ESPAD 2015

European
Schools
Project on
Alcohol &
other Drugs
in Ireland

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Foreword

This report is based on the 2015 European Schools Project for Alcohol and Other Drugs (ESPAD) Survey carried out in Ireland and is the sixth Irish data-collection wave of ESPAD. It is based on data from more than 1,400 Irish students surveyed in 2015. The most important goal of the ESPAD survey is to monitor trends in alcohol and other drug use among 15-16 year-olds and to compare trends between countries and groups of countries. It also provides the opportunity to observe the changes in these trends in Ireland over the six waves in the past 20 years.

Over the years, about 500,000 European students have answered the ESPAD questionnaire. The first ESPAD report, with data from 1995, included information from 26 countries including Ireland, while the sixth report expected in September 2016 contains results from more than 40 countries. ESPAD has become an increasingly important source of information about young people's substance use.

The ESPAD project was initiated in 1993 by the Swedish Council for Information on Alcohol and Other Drugs (CAN) as a follow-up of a test of a European school-survey questionnaire funded by the Pompidou Group at the Council of Europe in a pilot study in 1986–1988. ESPAD also has an established contact with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon. This co-operation has deepened in later years and has included support for data collection, analysis and reporting as well as the hosting of an ESPAD Project Meeting.

Work on this report would not have been possible without financial support from the Irish Dept. of Health tender for Research Services for the European Schools Service Project on Alcohol and Other Drugs (ESPAD) 2015. We acknowledge the support of Dr Zubair Kabir, UCC, and special thanks to Prof Mark Morgan, DCU, who offered sound advice and generous support all through the project. We have tried to emulate the exemplary approach he has shown during his long tenure as ESPAD PI for Ireland. We would also like to express our gratitude to all those who made this report possible, including teachers, research assistants and others who helped us with the data collection and especially the Irish school students throughout the country without whom there would be no survey.

Dublin, June 2016

Luke Clancy

D.G. TobaccoFree Research Institute Ireland

Table of Contents

ESPAD NATIONAL REPORT

Introduction

This report is based on data gathered for the European Schools Project for Alcohol and Other Drugs (ESPAD) Survey carried out in Ireland in 2015. The ESPAD survey takes place concurrently every four years in more than 35 European countries and is based on a common set of questions and methodology. This series of studies began in 1995 following an initiative by the Swedish Council for Information on Alcohol and Other Drugs (CAN) to connect with researchers in other European countries, including Ireland, with a view to conducting a common survey on the usage of tobacco, alcohol and illegal drugs in the school-going population. The main aim of the ESPAD survey is to monitor trends in alcohol and other drug use among 15-16 year-olds and to compare trends between countries and groups of countries. In doing so, researchers compile a large database of information that can play an integral role in the planning and implementation of future initiatives and policies. The 2015 data collection wave marked the 20th anniversary of the first ESPAD survey and Ireland has participated in every phase of data collection since the launch in 1995 (Hibell et al, 1997, 2001, 2004; Morgan et al., 2008, 2012).

Background

The health impacts of tobacco, alcohol, and substance use, on both individuals and society at large, are widely established (Bachman et al., 2013; Degenhardt & Hall, 2012; Shedler & Block, 1999). The negative effects of excessive substance use are universally recognized and addressed through a number of strategies at local, national, and international levels (Eriksen et al., 2013; Strang et al., 2012; WHO, 2014). In order to continually generate effective and relevant policy, it is crucial for policy makers to have access to rigorous, up-to-date data on substance use trends. Monitoring tobacco, alcohol, and drug use among young people, in particular, is vital as it has proven to be a rapidly changing phenomenon with varied implications (Johnson et al, 2010).

For example, alcohol consumption among teenagers has been associated with physical health issues, mental health issues, and key risk-taking behaviours such as aggressive behaviour, driving while under the influence, and/or unprotected sex (Bomono et al., 2001; Swahn et al., 2004; Wells et al., 2004). Tobacco use among young people has long been established as a predictor of continued tobacco use, which remains one of the leading causes of preventable disease worldwide. Illicit drug use among young people has been associated with adult drug-use, psychosis, behavioural problems, and antisocial behaviour (Arseneault et al., 2002; Eaton et al., 2010; Van Os et al., 2002). In Ireland, a number of studies have monitored substance use among young people over the past two decades. However, the two main longitudinal studies operating in Ireland have been the Health and Behaviour of School-Aged Children Study (HBSC) and the ESPAD study.

The HBSC study is a cross-sectional, longitudinal study conducted in collaboration with the World Health Organisation (WHO) Regional Office for Europe. The study targets school-going children between the ages of 9-18 and aims to gain insights into their health, well-being, and

social contexts. Data collection occurs every four years throughout most European countries, including Ireland. To date, surveys have been conducted in 1998, 2002, 2006, 2010, and 2014. The most recent data collection wave found a decrease in alcohol and tobacco use among the target population, mirroring the downward trend in previous HBSC data collection waves (Gavin et al., 2013; 2015).

Similar results were found in the 2011 ESPAD data collection waves in Ireland. An overall decrease in tobacco use was reported, along with an increase in those who had never tried cigarettes. More students had tried alcohol; however, there was a decrease in those who used alcohol regularly. Cannabis use remained consisted with previous years, while there was a substantial drop in students who had tried inhalants.

SAMPLE & METHODS

of the ESPAD survey in Ireland, 2015

ESPAD

The European School Survey Project on Alcohol and Other Drugs
www.espad.org

> Describes the prevalence of the use of various substances by 15-16 year olds

> Monitors trends in behaviours in Europe over the past 20 years

> Examines relevant influences on these behaviours

ESPAD sample

1,493 students took part
students were born in 1999
15 or 16 years old
in 3rd, 4th & 5th year

50 schools took part
Schools were stratified by
geographical region
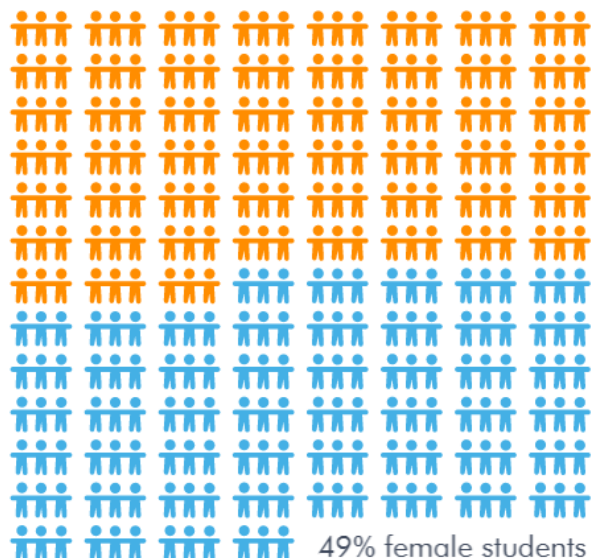school type
religious affiliation
gender
disadvantage status
and selected randomly

ESPAD in Ireland was consistent with surveys conducted in 35 other European countries

ESPAD topics included

- demo-graphics
- cigarette smoking
- drinking alcohol
- cannabis use
- use of other drugs
- internet, gaming & gambling

ESPAD sample by gender

51% male students

49% female students

1. Methodology

Aims of the Study

The main purpose of the European School Survey Project on Alcohol and Other Drugs (ESPAD) is to collect comparable data on substance use among European students aged 15 and 16 in order to monitor trends within, as well as between, countries. The 2015 wave of the ESPAD survey marked the sixth occasion that Ireland has participated in this collaborative international project. Additional aims of the project include:

- to describe the prevalence of the use of alcohol and other drugs among students born in 1999 (aged 15-16 years old);

- to compare prevalence and other relevant influences with ESPAD data gathered over the past twenty years;

- to provide the opportunity for comparison between European countries regarding substance use; and

- to indicate main trends in substance use over time.

Sample and Recruitment

The target population of the study was students born in 1999, who were 15-16 years old at the time of the survey. A list of all secondary schools in Ireland was compiled from Department of Education statistics office (Education.ie, 2014). The schools were then divided into geographic region based on Ireland's regional authorities: Border, West, Midlands, Mid-East, Dublin, South-Easy, South-West, and Mid-West. A proportional number of schools from each region was calculated, as was a proportional number of schools based on school type (secondary, vocational, community/comprehensive), religious affiliation (catholic, church of Ireland, inter-denominational), gender (boys, girls, mixed), and school-level disadvantage status (DEIS vs. non-DEIS). Schools were randomly arranged in a list and selected incrementally (every third, fourth, etc.) based on the total number of schools required from the region. Totals were calculated in each of the stratification categories and adjustments were made in required areas (i.e. DEIS status) by returning to the list and taking the next available school on the list after the rejected school.

In April 2015, a random sample of 233 post-secondary schools was identified. Principals from each school were mailed a personalized letter via post introducing the ESPAD study and explaining its purpose, along with a letter from the Department of Health in support of the project. We also sent this information to all principals via email when available. We asked all principals to return an enclosed postcard (stamped and addressed) with the name of a cooperating / coordinating teacher who would be the point of contact for participation. In

School type	Number of schools
Voluntary Secondary	122
Vocational	82
Community	29
Total	*233*

Table 1.1: Number of schools sampled

the initial letter to principals, it was emphasized that participation was voluntary but appreciated.

Among the participating schools, staff including teachers, principals, and additional staff (administrators, language staff, etc.) were very willing to engage in the research process. They found the topic interesting and were eager to administer the survey in their schools. Most teachers commented on the 'easy' administration instructions, though a few found the duration of the survey too long for their students. Many staff, however, highlighted that we were administering at a particularly difficult and busy time of year for schools as examinations and end of year tasks were looming.

Unfortunately, we had a large number of schools who did not respond to our attempts to contact them regarding their participation in this study. Out of those who did not participate, only four declined the research directly. The remaining 179 did not respond to any of our emails, phone calls or written correspondence regarding the study. This was undoubtedly the result of our administration time frame falling late in the school year. As a result, many schools were already entrenched in the 'end of year' activities including exams, field trips, and additional off-campus activities. Of the schools that openly refused participation, they all cited the time of year as the main reason for refusal. One school also mentioned research fatigue, having already participated in a large, school-based survey that year. With more time to prepare for fieldwork, we are assured that we would have more success with recruitment and participation. Out of 233 targeted schools, we had a final school-level sample of 50 schools. However, the schools that did agree to participate were diverse and largely representative of young people born in 1999 in Ireland. There was a slight under-representation of Dublin-based schools, as well as a slight over-representation of vocational schools in the sample. However, the gender split and the number of socio-economical 'disadvantaged schools' (as designated by the state) was representative.

Among schools who agreed to participate, a cooperating teacher was identified, as per previous ESPAD administrations. This strategy aims to streamline the data collection process by appointing a key liaison and reducing the amount of coordinating and involvement required by administrators (Morgan 2008, 2012). Upon receipt of the cooperating teacher's contact details, we established contact either by phone or email to provide additional information regarding the project; specifically, we informed teachers about the targeted sample.

The majority of students born in 1999 were in the 4th year in school (frequently in Transition Year). However, there were also targeted students in 3rd and 5th year. Following the lead of previous EPSAD administrations, the following strategy was adopted: in every participating school, one 4th year class was selected. Then, in half the schools, a third year class was selected and in the other half, a fifth year class was selected. The ultimate aim was to target two classes in each school, including a 4th year and either a 3rd year or a 5th year. A somewhat flexible approach was adopted during the process,

School Type	Participating schools	Participating classes
Voluntary Secondary	24	45
Vocational	20	28
Community	6	10
Total	50	83

Table 1.2: Number of participating schools & classes

allowing schools to determine which of the additional class (3rd or 5th) they were able to target depending on testing, extracurricular activities and off-campus field trips. Table 1.1 shows the number of schools targeted for the study, according to stratification criteria, and Table 1.2 displays the number of schools who participated in the study.

After making contact with the cooperating teacher, we determined the number of students in 4th class and one of the other participating classes (3rd or 5th), as well as the target administration date, and we mailed the cooperating teacher a package with the following enclosed:

· Information sheets for parents and students

· Non-consent forms for parents

· Questionnaires

· Envelopes for completed questionnaires

· A manual for the cooperating teacher, outlining administration instructions

· A pre-paid return envelope for completed questionnaires[1]

Cooperating teachers confirmed an administration date and were responsible for administering the questionnaire in their school. The instructions to cooperating teachers emphasised the following: (1) participation was voluntary: no-one was required to participate if they did not wish to be involved; (2) it was important that the students take the completion of the questionnaire seriously; and (3) it was crucial that they realise that their responses are confidential and anonymous. After completing the questionnaire, they returned the data (in individually sealed envelopes) to TFRI for processing. Survey data was collected from 2,036 young people in Ireland from 50 randomly selected post-primary schools.

ESPAD 2015 Questionnaire

The basic ESPAD questionnaire is agreed by an international committee and all countries use this same instrument. However, individual countries are allowed to make amendments and additions that are specifically related to their unique national circumstances. This section provides an overview of the 2015 questionnaire, including mention of the modifications that were unique to the Irish measure. A full version of this questionnaire is included in Appendix 2.

Section 1: Introduction/Demographics

The first section of the questionnaire concerned demographic and related background information, including age, gender and average grade in school performance. Other questions related to pastimes, including hobbies, reading and sports.

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[1] Copies of these documents are included in Appendix 1

Section 2: Cigarette Smoking

This section included questions on cigarette smoking, including lifetime use and current frequency. It also questioned ease of access to cigarettes, the perceived risk of smoking occasionally or heavily, and the age at which respondents started smoking. Questions regarding the use of e-cigarettes were also included; in particular, the reason for first using an e-cigarette and the respondents' tobacco-smoking habits at the time they started using e-cigarettes.

Section 3: Alcohol Consumption

The third section focused on alcohol consumption, including the number of occasions the respondent had drank alcohol over their lifetimes, during the last year and during the last month. Other questions related to the age of their first drinking experience, particular alcoholic beverages consumed during the last 30 days and peer drinking and drunkenness. A number of questions focused on the last occasion that the respondent had consumed alcohol, including the amount drunk, where the alcohol was obtained and the extent to which they felt drunk on this occasion. Other questions asked about the number of times of feeling drunk (lifetime, last year, last month) and whether or not respondents had experienced a range of consequences of alcohol consumption. Finally, they were asked where they consumed the alcohol on the last occasion when they drank.

Section 4: Cannabis Use

This section the number of occasions used during the lifetime, the previous 12 months and the previous 30 days, the age of initiation, perceived ease of access to cannabis, the perceived risk of trying cannabis once or twice and using it occasionally and regularly. Cannabis refusal skills were explored by asking how many times the respondent has had the opportunity to use marijuana without using it. The questionnaire also included the 7-item Cannabis Abuse Screening Test (Legleye, Karila, Beck & Reynaud, 2007) in order to assess cannabis-related problems and items on cannabis cliques and peer cannabis use.

Section 5: Illicit Drug Use

This section included a number of questions regarding the use of illicit substances, such as ecstasy, cocaine, heroin, amphetamines, methamphetamines, crack, magic mushrooms, LSD, anabolic steroids, GHB. Respondents were also asked about their use of legal substances in order to 'get high', such as tranquilisers without a prescription, inhalants, painkillers and alcohol with pills, and new psychoactive substances (NPS or 'legal highs'), lifetime and 12-month use, perceived ease of access, perceived risk and age of initiation.

Ethical Issues

Obtaining informed consent is a standard ethical procedure in human based research. It involves making participants aware of the nature of the research and disclosing information to enable them to make an informed decision regarding participation. In order to properly inform participants about the nature of the research and their rights are participants, it is important to provide all stakeholders with targeted and accessible information. All principals, teachers, and students were provided with population-tailored information sheets prior to survey

administration. All parties were informed that participation was voluntary, anonymous, and confidential. Parents were provided with a non-consent form, allowing them to opt-out of the research if they were uncomfortable with their child's participation. Students were also informed that they could skip any questions that they did not want to answer and that the survey was not a test, nor part of any mandatory coursework. Given the potentially sensitive nature of some of these questions, students were provided with envelopes along with their surveys. After they completed the measure, they sealed their responses in an envelope, ensuring that other students and/or teachers could not see their answers. Prior to commencing field work, ethical approval was granted from Dublin Institute of Technology's Ethics Committee.

Data Analysis

Data was entered manually into SPSS v22 by a team of researchers. Data entry began in May 2015 and continued through July 2015. All data was entered exactly as it appeared in the survey. Data entry was cross-checked via double entry for 20% of surveys. The dataset was cleaned and respondents with high levels of missing responses or patterns of extreme, low-frequency responses (or 'mischievous responders') were removed (see Appendix 3). All descriptive statistics were calculated in SPSS v22.

2,036 surveys were completed by young people from 50 randomly selected post-primary schools and received by the TobaccoFree Research Institute. Of these participants, 1,493 were born in 1999 and will be included in the international ESPAD dataset. Once the dataset was cleaned and 'mischievous responders' or non-responders were removed, 1,472 were retained for analysis. This included 752 male students (51.1%) and 720 female students (48.9%).

Chi-square tests and T-tests were used to test differences between groups and the reported results are accompanied by appropriate measures of effect size.

2. History of ESPAD in Ireland 1995-2011

One of the main objectives of the ESPAD project is to track changes in substance use over time. To date, there have been six survey waves with data collection taking place every four years from 1995, with a consistent methodological approach. Twenty countries have participated in all waves, including Nordic countries (Denmark, Finland, Iceland, Norway, Sweden, Faroe Islands), Eastern Europe (Croatia, Czech, Estonia, Hungary, Lithuania, Poland, Slovak Rep, Slovenia, Ukraine) and Southern Europe (Cyprus, Italy, Malta, Portugal), as well as Ireland. Data from these twenty countries were combined centrally by ESPAD to produce the trend average (ESPAD 20).

The ESPAD 20 data for use of various substances was compared to Ireland's data from each wave from 1995 to 2011, in anticipation of the latest 2015 data. These key substances and behaviours were 30-day alcohol consumption, heavy episodic drinking, current smoking and lifetime use of cannabis, inhalants, tranquilisers and other substances. The data was also broken down by gender, although the gender differences in each European country were obscured in the ESPAD 20 average.

Alcohol use

Alcohol use over the past 30 days in ESPAD 20 and Ireland was compared, revealing little change overall for ESPAD 20 since 1995 but a large decline for Ireland. Alcohol use in Ireland peaked in 1999 at 74% and in ESPAD 20 in 2003 at 61%. A much higher proportion of youth drank alcohol in Ireland than in ESPAD 20 until 2003, after

Alcohol use past 30 days						
Year	**Ireland**			**ESPAD 20**		
	Male	*Female*	*All*	*Male*	*Female*	*All*
1995	69%	69%	69%	58%	53%	56%
1999	73%	75%	74%	62%	57%	60%
2003	71%	74%	73%	63%	59%	61%
2007	57%	56%	56%	59%	58%	58%
2011	48%	52%	50%	58%	53%	56%

Table 2.1: Alcohol use in the past 30 days since 1995 by gender in Ireland and ESPAD trend average

which there was a steep decline among Irish youth. By 2011, the prevalence of alcohol use among Irish youth was 50%, much lower than that of ESPAD 20 countries, which remained at 56%. A continued decline can be expected among Irish youth for 2015.

While male students in ESPAD 20 had a consistently slightly higher prevalence of alcohol use than female students, there were smaller differences between male and female students in Ireland. In 1999, 2003 and 2001, more female students drank alcohol, while in 2007, more male students did.
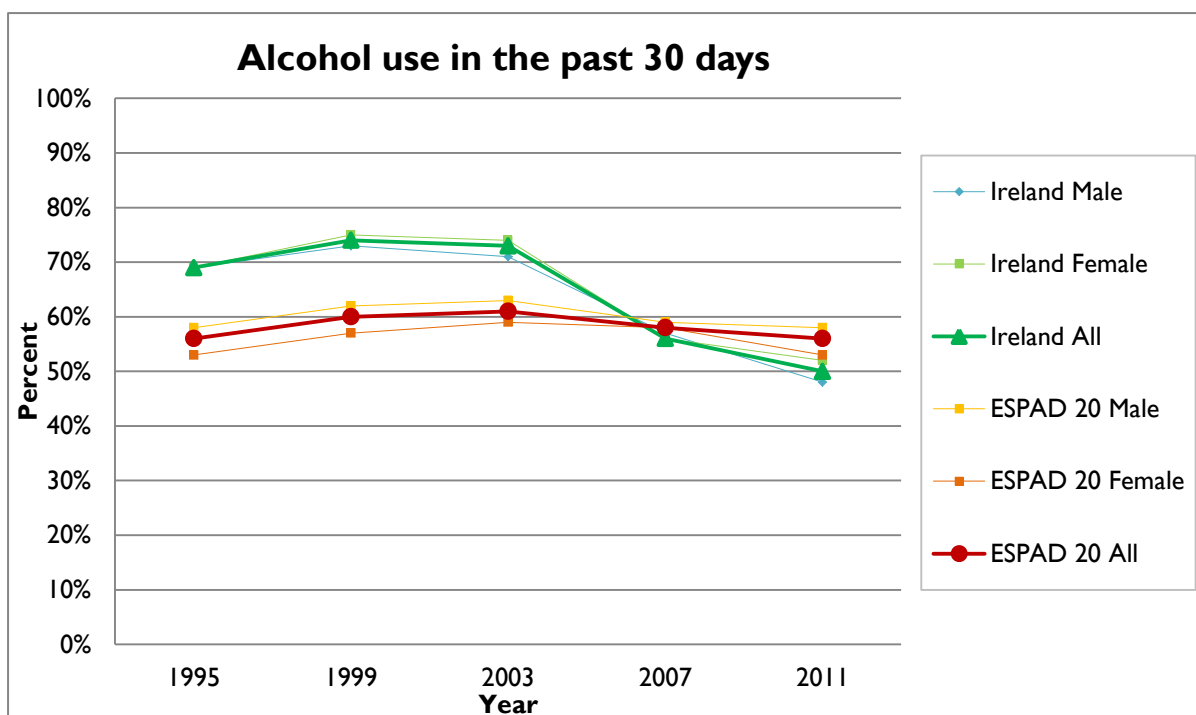
Figure 2.1: Alcohol use in the past 30 days since 1995 by gender in Ireland and ESPAD trend average

Heavy episodic drinking

Heavy episodic drinking was examined and an overall increase was found for the ESPAD 20 average from 35% in 1995 to 41% in 2011. In Ireland, this behaviour increased between 1995 and 1999 and was constant between 1999 and 2003, in parallel with data for ESPAD 20. Although data was missing

Heavy episodic drinking past 30 days						
Year	**Ireland**			**ESPAD 20**		
	Male	*Female*	*All*	*Male*	*Female*	*All*
1995	52%	42%	47%	41%	29%	35%
1999	57%	56%	57%	46%	34%	40%
2003	57%	57%	57%	45%	35%	40%
2007	-	-	-	45%	41%	43%
2011	40%	41%	40%	43%	38%	41%

Table 2.2: Heavy episodic drinking in the past 30 days since 1995 by gender in Ireland and ESPAD trend average

for Ireland for 2007, a steep decline was observed between 2003 and 2011, a reduction from 57% to 40%. While the average prevalence of heavy episodic drinking for ESPAD 20 increased, there was an overall decline in Ireland, with the prevalence in 2011 reaching a lower figure than for ESPAD 20 for the first time. A continued decline in Ireland is anticipated in 2015.

There were marked gender differences in heavy episodic drinking, with more male students participating in this behaviour than female students. In ESPAD 20 this was maintained throughout all survey waves, although the gender gap has closed to some extent, particularly between 2003 and 2007. In Ireland, female students have been participating in heavy episodic drinking almost as much as male students since 1999 and even had a slightly higher rate in 2011.
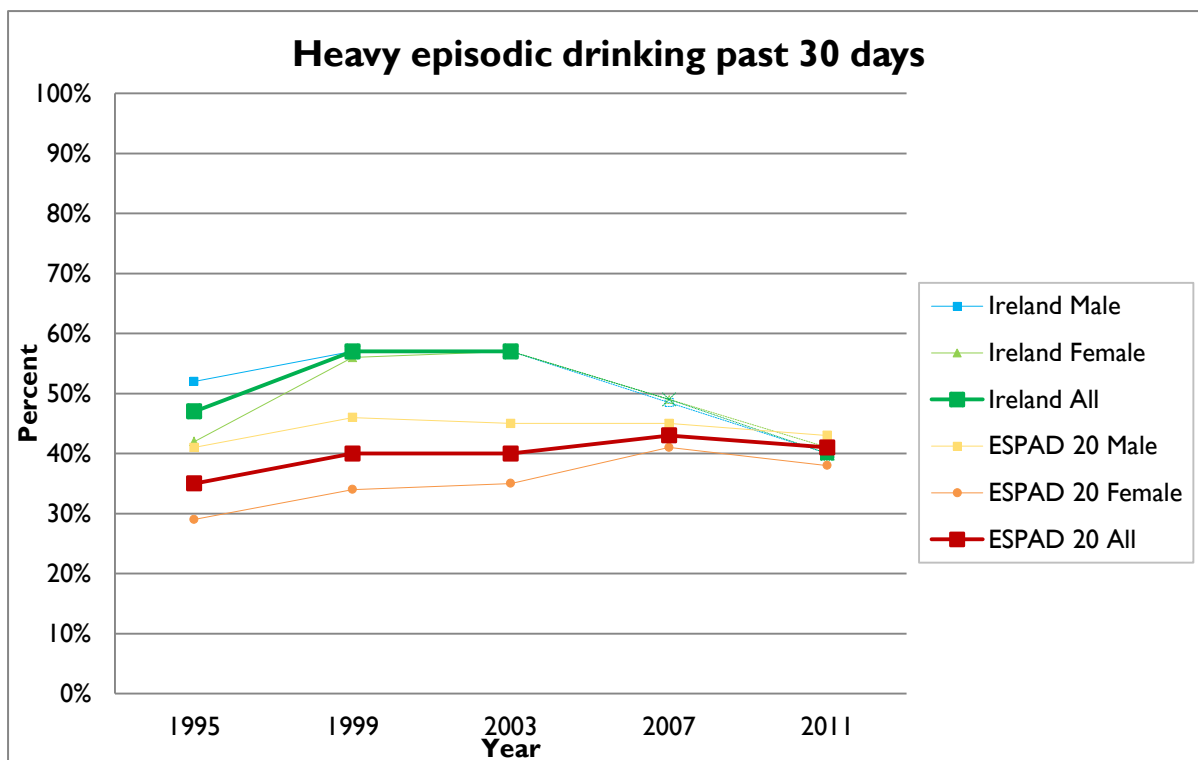
Figure 2.2: Heavy episodic drinking in the past 30 days since 1995 by gender in Ireland and ESPAD trend average

30-day cigarette use

In 1995, Ireland had a 30-day smoking prevalence of 41%; much higher than the ESPAD 20 average of 32%. However, Ireland has also demonstrated a clear decline in smoking with a prevalence of 21% in 2011. There was a particularly steep decline between 2003 and 2007, the period when the Smoke-Free Workplaces legislation was introduced. The ESPAD 20 average increased to 35% between 1995 and 1999 before declining to 28% in 2007.

