column.

Germany	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	80.8	-	7.1	1.0	0.6	0.6	0.2	0.1
Cannabis	6.0	95.1	-	8.0	7.1	6.4	3.0	2.0
Ecstasy	0.9	87.7	53.0	-	18.4	16.4	18.9	0.0
Cocaine	0.6	85.5	73.5	28.4	-	23.5	17.4	6.5
Amphetamines	0.5	82.9	71.9	27.6	25.6	-	27.1	7.4
LSD	0.2	62.0	72.6	68.9	40.8	58.5	-	0.0
Heroin	0.1	78.6	91.9	0.0	29.4	30.7	0.0	-
LMP/LMP	15-34							

Table 38 Polysubstance misuse in young people (15-34) in Germany (LMP/LMP). Percentage of use of one substance (columns) given the use of another (rows). Unconditional prevalences are presented in the first column.

Greece	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	95.4	-	18.1	0.7	1.8	1.7	-	0.8
Cannabis	17.4	99.3	-	3.1	9.4	4.3	-	4.2
Ecstasy	0.6	100.0	100.0	-	75.6	26.1	-	44.1
Cocaine	1.7	100.0	94.5	21.1	-	20.8	-	32.1
Amphetamines	1.6	100.0	62.8	22.7	35.6	-	-	15.3
LSD	-	-	-	-	-	-	-	-
Heroin	0.7	100.0	100.0	34.4	75.3	22.2	-	-
LTP/LTP	15-34							

Table 39 Polysubstance misuse in young people (15-34) in Greece (LTP/LTP). Percentage of use of one substance (columns) given the use of another (rows). Unconditional prevalences are presented in the first column.

Greece	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	89.9	-	7.8	0.2	0.8	0.1	-	0.3
Cannabis	7.2	98.1	-	2.9	10.3	1.5	-	4.3
Ecstasy	0.2	85.8	100.0	-	57.5	42.5	-	43.3
Cocaine	0.8	94.4	93.9	15	-	11.2	-	25.8
Amphetamines	0.2	57.2	71.5	100.0	57.2	-	-	28.7
LSD	-	-	-	-	-	-	-	-
Heroin	0.3	92.8	100.0	42.1	66.4	14.5	-	-
LYP/LYP	15-34							

Table 40 Polysubstance misuse in young people (15-34) in Greece (LYP/LYP). Percentage of use of one substance (columns) given the use of another (rows). Unconditional prevalences are presented in the first column.

Greece	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	76.8	-	4.6	0.1	0.3	0.0	-	0.2
Cannabis	3.7	95.1	-	2.4	7.5	0.6	-	5.5
Ecstasy	0.1	66.7	100.0	-	66.7	0.0	-	0.0
Cocaine	0.3	92.0	100.0	19.1	-	0.0	-	17.3

Amphetamines	0.0	100.0	100.0	0.0	0.0	-	-	100.0
LSD	-	-	-	-	-	-	-	-
Heroin	0.2	89.0	100.0	0.0	23.6	11.0	-	-
LMP/LMP	15-34							

Table 41 Polysubstance misuse in young people (15-34) in Greece (LMP/LMP). Percentage of use of one substance (columns) given the use of another (rows). Unconditional prevalences are presented in the first column.

Spain	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	89.2	-	33.6	5.2	5.8	4.2	-	0.9
Cannabis	28.4	98.9	-	14.8	18	13.1	-	3.4
Ecstasy	4.4	98.3	94.8	-	59.3	55.6	-	13.3
Cocaine	5.4	99.0	95.4	48.3	-	55.5	-	16.8
Amphetamines	3.8	98.9	97.0	63.0	77.0	-	-	20.4
LSD	-	-	-	-	-	-	-	-
Heroin	1.0	99.6	95.4	58.3	89.3	77.5	-	-
LTP/LTP	15-34							

Table 42 Polysubstance misuse in young people (15-34) in Spain (LTP/LTP). Percentage of use of one substance (columns) given the use of another (rows). Unconditional prevalences are presented in the first column.

Spain	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	79.1	-	16.1	2.4	3.5	2.0	-	0.5
Cannabis	13.3	96.5	-	12.9	17.9	10.4	-	2.9
Ecstasy	2	94.3	85.8	-	49.2	40.4	-	12.8
Cocaine	2.9	96.4	81.1	33.6	100	38.2	-	11.0
Amphetamines	1.6	95.9	84.8	49.7	68.9	-	-	12.2
LSD	-	-	-	-	-	-	-	-
Heroin	0.4	91.1	86.2	58.2	73.0	44.9	-	-
LYP/LYP	15-34							

Table 43 Polysubstance misuse in young people (15-34) in Spain (LYP/LYP). Percentage of use of one substance (columns) given the use of another (rows). Unconditional prevalences are presented in the first column.

Spain	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	66.1	-	11.2	1.0	2.0	0.7	-	0.2
Cannabis	6.1	91.0	-	6.6	14.4	4.7	-	1.5
Ecstasy	0.5	88.3	73.9	-	33.4	24.7	-	8.5
Cocaine	1.1	93.1	82.3	17.2	-	18.1	-	4.2
Amphetamines	0.3	94.1	83.5	39.6	56.4	-	-	7.1
LSD	-	-	-	-	-	-	-	-
Heroin	0.1	74.0	85.6	33.7	42.4	23.1	-	-
LMP/LMP	15-34							

Table 44 Polysubstance misuse in young people (15-34) in Spain (LMP/LMP). Percentage of use of one substance (columns) given the use of another (rows). Unconditional prevalences are presented in the first column.

UK	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	32	-	-	17.8	11.7	36.2	21.7	2.5
Ecstasy	6.1	-	93.6	-	38.2	80.2	65.8	9.6
Cocaine	4.0	-	94.1	58.5	-	77.2	59.5	15.9
Amphetamines	13.3	-	88.5	37.2	23.4	-	44.3	4.6
LSD	7.4	-	93.7	54.1	31.9	78.4	-	8.5
Heroin	0.9	-	93.8	68.8	74.1	70.9	74.3	-
LTP/LTP	15-34							

able 45 Polysubstance misuse in young people (15-34) in UK (LTP/LTP). Percentage of use of one substance (columns) given the use of another (rows). Unconditional prevalences are presented in the first column.

UK	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	15.9	-	-	15.1	8.3	28.5	11.4	1.8
Ecstasy	2.6	-	93.0	-	28.3	75.1	41.9	5.5
Cocaine	1.4	-	94.6	52.8	-	67.1	30.4	13
Amphetamines	5.3	-	85.8	36.8	17.7	-	27.7	2.6
LSD	2.0	-	93.0	55.3	21.6	74.8	-	8.5
Heroin	0.3	-	92.1	45.6	57.6	44.2	53.2	-
LYP/LYP	15-34							

Table 46 Polysubstance misuse in young people (15-34) in UK (LYP/LYP). Percentage of use of one substance (columns) given the use of another (rows). Unconditional prevalences are presented in the first column.

UK	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	9.4	-	-	10.1	5.0	20.0	5.3	1.7
Ecstasy	1.1	-	89.4	-	18.5	54.7	23.4	5.8
Cocaine	0.5	-	94.1	39.0	-	40.3	23.9	18.6
Amphetamines	2.4	-	77.1	23.8	8.3	-	13.3	0.3
LSD	0.5	-	91.5	45.7	22.1	59.4	-	17.2
Heroin	0.2	-	89.1	34.9	52.9	4.4	53.0	-
LMP/LMP	15-34							

Table 47 Polysubstance misuse in young people (15-34) in UK (LMP/LMP). Percentage of use of one substance (columns) given the use of another (rows). Unconditional prevalences are presented in the first column.

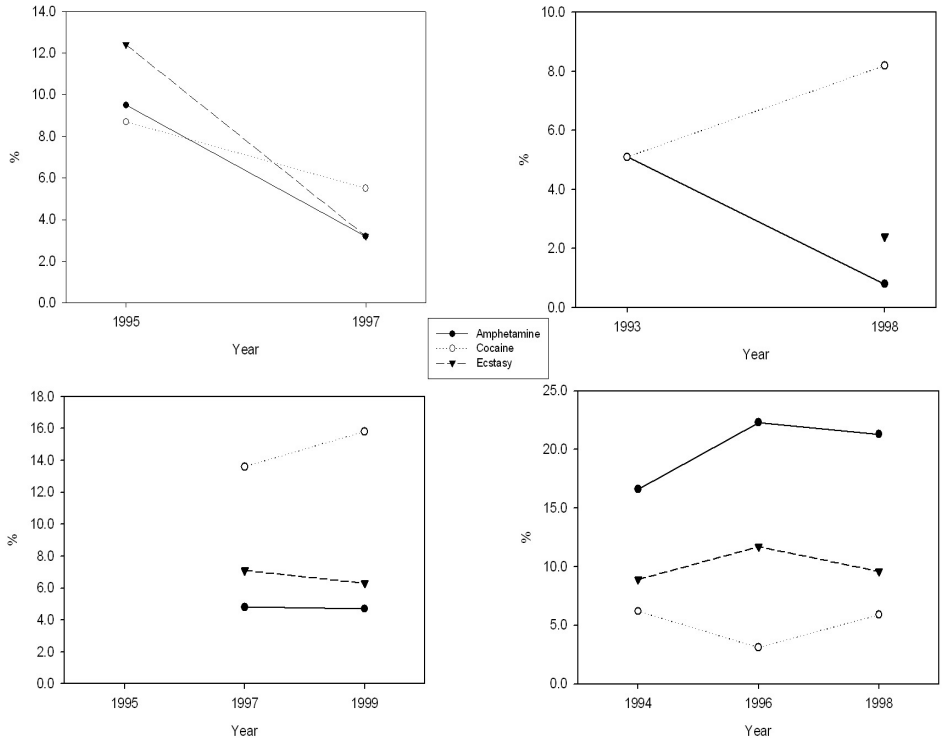


Figure 91 Concurrent polysubstance misuse in young cannabis users. $LMP_{cannabis}|LMP_{drugB}$ in 15-34 year olds in each of the 4 countries; historical trends. The figure details the % of LMP cannabis users who report a LMP of amphetamine, cocaine, and ecstasy. Germany (top left); Greece (top right); Spain (bottom left); UK (bottom right).

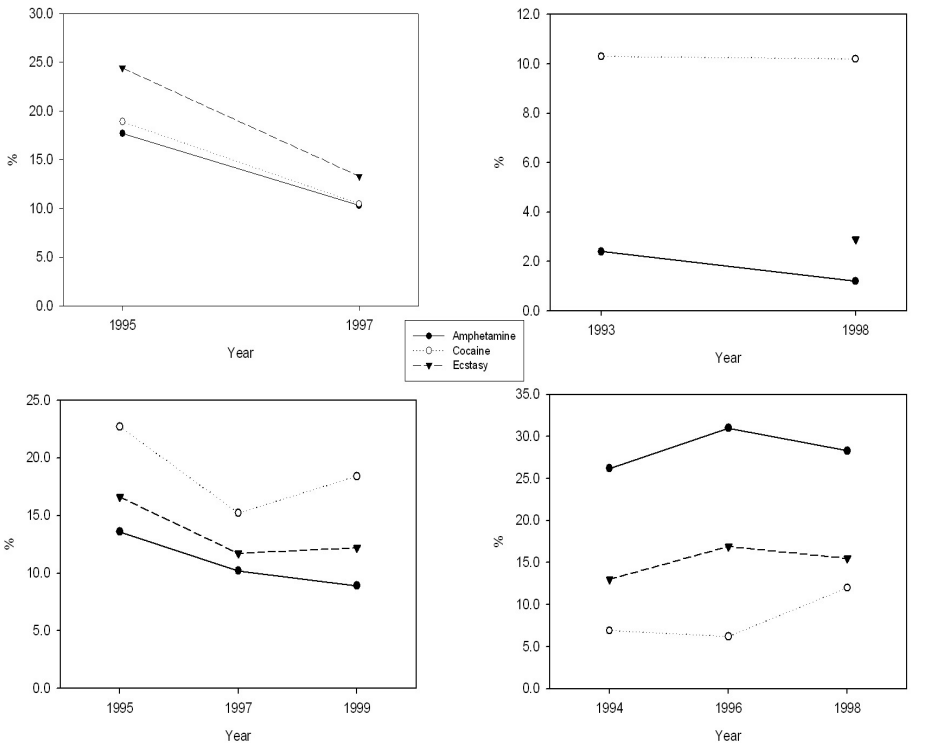


Figure 92 Recent polysubstance misuse in young cannabis users. $LTP_{cannabis}|LTP_{drugB}$ in 15-34 year olds in each of the 4 countries; historical trends. The figure details the % of LYP cannabis users who report a LYP of amphetamine, cocaine, and ecstasy. Germany (top left); Greece (top right); Spain (bottom left); UK (bottom right).

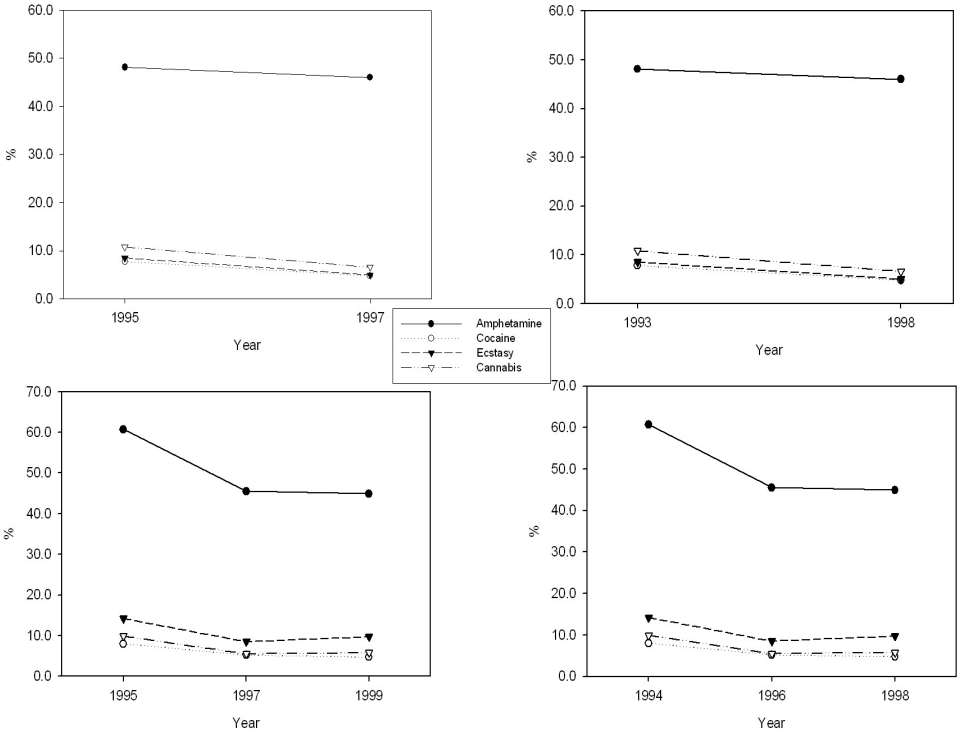
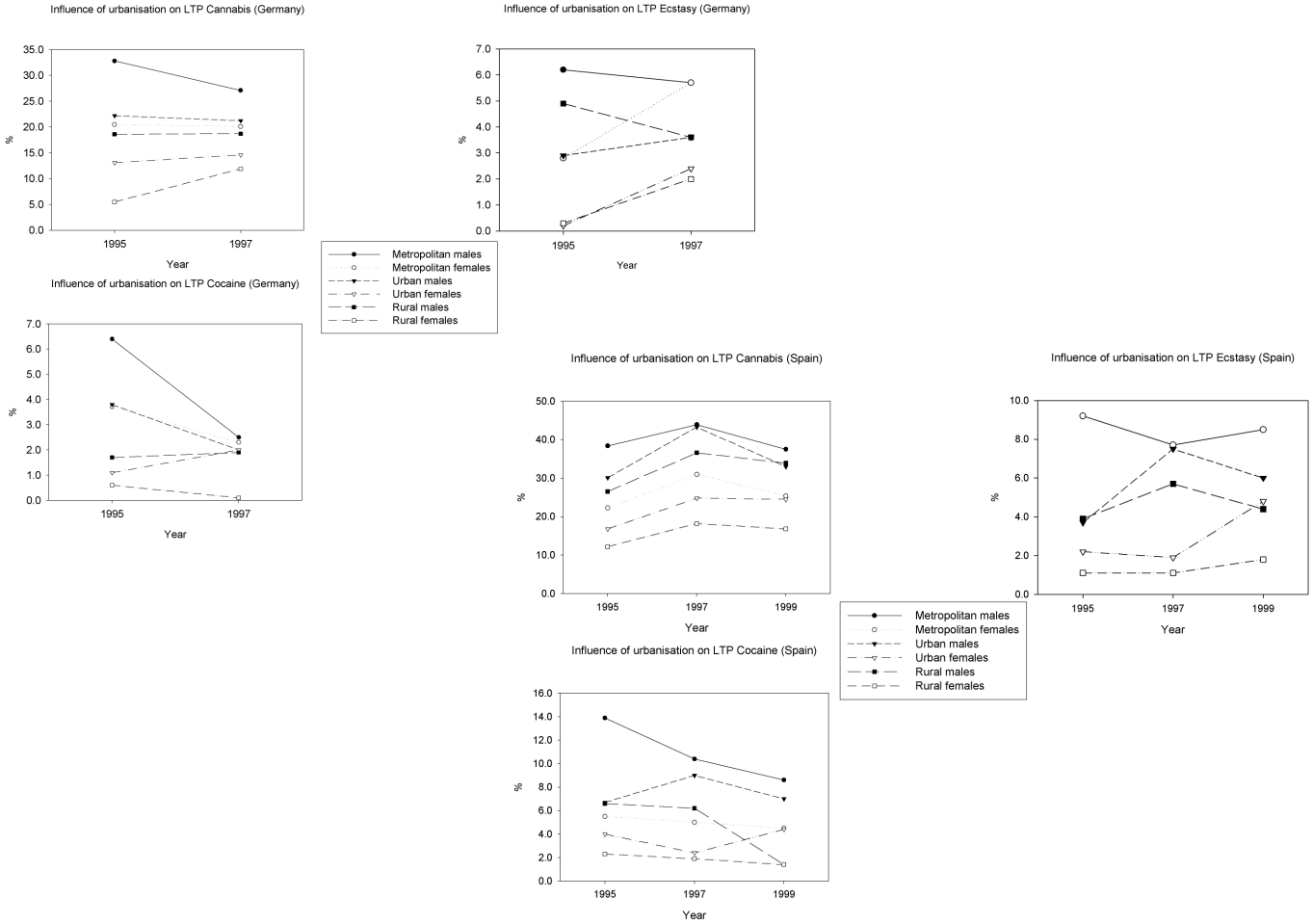
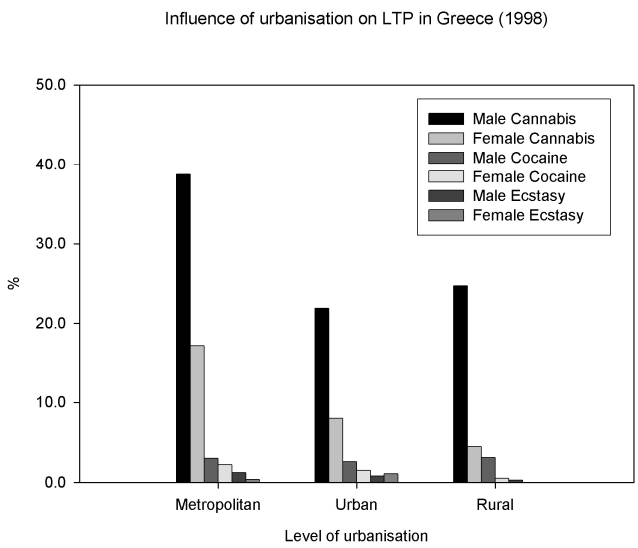


Figure 93 Recent polysubstance misuse in young cannabis users.
$LTP_{cannabis}|LYP_{drugB}$ in 15-34 year olds in each of the four countries; historical trends. The figure details the % of LYP cannabis users who report a LYT of amphetamine, cocaine, and ecstasy. Germany (top left); Greece (top right); Spain (bottom left); UK (bottom right).

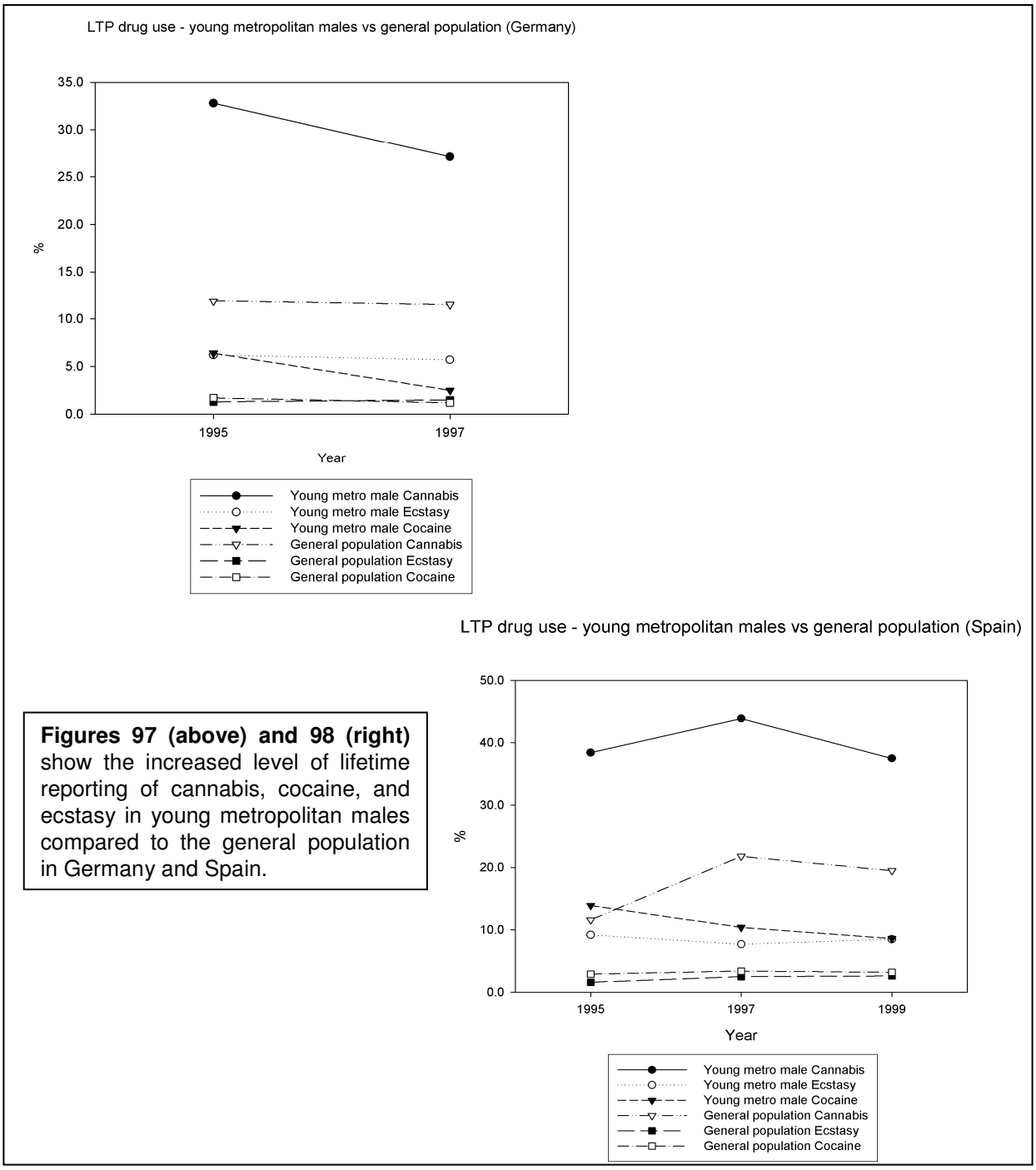
3.8 Urbanisation





Figures 94-96 (previous page) Influence of category of residential urbanisation upon reported LTP of cannabis, cocaine, and Ecstasy. Shown are data for Germany (top), Spain (middle), and Greece (Bottom). Urbanisation data was only available for Greece in 1998 as the 1993 survey was conducted entirely in the city of Athens.

Estimates of drug use over the three reporting periods (i.e. LTP, LYP, LMP) obscure specific trends in subpopulations, particular those reported by residents of conurbations (Figures 94-96). After stratifying by gender and level of urbanisation, young metropolitan males emerge as the group most frequently reporting a lifetime use of illicit drugs, followed by urban males and metropolitan females. For example, whereas LTP cannabis in the general German population was 11.9% in 1995, and 11.5% in 1997, amongst metropolitan males this rose to 32.8% and 27.1% respectively. This sharp decrease in 1997 also mirrored similar falls in cocaine and ecstasy reporting, although the underlying reason is unclear. Rural females reported the lowest rates of lifetime drug use, but with the exception of cocaine this increased across the reporting periods in common with general population trends. Metropolitan females reported the highest lifetime prevalence of ecstasy in Spain and Germany, exceeding that even of their male counterparts (e.g. in Germany in 1997, 3.6% of young adults reported LTP ecstasy, but in metropolitan females this was 5.7%). Females have traditionally been thought to engage less in substance misusing behaviour than males, but perhaps in keeping with concerns about increases in use of social drugs such as alcohol and tobacco, this perception is misleading, and whilst it may hold true across the general population, does not reflect trends within the population (e.g. Hughes *et al.*, 2004). All of these figures highlight the importance of approaching drugs misuse in the EU in terms of locally defined problems and trends, and require a dynamic response from service providers at the local level. In rural areas in particular, whilst access to the wide range of drug service and privacy surrounding drug use is limited, patterns of use generally follow national trends and are often on par with neighbouring urban areas (Henderson et al., 2004). Furthermore, although urban schools often display higher levels of deprived children and lower levels of school achievement than neighbouring rural schools, traditionally seen as drivers of substance use (e.g. Neumark et al., 2003), these socio-economic differences are not reflected in reported levels of life-time drug use, suggesting that there are important differences in key determinants (Forsyth & Barnard, 1999). The level and extent varies between villages and proximity to urban centres and drugs availability increases alongside increased mobility and homogeneity of youth culture. Cannabis and amphetamine are readily available and frequently cheaper, and access to psilocybin mushrooms and veterinary drugs (e.g. ketamine) easier, whilst the availability of dance drugs is dependent upon cultural participation. Rural drug use can therefore not be considered a generic problem if it is to be effectively addressed. In the UK, the Updated National Drug Strategy (2002) includes rural communities among under-served groups for specific consideration. It is also likely that there are differences between ethnic groups within geographic locations, but unfortunately, the current datasets does not allow us to investigate this.



Figures 97 (above) and 98 (right) show the increased level of lifetime reporting of cannabis, cocaine, and ecstasy in young metropolitan males compared to the general population in Germany and Spain.

Primary UK data was not available for the purposes of this particular analysis. However, during the time period under investigation, LTP ecstasy for example, was approximately 10% in young adults (16-29 years old) in the UK (see Ramsay *et al*., 1999), although it is clear that prevalence is much higher in specific youth subcultures and populations (Figure 99). For example, up to 90% of young adults in the UK who attend 'raves' and nightclubs report using ecstasy (Bean *et al*., 1997; Forsyth, 1996; Hammersley *et al*., 1999). Similarly, in 1998 37.7% of young UK adults reported LTP cannabis (*this report*), whereas 91% reported cannabis in the Release Dance and Drugs survey conducted in 1997 (Bean *et al*., 1997). In contrast to the data reported for other countries, there is less disparity between rates of drug use in rural and urban/metropolitan areas, despite substantial differences in education and socio-economic affluence (Forsyth & Barnard, 1999; Henderson, 1998). This may reflect the growing homogenisation of youth culture in the UK, and participation in the leisure culture by an increasingly mobile youth.

