

## Chapter 2

### Drug and alcohol use among young people

This chapter looks in detail at what is known about the changing picture of drug and alcohol use among the young and complements a similar focus piece in the accompanying report on the state of the drugs problem in the European Union and Norway.

#### Main findings

The findings summarised in this chapter constitute only a part of what we know about the use of illicit drugs and alcohol among young people in the CEECs. It should be emphasised that the available information comes predominantly from students attending high schools; in the CEECs there has been no research into indicators of alcohol and illicit drug use in the most vulnerable groups of young people: those not attending schools and/or members of marginalised groups. This is the main weakness of the data presented.

Lifetime prevalence<sup>(4)</sup> of the use of both licit<sup>(5)</sup> and illicit drugs is the most commonly reported indicator (even if not necessarily the most informative either from the public health perspective or from the perspective of social risk). The two ESPAD studies for which results are so far available (Hibbell et al., 1997; 2000) show that lifetime prevalence of use of both alcohol and ‘any illicit drug’ increased markedly in the CEECs between 1995 and 1999. These findings have been confirmed by numerous local and national studies performed in nearly all of the CEECs as reported by their national focal points.

However, most 16-year-olds in the CEECs have never used illicit drugs and, among those who have, the vast majority have used only cannabis. On average, lifetime prevalence of illicit drug use by 16-year-olds in the CEECs is 19 %, ranging from 12 % in Romania to 35 % in the Czech Republic. On average, the lifetime prevalence of cannabis use by 16-year-olds in the CEECs is 16 %, ranging from 1 % of the surveyed population in Romania (although 8 % have tried smoking heroin at least once) to 34 % in the Czech Republic. In contrast, in almost all of the CEECs, more than 90 % of 16-year-olds have tried alcohol at least once, and nearly two thirds admit to having been drunk at least once in their life.

As regards attitudes to drug use among 16-year-olds in 1999, in all CEECs the percentage of young people who disapproved of getting drunk once a week was very similar

to the number who disapproved of experimenting with cannabis, although the actual rates of disapproval did vary between countries. This finding, already apparent from the limited data presented in the 1995 ESPAD study, is even clearer in the 1999 data set (Figure 4). This situation may reflect the increasing ‘normalisation’ of experimenting with cannabis (and of getting drunk) among young people.

In 1999, disapproval of ‘getting drunk’ was greater than or equal to disapproval of ‘cannabis experimentation’ in the Czech Republic, Latvia, Slovakia and Slovenia. Disapproval of cannabis experimentation was significantly higher than disapproval of alcohol use in Bulgaria, Hungary, Romania and Lithuania. In Estonia, the difference between the two ratings was statistically insignificant. Both disapproval ratings decreased in all countries for which data from both 1995 and 1999 are available, but especially those for cannabis experimentation. Given that alcohol use is culturally embedded in the CEECs, this could suggest that experimental and recreational use of cannabis will increase in the future among young people in these countries.

In any case, at least as far as attitudes are concerned, we can clearly distinguish a trend of rapidly increasing social acceptance of cannabis experimentation among young people in the CEECs. This trend is very similar to that experienced by the current Member States only a few years ago.

In two CEECs, disapproval of psychotropic substance use, and particularly cannabis use, is much lower than elsewhere. In the Czech Republic and Slovenia, the percentage of 16-year-olds who disapprove of experimenting with cannabis or getting drunk once a week is less than 50 % of the surveyed population (Figure 4B). These findings have been confirmed in other national as well as local studies and they fit well with the fact that lifetime prevalence of cannabis use is also highest in these two countries. Lifetime prevalence of any alcohol use is also higher than the CEEC average in the Czech Republic (98 %) and Slovenia (91 %), with the Czech Republic showing the highest level of all the CEECs. Thus, the Czech Republic is one of the three European countries which, according to ESPAD, have the highest lifetime prevalence of

(4) Lifetime prevalence is a cumulative indicator of the total number of people who have ever tried drugs, including many in the distant past; by definition, such use cannot be reversed (EMCDDA and Hartnoll, 2002e).

(5) Tobacco and alcohol; only the latter will be discussed in this chapter.

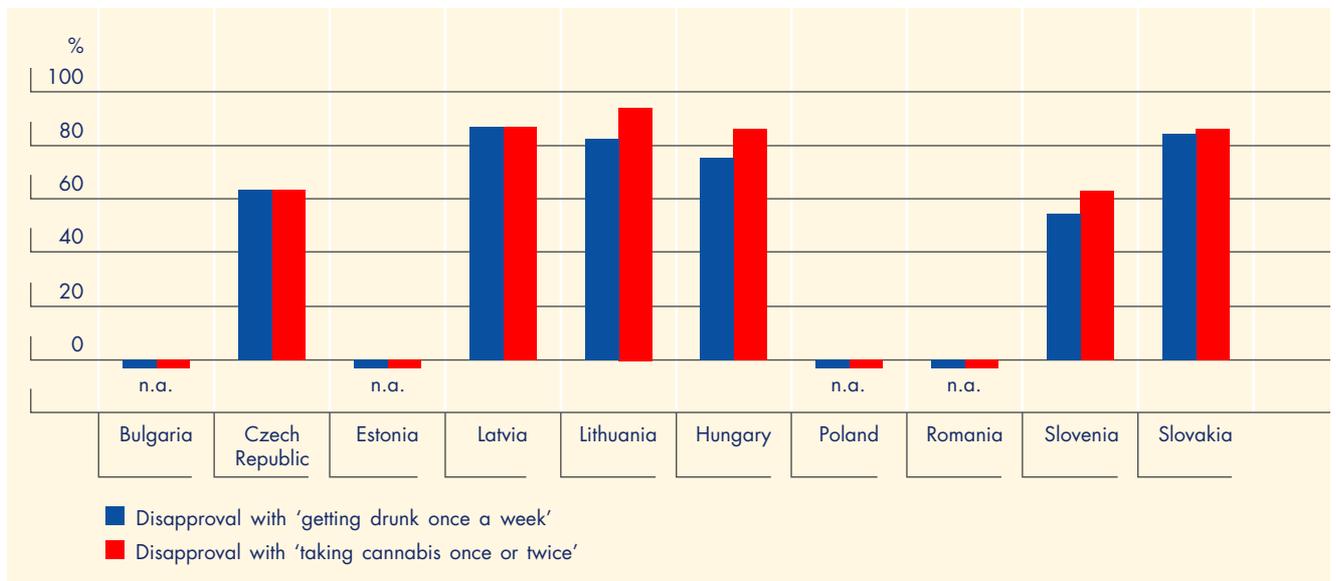
alcohol use (the other two are Denmark and Greece), whereas the figure for Slovenia is slightly above the ESPAD average of 89 %.