Cigarette use during the last 30 days						
Year	**Ireland**			**ESPAD 20**		
	Male	*Female*	*All*	*Male*	*Female*	*All*
1995	37%	45%	41%	34%	30%	32%
1999	32%	42%	37%	37%	34%	35%
2003	28%	37%	33%	35%	33%	34%
2007	19%	27%	23%	28%	29%	28%
2011	19%	23%	21%	30%	29%	29%

Table 2.3: Current cigarette use since 1995 by gender in Ireland and ESPAD trend average

Slightly more male than female students smoked in the ESPAD 20 average, while in Ireland, consistently more female than male students smoked. The difference was smaller in 2011 than in previous years, as the smoking rate for male students did not decline between 2007 and 2011. A continued decline in smoking prevalence is expected in Ireland, with a reduction in gender differences.
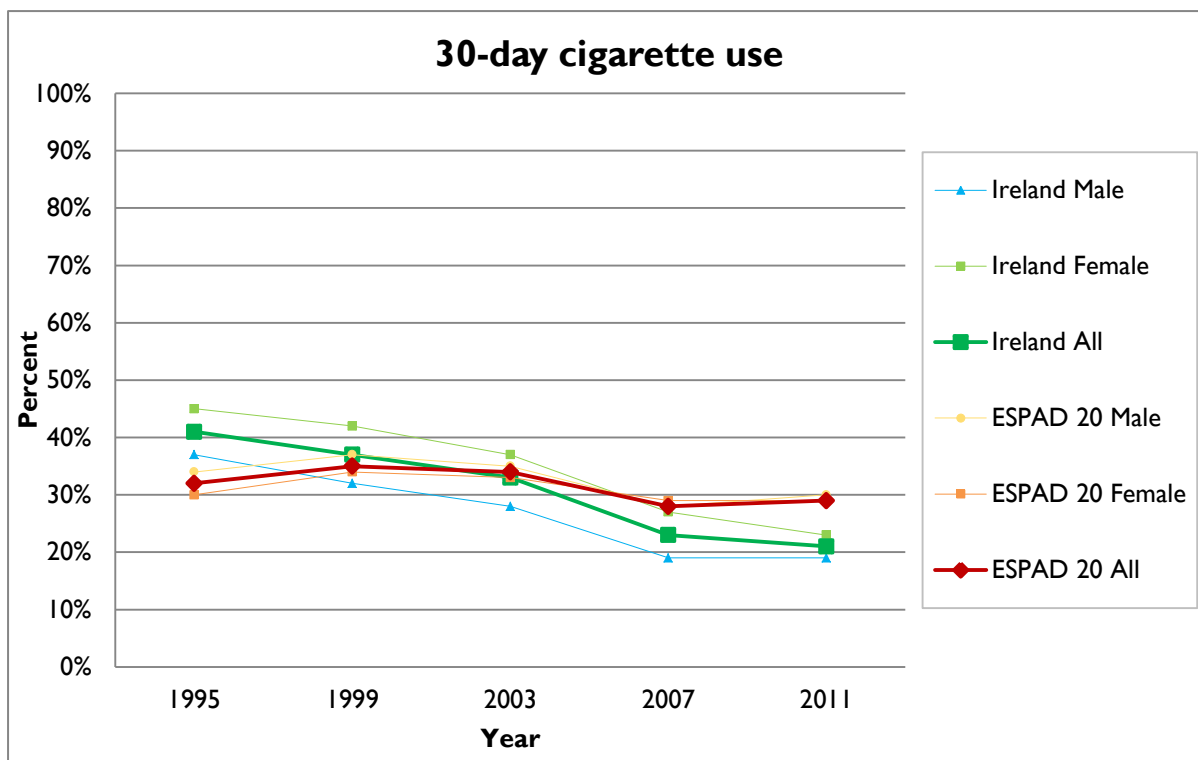
30-day cigarette use

Figure 2.3: 30-day cigarette use since 1995 by gender in Ireland and ESPAD trend average

Lifetime use of cannabis

The trends for Ireland and ESPAD 20 are markedly different. The overall trend for ESPAD 20 is an increase in cannabis use between 1995 and 2003, followed by a plateau maintaining a 17% prevalence rate in 2007 and 2011. However, for Ireland, cannabis use could be divided into two phases- the first between 1995 and 2003 with a prevalence rate between 32% and 39% and the second in 2007

Lifetime use of cannabis						
Year	**Ireland**			**ESPAD 20**		
	Male	*Female*	*All*	*Male*	*Female*	*All*
1995	42%	31%	37%	13%	8%	11%
1999	35%	29%	32%	19%	12%	15%
2003	38%	39%	39%	22%	16%	19%
2007	23%	17%	20%	20%	14%	17%
2011	22%	15%	18%	20%	14%	17%

Table 2.4: Lifetime use of cannabis since 1995 by gender in Ireland and ESPAD trend average

and 2011, where the prevalence rate of 18-20% was comparable with the ESPAD 20 average. There was a steep decline in Irish cannabis use between 2003 and 2007, as there was in smoking tobacco.

For both ESPAD 20 and Ireland, more male students used cannabis than female students, with the exception of Ireland's peak of 39% in 2003, when female students used slightly more than male students.
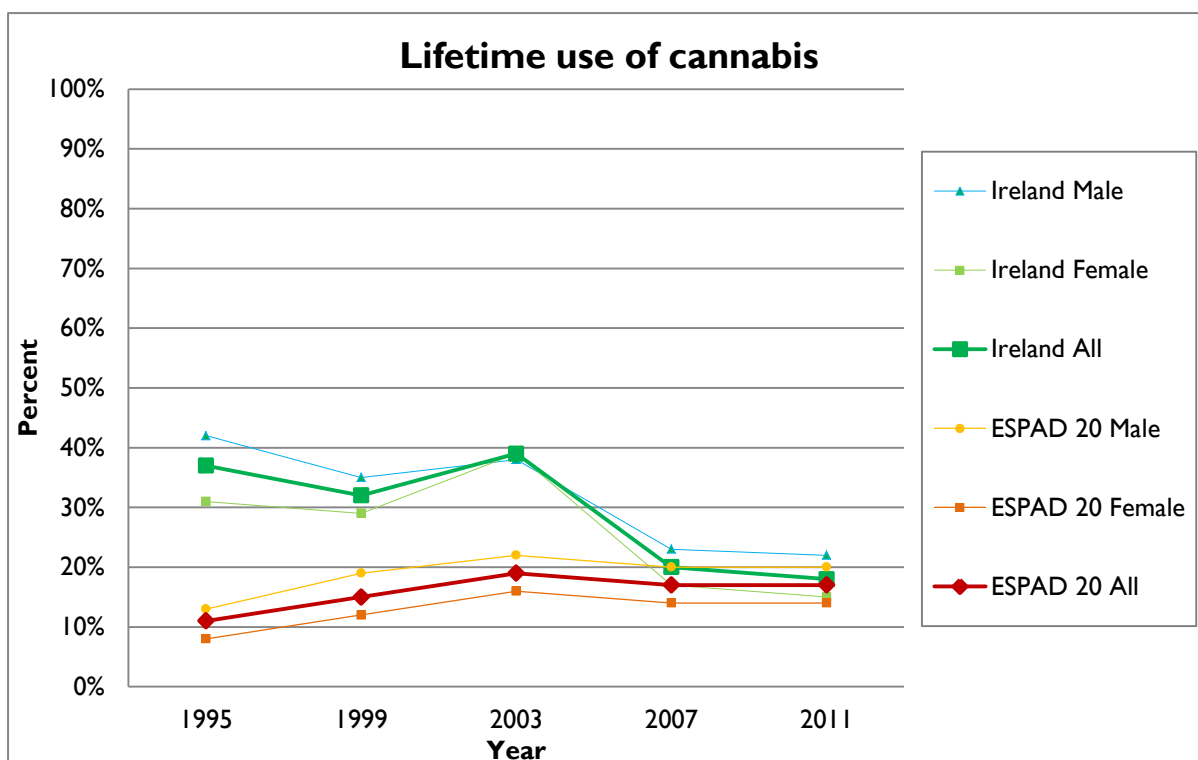
Figure 2.4: Lifetime use of cannabis since 1995 by gender in Ireland and ESPAD trend average

Lifetime use of inhalants

Lifetime use of inhalants in Ireland and ESPAD 20 had contrasting trends over time, with ESPAD 20 maintaining a prevalence of 8-10% and Ireland declining from a high of 22% of 1999 to 9% in 2011. Data on lifetime use of inhalants was not collected from Ireland in 1995.

Lifetime use of inhalants to get high						
Year	**Ireland**			**ESPAD 20**		
	Male	*Female*	*All*	*Male*	*Female*	*All*
1995	-	-	-	10%	8%	9%
1999	22%	21%	22%	9%	7%	8%
2003	14%	21%	18%	10%	8%	9%
2007	14%	16%	15%	9%	8%	8%
2011	8%	11%	9%	10%	10%	10%

Table 2.5: Lifetime use of cannabis since 1995 by gender in Ireland and ESPAD trend average

Male students had a higher or equal rate of inhalant use than female students in each wave of ESPAD 20 data. In Ireland, female students had a higher rate of inhalant use than male students in all data collection years except 1999. In 2011, ESPAD 20 male and female students and Irish female students had a similar rate of inhalant use (10-11%), while Irish male student had a lower rate of 8%.
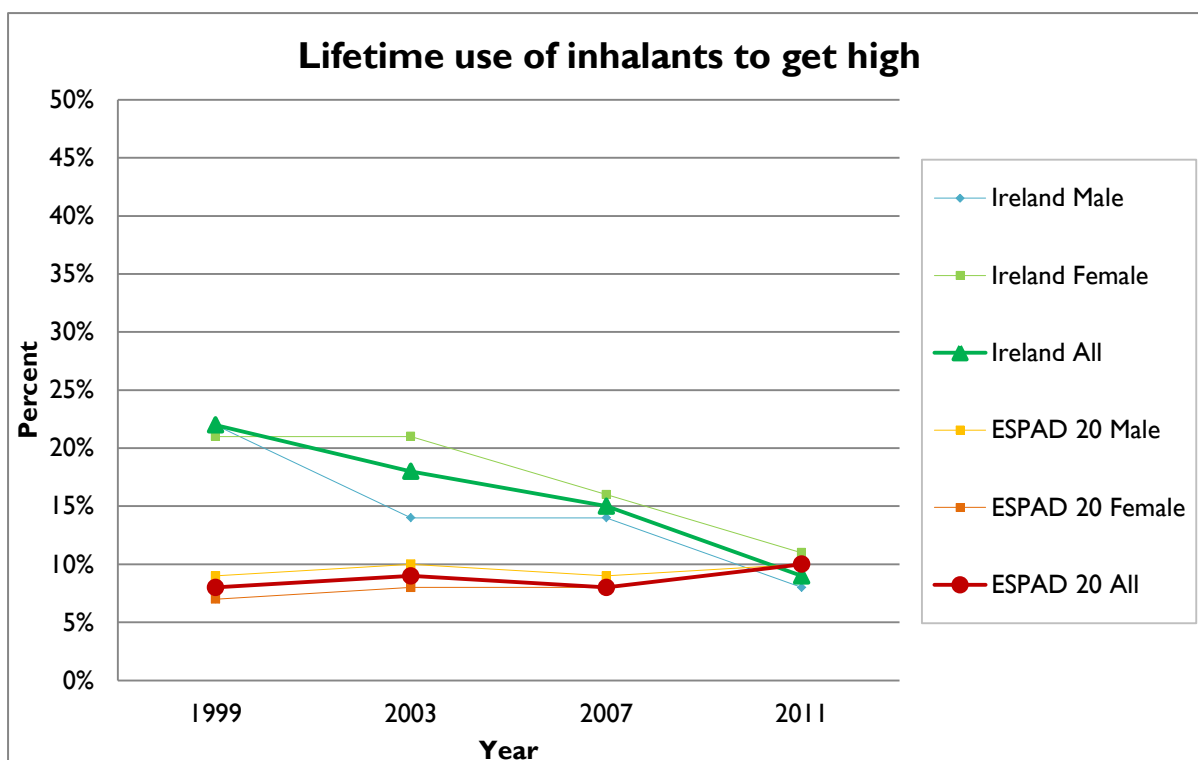
Figure 2.5: Lifetime use of inhalants use since 1995 by gender in Ireland and ESPAD trend average

Lifetime use of tranquillisers without prescription

Overall, a low percentage of respondents used tranquilisers without a prescription (10% or lower in all waves) and tranquiliser use was lower in Ireland than ESPAD 20. While ESPAD 20 averaged 7-8% across all waves, tranquiliser use in Ireland declined from 7% in 1995 to 2% in 2003 and subsequently increased slightly to 3%. The lowest prevalence in the Irish data occurred in 2003, a year when cannabis use was particularly high.

Lifetime use of tranquillisers without prescription						
Year	**Ireland**			**ESPAD 20**		
	Male	*Female*	*All*	*Male*	*Female*	*All*
1995	6%	9%	7%	6%	10%	8%
1999	5%	4%	5%	6%	9%	8%
2003	2%	2%	2%	5%	8%	7%
2007	2%	4%	3%	5%	9%	7%
2011	3%	3%	3%	6%	9%	7%

Table 2.6: Lifetime use of tranquilisers since 1995 by gender in Ireland and ESPAD trend average

While ESPAD 20 average found a consistently higher prevalence of tranquiliser use among female students, the gender differences in Irish data are less clear. A higher percentage of female students than male students used tranquilisers in 1995 and 2007, but fewer female students used tranquilisers in 1999.
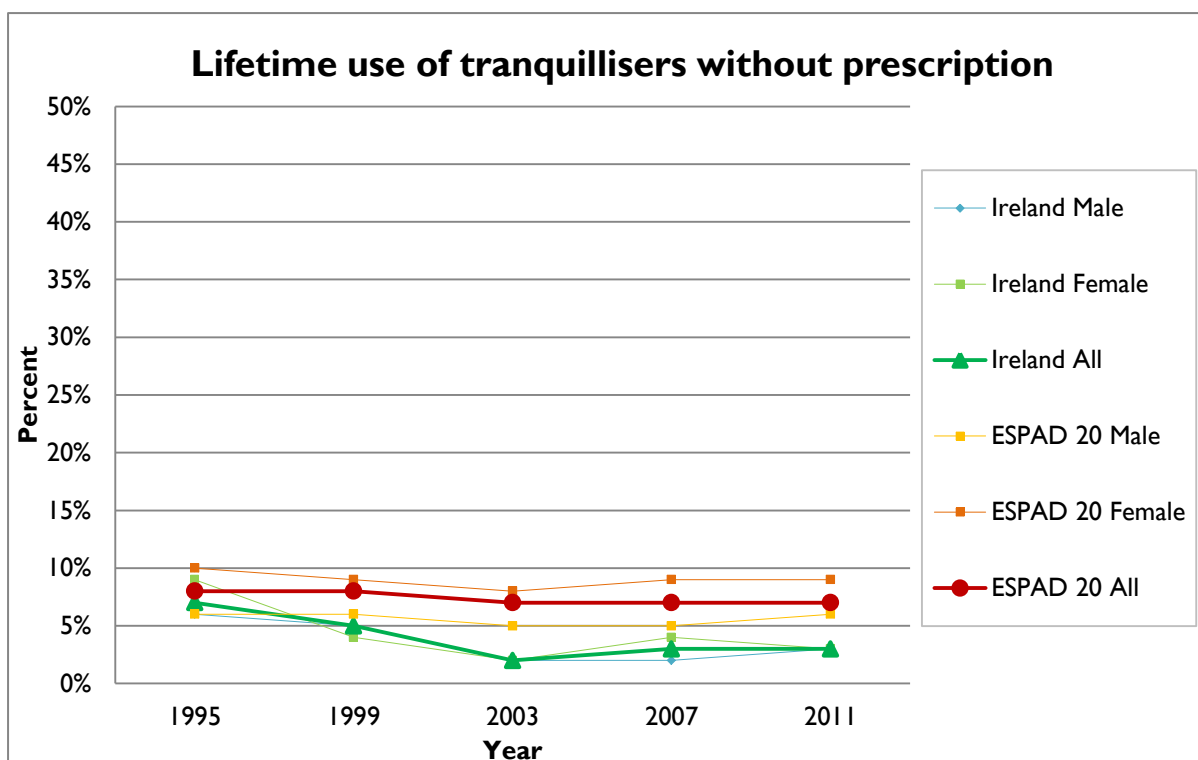
Lifetime use of tranquillisers without prescription

Figure 2.6: Lifetime use of tranquilisers since 1995 by gender in Ireland and ESPAD trend average

Lifetime use of other substances

The ESPAD 20 average of lifetime illicit drug use has remained at 6% from 1999 to 2011, with males staying at 6-7% and females at 5-6%. In 1995, the ESPAD 20 prevalence was 3% while the Irish prevalence was 16%. Since then illicit drug use fell dramatically to 9% in 1999 and fell again from 10% in 2007 to 6% in 2011. A further reduction in illicit drug use in Ireland in 2015 is anticipated.

Lifetime use of illicit drugs other than cannabis						
Year	**Ireland**			**ESPAD 20**		
	Male	*Female*	*All*	*Male*	*Female*	*All*
1995	19%	12%	16%	4%	2%	3%
1999	11%	8%	9%	7%	5%	6%
2003	8%	10%	9%	6%	5%	6%
2007	9%	10%	10%	7%	6%	6%
2011	8%	5%	6%	7%	5%	6%

Table 2.7: Lifetime use of illicit drugs other than cannabis since 1995 by gender in Ireland and ESPAD trend average

While average gender differences in ESPAD 20 remain constant, with males using slightly more than females, the differences between male and female students in Ireland change across the five waves. A higher percentage of male students used illicit drugs in 1995, 1999 and 2011, while a higher percentage of female students used illicit drugs in the intervening years, 2003 and 2007.
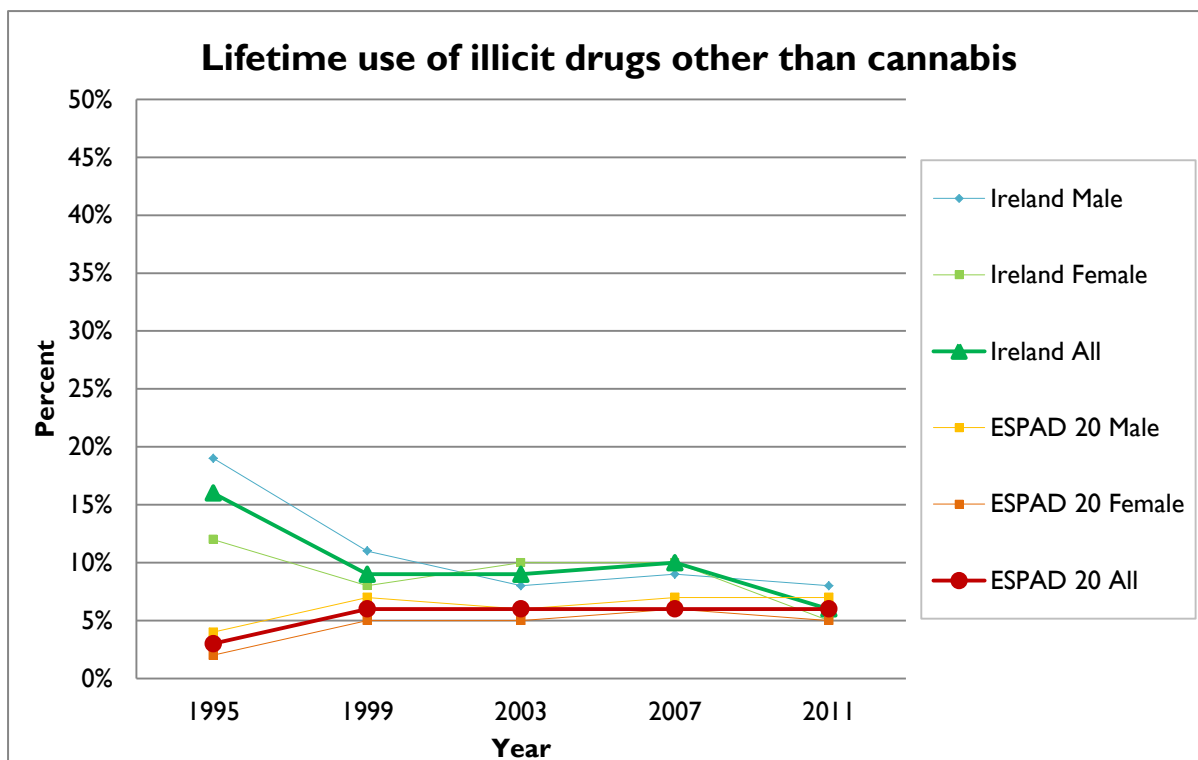
Figure 2.7: Lifetime use of illicit drugs other than cannabis since 1995 by gender in Ireland and ESPAD trend average

Summary

In Ireland, the use of alcohol, alcohol in excessive quantities, cigarettes, cannabis, inhalants, tranquilisers without a prescription and other illicit drugs has fallen over the five data collection waves from 1995 to 2011. While alcohol use and heavy episodic drinking increased between 1995 and 1999 and cannabis use increased between 1999 and 2003, the use of these substances subsequently fell with an overall decrease by 2011. Particularly large declines have been observed for 'other' illicit drugs (-63%), inhalants (-59%) and tranquilisers (-57%) between 1995 and 2011, with cannabis use (-51%) and smoking (-49%) prevalence falling by half. Drinking alcohol and heavy episodic drinking reduced by the smallest proportions, but were still reduced by 28% and 15% respectively. In 2015, further declines in substance use are expected in Ireland.

In contrast, the ESPAD 20 average observed decreases in smoking (-9%) and tranquilisers (-13%) only, with a doubling in illicit drug use and a 55% increase for cannabis. However, the nature of the trend average obscures changes occurring in individual countries or regions.

Percentage change in substance use						
Substance	**Ireland**			**ESPAD 20**		
	1995	*2011*	*% change*	*1995*	*2011*	*% change*
Alcohol use	69%	50%	**-28%**	56%	56%	**0%**
Heavy episodic drinking	47%	40%	**-15%**	35%	41%	**+17%**
Smoking	41%	21%	**-49%**	32%	29%	**-9%**
Cannabis	37%	18%	**-51%**	11%	17%	**+55%**
Inhalants *(from 1999)*	22%	9%	**-59%**	8%	10%	**+25%**
Tranquilisers	7%	3%	**-57%**	8%	7%	**-13%**
Other illicit substances	16%	6%	**-63%**	3%	6%	**+100%**

Table 2.8: Lifetime substance use since 1995 by gender in Ireland and ESPAD trend average

DRINKING

and alcohol-related behaviours among Irish 15-16 year olds

DRINKING AND DRUNKENNESS

Drank alcohol Been Drunk

74%
60%
36%
33% 33% 14%

100%
80%
60%
40%
20%
0%

Ever   12 months   30 days
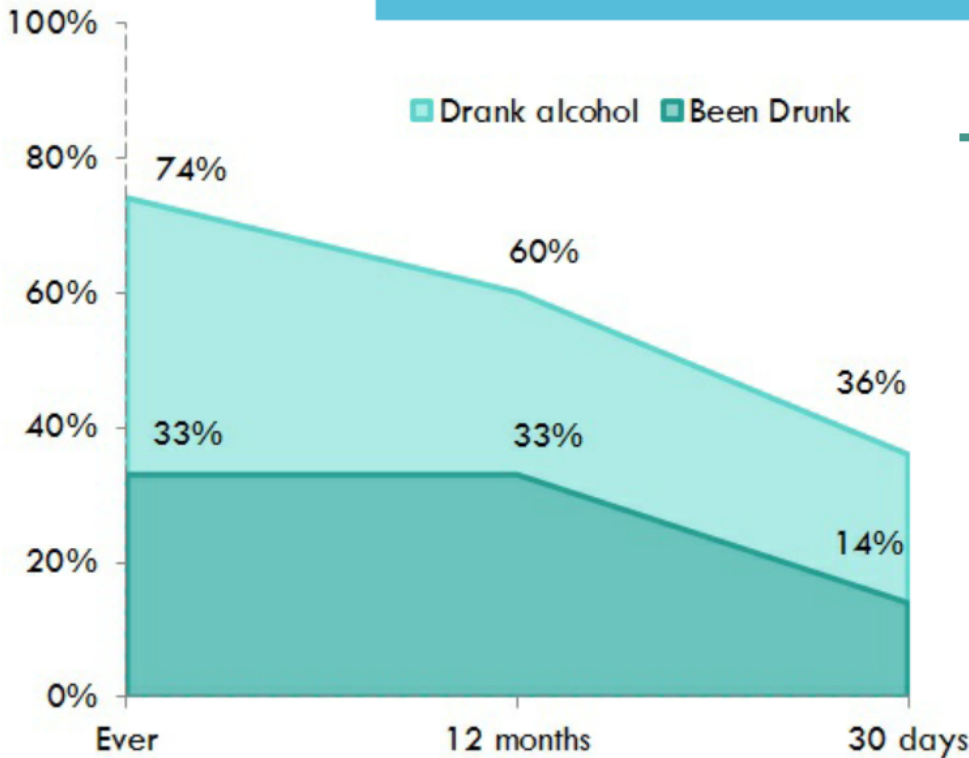
28% drank 5+ drinks on one occasion in the last 30 days

Most students first got drunk aged 15 (46%) or 14 (27%)

More girls than boys reported drinking to

lift their moods

Male and female students reported similar similar

levels of drunkenness

Beer and cider were the most popular among male students
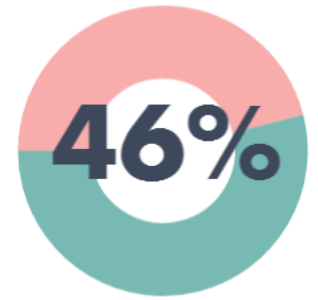
Spirits and beer were the most popular among female students

Wine and alcohops were the least popular

DUE TO ALCOHOL...