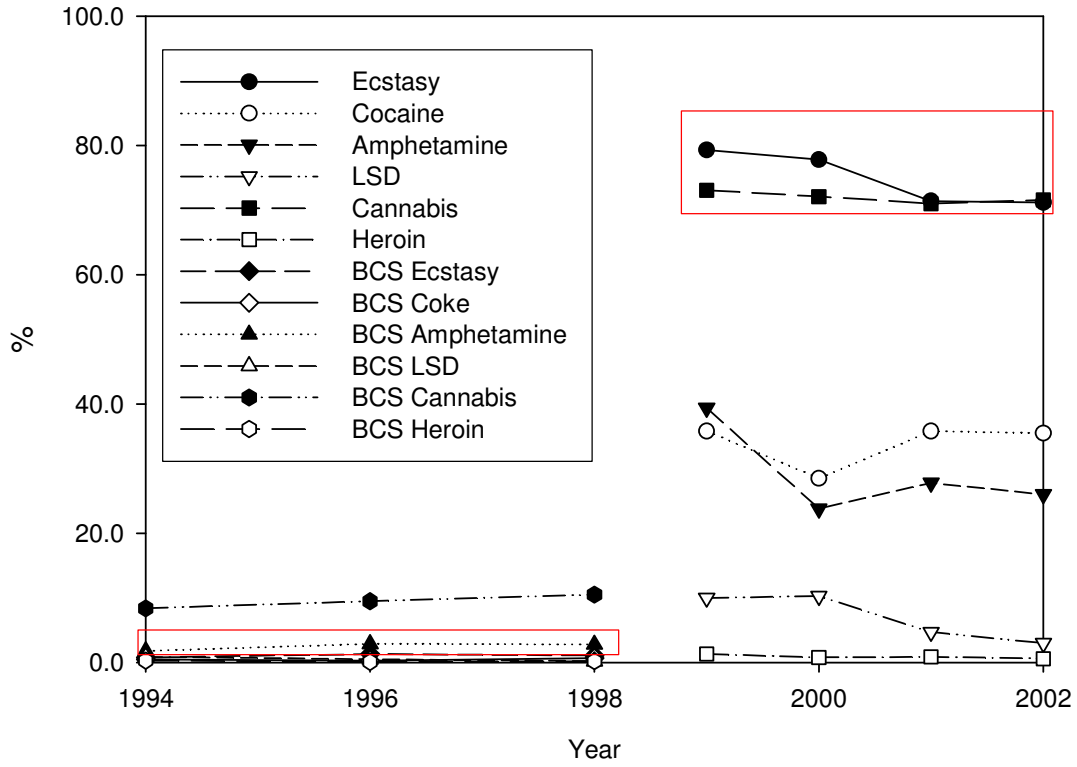


Figure 99 Population prevalence in the UK. Comparison between the BCS young persons data and lifestyle surveys conducted in the dance music subculture (Mixmag surveys 1999-2002; Hunt, *personal communication*; Winstock et al., 2001). Shown are LMP for some of the most frequently reported drugs. Highlighted are data for ecstasy, reported by approximately 1% of the general population and 70% in the dance music subculture

3.9 Frequency of use and bingeing

Unfortunately, it is not possible from the current datasets to make an assessment of the prevalence of illicit drug bingeing (although there is no overall consensus of definition, one has been defined as episodes of disinhibited and uncontrolled drug intake over periods of at least 24 hours (Topp et al., 1999)). With the recent publication of the Alcohol Harm Reduction Strategy for England by the UK government (Prime Minister's Strategy Unit, 2004), there is recognition of the increased incidence of binge drinking (therein defined as *drinking to get drunk*) in men and women aged under 25, and appropriate responses were constructed. Whilst there is an abundance of primary research data (e.g. Bellis et al., 2003; Schifano, 2004; Topp et al., 1999; Winstock et al., 2001), there are no comparable national population figures with respect to illicit drugs in Europe, Australasia, or the USA. This would have served to provide an important insight into inter-individual differences in drug use. Whilst LMP may be stable and/or similar within and between populations, this gives no indication of changes in patterns of drug use. For example, two individuals may report LMP, but if the drug was used only in a single episode by the first, and twice a day by the second, then the consequences may be very dissimilar. Similarly, the quality of drug histories (and personal health and social consequences) cannot be gauged with simple prevalence data, as this would require, for example, additional information on use disorders. Despite these provisos, analysis of last month frequency of use (LMF) of the most popular drugs (cannabis, amphetamine, cocaine, ecstasy) in Germany (Panels 23 and 25) and Spain (Panels 24 and 25) produced some interesting results (Greek LMF data reported too infrequently to warrant analysis). LMF provides a more accurate indication of the intensity of recent drug use and is not subject to the same errors of recall and frequency generalisation inherent with lifetime frequency (LTF) estimates. Whilst examining LMF of those individuals who reported LTP reflected the relatively low LMP of the relevant drugs with most indicating that they had not used in the previous month, analysis within respondents reporting LMP was more revealing. In Germany there was an increase in the percentage of

individuals reporting high frequency of cannabis from 1995 to 1997 (8.6→15.3%), and very high frequency of cocaine (0.0→12.5%) and ecstasy (0.0→5.6%). By contrast, there was a decrease in the highest amphetamine frequencies (high; 15.0→9.1%). In Spain (1997 to 1999, LMF data unavailable for 1995), whilst all levels of cannabis and cocaine frequency remained stable and the percentage reporting high or very high amphetamine frequency decreased (8.1→3.9%; 2.7→0.0%), there was a large increase in those reporting high frequency ecstasy use (2.3→30.4%). The issue of recent cannabis frequency was investigated further with the aid of multinomial logistic regression to identify predictive factors.

Model Fitting Information

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	819.47			
Final	736.71	82.76	33	.000

Therefore, the null hypothesis that all effects of the independent variable are zero can be rejected. Pseudo R^2 = 0.232 (Nagelkerke value).

	Last month cannabis frequency		
	Very high	High	Low
Age	1.077***	1.015	1.048
Age of cannabis initiation	0.598**	0.617*	0.803
Alcohol drinking frequency	1.490*	1.258	0.911
Employment status	0.973	1.101	0.870
Gender	0.400*	0.821	0.470
Highest educational achievement	0.504**	0.636	0.789
Household composition	0.808	0.612	1.313
Marital status	1.081	0.832	0.877
Smoking status	0.542	0.475	1.570
Urbanisation	0.931	1.738*	1.204
Year of survey	0.983	1.473*	0.877
% last month cannabis users	21.2	11.9	11.9

Table 48 Multinomial logistic regression; frequency of last month cannabis use (Germany). Shown are exp(β) values. Reference category was '*very low*' frequency of use. Total N = 588. * p < 0.05; ** p < 0.01; *** p < 0.001.

Model Fitting Information

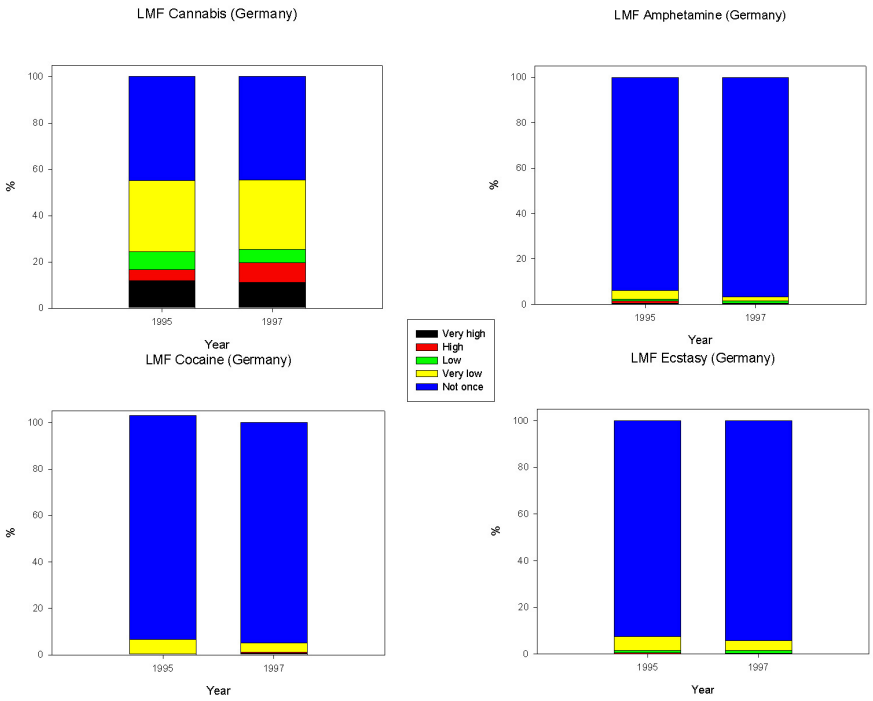
Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	2932.113			
Final	2682.614	249.499	33	0.000

Therefore, the null hypothesis that all effects of the independent variable are zero can be rejected. Pseudo R^2 = 0.216 (Nagelkerke value).

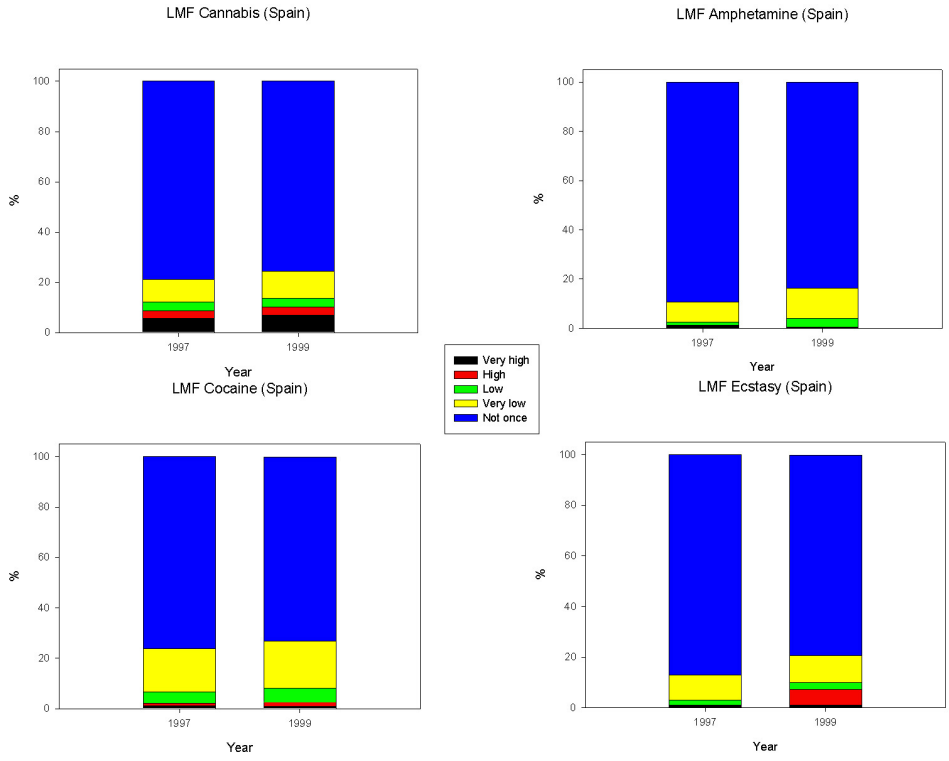
Last month cannabis frequency			
	Very high	High	Low
Age	1.031*	1.022	0.981
Age of cannabis initiation	0.876***	0.844***	0.971
Alcohol drinking frequency	0.778*	0.730*	0.811
Employment status	1.041	0.784	1.021
Gender	0.621*	0.621	0.915
Highest educational achievement	0.651***	0.651*	0.841
Household composition	0.684	0.684	0.654
Marital status	0.878	1.011	0.989
Perceived risk of regularly smoking cannabis	0.447***	0.548***	0.641***
Smoking status	0.868	0.914	0.542**
Urbanisation	0.969	0.969	0.978
Year of survey	1.112	1.024	1.046
% last month cannabis users	27.1	13.4	15.8

Table 49 Multinomial logistic regression; frequency of last month cannabis use (Spain). Shown are exp(β) values. Reference category was '*very low*' frequency of use. Total N = 1153. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

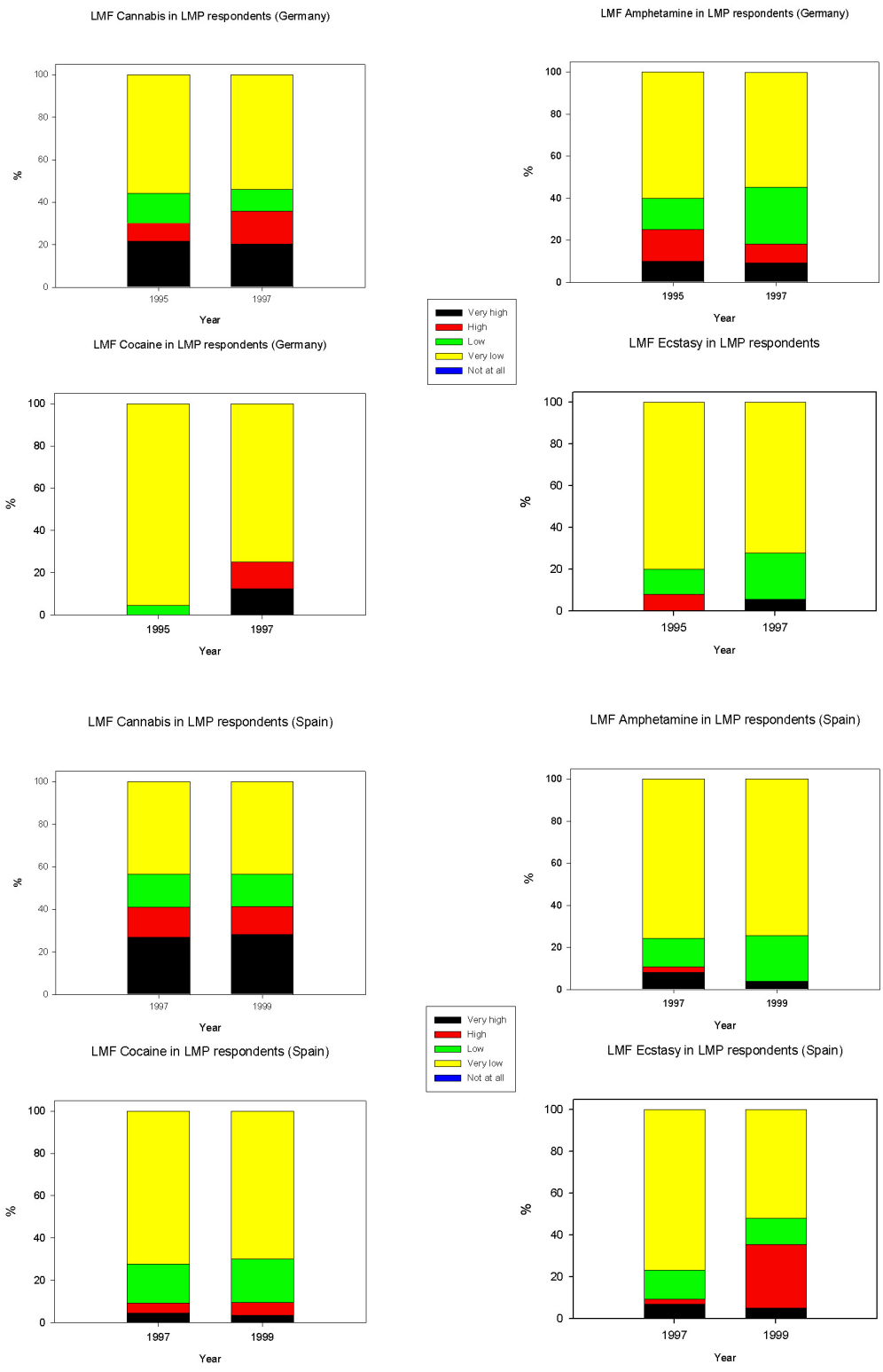
Compared to very low LMF German cannabis smokers, reporting very high LMF was associated with younger cannabis initiation age, being male, being older, reporting less frequent general alcohol drinking, and lower education achievement (Table 48). A similar profile was apparent from the Spanish data, with an additional determinant of lower perceived risk from regularly smoking cannabis (Table 49). Reporting a high level of cannabis frequency was associated with younger initiation age, and a less urbanised area of residence in both Spain and Germany, although lower general alcohol drinking frequency, educational achievement, and perceived cannabis risk were additional predictive factors in the combined Spanish dataset. Supporting the descriptive assessment, high LMF users were much more likely to have been identified in the German survey 1997 compared to 1995.



Panel 23 Figures 100-103 Last month frequency of cannabis, amphetamine, cocaine and ecstasy in German respondents reporting a lifetime use.

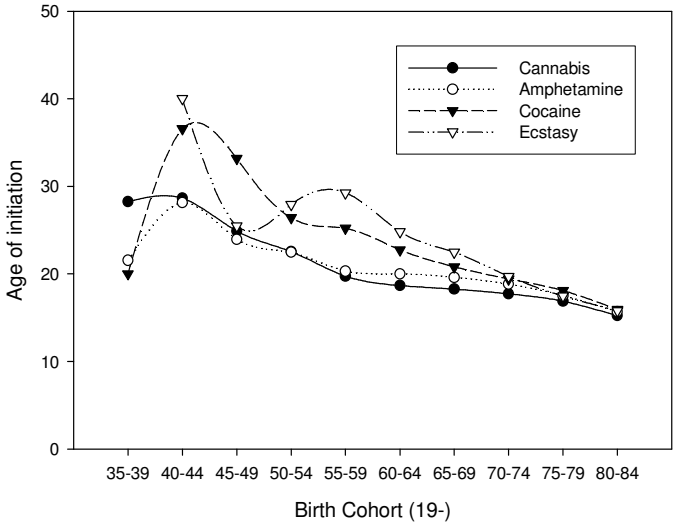


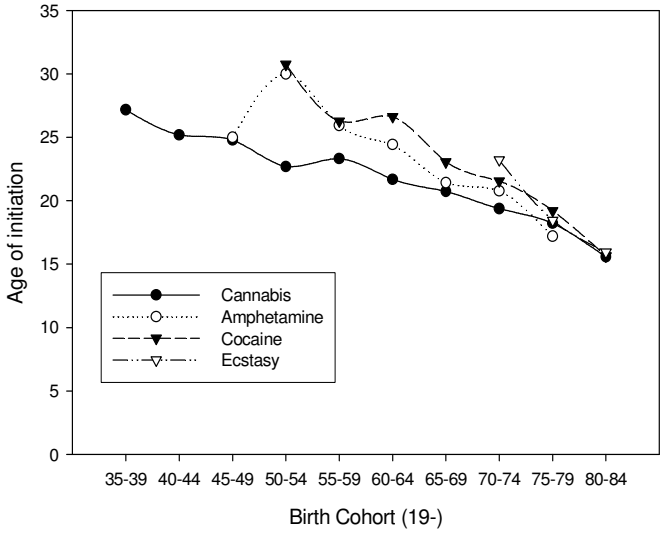
Panel 24 Figures 104-107 Last month frequency of cannabis, amphetamine, cocaine and ecstasy in Spanish respondents reporting a lifetime use.

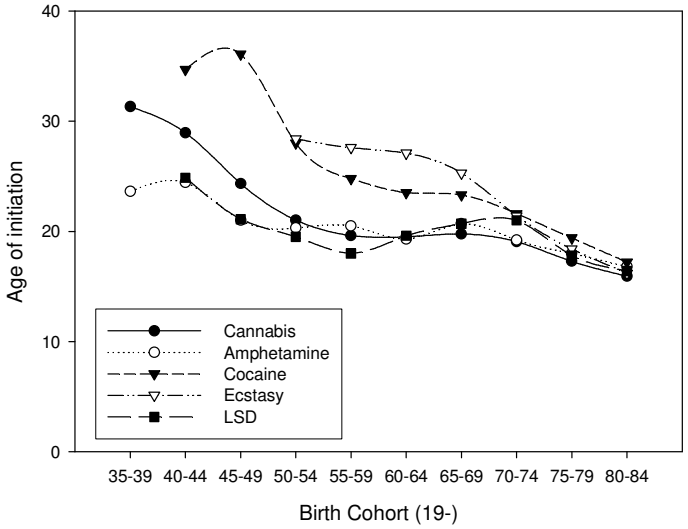


Panel 25 Figures 108-111 Last month frequency of cannabis, amphetamine, cocaine and ecstasy in German (top set) and Spanish (lower set) respondents reporting use in the previous month.

3.10 Age of initiation







Panel 26, Figures 112-114 Mean age of drug initiation in Spain (top left), Germany (bottom left), and Greece (centre right) by birth cohort across all surveys. Graphs show ages in 5 birth year cohorts from 1935 to 1984. Circled are the ages of Ecstasy initiation in the oldest cohort in each country (see text). LSD is excluded from Spanish and Greek figures, as this was not independently reported. Age of first use data was not reported in the BCS

Panel 26 above, demonstrates the falling age of drug initiation in more recent birth cohorts. In individuals born since 1965, drug use is generally initiated under 25 years of age. However there are interesting exceptions to this. Of note in the panel are ages of ecstasy initiation. In the first cohorts to report use, year of onset approximates the burgeoning popularity of dance culture beginning in the mid to late 1980s (and to a lesser extent cocaine) (Thomas 2002; Sumnall et al., 2005). For example, those individuals born in 1950-1954 (the first cohort to report use) were a mean of 28.4 ± 9.7 years old, whilst those born in 1960-1964 were aged 27.1 ± 4.9. Once seen as a preserve of populations with greater disposable income and older initiation (Burton et al., 1996;

Ritter and Anthony, 1997), cocaine use has been rapidly increasing in younger age groups (Sharp et al., 2001; Streatfeild, 2002). This may be because of the consistently high purity or the reduction in price of cocaine (King, 1997), but also its perceived safety compared to other drugs, which have received substantial negative media attention (Hammersley *et al*., 2001). Whilst no data is presented here, during the period under analysis, there was a significant increase between 1996 and 1998 in the use of cocaine on the part of both the 16–29 and 16–24 age groups in the UK, for all the three recall periods (Ramsay et al., 1999).

Whilst the use of differing data collection methodology (see Section 2) precludes robust cross country comparison, ANOVA revealed differences between mean age of initiation (across all birth cohorts and surveys) with Greece generally having older ages of drug initiation (with the exception of Ecstasy), followed by Germany and Spain (Figure 115). Cannabis, which has had the longest history of use and highest population prevalence therefore has a more important cultural position, and is perhaps the most useful age of initiation indicator, although as Golub and Johnson discuss (2002) there is no relationship between sequence of cannabis use and subsequent initiation of other drugs. Whilst no formalised investigation of sequence of initiation was performed, mean ages of initiation showed interesting patterns; in both Germany and Spain cannabis was initiated first, followed by amphetamines, hallucinogens, cocaine and ecstasy. In Greece, across the population, surprisingly ecstasy was the first illicit drug to be used, then hallucinogens, cannabis, amphetamine, and cocaine. As noted in Figure 113, ecstasy only appeared in more recent Greek birth cohorts, which may explain the young initiation age for this drug is in contrast to other substances, and both ecstasy and hallucinogens had very small population prevalences (Table A10), which distorted the mean. However, this does not suggest a linear, cumulative sequence of use. Whilst individuals may revisit drugs that they took earlier in their life, this does not mean that after the most recent initiation (i.e. ecstasy or cocaine) they will still be using drugs from earlier periods of their life. Most will progress through their careers in a series of drugs states; the collection of substances ever used up to a given time. Further analysis will be needed in order to clarify this and to investigate complex routes of use over a career, i.e. changes in drug preference as a result of psychopharmacological, social, and personal factors. Future work could also model progression and prevalence of use of more two drugs, as it is unlikely that users will limit themselves to recent/concomitant use of two substances if they are initiated in several (depending upon factors such as availability etc) (Smit et al., 2002). Progression of substance use after young adulthood (e.g. 25 years old) is also likely to be quite different that the sequences observed in teenagers (Golub and Johnson, 2002)

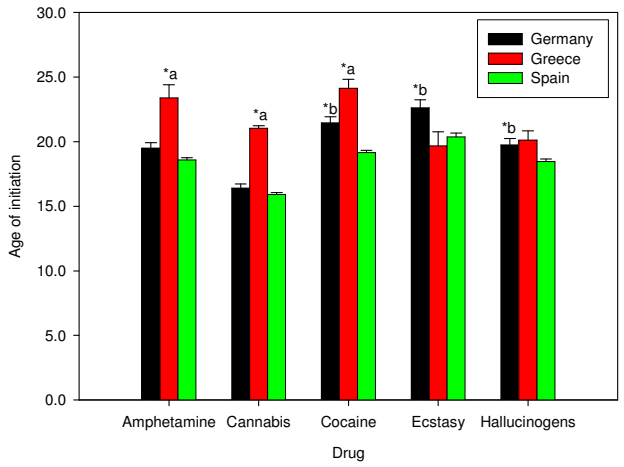


Figure 115 Age of illicit drug initiation in those reporting use in Germany, Greece, and Spain * $p < 0.05$, significant difference between countries; [a] significant vs all other countries; [b] significant vs Spain

3.11 Predicting age of first cannabis use

In these set of analyses, the age of first cannabis use (Germany, Greece, Spain) was examined as a function of sociodemographic variables using the multinomial logistic regression techniques described in section 2.1.4.2 (NB there was no effect of drug use prevalence variables on any of the models; *data not shown*). To effectively target high risk youth there is a need to distinguish associated risk and predictive factors and whether with respect to substance misuse they are associative or causative. Twin studies from Australia have suggested that individuals with early onset of cannabis (<17 years old) had odds of other drug use, alcohol dependence, and

drug abuse/dependence that were 2.1 to 5.2 times higher than those of their co-twin, who did not use cannabis before age 17 years. These findings remained after controlling for other known risk factors such early-onset alcohol or tobacco use, parental conflict/separation, childhood sexual abuse, conduct disorder, major depression, and social anxiety (Lynskey et al., 2003). However, it is important to note that population risk factors serve to alert drug professionals to potential problems rather than substituting for evaluating individual needs.

3.11.1 Germany

Effect	-2 Log Likelihood of Reduced Model	Chi-Square	df
Birth cohort	10253.414	17.045**	5
Age Group	10245.002	8.632	5
Marital status	10265.750	29.381***	5
Household composition	10251.033	14.664*	5
Gender	10307.031	70.662***	5
Employment status	10255.252	18.883**	5
Level of urbanisation	10297.381	61.012***	5
Education	10335.756	99.384***	5
Household income	10244.721	8.351	5
Cannabis legalised?	11690.319	1453.949***	5
Year of Survey	10241.797	5.428	5

Table 50 Likelihood Ratio Tests for variables used in analysis of German cannabis initiation age .* $p < 0.05$; *** $p < 0.001$. The hypothesis that effects on the log odds-ratios of the dependent variables are simultaneously equal to zero can be rejected for the intercept and independent variables except for Age Group and household income. These latter variables were not entered into the resulting model.

Variable	*Cannabis initiation age group*				
	11-13	14-16	17-19	20-24	> 25
Birth cohort	1.549	1.222	1.432***	1.008	1.155
Marital status	0.454	1.102	1.008	1.108	1.349***
Household composition	0.202	1.089	0.671**	0.713*	0.690
Gender	0.801	0.830	0.542***	0.577***	0.683*
Employment status	1.572*	1.045	1.123**	1.019	0.874
Level of urbanisation	0.876	0.721***	0.832**	0.741***	0.658***
Education	0.195**	1.127	1.216**	1.830***	1.820***
Cannabis legalised?	0.187***	0.323***	0.322***	0.362***	0.373***
% Cannabis users	1.1	24.0	38.4	25.0	11.5

Table 51 Multinomial logistic regression; age group of cannabis initiation and sociodemographic factors (Germany combined dataset). Shown are exp(β) values. Reference category for all calculations was '*never used cannabis*'. Total N = 34986. Five year birth cohorts were derived for individuals born between 1935 and 1984. * $p < 0.05$; ** $p < 0.001$ Pseudo $R^2 = 0.303$, $p < 0.001$ (A measure of the accuracy of the model, analogous to the R^2 value in logistic regression. The Nagelkerke R^2 value is reported for all these analyses).

Exp(β) values indicate the impact of increasing the independent variable in question by one 'unit' (e.g. male → female; low → medium → high educational achievement; married → single), on having first used cannabis in the age group (Tables 50 and 51). It must be noted that in all countries very few subjects reported use at ages 11-13

(ranging from 0.5 – 2.2% of all users, median initiation group was 17-19); hence this cannot be considered reliable data. Increasing age of initiation was associated with individuals more likely being male; increased educational achievement, and more likely to be in paid employment. Younger initiates were more likely to be metropolitan dwellers, and more likely to believe that cannabis should be legalised (although unsurprisingly all groups endorsed this). The year of survey did not contribute to model variance which suggests that the characteristic profile of this particular type of drug use has remained stable.