All CEECs have in place a large number and wide range of primary prevention initiatives, including the provision of sport and music facilities, mass media campaigns, distribution of educational materials and school and community programmes. However, considering the recent increase in the prevalence of lifetime use of psychotropic substances among young people and the corresponding

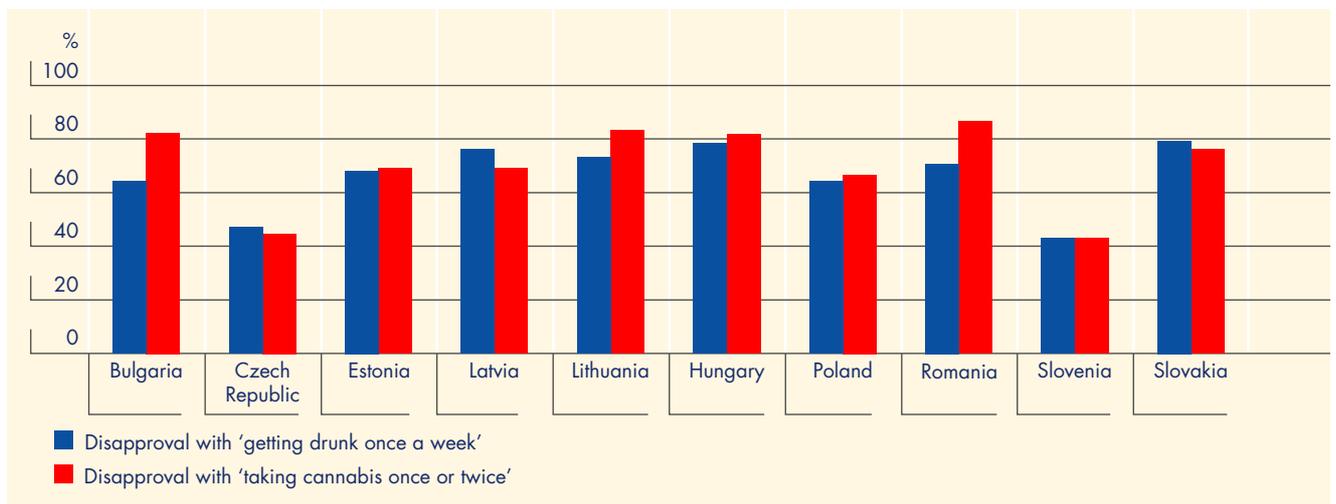
decrease in negative attitudes to their use described above, the effectiveness of primary prevention measures could be questioned. In practice, very little is known about the quality and effectiveness of prevention programmes in the CEECs. Moreover, there is a great deal of confusion about terminology: there is no general consensus as to whether the term 'drug (primary) prevention' describes only activities that specifically target drug use or if it also encompasses initiatives that promote a 'healthy lifestyle' in general, in other words, support for activities that are alternatives to drug use.

**Figure 4:** Disapproval of weekly drunkenness and cannabis use among 16-year-olds.

**Figure 4A:** 1995



**Figure 4B:** 1999



Source: ESPAD school survey project (1995 and 1999).

Primary prevention is by far the most popular measure in the drug field in the CEECs (see, for example, Kenis et al., 2001); however, evaluations of primary prevention initiatives are usually limited to a listing of activities, persons/children involved in the activities, and in some cases also the costs of the initiative. This further supports the need for promotion of an evaluation culture, but it also highlights the opportunities for the CEECs to benefit from progress made by EU Member States in this field during the last decade.

## Comparative analysis of available data

### Prevalence, trends and patterns of use

According to ESPAD studies, lifetime prevalence of use of alcohol and illicit drugs increased in all CEECs between 1995 and 1999. Although the increase in lifetime prevalence of alcohol use was relatively small (but it should be borne in mind that levels were already high, around 90 %, in all CEECs in 1995), the lifetime prevalence of illicit drugs increased significantly in all CEECs without exception. Among the countries for which results from both 1995 and 1999 ESPAD studies are available, the greatest increases occurred in Lithuania (eightfold — from 2 to 16 %), Latvia (fourfold — from 5 to 21 %) and Hungary (threefold — from 4 to 13 %).

More important from the public health perspective is the increase in high-risk patterns of use of both alcohol and illicit drugs.

### Alcohol

According to the WHO (1999), '[...] with the exception of the far eastern part of the region (e.g. the Islam-influenced republics of the former Soviet Union), countries in the European region have the highest adult prevalence of drinking in the world'. Indeed, some of the total values for recorded and unrecorded <sup>(6)</sup> alcohol consumption per person in the CEECs are striking (Table 1).