- 6% had been victims of an unwanted sexual advance
- 20% had been in a serious argument
- 25% had been harrassed by a stranger
- 26% had damaged or lost property

0% 20% 40% 60% 80% 100%
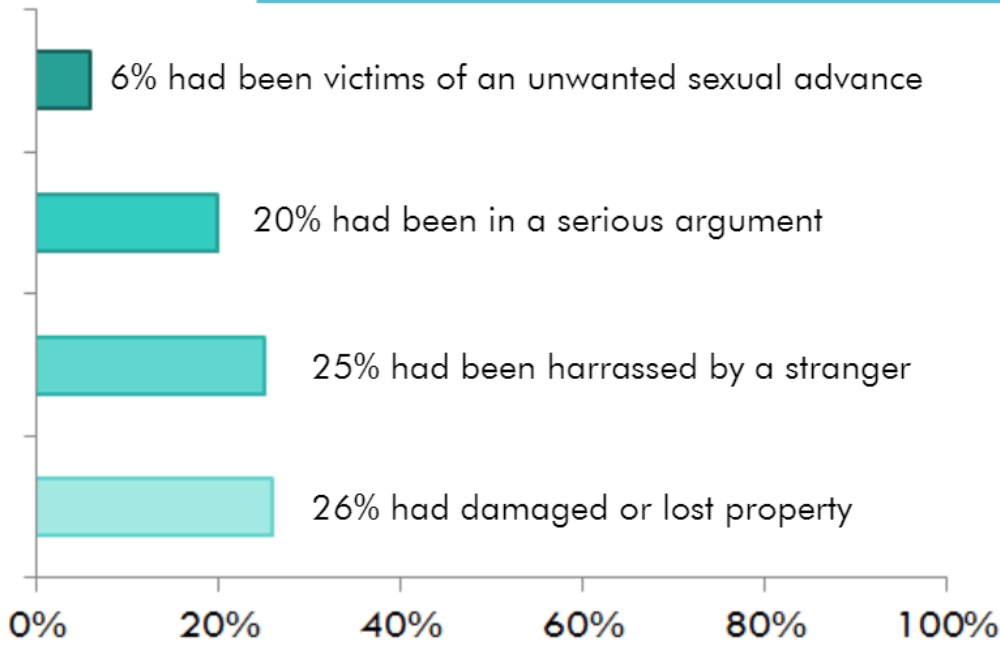
46% of girls were made to feel afraid in a public place

24% female > **17%** male
injury or accident

24% male > **17%** female
trouble with police

Girls were more likely than boys to be **bothered in private**
14% by an aquaintance **or someone close to them** **6%**

Environmental factors

Peer drinking

Drinking was related to

Skipping school

Parental monitoring

Lower maternal education

Lower school grade
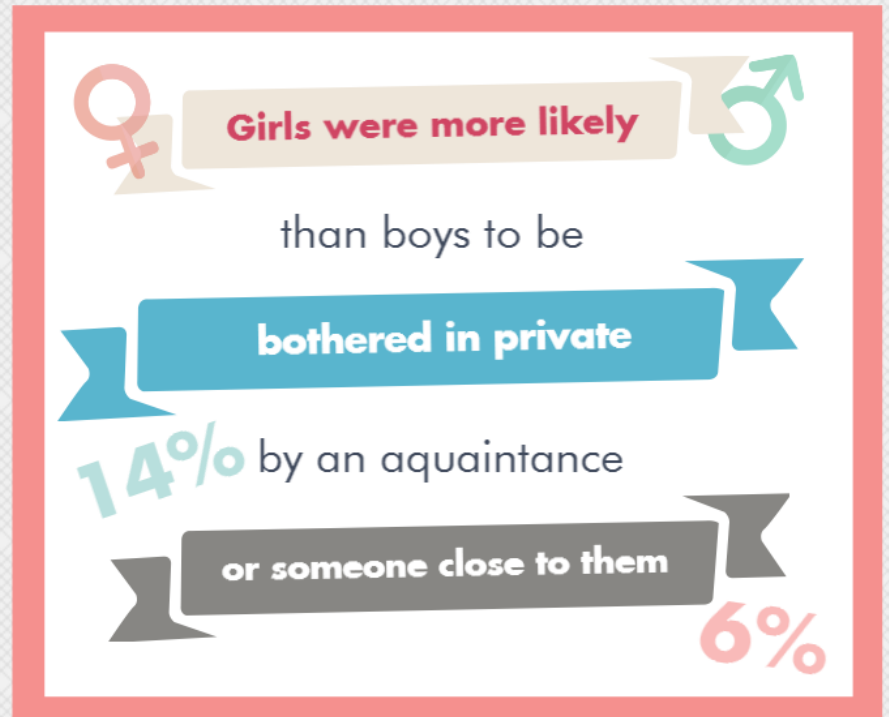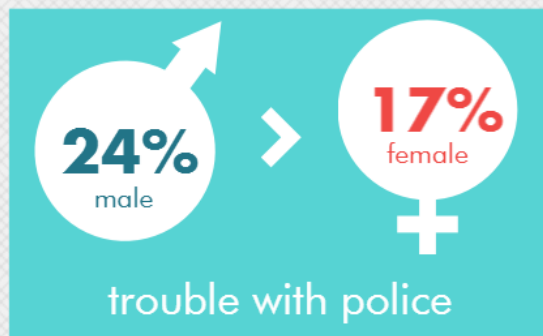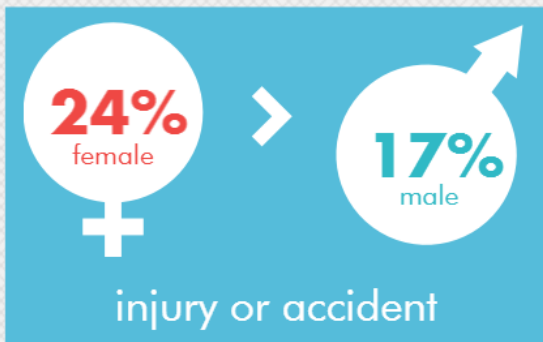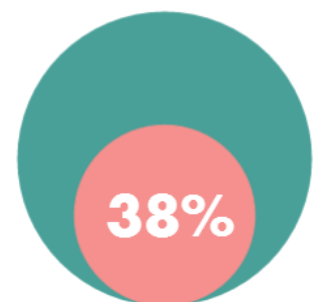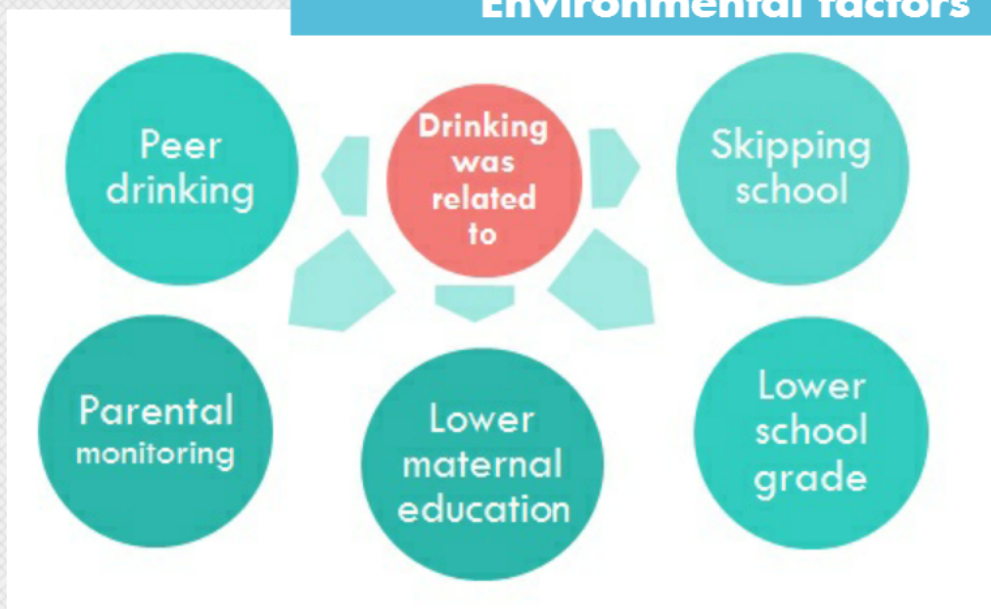
38% said someone close to them drinks excessively

3. Drinking and alcohol consumption

In Ireland, consumption of alcohol outside the home without parental permission is illegal under the age of eighteen. ESPAD 2015 included a number of items related to alcohol consumption over lifetime, the last 12 months and the last 30 days, being drunk, consumption of particular drinks, perceived access to alcohol, age of drinking initiation, binge-drinking and experienced consequences of alcohol use. Socioeconomic status, birth country, school attendance and attainment, parental monitoring, household type and peer alcohol use were examined to see if these were related to alcohol consumption in this cohort. This chapter discusses the main results regarding drinking and alcohol consumption and factors related to drinking and alcohol consumption.

Alcohol consumption

Lifetime alcohol consumption

Respondents were asked on how many occasions in their lifetime they had consumed alcohol. As can be seen from Table 3.1 below, just over a quarter (26.4%, n=378) answered that they had never consumed an alcoholic beverage in their lifetime. Overall, 73.6% (n=1055) of students had drunk alcohol in their lifetime. A large minority of students (19.7%, n=282) had tried alcohol once or twice. A small number (16.1%, n=231) had drunk alcohol on more than 20 occasions.

Lifetime alcohol consumption	Female		Male		All	
	N	%	N	%	N	%
Never	172	24.7%	206	28.0%	378	26.4%
Once or twice	140	20.1%	142	19.3%	282	19.7%
3 to 5 times	107	15.4%	85	11.5%	192	13.4%
6 to 9 times	88	12.6%	84	11.4%	172	12.0%
10 to 19 times	82	11.8%	96	13.0%	178	12.4%
20 to 39 times	56	8.0%	44	6.0%	100	7.0%
40 times or more	52	7.5%	79	10.7%	131	9.1%
Total	*697*	*100.0%*	*736*	*100.0%*	*1433*	*100.0%*

Table 3.1: Lifetime alcohol consumption by gender

There were significant differences in lifetime alcohol consumption for male and female respondents.[2] More female (75.3%, n=525) than male respondents (72.0%, n=530) had ever had alcohol. Male students, however, were more likely to have tried alcohol 40 times or more (10.7%, n=79) than female students (7.5%, n=52).

Alcohol consumption in the last 12 months

As can be seen in Table 3.2, 36.7% (n=520) answered that they had not had alcohol in the last 12 months. Overall, 63.3% (n=897) had consumed alcohol in the last twelve months, with 20.8%

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[2] Lifetime: [$\chi^2(6)$= 12.740, p=.047, Cramer's V=.094] (Results are considered significant when p<.05)

(n=295) having had alcohol once or twice. Only a small number (8.3%, n=117) had drunk alcohol 20 times or more.

Again, more female (65.4%, n=458) than male students (60.4%, n=440) reported consuming alcohol in the last 12 months[3]. More male students, however, report using alcohol 40 times or more in the last year (4.8%, n=35) than female students (2.8%, n=19).

Number of occasions of consuming alcohol – 12 months	Female		Male		All	
	N	%	N	%	N	%
Never	232	33.6%	288	39.6%	520	36.7%
Once or twice	170	24.6%	125	17.2%	295	20.8%
3 to 5 times	98	14.2%	111	15.2%	209	14.7%
6 to 9 times	62	9.0%	67	9.2%	129	9.1%
10 to 19 times	79	11.4%	68	9.3%	147	10.4%
20 to 39 times	30	4.3%	34	4.7%	64	4.5%
40 times or more	19	2.8%	35	4.8%	54	3.8%
Total	*690*	*100.0%*	*728*	*100.0%*	*1418*	*100.0%*

Table 3.2: Alcohol consumption in the last 12 months by gender

Alcohol consumption in the last 30 days

Overall, 36.0% (n=509) had drunk alcohol in the last 30 days and were considered current drinkers. 64.0% (n=906) had not had alcohol in the last 30 days. As can be seen from Table 3.3 below, 20.8% (n=294) report having alcohol once or twice in the past 30 days and only a small fraction of respondents had alcohol 10 times or more (3.4%, n=48). More female (37.1%, n=257) than male students (34.9%, n=252) reported using alcohol in the last 30 days[4].

Number of occasions of consuming alcohol - 30 days	Female		Male		All	
	N	%	N	%	N	%
Never	436	62.9%	470	65.1%	906	64.0%
Once or twice	157	22.7%	137	19.0%	294	20.8%
3 to 5 times	61	8.8%	51	7.1%	112	7.9%
6 to 9 times	24	3.5%	31	4.3%	55	3.9%
10 times or more	15	2.2%	33	4.6%	48	3.4%
Total	*693*	*100.0%*	*722*	*100.0%*	*1415*	*100.0%*

Table 3.3: Consumption of alcohol in the last 30 days by gender

Lifetime drunkenness

As can be seen in Table 3.4 below, overall, 66.1% (n=950) of students had never been drunk in their lifetime and 33.9% (n=487) had. Only a small number (10.4%, n=150) report being drunk more than five times in their lifetimes. Generally, more male respondents (34.2%, n=252) had

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[3] 12 months: [$\chi^2(6)$= 18.707, p=.005, Cramer's V=.115]
[4] 30 days: [$\chi^2(4)$= 10.580, p=.032, Cramer's V=.086]

been drunk than female respondents (33.6%, n=235), but more female respondents had been drunk 3 to 5 times (8.7%, n=61) than male respondents (6.8%, n=50)[5].

Number of occasions drunk in lifetime	Female		Male		All	
	N	%	N	%	N	%
Never	465	66.4%	485	65.8%	950	66.1%
Once or twice	101	14.4%	125	17.0%	226	15.7%
3 to 5 times	61	8.7%	50	6.8%	111	7.7%
6 to 9 times	30	4.3%	33	4.5%	63	4.4%
10 to 19 times	21	3.0%	17	2.3%	38	2.6%
20 to 39 times	18	2.6%	10	1.4%	28	1.9%
40 times or more	4	0.6%	17	2.3%	21	1.5%
Total	700	100.0%	737	100.0%	1437	100.0%

Table 3.4: Number of occasions drunk in lifetime by gender

Being drunk in the past 12 months

Overall, under one-third (31.3%, n=436) of students report being drunk in the past 12 months. A very small number report being drunk more than 5 times in the past year (6.8%, n=95). Significant differences in drunkenness by gender were not found[6], although more female (32.9%, n=228) than male students (29.8%. n=208) report being drunk.

Number of occasions drunk in the last 12 months	Female		Male		All	
	N	%	N	%	N	%
Never	466	67.1%	490	70.2%	956	68.7%
Once or twice	128	18.4%	118	16.9%	246	17.7%
3 to 5 times	53	7.6%	42	6.0%	95	6.8%
6 to 9 times	19	2.7%	22	3.2%	41	2.9%
10 to 19 times	21	3.0%	12	1.7%	33	2.4%
20 to 39 times	6	0.9%	7	1.0%	13	0.9%
40 times or more	1	0.1%	7	1.0%	8	0.6%
Total	694	100.0%	698	100.0%	1392	100.0%

Table 3.5: Drunkenness in the past 12 months by gender

Being drunk in the past 30 days

14.0% (n=192) of students reported being drunk in the past 30 days and 40 students reported being drunk more than once or twice during the past month (3.0%). A similar number of male (14.7%, n=102) and female students (13.2%, n=90) reported being drunk in the last month.

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[5] Lifetime: [$\chi^2(6)= 14.014$, p=.029, Cramer's V=.099]
[6] 12 months: [$\chi^2(6)= 9.522$, p=.146]

Number of occasions drunk in the last 30 days	Female		Male		All	
	N	%	N	%	N	%
Never	592	86.8%	592	85.3%	1184	86.0%
Once or twice	77	11.3%	75	10.8%	152	11.0%
3 to 5 times	6	0.9%	15	2.2%	21	1.5%
6 to 9 times	5	0.7%	5	0.7%	10	0.7%
10 to 19 times	2	0.3%	1	0.1%	3	0.2%
20 to 39 times	0	0.0%	1	0.1%	1	0.1%
40 times or more	0	0.0%	5	0.7%	5	0.4%
Total	*682*	*100.0%*	*694*	*100.0%*	*1376*	*100.0%*

Table 3.6: Drunkenness in the past 30 days

Level of intoxication

Students indicated how drunk they were on the last occasion that they drank alcohol on a scale of 1 'Not at all' to 10 'Heavily intoxicated'. Table 3.7 below shows responses for boys and girls. There was no significant difference in mean score on the drunkenness scale between male (M=3.20, SD=1.848) and female students (M=3.12, SD=1.742)[7].

Drunkenness scale	Male		Female		All	
	N	%	N	%	N	%
Not at all	180	34.3%	203	39.6%	383	36.9%
2	52	9.9%	49	9.6%	101	9.7%
3	59	11.2%	47	9.2%	106	10.2%
4	44	8.4%	38	7.4%	82	7.9%
5	47	9.0%	41	8.0%	88	8.5%
6	36	6.9%	39	7.6%	75	7.2%
7	43	8.2%	42	8.2%	85	8.2%
8	27	5.1%	37	7.2%	64	6.2%
9	15	2.9%	10	2.0%	25	2.4%
Heavily intoxicated	22	4.2%	6	1.2%	28	2.7%
Total	*525*	*100.0%*	*512*	*100.0%*	*1037*	*100.0%*

Table 3.7: Level of intoxication last day drank

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[7] Level of intoxication: [t(1463.519)=.760, p=.448]

Particular drinks consumed in the past 30 days

Table 3.8 shows the consumption of particular drinks by male and female respondents over the last 30 days. As can be seen in the table, female respondents drank more alcopops[8], wine[9] and spirits[10] than males, and male respondents drank more beer[11] than females. There were no significant differences in consumption of cider.[12] Overall,

Types of beverage	Male		Female		All	
	N	%	N	%	N	%
Beer	167	23.7%	247	33.2%	414	28.6%
Cider	141	20.1%	165	22.4%	306	21.3%
Alcopops	103	14.6%	60	8.3%	163	11.4%
Wine	99	14.1%	72	9.9%	171	11.9%
Spirits	204	28.8%	149	20.3%	353	24.5%

Table 3.8: Consumption of particular drinks in the last 30 days by gender

the most-consumed drink in the past 30 days was beer (28.6%, n=414) followed by spirits (24.5%, n=353) and cider (21.3%, n=306). The least popular drinks were wine (11.9%, n=171) and alcopops (11.4%, n=163).

Perceived access to alcohol

Respondents were asked how difficult they thought it would be to obtain particular alcoholic drinks, with response categories ranging from 'impossible' to 'very easy' and a response category for 'don't know'. Table 3.9 below shows the breakdown for each response category by type of beverage.

Types of beverage	Impossible		Very difficult		Fairly difficult		Fairly easy		Very easy		Don't know		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Beer	76	5.2%	102	6.9%	162	11.0%	555	37.8%	469	31.9%	104	7.1%	1468	100.0%
Cider	92	6.3%	101	6.9%	170	11.6%	509	34.7%	444	30.2%	147	10.0%	1463	100.0%
Alcopops	137	9.4%	123	8.5%	187	12.9%	389	26.8%	297	20.4%	320	22.0%	1453	100.0%
Wine	102	7.0%	142	9.7%	243	16.6%	441	30.1%	389	26.5%	150	10.2%	1467	100.0%
Spirits	109	7.4%	148	10.1%	195	13.3%	414	28.2%	407	27.8%	163	11.1%	1436	100.0%

Table 3.9: Perceived access by beverage type

Overall, most students believed that it would be 'fairly easy' to obtain all beverage types mentioned; 37.8% (n=555) gave this answer for beer and 34.7% (n=509) for cider. A high number of students also said it would be 'very easy' to get beer (31.9%, n=469) or cider (30.2%, n=444). Only 5.2% (n=76) said it would be impossible to get beer and 6.9% (n=102) said it would be fairly difficult. Respondents believed it would be slightly more difficult to obtain wine and spirits with a larger number responding that it would be fairly or very difficult and fewer perceiving that it would be fairly or very easy (see Table 3.9).

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[8] Alcopops: [$\chi^2(1)$= 14.343, p<.001, Cramer's V=.1]
[9] Wine: [$\chi^2(1)$= 6.067, p=.014, Cramer's V=.014]
[10] Spirits: [$\chi^2(1)$= 14.130, p<.001, Cramer's V=.099]
[11] Beer: [$\chi^2(1)$= 16.331, p<.001, Cramer's V=.106]
[12] Cider: [$\chi^2(1)$= 1.11, p=.292]

However, more students regarded alcopops as 'impossible' to get (9.4%, n=137). As can be seen in Table 3.10 below, a higher number of students answered 'don't know' when asked how difficult it would be to get alcopops (22.0%, n=320) than other drinks, and more male (24.5%, n=181) than female students (19.5%, n=139) didn't know how difficult it would be to get alcopops, reflecting their higher popularity among girls (Table 3.8).

Don't know	Male		Female		All	
	N	**%**	**N**	**%**	**N**	**%**
Beer	50	7.0%	54	7.2%	104	7.1%
Cider	73	10.2%	74	9.9%	147	10.0%
Alcopops	139	19.5%	181	24.5%	320	22.0%
Wine	59	8.2%	91	12.1%	150	10.2%
Spirits	71	9.9%	92	12.3%	163	11.1%

Table 3.10 Responded 'Don't know' by beverage type & gender

Age of first trying particular drinks

Respondents were asked at what age they first tried particular drinks and their answers were recoded into '12 years old or younger', '13 years old', '14 years old', '15 years old' and '16 years old or older'. were significant differences in the age at which male and female respondents tried each type of beverage, with female students generally trying different drinks at an older age[13]. Below are the results of items relating to age of first trying beer and spirits.

Table 3.11 shows the percentages of students who tried beer at particular ages. Just under half of students (46.6%, n=675) had never tried beer. Overall, the most common ages for first trying beer were 15 (16.5%, n=239) and 14 (14.9%, n=216). More male students tried beer at 14 or younger (42.1%, n=312) than female students (26.6%, n=188), whereas more female students tried beer at 15 (18%, n=127) than males (15.1%, n=112). More male respondents (59.9%, n=444) had ever tried beer than female respondents (46.5%, n=328).

Age of first trying beer	Male		Female		All	
	N	%	N	%	N	%
Never	297	40.1%	378	53.5%	675	46.6%
12 years or younger	99	13.4%	55	7.8%	154	10.6%
13 years	82	11.1%	48	6.8%	130	9.0%
14 years	131	17.7%	85	12.0%	216	14.9%
15 years	112	15.1%	127	18.0%	239	16.5%
16 years or older	20	2.7%	13	1.8%	33	2.3%
Total	*741*	*100.0%*	*706*	*100.0%*	*1447*	*100.0%*

Table 3.11: Age of first trying beer by gender


[13] Beer: [$\chi^2(5)= 42.585$, p<.001, Cramer's V=.172]
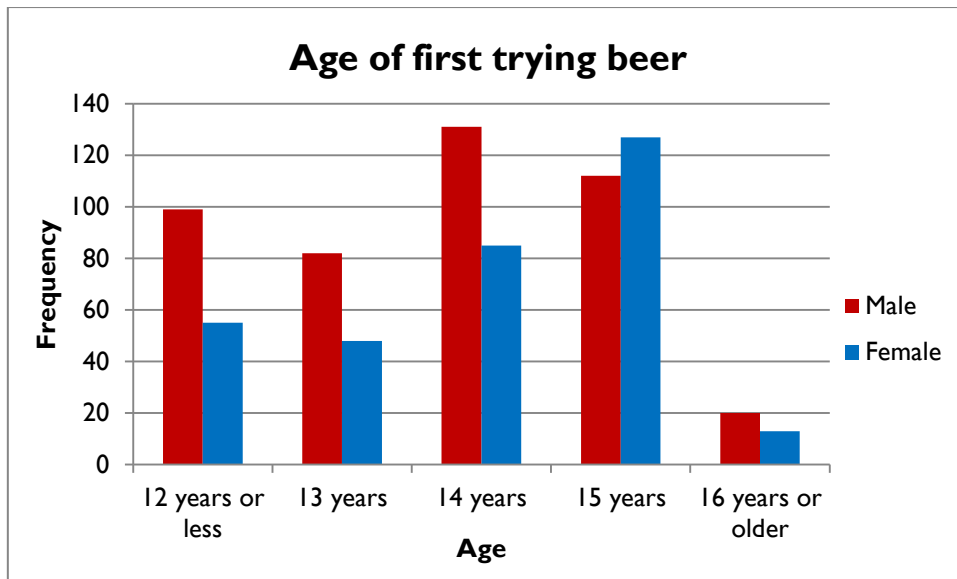
Figure 3.1: Age of first trying beer by gender

Table 3.12 shows age of first trying spirits of male and female students[14]. More female (44.7%, n=312) than male respondents (38%, n=275) had ever tried spirits, although more male (11.6%, n=84) than female respondents (8%, n=56) tried spirits at 13 years or younger. More female (36.7%, n=256) than male students (26.4%, n=191) tried spirits at 14 years or older. Overall, the most common age to first try spirits was 15 (16.4%, n=233).