3.11.2 Greece

Effect	-2 Log Likelihood of Reduced Model	Chi-Square	df
Birth cohort	3532.188	7.788	5
Age Group	3537.053	12.653*	5
Marital status	3528.789	4.389	5
Household composition	3533.739	9.339	5
Gender	3633.404	109.004***	5
Employment status	3550.318	25.918***	5
Level of urbanisation	3533.232	8.832	5
Education	3550.340	25.940***	5
Household income	3528.848	4.448	5
Cannabis legalised?	3565.261	131.861***	5
Risk of regularly smoking cannabis	3756.641	232.241***	5
Year of Survey	3531.342	6.942	5

Table 52 Likelihood Ratio Tests for variables used in analysis of Greek cannabis initiation age .* $p < 0.05$; *** $p < 0.001$. The hypothesis that effects on the log odds-ratios of the dependent variables are simultaneously equal to zero could be rejected for the intercept and independent variables except for marital status, household income, and level of urbanisation.

Variable	*Cannabis initiation age group*				
	11-13	14-16	17-19	20-24	> 25
Age group	0.039	0.481*	0.832	1.347	0.977
Gender	1.243	0.326***	0.345***	0.274***	0.328***
Employment status	1.041	0.855	0.796*	0.641***	0.826
Education	2.748	0.619	1.148	1.464**	1.704**
Cannabis legalised?	0.359	0.427***	0.457***	0.557***	0.627***
Risk of regularly smoking cannabis	0.281*	0.280***	0.420***	0.408***	0.455***
% Cannabis users	0.5	10.9	28.2	40.5	19.9

Table 53 Multinomial logistic regression; age group of cannabis initiation and sociodemographic factors (Greece, combined dataset). Shown are exp(β) values. Reference category for all calculations was '*never used cannabis*'. Total N = 5857. Five year birth cohorts were derived for individuals born between 1935 and 1984. Pseudo R^2 = 0.180 (Nagelkerke value) was quite low, but reached statistical significance ($p < 0.05$).

These results revealed few useful patterns but did indicate that increasing education made it less likely that an individual would report the youngest initiation ages, although the small group size should again be taken into consideration (Tables 52 and 53). This corresponds well to other primary research conducted into the topic (e.g. Fergusson and Horwood, 1997). However, as Hickman and colleagues (2004) discuss, causation is more

difficult to determine. Cannabis use may lead to poor educational achievement, there may be reverse causation, whereby poor educational achievement increases cannabis use, or the relationship may be confounded by unidentified independent factors that increase the propensity of both events. Other interesting associations showed that cannabis initiates were more likely to be male (except for 11-13 years old and > 25), but marital status was dependent upon initiation age (reason for status not ascertained).

3.11.3 Spain

Effect	-2 Log Likelihood of Reduced Model	Chi-Square	df
Birth cohort	31092.385	63.259*	5
Age Group	31122.820	43.633***	5
Marital status	31118.917	39.731***	5
Household composition	31105.426	26.240***	5
Gender	31381.164	43.633***	5
Employment status	31187.859	108.673***	5
Level of urbanisation	31113.395	34.209***	5
Education	31426.362	347.176***	5
Year of survey	31142.445	63.259***	5

Table 54 *(previous page)* Likelihood Ratio Tests for variables used in analysis of Spanish cannabis initiation age. * $p < 0.05$; *** $p < 0.001$. The hypothesis that effects on the log odds-ratios of the dependent variables are simultaneously equal to zero could be rejected for all intercept and independent variables.

Variable	*Cannabis initiation age group*				
	11-13	14-16	17-19	20-24	> 25
Birth cohort	0.897	1.257*	0.993	1.126	1.533*
Age Group	0.900	0.954*	0.942***	1.018	1.156***
Marital status	1.327**	0.915*	0.896***	1.032	1.116*
Household composition	0.831	0.757*	0.710***	0.692**	0.610**
Gender	0.355***	0.518***	0.520***	0.598***	0.835
Employment status	1.044	0.967	0.873***	0.761***	0.819***
Level of urbanisation	1.021	1.016	1.026***	1.045***	0.960
Education	0.507***	1.105*	1.407***	1.718***	1.676***
Year of survey	1.100	1.085***	1.105***	1.086***	1.140***
% Cannabis users	2.2	26.2	42.1	21.9	7.5

Table 55 Multinomial logistic regression; age group of cannabis initiation and sociodemographic factors (Spain combined dataset). Shown are exp(β) values. Reference category for all calculations was '*never used cannabis*'. Total N = 34986. Five year birth cohorts were derived for individuals born between 1935 and 1984. * $p < 0.05$; ** $p < 0.001$ Pseudo $R^2 = 0.303$, $p < 0.001$

In Spain, younger initiates were more likely to be single males, and younger at the time of sampling (Tables 54 & 55). Like other countries, increasing age of initiation was more likely to be associated with increased educational achievement, and more likely to be employed. Interestingly, and in contrast to the other analyses in this section, there were older initiation ages in more recent surveys. This may reflect the increasing prevalence of cannabis in all age groups in recent years (e.g. Figures 30-41), but reinforces the need to view the nature of drug use as a dynamic phenomenon which responds to societal and cultural changes.

3.12 Predicting dance drug initiation in the general population, and within cannabis users

As described in section 2.1.5, it was deemed inappropriate to repeat the analyses of Kraus and colleagues (2002) examining the initiation of cannabis in European birth cohorts, but there is a need to extend this respect to the so-called dance drugs. Across Europe, the social normalisation of controlled drug use has lead to a 'pick and mix' attitude in young users, whereby different drugs are selected for particular purposes and effects (Measham et al., 2001). For example, the most common illicit substances used at dance music events are alcohol, amphetamine and ecstasy, closely followed by cocaine and LSD (Bean et al., 1997; Calafat et al., 1999; Forsyth 1996; Riley et al., 2001). These events are characterised by several important characteristics which are important when assessing the consequences of drug misuse; i) larger than average venues; ii) loud modern music; iii) high ambient temperatures; iv) prolonged physical exertion in participants (energetic dancing); and v) ubiquitous drug use (Henderson, 1997; Henry 1992; Randall 1992). Indeed, this latter aspect is probably the defining feature of such events (e.g. Weir 2000). Whilst ecstasy has traditionally been the drug most associated with dance music events, it is only one of several used. Initiates and inexperienced users tend to use ecstasy in isolation (with the exception of alcohol), but as they become more experienced they exhibit a pattern of use that includes the consumption of greater amounts of ecstasy and an increasing combination of other drugs (Hansen et al., 2001) (see analysis of polysubstance use the Tables on pages B2-B16). Young people attending dance music events report use of a wide range of compounds and have considerably greater drug experience than the general population of corresponding age; characteristically ingesting of a mixture of psychostimulants and hallucinogens with the vast majority being polysubstance users (e.g. Boys et al., 1999; Riley et al., 2001).

The following section details analyses of the time until initiation of general and subpopulation dance drug use in Spain, Germany and Greece (initiation data not available for UK). Using survival analysis (section 2.1.5), it is possible to represent the proportion of the population of interest who have initiated use at a particular point in time. Extending this, the effects of several variables on survival can be explored using Cox regression, assuming that their impact of the different variables on survival are constant over time. This technique enables the analysis of different predictor variables on the shape of the survival curve, which allows for an assessment of its influence on survival. As illicit (poly)substance users are a heterogeneous population (e.g. Smit et al., 2002), survival was then explored in cannabis users; a subset of this population. This would aid the identification of specific characteristics of individuals who use a particular set of drugs with their own inherent problems, and may help to explain why some individuals only use one drug and others become polysubstance users. Detailed explanations of results are presented in the following for Spain, but to avoid repetition these are also applicable to the subsequent brief summaries of analysis for Germany and Greece.

3.12.1 Spain

i) Life table analysis of survival until dance drug initiation in general population

Table 55 and Figure 117 presents the proportion of the total Spanish population abstaining ('surviving') from dance drug use with data drawn from five year intervals (i.e. initiation age 0 – 5, 5 – 10 etc). One of the main advantages of the life table technique is that it is independent of the effects of the age distribution of the population and does not require the use of a standard population for comparative analysis of levels of incidence in different populations.

Interval (age in years)	Total N	Initiates	Cumulative Proportion Surviving	$SE_{survival}$
0 – 5	34987	0	1.000	0.000
5 – 10	34987	2	0.9999	0.000
10 – 15	34985	51	0.9985	0.000
15 – 20	34934	939	0.9698	0.001
20 – 25	29609	551	0.9504	0.001
25 – 30	24715	185	0.9426	0.001
30 – 35	20200	70	0.9389	0.001
35 – 40	15624	12	0.9381	0.001
40 – 45	11141	4	0.9377	0.001
45 – 50	8950	3	0.9373	0.001
>50	7131	3	0.9365	0.001

Table 55 Life table of dance drug initiation survival in Spanish population (combined dataset).

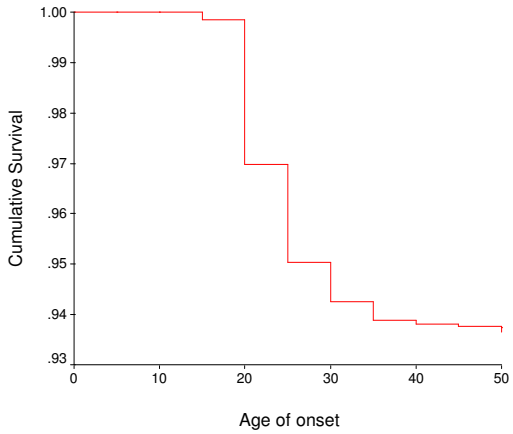
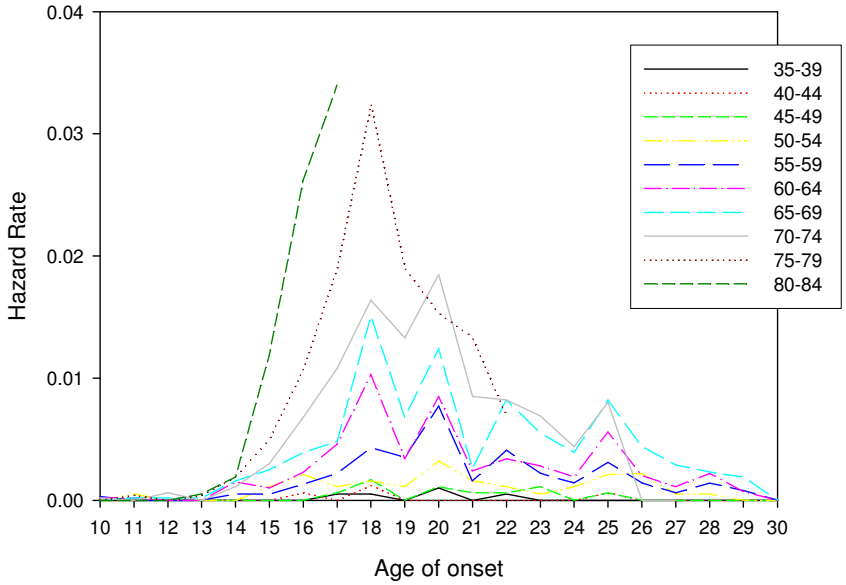


Figure 117 Cumulative dance drug survival proportion in Spain (combined dataset). The figure details the proportion of the population still abstaining from use

This first analysis was mostly unrevealing and simply indicated that the large majority of the population abstained from use and the peak age of initiation was between 15 and 20 years old. Initiation was negligible after the age of 40 and no useful conclusions could be drawn from the survival function and therefore additional exploration was undertaken.



Hazard rates were calculated for age of initiation within each birth cohort, as described by Kraus and colleagues (2002). This process is similar to survival analysis but indicates the proportion of those reporting the event of interest, i.e. use of dance drugs. Maximum hazard rate in all cohorts peaked either at age 18 or 21, with individuals born before 1970 also showing a peak at age 25. Cox regression showed that compared to the 1935-1939 cohort, onset curves were significantly greater in those born after 1970 (Wald = 37.876; 30.949; 16.733 for each successive cohort).

Birth Cohort	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84
1975-79	13.01***	20.44***	22.60***	100.75***	206.17***	513.41***	672.27***	7979.43***	-	1.37
1980-84	1.90	5.36*	0.56	124.38***	90.46***	205.09***	273.23***	302.62***	1.37	-

Table 55b Cox regression analysis of respondents who have experienced dance drug use up to the age of 19 for different birth cohorts in Spain. Shown are Wilcoxon (Gehan statistic). For presentation purposes only cohorts associated with significant results are shown. * p <0.05; ** p < 0.01; *** p < 0.001.

Comparing the survival distribution for experience of dance drugs up to the age of 25 between each cohort showed that the youngest cohort (1975-1979; 1980-1984) curves generally differed significantly from all others. Fewer differences were observed in the 1980-1984 cohort because of the aforementioned censoring due to the time range imposed upon the analysis (i.e. maximum ages of 15-19 in this group). This can be seen in the figure above where the hazard plot for this cohort terminated at age 17.

ii) As dance drug users represent a relatively small set of the population (i.e. <5% of the population reports LTP), life table analysis was repeated to examine the dance drug survival function *within* users. This would indicate critical age cohorts in those individuals who report use.

Interval (age in years)	Total N	Initiates	Cumulative Proportion Surviving	SE $_{survival}$
0 – 5	1820	0	1.000	0.000
5 – 10	1820	2	0.999	0.001
10 – 15	1818	51	0.970	0.004
15 – 20	1767	939	0.455	0.012
20 – 25	828	551	0.152	0.008
25 – 30	277	185	0.051	0.005
30 – 35	92	70	0.012	0.003
35 – 40	22	12	0.006	0.002
40 – 45	10	4	0.003	0.001
45 – 50	6	3	0.002	0.001
>50	3	3	0.000	0.000

Table 56 Life table of dance drug initiation survival within Spanish users (combined dataset)

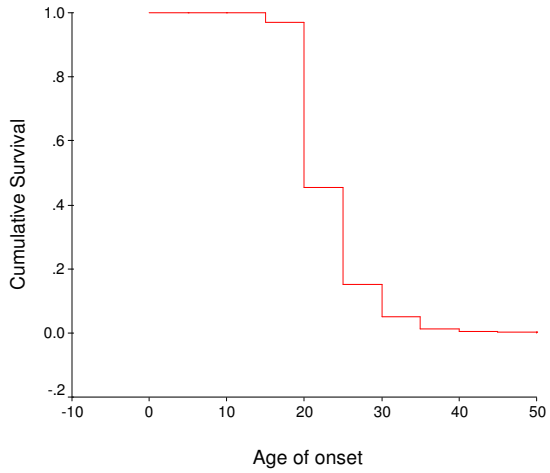


Figure 118 Cumulative survival proportion within Spain dance drug users (combined dataset). The figure details the proportion of the population abstaining from use at 5-year

Whilst the same results emerged (i.e. modal initiation age of 15-19 years old, followed by 20-25 year olds), by focussing upon the specific population a clearer structure of initiation is presented to the reader, particularly on the left hand side of the step.

iii) The Kaplan-Meier survival function of years until initiation of dance drug use (i.e age at first use) was calculated for individuals reporting a lifetime use of cannabis and compared with cannabis abstainers (Figure 119). This was performed to investigate additional substance use propensity in those individuals who have already commenced illicit drug using careers. As expected, within those reporting dance drug use, there was a significant difference in mean survival time (years) between those reporting LTP cannabis (20.0 ± 0.1) and abstainers (21.2 ± 0.5) ($t = 2.930$, $p < 0.01$). 76.2% of cannabis users were censored compared to 99.6% of abstainers (i.e. had not used a dance drug at the time of survey). Unsurprisingly, log rank test showed a large significant difference between the two survival curves (log-rank statistic = 6931.21, $p < 0.001$). As polysubstance is widespread within cannabis misusers (see Tables on pages B8-B11 for data in all Spanish adults), this finding was not unexpected.

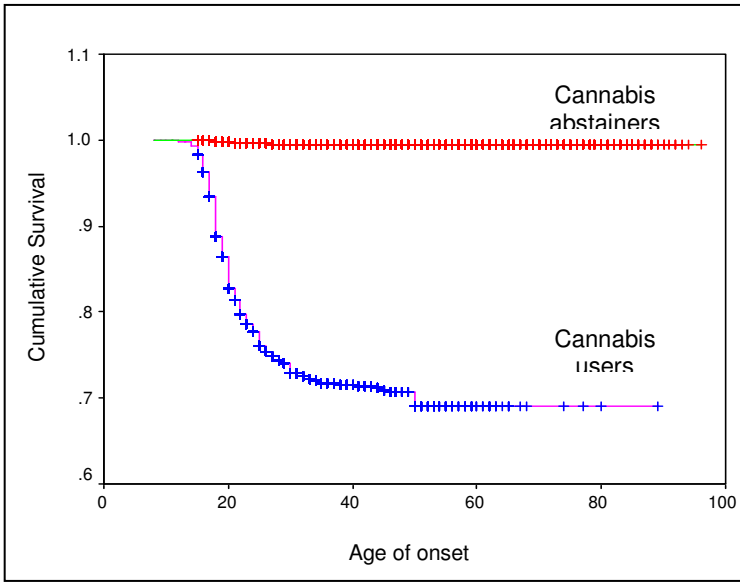


Figure 119 Cumulative hazard rate for dance drug initiation in cannabis users and cannabis abstainers

iv) In order to describe characteristics of the dance drug using population, and to identify factors significantly affecting initiation, Cox-regression analysis was used to explore the effects of derived variables upon the survival outcome of interest in the total population i.e. time until first dance drug episode. Socio-demographic information, and frequency of use of alcohol, tobacco, and cannabis and/or the LTP of other drugs, were entered as covariates. The regression model was statistically significant ($\chi^2 = 4008.518$, 20 df, $p < 0.001$) but for presentation purposes, only those variables significantly influencing the survival function are displayed in Table 57. The median survival time within cannabis users was 3 years (mean = 3.93 ± 0.09).

Being young; male; single or divorced; living on own; medium or high educational achievement; employed; non rural dwellers; tobacco smokers; and less likely to view regular cannabis smoking with risk were all significant variables (Table 57 & Figure 120). This latter finding was particularly interesting. Young people often continue to take drugs despite knowledge or experience of negative effects or the potential risks involved (Cottler et al. 2001). Users may accept these negative effects and symptoms as part of the overall drug experience (i.e. drug preparation/ingestion → intoxication → residual effects → 'comedown'/'hangover') and so not be unduly worried by them. A simple example is the 'comedown' associated with ecstasy, whereby there are transient changes in mood and energy levels in the days following use. These are expected and unpleasant, but do not usually deter future use. Another involves the concept of risk and how individuals define this. It can be taken to mean the content of individuals' beliefs about drug risks and their vulnerability to it, the recognition of risks inherent in some drug use situations, or the accuracy of judgments about risks. Early models conceptualised risk perception as a relatively straightforward rational process of translating objective risk information into appropriately guided behaviours, for example informing cocaine users that it may lead to long-term heart problems to persuade them to abstain from use. However, such knowledge based interventions are largely ineffectual (Canning et al. 2004). This view of risk is beginning to develop to incorporate a wide range of influences, not only cognitive, but also affective, and sociocultural. It is also useful to supplement these aspects of risk perception with a second process of risk evaluation, whose outcome is the personal significance of risk information, defined as the impact information has upon determining subsequent risk behaviour. If the risks associated with drug use have no

personal meaning then it is unlikely that the individual will change their behaviour in response to information (Millstein 2003). The process of personal risk evaluation is subject to many influences, among them: affective processing (what Slovic and colleagues call the 'affect heuristic' (Slovic, 2001)), social and moral values, preferences, normative beliefs, perceived benefits, and emotional coping strategies (e.g. Millstein, 2003). There is also a group of specific psychological "modifiers" of risk perception. These include, but are not limited to, immediacy of consequences (immediate consequences have more impact on risk behaviour than long-term consequences), optimistic bias (risks to oneself are judged to be smaller than the risk facing others in the same situation; Weinstein, 1982, 1989; Romer, 2001), voluntariness of action (risks taken voluntarily are seen as less severe), perceived control (risks believed to be under one's control are seen as less severe) and familiarity of an event (familiar risks are seen as less severe; Douglas, 1986).

Variable	B	SE	Wald	Exp(B)	95% CI
Age	0.079	0.004	290.009***	0.929	0.921 – 0.937
Gender					
Female	0	-			
Male	0.472	0.054	76.262***	1.604	1.442 – 1.783
Marital status					
Married	0	-			
Single	0.404	0.069	34.551***	1.499	1.309 – 1.715
Divorced	0.778	0.115	45.682***	2.176	1.737 – 2.727
Household composition					
1 person	0	-			
> 1 person	0.293	0.078	14.239***	0.746	0.640 – 0.868
Highest educational achievement					
Low	0	-			
Medium	0.137	0.057	5.654*	1.146	1.024 – 1.283
High	0.284	0.070	16.647***	1.328	1.159 – 1.522
Employment status					
Employed	0	-			
Student	0.192	0.076	6.367*	0.826	0.712 – 0.958
Urbanisation					
Metropolitan	0	-			
Rural	0.292	0.070	17.251***	0.747	0.650 – 0.857
Smoking status					
Smoker	0	-			
Quitter	0.751	0.071	111.922***	0.472	0.410 – 0.542
Never smoked	1.694	0.101	282.255***	0.184	0.151 – 0.224
Risk of regular cannabis use					
None	0	-			
Small	0.534	0.063	71.890***	0.587	0.518 – 0.664
Moderate	1.436	0.067	463.784***	0.238	0.209 – 0.271
Great	2.284	0.074	956.331***	0.102	0.088 – 0.118

Table 57 Cox regression – predictive factors of dance drug use in the total Spanish population. Shown is the model summary for significant predictive variables only. * $p < 0.05$; *** $p < 0.001$, significant model component.

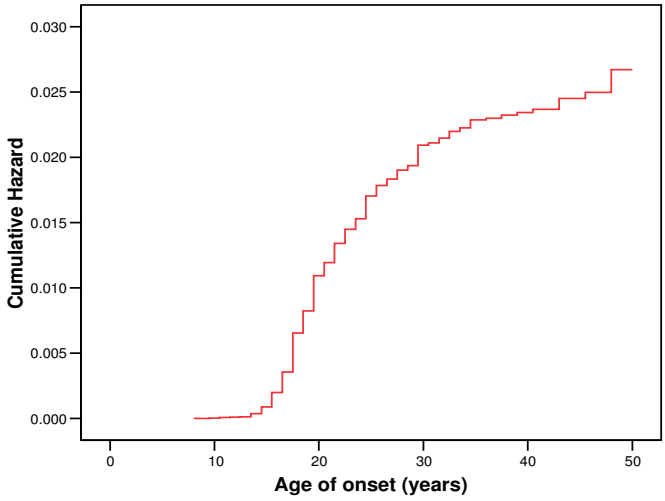


Figure 120 Cumulative Hazard function at mean of covariates; age of dance drug initiation in the Spanish population (Combined dataset).

iv) Cox-regression analysis was then also used to explore the effects of derived variables upon the survival outcome *within* cannabis users (Figure 120 and Table 58). The model was overall significant (χ^2 = 939.335, 19 df, p < 0.001), and significantly predicted by age; gender (male); marital status (divorced or single); employment (not being a student); not living in rural areas; being a current smoker; and being less likely to report that smoking cannabis was associated with risk. As the year the survey was conducted also had an influencing role, Kaplan-Meier investigation of the survival function, factored by year, was performed. Figure 122 details the survival curves for each year. As noted, there was greater censoring in 1995 compared to the other two years (69.6% vs 78.7% and 77.0%), and a more rapid onset of use in under 20 year olds. Also examining frequency across these three periods, 1995 saw, with the exception of ecstasy, the highest reporting of LTP for all dance drugs (Table 59).

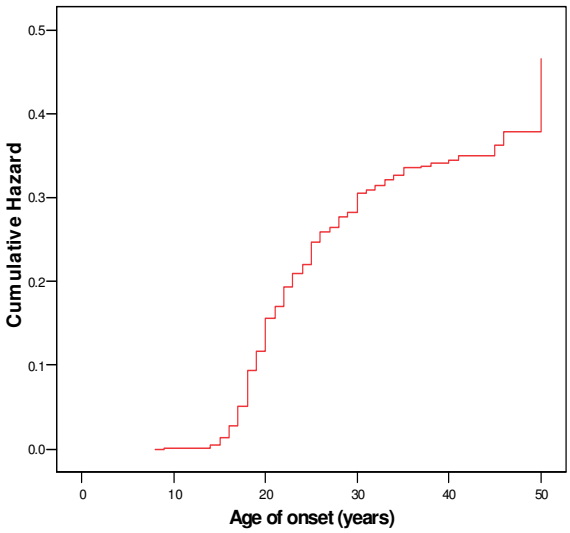


Figure 121 Cumulative Hazard function at mean of covariates; age of dance drug initiation in Spanish cannabis users (Combined dataset).

Variable		B	SE	Wald	Exp(B)	95% CI
Age		0.060	0.005	151.574***	0.942	0.933 – 0.951
Gender						
	Female	0	-			
	Male	0.153	0.055	7.713**	1.166	1.046 – 1.299
Marital status						
	Married	0	-			
	Single	0.410	0.071	33.402***	1.507	1.311 – 1.731
	Divorced	0.516	0.120	18.444***	1.675	1.324 – 2.120
Employment status						
	Employed	0	-			
	Student	0.189	0.077	5.946*	0.828	0.711 – 0.964
Urbanisation						
	Metropolitan	0	-			
	Rural	0.212	0.072	8.615**	0.809	0.703 – 0.932
Smoking status						
	Smoker	0	-			
	Quitter	0.570	0.074	58.731***	0.565	0.489 – 0.654
	Never smoked	0.450	0.118	14.675***	0.637	0.506 – 0.803
Risk of regular cannabis use						
	None	0	-			
	Small	0.415	0.064	42.439***	0.660	0.583 – 0.748
	Moderate	0.937	0.068	190.101***	0.392	0.343 – 0.448
	Great	1.203	0.076	248.832***	0.300	0.259 – 0.349
Year of survey		0.070	0.017	16.775***	0.932	0.901 – 0.964

Table 58 Cox regression – predictive factors of dance drug use in the total Spanish population. Shown is the model summary for significant predictive variables only. * $p < 0.05$; *** $p < 0.001$, significant model component.

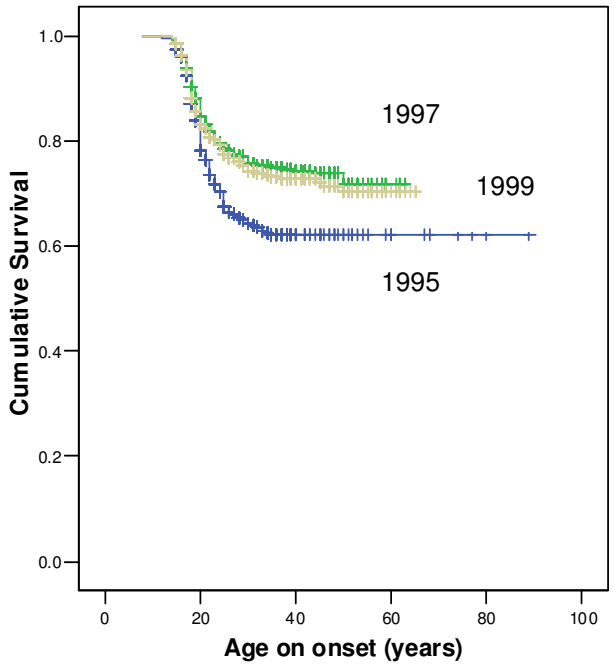


Figure 122 Survival function stratified by year of Spanish survey

Year	LTP			
	Amphetamines	Cocaine	Ecstasy	Hallucinogens
1995	17.2	23.6	12.8	5.9
1997	11.9	16.0	11.0	3.5
1999	11.9	16.7	13.6	3.5

Table 59 Lifetime prevalence (%) of dance drug use within cannabis users across Spanish survey years.