Traditionally, alcohol is widely accepted as a part of social activities among adults in the CEECs, and, understandably, the attitudes of young people reflect this.

According to Csémy et al. (2000), the average calculated consumption of 16-year-old heavy drinkers <sup>(7)</sup> in the Czech

Republic is 9.8 litres of pure alcohol (ethanol) per year — a level very similar to the average annual per capita consumption (10.2 litres).

An indicator that reflects the ability of minors to obtain large quantities of alcohol, 'being drunk up to 13 years of age', is also examined in the ESPAD studies. The value of this indicator in 1999 was highest in Romania (22 %), followed by Estonia and Slovenia. Starting to drink at a young age is generally considered to be an important indicator of future substance use, school failure and delinquent behaviour (see, for example, Ellickson et al., 2003).

The number of 16-year-olds who can be described as 'experienced drinkers' (defined as having consumed alcohol on 40 or more occasions in a lifetime) increased substantially in all countries except Hungary. The highest relative increases occurred in Lithuania <sup>(8)</sup>, Estonia <sup>(9)</sup> and Slovenia <sup>(10)</sup>, while the highest percentage of experienced drinkers was found in the Czech Republic <sup>(11)</sup> (Figure 5).

An emerging trend that is even more serious from the public health perspective is a clear increase in high-risk

**Table 1: Alcohol consumption per person in the CEECs (litres of pure alcohol per year)**

Country	Recorded consumption	Estimated unrecorded consumption (where available)
Bulgaria	6.8	n.a.
Czech Republic	10.2	n.a.
Estonia	2.4	6.0
Hungary	9.4	10.1
Latvia	7.1	14.2
Lithuania	12.0	6.5
Poland	6.2	1.5
Romania	9.5	n.a.
Slovenia	11.7	7.5
Slovakia	8.3	n.a.

Source: 'World drink trends 1999' and 'Health for all' database, WHO Regional Office for Europe; quoted in Rehn et al. (2001).

<sup>(6)</sup> Unrecorded alcohol consumption (i.e. consumption of illicit and/or home-made alcoholic beverages) values are included only when available.

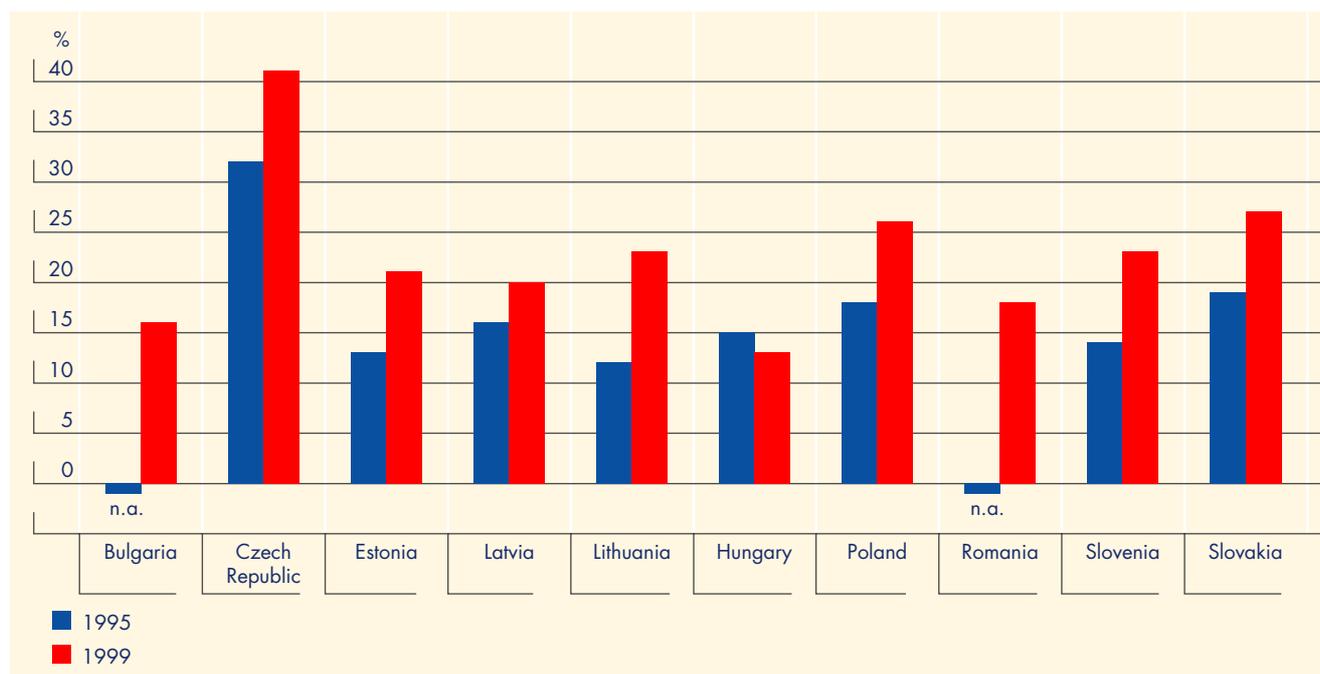
<sup>(7)</sup> In the case of 16-year-olds, Csémy defined 'heavy drinking' as drinking alcoholic beverages containing in total at least 100 millilitres of pure alcohol (ethanol) on three or more occasions in one month.

<sup>(8)</sup> From 12 % in 1995 to 23 % in 1999.

<sup>(9)</sup> From 13 % in 1995 to 21 % in 1999.

<sup>(10)</sup> From 14 % in 1995 to 23 % in 1999.

<sup>(11)</sup> From 32 % in 1995 to 41 % in 1999.