Age of first trying spirits	Male		Female		All	
	N	%	N	%	N	%
Never	449	62.0%	386	55.3%	835	58.7%
12 years or younger	38	5.2%	23	3.3%	61	4.3%
13 years	46	6.4%	33	4.7%	79	5.6%
14 years	83	11.5%	91	13.0%	174	12.2%
15 years	93	12.8%	140	20.1%	233	16.4%
16 years or older	15	2.1%	25	3.6%	40	2.8%
Total	*724*	*100.0%*	*698*	*100.0%*	*1422*	*100.0%*

Table 3.12: Age of first trying spirits by gender

[14] Spirits: [$\chi^2(5)= 22.462$, $p<.001$, Cramer's V=.126]
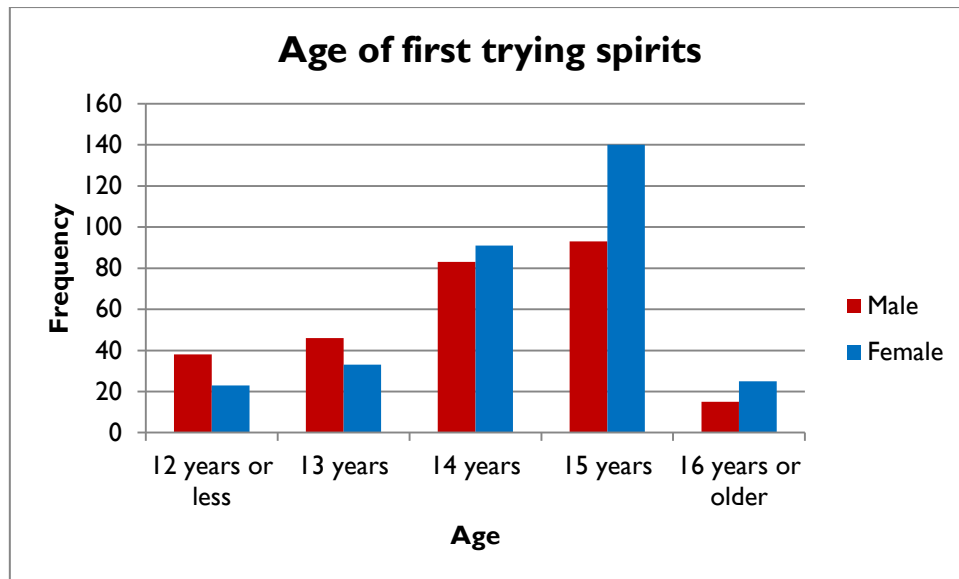
Figure 3.2: Age of first trying spirits by gender

A number of students reported trying beer (10.6%, n=154) and wine (10.3%, n=145) in their primary school years, although the setting or volume of alcohol consumed on their first occasion was not reported. This number has fallen since (Hibell, et al. 2008) in the case of both beer (21.7%) and wine (22.0%).

Age of first feeling drunk

Students answered a question on what age they were when they first felt drunk. The results are presented in Table 3.13. Most students (62.1%, n=890) had never been drunk, and less than 3% (n=41) had first been drunk at 12 years or younger. Most students who had been drunk were aged 15 (17.5%, n=251) or 14 (10.1%, n=145). There were no significant differences between male and female students in age of first feeling drunk[15].

Age when first felt	Male		Female		All	
	N	%	N	%	N	%
Never	449	61.3%	441	62.9%	890	62.1%
12 years or younger	25	3.4%	16	2.3%	41	2.9%
13 years old	32	4.4%	28	4.0%	60	4.2%
14 years old	83	11.3%	62	8.8%	145	10.1%
15 years old	119	16.3%	132	18.8%	251	17.5%
16 years or older	24	3.3%	22	3.1%	46	3.2%
Total	732	100.0%	701	100.0%	1433	100.0%

Table 3.13: Age of first feeling drunk by gender

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[15] First feeling drunk: $[\chi^2(5)=5.448, p=.364]$

Binge-drinking during the last 30 days

Respondents were asked on how many occasions in the last 30 days they had consumed five or more drinks (heavy episodic drinking). Table 3.14 below shows that while most students (71.9%, n=1054) had not engaged in binge-drinking in the last 30 days, 15.8% (n=231) had done so once or twice, and 12.3% (n=180) had engaged in binge-drinking 3 times or more in the past month. There were no significant differences in heavy episodic drinking between boys and girls in the past month.[16]

Binge-drinking occasions	Male		Female		All	
	N	%	N	%	N	%
Never	535	71.6%	519	72.3%	1054	71.9%
Once	70	9.4%	70	9.7%	140	9.6%
Twice	43	5.8%	48	6.7%	91	6.2%
3-5 times	57	7.6%	50	7.0%	107	7.3%
6-9 times	30	4.0%	24	3.3%	54	3.7%
10 times or more	12	1.6%	7	1.0%	19	1.3%
Total	*747*	*100.0%*	*718*	*100.0%*	*1465*	*100.0%*

Table 3.14: Binge-drinking in the last 30 days by gender

Drinking motivation

Students were asked why they drank on a number of items and respondents could select more than one reason. As can be seen in Table 3.21 below, which shows the percentage of students who answered yes to each item, the most popular reasons for drinking over all were: to enjoy parties (64.8%, n=558); because it makes social gatherings more fun (61.3%, n=525); and because it's fun (59.2%, n=503). The least popular reasons for drinking were: to get high (17.1%, n=144); to be liked (21.4%, n=181); and because it helps when feeling depressed or nervous (27.4%, n=232).

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[16] Binge-drinking: $[\chi^2(5)= 2.385, p=.794]$

Drinking motivation	Male		Female		All	
	N	%	N	%	N	%
To enjoy parties	259	63.3%	299	66.2%	558	64.8%
Helps when feeling depressed or nervous	89	22.3%	143	31.8%	232	27.4%
To cheer up	106	26.6%	183	40.8%	289	34.1%
Like the feeling	191	47.3%	253	56.3%	444	52.1%
To get high	72	18.2%	72	16.1%	144	17.1%
Makes social gatherings more fun	244	60.4%	281	62.2%	525	61.3%
To fit in with a group	112	28.2%	159	35.7%	271	32.2%
Improves parties and celebrations	235	58.6%	261	58.8%	496	58.7%
To forget about problems	99	25.0%	169	37.9%	268	31.8%
It's fun	227	56.3%	276	61.7%	503	59.2%
To be liked	84	21.1%	97	21.6%	181	21.4%
Not to feel left out	94	23.6%	144	32.2%	238	28.2%

Table 3.15: Drinking motivation by gender

The 12 drinking motivation items subjected to Principal Components Analysis and were reduced to three dimensions, namely 'fun', 'mood-lifting' and 'fitting in'[17]. The items comprising each component are shown in Table 3.22. There were no significant differences between female (M=.042, SD=1.02) and male respondents (M=-.044, SD=.98) for 'fun'[18] and female (M=.045, SD=1.07) and male students (M=-.046, SD=.92) also scored similarly on 'fitting in'[19]. However, female students (M=.102, SD=1.06) scored higher than male students (M=-.105, SD=.92) on the 'mood-lifting' component[20].

Component 1 Fun	Component 2 Mood-lifting	Component 3 Fitting in
Improves parties	Helps when feeling depressed or nervous	Not to feel left out
Makes social gatherings more fun	To forget about problems	To fit in
To enjoy parties	To cheer up	To be liked
It's fun	To get high	
Like the feeling		
31.4% variance	*24.7% variance*	*20.1% variance*

Table 3.16: Factor loadings for PCA of 12 drinking motivation items

Summary

Students were asked a large number of items about their alcohol use, beliefs about alcohol and alcohol-related behaviours. Overall, 74% of students have tried alcohol, with more girls (75%)

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[17] See Appendix 5
[18] Fun: [t(1282.897)=-1.545, p=.123]
[19] Fitting in: [t(1264.35)=-1.639, p=.102]
[20] Mood-lifting: [t(1268.372)=-3.720, p<.001; Cohen's d=.209]

than boys (72%) having done so. Boys tended to be heavier drinkers, with 11% of boys having tried alcohol 40 times or more, compared with 8% of girls. 36% of students were current drinkers, having had alcohol in the last 30 days. 34% of students had ever been drunk, and 14% had been drunk in the last 30 days, with a similar amount of boys and girls reporting drunkenness.

With regard to particular types of drinks, beer was by far the most popular drink overall, with 29% of students having had it in the last 30 days. This was followed by spirits (25%) and cider (21%). Wine and alcopops were the least popular drinks, with 11% of students reporting having had either in the last 30 days. 60% of boys had tried beer, compared with 47% of girls. Most boys (18%) first tried beer at age 14, and most girls (18%) first tried it at 15. Spirits, however, were much more popular with girls (45%) than boys (38%). The most common ages of trying spirits were 14 years old (12%) and 15 years old (16%). Around 10% of students tried beer and wine in their primary school years.

16% of students had engaged in heavy episodic drinking once or twice in the last 30 days, and 12% had engaged in binge-drinking 3 times or more. Overall, 28% of students had engaged in binge-drinking in the past month.

When asked about their motivations for drinking, the most popular reason was for fun. More girls than boys drink for mood lifting reasons, and drinking to fit in was the least popular reason reported among boys and girls.

Consequences of alcohol use

Experienced consequences of alcohol use

Students were asked whether they had experienced a number of items while under the influence of alcohol in the last 12 months. Table 3.15 shows the percentages of boys and girls who answered yes to each item and the results of chi-square tests for each item.

Experienced consequences of alcohol in the last 12 months	Male		Female		All		Chi-square Test
	N	%	N	%	N	%	
Involved in a fight	86	19.2%	59	12.6%	145	15.8%	$\chi^2(1)$= 7.378, p=.007, Cramer's V=.09
Injury or accident	76	16.8%	111	23.7%	187	20.3%	$\chi^2(1)$= 6.767, p=.009, Cramer's V=.086
Damaged or lost property	102	22.6%	138	29.5%	240	26.1%	$\chi^2(1)$= 5.712, p=.017, Cramer's V=.079
Been in a serious argument	87	19.3%	99	21.1%	186	20.2%	$\chi^2(1)$= .471, p=.492
Victim of robbery or theft	25	5.5%	20	4.3%	45	4.9%	$\chi^2(1)$= .781, p=.377
Been in trouble with the police	54	11.9%	33	7.1%	87	9.5%	$\chi^2(1)$= 6.436, p=.011, Cramer's V=.084
Hospitalised due to drinking	18	4.0%	10	2.1%	28	3.0%	$\chi^2(1)$= 2.634, p=.105
Hospitalised due to accident while drinking	16	3.5%	10	2.1%	26	2.8%	$\chi^2(1)$= 1.649, p=.199
Sexual intercourse without a condom	56	12.4%	38	8.1%	94	10.2%	$\chi^2(1)$= 4.567, p=.033, Cramer's V=.070
Victim of unwanted sexual advance	21	4.6%	32	6.8%	53	5.8%	$\chi^2(1)$= 2.011, p=.156
Deliberate self-injury	27	6.0%	47	10.0%	74	8.1%	$\chi^2(1)$= 5.103, p=.024, Cramer's V=.075
Drunk-driving	35	7.8%	5	1.1%	40	4.4%	$\chi^2(1)$= 24.707, p<.001, Cramer's V=.164
Drunk-driving accident	16	3.5%	1	0.2%	17	1.8%	$\chi^2(1)$= 14.024, p<.001, Cramer's V=.123
Swimming in deep water	48	10.6%	24	5.1%	72	7.8%	$\chi^2(1)$= 9.732, p=.002, Cramer's V=.103

Table 3.17: Consequences of alcohol consumption

As Table 3.15 shows, there were many significant differences in experienced consequences of alcohol for male and female students. The most notable of these was that male respondents (7.8%, n=35) were more likely to engage in drunk driving than female respondents (1.1%, n=5). More male than female students also experienced fighting, being in trouble with the police, having sexual intercourse without a condom, being in an accident while driving under the influence and swimming in deep water. A significantly higher number of female students report being in an accident or sustaining an injury, damaging or losing clothing or property, and deliberately injuring themselves. There were no significant gender differences in being involved in a serious argument, being the victim of robbery or theft, being hospitalised due to drinking or an accident while drinking or being the victim of an unwanted sexual advance.

Harm from others

Students were asked if they thought someone close to them drinks excessively and whether or not this harms them. Over one-third of students (37.8%, n=540) said that someone close to them drinks excessively. Of this number, 32.3% (n=172) said that this has caused harm or problems in their lives. There was no significant differences by gender in having someone close that drinks excessively; however, more female respondents (44.1%, n=120) said that this caused harm or problems in their lives than male respondents (19.9%, n=52)[21].

Students were also asked if they had experienced specific problems during the last twelve months because of someone else's drinking, be it a stranger, an acquaintance or someone close to them. Table 3.16 below includes those who answered that they had experienced problems.

Harm from others' drinking	Stranger		Acquaintance		Someone close	
	N	%	N	%	N	%
Bothered or harassed privately	227	15.7%	156	10.8%	74	5.1%
Bothered or harassed publicly	381	26.3%	48	3.3%	13	0.9%
Harmed physically	39	2.7%	38	2.6%	28	1.9%
Ruined clothes or belongings	83	5.7%	123	8.5%	66	4.6%
Been in accident with drunk driver	23	1.6%	11	0.8%	4	0.3%
Been a passenger with a drunk driver	16	1.1%	41	2.8%	80	5.5%
Made afraid in public place	481	33.4%	38	2.6%	32	2.2%

Table 3.18: Problems experienced because of someone else's drinking

As can be seen from this table, most problems occurred because of strangers, particularly being harassed or bothered privately (15.7%, n=227) or publicly (26.3%, n=381). Tables 3.17 to 3.19 show the consequences from drinking with significant differences between male and female students.

Harm from stranger's drinking	Male		Female		All		Chi-square Test
	N	%	N	%	N	%	
Been a passenger with a drunk driver	14	1.9%	2	0.3%	16	1.1%	[$\chi^2(1)$= 8.656, p=.003, Cramer's V=.077]
Made afraid in public place	155	21.2%	326	45.9%	481	33.4%	[$\chi^2(1)$= 98.574, p<.001, Cramer's V=.262]

Table 3.19: Harm from stranger's drinking

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[21] Excessive drinking by someone close causing harm: [$\chi^2(1)$= 35.672, p<.001, Cramer's V=.259]

Harm from acquaintance's drinking	Male		Female		All		Chi-square Test
	N	%	N	%	N	%	
Bothered privately	60	8.1%	96	13.5%	156	10.8%	[$\chi^2(1)$= 10.816, p=.001, Cramer's V=.086]
Ruined clothes or belongings	51	6.9%	72	10.2%	123	8.5%	[$\chi^2(1)$= 4.968, p=.026, Cramer's V=.059]
Been in accident with drunk driver	9	1.2%	2	0.3%	11	0.8%	[$\chi^2(1)$= 4.201, p=.04, Cramer's V=.054]

Table 3.20: Harm from acquaintance's drinking

Harm from someone close's drinking	Male		Female		All		Chi-square Test
	N	%	N	%	N	%	
Bothered privately	29	3.9%	45	6.3%	74	5.1%	[$\chi^2(1)$= 4.227, p=.039, Cramer's V=.054]
Ruined clothes or belongings	19	2.6%	47	6.6%	66	4.6%	[$\chi^2(1)$= 13.744, p<.001, Cramer's V=.098]
Been a passenger with a drunk driver	32	4.3%	48	6.8%	80	5.5%	[$\chi^2(1)$= 4.051, p=.044, Cramer's V=.053]

Table 3.21: Harm from someone close's drinking

Female students (13.4%, n=96) were significantly more likely than male students (8.1%, n=60) to be bothered or harassed privately by an acquaintance and more female (6.3%, n=45) than male students (3.9%, n=29) were bothered or harassed privately by someone close to them. Female respondents (45.9%, n=326) were also much more likely than male respondents (21.2%, n=155) to be made afraid by a stranger who had been drinking when they encountered them on the street. Girls (10.2%, n=72) were more likely than boys (6.9%, n=51) to have their property ruined by an acquaintance and 6.7% of girls (n=47) compared to 2.6% of boys (n=19) said they had had their property ruined by someone close. Interestingly, female respondents (6.8%, n=48) were more likely than male respondents (4.4%, n=32) to be passengers in a car when someone close to them was drunk-driving, but boys (1.9%, n=14) were far more likely than girls (0.3%, n=2) to be a passenger when a stranger was drunk-driving. A greater number of male (1.2%, n=9) than female respondents (0.3%, n=2) reported being in an accident when an acquaintance was drunk-driving.
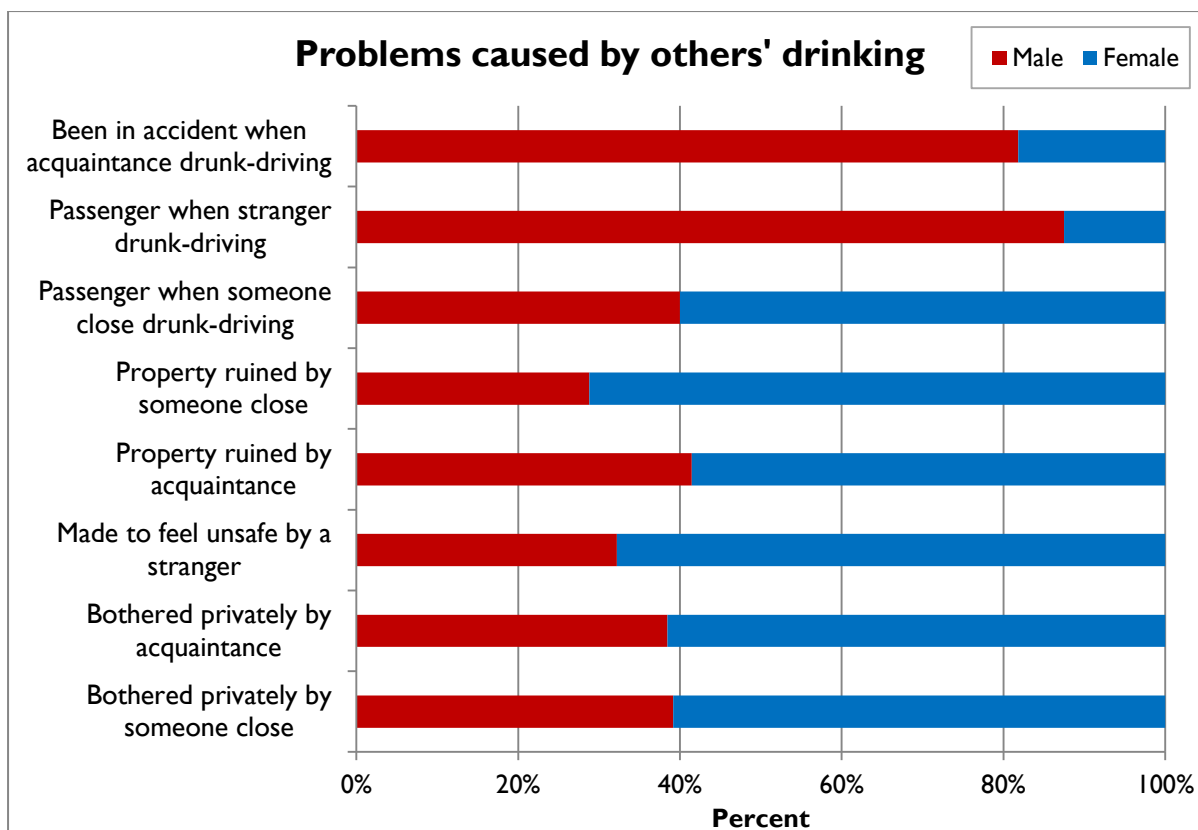
Figure 3.3: Problems from other people's drinking by gender

Perceived risk

Students were asked how much they thought people risked harming themselves by having one or two drinks daily, four to five drinks nearly every day and five drinks or more nearly every weekend (repeated heavy episodic drinking). Students answered 'no risk', 'slight risk', 'moderate risk', 'great risk' or 'don't know'. Table 3.20 shows the results.

Number of drinks	No risk		Slight risk		Moderate risk		Great risk		Don't know	
	N	%	N	%	N	%	N	%	N	%
One or two drinks nearly every day	119	8.3%	369	25.7%	608	42.3%	301	20.9%	40	2.8%
Four to five drinks nearly every day	45	3.1%	91	6.3%	310	21.5%	959	66.5%	38	2.6%
Five drinks or more nearly every weekend	85	5.9%	261	18.2%	516	35.9%	517	36.0%	59	4.1%

Table 3.22: Perceived risk of different levels of drinking

Students perceived the highest risk from having four to five drinks nearly every day, with two-thirds of students perceiving a great risk (n=959). A fifth (n=310) perceived a moderate risk and smaller proportions of students reported a slight risk (6.3%, n=91) or no risk (3.1%, n=45), and 2.6% (n=38) answered 'don't know'.

Drinking heavily nearly every weekend was also perceived as risky; 71.9% reported that it carried a moderate or great risk (n=1033). 5.9% (n=85) answered no risk and 18.2% (n=261)

said slight risk. Slightly more students answered that they did not know than for other two drinking frequencies (4.1%, n=59).

With regards to drinking one or two drinks nearly every day, 8.3% (n=119) said no risk, 25.7% (n=369) said slight risk, 42.3% (n=608) said moderate risk, 20.9% (n=301) said great risk and 2.8% (n=40) answered don't know.

Figure 3.4 below shows the perceived risk of different levels of alcohol consumption.
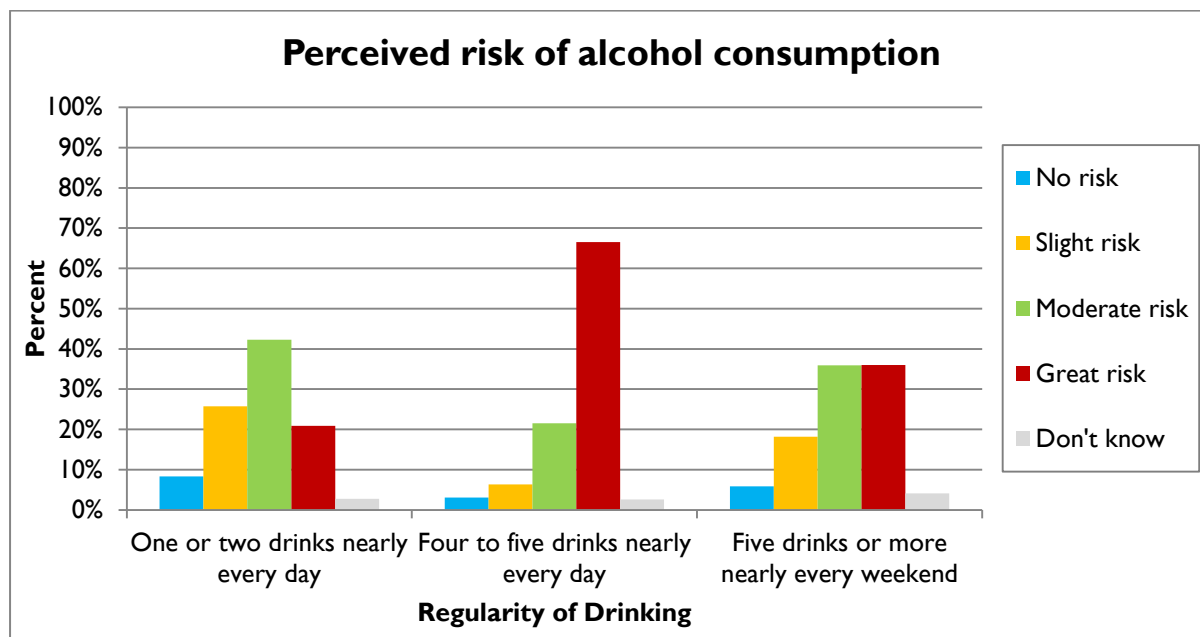
Figure 3.4: Perceived risk of different levels of alcohol consumption

Summary

Students were asked about the consequences they had experienced as a result of their own and other people's alcohol consumption. Overall, the most common consequence of alcohol consumption was losing or damaging property, with 26% of students reporting this happening in the past year. 20% of students had sustained an injury or been in an accident and been in a serious argument. 16% had been involved in a fight, and 10% had engaged in sexual intercourse without a condom. A further 10% had been in trouble with the police due to alcohol consumption in the past 12 months. Girls were more likely than boys to be in an accident or sustain an injury, damage or lose clothing or property and deliberately injure themselves. Boys were more likely than girls to fight, be in trouble with the police, engage in intercourse without a condom, drive under the influence of alcohol, be in an accident while driving under the influence and swim in deep water.

With regards to harm as a result of others' drinking, 38% of students said that someone close to them drinks excessively, of which 44% of female students and 20% of male students said that this causes problems in their lives. When asked about specific problems caused by the alcohol consumption of strangers, acquaintances or someone close, overall, most problems were caused by strangers. 46% of girls and 21% of boys said that they had been made afraid in a public place by a stranger. 26% of students said they had been bothered or harassed publicly, and 16% had

been bothered or harassed privately by a stranger. 14% of girls and 8% of boys had been bothered or harassed privately by an acquaintance. Girls were more likely to experience harm due to the alcohol consumption of someone close. 7% of girls and 5% of boys had been a passenger in a vehicle when someone close was drinking while drunk and 6% of girls and 4% of boys had been bothered privately by someone close who was drinking. Girls (7%) were more than twice as likely to have their clothes or belongings ruined by someone close than boys (3%).

Students were asked how much risk they thought was associated with different levels of alcohol consumption. They were asked about having one or two drinks nearly every day, four to five drinking nearly every day and five drinks or more nearly every weekend (binge-drinking). Over a quarter (26%) of students said there was a slight risk to drinking one or two drinks every day, 42% said there was a moderate risk and 21% said there was a great risk. Over two-thirds (67%) of students said there was a great risk to having four to five drinks nearly every day. When asked about binge-drinking nearly every weekend, 36% of students thought that there was a great risk and a further 36% thought there was a moderate risk. 18% said there was a slight risk and 6% of students thought that there was no risk to binge-drinking nearly every weekend.

Factors Related to Alcohol Consumption

Socio-economic status

Socioeconomic status was measured by the education level of the respondents' mothers and fathers. No significant associations were found between the mother's education and alcohol consumption in the respondents' lifetimes or the last 30 days or between the father's education and 30-day drinking[22]. A weak negative association was found between father's education level and lifetime drinking[23]. Students whose father received only primary education were the most likely to have drunk alcohol twenty times or more in the past 30 days (31.1%, n=14) and those whose fathers received secondary education were the least likely (13.3%, n=80).