3.12.2 Germany

The same set of key analyses was performed for the combined German dataset

i) Life table analysis of survival until dance drug initiation in total population

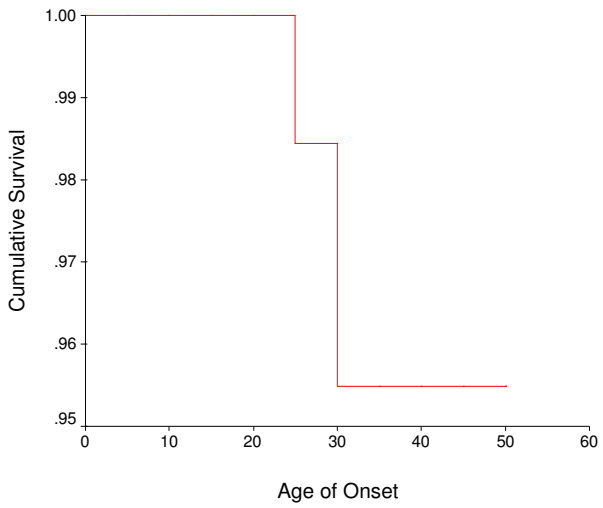


Figure 123 Cumulative dance drug survival proportion in Germany (combined dataset). The figure details the cumulative proportion of the population abstaining from use at 5-year intervals

Interval (age of onset in years)	Total N	Initiates	Cumulative Proportion Surviving	SE $_{survival}$
0 – 5	15853	0	1.000	0.000
5 – 10	15853	0	1.000	0.000
10 – 15	15853	10	0.999	0.000
15 – 20	15843	282	0.981	0.001
20 – 25	15171	210	0.967	0.001
25 – 30	13813	69	0.962	0.001
30 – 35	11909	16	0.961	0.001
35 – 40	9674	6	0.960	0.001
40 – 45	7414	4	0.960	0.001
45 – 50	5535	1	0.960	0.001
>50	3906	0	0.960	0.001

Table 60 Life table of dance drug initiation survival in German population (combined dataset).

ii) Life table analysis of survival until dance drug use within dance drug users

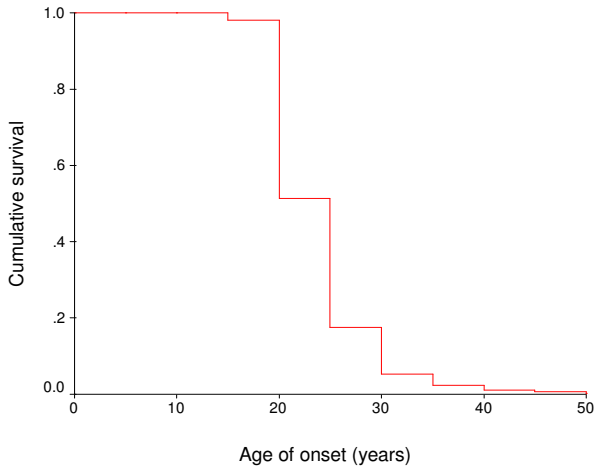
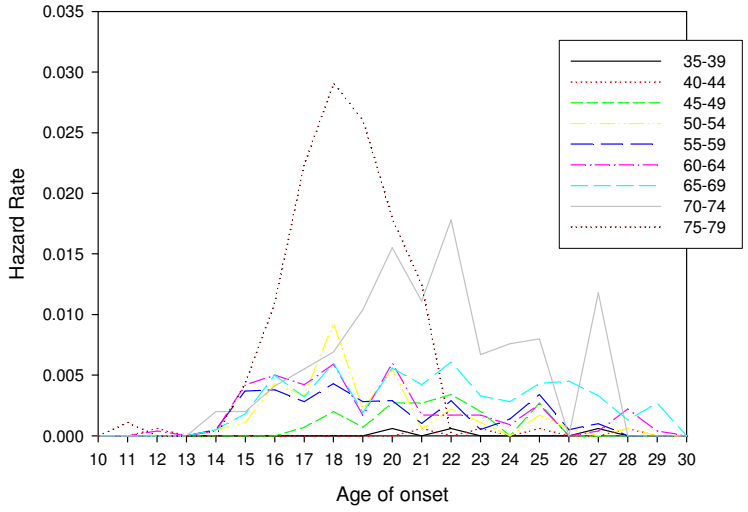


Figure 124 Cumulative survival proportion within German dance drug users (combined dataset). The figure details the proportion of the population abstaining from use at 5-year intervals.

Interval (age of onset in years)	Total N	Initiates	Cumulative Proportion Surviving	SE survival
0 – 5	598	0	1.000	0.000
5 – 10	598	0	1.000	0.000
10 – 15	598	10	0.983	0.005
15 – 20	588	282	0.512	0.020
20 – 25	306	210	0.161	0.015
25 – 30	96	69	0.045	0.009
30 – 35	27	16	0.018	0.006
35 – 40	11	6	0.008	0.004
40 – 45	5	4	0.002	0.002
45 – 50	1	1	0.000	0.000

Table 61 Life table of dance drug initiation within German users (combined dataset)



Dance drug use has been increasing continuously, and whilst the German data revealed a different hazard profile to the Spanish. Whilst initiation similarly peaked at age 18 for the youngest cohort and those born in 1950-54, all others were between 20 and 22 years of age.

Birth Cohort	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
1950-54	2.27	1.56	166.99***	-	0.07	-	-	-	-
1955-59	1.06	0.68	9.68***	0.07	-	-	-	-	-
1960-64	1.61	1.20	15.55***	0.11	0.31	-	-	-	-
1965-69	0.14	0.35	3.54	7.06**	3.61	8.77**	-	-	-
1970-74	16.76***	20.20***	133.47***	368.05***	343.56***	459.73***	425.08***	-	9.75*
1975-79	1.36	3.28	19.33***	239.30***	62.26***	286.89***	162.14***	9.75**	-

Table 61b Cox regression analysis of respondents who have experienced dance drug use up to the age of 19 for different birth cohorts in Spain. Shown are Wilcoxon (Gehan statistic). For presentation purposes, only cohorts associated with significant results are shown. * p <0.05; ** p < 0.01; *** p < 0.001.

Single comparison between cohorts revealed that the age curve of those born between 1970 and 1974 differed from each of the older cohorts, whilst those in the youngest (1975-1979) differed from all except the two oldest cohorts, probably because of the relative low prevalence in all three groups. This supports the suggestion of a change in the age onset of dance drugs in the German population.

iii) Kaplan-Meier survival function, lifetime cannabis users vs abstainers

Within those individuals reporting dance drug use, mean survival time (years) was 21.3 ± 0.5 in cannabis abstainers and 20.4 ± 0.2 in cannabis users. However, 99.5% of abstainers were censored compared with 75.8% of lifetime cannabis users so the difference in the survival function between groups was highly significant (log rank statistic = 6931.21, p < 0.001) (Figure 124).

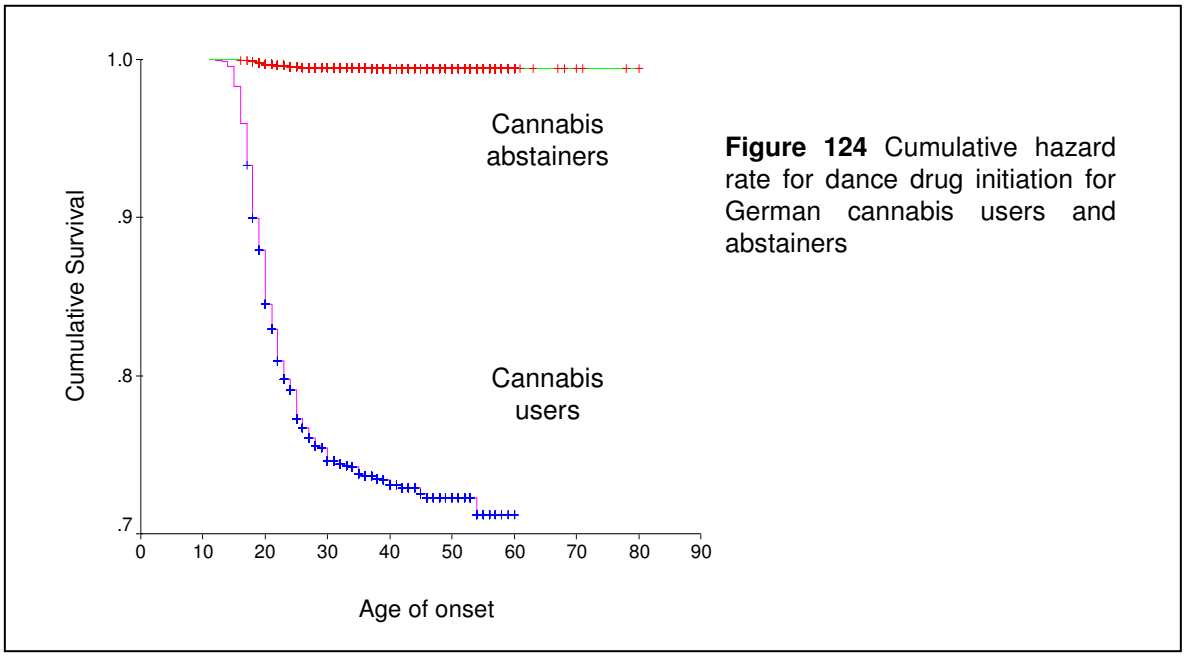


Figure 124 Cumulative hazard rate for dance drug initiation for German cannabis users and abstainers

iv) Cox regression – dance drug onset in general population

Like the Spanish data, the German survival function was significantly influenced by gender (i.e. being male); age (i.e. being younger); marital status (unmarried); educational achievement (have attained high educational); employment status (being unemployed); urbanisation (living in a metropolitan area); tobacco smoking (χ^2 = 392.1458, 10 df, p < 0.001) (Table 61 and Figure 124)

Variable	B	SE	Wald	Exp(B)	95% CI
Age	0.058	0.006	96.482***	0.943	0.933 – 0.954
Gender					
Female	0	-			
Male	0.338	0.088	14.660***	1.402	1.179 – 1.667
Marital status					
Married	0	-			
Cohabiting	1.211	0.135	80.234***	3.358	2.576 – 4.377
Single	1.310	0.134	96.113***	3.705	2.852 – 4.814
Divorced	1.020	0.200	25.994***	2.772	1.873 – 4.103
Separated	0.968	0.305	10.042**	2.632	1.446 – 4.788
Highest educational achievement					
Low	0	-			
High	0.469	0.129	13.306***	1.599	1.243 – 2.057
Employment status					
Employed	0	-			
Unemployed	0.458	0.138	10.996**	1.580	1.206 – 2.071
Urbanisation					
Metropolitan	0	-			
Urban	0.278	0.096	8.409**	0.757	0.628 – 0.914
Rural	0.808	0.129	39.049***	0.446	0.346 – 0.574
Smoking status					
Smoker	0	-			
Quitter	0.501	0.111	20.261***	0.606	0.487 – 0.754
Never smoked	2.070	0.154	181.283***	0.126	0.093 – 0.171

Table 61 Cox regression – predictive factors of dance drug use in the total German population. Shown is the model summary for significant predictive variables only. ** p < 0.01; *** p < 0.001, significant model component.

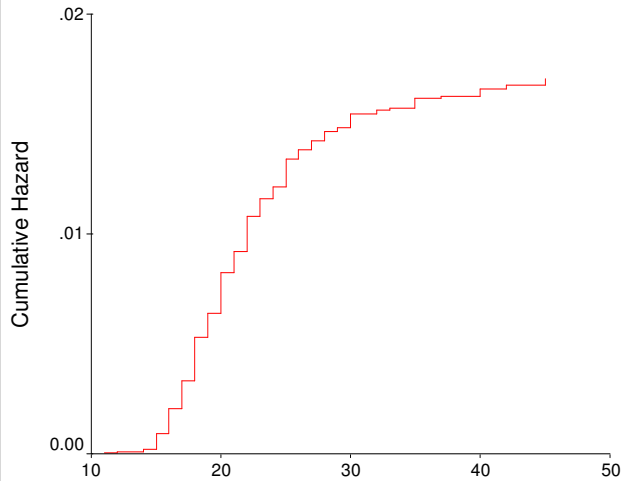


Figure 125 Cumulative Hazard function at mean of covariates; age of dance drug initiation in German population (combined dataset)

v) Cox regression - Dance drug use onset within cannabis users

Focussing upon cannabis users (Table 62 and Figure 126), the survival function was again predicted by age, marital status, educational achievement, urbanisation, and smoking status. Surprisingly, gender was not a significant covariate, which may indicate equal propensity towards polysubstance use once drug use has been initiated. This assertion is supported by comparison using chi-square analysis of the frequency of dance drug use in male and female cannabis users, which showed no difference in prevalence (19.3% vs 24.4%; $\chi^2 = 0.741$, df = 1, $p < 0.05$).

Table 62 Cox regression – predictive factors of dance drug use in Germany *within cannabis users*. Shown is the model summary for significant predictive variables only. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$, significant model component.

Variable	B	SE	Wald	Exp(B)	95% CI
Age	0.039	0.010	16.212***	0.962	0.944 – 0.980
Marital status					
Married	0	-			
Cohabiting	0.891	0.181	24.374***	2.438	1.712 – 3.473
Single	0.796	0.173	21.082***	2.217	1.578 – 3.114
Highest educational achievement					
Low	0	-			
Medium	0.422	0.139	9.288**	0.656	0.620 – 1.203
Urbanisation					
Metropolitan	0	-			
Rural	0.350	0.173	4.094*	0.705	0.502 – 0.989
Smoking status					
Smoker	0	-			
Quitter	0.369	0.160	5.343*	0.691	0.505 – 0.945
Never smoked	0.564	0.235	5.778*	0.569	0.359 – 0.901

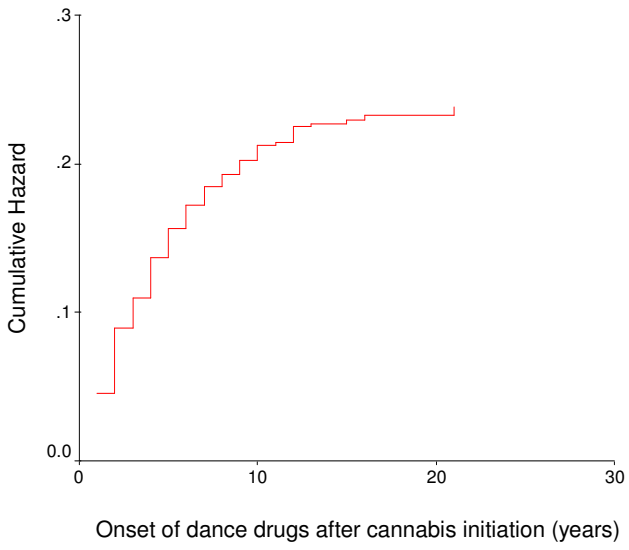


Figure 126 Cumulative hazard function at mean of covariates; age of dance drug initiation in German cannabis users (combined dataset)

3.12.3 Greece

i) Life table analysis of survival until dance drug initiation in total population

As with other datasets, peak initiation age was between 15 and 20 (Figure 127 and Table 63).

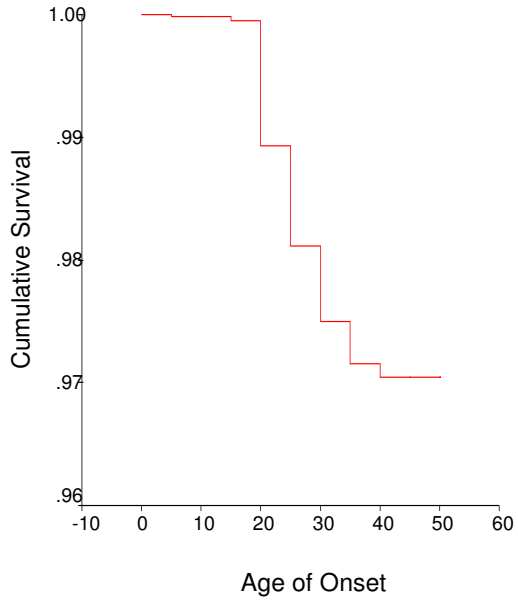


Figure 127 Cumulative dance drug survival proportion in Greece (combined dataset). The figure details the cumulative proportion of the population abstaining from use at 5-year intervals.

Interval (age of onset in years)	Total N	Initiates	Cumulative Proportion Surviving	SE $_{survival}$
0 – 5	5855	0	1.000	0.000
5 – 10	5854	0	1.000	0.000
10 – 15	5854	2	0.999	0.000
15 – 20	5263	48	0.989	0.001
20 – 25	4134	30	0.981	0.002
25 – 30	3125	18	0.975	0.003
30 – 35	2557	8	0.972	0.003
35 – 40	2005	2	0.971	0.003
40 – 45	1549	0	0.971	0.003
45 – 50	1175	0	0.971	0.003
>50	861	0	0.971	0.003

Table 63 Life table of dance drug initiation survival in Greek population (combined dataset)

ii) Life table analysis of survival until dance drug initiation in cannabis users

Interval (age of onset in years)	Total N	Initiates	Cumulative Proportion Surviving	SE $_{survival}$
0 – 5	109	1	0.991	0.01
5 – 10	108	0	0.991	0.01
10 – 15	108	2	0.973	0.02
15 – 20	106	48	0.532	0.05
20 – 25	58	30	0.257	0.04
25 – 30	28	18	0.092	0.03
30 – 35	10	8	0.018	0.01
35 – 40	2	2	0.000	0.00

Table 64 Life table of dance drug initiation survival in Greek users (combined dataset)

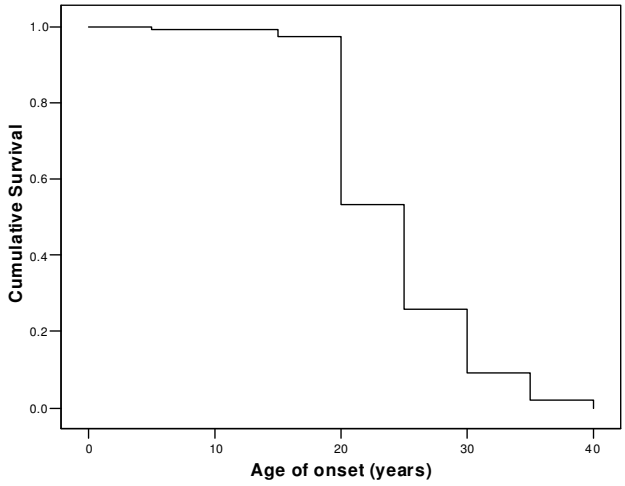


Figure 128 Cumulative dance drug survival proportion in Greek users (combined dataset). The figure details the cumulative proportion of the population abstaining from use at 5-year

iii) Kaplan-Meier survival function

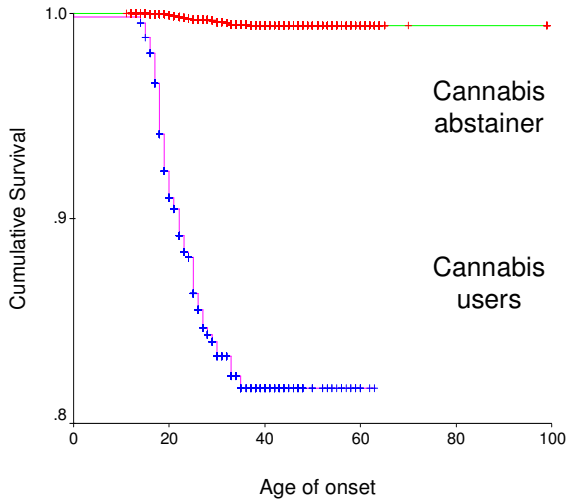


Figure 129 Cumulative hazard rate for dance drug initiation for Greek cannabis users and abstainers

As with Spain and Germany, the log rank test statistic was significant, showing a difference in the survival function between the two groups (log rank = 537.64, $p < 0.001$; Figure 129). 86.3% of cannabis users (mean survival time 27.8 ± 0.4 years) and 99.7% of cannabis abstainers (vs 30.9 ± 0.2) were censored.

iv) Cox-regression - dance drug onset survival within cannabis users

The final step of the regression model was highly significant ($\chi^2 = 169.523$, 6 df, $p < 0.001$), but in contrast to the wide profile observed for other countries, the survival function was only influenced by age, gender, perceived risk of smoking cannabis, and lifetime cannabis smoking frequency (Table 64 & Figure 130). This is probably a result of the low prevalence of dance drugs in Greece. Heavy use of cannabis, and personal discounting of subsequent health risks may therefore be an important determinant of polysubstance misuse.

Variable	B	SE	Wald	Exp(B)	95% CI
Age	0.054	0.018	8.889**	0.947	0.914 – 0.982
Gender					
Female	0	-			
Male	0.585	0.239	6.009*	0.557	0.349 – 0.889
Risk of regularly smoking cannabis					
No risk	0	-			
Small	0.617	0.271	5.192*	0.540	0.318 – 0.917
Great	0.966	0.384	6.327*	0.381	0.179 – 0.808
Lifetime cannabis smoking frequency					
High	0	-			
Low	2.592	0.295	77.331***	0.075	0.042 – 0.133

Table 64 Cox regression – predictive factors of dance drug use in Greece, *within cannabis users*. Shown is the model summary for significant predictive variables only. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$, significant model component.

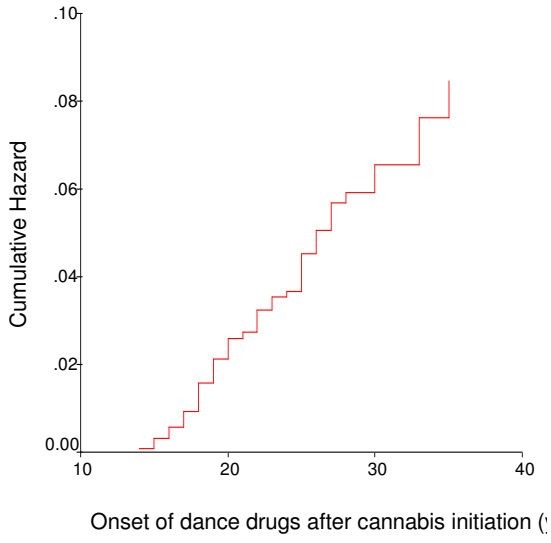


Figure 130 Cumulative Hazard function at mean of covariates; age of dance drug initiation in Greek cannabis users (combined dataset)

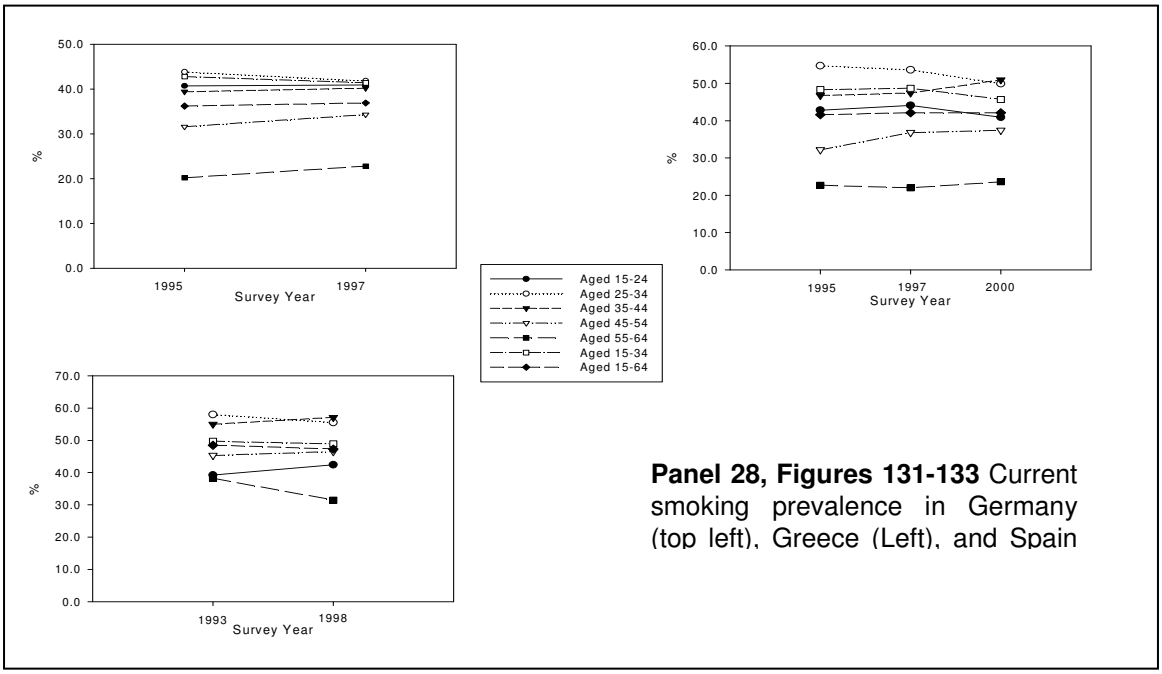
Table 65 Summary of section 3.10

	Country		
	Germany	**Greece**	**Spain**
Age group with largest decrease in general population survival	15-20	15-20	15-20
Covariates influencing survival function in general population	Age Gender Employment Marital status - Education Urbanisation Smoking - -	Age Gender - - - - - Cannabis risk Lifetime cannabis frequency	Age Gender Employment Marital status Household Education Urbanisation Smoking Cannabis risk -
Median survival time after cannabis (years)	9	5	3
Covariates influencing survival function in cannabis users	Age Gender Marital status - Education Urbanisation Smoking - -	Age Gender - - - - - Cannabis risk -	Age Gender Marital status Employment - Urbanisation Smoking Cannabis risk Year of survey

3.13 Alcohol and tobacco

3.13.1 Tobacco smoking

Tobacco is the single largest cause of avoidable death in the European Union accounting for over half a million deaths each year and over a million deaths in Europe as a whole (Aspect Consortium, 2004). It is estimated that 25% of all cancer deaths and 15% of all deaths in the Union could be attributed to smoking. Since 1964, 12 million Americans have died due to Smoking (US Department of Health and Human Services, 2004). In the UK, it has been estimated that 121,000 people die each year from smoking related causes (Callum, 1998) and in London (UK) alone, smoking caused 10,500 deaths in 2001; about one death every hour (Callum & White, 2004).



Panel 28, Figures 131-133 Current smoking prevalence in Germany (top left), Greece (Left), and Spain

According to the surveys examined, there was a slight increase in all age groups of the proportion of the German population who smoked, except for those aged 25-34 (Figure 131). The largest increase (8.5%) was seen in the 45-54 year group. In Greece (Figure 132) prevalence remained stable, but there was a sharp increase in the proportion of 15-24 year old smokers (7.9%) and a decrease in the 55-64 age group (17.5%). Interestingly, this was reflected in the proportion of Greek smokers who believed that smoking more than one packet of cigarettes a day posed great risk to health, with lower risk perception evident in the younger age group (Figure 132). Over the three survey years in Spain (Figure 134), there was an overall increase in smoking reported by both 35-44 (9.0%) and 45-54 (16.1%) year olds, whilst in younger age groups 15-24 (4.4%), and 25-34 (8.8%), fewer individuals reported use. In a similar manner to the Greek data this was also supported by analysis of risk perception.

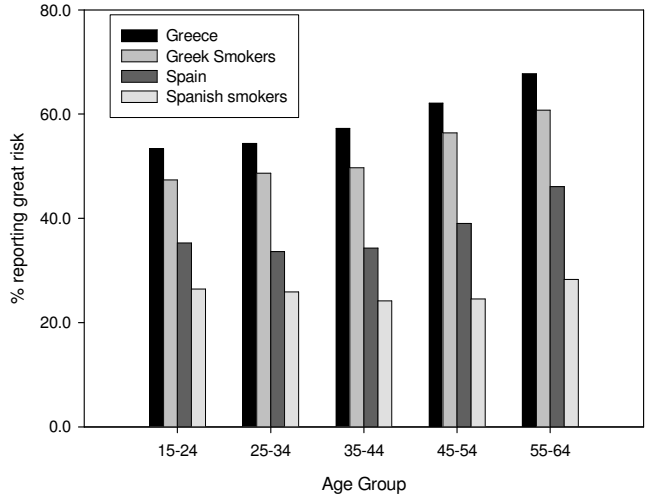


Figure 134 Proportion of Spanish and Greek population (combined dataset) who perceived smoking > 1 packet of cigarettes a day to present great risk to health (data not available for Germany)

Combining the datasets enabled brief comparison of smoking across the three countries that reported data (Figure 135). Greece reported the highest number of current smokers (45.6%), followed by Spain (40.2%), and then Germany (36.6%). This sequence was also reflected in the relative number of quitters, and individuals who had never smoked. It was therefore surprising that in all age groups, the proportion of Greek smokers who believed that use posed great risk to health was much greater than their Spanish counterparts (Figure 132), indicating that these individuals still maintained their substance use despite perceiving it to be damaging to their health. The exact reasons underlying cannot be elucidated using this dataset but reference should be made to section 3.10.1 for further discussion.