**Figure 5:** Percentage of 16-year-olds who have consumed alcohol on 40 or more occasions in their lifetime

Source: ESPAD school survey projects (1995 and 1999).

patterns of alcohol use, so-called 'binge drinking'. For some young people ('heavy drinkers') alcohol consumption is no longer just a social activity, but instead alcohol is valued also for its relaxant effect, being used to forget worries, calm down and 'chill out' — a development seen also in the United Kingdom and elsewhere (see, for example, Egginton et al., 2002). In other words, alcohol is appreciated for its 'mind-altering', psychotropic effects.

The pattern of binge drinking associated with the highest risks is frequent drinking of large amounts, a pattern that is risky not only from the medical point of view but also because of the risk of violence associated with it. Alcohol may be more likely than other drugs to be a contributory factor in acts of violence (Secretary of Health and Human Services, 2000). Among the CEECs, the greatest increase in the indicator 'consumption of five or more drinks on six or more occasions in the last 30 days' was found in Poland (up from 4 % in 1995 to 19 % in 1999) (Figure 6). This is an important indicator of very frequent high-risk 'binge' drinking. The highest value of this indicator in 1999 was also found in Poland, followed by Slovenia (14 %), which also experienced a sharp increase.

## Illicit drugs

### Overview

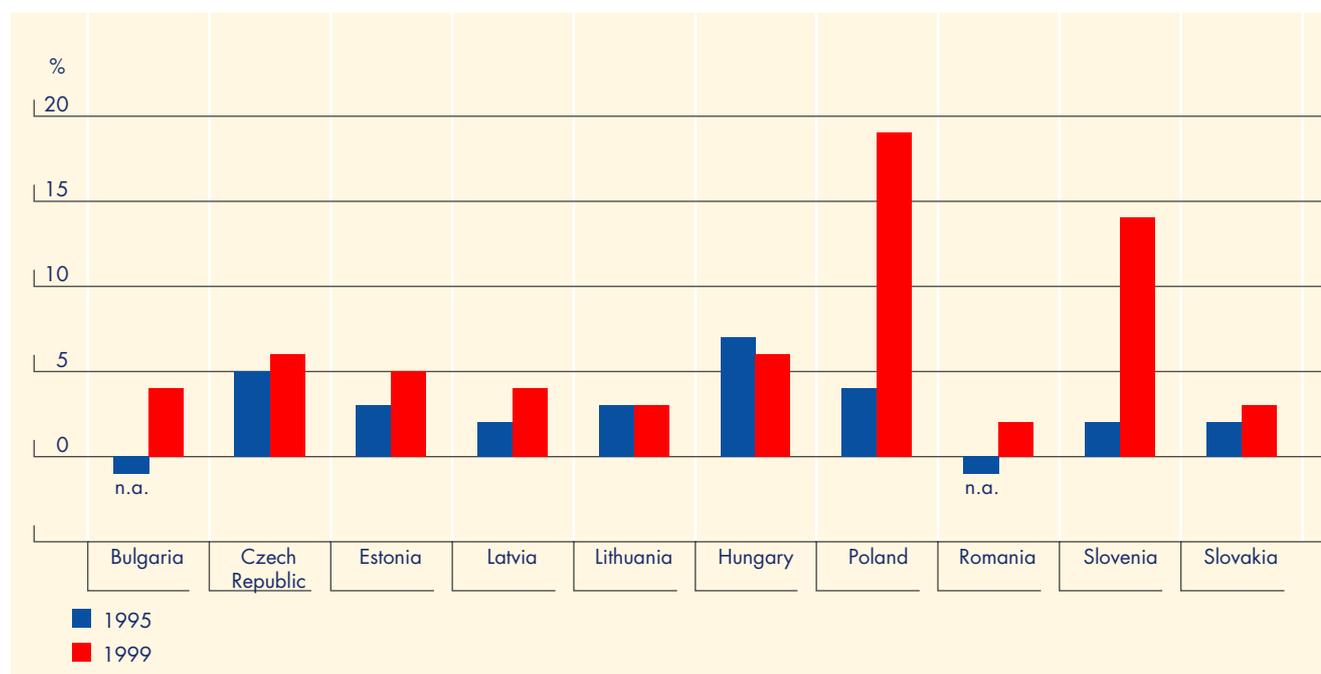
In the CEECs, surveys on illicit drugs are more common than those targeting alcohol <sup>(12)</sup> (or both licit and illicit

drugs). However, many of these studies do not meet the standards for sampling procedures or for the use of appropriate methods to address the questions to be answered. Further efforts are required to implement European standards in order to achieve better comparability at both national and international level.

Increases in the indicator of lifetime prevalence of use (of any illicit drug) found in the ESPAD studies have already been described and thoroughly analysed in the two previous EMCDDA reports dealing with the drug situation in the CEECs (EMCDDA, 2001; 2002a). Where new studies are available at either a national or regional level, they confirm that the trend in lifetime prevalence of cannabis use has continued upward since 1999. In addition, in some countries, e.g. Bulgaria and the Czech Republic (see Mravčík and Záborský, 2001), there has been a decrease in the use of 'hard drugs', i.e. opiates/heroin, amphetamines and cocaine, and sometimes also a decrease in solvents abuse.

A study of drug use among 15- to 16-year-olds carried out in the Bulgarian capital, Sofia, in 2001 found the lifetime prevalence of any illicit drug use in this group to be 27.2 % (compared with 14 % according to ESPAD 1999). Again, cannabis was the most commonly used drug (26.9 % admitted to having tried cannabis compared with 11 % of this age group in Bulgaria as a whole in 1999). In addition, lifetime ecstasy use was

<sup>(12)</sup> The exceptions are the WHO coordinated studies 'Health behaviour in school-aged children' (see, for example, Settertobulte et al., 2001).