Father's education										
Lifetime drinking	Primary school or less		Secondary		Third level		Don't know or NA		Total	
	N	%	N	%	N	%	N	%	N	%
None	10	22.2%	155	25.8%	157	26.7%	48	28.7%	370	26.4%
1-2 times	5	11.1%	108	18.0%	128	21.8%	35	21.0%	276	19.7%
3-9 times	9	20.0%	173	28.8%	141	24.0%	31	18.6%	354	25.3%
10-19 times	7	15.6%	85	14.1%	64	10.9%	20	12.0%	176	12.6%
20 times or more	14	31.1%	80	13.3%	97	16.5%	33	19.8%	224	16.0%
Total	45	100.0%	601	100.0%	587	100.0%	167	100.0%	1400	100.0%

Table 3.23: Lifetime alcohol consumption by Father's education

Birth country of respondents and parents

Students were asked to write down the country they were born in, as well as the countries their parents were born in. Due to the large range of countries, the responses were grouped together for analysis[24]. Over three-quarters (79%, n=1132) of students were born in Ireland, 10.5% (n=151) were born in Western Europe, 4.7% (n=68) were born in Eastern Europe, 2.4% (n=35) in Sub-Saharan Africa and 3.3% (n=47) were born in 'Other' parts of the world.

Current drinking by fathers' birth country
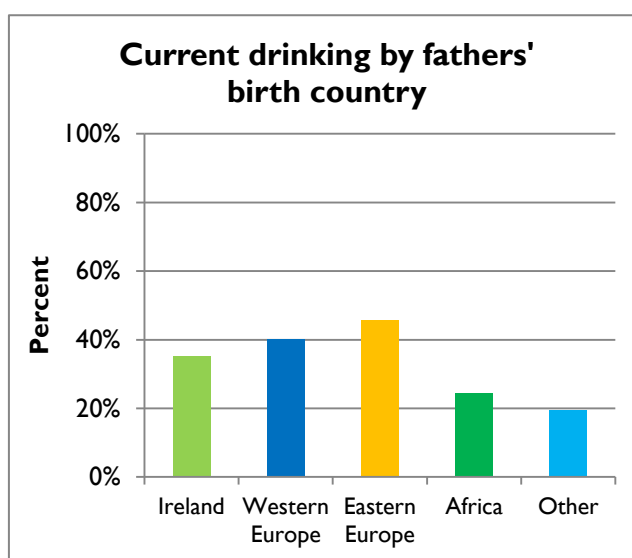
Figure 3.5: Alcohol consumption in the last 30 days by father's birth country

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[22] <u>Mother's education-</u> lifetime drinking: [$\chi^2(12)= 11.694$, p=.471]; 30-day drinking: [$\chi^2(9)= 15.661$, p=.074]. <u>Father's education-</u> 30-day drinking: [$\chi^2(9)= 14.362$, p=.110].

[23] Father's education and lifetime drinking: [$\chi^2(12)= 25.132$, p=.014, Cramer's V=.077]

[24] See Appendix 4

While birth country of the respondents did not have a significant association with lifetime or current drinking[25], father's birth country had a small association with current drinking[26]. Figure 3.5 shows that those whose fathers were born in Eastern Europe were most likely to be current drinkers, with just under half (45.7%, n=42) saying they had had alcohol in the last 30 days, followed by those whose fathers were born in Western Europe (40.1%, n=71). Of students whose fathers were born in Ireland, over one-third (35.1%, n=357) said that they were current drinkers. Those whose fathers were born in Africa were less likely to be current drinkers (24.4%, n=11) and those who answered 'Other' were the least likely (19.5%. n=8).

School

Absences

There was no association between lifetime alcohol consumption and missing school due to illness[27]. There was, however, a significant association between lifetime alcohol consumption and skipping school[28], with 70.4% (n=684) of students who had not skipped school having tried alcohol. Of the number of students who had skipped school for 5 or 6 days, 88.2% (n=15) had tried alcohol in their lifetime. This number fell for students who had skipped school for 7 days or more, with 79.3% (n=23) trying alcohol in their lifetime.

Alcohol consumption in the last 30 days was significantly related to missing school due to illness[29], skipping[30] and for other reasons[31]. Table 3.24 shows the percentage of students who had consumed alcohol in the last 30 days by each reason for missing school and how many days they missed.

Current drinking	No days		1 day		2 days		3 to 4 days		5 to 6 days		7 days or more	
	N	%	N	%	N	%	N	%	N	%	N	%
Absence due to Illness	189	30.1%	96	38.6%	67	37.4%	69	48.3%	20	40.0%	21	39.6%
Skipping school	281	29.4%	61	59.8%	40	63.5%	20	66.7%	11	64.7%	16	53.5%
Other reason	219	31.9%	74	28.9%	55	43.7%	55	52.4%	23	47.9%	25	47.2%

Table 3.24: Alcohol consumption in the last 30 days by reason for missing school

Of those who missed 3 to 4 days of school due to illness, around half (48.3%, n=69) had had alcohol in the last 30 days. Of students who had not missed school, a higher percentage (69.9%, n=439) were not current drinkers. Two-thirds of students (66.7%, n=20) who skipped school on 3 to 4 days were current drinkers compared to 29.4% (n=281) who had not skipped school.

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[25] Current drinking and birth country: [$\chi^2(4)$=4.598, p=.331]; Lifetime alcohol consumption and birth country: [$\chi^2(4)$=4.951, p=.292]
[26] Current drinking and father's birth country: [$\chi^2(4)$=12.052, p=.017, Cramer's V=.094]
[27] Lifetime alcohol consumption and missing school due to illness: [$\chi^2(4)$=4.720, p=.451]
[28] Lifetime alcohol consumption and skipping school: [$\chi^2(5)$= 28.302, p<.001, Cramer's V=.153]
[29] Current alcohol consumption and missing school due to illness: [$\chi^2(5)$=20.311, p=.001, Cramer's V=.125]
[30] Current alcohol consumption and skipping school: [$\chi^2(5)$=86.282, p<.001, Cramer's V=.268]
[31] Lifetime alcohol consumption other reasons: [$\chi^2(5)$=31.834, p<.001, Cramer's V=.158]

While differences in current alcohol consumption by days of school missed for other reasons were not as pronounced, there was still a significant association. Just under one-third of students (31.9%, n=219) who had not missed school reported they had drank alcohol in the last 30 days, compared to over half of students (52.4%, n=55) who had missed school on 3 or 4 days being current drinkers.
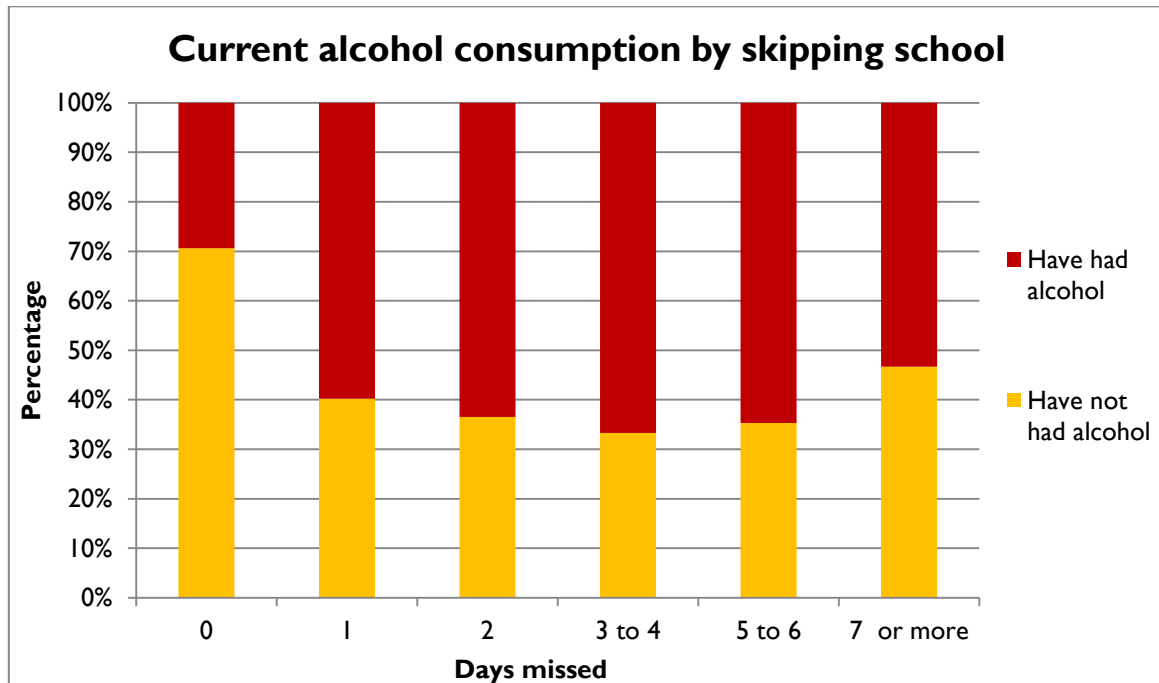
Figure 3.6: Skipped school by alcohol consumption in the last 30 days
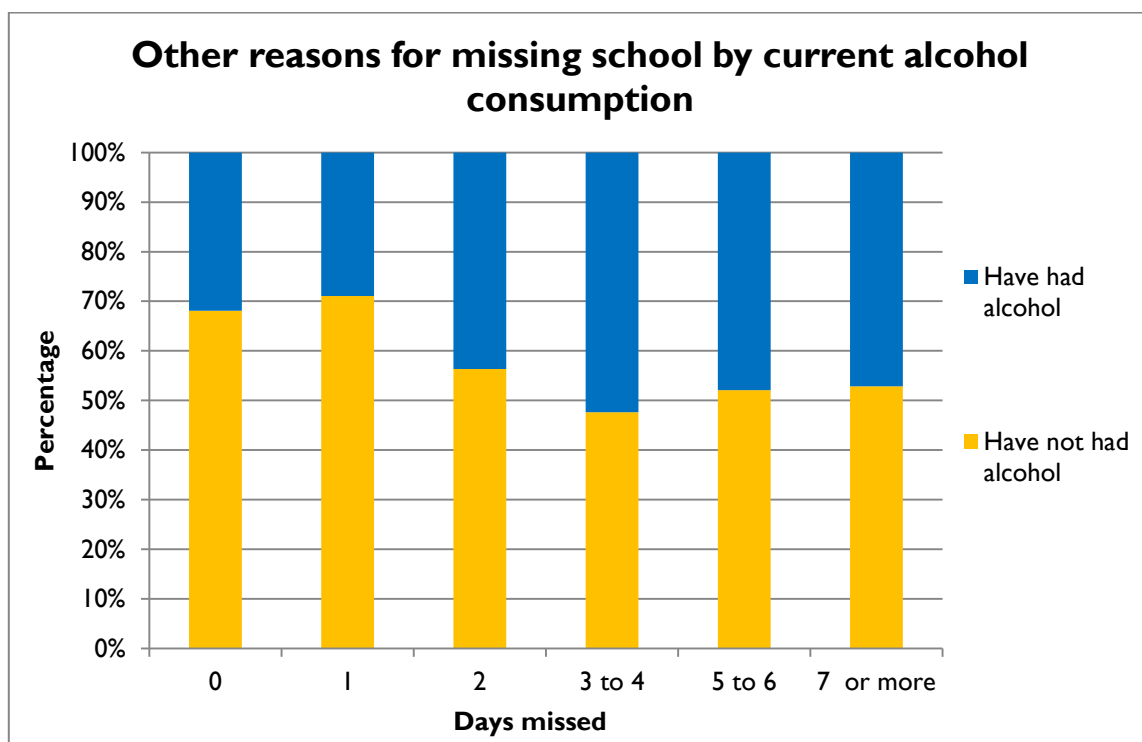
Figure 3.7: Missed school for other reasons by alcohol consumption in the last 30 days

School grade

Academic attainment was negatively associated with both lifetime and current drinking. Table 3.25 below shows the number of students who had tried alcohol and were current drinkers by average grade. There were significant differences in lifetime alcohol consumption for students with average A, B, C, D and F grades[32]. Far fewer students scoring As (60.5%, n=101) had tried alcohol than students with a failing grade (73.7%, n=11). However, D students had the highest rate of lifetime alcohol consumption at 79.4% (n=77).

There is also an association between current drinking and average grade[33], with fewer students with higher grades drinking in the last 30 days. Far more students with F grades were current drinkers (60%, n=9) than those with A grades (21.2%, n=35).

Average grade	A		B		C		D		F	
	N	%	N	%	N	%	N	%	N	%
Have tried alcohol	101	60.5%	434	74.3%	371	77.3%	77	79.4%	77	73.3%
Current drinkers	35	21.2%	191	33.3%	193	40.5%	49	51.6%	9	60.0%

Table 3.25: Current and lifetime alcohol consumption by average grade
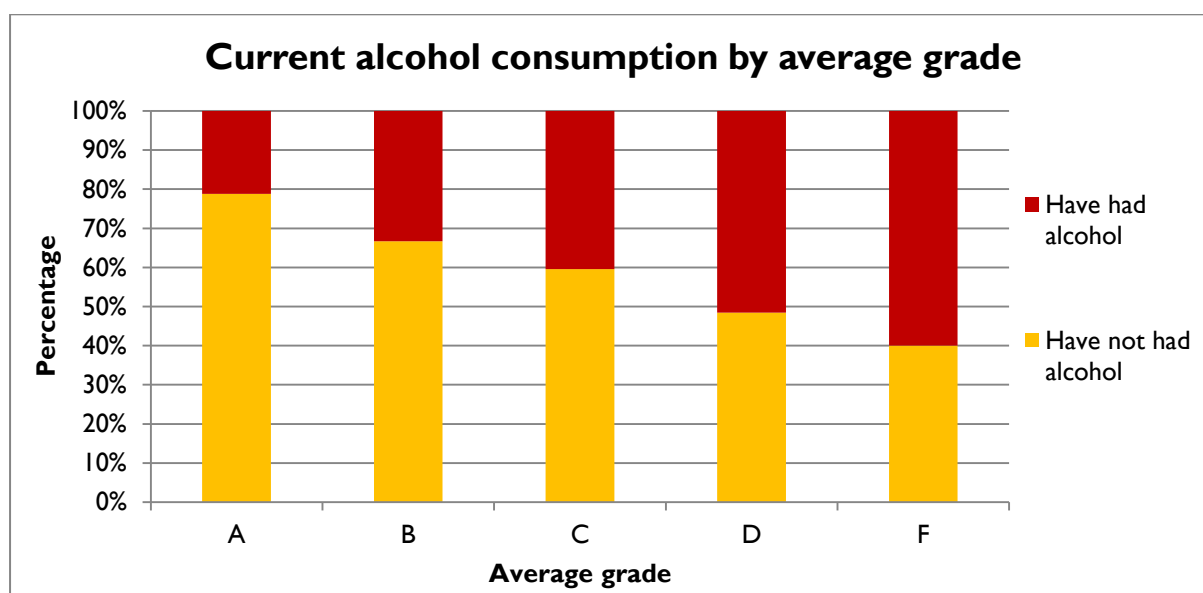
Figure 3.8: Current alcohol consumption by grade

Parenting

Parental monitoring on Saturday nights

Students were asked if their parents know where they spend Saturday nights and answered 'know always', 'know quite often', 'know sometimes' or 'usually don't know'. There was a significant association between parental monitoring and alcohol consumption, with parents knowing where students were on a Saturday night being a protective factor against lifetime and

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[32] Lifetime alcohol consumption by average grade: [$\chi^2(4)=20.072$, p<.001, Cramer's V=.122]
[33] Current drinking by average grade: [$\chi^2(4)=35.307$, p<.001, Cramer's V=.163]

current drinking. Table 3.26 below shows the percentage of students who have tried alcohol and are current drinkers by their level of parental monitoring.

Parental monitoring	Know always		Know quite often		Know sometimes		Usually don't know	
	N	%	N	%	N	%	N	%
Have tried alcohol	589	66.6%	278	84.5%	108	88.5%	61	85.9%
Current drinkers	220	25.4%	164	49.8%	74	61.2%	42	58.3%

Table 3.26: Lifetime and current drinkers by level of parental monitoring

Considerably more students whose parents sometimes know where they are on a Saturday night (61.2%, n=74) had ever had alcohol than those whose parents always know (25.4%, n=220)[34].

Figure 3.9 below shows the differences in levels of parental monitoring by current alcohol consumption[35]. Far fewer students whose parents always know where they are on a Saturday night (25.4%, n=220) are current drinkers than those who say their parents know sometimes (61.2%, n=74) or usually don't know (58.3%, n=42).
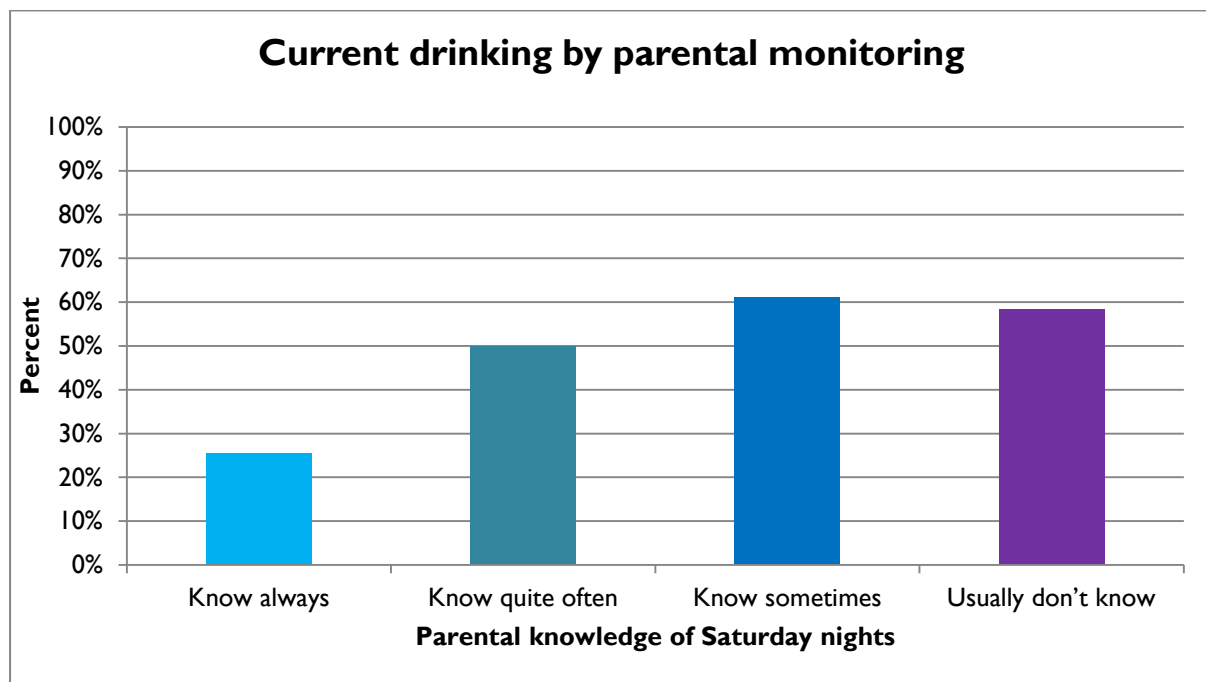
Figure 3.9: Current drinking by parental monitoring

Household

Table 3.27 below shows the numbers of students who had tried alcohol and those who were current drinkers by household type. Although 77.2% (n=149) of students in one parent households had tried alcohol, compared to 71% (n=22) in other households and 72.9% (n=868)

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[34] Lifetime alcohol consumption and parental monitoring: [$\chi^2(3)=61.87$, $p<.001$, Cramer's V=.210]

[35] Current alcohol consumption and parental monitoring: [$\chi^2(3)=118.373$, $p<.001$, Cramer's V=.292]

in households with two or more parents (including step-parents), household type was not significantly associated with lifetime or current drinking[36].

Alcohol consumption	Two parents or more		One parent		Other	
	N	%	N	%	N	%
30 days	411	34.5%	76	39.4%	13	41.9%
Lifetime	868	72.9%	149	77.2%	22	71.0%

Table 3.27: Alcohol consumption by household type

Peer substance use

Students were asked how many of their friends use various substances and the response categories were 'none', 'a few', 'some', 'most' or 'all'. They were asked about smoking cigarettes, drinking alcohol, getting drunk, smoking cannabis, using inhalants, tranquilisers or ecstasy.

Peer alcohol use

Students were asked how many of their friends drink alcohol and get drunk. Only a minority had no friends who drink alcohol (13.5%, n=192) but fewer reported that all of their friends drink alcohol (8.5%, n=121). The majority of students said a few (28.9%, n=410), some (16.4%, n=233) or most (32.7%, n=465) of their friends drink alcohol. The answers of current and lifetime drinkers are shown in Table 3.28 below.

Peer alcohol use	None		A few		Some		Most		All	
	N	%	N	%	N	%	N	%	N	%
Have tried alcohol	89	46.6%	274	68.2%	165	73.0%	384	85.1%	107	93.9%
Current drinkers	20	11.0%	79	20.0%	62	27.6%	253	55.8%	78	69.0%

Table 3.28: Current and lifetime alcohol consumption by peer alcohol use

There was a very strong association with lifetime and current drinking and peer alcohol use. Having more friends who drank alcohol was a factor in lifetime alcohol consumption[37], with 93.9% (n=107) of students who said that all of their friends drank alcohol having tried alcohol. This number decreased for those who said most (85.1%, n=384), some (73%, n=165), a few (68.2%, n=274) or none (46.6%, n=89) of their friends drank alcohol.

Peer alcohol use had a strong association with respondents' current alcohol use[38], with far higher numbers of students who answered that all (69%, n=78) or most (55.8%, n=253) of their friends drank than those who answered that none of their friends used alcohol (11%, n=20).

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[36] Lifetime drinking and household type: [$\chi^2(2)=1.650$, p=.438]; Current drinking and household type: [$\chi^2(2)=1.805$, p=.406]
[37] Lifetime alcohol consumption and peer alcohol use: [$\chi^2(4)=132.944$, p<.001, Cramer's V=.310]
[38] Alcohol consumption in the last 30 days and peer alcohol use: [$\chi^2(4)=230.747$, p<.001, Cramer's V=.411]

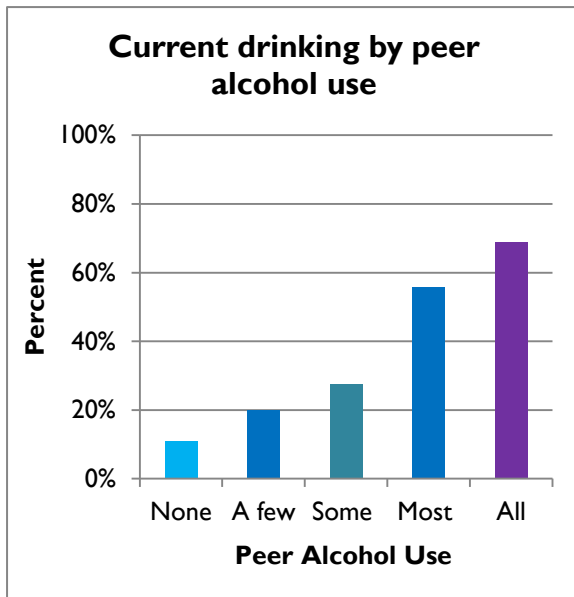**Current drinking by peer alcohol use**

Figure 3.10: Current drinking by peer alcohol use

Students were asked how many of their friends get drunk, and answers were examined to see if there was an association between peer drunkenness and current and lifetime drinking. The percentage of current and lifetime drinkers who said that none, a few, some, most and all of their friends get drunk is shown in Table 3.29 below. There was a strong association between lifetime and current drinking and having friends who get drunk.

Peer drunkenness	None		A few		Some		Most		All	
	N	%	N	%	N	%	N	%	N	%
Have tried alcohol	166	54.1%	256	70.7%	219	76.0%	302	87.3%	74	92.5%
Current drinkers	36	12.2%	82	22.8%	109	38.0%	205	59.2%	58	72.5%

Table 3.29: Lifetime and current alcohol consumption by peer drunkenness

There was an association between lifetime alcohol consumption and number of friends who get drunk[39]. 92.5% (n=74) of students who answered that all their friends get drunk said that they had tried alcohol, and just over half (54.1%, n=166) of students who answered that none of their friends get drunk reported that they had tried alcohol.

Current drinking was very strongly associated with peer drunkenness[40], with 72.5% (n=58) of students who said that all their friends get drunk reporting that they had had alcohol in the last 30 days. Over half (59.2%, n=205) of students who said that most of their friends get drunk were current drinkers. 12.2% (n=36) of students who said that none of their friends get drunk were current drinkers.

Current drinking by peer drunkenness
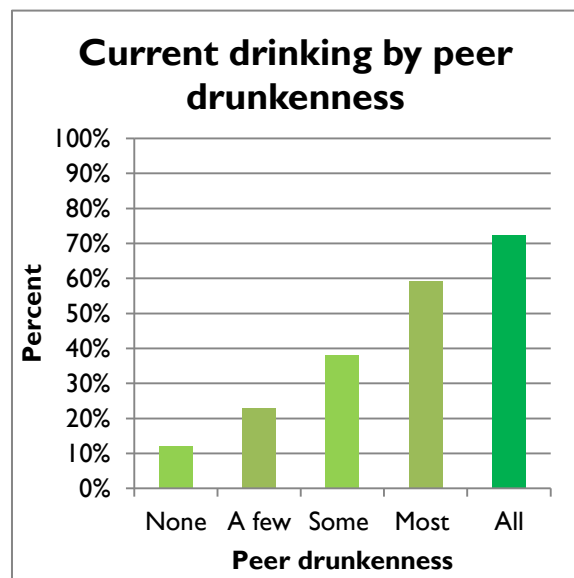
Figure 3.11: Current drinking by peer drunkenness

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[39] Lifetime alcohol consumption and peer drunkenness: [$\chi^2(4)$=110.558, p<.001, Cramer's V=.283]

[40] Current drinking and peer drunkenness: [$\chi^2(4)$=227.250, p<.001, Cramer's V=.408]

Summary

Father's education had a weak negative association with lifetime alcohol consumption. Students whose Fathers received only primary education were the most likely to have drunk alcohol twenty times or more in the past 30 days (31%).