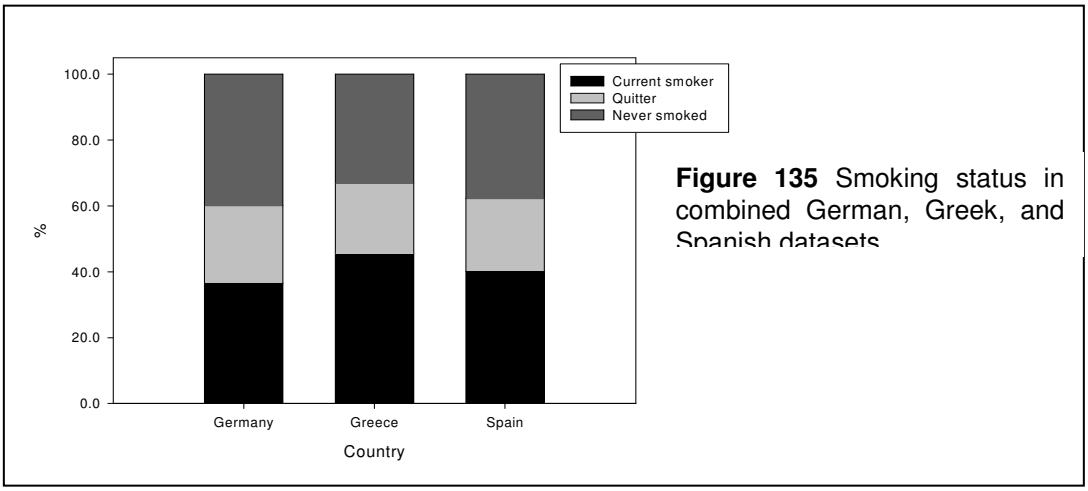
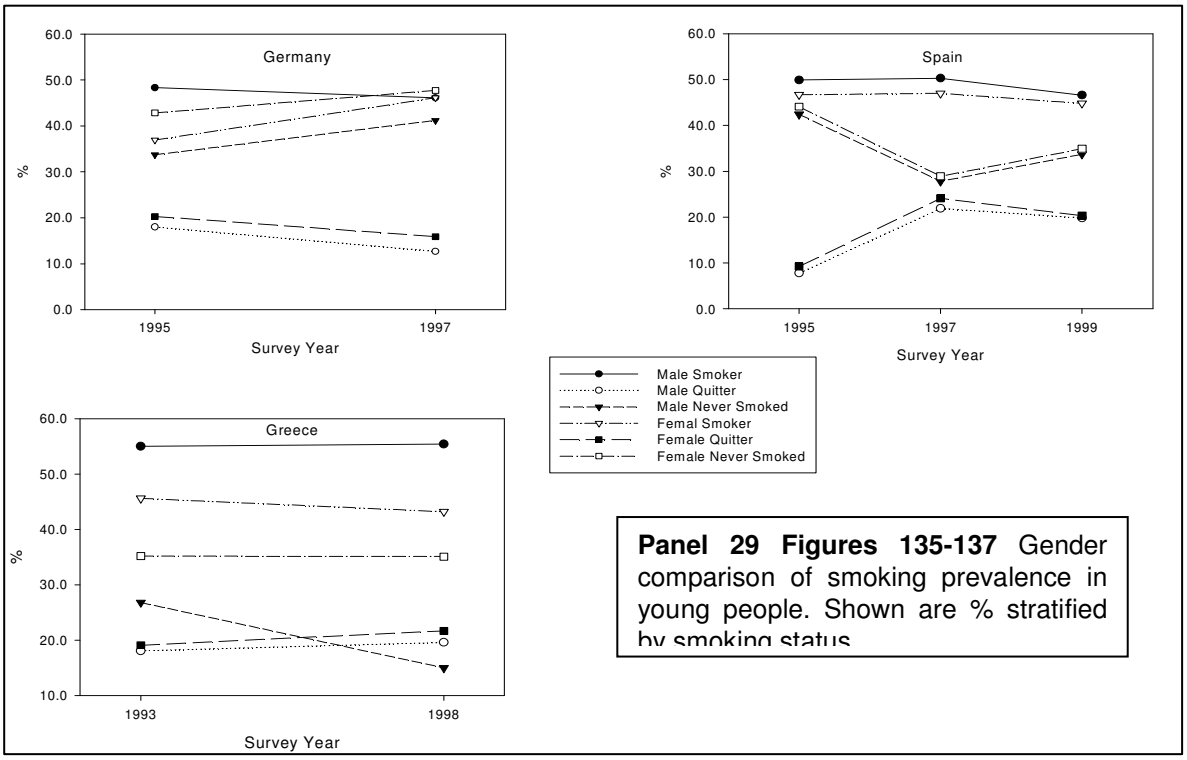


Figure 135 Smoking status in combined German, Greek, and Spanish datasets

Examining young people in more detail, in Germany there was an increase in female smokers and a slight decrease in males across the reporting periods (Figure 131). This corresponded with a decrease in the proportion of females who had never taken up smoked or who had quit. Smoking status was relatively stable in Greece (Figure 132) although there was a sharp decrease in the proportion of males who reported never having smoked. Only in Greece was there a large difference between current smoking in males vs females (55.4% vs 43.2% in 1998). Finally, in Spain there was a decrease in current smoking in both genders and those who had never smoked, but an increase in the number of quitters.



Panel 29 Figures 135-137 Gender comparison of smoking prevalence in young people. Shown are % stratified by smoking status

Whilst UK data was not available for the current analysis, in the last few decades, overall smoking prevalence has declined less in females than in males in England and there is now convergence (Tocque et al., 2004). This is partly due to the constantly higher smoking rates in young women than in young men over the last 20 years and the fact that women appear to be less likely to quit than men (BMA, 2004; Rickards et al., 2003).

3.13.2 Alcohol

The EU has the highest per capita alcohol consumption in the world (Table 66). The World Health Organization's Global Burden of Disease Study has reported that alcohol is the third most important risk factor, after smoking and hypertension, for European ill-health and premature death (WHO, 2002). It causes nearly 1 in 10 of all ill-health and premature death in Europe, and it is estimated that one in four deaths in 15-29 year old males is attributable to alcohol. Health effects of alcohol relate to the volume consumed, as well as patterns of drinking and unrecorded consumption. In the regions studied in this analysis approximately 12.8% of male deaths, compared to 8.3% of female, were alcohol related. Table 66 details volumes of pure alcohol consumed in selected European states. In 1999 this ranged from 10.3 litres in the UK to 11.7 in Spain. As shown in figure 142, the number of individuals reporting high drinking frequency was greatest in Spain (21.1%), although the proportion of the population reporting LYP is less than Germany and Spain (Panel 30). Whilst data is collected for binge drinking, the majority of individuals report not undertaking this type of drinking behaviour (Figure 141).

	1960	1970	1980	1990	1995	1999	2000	2001	2002
Austria	10.9	13.9	13.8	12.6	11.9	11.4	11.3	-	-
Belgium	8.9	12.3	14	12.1	11.1	-	10.2	-	-
Czech Rep	-	-	11.8	11.3	11.6	11.9	11.8	11.8	11.9
Denmark	5.5	8.6	11.7	11.7	12.1	11.6	11.5	11.4	11.2
Finland	2.7	5.8	7.9	9.5	8.3	8.6	8.6	9	9.2
France	-	16.8	16.1	12.7	11.5	10.7	10.5	-	-
Germany	7.5	13.4	-	13.8	11.1	10.6	10.5	10.4	10.4
Greece	-	-	13.2	10.7	10.6	10.5	9.4	-	-
Hungary	8.2	11.5	14.9	13.9	12.2	12.2	12.3	13.4	-
Ireland	4.9	7	9.6	11.2	11.5	13.8	14.2	14.5	14.3
Italy	16.6	18.2	13.2	10.9	10.4	9	8.7	-	-
Luxembourg	13.1	15.6	-	14.7	14.8	15	14.9	-	-
Netherlands	3.7	7.7	11.3	9.9	9.8	10.1	10	-	-
Poland	-	-	-	8.3	8.2	8.6	8.5	-	-
Portugal	-	-	14.9	16.1	14.6	13.2	13	-	-
Slovak Rep	6.9	12.8	14.5	13.4	10.3	10	8.9	8.7	8.8
Spain	-	16.1	18.5	13.5	11.4	11.7	11.7	-	-
Sweden	4.8	7.2	6.7	6.4	6.2	6.1	6.2	6.5	6.9
UK	-	7.1	9.4	9.8	9.4	10.3	10.4	10.7	11.1

Table 66 Alcohol consumption – Litres per capita (> 15+) Source: OECD Health Data 2004, 1st edition

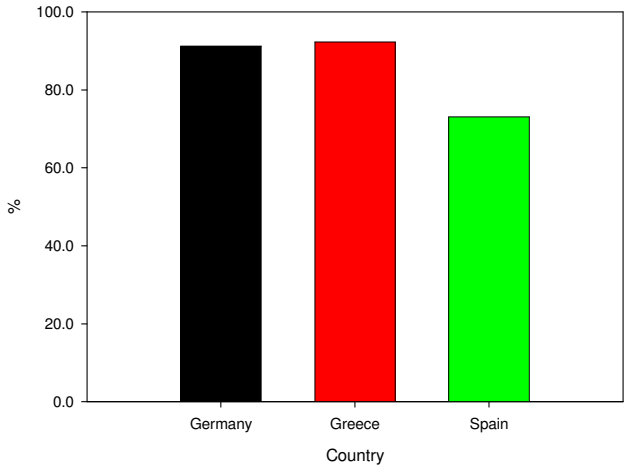
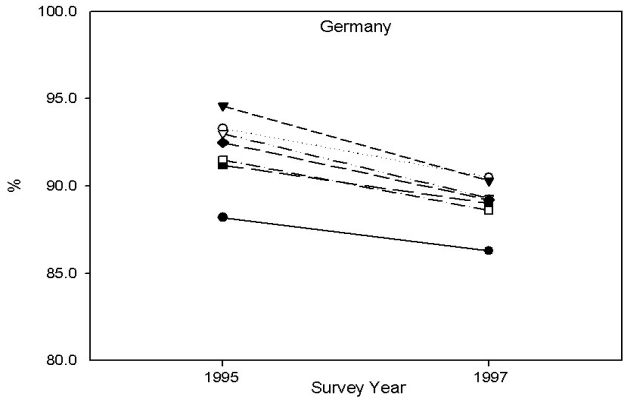
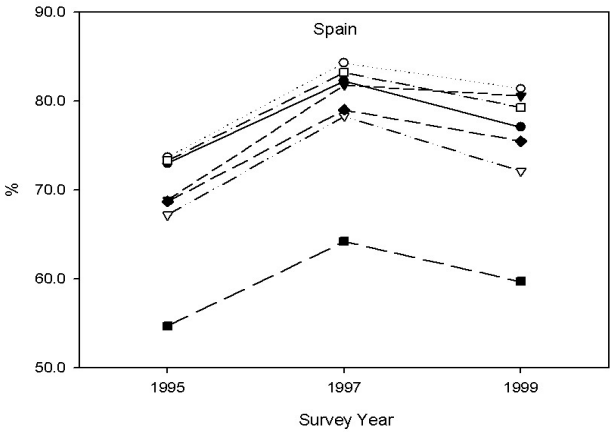
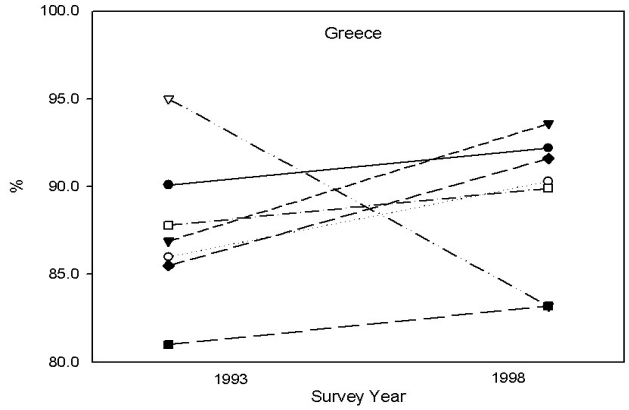
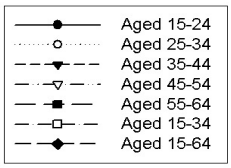


Figure 138 Recent (LYP) alcohol prevalence in Germany, Greece, and Spain (15-64 year olds)









Panel 30, Figures 139-141 Recent (LYP) alcohol use in Germany, Greece, and Spain, stratification by age group

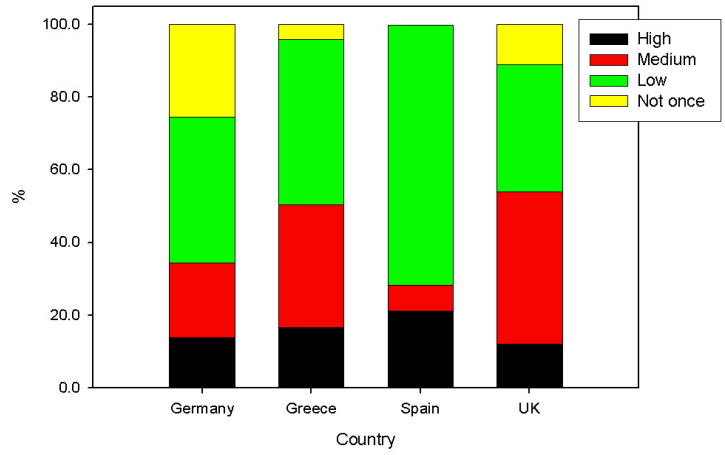


Figure 142 General alcohol drinking frequency (15-64 year olds)

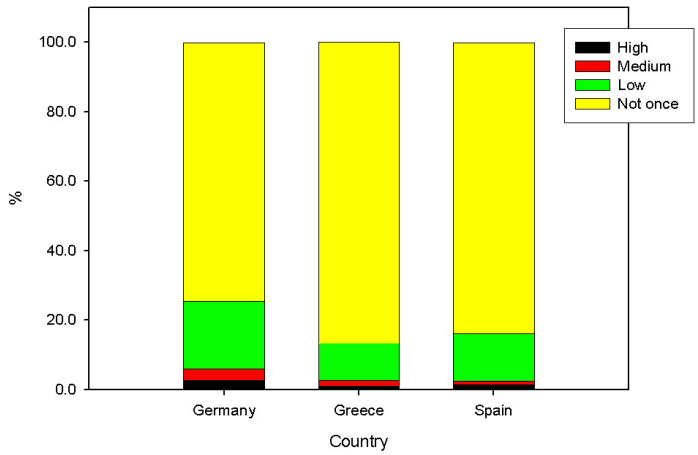


Figure 143 General frequency of binge drinking

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Annex

Appendix A

Page	Country	Year	Period	*Page*	Country	Year	Period
A.1	Germany	1995	LTP	A.15	Spain	1997	LTP
A.2	Germany	1995	LYP	A.16	Spain	1997	LYP
A.3	Germany	1995	LMP	A.17	Spain	1997	LMP
A.4	Germany	1997	LTP	A.18	Spain	1999	LTP
A.5	Germany	1997	LYP	A.19	Spain	1999	LYP
A.6	Germany	1997	LMP	A.20	Spain	1999	LMP
A.7	Greece	1993	LTP	A.21	UK	1994	LTP
A.8	Greece	1993	LYP	A.22	UK	1994	LYP
A.9	Greece	1993	LMP	A.23	UK	1994	LMP
A.10	Greece	1998	LTP	A.24	UK	1996	LTP
A.11	Greece	1998	LYP	A.25	UK	1996	LYP
A.12	Greece	1998	LMP	A.26	UK	1996	LMP
A.13	Spain	1995	LTP	A.27	UK	1998	LTP
A.14	Spain	1995	LYP	A.28	UK	1998	LYP
No LMP data for Spain 1995				A.29	UK	1998	LMP

General Legend Drug use in the general population, stratified by age and sex. *M*, Male; *F*, Female; *T*, Total; [1] excluding heroin and methadone; [2] excluding LSD (NB Spanish data *includes* LSD); [3] includes crack cocaine

Germany 1995	All adults			Young adults			Broad age groups														
DRUGS	LIFETIME PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
Age ranges used (if different)																					
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	16.7	8.4	12.5	26.7	14.5	20.7	32.3	17.8	24.9	25.1	14.6	19.1	18.1	10.3	13.6	10.1	3.6	6.7	2.0	1.2	1.6
Cannabis	16.0	7.9	11.9	25.4	13.8	19.7	30.3	17.0	23.5	23.9	13.9	18.2	17.9	19.9	13.3	9.3	3.1	6.1	1.8	0.8	1.3
Heroin	0.5	0.3	0.4	0.9	0.9	0.8	1.3	0.3	0.8	0.9	0.9	0.9	0.5	0.3	0.4	0.3	0.2	0.3	0.0	0.0	0.0
Methadone	0.2	0.1	0.1	0.4	0.1	0.2	0.5	0.0	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.0	0.2	0.1	0.2	0.0	0.1
Other opioids[1]	1.3	0.6	1.0	2.3	1.1	1.7	2.8	1.0	1.9	1.9	1.0	1.4	1.5	0.4	0.9	0.7	0.4	0.5	0.2	0.3	0.3
Cocaine	2.4	1.0	1.7	4.3	2.0	3.2	4.9	2.8	3.8	4.3	2.3	3.2	2.4	0.8	1.5	0.4	0.5	0.4	0.2	0.0	0.1
Crack	0.2	0.0	0.1	0.5	0.0	0.3	0.8	0.0	0.4	0.3	0.1	0.2	0.1	0.1	0.1	0.1	0.2	0.2	0.0	0.0	0.0
Amphetamines	3.0	1.4	2.2	5.4	2.3	3.9	6.4	2.8	4.6	4.5	2.1	3.1	2.4	1.8	2.1	1.4	1.0	1.2	0.3	0.0	0.2
Ecstasy	2.1	0.5	1.3	4.8	1.2	3.0	8.2	2.8	5.4	2.4	0.9	1.6	0.7	0.2	0.4	0.4	0.4	0.3	0.0	0.0	0.0
LSD	2.3	0.9	1.6	3.1	1.0	2.1	4.4	1.0	2.7	2.6	1.3	1.9	2.8	1.7	2.2	2.0	0.8	1.4	0.0	0.2	0.1
Other hallucinogens[2]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sedatives	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tranquilisers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcohol	96.4	93.5	94.9	94.2	92.5	93.4	90.4	89.9	90.2	96.4	93.7	94.9	97.2	95.7	96.3	98.2	93.5	95.7	97.5	92.0	94.8

Germany 1995	All adults				Young adults				Broad age groups															
DRUGS	LAST 12 MONTHS PREVALENCE (%)																							
EMCDDA age ranges	15-64				15-34				15-24			25-34			35-44			45-54			55-64		
	M	F	T		M	F	T		M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cannabis	6.4	2.1	4.3		13.7	4.8	9.4		22.4	7.5	15.4	9.0	3.4	6.2	2.8	0.4	1.6	0.5	0.5	0.5	0.0	0.0	0.0
Heroin	0.2	0.0	0.1		0.5	0.0	0.2		0.8	0.0	0.4	0.2	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Methadone	0.0	0.0	0.0		0.1	0.0	0.1		0.0	0.0	0.0	0.1	0.0	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Other opioids[1]	0.3	0.1	0.2		0.8	0.2	0.5		1.2	0.5	0.9	0.6	0.1	0.3	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cocaine	1.1	0.3	0.7		2.4	0.6	1.5		2.6	0.8	1.7	2.3	0.6	1.4	0.5	0.1	0.3	0.0	0.1	0.0	0.0	0.0	0.0
Crack	0.1	0.0	0.1		0.3	0.0	0.1		0.6	0.0	0.3	0.1	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Amphetamines	1.1	0.2	0.6		2.5	0.5	1.5		4.8	0.7	2.9	1.2	0.4	0.8	0.1	0.2	0.1	0.2	0.0	0.1	0.0	0.0	0.0
Ecstasy	1.4	0.2	0.8		3.4	0.6	2.0		6.9	1.4	4.3	1.5	0.2	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
LSD	0.8	0.2	0.5		2.0	0.4	1.2		3.4	0.5	2.0	1.3	0.4	0.8	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Other hallucinogens[2]	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sedatives	9.8	13.5	11.6		6.3	7.2	6.7		4.8	6.9	5.8	7.1	7.4	7.2	6.9	11.9	9.4	13.6	18.4	16.1	18.9	27.0	22.8
Tranquilisers	11.2	17.8	14.5		8.2	10.1	9.1		6.4	9.4	7.8	9.2	10.5	9.8	9.1	16.1	12.6	14.5	24.4	19.5	18.7	33.0	25.6
Alcohol	94.6	90.4	92.5		93.1	89.9	91.5		88.8	87.4	88.2	95.4	91.1	93.3	95.5	93.7	94.6	96.7	89.5	93.0	94.4	87.8	91.2

Germany 1995	All adults			Young adults			Broad age groups														
DRUGS	LAST 30 DAYS PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cannabis	4.1	1.1	2.8	9.5	2.6	6.1	15.4	3.7	9.9	6.3	2.0	4.2	1.7	0.3	1.0	0.5	0.2	0.4	0.0	0.0	0.0
Heroin	0.1	0.0	0.0	0.2	0.0	0.1	0.3	0.0	0.2	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Methadone	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Other opioids[1]	0.2	0.0	0.1	0.5	0.0	0.3	0.9	0.0	0.5	0.3	0.1	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cocaine	0.4	0.2	0.3	1.0	0.5	0.7	1.2	0.7	1.0	0.9	0.3	0.6	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Crack	0.1	0.0	0.1	0.2	0.0	0.1	0.5	0.0	0.3	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Amphetamines	0.5	0.1	0.3	1.2	0.3	0.7	2.1	0.1	1.1	0.7	0.4	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ecstasy	0.9	0.1	0.5	2.2	0.2	1.2	4.7	0.7	2.8	0.8	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
LSD	0.3	0.0	0.2	0.8	0.0	0.4	1.7	0.1	0.9	0.3	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other hallucinogens[2]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sedatives	5.6	8.0	6.8	2.7	4.0	3.3	1.5	4.0	2.7	3.4	4.0	3.7	4.0	5.3	4.7	8.1	12.2	10.2	12.4	16.7	14.6
Tranquilisers	6.5	11.2	8.9	4.5	5.1	4.8	2.8	5.0	3.8	5.4	5.2	5.3	4.8	9.0	7.0	8.9	16.5	12.8	11.6	23.0	17.3
Alcohol	88.0	77.3	82.7	87.2	75.7	81.6	81.0	74.2	77.8	90.5	76.5	83.5	88.0	80.6	84.2	91.0	77.3	84.0	86.6	76.1	81.5

Germany 1997	All adults			Young adults			Broad age groups														
DRUGS	LIFETIME PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	14.8	9.8	12.3	24.4	17.0	21.0	27.0	21.3	24.3	22.1	14.3	18.3	15.2	8.8	11.9	6.1	4.3	5.2	1.3	0.5	0.9
Cannabis	13.9	9.2	11.5	22.7	16.0	19.5	24.2	18.5	21.5	21.5	13.9	17.8	14.7	8.5	11.4	5.6	4.3	5.0	1.3	0.5	0.9
Heroin	0.4	0.2	0.3	0.8	0.1	0.5	0.6	0.1	0.3	1.0	0.2	0.6	0.3	0.6	0.5	0.2	0.0	0.1	0.0	0.0	0.0
Methadone	0.1	0.1	0.1	0.2	0.0	0.1	0.0	0.0	0.0	0.4	0.1	0.2	0.2	0.4	0.3	0.1	0.0	0.0	0.0	0.0	0.0
Other opioids[1]	0.8	0.4	0.6	1.4	0.4	0.9	1.3	0.1	0.7	1.5	0.7	1.1	0.7	0.8	0.7	0.5	0.1	0.3	0.0	0.0	0.0
Cocaine	1.6	0.7	1.2	2.1	1.4	1.8	1.7	0.9	1.3	2.5	1.9	2.2	2.4	0.7	1.5	0.8	0.0	0.4	0.0	0.0	0.0
Crack	0.2	0.1	0.1	0.3	0.2	0.3	0.4	0.4	0.4	0.3	0.1	0.2	0.2	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0
Amphetamines	2.2	0.8	1.5	3.6	1.1	2.4	4.2	0.6	2.5	3.1	1.4	2.3	1.9	1.2	1.5	1.4	0.5	0.9	0.0	0.1	0.0
Ecstasy	2.0	1.0	1.5	4.4	2.7	3.6	5.8	3.9	4.9	3.3	1.8	2.6	0.9	0.0	0.5	0.1	0.0	0.0	0.0	0.0	0.0
LSD	19.0	0.7	1.3	2.9	1.2	2.1	2.5	0.8	1.7	3.1	1.6	2.4	2.2	1.0	1.6	1.2	0.1	0.6	0.0	0.0	0.0
Other hallucinogens[2]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sedatives	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tranquillisers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcohol	94.5	91.2	92.9	92.2	89.3	90.8	89.4	85.4	87.5	94.6	92.4	93.5	95.3	94.0	94.6	96.4	91.3	93.9	96.7	91.3	93.9

Germany 1997	All adults			Young adults			Broad age groups														
DRUGS	LAST 12 MONTHS PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cannabis	5.4	2.6	4.0	11.4	6.4	9.0	14.6	8.9	11.9	8.7	4.3	6.5	2.9	1.1	2.0	0.8	0.0	0.4	0.0	0.1	0.0
Heroin	0.2	0.0	0.1	0.3	0.1	0.2	16.5	0.0	0.0	0.6	0.1	0.3	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Methadone	0.1	0.0	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.4	0.1	0.2	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Other opioids[1]	0.4	3.4	0.2	0.8	7.7	0.4	1.0	0.0	0.5	0.7	0.0	0.3	0.4	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0
Cocaine	0.7	0.3	0.5	1.2	0.7	1.0	1.5	0.9	1.2	1.0	0.6	0.8	0.8	0.1	0.5	0.0	0.0	0.0	0.0	0.0	0.0
Crack	0.1	0.0	0.1	0.2	0.0	0.1	0.3	0.0	0.2	0.1	0.0	0.0	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Amphetamines	0.8	0.0	0.4	2.0	0.1	1.1	3.4	0.0	1.8	0.7	0.2	0.4	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Ecstasy	1.1	0.5	0.8	2.4	1.3	1.9	3.5	2.0	2.8	1.5	0.8	1.2	0.5	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0
LSD	0.6	0.1	0.4	1.3	0.2	0.8	2.1	0.5	1.3	0.6	0.0	0.3	0.6	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Other hallucinogens[2]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sedatives	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tranquillisers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcohol	91.6	86.8	89.2	90.4	86.6	88.6	87.8	84.6	86.3	92.6	88.2	90.5	91.6	89.1	90.3	92.3	86.1	89.3	94.0	84.1	89.0

Germany 1997	All adults			Young adults			Broad age groups														
DRUGS	LAST 30 DAYS PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cannabis	3.7	1.7	2.7	7.6	4.1	5.9	10.7	5.8	8.3	5.0	2.8	4.0	2.3	0.6	1.4	0.7	0.0	0.4	0.0	0.0	0.0
Heroin	0.2	0.0	0.1	0.3	7.4	0.1	0.0	0.0	0.0	0.5	0.0	0.2	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Methadone	0.1	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.2	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other opioids[1]	0.2	0.0	0.1	0.3	0.0	0.2	0.0	0.0	0.0	0.6	0.0	0.3	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Cocaine	0.4	0.1	0.3	0.5	0.3	0.4	0.7	0.1	0.4	0.4	0.5	0.5	0.8	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0
Crack	0.1	0.0	0.0	0.1	0.0	0.1	0.3	0.0	1.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Amphetamines	0.3	0.0	0.2	0.6	0.1	0.3	0.8	0.0	0.4	0.4	0.1	0.2	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Ecstasy	0.3	0.1	0.2	0.8	0.4	0.6	1.3	0.7	1.0	0.3	0.1	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
LSD	0.1	0.0	0.0	0.1	0.0	0.1	0.2	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other hallucinogens[2]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sedatives	5.4	9.8	7.6	3.1	3.9	3.5	3.0	2.4	2.8	3.1	5.1	4.1	3.7	6.9	5.4	8.2	15.4	11.9	10.0	21.2	15.8
Tranquilisers	5.4	10.5	7.9	4.0	5.2	4.6	4.6	4.5	4.6	3.5	5.7	4.6	3.9	8.5	6.3	7.6	15.1	11.4	7.8	19.9	14.1
Alcohol	86.3	74.4	80.4	84.6	75.0	80.0	81.4	74.2	78.0	87.3	75.7	81.6	87.1	74.8	80.6	87.7	77.8	82.8	87.7	66.4	76.9