**Figure 6:** Percentage of 16-year-olds reporting having consumed five or more drinks on six or more occasions during the last 30 days

Source: ESPAD school survey projects (1995 and 1999).

significantly higher than in Bulgaria as a whole in 1999 — 4 % compared with 1 %. Nevertheless, there was no increase in lifetime prevalence of use of drugs associated with the highest risk patterns of use; cocaine use remained stable at 2 % and a decrease in the lifetime prevalence of heroin use among schoolchildren in Sofia was found compared with national ESPAD 1999 results.

In Lithuania, a new ESPAD-based study was carried out in vocational schools (schools that train students for particular careers) in the capital, Vilnius, in 2001, with the results showing a substantial increase when compared with the 1999 national data (Table 2).

### Drugs use, dance and young people

Awareness of the importance of the phenomenon of recreational drug use is increasing in the CEECs — a chapter was devoted to this topic in last year's annual report on the drug situation in the CEECs (EMCDDA, 2002a) <sup>(13)</sup>. The new information that is available suggests that experimental and recreational use of 'dance drugs', especially ecstasy, among young people is continuing to increase, especially among party-goers. In addition, according to research conducted since 1999, the popularity of cannabis is not decreasing — a trend that remains to be confirmed or refuted by the 2003 ESPAD study.

The highest lifetime prevalence <sup>(14)</sup> of ecstasy use among 16-year-olds in the CEECs is found in Latvia (6 %), followed by Lithuania, the Czech Republic and Slovenia (4 % in each case), and use among party-goers in the CEECs differs little from that elsewhere in the EU. A study conducted in Prague and six capital cities in the EU in 1999–2000 (Tossmann et al., 2001) as well as a number of other recent studies of the recreational drug scene, conducted in various settings and employing both quantitative and qualitative methodologies, have produced similar results (see, for example, Kubů et al., 2000; Demetrovics, 2001; Allaste and Lagerspetz, 2002).

In Hungary, data from two studies were compared in all age groups, lifetime prevalence was higher (by a factor of 1.5–2) among a population surveyed in places of entertainment in Budapest (Demetrovics, 2001) than in a secondary school student population (ESPAD 1999). However, when those born between 1981 and 1984 were excluded from the analysis, lifetime prevalence among party-goers was found to be 76.3 %, three times that found in the population as a whole (25.3 %).

In 2001, the WHO conducted a study of ecstasy users in Estonia, mostly students and schoolchildren living with their parents <sup>(15)</sup>. According to the preliminary results of the

<sup>(13)</sup> Also covered by EMCDDA's *Drugs in focus 6* (EMCDDA, 2002f).

<sup>(14)</sup> Used at least once during one's lifetime.

<sup>(15)</sup> The study, 'Ecstasy and young people', was led by John Marsden and conducted within the framework of the WHO global research programme on amphetamine-type stimulants (ATS) to examine ecstasy use among young people aged 16–25. The total sample size was 100.

study, young people start to use ecstasy at an early age, mostly at the weekends. During the three-month period before the study, approximately one sixth of the sample surveyed had used ecstasy once a week and about one third had used it two or three times a month. The results of the study also revealed that young people who use ecstasy are likely to be polydrug users, consuming various drug combinations including some of the following substances: alcohol, cannabis, amphetamine, gamma-hydroxybutyrate (GHB), cocaine and ketamine (quoted in Talu and Hammer-Pratka, 2002).

## Health and social consequences

### Alcohol

Generally, there is agreement among CEEC experts that since the fall of the communist regimes, and the consequent removal of taboos surrounding public discussion of drug use, the emergence of new illicit drugs has drawn the attention of the public (and to some extent also scientists) away from alcohol-related issues. This development has been accompanied by increased underestimating of the association between drug and alcohol use.

No recent research into the harmful effects of alcohol use in young people was described in the national reports of the CEECs to the EMCDDA.

Regarding alcohol-related mortality, among young people aged 12–18, only two deaths due to alcohol overdose were reported from the CEECs, both in Estonia. However, available data show that a number of deaths occurred in the presence of alcohol — usually attributable to consumption of psychoactive medicines (such as benzodiazepines). In general, data regarding alcohol-related deaths in the CEECs are almost non-existent.

Recently, interest has been aroused in the relationship between early onset of alcohol (ab)use and abuse of cannabis and more harmful drugs. Csemy and Nešpor (2002a,b) analysed the ESPAD data, and found a correlation between (ab)use of licit and illicit substances. This has led to some discussion about primary prevention principles and about the relevance for prevention of the legal status of different substances (see also Mioviský, 2003). In a study in Slovakia that analysed national ESPAD data (Nociar and Miller, 2002), it was found that students who rapidly developed alcohol tolerance were more likely than others to have used illicit drugs. This finding was true

**Table 2: Lifetime prevalence of illicit drug use in Lithuania, 1999, and Vilnius, 2001 (%)**

Narcotic/psychotropic substance	Vilnius vocational schools			ESPAD 1999		
	Overall	Boys	Girls	Overall	Boys	Girls
Any	44.1	48.6	38.2	15.5	21.0	9.6
Marijuana/hashish	32.2	41.5	20.1	11.9	17.4	6.1
Amphetamine	11.5	13.9	8.3	1.5	1.9	1.0
LSD	6.1	8.4	3.2	1.4	2.9	0.7
Ecstasy	4.5	5.5	3.2	4.4	6.4	2.3
Cocaine	3.0	4.0	1.7	1.1	1.3	0.8
Crack	0.6	1.1	—	0.3	0.5	0.1
Heroin by smoking	10.6	13.2	6.6	4.1	4.9	3.3
Heroin consumed by other methods	2.9	3.8	1.7	0.7	1.0	0.3
Injection	2.5	3.5	1.1	0.5	0.6	0.4
Alcohol together with pills	9.4	10.4	8.0	6.5	7.2	5.6
Alcohol together with marijuana	12.9	16.3	8.3	4.6	7.2	1.8
'Magic mushrooms'	0.7	1.3	—	0.3	0.5	0.1
Anabolic steroids	3.2	5.1	0.9	0.8	1.4	0.2

Source: Lithuanian annual report 2002 and ESPAD school surveys project. Both studies used ESPAD methodology.

even after taking into account levels of alcohol consumption.