Father's birth country was associated with current drinking, with 46% of students whose fathers were born in Eastern Europe being current drinkers followed by 40% of those whose fathers were born in Western Europe, 35% of those whose fathers were born in Ireland and 24% of students whose fathers were born in Africa. 20% of students whose fathers were born in other countries were current drinkers.

Skipping school was associated with lifetime and current alcohol consumption. 70% of students who had not skipped school had tried alcohol, with this number rising to 88% of students who skipped school on 5 or 6 days in the past 30 days. 30% of students who did not skip school in the last month were current drinkers, with number rising to 67% for those who had skipped school on 3 or 4 days. Around half (48%) of students who missed 3 or 4 days of school due to illness were current drinkers, with this number dropping to 30% for those who had not missed school due to illness. Just under one-third of students (32%) who had not missed school for other reasons were current drinkers, compared to over half of students (52%) who had missed school on 3 or 4 days.

Academic attainment was negatively associated with both lifetime and current drinking. Far fewer A students (61%) had tried alcohol than F students (74%), however D students had the highest rate of lifetime alcohol consumption at 79%. Far more students with F grades were current drinkers (60%) than those with A grades (21%).

There was a significant association between parental monitoring and alcohol consumption, with parents knowing where students were on a Saturday night being a protective factor against lifetime and current drinking. Considerably more students whose parents sometimes know where they are on a Saturday night (61%) had ever had alcohol than those whose parents always know (25%). A quarter of students whose parents always know where they are on a Saturday night are current drinkers, compared with 61% of those whose parents sometimes know where they are and 58% of those whose parents usually don't know where they are.

Unsurprisingly, peer alcohol use was very strongly associated with lifetime and current alcohol consumption. 11% of students who had no friends who used alcohol were current drinkers, compared with 69% of students who said that all their friends drink. Twice as many students who said that all of their friends drink (94%) had tried alcohol than those who had no friends who drink (47%). There was a similar association between peer drunkenness and lifetime and current alcohol consumption. 73% of students who said that all their friends get drunk reported that they had had alcohol in the last 30 days. Over half (59%) of students who said that most of their friends get drunk were current drinkers and this number dropped to 12% of students who said that none of their friends get drunk.

SMOKING

Tobacco and e-cigarette use among 15-16 year olds in Ireland

Two-thirds have NEVER smoked
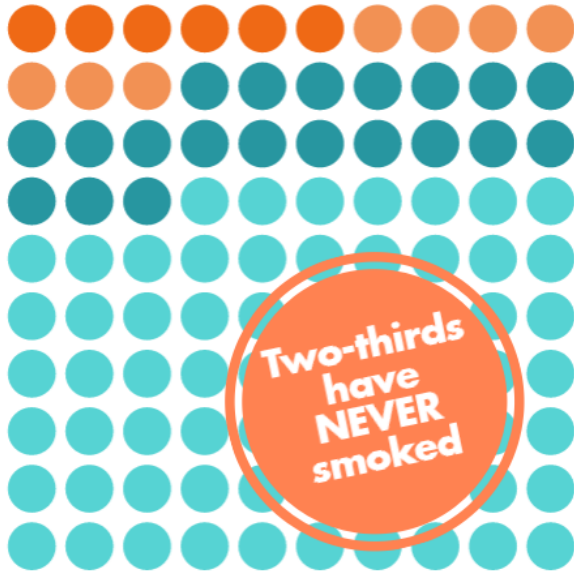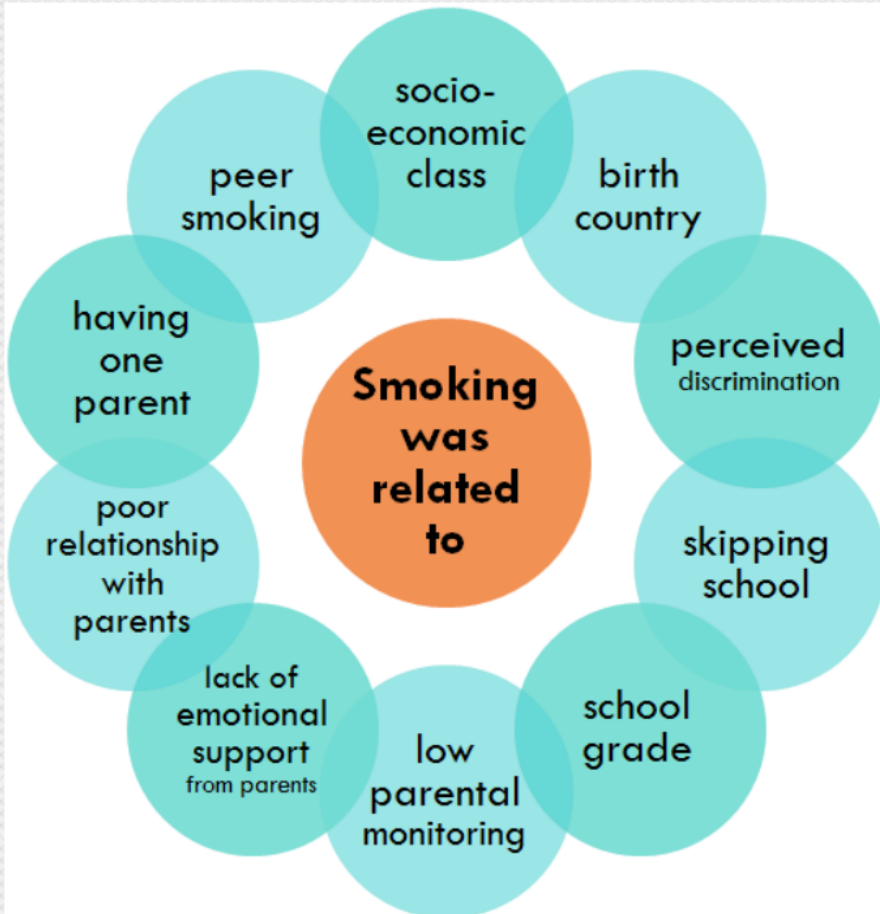
13% **smoked in the last 30 days**

including 6% of students smoked daily

30% perceived a slight risk from smoking occasionally

Two-thirds perceived a great risk from smoking a pack a day

Smoking was related to

- socio-economic class
- birth country
- perceived discrimination
- skipping school
- school grade
- low parental monitoring
- lack of emotional support from parents
- poor relationship with parents
- having one parent
- peer smoking

Half of smokers first smoked aged 13-14 and a quarter were 15 or older

Male students tended to start smoking at a younger age

12.9 years < 13.6 years

E-CIGARETTES

23% had ever used an e-cigarette → lower than smoking tobacco (32%)

Used an e-cigarette in the past 30 days **10%** → similar to smoking tobacco (13%, not statistically different)

Tobacco use when first used an e-cigarette

I had never smoked tobacco	33%
I had tried smoked tobacco but didn't smoke regularly	34%
Smoked occasionally	18%
Smoked regularly	15%

79% of current smokers
56% of ever smokers
8% of never smokers

had ever used an e-cigarette

43% of current smokers use e-cigarettes every month

Reasons for trying e-cigarettes

63% Out of curiosity
21% Because friends were using it
17% As a quit method
10% As an alternative to tobacco
6% I don't know why

respondents could select multiple answers

Half of students first used an e-cigarette aged 15 and a quarter aged 14

one and a half years older

than for starting to smoke tobacco

4. Smoking and tobacco consumption

ESPAD 2015 included a number of items on tobacco smoking over the respondents' lifetimes and during the previous month, perceived ease of obtaining cigarettes, perceived risk of smoking, age of initiation. A wealth of demographic and social information was also collected, allowing a basic investigation of some factors associated with smoking behaviour. Socioeconomic status, birth country, school attendance and attainment, relationship with parents and parenting style, and peer substance use were examined to see if they were related to smoking in this cohort. Lastly, students' use of e-cigarettes (Electronic Nicotine Delivery Systems, ENDS) was described, along with the reasons reported for using e-cigarettes and their tobacco smoking habits at the time of the survey and when they first tried e-cigarettes.

Smoking

Lifetime smoking

Students were asked on how many occasions they had smoked cigarettes during their lifetimes (Table 4.1). More than two-thirds of students reported that they had never smoked a cigarette and a further 10.4% had only smoked on one or two occasions. 8.0% of all students reported smoking on at least 40 occasions. Overall, almost a third of students had ever smoked in their lifetime (32.3%, n=473).

There was not an overall significant difference between male and female students in the number of occasions they had smoked over their lifetimes, although significantly more male students had smoked 40 or more cigarettes than female students[41].

Occasions smoked	Male N	Male %	Female N	Female %	All N	All %
None	501	67.1%	491	68.4%	992	67.7%
Ever smoked	246	32.9%	227	31.6%	473	32.3%
1-2 times	78	10.4%	75	10.4%	153	10.4%
3-5 times	38	5.1%	35	4.9%	73	5.0%
6-9 times	19	2.5%	23	3.2%	42	2.9%
10-19 times	31	4.1%	26	3.6%	57	3.9%
20-39 times	11	1.5%	20	2.8%	31	2.1%
Over 40	69	9.2%	48	6.7%	117	8.0%
Total	747	100.0%	718	100.0%	1465	100.0%

Table 4.1: Lifetime cigarette smoking

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[41] Lifetime smoking by gender: [$\chi^2(6)=6.913$, p=.329]

Smoking during last 30 days

When students were asked to consider how often they smoked in the last 30 days, 87.0% reported that they had not smoked at all and 13.0% had smoked at least once in the last 30 days (n=191). 6.7% (n=98) of students reported smoking less than one cigarette per day and a further 5.7% (n=83) smoked between one and 20 cigarettes per day. Ten students reported smoking more than 20 cigarettes a day.

While the proportion of male and female students who smoked at all was similar, there were differences in the intensity of their smoking[42]. More male students reporting smoking daily and smoking more cigarettes per day than female students, while more female students smoked less frequently than every day.

30 day smoking	Male		Female		All	
	N	%	N	%	N	%
Not at all	647	86.6%	628	87.3%	1275	87.0%
Smoked in last 30 days	100	13.4%	91	12.7%	191	13.0%
Less than 1 cigarette per week	25	3.3%	37	5.1%	62	4.2%
Less than 1 cigarette per day	14	1.9%	22	3.1%	36	2.5%
1-5 cigarettes per day	26	3.5%	14	1.9%	40	2.7%
6-10 cigarettes per day	18	2.4%	9	1.3%	27	1.8%
11-20 cigarettes per day	9	1.2%	7	1.0%	16	1.1%
More than 20 cigarettes per day	8	1.1%	2	0.3%	10	0.7%
Total	747	100.0%	719	100.0%	1466	100.0%

Table 4.2: Smoking during the last 30 days

Age of initiation

The age that adolescents first try a cigarette is associated with later smoking behaviour and their likelihood of quitting (Breslau & Peterson, 1996). Students were asked at what age they smoked their first cigarette. Of those students who had smoked a cigarette (31.8%, n=465), almost half reported that they were 13-14 years old (49.0%, n=228) and almost a quarter were aged 15 or older (n=107). 20.9% were aged 11-12 years old (n=97) and 7.1% reported being 10 years old or younger (n=33). 242 students who had smoked were female and 256 were male. Male students tended to smoke their first cigarette at a younger age (mean=12.9 years, SD=1.69) than female students (mean=13.6 years, SD=1.57)[43].

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[42] Current smoking by gender: [$\chi^2(6)= 14.304$, p=.026, Cramer's V=.099]
[43] Age of initiation by gender: [$t(463)=-4.076$, p<.001; Cohen's d=.379]. '9 or younger' was recoded as 9 and '16 or older' as 16.

Age at first cigarette	Male		Female		All	
	N	%	N	%	N	%
Never	505	67.9%	491	68.4%	996	68.2%
9 years old or less	16	2.2%	6	0.8%	22	1.5%
10 years old	7	0.9%	4	0.6%	11	0.8%
11 years old	23	3.1%	14	1.9%	37	2.5%
12 years old	33	4.4%	27	3.8%	60	4.1%
13 years old	51	6.9%	41	5.7%	92	6.3%
14 years old	71	9.5%	65	9.1%	136	9.3%
15 years old	36	4.8%	56	7.8%	92	6.3%
16 years old or older	2	0.3%	13	1.8%	15	1.0%
Total	744	100.0%	718	100.0%	1461	100.0%

Table 4.3: Age when respondent first smoked a cigarette
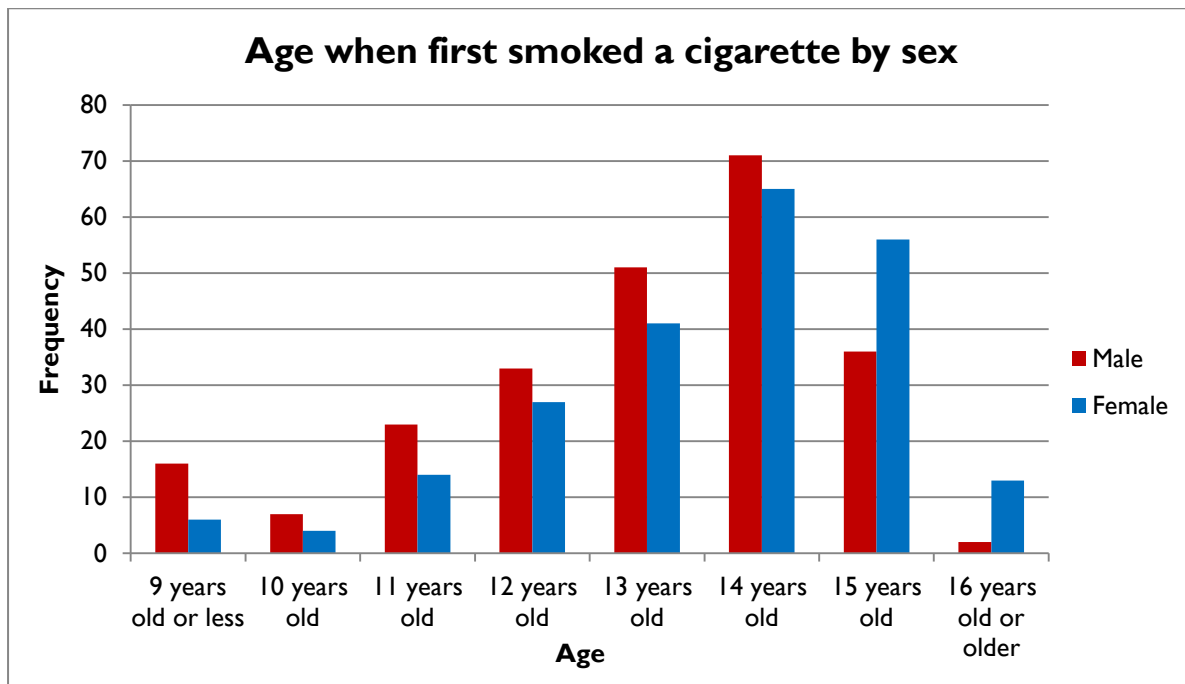
Figure 4.1: Age of students when they first smoked a cigarette by sex

Smoking on a daily basis

147 (10.2%) students reported that they had smoked on a daily basis, 42.9% of whom started smoking daily between 13-14 years old (n=63) and 44.9% (n=66) started smoking daily aged 15 or older. 15 students reported starting to smoke every day between 11 and 12 years old and 3 students were aged 10 years old or younger.

70 of the 147 daily smokers were female and 77 were male, and they started smoking daily at a similar age[44]. The mean age for male students was 14.0 years (SD=1.49) and for female students was 14.2 years (SD=1.18).

Age began daily smoking	Male		Female		All	
	N	%	N	%	N	%
Never	650	89.4%	641	90.2%	1291	89.8%
9 years old or less	1	0.1%	1	0.1%	2	0.1%
10 years old	1	0.1%	0	0.0%	1	0.1%
11 years old	3	0.4%	0	0.0%	3	0.2%
12 years old	8	1.1%	4	0.6%	12	0.8%
13 years old	10	1.4%	11	1.5%	21	1.5%
14 years old	19	2.6%	23	3.2%	42	2.9%
15 years old	27	3.7%	26	3.7%	53	3.7%
16 years old or older	8	1.1%	5	0.7%	13	0.9%
Total	727	100.0%	711	100.0%	1438	100.0%

Table 4.4: Age respondent began daily smoking
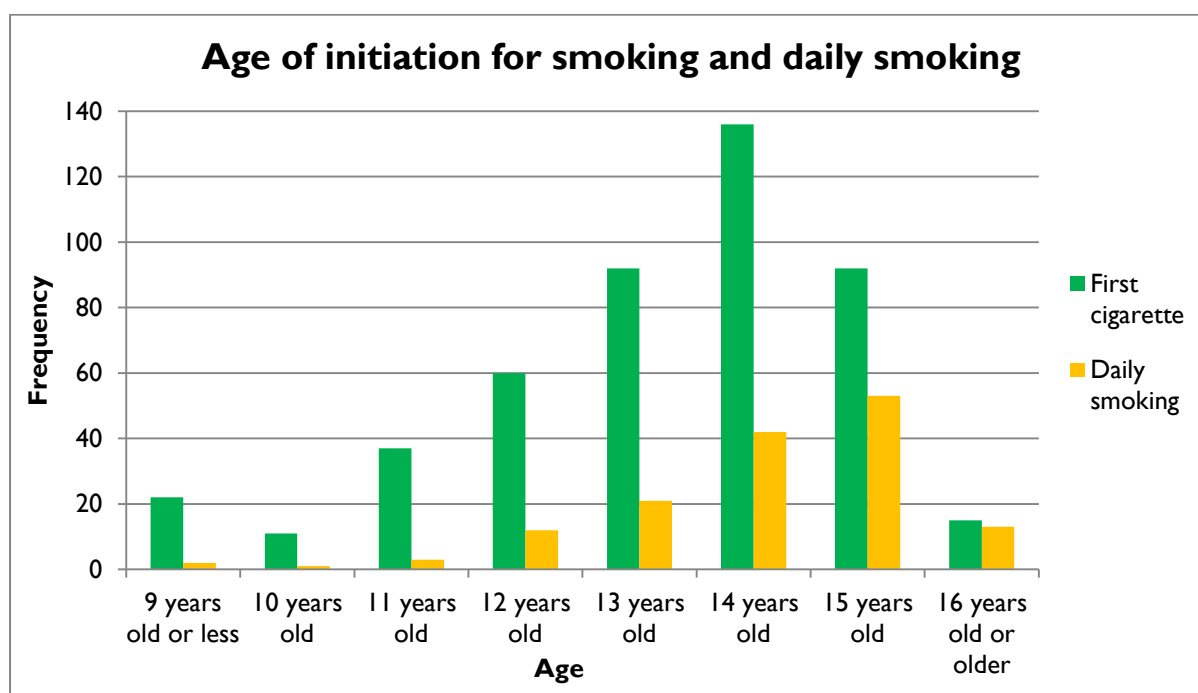
Figure 4.2: Age of students when they first smoked a cigarette and began smoking daily

Figure 4.2 shows the ages at which students first smoked a cigarette and began smoking daily. While the most frequent age for first smoking a cigarette is 14 years old, the most frequency

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[44] Age of starting to smoking daily by gender: [t(147.095)=-1.138, p=.257] '9 or younger' was recoded as 9 and '16 or older' as 16.

age for smoking daily is 15 years. The distribution shown by the graph could indicate a time lag between first smoking a cigarette and starting to smoke daily.

Perceived access to cigarettes

Students were asked how difficult they thought it would be to get cigarettes if they wanted them. Over 60% responded that it would be either fairly easy or very easy to obtain cigarettes and only 6.0% believed it would be impossible.

There were differences in perceived access to cigarettes, as male respondents expected to access cigarettes more easily than female students[45]. 22.1% of female students believed that it would be fairly or very difficult to obtain cigarettes, compared to 14.1% of male students.

Perceived Access	Male		Female		All	
	N	%	N	%	N	%
Impossible	44	6.0%	43	6.0%	87	6.0%
Very difficult	42	5.7%	61	8.6%	103	7.1%
Fairly difficult	62	8.4%	96	13.5%	158	10.9%
Fairly easy	262	35.6%	263	37.0%	525	36.3%
Very easy	220	29.9%	148	20.8%	368	25.4%
Don`t know	105	14.3%	100	14.1%	205	14.2%
Total	735	100.0%	711	100.0%	1446	100.0%

Table 4.5: Perceived access to cigarettes by sex

Perceived risk of cigarette smoking

Students were asked how much they thought people risk harming themselves if they smoke cigarettes occasionally and 11.7% of students believed that there are no risks (n=170). Most students believed that there is a moderate risk (33.9%, n=493) or a slight risk (29.7%, n=432), and 22.1% (n=321) believed there is a great risk.

More male students perceived that there is no risk (13.3%) or a great risk (22.4%) from smoking occasionally than female students (10.1% and 21.8% respectively), while more female students perceived a slight or moderate risk. However, these differences did not reach significance[46].

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[45] Perceived access by gender: [$\chi^2(5)= 25.652$, p<.001; Cramer's V=.131]
[46] Perceived risk of occasional smoking by gender: [$\chi^2(4)= 7.407$, p=.116]

Risk of occasional smoking	Male		Female		All	
	N	%	N	%	N	%
No risk	98	13.3%	72	10.1%	170	11.7%
Slight risk	204	27.6%	228	31.9%	432	29.7%
Moderate risk	248	33.6%	245	34.3%	493	33.9%
Great risk	165	22.4%	156	21.8%	321	22.1%
Don`t know	23	3.1%	14	2.0%	37	2.5%
Total	738	100.0%	715	100.0%	1453	100.0%

Table 4.6: Perceived risk of occasional cigarette smoking by sex

Students were also asked how much they thought people risk harming themselves if they smoke one or more packs of cigarettes per day and two-thirds answered that they perceive a great risk (67.1%, n=976). 18.7% (n=272) responded 'moderate risk', 6.1% (n=88) responded 'slight risk' and 5.6% (n=81) responded 'no risk'.

As with occasional smoking, more male students perceived no risk from smoking a pack or more a day (6.8%) compared to female students (4.3%). More female (69.6%) than male (64.8%) students perceived a great risk from smoking a pack or more a day, but these differences were not significant[47].

Risk of smoking a pack or more a day	Male		Female		All	
	N	%	N	%	N	%
No risk	50	6.8%	31	4.3%	81	5.6%
Slight risk	43	5.8%	45	6.3%	88	6.1%
Moderate risk	144	19.5%	128	17.9%	272	18.7%
Great risk	478	64.8%	498	69.6%	976	67.1%
Don`t know	23	3.1%	14	2.0%	37	2.5%
Total	738	100.0%	716	100.0%	1454	100.0%

Table 4.7: Perceived risk of smoking a pack or more a day by sex

It is worth noting that 30 students responded that they did not know the risks of both smoking occasionally and smoking a pack or more a day (2.1% of total). The most common pair of answers was perceiving a great risk from smoking a pack or more a day and a moderate risk from smoking occasionally (28.7%, n=414).

Summary

A third of students had ever smoked (32.3%, n=473) and 13% (n=191) had smoked at least once in the last 30 days. 6.8% (n=137) of students reported smoking daily. A similar number of male and female students tried and experimented with smoking, but more male students reported smoking daily and smoking more cigarettes per day than female students. Almost half of

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47 Perceived risk of smoking a pack a day by gender: $[\chi^2(4)= 7.711, p=.103]$

respondents reported smoking their first cigarette aged 13 or 14 and male students reported starting to smoke at a younger age than female students (12.9 years compared to 13.6 years).

Over 60% of students perceived obtaining cigarettes as either fairly easy or very easy and male students believed it would be easier to access cigarettes than female students did. Most students believed that there is a moderate risk (34%) or a slight risk (30%) of smoking occasionally and two-thirds answered that they perceived a great risk from smoking one or more packs of cigarettes per day.

Factors related to smoking

Socioeconomic status

Socioeconomic status was measured via the highest education level of the respondents' mothers and fathers and the self-reported wealth of the family compared to their peers (Very much better off, much better off, better off, about the same, less well off, (very) much less well off).

Paternal education was significantly associated with lifetime[48] and current smoking, and, although the effect of maternal education did not reach significance, having more educated parents seemed to be a protective factor against smoking. Around 70% of those whose father had a secondary or third level education had never smoked, but 24 out of 46 students whose fathers received primary education only have never smoked. Those whose fathers received primary education only were the group with the highest proportion of experimenters who had smoked between 3-39 cigarettes. Some respondents did not know the level of education that their father attained or responded that it did not apply (n=177), and more respondents in this category smoked 40 or more cigarettes in their lifetime (14.1%, n=25) than any other paternal education group.