Greece 1993	All adults			Young adults			Broad age groups														
DRUGS	LIFETIME PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	18.7	4.5	10.3	22.4	8.8	14.7	15.8	7.1	11.0	28.2	10.1	17.6	22.0	2.6	10.6	10.4	0.0	4.4	8.3	0.0	2.9
Cannabis	18.6	3.7	9.8	22.3	7.7	14.1	15.6	6.8	10.8	28.2	8.4	16.6	22.1	1.3	9.8	10.4	0.0	4.4	8.3	0.0	2.9
Heroin	1.1	0.3	0.6	1.3	0.2	0.7	1.1	0.0	0.5	1.5	0.3	0.8	1.9	0.7	1.2	0.0	0.0	0.0	0.0	0.0	0.0
Methadone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other opioids[1]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine[3]	1.8	0.5	1.0	2.1	0.3	1.1	1.1	0.3	0.7	2.9	0.3	1.4	3.3	1.4	2.2	0.0	0.0	0.0	0.0	0.0	0.0
Crack	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Amphetamines	0.7	0.9	0.8	1.4	1.3	1.4	0.7	0.3	0.5	1.9	2.1	2.0	0.0	1.3	0.8	0.0	0.0	0.0	0.0	0.0	0.0
Ecstasy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
LSD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other hallucinogens[2]	2.3	0.6	1.3	3.9	0.9	2.2	3.9	0.6	2.1	3.9	1.0	2.2	1.8	0.7	1.2	0.0	0.0	0.0	0.0	0.0	0.0
Sedatives	1.9	0.2	0.9	2.8	0.3	1.4	3.7	0.3	1.9	1.9	0.3	1.0	1.4	0.4	0.8	0.0	0.0	0.0	1.7	0.0	0.6
Tranquilisers	6.0	7.2	6.7	5.9	5.9	5.9	4.3	3.6	3.9	7.3	7.7	7.5	7.5	12.4	10.5	7.5	4.3	5.7	1.7	5.3	4.0
Alcohol	98.4	87.6	92.0	97.0	90.3	93.2	94.7	91.7	93.0	99.0	89.2	93.3	100.0	86.2	91.8	98.5	82.6	89.3	100.0	86.8	91.4

Greece 1993	All adults			Young adults			Broad age groups														
DRUGS	LAST 12 MONTHS PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	5.2	1.0	2.7	8.5	2.0	4.8	9.8	2.5	5.8	7.3	1.7	4.1	3.8	0.4	1.8	1.5	0.0	0.6	0.0	0.0	0.0
Cannabis	5.2	0.9	2.7	8.5	1.8	4.7	9.9	2.5	5.8	7.3	1.4	3.9	3.9	0.4	1.8	1.5	0.0	0.6	0.0	0.0	0.0
Heroin	0.3	0.1	0.2	0.6	0.2	0.4	0.7	0.0	0.3	0.5	0.3	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Methadone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other opioids[1]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine[3]	0.4	0.1	0.2	0.9	0.2	0.5	0.7	0.0	0.3	1.0	0.3	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Crack	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Amphetamines	0.1	0.1	0.1	0.3	0.2	0.2	0.0	0.0	0.0	0.5	0.3	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ecstasy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
LSD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other hallucinogens[2]	0.5	0.5	0.2	1.0	0.9	0.4	2.2	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sedatives	0.4	0.1	0.2	0.8	0.2	0.4	1.7	0.0	0.8	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Tranquilisers	1.3	1.8	1.6	1.4	1.9	1.7	1.3	1.1	1.2	1.5	2.4	2.0	1.8	3.6	2.9	1.5	1.1	1.3	0.0	0.0	0.0
Alcohol	95.6	78.4	85.5	95.2	82.2	87.8	92.9	87.7	90.1	97.1	78.0	86.0	99.5	78.2	86.9	91.0	72.8	80.5	95.0	73.7	81.0

Greece 1993	All adults			Young adults			Broad age groups														
DRUGS	LAST 30 DAYS PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	2.4	0.4	1.2	3.9	0.9	2.2	3.9	1.2	2.5	3.9	0.7	2.0	2.4	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Cannabis	2.4	0.4	1.2	3.9	0.9	2.2	3.9	1.2	2.5	3.9	0.7	2.0	2.4	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Heroin	0.1	0.1	0.1	0.3	0.2	0.2	0.0	0.0	0.0	0.5	0.3	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Methadone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other opioids[1]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine[3]	0.1	0.0	0.1	0.3	0.0	0.1	0.0	0.0	0.0	0.5	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Crack	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Amphetamines	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ecstasy	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
LSD	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other hallucinogens[2]	0.2	0.0	0.1	0.5	0.0	0.2	-	-	0.5	-	-	0.0	-	-	0.0	-	-	0.0	-	-	0.0
Sedatives	0.2	0.1	0.1	0.3	0.2	0.3	-	-	0.3	-	-	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Tranquilisers	0.4	0.9	0.7	0.3	0.7	0.6	0.7	0.3	0.5	0.0	1.0	0.6	0.0	1.6	1.0	1.5	1.1	1.3	0.0	0.0	0.0
Alcohol	88.7	62.9	73.6	87.6	66.7	75.8	83.9	75.4	79.2	90.8	60.3	73.0	92.5	63.9	75.6	86.6	63.0	73.0	88.3	52.3	64.7

Greece 1998	All adults			Young adults			Broad age groups														
DRUGS	LIFETIME PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	20.0	6.7	13.0	29.6	11.4	19.8	23.9	9.5	16.6	36.2	13.0	23.0	22.1	6.0	14.2	10.8	3.0	6.7	5.2	0.0	2.5
Cannabis	20.0	6.2	12.8	29.5	10.9	19.5	23.8	9.4	16.5	36.2	12.2	22.5	21.9	5.2	13.7	10.8	2.6	6.5	5.3	0.0	2.5
Heroin	0.7	0.2	0.4	1.1	0.5	0.8	1.0	0.4	0.7	1.1	0.6	0.8	1.1	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0
Methadone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other opioids[1]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine[3]	1.7	0.7	1.2	2.9	1.5	2.1	2.2	1.0	1.6	3.6	1.9	2.7	2.0	0.4	1.2	0.5	0.0	0.2	0.0	0.0	0.0
Crack	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Amphetamines	0.3	0.6	0.5	0.7	0.6	0.6	0.6	0.7	0.6	0.7	0.6	0.6	0.4	1.0	0.7	0.0	0.4	0.2	0.0	0.0	0.0
Ecstasy	0.4	0.2	0.3	0.8	0.5	0.6	1.6	0.3	0.9	0.0	0.6	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
LSD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other hallucinogens[2]	1.4	0.5	0.9	2.4	1.0	1.7	2.3	0.6	1.4	2.5	1.4	1.9	1.1	0.4	0.8	1.0	0.0	0.5	0.0	0.0	0.0
Sedatives	1.7	1.1	1.4	2.5	1.1	1.8	2.5	1.1	1.8	2.6	1.1	1.7	1.9	1.7	1.8	0.5	0.4	0.5	1.0	1.0	1.0
Tranquilisers	3.5	6.0	4.8	2.3	5.3	3.9	2.1	3.3	2.7	2.6	7.2	5.2	5.6	7.9	6.7	4.4	5.7	5.1	2.1	5.4	3.8
Alcohol	98.8	93.3	95.9	98.4	95.5	96.8	97.3	95.7	96.5	99.6	95.3	97.2	98.9	94.8	96.9	98.5	92.1	95.2	100.0	87.4	93.5

Greece 1998	All adults			Young adults			Broad age groups														
DRUGS	LAST 12 MONTHS PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	14.9	4.3	9.3	9.5	2.6	5.9	15.5	5.0	10.1	13.4	3.0	7.5	3.6	0.4	2.0	1.5	0.0	0.7	0.5	0.0	0.3
Cannabis	14.8	4.3	9.2	9.5	2.7	5.9	15.5	5.0	10.1	13.0	3.0	7.3	3.6	0.4	2.0	1.5	0.0	0.7	0.5	0.0	0.3
Heroin	0.5	0.1	0.3	0.3	0.1	0.2	0.6	0.1	0.4	0.4	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Methadone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other opioids[1]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine[3]	1.3	0.3	0.5	0.9	0.5	0.6	1.2	0.9	0.1	1.4	0.5	0.9	0.4	0.0	0.2	0.5	0.0	0.2	0.0	0.0	0.0
Crack	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Amphetamines	0.2	0.1	0.1	0.1	0.1	0.1	0.3	0.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ecstasy	0.2	0.0	0.1	0.4	0.1	0.2	0.9	0.1	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
LSD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other hallucinogens[2]	0.9	0.3	0.6	0.6	0.2	0.4	1.3	0.4	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sedatives	0.9	0.1	0.5	0.6	0.1	0.4	1.2	0.1	0.7	0.4	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.5
Tranquilisers	0.6	1.5	1.1	0.9	1.6	1.3	0.7	1.1	0.9	0.4	2.2	1.4	0.4	1.8	1.1	2.9	1.3	2.1	1.0	1.9	1.5
Alcohol	95.5	88.2	91.6	95.4	84.8	89.9	94.3	90.2	92.2	98.2	84.4	90.3	98.9	88.1	93.6	91.2	76.1	83.2	94.2	72.9	83.2

Greece 1998	All adults			Young adults			Broad age groups														
DRUGS	LAST 30 DAYS PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	3.7	0.8	2.2	7.7	1.9	4.6	8.1	2.3	5.1	7.3	1.6	4.0	2.5	0.0	1.3	0.5	0.0	0.2	0.0	0.0	0.0
Cannabis	3.7	0.8	2.2	7.7	1.9	4.6	8.0	2.3	5.1	7.2	1.6	4.0	2.5	0.0	1.3	0.5	0.0	0.2	0.0	0.0	0.0
Heroin	0.1	0.0	0.1	0.3	0.1	0.2	0.3	0.1	0.2	0.4	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Methadone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other opioids[1]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine[2]	0.2	0.1	0.2	0.4	0.4	0.4	0.4	0.1	0.3	0.4	0.5	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Crack	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Amphetamines	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ecstasy	0.1	0.0	0.0	0.2	0.0	0.1	0.4	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
LSD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other hallucinogens[3]	0.2	0.0	0.1	0.4	0.1	0.2	0.7	0.1	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sedatives	0.2	0.1	0.1	0.4	0.0	0.2	0.4	0.0	0.2	0.4	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3
Tranquilisers	0.2	0.7	0.5	0.1	0.2	0.2	0.2	0.1	0.1	0.0	0.3	0.2	0.0	1.1	0.5	0.5	0.9	0.7	0.5	1.0	0.8
Alcohol	88.4	65.9	76.6	87.8	68.8	77.5	84.0	70.4	77.2	92.1	67.4	78.0	92.5	70.5	81.7	84.7	62.2	72.7	88.0	57.5	72.1

Spain 1995	All adults			Young adults			Broad age groups														
DRUGS	LIFETIME PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	19.9	9.9	14.8	30.7	16.4	23.6	28.3	16.9	22.7	33.5	15.8	24.7	17.5	6.9	12.1	5.3	2.5	3.9	0.6	1.7	1.2
Cannabis	19.3	9.2	14.2	29.8	15.7	22.9	27.5	16.3	22.0	32.5	15.1	23.9	17.2	6.4	11.7	4.8	1.9	3.3	0.6	1.1	0.9
Heroin	1.6	0.5	1.0	2.5	0.9	1.7	1.9	0.9	1.4	3.2	0.9	2.0	1.6	0.1	0.8	0.0	0.0	0.0	0.0	0.6	0.3
Methadone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other opioids[1]	0.5	0.1	0.3	0.6	0.2	0.4	0.4	0.2	0.3	0.8	0.3	0.6	0.7	0.1	0.4	0.0	0.0	0.0	0.2	0.0	0.1
Cocaine	5.2	2.1	3.6	8.0	3.5	5.8	5.7	3.0	4.4	10.7	4.1	7.4	5.7	1.8	3.7	0.0	0.0	0.0	0.0	0.6	0.3
Crack	0.6	0.1	0.3	1.0	0.1	0.5	0.8	0.0	0.4	1.2	0.2	0.7	0.6	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Amphetamines	3.5	1.5	2.5	5.4	2.6	4.0	5.7	2.5	4.2	5.0	2.8	3.9	3.4	0.6	2.0	0.6	0.2	0.4	0.0	0.9	0.5
Ecstasy	2.7	1.2	2.0	4.4	2.2	3.5	5.4	2.6	4.0	4.2	1.7	3.0	1.5	0.2	0.8	0.0	0.4	0.2	0.0	0.6	0.3
LSD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other hallucinogens[2]	3.4	1.1	2.2	5.3	2.0	3.7	5.1	1.9	3.5	5.5	2.1	3.8	3.8	0.7	2.2	0.0	0.0	0.0	0.0	0.3	0.2
Sedatives	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tranquilisers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcohol	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Spain 1995	All adults			Young adults			Broad age groups														
DRUGS	LAST 12 MONTHS PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	10.7	4.5	7.6	17.8	8.5	13.2	19.4	10.4	15.0	15.9	6.4	11.2	8.2	1.6	4.8	1.0	0.5	0.7	0.3	0.6	0.5
Cannabis	10.1	4.1	7.1	16.9	7.9	12.4	18.6	9.9	14.3	14.9	5.7	10.3	7.9	1.1	4.4	1.0	0.5	0.8	0.3	0.3	0.3
Heroin	0.8	0.3	0.5	1.4	0.6	1.0	1.2	0.7	1.0	1.6	0.5	1.1	0.5	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Methadone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other opioids[1]	0.2	0.0	0.1	0.2	0.0	0.1	0.1	0.0	0.1	0.3	0.0	0.2	0.4	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0
Cocaine	2.7	1.0	1.8	4.5	2.1	3.3	3.8	1.9	2.9	5.3	2.2	3.8	2.0	0.2	1.1	0.0	0.0	0.0	0.0	0.0	0.0
Crack	0.2	0.0	0.1	0.2	0.0	0.1	0.3	0.0	0.2	0.1	0.1	0.1	0.3	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Amphetamines	1.4	0.7	1.0	2.5	1.2	1.9	3.7	1.7	2.7	1.1	0.6	0.9	0.8	0.3	0.5	0.0	0.0	0.0	0.0	0.3	0.2
Ecstasy	1.8	0.7	1.2	3.4	1.4	2.4	3.9	2.0	3.0	2.8	0.7	1.8	0.7	0.1	0.4	0.0	0.0	0.0	0.0	0.0	0.0
LSD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other hallucinogens[2]	1.2	0.4	0.8	2.1	0.8	1.5	2.9	1.4	2.2	1.3	0.2	0.7	0.7	0.2	0.4	0.0	0.0	0.0	0.0	0.0	0.0
Sedatives	3.8	7.1	5.5	2.4	3.9	3.2	2.2	2.5	2.4	2.7	5.4	4.0	4.0	6.3	5.1	6.0	7.6	6.8	5.8	17.1	12.1
Tranquilisers	6.3	14.0	10.2	4.6	8.0	6.2	4.3	6.0	5.1	4.8	10.2	7.5	6.0	13.1	9.6	9.0	17.2	13.2	10.0	29.5	20.8
Alcohol	79.2	58.4	68.7	80.9	65.4	73.3	78.4	67.2	73.0	83.9	63.3	73.7	79.3	58.9	68.9	80.7	53.9	67.2	70.9	41.6	54.7

Spain 1997	All adults			Young adults			Broad age groups														
DRUGS	LIFETIME PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	30.1	15.1	22.6	41.2	23.0	32.3	35.7	24.0	30.0	47.7	22.0	34.8	36.8	15.5	26.2	13.4	5.8	9.5	3.8	1.4	2.5
Cannabis	29.7	14.7	22.2	40.7	22.8	31.9	35.3	23.8	29.7	46.7	21.7	34.3	36.6	14.9	25.7	13.3	5.5	9.3	3.5	1.1	2.2
Heroin	0.9	0.2	0.6	1.4	0.4	0.9	0.6	0.1	0.3	2.3	0.7	1.5	1.2	0.2	0.7	0.1	0.0	0.1	0.0	0.0	0.0
Methadone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other opioids[1]	0.8	0.2	0.5	1.2	0.3	0.7	0.8	0.4	0.6	1.6	0.2	0.9	0.7	0.2	0.4	0.1	0.1	0.1	0.3	0.0	0.2
Cocaine	5.3	1.7	3.5	8.1	2.7	5.5	6.0	2.4	4.2	10.5	3.5	6.8	5.6	1.8	3.7	0.9	0.3	0.6	0.6	0.0	0.3
Crack	0.7	0.2	0.4	1.0	0.3	0.7	0.4	0.2	0.3	1.6	0.5	1.0	1.0	0.1	0.6	0.1	0.0	0.0	0.0	0.0	0.0
Amphetamines	4.0	1.4	2.7	6.3	2.1	4.2	5.6	2.5	4.1	7.1	2.8	4.4	3.7	1.6	2.6	1.1	0.4	0.8	0.3	0.3	0.3
Ecstasy	3.8	1.2	2.5	7.1	2.4	4.8	8.0	3.3	5.7	6.0	1.4	3.7	1.8	0.4	1.1	0.1	0.0	0.1	0.1	0.0	0.0
LSD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other hallucinogens[2]	4.6	1.2	2.9	7.2	2.2	4.7	7.3	2.8	5.1	7.0	1.6	4.3	4.4	0.7	2.5	1.3	0.2	0.8	0.0	0.0	0.0
Sedatives	2.1	2.3	2.2	2.0	1.9	1.9	0.8	1.7	1.3	3.3	2.0	2.6	2.3	2.0	2.1	2.6	3.4	3.0	1.7	2.8	2.3
Tranquilisers	3.4	3.4	3.4	3.2	3.4	3.3	2.2	3.7	2.9	4.4	3.1	3.8	3.8	4.3	4.0	3.9	3.2	3.5	2.7	2.8	2.7
Alcohol	94.8	85.6	90.2	92.7	89.1	90.9	88.7	87.3	88.0	97.0	90.9	94.0	97.4	87.5	92.4	96.9	83.5	90.1	96.4	76.2	85.8

Spain 1997	All adults			Young adults			Broad age groups														
DRUGS	LAST 12 MONTHS PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	11.4	5.4	8.4	20.0	10.2	15.2	22.9	15.1	19.1	16.7	5.0	10.9	6.6	1.8	4.2	1.7	0.8	1.3	0.0	0.2	0.1
Cannabis	10.7	5.1	7.9	19.0	9.7	14.4	22.2	14.5	18.4	15.4	4.6	10.0	6.1	1.4	3.7	1.4	0.8	1.1	0.0	0.2	0.1
Heroin	0.4	0.1	0.2	0.6	0.1	0.3	0.5	0.0	0.2	0.8	0.1	0.5	0.5	0.1	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Methadone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other opioids[1]	0.2	0.1	0.1	0.4	0.1	0.2	0.4	0.1	0.3	0.3	0.0	0.2	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0
Cocaine	2.5	0.7	1.6	4.4	1.2	2.8	4.3	1.2	2.8	4.5	1.2	2.9	1.8	0.6	1.2	0.2	0.0	0.1	0.0	0.0	0.0
Crack	0.2	0.0	0.1	0.2	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.7	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Amphetamines	1.4	0.4	0.9	2.6	0.8	1.7	2.9	1.3	2.1	2.2	0.4	1.3	1.7	1.3	0.4	0.0	0.0	0.0	0.0	0.0	0.0
Ecstasy	1.3	0.5	0.9	2.6	0.9	1.7	3.7	1.5	2.6	1.3	0.2	0.8	0.0	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0
LSD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other hallucinogens[2]	1.4	0.4	0.9	2.7	0.8	1.8	3.8	1.3	2.6	1.5	0.3	0.9	0.0	0.0	0.0	0.3	0.0	0.1	0.0	0.0	0.0
Sedatives	1.2	1.2	1.2	0.9	1.2	1.0	0.2	1.3	0.7	1.6	1.1	1.4	1.6	0.9	1.2	1.9	1.7	1.8	1.0	1.4	1.2
Tranquilisers	2.0	2.1	2.1	1.7	2.1	1.9	1.2	2.2	1.7	2.3	2.0	2.1	2.3	2.3	2.3	3.3	1.8	2.6	1.5	2.0	1.8
Alcohol	86.3	71.8	79.0	87.1	79.1	83.2	83.9	80.5	82.3	90.8	77.7	84.3	89.9	73.8	81.8	89.0	67.9	78.3	76.8	52.8	64.2

Spain 1997	All adults			Young adults			Broad age groups														
DRUGS	LAST 30 DAYS PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cannabis	6.7	2.6	4.6	11.8	5.0	8.4	13.3	7.5	10.5	10.1	2.3	6.2	3.8	1.0	2.4	1.0	0.3	0.7	0.0	0.0	0.0
Heroin	0.2	0.1	0.1	0.3	0.1	0.2	0.0	0.0	0.0	0.7	0.1	0.4	0.4	0.1	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Methadone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other opioids[1]	0.1	0.0	0.1	0.2	0.0	0.1	0.2	0.1	0.1	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0
Cocaine	1.4	0.3	0.8	2.5	0.5	1.5	2.4	0.6	1.5	2.6	0.3	1.4	0.9	0.2	0.6	0.0	0.0	0.0	0.0	0.0	0.0
Crack	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Amphetamines	0.4	0.1	0.3	0.8	0.2	0.5	1.1	0.3	0.7	0.4	0.0	0.2	0.3	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Ecstasy	0.5	0.1	0.3	1.1	0.2	0.6	1.5	0.4	0.9	0.6	0.1	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
LSD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other hallucinogens[2]	0.3	0.1	0.2	0.7	0.3	0.5	0.9	0.5	0.7	0.4	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sedatives	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tranquilisers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcohol	75.8	51.9	63.8	74.5	57.2	66.0	69.1	58.0	63.6	80.5	56.5	68.6	81.8	54.1	67.9	79.7	49.4	64.4	68.9	37.0	52.3

Spain 1999	All adults			Young adults			Broad age groups														
DRUGS	LIFETIME PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	26.2	14.6	20.4	35.4	22.7	29.2	30.3	25.3	27.9	40.0	20.4	30.4	32.3	13.6	23.0	11.9	6.3	9.1	4.1	1.5	2.8
Cannabis	25.7	14.1	19.9	34.7	22.2	28.6	30.1	24.9	27.5	38.9	19.8	29.5	31.9	13.2	22.6	11.4	5.1	8.2	3.7	1.3	2.4
Heroin	0.6	0.3	0.5	0.9	0.4	0.6	0.2	0.3	0.3	1.5	0.4	1.0	0.6	0.4	0.5	0.5	0.2	0.3	0	0	0.0
Methadone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other opioids[1]	0.4	0.2	0.3	0.6	0.3	0.4	0.4	0.2	0.3	0.8	0.3	0.6	0.6	0.2	0.4	0.1	0.2	0.2	0.0	0.0	0.0
Cocaine	4.6	2.0	3.3	6.9	3.0	5.0	5.6	3.2	4.4	8.0	2.9	5.5	4.6	1.8	3.2	1.5	0.9	1.2	0.9	0.3	0.6
Crack	0.6	0.1	0.4	1.0	0.2	0.6	0.6	0.2	0.4	1.3	0.2	0.8	0.3	0.0	0.2	0.1	0.3	0.2	0.4	0.0	0.2
Amphetamines	3.2	1.4	2.3	4.6	1.9	3.3	4.3	2.1	3.2	4.9	1.7	3.3	3.3	1.2	2.3	1.3	0.9	1.1	0.4	0.4	0.4
Ecstasy	3.5	1.8	2.7	6.0	3.4	4.7	5.9	4.6	5.2	6.0	2.4	4.2	2.1	0.8	1.5	1.4	0.4	0.9	0.0	0.4	0.2
LSD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other hallucinogens[2]	2.9	1.1	2.0	4.5	1.6	3.1	4.4	2.3	3.4	4.6	0.9	2.8	2.8	1.0	1.9	1.3	0.4	0.8	0.0	0.3	0.2
Sedatives	2.4	2.6	2.5	2.4	2.2	2.3	1.7	1.9	1.8	3.0	2.3	2.7	2.7	3.0	2.9	1.8	2.9	2.4	3.0	3.1	3.0
Tranquilisers	4.0	4.5	4.2	4.1	3.8	4.0	3.5	3.8	3.6	4.7	3.8	4.2	5.3	5.5	5.4	2.2	4.9	3.6	3.7	4.5	4.1
Alcohol	91.8	82.9	87.4	88.8	86.0	87.4	84.1	83.6	83.9	93.1	88.0	90.6	95.4	86.7	91.1	94.0	79.7	86.8	93.8	71.7	82.3

Spain 1999	All adults			Young adults			Broad age groups														
DRUGS	LAST 12 MONTHS PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	10.1	5.2	7.6	17.4	9.8	13.6	20.2	14.3	17.3	14.8	5.8	10.3	6.3	1.9	4.1	2.9	1.6	2.2	0.3	0.4	0.4
Cannabis	9.4	4.7	7.0	16.4	9.0	12.8	19.5	13.7	16.7	13.6	4.8	9.3	5.7	1.4	3.6	2.3	1.3	1.8	0.3	0.3	0.3
Heroin	0.1	0.0	0.1	0.2	0.0	0.1	0.1	0.0	0.1	0.4	0.0	0.2	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0
Methadone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other opioids[1]	0.1	0.0	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.3	0.1	0.2	0.1	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0
Cocaine	2.3	0.9	1.6	3.8	1.6	2.8	4.3	2.1	3.3	3.4	1.2	2.3	1.6	0.5	1.1	0.7	0.2	0.4	0.0	0.0	0.0
Crack	0.3	0.0	0.2	0.6	0.1	0.3	0.5	0.1	0.3	0.6	0.0	0.3	0.1	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0
Amphetamines	1.0	0.4	0.7	1.8	0.9	1.4	2.2	1.4	1.8	1.4	0.5	1.0	0.2	0.0	0.1	0.5	0.0	0.3	0.0	0.0	0.0
Ecstasy	1.4	0.7	1.1	2.7	1.2	2.0	3.0	1.8	2.4	2.4	0.6	1.5	0.3	0.4	0.4	0.6	0.4	0.5	0.0	0.1	0.0
LSD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other hallucinogens[2]	0.8	0.4	0.6	1.5	0.9	1.2	1.9	1.4	1.7	1.0	0.4	0.7	0.2	0.0	0.1	0.5	0.0	0.3	0.0	0.0	0.0
Sedatives	1.4	1.3	1.3	1.1	1.0	1.0	0.8	1.1	0.9	1.3	0.8	1.1	1.6	1.8	1.7	1.4	1.2	1.3	2.1	1.4	1.7
Tranquilisers	1.8	2.2	2.0	1.7	1.9	1.8	1.3	2.2	1.7	2.0	1.5	1.8	2.7	3.0	2.9	1.4	1.8	1.6	1.7	2.7	2.3
Alcohol	83.0	67.9	75.5	83.1	75.5	79.3	78.3	75.7	77.1	87.3	75.3	81.4	87.7	73.3	80.6	83.8	60.8	72.1	74.8	45.6	59.7

Spain 1999	All adults			Young adults			Broad age groups														
DRUGS	LAST 30 DAYS PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cannabis	5.9	3.0	4.5	10.2	5.5	7.9	12.3	8.5	10.4	8.4	2.9	5.7	3.9	1.2	2.5	1.6	1.1	1.4	0.2	0.3	0.3
Heroin	0.1	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Methadone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other opioids[1]	0.1	0.0	0.0	0.2	0.2	0.1	0.1	0.0	0.0	0.2	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cocaine	1.2	0.4	0.8	1.9	0.8	1.4	2.4	1.1	1.8	1.5	0.5	1.0	1.1	0.0	0.5	0.6	0.0	0.3	0.0	0.0	0.0
Crack	0.1	0.0	0.1	0.2	0.0	0.1	0.2	0.0	0.1	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Amphetamines	0.3	0.2	0.2	0.5	0.3	0.4	0.7	0.6	0.6	0.4	0.2	0.3	0.1	0.0	0.0	0.4	0.0	0.2	0.0	0.0	0.0
Ecstasy	0.6	0.4	0.5	1.1	0.6	0.8	1.0	0.8	0.9	1.2	0.4	0.8	0.3	0.4	0.3	0.2	0.4	0.3	0.0	0.1	0.0
LSD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other hallucinogens[2]	0.3	0.1	0.2	0.4	0.2	0.3	0.4	0.3	0.4	0.4	0.0	0.2	0.0	0.0	0.0	0.4	0.0	0.2	0.0	0.0	0.0
Sedatives	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tranquilisers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcohol	75.2	51.4	63.3	73.0	59.2	66.2	67.0	58.9	63.0	78.4	59.5	69.1	81.7	55.2	68.5	77.8	43.9	60.7	69.2	31.6	49.8