## Illicit drugs

### Problem drug use

School surveys usually reveal little about high-risk patterns of illicit or problem drug use because the prevalence of this behaviour is very low in this environment, i.e. below the statistical sensitivity of the surveys. The only indicator that can be used to illustrate higher-risk patterns of drug use is 'any drug by injection'. In both the 1995 and 1999 ESPAD surveys, levels of this indicator were between 0 and 1 % in all the CEECs, with only insignificant changes either way over the four-year period.

### Solvent abuse

Very little is known about the nature and scale of recent solvent abuse by young people in the CEECs, or about the resulting harmful effects. One reason for this is the status of solvents as licit substances and another is the fact that solvents are predominantly abused by the very young and/or marginalised populations who are not reached by routine monitoring systems or research. Solvent abuse is clearly an area where more and better information is essential, especially because, where data about fatal overdoses are available (e.g. in the Czech Republic), solvents rank highly among the causes of death.

### Ecstasy and amphetamine-type stimulants (ATS)

An important finding of the Estonian research in the recreational drug use setting (quoted in Talu and Hammer-Pratka, 2002) was that half of the respondents in the sample group fulfilled the criteria of dependency. Furthermore, their access to information, counselling and treatment was very limited. The results of the study also found that these young people were exposed to a risk of harm resulting from their (poly)drug use. The high dependence rate (assessed according to DSM-IV criteria) suggests that there is an urgent need to establish a system of services for users of synthetic drugs.

In 2001, one ecstasy-related death was reported from the Czech Republic. A 27-year-old man died of an overdose after swallowing a PMA (para-methoxyamphetamine) pill that he bought as 'ecstasy' in Germany. In Slovenia, two ecstasy-related deaths were reported in 2001: one person died from brain oedema (a possible MDMA-induced side-effect) and the other died of heat stroke. There were more non-fatal emergency cases of brain oedema connected with MDMA use in Slovenia in 2001, but they were successfully treated in hospital.

Slovenian research on ATS concluded that the use of synthetic (and other drugs) in Slovenia by young people is risky owing to the frequency and chaotic nature of use. Young party-goers often mix different drugs (37.4 % of the sample) or combine drugs with alcohol (21.0 % of the sample). Almost half of the research sample (42.8 %) reported having consumed a mixture of ecstasy and amphetamines.

## Demand and harm reduction responses

### Alcohol

#### Legal control of alcohol

In only three CEECs — the Czech Republic, Slovakia and Slovenia — are there no licensing laws related to alcohol (Rehn et al., 2001) and all outlets have the right to sell and serve alcohol. This probably accounts for the high degree of acceptance of alcohol use in these three countries. In all other CEECs, a licence is required <sup>(16)</sup>.

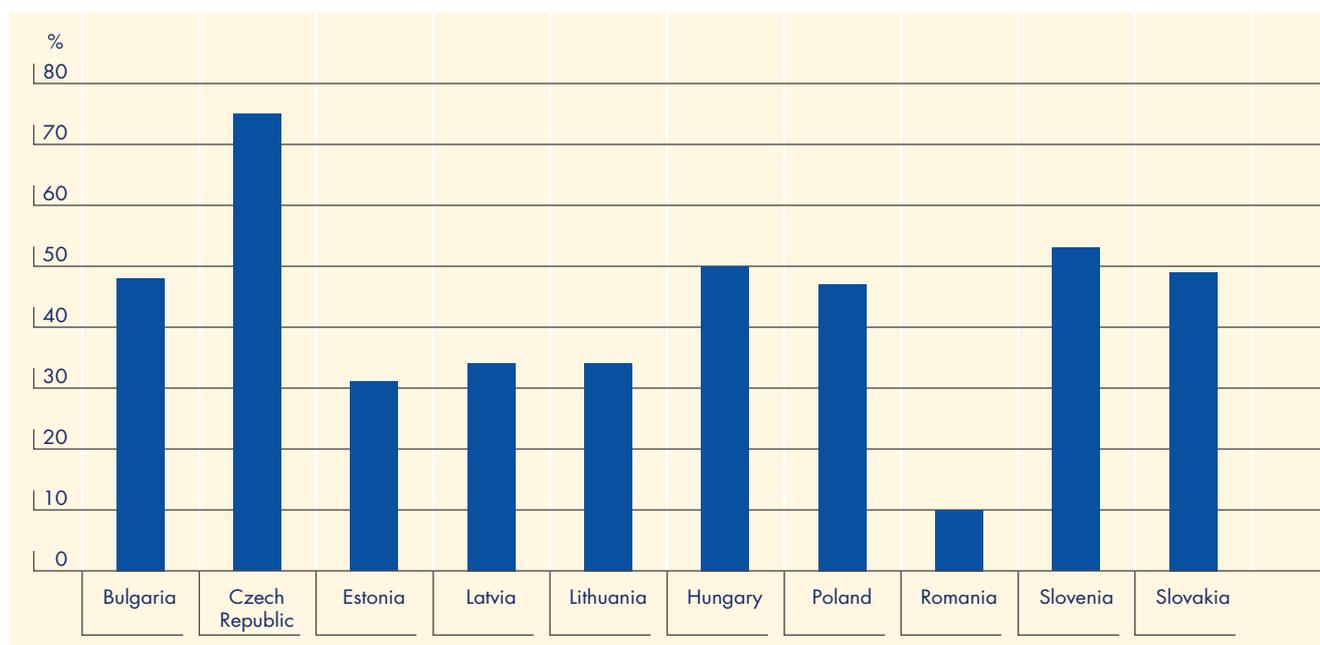
In all CEECs, there are legal restrictions on the sale of alcohol to people under 18, with variations in the severity of sanctions. Little information is available regarding the extent to which such laws are enforced.