	Father's Education									
Lifetime	Primary or less		Secondary		Third level		Don't know		Total	
Smoking	N	%	N	%	N	%	N	%	N	%
None	24	52.2%	431	70.2%	410	68.9%	108	61.0%	973	67.9%
1-2	4	8.7%	63	10.3%	58	9.7%	23	13.0%	148	10.3%
3-39	13	28.3%	75	12.2%	88	14.8%	21	11.9%	197	13.8%
40+	5	10.9%	45	7.3%	39	6.6%	25	14.1%	114	8.0%
Total	*46*	*100.0%*	*614*	*100.0%*	*595*	*100.0%*	*177*	*100.0%*	*1432*	*100.0%*
	Mother's Education									
Lifetime	Primary or less		Secondary		Third level		Don't know		Total	
Smoking	N	%	N	%	N	%	N	%	N	%
None	11	42.3%	373	66.7%	502	70.2%	88	66.7%	974	68.0%
1-2	5	19.2%	60	10.7%	65	9.1%	18	13.6%	148	10.3%
3-39	7	26.9%	78	14.0%	96	13.4%	16	12.1%	197	13.8%
40+	3	11.5%	48	8.6%	52	7.3%	10	7.6%	113	7.9%
Total	*26*	*100.0%*	*559*	*100.0%*	*715*	*100.0%*	*132*	*100.0%*	*1432*	*100.0%*

Table 4.8: Lifetime smoking by father's and mother's education

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[48] Lifetime smoking by Father's education: [$\chi^2(9)=24.744$, $p=.003$; Cramer's V=.076]. Lifetime smoking by Mother's education: [$\chi^2(9)=12.493$, $p=.187$].
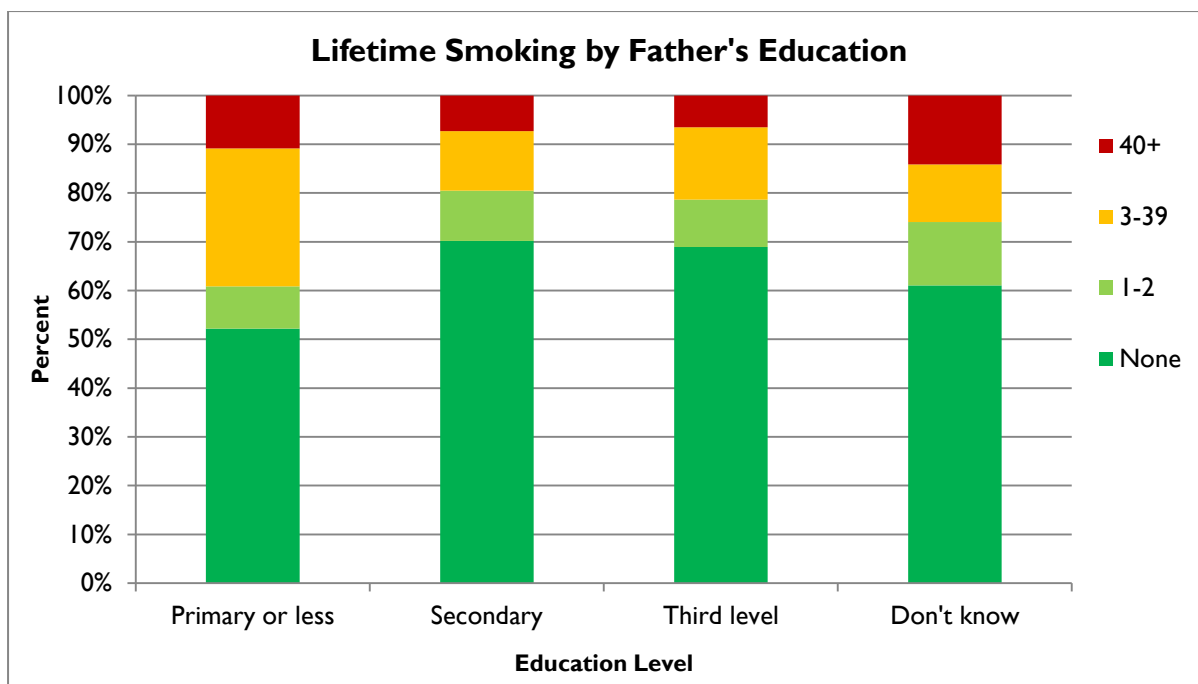
Figure 4.3: Stacked bar chart of lifetime smoking by Father's education level

Paternal education was also significantly associated with current smoking[49], but a significant association between current smoking and maternal education was not found. Respondents whose father had primary school education only (8 of 46) or answered 'don't know/not applicable' (14.2%, n=25) were more likely to report smoking every day. Those whose fathers had received secondary (11.6%, n=71) and third level (11.4%, n=68) education had similar rates of current smoking as each other and lower rates of smoking than those with primary education only.

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[49] Current smoking by Father's education: [$\chi^2(6)=35.273$, p<.001; Cramer's V=.111]. Current smoking by Mother's education: [$\chi^2(6)=11.013$, p=.088].

Father's Education										
Current	Primary or less		Secondary		Third level		Don't know		Total	
Smoking	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
None	33	71.7%	542	88.4%	530	88.6%	143	81.3%	1248	87.1%
Less than one a day	5	10.9%	42	6.9%	39	6.5%	8	4.5%	94	6.6%
Every day	8	17.4%	29	4.7%	29	4.8%	25	14.2%	91	6.4%
Total	*46*	*100.0%*	*613*	*100.0%*	*598*	*100.0%*	*176*	*100.0%*	*1433*	*100.0%*
Mother's Education										
Current	Primary or less		Secondary		Third level		Don't know		Total	
Smoking	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
None	19	73.1%	483	86.4%	632	87.9%	115	88.5%	1249	87.1%
Less than one a day	2	7.7%	43	7.7%	44	6.1%	5	3.8%	94	6.6%
Every day	5	19.2%	33	5.9%	43	6.0%	10	7.7%	91	6.3%
Total	*26*	*100.0%*	*559*	*100.0%*	*719*	*100.0%*	*130*	*100.0%*	*1434*	*100.0%*

Table 4.9: Current smoking by father's and mother's education

The perceived relative wealth of the family was significantly related to lifetime and current smoking[50]. Respondents who considered their family 'very much better off' (14.9%, n=13) and '(very) much less well off' (7 of 36) were the most likely to have smoked 40 or more cigarettes in their lifetime. Those who reported themselves to be 'very much better off' were the most likely to have experimented with cigarettes (21.8%, n=19), smoking up to 40 cigarettes in their lifetime. Respondents who responded 'better off' (73.2%, n=270) or 'about the same' (69.2%, n=480) were the most likely to have completely abstained from cigarettes and the least likely to have smoked 40 or more cigarettes.

As with lifetime smoking, the most (14.0%, n=12) and least (5 of 38) well off groups were more likely to smoke every day compared to those who were 'better off' (4.1%, n=15) and 'about the same' as other families (5.8%, n=40). It appears that the groups most likely to engage in smoking were those who reported their family to be 'very much better off' and '(very) much less well off' and those who considered their families closer to the average were less likely to smoke.

In summary, socioeconomic status measured by the self-reported relative wealth of the family and the father's education was associated with current and lifetime smoking, although the association between smoking and the mother's education was not significant.

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[50] Lifetime smoking by perceived relative wealth: [$\chi^2(15)$=40.977, p<.001; Cramer's V=.098]. Current smoking by perceived relative wealth: [$\chi^2(10)$=31.712, p<.001; Cramer's V=.105].

Perceived relative wealth													
Lifetime Smoking	Very much better off		Much better off		Better off		About the same		Less well off		(Very) much less well off		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
None	42	48.3%	90	66.7%	270	73.2%	480	69.2%	65	63.1%	18	50.0%	965	67.8%
1-2	13	14.9%	16	11.9%	24	6.5%	79	11.4%	8	7.8%	7	19.4%	147	10.3%
3-39	19	21.8%	17	12.6%	49	13.3%	89	12.8%	19	18.4%	4	11.1%	197	13.8%
40+	13	14.9%	12	8.9%	26	7.0%	46	6.6%	11	10.7%	7	19.4%	115	8.1%
Total	*87*	*100.0%*	*135*	*100.0%*	*369*	*100.0%*	*694*	*100.0%*	*103*	*100.0%*	*36*	*100.0%*	*1424*	*100.0%*
Perceived relative wealth													
Current smoking	Very much better off		Much better off		Better off		About the same		Less well off		(Very) much less well off		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Not at all	66	76.7%	111	82.2%	328	89.1%	618	88.9%	87	84.5%	27	71.1%	1237	86.8%
Less than one a day	8	9.3%	15	11.1%	25	6.8%	37	5.3%	5	4.9%	6	15.8%	96	6.7%
Every day	12	14.0%	9	6.7%	15	4.1%	40	5.8%	11	10.7%	5	13.2%	92	6.5%
Total	*86*	*100.0%*	*135*	*100.0%*	*368*	*100.0%*	*695*	*100.0%*	*103*	*100.0%*	*38*	*100.0%*	*1425*	*100.0%*

Table 4.10: Lifetime and current smoking by perceived relative wealth
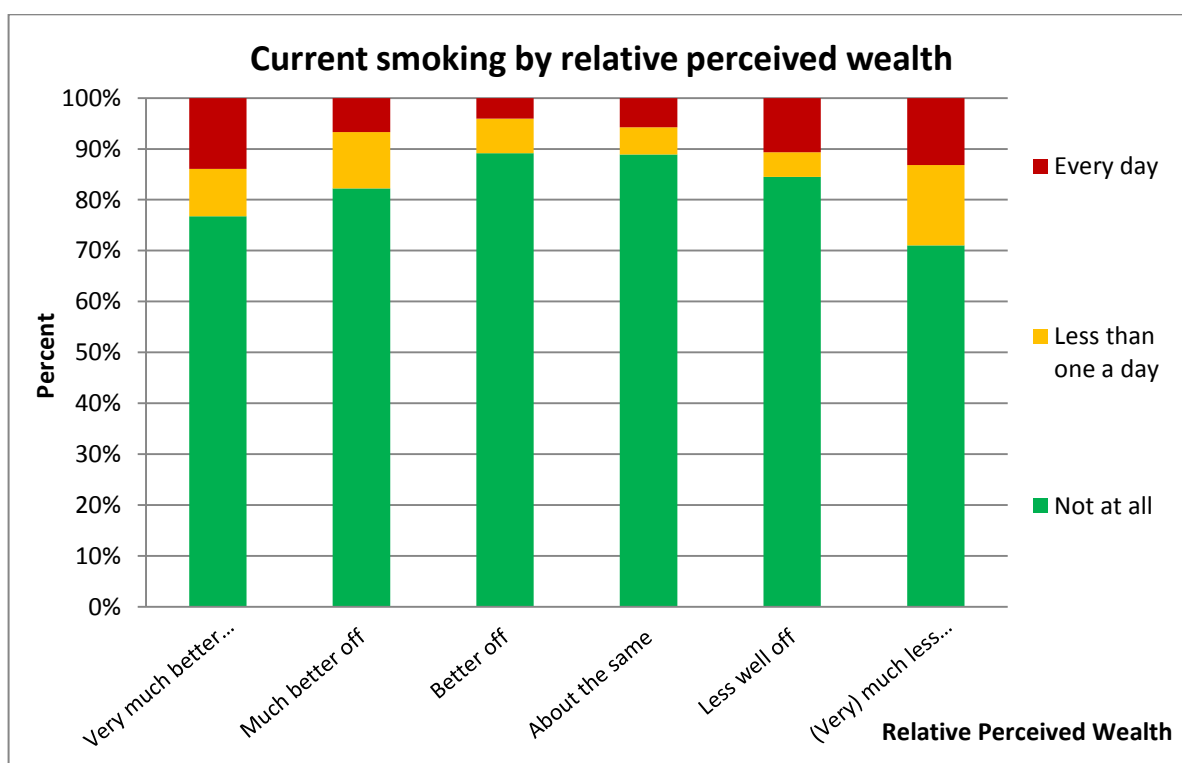
Figure 4.4: Stacked bar chart of current smoking by relative perceived wealth

Birth country of respondent and parents

Students were asked to write down the country they were born in, as well as the countries their parents were born in. More than three-quarters of respondents were born in Ireland (n=1132) and almost three-quarters of their parents were born in Ireland (n=1054, 1047).

Around half of the remaining students were born in Western Europe (n=151), particularly the UK (n=91), and likewise for the parents[51]. The next most common regions of birth were Eastern Europe, followed by Africa and Asia.

Birth Country	Respondent		Mother		Father	
	N	%	N	%	N	%
Ireland	1132	79.0%	1054	73.7%	1047	73.6%
Western Europe	151	10.5%	194	13.6%	206	14.5%
Eastern Europe	68	4.7%	72	5.0%	73	5.1%
North America	17	1.2%	17	1.2%	9	0.6%
Australia, New Zealand, Fiji	4	0.3%	2	0.1%	2	0.1%
Asia	19	1.3%	24	1.7%	27	1.9%
Middle East & North Africa	5	0.3%	4	0.3%	4	0.3%
Sub-Saharan Africa	35	2.4%	59	4.1%	53	3.7%
South & Central America	2	0.1%	4	0.3%	2	0.1%
Total	1433	100.0%	1430	100.0%	1423	100.0%

Table 4.11: Birth country of students, their mothers and their fathers.
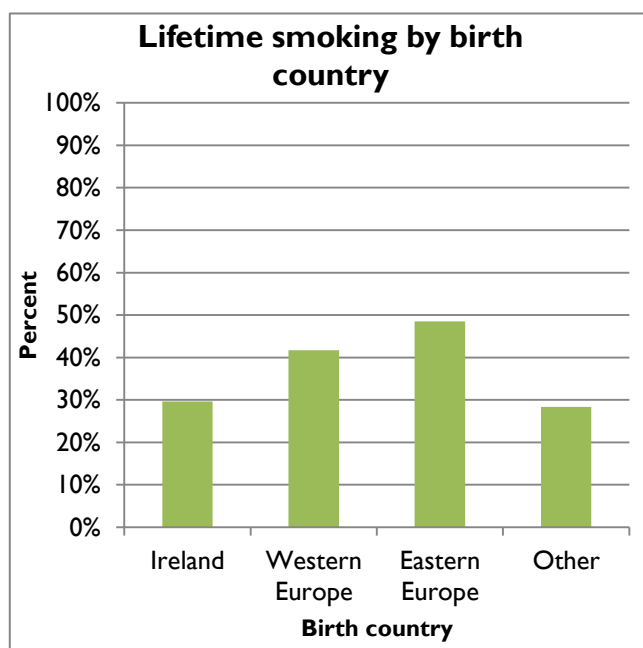
Figure 4.5: Daily smoking by student's birth country

There were significant differences in lifetime smoking behaviour in relation to the students' country of birth, although the differences in smoking over the last 30 days were not significant[52]. In order to test the differences, countries with few responses were grouped further; Asia, North America, Middle East & North Africa, Sub-Saharan Africa, Oceania and South & Central America were collapsed into 'Other'. This 'Other' region had the highest rates of never smoking at all (71.6%, n=58), as well as high rates of abstaining from smoking in the last month (87.8%, n=72) compared to Ireland, Eastern and Western Europe. Ireland was the second highest 70.3% of students born in Ireland have never smoked a cigarette (n=794) and 88.0% have not smoked at all in the last 30 days (n=994).

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[51] 194 mothers from Western Europe, including 137 from UK. 206 fathers from Western Europe, 146 from UK.
[52] Current smoking by birth country: $[\chi^2(8)=9.982, p=.266$, Cramer's V=.081].
Lifetime smoking by birth country: $[\chi^2(12)=31.828, p=.001$, Cramer's V=.086].

Both those born in Ireland and those born in 'Other' places had similar low rates of daily smoking (5.4%; 6.1%) and having smoked 40 or more cigarettes (6.6%; 7.4%).

By contrast, students born in Eastern Europe had high smoking rates, and more than half have ever smoked at least one cigarette (34 of 66 students). Smoking rates among students born in Western Europe seem to be higher than those born in Ireland, although they were significantly higher only in terms of never smoking and having smoked 3-39 cigarettes.

Birth Country										
Lifetime Smoking	Ireland		Western Europe		Eastern Europe		Other		Total	
	N	%	N	%	N	%	N	%	N	%
None	794	70.3%	88	58.3%	34	51.5%	58	71.6%	974	68.3%
1-2	117	10.4%	16	10.6%	9	13.6%	6	7.4%	148	10.4%
3-39	143	12.7%	32	21.2%	10	15.2%	11	13.6%	196	13.7%
40+	75	6.6%	15	9.9%	13	19.7%	6	7.4%	109	7.6%
Total	*1129*	*100.0%*	*151*	*100.0%*	*66*	*100.0%*	*81*	*100.0%*	*1427*	*100.0%*
Birth Country										
Current smoking	Ireland		Western Europe		Eastern Europe		Other		Total	
	N	%	N	%	N	%	N	%	N	%
Not at all	994	88.0%	128	84.8%	52	78.8%	72	87.8%	1246	87.3%
Less than one a day	74	6.6%	10	6.6%	5	7.6%	5	6.1%	94	6.6%
Every day	61	5.4%	13	8.6%	9	13.6%	5	6.1%	88	6.2%
Total	*1129*	*100.0%*	*151*	*100.0%*	*66*	*100.0%*	*82*	*100.0%*	*1428*	*100.0%*

Table 4.12: Lifetime and current smoking by birth country

A similar but stronger pattern was found when considering smoking behaviour and the birth country of respondents' mothers[53] and fathers[54]. The strength of effect of the mother's birth country (Cramer's V=.091) was similar to the effect of the respondent's own birth country (Cramer's V=.086), while the effect of the father's birth country was stronger (Cramer's V=.104). Students with a parent born in Eastern Europe smoked more than any other group. Students whose mother (15.7%, n=11) or father (15.5%, n=11) was born in Eastern Europe were significantly more likely to smoke daily.

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[53] Current smoking by mother's birth country: [$\chi^2(6)=16.774$, p=.010, Cramer's V=.077]. Lifetime smoking by mother's birth country: [$\chi^2(9)=35.721$, p<.001, Cramer's V=.091].
[54] Current smoking by father's birth country: [$\chi^2(6)=18.429$, p=.005, Cramer's V=.081]. Lifetime smoking by father's birth country: [$\chi^2(9)=46.376$, p<.001, Cramer's V=.104].

Birth Country of Mother										
Lifetime Smoking	Ireland		Western Europe		Eastern Europe		Other		Total	
	N	%	N	%	N	%	N	%	N	%
None	741	70.6%	113	58.2%	33	47.1%	80	72.7%	967	67.9%
1-2	108	10.3%	23	11.9%	7	10.0%	11	10.0%	149	10.5%
3-39	130	12.4%	39	20.1%	17	24.3%	11	10.0%	197	13.8%
40+	71	6.8%	19	9.8%	13	18.6%	8	7.3%	111	7.8%
Total	1050	100.0%	194	100.0%	70	100.0%	110	100.0%	1424	100.0%

Birth Country of Mother										
Current smoking	Ireland		Western Europe		Eastern Europe		Other		Total	
	N	%	N	%	N	%	N	%	N	%
Not at all	926	88.1%	162	83.5%	53	75.7%	100	90.9%	1241	87.1%
Less than one a day	66	6.3%	18	9.3%	6	8.6%	4	3.6%	94	6.6%
Every day	59	5.6%	14	7.2%	11	15.7%	6	5.5%	90	6.3%
Total	1051	100.0%	194	100.0%	70	100.0%	110	100.0%	1425	100.0%

Table 4.13: Lifetime and current smoking by birth country of the mother

Birth Country of Father										
Lifetime Smoking	Ireland		Western Europe		Eastern Europe		Other		Total	
	N	%	N	%	N	%	N	%	N	%
None	737	70.6%	123	59.7%	31	43.7%	74	77.1%	965	68.1%
1-2	113	10.8%	18	8.7%	10	14.1%	8	8.3%	149	10.5%
3-39	129	12.4%	42	20.4%	16	22.5%	9	9.4%	196	13.8%
40+	65	6.2%	23	11.2%	14	19.7%	5	5.2%	107	7.6%
Total	1044	100.0%	206	100.0%	71	100.0%	96	100.0%	1417	100.0%

Birth Country of Father										
Current smoking	Ireland		Western Europe		Eastern Europe		Other		Total	
	N	%	N	%	N	%	N	%	N	%
Not at all	920	88.1%	175	85.0%	53	74.6%	90	92.8%	1238	87.3%
Less than one a day	69	6.6%	14	6.8%	7	9.9%	4	4.1%	94	6.6%
Every day	55	5.3%	17	8.3%	11	15.5%	3	3.1%	86	6.1%
Total	1044	100.0%	206	100.0%	71	100.0%	97	100.0%	1418	100.0%

Table 4.14: Lifetime and current smoking by birth country of the father

Students were asked if they were ever treated badly or unfairly because of their skin colour, ethnicity, religion, or birth country and a quarter of students said that they had experienced discrimination at least once (25.0%, n=363). Male students[55] and students born in Africa[56] reported experiencing significantly more discrimination than other students.

Students who perceived being discriminated against were more likely to smoke than students who perceived no discrimination[57]. Out of 44 students who were discriminated against every day, 10 smoked daily and only 20 had never smoked a cigarette.

Perceived Discrimination	N	%
Every day	44	3.0%
Weekly	42	2.9%
Monthly	44	3.0%
Once or twice	233	16.0%
Never	1091	75.0%
Total	1454	100.0%

Table 4.15:
Perceived discrimination

	Perceived discrimination											
Lifetime Smoking	Every day		Weekly		Monthly		Once or twice		Never		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
None	20	45.5%	25	59.5%	26	59.1%	151	64.8%	760	70.0%	982	67.8%
1-2	5	11.4%	4	9.5%	4	9.1%	27	11.6%	112	10.3%	152	10.5%
3-39	8	18.2%	10	23.8%	7	15.9%	37	15.9%	138	12.7%	200	13.8%
40+	11	25.0%	3	7.1%	7	15.9%	18	7.7%	75	6.9%	114	7.9%
Total	44	100.0%	42	100.0%	44	100.0%	233	100.0%	1085	100.0%	1448	100.0%
	Perceived discrimination											
Current smoking	Every day		Weekly		Monthly		Once or twice		Never		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Not at all	31	70.5%	36	85.7%	36	81.8%	201	86.3%	958	88.2%	1262	87.1%
Less than one a day	3	6.8%	4	9.5%	3	6.8%	21	9.0%	65	6.0%	96	6.6%
Every day	10	22.7%	2	4.8%	5	11.4%	11	4.7%	63	5.8%	91	6.3%
Total	44	100.0%	42	100.0%	44	100.0%	233	100.0%	1086	100.0%	1449	100.0%

Table 4.16: Lifetime and current smoking by perceived discrimination

School

Previous studies have suggested that smoking is associated with disengagement from school (McLellan, Rissel, Donnelly, & Bauman, 1999). Skipping class, missing school due to illness, missing classes for other reasons and having a lower academic grade were all found to be strongly associated with lifetime and current smoking in this cohort.

Absences

Students were asked to report the number of days on which they had missed at least one class over the last 30 days. Of students who had skipped class on at least 7 days, almost half had smoked 40 or more cigarettes in their lifetime (14 of 30 students) and a third smoked every day

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[55] Perceived discrimination by gender: [$\chi^2(4)$= 29.849, p<.001, Cramer's V=.143].
[56] Perceived discrimination by birth country: [$\chi^2(16)$= 272.335, p<.001, Cramer's V=.218].
[57] Lifetime smoking by perceived discrimination: [$\chi^2(12)$= 32.476, p=.001, Somer's d=.100].
Current smoking by perceived discrimination: [$\chi^2(8)$= 27.153, p=.001, Somer's d=.047].

(10 of 30). Of the students who had not skipped class at all in the last month, almost three quarters had never smoked a cigarette (73.40%, n=720) and 91.4% (n=897) had not smoked at all in the previous 30 days. Skipping class was moderately associated with current smoking and strongly associated with lifetime smoking[58].

Skipping School										
Lifetime Smoking	None		1-2 days		3-6 days		7 or more		Total	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%
None	720	73.4%	90	54.5%	18	37.5%	9	30.0%	837	68.4%
1-2	100	10.2%	19	11.5%	4	8.3%	4	13.3%	127	10.4%
3-39	121	12.3%	34	20.6%	11	22.9%	3	10.0%	169	13.8%
40+	40	4.1%	22	13.3%	15	31.3%	14	46.7%	91	7.4%
Total	*981*	*100.0%*	*165*	*100.0%*	*48*	*100.0%*	*30*	*100.0%*	*1224*	*100.0%*
Skipping School										
Current smoking	None		1-2 days		3-6 days		7 or more		Total	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%
Not at all	897	91.4%	130	78.3%	30	61.2%	16	53.3%	1073	87.5%
Less than one a day	48	4.9%	20	12.0%	8	16.3%	4	13.3%	80	6.5%
Every day	36	3.7%	16	9.6%	11	22.4%	10	33.3%	73	6.0%
Total	*981*	*100.0%*	*166*	*100.0%*	*49*	*100.0%*	*30*	*100.0%*	*1226*	*100.0%*

Table 4.17: Lifetime and current smoking by skipping school
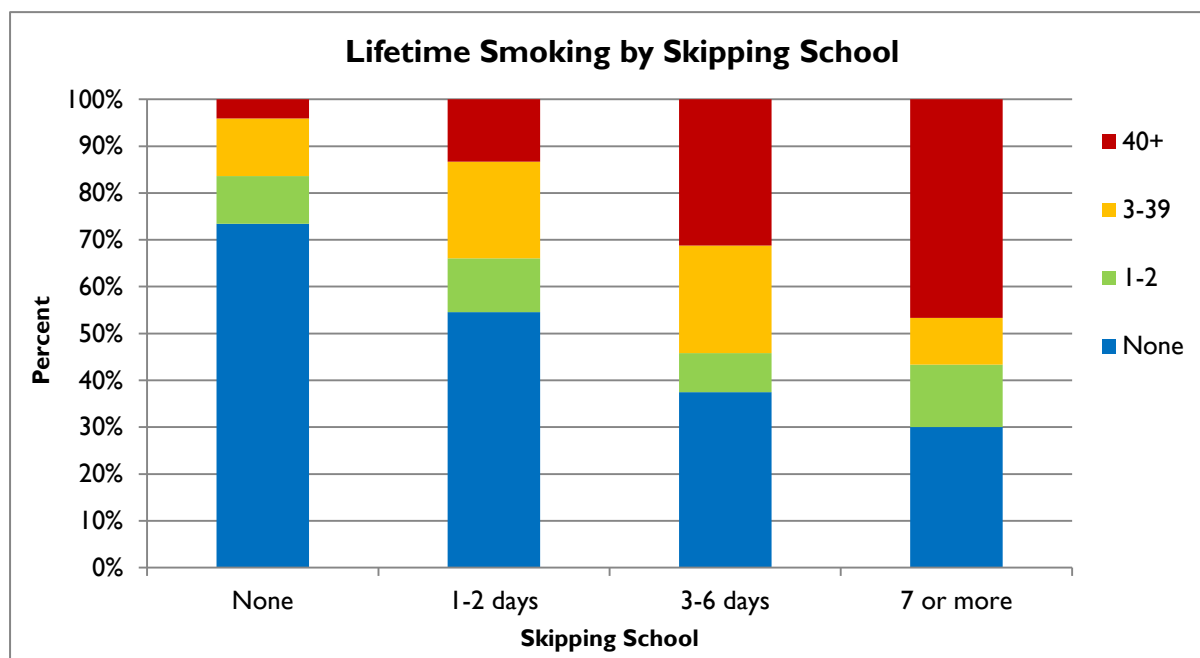
Figure 4.6: Stacked bar chart of lifetime smoking by skipping school

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[58] Lifetime smoking by skipping class: $[\chi^2(9)=153.649, p<.001, \text{Somer's } d=.292]$.
Current smoking by skipping class: $[\chi^2(6)=104.856, p<.001, \text{Somer's } d=.199]$.