UK 1994	All adults			Young adults			Broad age groups														
DRUGS	LIFETIME PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	23.4	16.1	19.6	37.7	25.0	30.8	38.6	30.5	34.3	37.0	21.3	28.3	23.7	15.7	19.4	11.9	6.6	9.3	2.7	2.4	2.5
Cannabis	20.9	13.9	17.3	34.3	22.3	27.7	35.4	27.3	31.1	33.4	18.9	25.3	22.0	13.8	17.6	9.6	4.6	7.1	1.4	1.3	1.4
Heroin	0.7	0.5	0.6	1.2	0.7	0.9	1.6	0.6	1.1	0.9	0.8	0.8	1.0	0.2	0.6	0.1	0.2	0.1	0.2	0.7	0.4
Methadone	0.4	0.3	0.4	0.5	0.6	0.6	0.7	0.7	0.7	0.4	0.5	0.5	0.5	0.1	0.3	0.3	0.0	0.2	0.0	0.2	0.1
Other opioids[1]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine	2.4	1.8	2.0	3.7	2.6	3.1	3.3	1.9	2.6	4.0	3.0	3.5	3.2	1.5	2.3	0.6	0.7	0.6	0.3	0.9	0.6
Crack	0.5	0.5	0.5	0.8	0.6	0.7	1.1	0.4	0.8	0.6	0.7	0.7	0.5	0.3	0.4	0.1	0.1	0.1	0.3	0.6	0.4
Amphetamines	7.5	5.6	6.5	12.8	8.6	10.5	14.8	11.3	12.9	11.2	6.7	8.7	5.9	4.9	5.4	4.2	2.8	3.5	1.2	1.7	1.4
Ecstasy	3.2	2.1	2.6	6.0	3.8	4.8	8.6	6.6	7.6	3.9	1.9	2.8	1.4	0.4	0.8	0.3	0.1	0.2	0.6	1.4	1.0
LSD	4.4	2.7	3.5	7.8	4.6	6.1	11.1	7.4	9.1	5.3	2.7	3.8	4.1	1.7	2.8	1.4	0.8	1.1	0.3	0.6	0.5
Other hallucinogens[2]	5.5	3.0	4.2	10.5	5.6	7.8	11.5	6.5	8.9	9.8	5.0	7.1	4.4	1.6	2.9	1.0	0.7	0.8	0.0	0.2	0.1
Sedatives	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tranquilisers	2.2	3.4	2.8	2.4	3.2	2.9	3.2	2.7	2.9	1.7	3.6	2.8	3.4	3.7	3.6	1.9	4.1	3.0	0.7	2.4	1.5
Alcohol	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

UK 1994	All adults			Young adults			Broad age groups														
DRUGS	LAST 12 MONTHS PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	9.2	5.9	7.5	19.1	11.9	15.2	28.1	19.7	23.7	12.4	6.5	9.1	4.6	2.5	3.5	1.9	0.5	1.2	0.2	0.4	0.3
Cannabis	8.6	5.5	7.0	17.8	10.9	14.1	25.5	17.9	21.5	12.0	6.0	8.7	4.4	2.3	3.3	1.7	0.5	1.1	0.2	0.4	0.3
Heroin	0.2	0.3	0.2	0.4	0.5	0.4	0.8	0.5	0.6	0.1	0.5	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.1
Methadone	0.1	0.2	0.2	0.3	0.5	0.4	0.4	0.5	0.4	0.1	0.5	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other opioids[1]	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine	0.4	0.5	0.5	1.0	1.0	1.0	1.4	1.1	1.2	0.6	0.9	0.8	0.2	0.2	0.2	0.0	0.0	0.0	0.0	0.3	0.1
Crack	0.1	0.2	0.1	0.1	0.3	0.2	0.1	0.0	0.1	0.1	0.5	0.3	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.1	0.0
Amphetamines	2.3	1.5	1.9	5.4	3.1	4.2	9.1	5.8	7.3	2.7	1.2	1.9	0.2	0.2	0.2	0.2	0.0	0.1	0.0	0.3	0.1
Ecstasy	1.0	0.8	0.9	2.3	1.7	2.0	3.9	2.8	3.3	1.1	0.9	1.0	0.1	0.1	0.1	0.1	0.0	0.1	0.0	0.3	0.1
LSD	1.2	0.9	1.0	2.8	1.9	2.3	5.2	3.3	4.2	0.9	0.9	0.9	0.3	0.1	0.2	0.0	0.0	0.0	0.0	0.3	0.1
Other hallucinogens[2]	1.1	0.5	0.8	2.7	1.0	1.8	4.6	1.5	2.9	1.2	0.7	0.9	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Sedatives	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tranquilisers	0.5	0.7	0.6	0.9	1.0	1.0	1.5	0.8	1.1	0.4	1.2	0.9	0.3	0.5	0.4	0.1	0.3	0.2	0.1	0.5	0.3
Alcohol	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

UK 1994	All adults			Young adults			Broad age groups														
DRUGS	LAST 30 DAYS PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	5.5	3.4	4.4	12.0	6.7	9.1	18.3	11.2	14.5	7.3	3.7	5.3	2.3	1.3	1.8	0.6	0.3	0.4	0.1	0.4	0.2
Cannabis	5.1	3.1	4.1	11.0	6.2	8.4	16.4	10.4	13.2	6.9	3.3	4.9	2.1	1.3	1.7	0.6	0.3	0.4	0.1	0.4	0.2
Heroin	0.0	0.2	0.1	0.1	0.4	0.3	0.2	0.3	0.3	0.0	0.5	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.1
Methadone	0.1	0.1	0.1	0.1	0.3	0.2	0.1	0.0	0.1	0.1	0.5	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other opioids[1]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine	0.2	0.3	0.3	0.4	0.6	0.5	0.5	0.4	0.5	0.4	0.7	0.6	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.3	0.1
Crack	0.1	0.1	0.1	0.1	0.3	0.2	0.1	0.0	0.1	0.1	0.5	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Amphetamines	0.9	0.7	0.8	2.2	1.4	1.8	3.6	2.5	3.0	1.2	0.6	0.9	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.3	0.1
Ecstasy	0.4	0.4	0.4	1.0	0.7	0.8	1.7	0.9	1.3	0.4	0.6	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.1
LSD	0.3	0.5	0.4	0.8	0.9	0.9	1.5	1.4	1.5	0.2	0.6	0.4	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.3	0.1
Other hallucinogens[2]	0.2	0.2	0.2	0.5	0.4	0.4	0.7	0.2	0.4	0.3	0.5	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sedatives	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tranquilisers	0.3	0.4	0.3	0.6	0.6	0.6	1.1	0.3	0.7	0.2	0.9	0.6	0.2	0.1	0.2	0.1	0.0	0.1	0.1	0.3	0.2
Alcohol	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

UK 1996	All adults			Young adults			Broad age groups														
DRUGS	LIFETIME PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	27.0	17.7	22.2	42.3	30.2	35.9	46.2	36.7	41.4	39.6	26.2	32.4	32.1	17.6	24.4	13.9	7.7	10.6	3.4	2.2	2.8
Cannabis	24.8	15.9	20.1	39.4	27.6	33.2	43.2	34.2	38.6	36.8	23.6	29.7	29.6	16.2	22.5	12.2	5.9	8.9	2.3	1.4	1.8
Heroin	1.0	0.2	0.6	1.4	0.3	0.8	1.6	0.3	0.9	1.2	0.3	0.7	1.0	0.1	0.5	0.9	0.2	0.5	0.2	0.0	0.1
Methadone	0.4	0.2	0.3	0.5	0.2	0.4	0.5	0.3	0.4	0.5	0.2	0.4	0.5	0.0	0.3	0.4	0.3	0.4	0.1	0.1	0.1
Other opioids[1]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine	3.6	1.6	2.5	5.4	2.5	3.9	6.1	1.9	4.0	5.0	2.8	3.8	4.6	1.8	3.1	1.8	0.8	1.3	0.4	0.2	0.3
Crack	1.0	0.3	0.6	1.4	0.5	0.9	2.5	0.6	1.5	0.6	0.5	0.6	1.2	0.1	0.6	1.0	0.1	0.5	0.1	0.0	0.0
Amphetamines	9.8	6.0	7.8	16.7	11.2	13.8	20.6	15.9	18.2	13.9	8.3	10.9	9.9	4.4	7.0	4.2	2.4	3.2	1.4	0.9	1.1
Ecstasy	4.7	2.4	3.5	9.5	5.2	7.2	14.8	8.2	11.4	5.8	3.3	4.4	1.4	0.4	0.9	1.1	0.3	0.7	0.7	0.2	0.4
LSD	6.6	2.6	4.5	11.7	5.1	8.2	16.3	8.4	12.3	8.5	3.1	5.6	6.6	1.8	4.1	2.6	0.4	1.5	0.2	0.2	0.2
Other hallucinogens[2]	6.4	2.7	4.4	11.6	5.4	8.3	13.3	5.3	9.2	10.4	5.4	7.7	6.4	2.3	4.2	1.9	0.1	1.0	0.3	0.1	0.2
Sedatives	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tranquilisers	2.8	2.8	2.8	3.2	2.4	2.8	4.4	2.9	3.6	2.3	2.1	2.2	4.4	3.6	4.0	1.6	4.0	2.9	1.4	1.1	1.3
Alcohol	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

UK 1996	All adults			Young adults			Broad age groups														
DRUGS	LAST 12 MONTHS PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	10.6	6.6	8.5	22.4	14.4	18.2	31.2	23.4	27.2	16.4	8.9	12.3	6.5	3.3	4.8	1.9	0.8	1.3	0.3	0.3	0.3
Cannabis	9.7	6.1	7.8	20.5	13.2	16.7	28.9	21.8	25.3	14.6	8.0	11.1	5.9	3.1	4.4	1.9	0.8	1.3	0.2	0.2	0.2
Heroin	0.2	0.1	0.1	0.4	0.1	0.2	0.6	0.2	0.4	0.3	0.1	0.2	0.2	0.1	0.1	0.1	0.0	0.1	0.1	0.0	0.0
Methadone	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.0	0.1	0.1	0.0	0.1	0.1	0.0	0.0
Other opioids[1]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine	0.7	0.3	0.5	1.5	0.7	1.1	1.9	0.6	1.2	1.2	0.8	1.0	0.2	0.1	0.2	0.2	0.0	0.1	0.1	0.0	0.0
Crack	0.1	0.0	0.1	0.2	0.0	0.1	0.3	0.1	0.2	0.1	0.5	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.1	0.0	0.0
Amphetamines	3.4	1.8	2.6	8.1	4.3	6.1	13.9	8.4	11.2	4.0	1.7	2.7	0.8	0.5	0.7	0.3	0.1	0.2	0.1	0.2	0.1
Ecstasy	1.8	0.8	1.3	4.3	2.1	3.1	8.2	3.9	6.0	1.5	1.0	1.2	0.4	0.1	0.2	0.1	0.0	0.1	0.1	0.1	0.1
LSD	1.4	0.3	0.8	3.4	0.7	2.0	7.1	1.4	4.2	0.9	0.3	0.6	0.1	0.0	0.0	0.2	0.0	0.1	0.1	0.0	0.0
Other hallucinogens[2]	0.8	0.2	0.5	1.9	0.6	1.2	3.7	0.6	2.1	0.7	0.5	0.6	0.1	0.0	0.0	0.3	0.0	0.1	0.1	0.0	0.0
Sedatives	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tranquilisers	0.4	0.4	0.4	0.7	0.6	0.6	1.1	1.0	1.0	0.4	0.4	0.4	0.5	0.2	0.4	0.2	0.3	0.2	0.1	0.1	0.1
Alcohol	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

UK 1996	All adults			Young adults			Broad age groups														
DRUGS	LAST 30 DAYS PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	6.7	3.4	5.0	14.7	7.3	10.7	22.5	12.2	17.3	9.2	4.2	6.5	3.7	1.9	2.8	1.2	0.4	0.8	0.1	0.2	0.1
Cannabis	6.0	3.1	4.5	12.9	6.5	9.5	20.0	10.8	15.4	7.9	3.8	5.7	3.5	1.8	2.6	1.1	0.4	0.7	0.1	0.2	0.1
Heroin	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.2	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.1	0.0	0.1	0.1	0.0	0.0
Methadone	0.1	0.0	0.0	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.0	0.0	0.1	0.0	0.1	0.1	0.0	0.1	0.1	0.0	0.0
Other opioids[1]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine	0.3	0.1	0.2	0.5	0.2	0.3	0.6	0.1	0.3	0.4	0.2	0.3	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.0	0.0
Crack	0.1	0.0	0.0	0.1	0.0	0.1	0.3	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.1	0.0	0.0
Amphetamines	1.8	0.7	1.2	4.4	1.5	2.9	7.5	2.9	5.2	2.1	0.7	1.4	0.3	0.2	0.3	0.3	0.0	0.1	0.1	0.1	0.1
Ecstasy	0.8	0.3	0.5	1.9	0.7	1.3	3.9	1.3	2.5	0.6	0.4	0.5	0.1	0.0	0.1	0.1	0.0	0.1	0.1	0.0	0.0
LSD	0.4	0.1	0.2	0.8	0.2	0.5	1.4	0.5	1.0	0.4	0.0	0.2	0.0	0.0	0.0	0.2	0.0	0.1	0.1	0.0	0.0
Other hallucinogens[2]	0.2	0.0	0.1	0.3	0.1	0.2	0.6	0.3	0.4	0.2	0.5	0.1	0.0	0.0	0.0	0.3	0.0	0.1	0.1	0.0	0.0
Sedatives	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tranquilisers	0.2	0.2	0.2	0.2	0.4	0.3	0.3	0.6	0.5	0.2	0.3	0.3	0.2	0.1	0.2	0.1	0.1	0.1	0.1	0.0	0.0
Alcohol	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

UK 1998	All adults			Young adults			Broad age groups														
DRUGS	LIFETIME PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	29.4	19.9	24.3	48.1	34.2	40.4	52.3	42.0	46.6	45.3	29.2	36.3	31.2	17.0	23.5	19.4	10.2	14.6	3.2	3.1	3.2
Cannabis	27.5	18.1	22.5	45.0	31.9	37.7	49.7	39.5	44.1	41.9	27.0	33.6	29.5	15.7	22.0	18.2	8.2	13.0	2.6	2.5	2.6
Heroin	0.8	0.3	0.5	1.6	0.2	0.8	2.1	0.1	1.0	1.3	0.2	0.7	0.6	0.2	0.4	0.5	0.6	0.6	0.1	0.3	0.2
Methadone	0.6	0.2	0.4	1.2	0.3	0.7	1.8	0.5	1.1	0.8	0.1	0.4	0.2	0.2	0.2	0.7	0.3	0.5	0.0	0.3	0.1
Other opioids[1]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine	3.9	2.3	3.0	7.3	3.8	5.3	8.3	5.1	6.5	6.7	2.9	4.6	3.5	1.9	2.6	1.8	1.4	1.6	0.6	0.5	0.5
Crack	1.0	0.3	0.6	1.9	0.3	1.0	2.8	0.5	1.5	1.3	0.2	0.6	0.5	0.2	0.3	0.8	0.7	0.7	0.1	0.3	0.2
Amphetamines	11.1	6.8	8.8	20.9	12.6	16.3	23.7	19.2	21.2	19.1	8.3	13.1	9.7	4.3	6.7	5.7	3.5	4.5	0.8	1.7	1.2
Ecstasy	5.0	2.8	3.7	10.8	5.7	8.0	13.1	9.3	11.0	9.3	3.3	6.0	1.9	0.7	1.3	0.9	0.6	0.8	0.5	1.3	0.9
LSD	6.5	2.9	4.5	12.2	5.3	8.4	15.2	9.1	11.8	10.2	2.9	6.1	4.6	2.0	3.2	4.2	1.1	2.6	0.5	0.6	0.6
Other hallucinogens[2]	6.7	3.2	4.8	13.1	6.1	9.2	13.9	8.0	10.6	12.6	4.8	8.3	5.9	2.6	4.1	2.6	0.9	1.7	0.2	0.5	0.4
Sedatives	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tranquilisers	2.8	3.3	3.1	3.9	2.6	3.2	3.8	3.3	3.5	3.9	2.2	2.9	2.4	3.2	2.9	3.2	4.8	4.0	1.0	2.8	1.9
Alcohol	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

UK 1998	All adults			Young adults			Broad age groups														
DRUGS	LAST 12 MONTHS PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	11.1	6.5	8.6	24.6	14.4	18.9	33.2	23.9	28.0	19.0	8.3	13.0	6.5	3.2	4.7	3.7	0.9	2.2	0.3	0.1	0.2
Cannabis	10.4	5.9	8.0	23.0	13.2	17.6	32.1	21.8	26.4	17.1	7.5	11.8	6.0	2.9	4.3	3.5	0.9	2.1	0.3	0.1	0.2
Heroin	0.3	0.0	0.1	0.5	0.0	0.2	0.6	0.0	0.3	0.4	0.0	0.2	0.0	0.0	0.0	0.4	0.0	0.2	0.0	0.0	0.0
Methadone	0.1	0.1	0.1	0.2	0.2	0.2	0.5	0.5	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.1	0.0	0.0	0.0
Other opioids[1]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine	1.4	0.6	1.0	3.2	1.5	2.3	3.7	2.5	3.0	2.9	0.8	1.8	0.7	0.2	0.4	0.3	0.0	0.2	0.0	0.0	0.0
Crack	0.2	0.0	0.1	0.3	0.0	0.2	0.5	0.1	0.3	0.2	0.0	0.1	0.0	0.0	0.0	0.2	0.0	0.1	0.0	0.0	0.0
Amphetamines	3.1	1.8	2.4	7.7	4.3	5.8	11.5	7.9	9.5	5.2	1.9	3.4	0.9	0.4	0.6	0.5	0.1	0.3	0.0	0.0	0.0
Ecstasy	1.4	0.8	1.1	3.8	2.0	2.8	5.9	4.0	4.8	2.4	0.7	1.4	0.3	0.2	0.3	0.1	0.0	0.0	0.0	0.0	0.0
LSD	0.9	0.3	0.6	2.5	0.8	1.5	4.7	1.5	2.9	0.8	0.3	0.5	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0
Other hallucinogens[2]	0.9	0.4	0.6	2.6	1.0	1.7	5.2	2.2	3.5	0.9	0.2	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sedatives	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tranquilisers	0.6	0.5	0.6	1.1	0.9	1.0	1.5	1.2	1.3	0.8	0.6	0.7	0.2	0.6	0.4	0.7	0.1	0.4	0.3	0.1	0.2
Alcohol	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

UK 1998	All adults			Young adults			Broad age groups														
DRUGS	LAST 30 DAYS PREVALENCE (%)																				
EMCDDA age ranges	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Any illegal drugs	6.7	3.6	5.1	15.3	8.2	11.4	21.9	15.0	18.1	10.9	3.9	7.0	3.6	1.7	2.6	2.0	0.4	1.2	0.1	0.1	0.1
Cannabis	6.2	3.4	4.7	14.0	7.7	10.5	20.4	13.9	16.8	9.8	3.6	6.3	3.4	1.5	2.3	2.0	0.3	1.1	0.1	0.1	0.1
Heroin	0.1	0.0	0.1	0.3	0.0	0.2	0.6	0.0	0.2	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Methadone	0.1	0.1	0.1	0.1	0.2	0.2	0.3	0.5	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.1
Other opioids[1]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine	0.5	0.2	0.3	1.1	0.3	0.7	1.4	0.3	0.8	0.9	0.3	0.6	0.4	0.2	0.3	0.2	0.0	0.1	0.0	0.0	0.0
Crack	0.1	0.0	0.0	0.1	0.0	0.1	0.1	0.0	0.0	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Amphetamines	1.3	0.9	1.1	3.4	2.2	2.8	5.9	4.4	5.1	1.8	0.8	1.2	0.3	0.1	0.2	0.2	0.1	0.1	0.0	0.0	0.0
Ecstasy	0.6	0.2	0.4	1.6	0.6	1.1	3.1	1.2	2.0	0.7	0.2	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
LSD	0.1	0.0	0.1	0.3	0.0	0.2	0.8	0.0	0.3	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other hallucinogens[2]	0.1	0.0	0.0	0.3	0.0	0.1	0.6	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sedatives	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tranquilisers	0.2	0.2	0.2	0.3	0.5	0.4	0.2	0.6	0.5	0.4	0.3	0.4	0.1	0.2	0.1	0.2	0.1	0.2	0.0	0.0	0.0
Alcohol	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Appendix B

Polysubstance misuse

Page	Country	Year	Periods	*Page*	Country	Year	Periods
B2	Germany	1995	LTP/LTP	B9	Spain	1997	LYP/LMP
B2	Germany	1995	LTP/LYP	B9	Spain	1997	LYP/LYP
B2	Germany	1995	LTP/LMP	B9	Spain	1997	LYP/LMP
B2	Germany	1995	LYP/LYP	B10	Spain	1997	LMP/LMP
B3	Germany	1995	LYP/LMP	B10	Spain	1999	LTP/LTP
B3	Germany	1995	LMP/LMP	B10	Spain	1999	LTP/LYP
B3	Germany	1997	LTP/LTP	B10	Spain	1999	LTP/LMP
B3	Germany	1997	LTP/LYP	B11	Spain	1999	LYP/LYP
B4	Germany	1997	LTP/LMP	B11	Spain	1999	LYP/LMP
B4	Germany	1997	LYP/LYP	B11	Spain	1999	LMP/LMP
B4	Germany	1997	LYP/LMP	B11	UK	1994	LTP/LTP
B4	Germany	1997	LMP/LMP	B12	UK	1994	LTP/LYP
B5	Greece	1993	LTP/LTP	B12	UK	1994	LTP/LMP
B5	Greece	1993	LTP/LYP	B12	UK	1994	LYP/LYP
B5	Greece	1993	LTP/LMP	B12	UK	1994	LYP/LMP
B5	Greece	1993	LYP/LYP	B13	UK	1994	LMP/LMP
B6	Greece	1993	LYP/LMP	B13	UK	1996	LTP/LTP
B6	Greece	1993	LMP/LMP	B13	UK	1996	LTP/LYP
B6	Greece	1998	LTP/LTP	B13	UK	1996	LTP/LMP
B6	Greece	1998	LTP/LYP	B14	UK	1996	LYP/LYP
B7	Greece	1998	LTP/LMP	B14	UK	1996	LYP/LMP
B7	Greece	1998	LYP/LYP	B14	UK	1996	LMP/LMP
B7	Greece	1998	LYP/LMP	B14	UK	1998	LTP/LTP
B7	Greece	1998	LMP/LMP	B15	UK	1998	LTP/LYP
B8	Spain	1995	LTP/LTP	B15	UK	1998	LTP/LMP
B8	Spain	1995	LTP/LYP	B15	UK	1998	LYP/LYP
B8	Spain	1995	LYP/LYP	B15	UK	1998	LYP/LMP
B8	Spain	1997	LTP/LTP	B16	UK	1998	LMP/LMP
B9	Spain	1997	LTP/LYP				

General legend Polysubstance misuse in young people (15-34). Percentage of use of one substance (rows) given the use of another (columns). Unconditional prevalences are presented in the first column.

Germany 1995	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	93.4	-	20.6	2.6	3.5	3.7	2.2	0.9
Cannabis	19.7	97.5	-	12.0	15.8	15.8	10.7	4.0
Ecstasy	3.0	92.1	89.5	-	51.3	42.1	36.8	14.5
Cocaine	3.2	96.9	92.8	40.2	-	43.3	42.3	19.6
Amphetamines	3.9	98.0	88.2	31.4	41.2	-	40.2	14.7
LSD	2.1	96.7	100.0	45.9	67.2	67.2	-	27.9
Heroin	0.8	92.0	92.0	44.0	76.0	60.0	68.0	-
LTP/LTP	15-34							

Germany 1995	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	93.4	98.2	9.9	2.0	1.5	1.6	1.2	0.2
Cannabis	19.7	97.1	48.1	10.8	8.5	7.8	6.9	0.8
Ecstasy	3.0	92.4	74.5	66.8	34.6	35.0	34.3	1.5
Cocaine	3.2	95.3	66.5	27.3	49.7	26.3	30.7	3.7
Amphetamines	3.9	97.6	60.1	27.8	24.7	40.8	26.0	1.9
LSD	2.1	96.3	75.4	41.0	44.1	36.4	58.7	4.3
Heroin	0.8	91.0	67.6	16.1	35.5	28.5	31.1	30.8
LTP/LYP	15-34							

Germany 1995	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	93.4	87.5	6.5	1.2	0.8	0.8	0.4	0.1
Cannabis	19.7	89.6	31.1	6.1	3.7	3.4	2.2	0.5
Ecstasy	3.0	76.1	54.9	40.6	16.2	16.3	12.2	0.0
Cocaine	3.2	80.8	56.6	12.1	23.5	14.8	8.0	1.9
Amphetamines	3.9	85.9	37.4	17.5	11.5	19.1	7.6	1.0
LSD	2.1	78.9	67.8	25.8	21.4	23.2	20.6	1.9
Heroin	0.8	74.8	62.4	2.3	14.7	21.7	7.0	15.9
LTP/LMP								

Germany 1995	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	91.5	-	10.1	2.1	1.5	1.6	1.3	0.2
Cannabis	9.4	98.9	-	24.4	18.9	17.7	15.9	2.0
Ecstasy	2.0	93.6	91.6	-	38.4	45.7	47.2	2.5
Cocaine	1.5	91.3	94.2	46.0	-	43.0	53.9	8.1
Amphetamines	1.5	98.8	90.1	61.7	49.0	-	59.3	5.6
LSD	1.2	93.5	96.5	70.8	66	64.1	-	8.1
Heroin	0.2	92.0	61.8	19.9	43.4	25.9	34.3	-
LYP/LYP								

Germany 1995	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	91.5	89.3	6.6	1.3	0.8	0.8	0.5	0.1
Cannabis	9.4	92.7	65.7	12.2	7.6	6.4	4.6	1.1
Ecstasy	2.0	83.6	68.7	62.0	18.0	19.8	16.8	0.0
Cocaine	1.5	83.0	79.2	25.5	49.5	26.1	16.9	4.0
Amphetamines	1.5	81.5	53.0	46.8	28.9	51.1	20.2	2.8
LSD	1.2	76.3	89.7	45.5	35.5	40.9	36.3	3.4
Heroin	0.2	92.0	61.8	8.0	17.1	8.0	8.0	54.6
LYP/LMP								

Germany 1995	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	81.6	-	7.0	1.2	0.8	0.7	0.3	0.1
Cannabis	6.1	93.8	-	12.4	8.7	9.5	5.7	1.7
Ecstasy	1.2	82.1	62.0	-	26.8	23.5	27.2	0.0
Cocaine	0.7	90.5	72.0	44.3	-	36.7	27.1	2.8
Amphetamines	0.7	78.7	78.4	38.9	36.8	-	30.9	0.0
LSD	0.4	56.8	81.3	77.0	46.4	52.9	-	0.0
Heroin	0.1	100.0	83.2	0.0	16.8	0.0	0.0	-
LMP/LMP								

Germany 1997	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	90.8	-	21.2	3.9	1.9	2.6	2.3	0.5
Cannabis	19.5	98.6	-	12.3	9.1	11.1	10.4	2.4
Ecstasy	3.6	97.2	66.4	-	22.5	20.3	31.9	7.6
Cocaine	1.8	98.0	98.9	45.3	-	45.9	51.1	18.8
Amphetamines	2.4	99.0	90.6	30.7	34.4	-	42.2	10.1
LSD	2.1	99.4	97.8	55.6	44.2	48.6	-	13.9
Heroin	0.5	93.7	97.7	56.8	70.0	50.3	59.6	-
LTP/LTP	15-34							