An interesting study of 1999 ESPAD data analysed the extent of enforcement of under-age drinking laws and public (dis)approval of drinking among 16-year-olds. The total number of respondents who answered 'bar, pub', 'disco' or 'restaurant' <sup>(17)</sup> in reply to the indicator 'drinking places of the last drinking day' was very similar to the lifetime prevalence of alcohol consumption, suggesting that most alcohol consumption by under-age drinkers takes place in public places. Enforcement of alcohol laws seems to be weakest by far in the Czech Republic, which also shows the most lenient public attitudes to under-age drinking. Again, Slovenia is the second country in this regard (Figure 7).

Restrictions on alcohol advertising are also an important factor in preventing early onset of drinking as well as its acceptance. In stable and saturated markets, the main role of advertisements is to ensure that old consumers are replaced by new ones and that educational messages do not diminish alcohol consumption. Alcohol advertising presents alcohol consumption as a safe and problem-free practice, playing down the potential health risks and negative consequences. Through its messages, alcohol advertising maintains the social desirability of drinking,

<sup>(16)</sup> As is the case in all current Member States except Austria and Spain (Rehn et al., 2001).

<sup>(17)</sup> These are all the public places where alcohol can be sold. Other possible answers to the question of where alcohol is consumed are 'at someone else's home,' 'street, park, beach', 'other places' and 'never been drinking'.

**Figure 7:** Drinking in commercial enterprises among 15- and 16-year-olds

Source: ESPAD school survey project (1999).

ignores the adverse effects of alcohol use on individual and public health and challenges prevention objectives. These indirect effects alone are sufficient to justify the need to control the volume and content of alcohol advertising (Rehn et al., 2001). Restrictions on alcohol advertising in the CEECs are shown in Table 3.

### Prevention of alcohol use

No systematic information is available from the CEECs regarding initiatives targeted at young people to prevent tobacco and alcohol use. A rare example comes from Hungary and takes the form of kindergarten programmes that are linked to the developmental psychological needs of the relevant age group and formulate drug prevention targets ('Heart — Treasure chest', 'Adventures in the land of fragrances', etc.). Such programmes highlight the dangers of legitimate drugs (mainly smoking) in the context of health promotion, and they mostly use communication of knowledge as the main tool. As a positive feature, they require children's active involvement and they have proved to be effective. Kindergarten programmes are also reported from Slovenia.

In Slovenia, a school-based primary prevention programme targeting alcohol use in youth, called 'Alcohol? Adults may have the influence', is being piloted in the capital, Ljubljana, and two other regions of the country. The methodology is based on the results of pre-testing

in all targeted groups (parents, teachers, pupils) and the programme will be rolled out throughout Slovenia in 2003/04.

Slovenia also provides an example of an attempt to introduce an innovative systematic approach to school-based health prevention, based on good practices found throughout Europe and identified by international organisations and experts. The initiative<sup>(18)</sup> takes a 'holistic approach' to psychotropic substances and covers nine main areas (see online box 1).

In countries that are members of the Organisation for Economic Cooperation and Development (OECD), and thus in which advertising of spirits is banned, alcohol consumption is approximately 16 % lower than in countries where no such bans are in place. In countries where advertising of beer and wine is also banned, alcohol consumption is about 11 % lower than in countries where only spirits advertising is banned. Fatalities in motor vehicle accidents are about 10 % lower in countries in which spirits advertising is banned and about 23 % lower in countries where beer and wine advertising is also banned. It has been shown that a five-minute increase in exposure to alcohol advertising increases alcohol consumption by young people by 5 g a day (Rehn et al., 2001).

<sup>(18)</sup> The programme should receive final approval and be introduced during 2003.

**Table 3: Restrictions on alcohol advertising in the CEECs, 2002**

Country	Spirits				Table wine				Beer			
	TV	Radio	Print media	Billboards	TV	Radio	Print media	Billboards	TV	Radio	Print media	Billboards
Bulgaria	Restricted											
Czech Republic	Voluntary code											
Estonia	Restricted											
Latvia	Banned	Banned	Restricted									
Lithuania	Restricted	Restricted	?	?	Restricted	Restricted	?	?	Restricted	Restricted	?	?
Hungary	None											
Poland	Banned											
Romania	Restricted											
Slovenia	Banned											
Slovakia	Banned	Banned	Restricted	Restricted	Banned	Banned	Restricted	Restricted	Voluntary code	Voluntary code	Voluntary code	Voluntary code

Source: Based on Rehn et al. (2001) as updated by national focal points.

## Illicit drugs

Drug prevention programmes focused (exclusively) on illicit substances are far more widespread in the CEECs.

All available national reports prepared by Reitox national focal points (see <http://candidates.emcdda.eu.int>) cite a full array of prevention initiatives, including school-based programmes, peer programmes, telephone help lines and, more recently, community-based programmes.

Nevertheless, only in a very small number of cases does the information provided extend further than quantification of the number of people who have been exposed to the programme(s) with no scientific evidence of any benefit. Despite this, a few examples indicating a nascent culture of evaluation of preventative activities can be listed <sup>(19)</sup>.

The major methodological problem that needs to be mentioned here is that, in all CEECs, school surveys fail to target the youth groups at greatest risk — the socially marginalised or excluded. This fact obviously reduces the reliability of such surveys. Although all of the countries have ‘special’ <sup>(20)</sup> elementary schools for so-called disadvantaged children, and qualitative information suggests that abuse of illicit drugs, alcohol and solvents is substantially higher in this group than in the population as a whole (see, for example, Grund et al., 2000), to date no research into this issue has been carried out in the CEECs.

In the Czech Republic, a study entitled ‘Influencing attitudes against use of drugs and other addictive substances’ was carried out by the Hygienic Station Teplice (Ševčík, 2001). A sociological survey was conducted in three districts at two time points to determine attitudes to drug use. In only one of the districts were prevention initiatives (following the principles of community-based prevention) implemented during the study period. The results showed an increase in disapproval of drug use in the district where prevention was delivered compared with two other districts. The outcome of this study lends support to those who believe in the positive effects of complex community-based prevention programmes.

Some evaluation has also been carried out regarding the preventative role of sport activities in childhood, most recently in Slovakia and Hungary.

Okruhlica et al. (2001) administered a simple questionnaire survey to heroin users and, as controls, a random sample of high-school students. They found no statistically significant difference between the groups, in either males or females, in terms of history of sports activities up to the age of 15.

Vingender and Sipos (2001) examined the relationship between sports and smoking, alcohol use and drug use. The authors divided a sample of 1 103 secondary school students into four groups (those performing at a competitive level; those for whom sport was a leisure pursuit; those who

<sup>(19)</sup> See also the Hungarian 2001 evaluation of school prevention programmes described in EMCDDA and Olszewski et al. (2002: 13).

<sup>(20)</sup> Pupils from the ethnic minorities and other marginalised groups are over-represented in such schools.

used to do sports but had stopped by the time of the study; and students doing no sports), and compared the intensity of use of various substances in the different groups. They found that taking part in sports activities does not protect against substance use, but that giving up sport is associated with drug use and could be predictive of future drug use (Vingender and Sipos, 2001). However, the correlation is not strong, and step-by-step regression analysis was unable to add any sports-related variables to the model of drug use.

Recreational users whose drug consumption occurs principally in places of entertainment constitute another important target for effective prevention. In the recreational setting, the use of both licit and illicit drugs is widely accepted, although 'addiction' and/or problem drug use remains frowned upon (see, for example, Allaste and Lagerspetz, 2002).

Neither general 'education' campaigns nor measures aimed specifically at problem drug users have had an impact on drug users in the techno and dance scene. In addition, it is difficult to carry out a focused campaign because of the social diversity of such users. One possible setting for a targeted campaign could be places and social events where young people who are potential users of 'new synthetic drugs' meet, i.e. raves, parties, dance events, dance clubs, etc.

The Czech Republic, Estonia, Hungary, Latvia and Slovenia report targeted prevention efforts in this environment. In Estonia in 2000, efforts were made to target recreational users, especially female party-goers, and to provide them

Programmes aimed at preventing illicit drug use or problem drug use should only be part of a wider curriculum designed to prevent problems associated with the use of all psychoactive substances, including alcohol and tobacco.

According to recent estimates from the WHO, in Europe and other developed countries, alcohol and tobacco account for a much larger proportion of disease and disability than illicit drugs: more than 21 % compared with less than 2 % respectively (Ezzati et al., 2002).

Prevention programmes aimed at young people need to take into account the strong overlaps between smoking, drinking and illicit drug use in youth culture, and particularly between intoxication from alcohol and from drugs. In view of these links, there is a risk that a narrowly based illicit drug prevention approach will lack credibility among young people (Room, 2003).

with realistic information about the dangers of drug overdose and the potential harmful effects of so-called recreational drugs. The initiative attracted criticism and was not repeated in 2001. However, the other CEECs continue to develop specialised services according to local needs.

In Hungary, a programme for safe entertainment venues was developed and launched, with the primary aims of reducing drug use in music and dance clubs and discos and of managing health risks resulting from drug use. Subsequently, the Hungarian Association for Safe Entertainment Venues was formed.

Of all the CEECs, only the Czech Republic conducts harm reduction activities in this setting. This involves on-the-spot (qualitative) pill testing combined with quantitative testing of pill samples and publication of results on the Internet.

## Conclusions

From the rather patchy information available regarding alcohol and illicit drug use among young people and relevant responses in CEECs, we can draw the following conclusions:

- Although lifetime prevalence of cannabis (and probably ecstasy) use is still increasing in the countries for which new data are available, the situation regarding use of higher-risk drugs such as heroin and amphetamines among 16-year-olds is much less clear.
- Alcohol use in young people is widespread in the CEECs, and the prevalence of high-risk 'binge drinking' is increasing.
- Neither licit nor illicit drug use among marginalised groups (outside school or in special schools) receives sufficient attention in the CEECs.
- The importance of the phenomenon of recreational drug use for interventions and drug policy as a whole is increasingly recognised in the CEECs, although a clear consensus on appropriate intervention strategies in this area does not exist.
- In some countries, the link between illicit and licit drugs use is attracting increasing attention. Among 16-year-olds in most of the CEECs, disapproval of weekly drunkenness and cannabis experimentation is more or less equal.
- Evaluation of prevention activities in the CEECs remains patchy.
- Laws intended to protect children and young people from alcohol use are often poorly enforced.