Germany 1997	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	90.8	97.6	9.8	2.1	1.0	1.1	0.9	0.2
Cannabis	19.5	97.6	46.0	6.6	5.0	4.8	4.0	1.0
Ecstasy	3.6	96.9	46.1	52.8	13.9	11.7	14.6	2.2
Cocaine	1.8	98.0	71.5	29.2	54.4	24.3	16.4	10.4
Amphetamines	2.4	98.9	59.0	18.2	21.3	44.5	22.7	7.8
LSD	2.1	99.4	72.7	40.2	25.6	26.8	37.6	9.0
Heroin	0.5	96.9	46.1	52.8	13.9	11.7	14.6	2.2
LTP/LYP	15-34							

Germany 1997	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	90.8	88.1	6.5	0.6	0.4	0.3	0.1	0.2
Cannabis	19.5	93.4	30.5	1.6	2.2	1.3	0.3	0.7
Ecstasy	3.6	84.1	37.0	16.0	7.0	4.7	0.1	2.2
Cocaine	1.8	93.1	44.9	76.2	23.9	4.5	76.2	7.6
Amphetamines	2.4	92.4	50.2	4.7	8.6	13.9	2.5	5.7
LSD	2.1	94.1	56.3	11.1	12.1	6.8	2.9	6.6
Heroin	0.5	75.4	55.7	3.4	38.9	16.7	82.5	28.4
LTP/LMP								

Germany 1997	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	88.6	-	10.1	2.1	1.1	1.2	0.9	0.2
Cannabis	0.2	99.2	-	13.3	10.5	10.3	8.4	2.1
Ecstasy	1.9	98.5	62.6	-	21.8	20.3	24.6	4.2
Cocaine	1.0	97.7	97.2	42.6	-	40.1	23.1	19.1
Amphetamines	1.1	97.6	86.7	36.4	36.8	-	46.9	12.9
LSD	0.8	100.0	96.8	60.2	28.8	63.9	-	10.3
Heroin	0.2	100.0	100.0	42.2	97.4	71.6	42.2	-
LYP/LYP								

Germany 1997	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	88.6	91.1	6.7	0.7	0.5	0.3	0.1	0.2
Cannabis	9.0	96.4	66.3	2.7	4.5	2.7	0.7	1.5
Ecstasy	1.9	98.5	49.0	30.2	11.9	8.9	0.3	4.2
Cocaine	1.0	89.7	61.9	0.0	43.9	8.3	0.0	14.0
Amphetamines	1.1	90.6	76.2	10.7	11.9	31.2	5.7	12.9
LSD	0.8	97.6	79.7	14.5	0.0	18.1	7.7	10.3
Heroin	0.2	59.2	83.0	0.0	40.8	42.2	0.0	71.6
LYP/LMP								

Germany 1997	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	80.0	-	7.2	0.7	0.4	0.4	0.1	0.1
Cannabis	5.9	96.4	-	3.2	5.5	3.2	0.1	2.3
Ecstasy	0.6	100.0	33.4	-	0.0	0.9	0.9	0.0
Cocaine	0.4	76.5	76.0	0.0	-	0.0	0.0	13.1
Amphetamines	0.3	92.5	56.9	1.5	0.0	-	18.2	24.3
LSD	0.1	100.0	8.1	8.1	0.0	100	-	0.0
Heroin	0.1	58.9	100.0	0.0	41.1	58.9	0.0	-
LMP/LMP								

Greece 1993	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	92.0	-	15.1	-	1.2	1.5	-	0.7
Cannabis	9.8	100.0	-	-	7.8	5.1	-	4.8
Ecstasy	-	-	-	-	-	-	-	-
Cocaine	1.0	100.0	100	-	-	27.6	-	41.6
Amphetamines	0.8	100.0	52.7	-	22.2	-	-	0.0
LSD	-	-	-	-	-	-	-	-
Heroin	0.6	100.0	100.0	-	67.1	0.0	-	-
LTP/LTP	15-34							

Greece 1993	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	92.0	94.2	5.1	-	0.5	0.2	-	0.4
Cannabis	9.8	97.6	33.9	-	3.5	0.8	-	2.7
Ecstasy	-	-	-	-	-	-	-	-
Cocaine	1.0	100.0	65.6	-	44.8	10.4	-	20.8
Amphetamines	0.8	91.6	44.4	-	13.8	16.7	-	0.0
LSD	-	-	-	-	-	-	-	-
Heroin	0.6	100.0	83.2	-	33.5	0.0	-	55.5
LTP/LYP	15-34							

Greece 1993	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	92.0	81.3	2.4	-	0.1	0.2	-	0.2
Cannabis	9.8	92.0	15.9	-	0.8	0.0	-	1.6
Ecstasy	-	-	-	-	-	-	-	-
Cocaine	1.0	100.0	65.6	-	10.4	10.4	-	20.8
Amphetamines	0.8	91.6	36.0	-	8.4	16.7	-	0.0
LSD	-	-	-	-	-	-	-	-
Heroin	0.6	100.0	83.2	-	0.0	0.0	-	33.5
LTP/LMP								

Greece 1993	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	87.8	-	5.2	-	0.6	0.1	-	0.4
Cannabis	4.7	97.6	-	-	10.3	2.4	-	7.9
Ecstasy	-	-	-	-	-	-	-	-
Cocaine	0.5	100.0	100.0	-	-	23.2	-	46.4
Amphetamines	0.2	50.0	50.0	-	50.0	-	-	0.0
LSD	-	-	-	-	-	-	-	-
Heroin	0.4	100.0	100.0	-	60.4	0.0	-	-
LYP/LYP								

Greece 1993	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	87.8	86.3	2.5	-	0.1	0.0	-	0.3
Cannabis	4.7	93.6	48.1	-	2.4	0.0	-	4.8
Ecstasy	-	-	-	-	-	-	-	-
Cocaine	0.5	100.0	100.0	-	23.2	23.2	-	46.4
Amphetamines	0.2	50.0	50.0	-	50.0	0.0	-	0.0
LSD	-	-	-	-	-	-	-	-
Heroin	0.4	100.0	100.0	-	0.0	0.0	-	60.4
LYP/LMP								

Greece 1993	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	75.8	-	2.9	-	0.1	0.1	-	0.3
Cannabis	2.2	100.0	-	-	5.1	5.1	-	10.2
Ecstasy	-	-	-	-	-	-	-	-
Cocaine	0.1	100.0	100.0	-	-	0.0	-	0.0
Amphetamines	0.0	0.0	0.0	-	0.0	-	-	0.0
LSD	-	-	-	-	-	-	-	-
Heroin	0.2	100.0	100.0	-	0.0	0.0	-	-
LMP/LMP								

Greece 1998	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	96.8	-	19.9	0.7	2.2	0.7	-	0.8
Cannabis	19.5	99.0	-	3.1	10.1	2.5	-	3.9
Ecstasy	0.6	100.0	100.0	-	75.5	24.5	-	44.0
Cocaine	2.1	100.0	92.7	21.1	-	16.1	-	29.0
Amphetamines	0.6	100.0	76.4	22.7	53.7	-	-	35.8
LSD	-	-	-	-	-	-	-	-
Heroin	0.8	100.0	100.0	34.5	79.9	30.2	-	-
LTP/LTP	15-34							

Greece 1998	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	96.8	94.2	9.0	0.3	1.0	0.1	-	0.3
Cannabis	19.5	97.8	45.3	3.0	5.0	0.6	-	1.3
Ecstasy	0.6	93.9	100	43.1	50.1	18.4	-	18.6
Cocaine	2.1	96.6	78.0	8.6	47.7	3.4	-	8.9
Amphetamines	0.6	94.3	64.2	22.7	41.5	17.1	-	23.6
LSD	-	-	-	-	-	-	-	-
Heroin	0.8	95.2	89.7	14.6	39.3	9.6	-	34.7
LTP/LYP	15-34							

Greece 1998	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	96.8	80.1	4.7	0.1	0.4	0.0	-	0.2
Cannabis	19.5	92.8	23.7	0.6	1.9	0.2	-	1.0
Ecstasy	0.6	87.8	100.0	19.6	25.4	6.1	-	12.2
Cocaine	2.1	94.9	63.6	3.5	17.8	0.0	-	7.1
Amphetamines	0.6	82.1	64.2	11.4	17.9	5.7	-	23.6
LSD	-	-	-	-	-	-	-	-
Heroin	0.8	90.2	74.4	0.0	15.1	4.8	-	24.7
LTP/LMP	15-34							

Greece 1998	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	89.9	-	9.4	0.2	1.0	0.1	-	0.2
Cannabis	5.9	98.3	-	2.9	10.2	1.2	-	3.0
Ecstasy	0.2	85.8	100.0	-	57.4	42.6	-	43.2
Cocaine	0.6	92.6	92.0	15.0	-	7.4	-	19.3
Amphetamines	0.1	66.7	100.0	100.0	66.7	-	-	66.7
LSD	-	-	-	-	-	-	-	-
Heroin	0.2	86.2	100.0	42.1	71.8	27.7	-	-
LYP/LYP	15-34							

Greece 1998	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	89.9	85.0	4.9	0.1	0.4	0.0	-	0.2
Cannabis	5.9	94.5	52.9	1.2	4.3	0.4	-	2.1
Ecstasy	0.2	85.8	100.0	49.7	28.4	14.2	-	28.4
Cocaine	0.6	88.9	80.3	7.4	38.8	0.0	-	15.4
Amphetamines	0.1	66.7	100.0	33.3	33.3	33.3	-	66.7
LSD	-	-	-	-	-	-	-	-
Heroin	0.2	71.8	85.6	42.1	29.7	13.8	-	71.2
LYP/LMP	15-34							

Greece 1998	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	77.5	-	5.6	0.1	0.4	0.0	-	0.2
Cannabis	4.6	93.6	-	2.4	8.2	0.8	-	4.0
Ecstasy	0.1	66.7	100.0	-	66.7	0.0	-	0.0
Cocaine	0.4	90.4	100.0	19.2	-	0.0	-	20.6
Amphetamines	0.0	100.0	100.0	0.0	-	-	-	100.0
LSD	-	-	-	-	-	-	-	-
Heroin	0.2	80.6	100.0	0.0	41.7	19.4	-	-
LMP/LMP	15-34							

Spain 1995	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	22.9	-	-	14.2	23.6	16.7	-	7.1
Ecstasy	3.5	-	92.4	-	65.1	61.5	-	31.5
Cocaine	5.8	-	93.3	39.6	-	46.5	-	25.5
Amphetamines	4.0	-	94.9	54	67.3	-	-	33.6
LSD	-	-	-	-	-	-	-	-
Heroin	1.7	-	97.1	66.1	88.0	80.1	-	-
LTP/LTP	15-34							

Spain 1995	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	22.9	92.8	60.7	9.9	14.2	8.0	-	4.4
Ecstasy	3.5	90.3	78.5	78.5	51.9	36.6	-	22.1
Cocaine	5.8	91.4	71.3	27.4	64.2	21.7	-	16.0
Amphetamines	4.0	91.0	77.6	40.8	47.8	58.9	-	22.4
LSD	-	-	-	-	-	-	-	-
Heroin	1.7	86.6	75.3	49.6	62.3	38.4	-	68.0
LTP/LYP	15-34							

Spain 1995	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	73.3	-	16.3	3.0	4.3	2.4	-	1.2
Cannabis	12.4	95.1	-	16.6	22.7	13.6	-	6.6
Ecstasy	2.4	91.8	84.4	-	56.8	47.8	-	25.8
Cocaine	3.3	95.6	87.5	42.9	-	35.2	-	22.4
Amphetamines	1.9	94.5	88.0	60.8	56.4	-	-	24.8
LSD	-	-	-	-	-	-	-	-
Heroin	1.0	87.8	83.0	65.1	75.5	50.1	-	-
LYP/LYP	15-34							

Spain 1997	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	90.9	-	34.7	5.2	6.0	4.6	-	1.0
Cannabis	31.9	98.9	-	14.8	16.3	13.1	-	2.7
Ecstasy	4.8	99.4	99.2	-	59.9	61.0	-	9.2
Cocaine	5.5	99.9	95.5	51.4	-	63.4	-	15.8
Amphetamines	4.2	99.2	97.7	66.2	80.2	-	-	16.6
LSD	-	-	-	-	-	-	-	-
Heroin	0.9	100.0	96.9	47.7	93.9	76.1	-	-
LTP/LTP	15-34							

Spain 1997	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	90.9	91.6	15.7	1.9	3.1	1.8	-	0.4
Cannabis	31.9	94.9	45.5	5.5	8.5	5.2	-	1.1
Ecstasy	4.8	97.2	74.3	37.1	38.5	26.5	-	4.5
Cocaine	5.5	95.1	64.3	19.0	53.3	25.5	-	5.8
Amphetamines	4.2	95.1	72.0	24.6	47.3	41.5	-	6.2
LSD	-	-	-	-	-	-	-	-
Heroin	0.9	86.2	67.8	21.8	40.8	22.4	-	39.5
LTP/LYP	15-34							

Spain 1997	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	90.9	72.7	9.2	0.7	1.6	0.5	-	0.2
Cannabis	31.9	84.5	26.7	2.0	4.4	1.5	-	0.6
Ecstasy	4.8	86.8	57.7	13.8	24.6	8.0	-	2.2
Cocaine	5.5	82.4	52.8	7.9	28.6	7.6	-	3.5
Amphetamines	4.2	82.7	60.0	11.3	29.1	11.9	-	3.7
LSD	-	-	-	-	-	-	-	-
Heroin	0.9	61.9	54.6	7.1	20.8	3.4	-	23.1
LTP/LMP	15-34							

Spain 1997	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	83.2	-	16.9	2	3.4	2.0	-	0.4
Cannabis	14.4	97.1	-	11.7	15.2	10.2	-	2.4
Ecstasy	1.7	97.1	96.4	-	51.1	41.8	-	9.7
Cocaine	2.8	98.5	77.3	31.6	-	46.2	-	8.5
Amphetamines	1.7	97.1	86.0	41.8	72.4	-	-	7.7
LSD	-	-	-	-	-	-	-	-
Heroin	0.3	95.9	100.0	48.3	67.2	39.8	-	-
LYP/LYP	15-34							

Spain 1997	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	83.2	79.3	9.8	0.7	1.8	0.6	-	0.2
Cannabis	14.4	88.0	59.3	4.3	8.6	2.8	-	1.4
Ecstasy	1.7	89.0	71.9	37.4	32.3	16.5	-	6.1
Cocaine	2.8	90.6	65.9	13.6	53.7	14.4	-	4.3
Amphetamines	1.7	90.8	73.1	21.1	41.8	29.2	-	4.0
LSD	-	-	-	-	-	-	-	-
Heroin	0.3	73.7	76.0	16.8	22.9	10.0	-	59.0
LYP/LMP	15-34							

Spain 1997	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	66.0	-	11.4	0.9	2.0	0.7	-	0.2
Cannabis	8.4	88.6	-	7.1	13.6	4.8	-	2.2
Ecstasy	0.6	94.1	73.0	-	47.8	30.3	-	9.2
Cocaine	1.5	89.8	77.0	19.6	-	17.6	-	3.4
Amphetamines	0.5	93.1	84.8	40.5	52.4	-	-	6.1
LSD	-	-	-	-	-	-	-	-
Heroin	0.2	79.9	94.7	29.2	30.8	20.1	-	-
LMP/LMP	15-34							

Spain 1999	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	28.6	-	32.4	5.2	5.6	3.7	-	0.7
Cannabis	28.6	98.9	-	15.1	17.0	11.3	-	2.0
Ecstasy	4.7	97.2	91.3	-	55.6	47.1	-	8.2
Cocaine	5.0	98.0	97.1	51.7	-	53.8	-	11.0
Amphetamines	3.3	98.4	97.8	66.2	80.7	-	-	14.5
LSD	-	-	-	-	-	-	-	-
Heroin	8.0	99.1	90.2	60.0	84.9	75.0	-	-
LTP/LTP	15-34							

Spain 1999	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	28.6	90.8	14.4	2.1	3.0	1.5	-	0.1
Cannabis	28.6	95.1	44.9	5.8	9.7	4.7	-	0.5
Ecstasy	4.7	92.3	68.4	42.2	38.0	21.1	-	2.6
Cocaine	5.0	94.6	67.6	17.8	58.1	22.5	-	2.4
Amphetamines	3.3	93.6	72.0	28.0	52.6	42.6	-	3.5
LSD	-	-	-	-	-	-	-	-
Heroin	8.0	99.1	63.6	32.8	49.8	31.7	-	22.0
LTP/LYP	15-34							

Spain 1999	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	28.6	75.8	8.9	0.9	1.6	0.5	-	0.1
Cannabis	28.6	87.1	28.1	2.0	4.8	1.5	-	0.3
Ecstasy	4.7	89.1	58.7	18.1	23.0	8.1	-	1.4
Cocaine	5.0	90.3	57.1	6.0	29.1	6.8	-	1.4
Amphetamines	3.3	90.7	62.6	9.5	30.8	13.8	-	2.2
LSD	-	-	-	-	-	-	-	-
Heroin	8.0	86.1	55.1	24.2	33.7	12.4	-	12.8
LTP/LMP	15-34							

Spain 1999	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	79.3	-	15.6	2.3	3.3	1.6	-	0.2
Cannabis	12.8	96.9	-	12.2	18.4	8.9	-	1.0
Ecstasy	2.0	93.7	79.1	-	41.5	36.1	-	4.8
Cocaine	2.8	94.9	84.7	29.6	-	38.0	-	4.4
Amphetamines	1.4	95.5	83.0	81.7	78.1	-	-	6.4
LSD	-	-	-	-	-	-	-	-
Heroin	0.1	95.7	90.6	69.9	89.3	64.6	-	-
LYP/LYP	15-34							

Spain 1999	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	79.3	83.5	9.6	0.9	1.7	0.5	-	0.1
Cannabis	12.8	92.5	63.4	4.0	10.0	3.0	-	0.5
Ecstasy	2.0	90.2	67.7	45.1	26.2	15.8	-	1.9
Cocaine	2.8	92.8	76.8	10.9	51.0	12.1	-	2.6
Amphetamines	1.4	94.4	78.1	21.1	47.2	32.5	-	3.2
LSD	-	-	-	-	-	-	-	-
Heroin	0.1	76.0	82.6	51.4	63.7	34.0	-	63.9
LYP/LMP	15-34							

Spain 1999	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	66.2	-	11.3	1.0	2.0	0.6	-	0.1
Cannabis	7.9	94.1	-	6.3	15.8	4.7	-	0.7
Ecstasy	0.8	83.6	59.8	-	25.4	22.3	-	4.5
Cocaine	1.4	96.8	89.6	15	-	20.1	-	5.2
Amphetamines	0.4	95.2	84.5	43.2	62.5	-	-	8.4
LSD	-	-	-	-	-	-	-	-
Heroin	0.1	57.7	69.3	48.7	92.3	48.7	-	-
LMP/LMP	15-34							

UK 1994	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	27.7	-	-	14.8	10.1	32.8	20.7	3.2
Ecstasy	4.8	-	93.5	-	33.2	71.4	64.3	12.6
Cocaine	3.1	-	90.7	47.7	-	64.7	53.2	20.1
Amphetamines	10.5	-	85.5	29.5	18.8	-	43.0	4.8
LSD	6.1	-	94.1	46.2	27.4	74.6	-	11.4
Heroin	0.9	-	96.5	59.3	69.0	54.4	76.2	-
LTP/LTP	15-34							

UK 1994	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	27.7	-	51.9	7.0	3.5	14.1	7.8	1.6
Ecstasy	4.8	-	74.3	46.3	16.8	43.1	30.2	6.1
Cocaine	3.1	-	65.3	25.3	32.6	32.6	23.1	10.6
Amphetamines	10.5	-	55.8	15.3	6.5	41.1	15.7	1.3
LSD	6.1	-	72.8	24.4	12.0	41.8	38.2	5.9
Heroin	0.9	-	77.5	38.4	37.3	29.3	44.8	48.9
LTP/LYP	15-34							

UK 1994	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	27.7	-	30.9	3.1	1.9	5.8	3.0	1.0
Ecstasy	4.8	-	60.5	19.9	9.6	18.8	12.6	3.6
Cocaine	3.1	-	55.4	13.5	16.9	17.4	12.1	7.4
Amphetamines	10.5	-	40.9	6.6	2.9	17.3	5.1	0.1
LSD	6.1	-	59.6	12.0	6.9	18.8	14.4	3.8
Heroin	0.9	-	67.4	27.5	27.7	17.6	32.1	30.0
LTP/LMP	15-34							

UK 1994	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	14.1	-	-	13.0	6.9	26.2	15.2	3.1
Ecstasy	2.0	-	92.1	-	28.1	65.0	53.7	13.3
Cocaine	1.0	-	98.9	56.1	-	55.7	52.5	31.0
Amphetamines	4.2	-	87.8	30.6	13.1	-	37.0	3.3
LSD	2.3	-	92.9	46.3	22.4	67.5	-	15.4
Heroin	0.4	-	100.0	59.1	69.1	31.0	80.4	-
LYP/LYP	15-34							

UK 1994	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	14.1	-	60.5	5.4	3.7	11.1	5.9	2.0
Ecstasy	2.0	-	81.0	43.3	18.9	32.2	22.6	7.7
Cocaine	1.0	-	92.1	38.3	53.6	29.6	33.7	23.2
Amphetamines	4.2	-	68.7	12.5	5.2	43.2	12.7	0.2
LSD	2.3	-	83.6	23.4	13.2	33.5	38.0	9.9
Heroin	0.4	-	95.6	41.2	51.6	20.1	60.8	62.5
LYP/LMP	15-34							

UK 1994	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	8.4	-	-	8.9	6.2	16.6	9.8	3.3
Ecstasy	0.8	-	88.3	-	33.2	44	40.1	16.8
Cocaine	0.5	-	100	54.3	-	25.5	56.5	43.7
Amphetamines	1.8	-	78.1	20.9	7.4	-	22.1	4.9
LSD	0.9	-	94.5	39.2	33.7	45.5	-	25
Heroin	0.3	-	100	52	82.7	3.5	79.2	-
LMP/LMP	15-34							

UK 1996	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	33.2	-	-	19.4	11.4	37.5	23.1	2.4
Ecstasy	7.2	-	92.3	-	37.2	82.4	67.2	10.1
Cocaine	3.9	-	96.6	66.5	-	84.4	67.1	17.5
Amphetamines	13.8	-	89.1	42.1	23.9	-	46.5	4.7
LSD	8.2	-	92.4	57.1	32.0	77.7	-	7.8
Heroin	0.8	-	93.8	84.9	81.5	77.8	76.6	-
LTP/LTP	15-34							

UK 1996	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	33.2	-	51.5	9.0	3.3	17.5	5.6	0.7
Ecstasy	7.2	-	73.8	46.2	13.8	51.9	20.5	3.0
Cocaine	3.9	-	67.8	26.0	29.1	42.4	16.5	4.6
Amphetamines	13.8	-	61.2	20	7.6	45.4	11.7	1.6
LSD	8.2	-	69.4	26.9	10.2	41.6	24.9	2.0
Heroin	0.8	-	65.9	18.3	17.8	27.3	15.6	29.5
LTP/LYP	15-34							

UK 1996	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	33.2	-	29.1	3.7	1.0	8.3	1.4	0.3
Ecstasy	7.2	-	54.7	18.9	4.3	30.5	6.2	0.9
Cocaine	3.9	-	49.1	10.2	8.9	28.1	2.2	1.6
Amphetamines	13.8	-	42.7	8.5	2.3	21.3	3.3	0.5
LSD	8.2	-	51.5	12.7	2.9	23.5	6.1	0.8
Heroin	0.8	-	48.6	6.9	9.6	19.9	9.6	10.4
LTP/LMP	15-34							

UK 1996	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	16.7	-	-	16.9	6.2	31.0	10.9	1.4
Ecstasy	3.1	-	90.3	-	17.4	77.5	37.8	2.9
Cocaine	1.1	-	93.3	49.4	-	71.1	25.2	6.6
Amphetamines	6.1	-	85.0	39.6	12.9	-	24.8	2.1
LSD	2.0	-	90.7	58.9	13.9	75.5	-	4.5
Heroin	0.2	-	93.1	36.7	29.8	53.3	36.9	-
LYP/LYP	15-34							

UK 1996	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	16.7	-	57.6	7.0	1.9	15.4	2.7	0.4
Ecstasy	3.1	-	70.0	41.6	4.2	76.8	12.2	0.5
Cocaine	1.1	-	77.3	22.2	31.0	47.0	4.1	3.1
Amphetamines	6.1	-	63.4	17.6	3.1	48.1	6.4	0.2
LSD	2.0	-	80.3	30.1	3.4	48.4	25.4	1.1
Heroin	0.2	-	90.8	9.2	6.9	44.3	28.0	35.1
LYP/LMP	15-34							

UK 1996	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	9.5	-	-	11.7	3.1	22.3	4.4	0.8
Ecstasy	1.3	-	86.1	-	6.6	64.1	23.6	0.9
Cocaine	0.3	-	86.7	25.0	-	38.5	20.1	3.4
Amphetamines	2.9	-	73.0	28.8	4.6	-	13.0	0.4
LSD	0.5	-	83.3	61.3	9	75.3	-	4.6
Heroin	0.1	-	86.6	13.4	13.4	13.4	26.7	-
LMP/LMP	15-34							

UK 1998	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	37.7	-	-	19.6	13.7	39.6	21.4	2.0
Ecstasy	8.0	-	95..8	-	43.8	85.8	65.7	7.1
Cocaine	5.3	-	95.9	62.6	-	82.6	58.1	11.4
Amphetamines	16.3	-	90.9	40.3	27.4	-	43.9	4.4
LSD	8.4	-	96.1	60.8	37.2	86.0	-	6.8
Heroin	0.8	-	94.9	66.5	74.8	88.4	70.7	-
LTP/LTP	15-34							

UK 1998	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	37.7	-	47.4	7.4	5.9	14.8	3.9	0.6
Ecstasy	8.0	-	73.0	37.0	24.2	44.8	17.4	2.1
Cocaine	5.3	-	71.1	28.6	43.2	43.2	11.7	3.4
Amphetamines	16.3	-	58.0	16.1	12.5	36.6	8.7	1.4
LSD	8.4	-	65.5	25.2	18.4	40.8	17.8	1.8
Heroin	0.8	-	61.1	19.9	34.2	33.4	6.4	30.0

UK 1998	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	37.7	-	28.2	2.8	1.8	7.3	0.4	0.4
Ecstasy	8.0	-	56.9	14.0	6.8	23.3	0.8	1.2
Cocaine	5.3	-	57.2	9.9	12.6	21.4	0.9	1.9
Amphetamines	16.3	-	41.0	6.2	4.0	17.1	1.0	0.9
LSD	8.4	-	52.6	8.4	5.8	22.9	2.0	1.1
Heroin	0.8	-	51.0	1.7	7.4	15.2	1.7	19.0
LTP/LMP	15-34							

UK 1998	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	17.6	-	-	15.5	12.0	28.3	8.2	0.9
Ecstasy	2.8	-	97.5	-	42.9	81.8	36.2	1.9
Cocaine	2.3	-	93.0	52.8	-	71.2	20.8	6.5
Amphetamines	5.8	-	85.1	39.2	27.7	-	22.7	2.6
LSD	1.5	-	97.1	68.2	31.9	89.2	-	0.9
Heroin	0.2	-	71.4	22.9	63.0	65.6	5.7	-
LYP/LYP	15-34							

UK 1998	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	17.6	-	60.1	5.8	3.6	14.1	0.9	0.6
Ecstasy	2.8	-	80.8	38.5	12.8	42.1	2.2	0.5
Cocaine	2.3	-	81.3	17.4	29.5	40.7	2.0	4.1
Amphetamines	5.8	-	67.0	14.9	8.2	47.7	2.9	1.7
LSD	1.5	-	85.7	30.8	9.4	61.9	11.5	0.9
Heroin	0.2	-	65.6	5.7	17.2	17.2	5.7	65.6
LYP/LMP	15-34							

UK 1998	Unconditional Prevalence (%)	Use%						
		Alcohol	Cannabis	Ecstasy	Cocaine	Amphetamines	LSD	Heroin
Alcohol	-	-	-	-	-	-	-	-
Cannabis	10.5	-	-	9.6	5.9	21.3	1.6	0.9
Ecstasy	1.1	-	95.1	-	20.0	52.6	5.6	1.3
Cocaine	0.7	-	92.4	31.8	-	56.3	4.9	2.0
Amphetamines	2.8	-	81.1	20.3	13.6	-	6.0	0.5
LSD	0.2	-	100.0	35.8	19.7	100.0	-	8.0
Heroin	0.2	-	65.1	8.7	8.7	8.7	8.7	-
LMP/LMP	15-34							