Missing lessons due to illness was also associated with current and lifetime smoking[59]. Students who missed class on more than 7 of the last 30 days (8 of 57) were much more likely to smoke every day than those who did not miss any class due to illness (4.0%, n=26). These students were also more likely to have ever smoked more than 40 cigarettes (6 of 57) compared to those who had not missed class due to illness (5.4%, n=35). Not missing any school due to illness in the last 30 days was associated with abstaining from smoking in the same period (90.7%, n=585), as well as over their lifetimes (72.6%, n=469). Similarly, missing school for other reasons was also associated with smoking in the last 30 days and over the lifetime[60].

Absences due to Illness										
Lifetime Smoking	None		1-2 days		3-6 days		7 or more		Total	
	N	%	N	%	N	%	N	%	N	%
None	469	72.6%	299	66.7%	119	61.0%	33	57.9%	920	68.4%
1-2	64	9.9%	48	10.7%	18	9.2%	7	12.3%	137	10.2%
3-39	78	12.1%	65	14.5%	37	19.0%	11	19.3%	191	14.2%
40+	35	5.4%	36	8.0%	21	10.8%	6	10.5%	98	7.3%
Total	*646*	*100.0%*	*448*	*100.0%*	*195*	*100.0%*	*57*	*100.0%*	*1346*	*100.0%*
Absences due to Illness										
Current smoking	None		1-2 days		3-6 days		7 or more		Total	
	N	%	N	%	N	%	N	%	N	%
Not at all	585	90.7%	392	87.1%	158	81.0%	43	75.4%	1178	87.5%
Less than one a day	34	5.3%	33	7.3%	18	9.2%	6	10.5%	91	6.8%
Every day	26	4.0%	25	5.6%	19	9.7%	8	14.0%	78	5.8%
Total	*645*	*100.0%*	*450*	*100.0%*	*195*	*100.0%*	*57*	*100.0%*	*1347*	*100.0%*

Table 4.18: Lifetime and current smoking by absences due to illness

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[59] Current smoking by absences due to illness: [$\chi^2(6)=23.383$, p=.001, Somer's d=.065].
Lifetime smoking by absences due to illness: [$\chi^2(9)=18.689$, p=.028, Somer's d=.086].
[60] Current smoking by absences for other reasons: [$\chi^2(6)=44.760$, p<.001, Somer's d=.068].
Lifetime smoking by absences for other reasons: [$\chi^2(9)=50.644$, p<.001, Somer's d= .089].

Lifetime smoking by absences due to illness
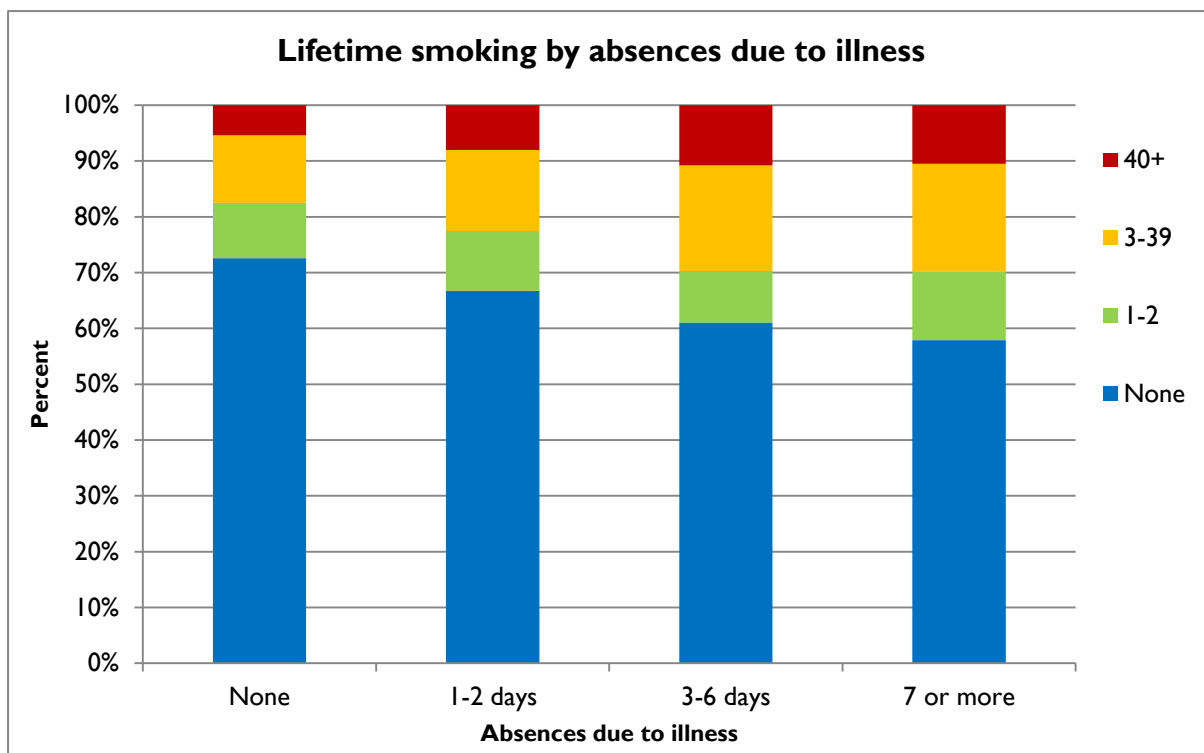
Figure 4.7: Stacked bar chart of lifetime smoking by skipping school

Average Grade

Attainment as well as attendance was related to smoking behaviour; a strong association was found between average grade and current and lifetime smoking[61]. Six out of 15 students who scored an F had ever smoked more than 40 cigarettes and five smoked every day. However, only around 5% of the students who scored an A had ever smoked more than 40 cigarettes (4.1%, n=7) and smoked every day (2.4%, n=4). While those whose average grades are A and B have similar smoking behaviours, those who scored a D smoke more than those who scored a C, and those who have a failing grade smoked even more, both daily and in the last 30 days (see Graph 4.7).

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[61] Current smoking by average grade: [$\chi^2(8)= 70.516$, $p<.001$, Somer's d=.094].
Lifetime smoking by average grade: [$\chi^2(12)= 79.786$, $p<.001$, Somer's d=.138].

Average Grade												
Lifetime	A (100-85%)		B (84-70%)		C (69-55%)		D (54-40%)		F (40% or less)		Total	
Smoking	N	%	N	%	N	%	N	%	N	%	N	%
None	133	78.2%	431	73.4%	313	62.7%	52	51.5%	6	40.0%	935	68.1%
1-2	10	5.9%	63	10.7%	51	10.2%	16	15.8%	3	20.0%	143	10.4%
3-39	20	11.8%	69	11.8%	87	17.4%	15	14.9%	0	0.0%	191	13.9%
40+	7	4.1%	24	4.1%	48	9.6%	18	17.8%	6	40.0%	103	7.5%
Total	*170*	*100.0%*	*587*	*100.0%*	*499*	*100.0%*	*101*	*100.0%*	*15*	*100.0%*	*1372*	*100.0%*

Average Grade												
Current	A (100-85%)		B (84-70%)		C (69-55%)		D (54-40%)		F (40% or less)		Total	
smoking	N	%	N	%	N	%	N	%	N	%	N	%
Not at all	156	91.8%	542	92.2%	417	83.2%	75	74.3%	9	60.0%	1199	87.2%
Less than one a day	10	5.9%	27	4.6%	47	9.4%	8	7.9%	1	6.7%	93	6.8%
Every day	4	2.4%	19	3.2%	37	7.4%	18	17.8%	5	33.3%	83	6.0%
Total	*170*	*100.0%*	*588*	*100.0%*	*501*	*100.0%*	*101*	*100.0%*	*15*	*100.0%*	*1375*	*100.0%*

Table 4.19: Lifetime and current smoking by average school grade
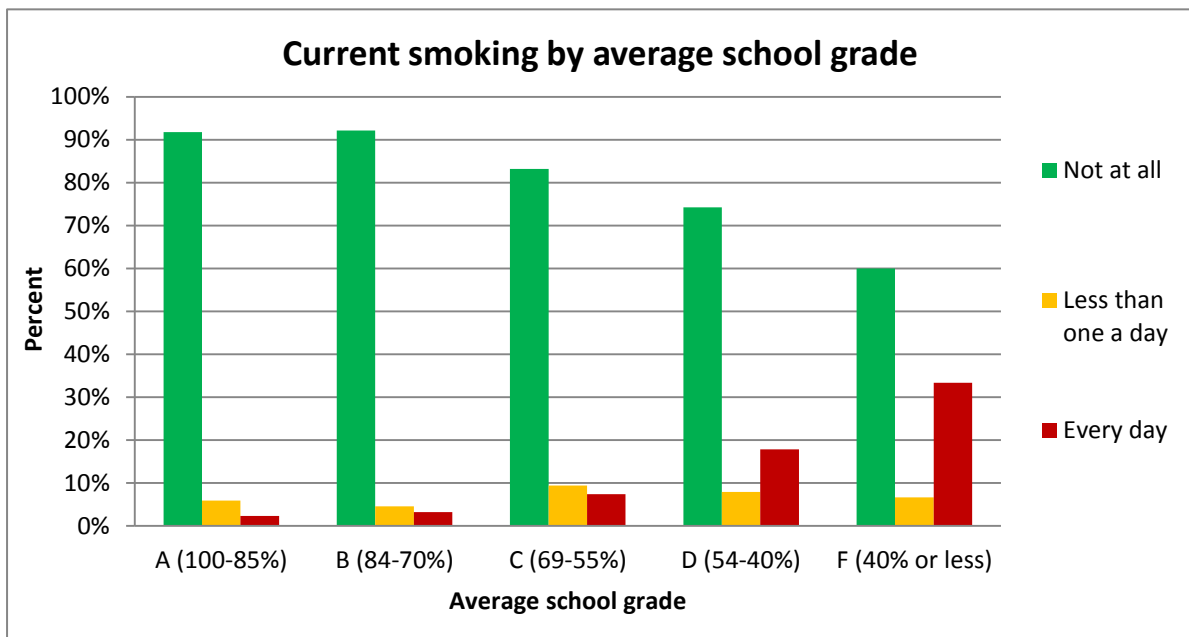
Figure 4.8: Stacked bar chart of lifetime smoking by skipping school

Relationship with Parents and Home Environment

Students were asked about a number of questions about their relationship with their parents and the parenting style used in their families. These questions included 5 items on parental regulation[62], namely rule-setting and monitoring, and 4 items on family social support (Bjarnason, 1994), involving both emotional and financial support, as well as how satisfied the student is with their relationship to each parent.

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[62] 4 items adapted from Thorlindsson & Thoroddur (1999) and an additional item from Finnish Juvenile Health Habit Study from 1977 (Ahlström, S., 1977).

Rule-setting

Students were asked if their parents set rules at home and outside and could 'almost always', 'often', 'sometimes', 'seldom', or 'almost never' for both items. The most common responses were 'often' and 'sometimes' for rule-setting both at home and outside. Rule-setting outside the home was associated with lifetime smoking[63], but the relationship with current smoking did not reach significance. No association was found between smoking and rule-setting at home[64].

A higher proportion of students whose parents almost always set rules for outside the home had never smoked a cigarette (73.2%, n=232) and had not smoked at all in the last 30 days (89.6%, n=283) compared to other levels of rule-setting. Students whose parents almost never set rules outside the home were more likely to have smoked more than 40 cigarettes in their lifetime (14.5%, n=23) and to smoke every day (12.6%, n=20).

	Rule-setting outside the home											
Lifetime	Almost always		Often		Sometimes		Seldom		Almost never		Total	
Smoking	_N_	_%_	_N_	_%_	_N_	_%_	_N_	_%_	_N_	_%_	_N_	_%_
None	232	73.2%	253	69.3%	252	70.6%	138	60.3%	93	58.5%	968	67.8%
1-2	33	10.4%	31	8.5%	32	9.0%	29	12.7%	24	15.1%	149	10.4%
3-39	31	9.8%	55	15.1%	46	12.9%	47	20.5%	19	11.9%	198	13.9%
40+	21	6.6%	26	7.1%	27	7.6%	15	6.6%	23	14.5%	112	7.8%
Total	_317_	_100.0%_	_365_	_100.0%_	_357_	_100.0%_	_229_	_100.0%_	_159_	_100.0%_	_1427_	_100.0%_
	Rule-setting outside the home											
Current	Almost always		Often		Sometimes		Seldom		Almost never		Total	
smoking	_N_	_%_	_N_	_%_	_N_	_%_	_N_	_%_	_N_	_%_	_N_	_%_
Not at all	283	89.6%	319	86.9%	315	87.7%	199	87.3%	127	79.9%	1243	87.0%
Less than one a day	18	5.7%	29	7.9%	21	5.8%	16	7.0%	12	7.5%	96	6.7%
Every day	15	4.7%	19	5.2%	23	6.4%	13	5.7%	20	12.6%	90	6.3%
Total	_316_	_100.0%_	_367_	_100.0%_	_359_	_100.0%_	_228_	_100.0%_	_159_	_100.0%_	_1429_	_100.0%_

Table 4.20: Lifetime and current smoking by parental rule-setting outside the home

Parental monitoring

Respondents were asked if their parents know who they spend time with and where they went in the evenings ('almost always', 'often', 'sometimes', 'seldom', or 'almost never' for both items). 54.6% (n=804) responded that their parents almost always knew who they were with in the evenings and 8.3% (n=122) said their parents seldom or almost never knew. 59.4% (n=875) said their parents knew where they were in the evenings and 7.1% (n=105) students answered that their parents seldom or almost never knew.

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[63] Lifetime smoking by rule-setting outside the home: $[\chi^2(12)= 34.720, p=.001;$ Somer's d=.067]. Current smoking by rule-setting outside the home: $[\chi^2(8)= 15.077, p=.058]$.
[64] Lifetime smoking by rule-setting at home: $[\chi^2(12)=7.410, p=.829]$. Current smoking by rule-setting at home: $[\chi^2(8)=5.916, p=.657]$.

With regards to smoking behaviour, parental monitoring of who students were with[65] and where they were[66] in the evenings was significantly related to both lifetime and current smoking. More than three quarters of students whose parents almost always know who they are with have never smoked (76.2%, n=611), compared to less than half of those whose parents seldom or almost never know who they are with (51.7%, n=62). 16.4% of students whose parents seldom or almost never know who they are with smoked daily (n=20) compared to 2.5% (n=20) of those whose parents almost always know who they are with. The effect of parental monitoring of where students were in the evenings was stronger; while 2.8% (n=31) of those whose parents almost always knew where they were smoked daily, a quarter of those whose parents almost never knew where they were in the evenings did (24.7%, n=21).

The most likely groups of students to experiment with cigarettes were those whose parents sometimes or seldom knew who they were with or where they were in the evenings. Around a quarter of students whose parents sometimes knew who they were with (23.7%, n=45) and sometimes knew where they were (25.9%, n=37) had smoked 3-39 cigarettes over their lifetimes. 14.7% (n=28) of students whose parents sometimes knew who they were with and 12.5% (n=18) of students whose parents sometimes knew where they were had smoked less than one cigarette per day in the last month.

Parental monitoring of where students are										
Lifetime Smoking	Almost always		Often		Sometimes		Seldom		Total	
	N	%	N	%	N	%	N	%	N	%
None	676	77.6%	184	60.3%	65	45.5%	42	40.4%	967	68.0%
1-2	74	8.5%	29	9.5%	21	14.7%	21	20.2%	145	10.2%
3-39	87	10.0%	58	19.0%	37	25.9%	17	16.3%	199	14.0%
40+	34	3.9%	34	11.1%	20	14.0%	24	23.1%	112	7.9%
Total	871	100.0%	305	100.0%	143	100.0%	104	100.0%	1423	100.0%
Parental monitoring of where students are										
Current smoking	Almost always		Often		Sometimes		Seldom		Total	
	N	%	N	%	N	%	N	%	N	%
Not at all	809	92.8%	253	83.5%	108	75.0%	70	66.7%	1240	87.1%
Less than one a day	40	4.6%	26	8.6%	18	12.5%	11	10.5%	95	6.7%
Every day	23	2.6%	24	7.9%	18	12.5%	24	22.9%	89	6.3%
Total	872	100.0%	303	100.0%	144	100.0%	105	100.0%	1424	100.0%

Table 4.21: Lifetime and current smoking by parental monitoring of where students are in the evenings

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[65] Lifetime smoking by parental monitoring of who students were with: [$\chi^2(9)$=97.047, p<.001; Somer's d=.189]. Current smoking: [$\chi^2(6)$= 81.918, p<.001; Somer's d=.116].
[66] Lifetime smoking by parental monitoring of where students were: [$\chi^2(9)$=141.753, p<.001; Somer's d=.248]. Current smoking: [$\chi^2(6)$=102.971, p<.001; Somer's d=.145].

Parental monitoring of who students were with										
Lifetime	Almost always		Often		Sometimes		Seldom & never		Total	
Smoking	N	%	N	%	N	%	N	%	N	%
None	611	76.2%	202	64.3%	93	48.9%	62	51.7%	968	67.9%
1-2	77	9.6%	26	8.3%	23	12.1%	22	18.3%	148	10.4%
3-39	82	10.2%	55	17.5%	45	23.7%	17	14.2%	199	14.0%
40+	32	4.0%	31	9.9%	29	15.3%	19	15.8%	111	7.8%
Total	*802*	*100.0%*	*314*	*100.0%*	*190*	*100.0%*	*120*	*100.0%*	*1426*	*100.0%*
Parental monitoring of who students were with										
Current	Almost always		Often		Sometimes		Seldom & never		Total	
smoking	N	%	N	%	N	%	N	%	N	%
Not at all	739	92.3%	273	87.2%	141	73.8%	91	74.6%	1244	87.2%
Less than one a day	42	5.2%	14	4.5%	28	14.7%	11	9.0%	95	6.7%
Every day	20	2.5%	26	8.3%	22	11.5%	20	16.4%	88	6.2%
Total	*801*	*100.0%*	*313*	*100.0%*	*191*	*100.0%*	*122*	*100.0%*	*1427*	*100.0%*

Table 4.22: Lifetime and current smoking by parental monitoring of who students are with in the evenings

A similar pattern was seen in response to whether parents knew where the student spends Saturday nights, with increased parental monitoring of Saturday nights associated with decreased smoking[67]. This effect was the strongest of the parental monitoring measures, reducing errors in predictions of student's lifetime smoking by 30.8%, compared to 24.8% for where students are in the evenings and 18.9% for who they are with.

While the majority of students reported a high level of parental monitoring, those students with less parental monitoring were more likely to smoke every day and have smoked more cigarettes in their lifetimes.

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[67] Lifetime smoking by parental monitoring of where students spend Saturday nights: [$\chi^2(9)=207.970$, p<.001; Somer's d=.308]. Current smoking: [$\chi^2(6)=152.096$, p<.001; Somer's d=.164].

Parental monitoring of Saturday nights										
Lifetime Smoking	Always		Quite often		Sometimes		Don't know		Total	
	N	%	N	%	N	%	N	%	N	%
None	717	79.6%	188	55.8%	50	39.4%	24	32.9%	979	68.1%
1-2	72	8.0%	42	12.5%	20	15.7%	15	20.5%	149	10.4%
3-39	80	8.9%	70	20.8%	36	28.3%	11	15.1%	197	13.7%
40+	32	3.6%	37	11.0%	21	16.5%	23	31.5%	113	7.9%
Total	*901*	*100.0%*	*337*	*100.0%*	*127*	*100.0%*	*73*	*100.0%*	*1438*	*100.0%*
Parental monitoring of Saturday nights										
Current smoking	Always		Quite often		Sometimes		Don't know		Total	
	N	%	N	%	N	%	N	%	N	%
Not at all	841	93.1%	278	82.7%	92	71.9%	43	58.9%	1254	87.1%
Less than one a day	36	4.0%	33	9.8%	20	15.6%	6	8.2%	95	6.6%
Every day	26	2.9%	25	7.4%	16	12.5%	24	32.9%	91	6.3%
Total	*903*	*100.0%*	*336*	*100.0%*	*128*	*100.0%*	*73*	*100.0%*	*1440*	*100.0%*

Table 4.23: Lifetime and current smoking by parental monitoring of who students are with in the evenings
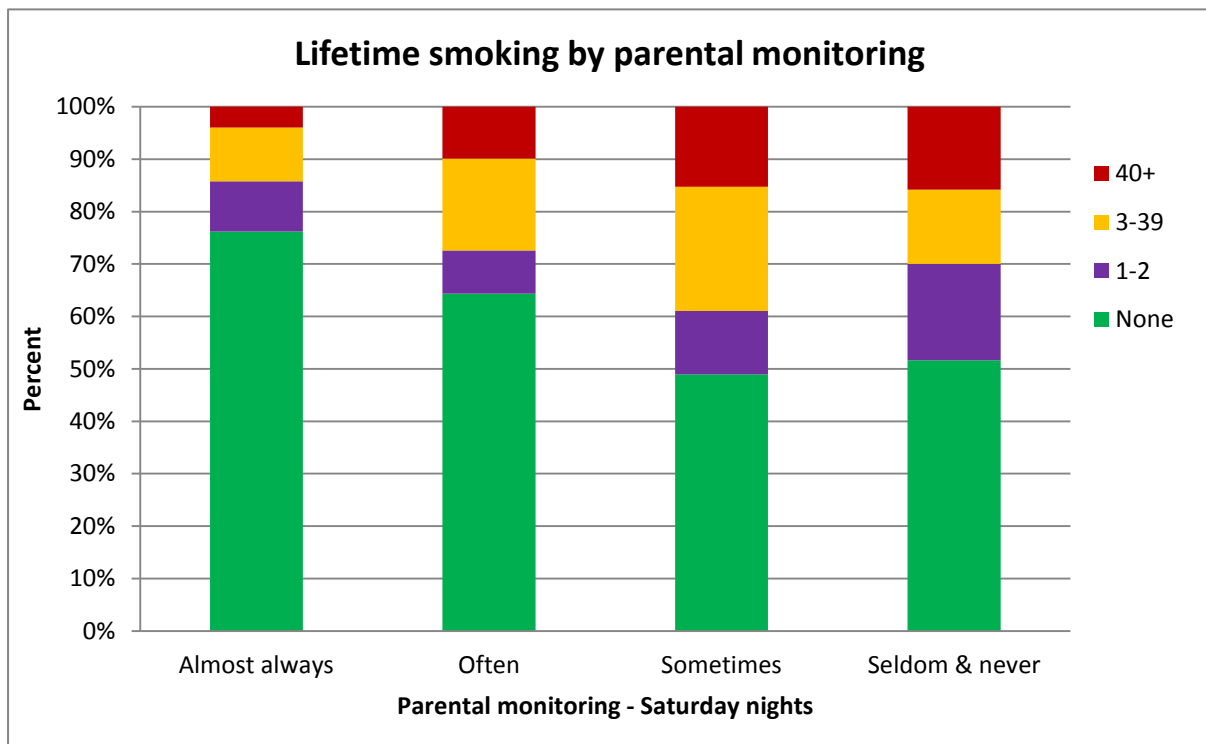
Figure 4.9: Stacked bar chart of lifetime smoking by parental monitoring on Saturday night

Family social support

Regarding family social support (Bjarnason, 1994), students were asked about how easily they could get warmth and caring, get emotional support, borrow money and get money as a gift from their mother and/or father. Around 4% of students did not answer these questions.

The majority of students reported being able to almost always get warmth and caring (66.7%, n=949) and emotional support (63.6%, n=906) from a parent, although 7.7% (n=109) reported seldom or almost never being able to get warmth and caring. A higher number reported seldom or almost never (11.0%, n=156) being able to get emotional support from a parent.

There was a significant relationship between the ability to get warmth and caring[68] and emotional support[69] from a parent and current and lifetime smoking. While 72.4% (n=653) of students who can almost always get emotional support from a parent have never smoked, only around half of those who can seldom or almost never get emotional support have never smoked (52.9%, n=82). 13.5% (n=21) of students who can seldom or almost never get emotional support smoke daily, while 4.9% of those whose who can almost always get emotional support smoke daily (n=44). Less than 10% of those who can almost always get warmth and caring from a parent had smoked in the last 30 days (n=90), but a quarter of those who can seldom or almost never get warmth and caring had smoked in the last 30 days (n=29).

Parental support: emotional support										
Lifetime Smoking	Almost always		Often		Sometimes		Seldom & never		Total	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
None	653	72.4%	147	66.5%	79	56.4%	82	52.9%	961	67.8%
1-2	84	9.3%	23	10.4%	13	9.3%	27	17.4%	147	10.4%
3-39	114	12.6%	32	14.5%	26	18.6%	25	16.1%	197	13.9%
40+	51	5.7%	19	8.6%	22	15.7%	21	13.5%	113	8.0%
Total	*902*	*100.0%*	*221*	*100.0%*	*140*	*100.0%*	*155*	*100.0%*	*1418*	*100.0%*
Parental support: emotional support										
Current smoking	Almost always		Often		Sometimes		Seldom & never		Total	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Not at all	811	89.8%	195	88.2%	112	80.0%	116	74.8%	1234	87.0%
Less than one a day	48	5.3%	12	5.4%	18	12.9%	18	11.6%	96	6.8%
Every day	44	4.9%	14	6.3%	10	7.1%	21	13.5%	89	6.3%
Total	*903*	*100.0%*	*221*	*100.0%*	*140*	*100.0%*	*155*	*100.0%*	*1419*	*100.0%*

Table 4.24: Lifetime and current smoking by the ease with which student can get emotional support from a parent

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[68] Lifetime smoking by ability to get warmth and caring: [$\chi^2(9)= 50.476$, $p<.001$; Somer's d=.150]. Current smoking by ability to get warmth and caring: [$\chi^2(6)= 53.726$, $p<.001$; Somer's d=.100].
[69] Lifetime smoking by ability to get emotional support: [$\chi^2(9)=45.781$, $p<.001$; Somer's d=.136]. Current smoking by ability to get emotional support: [$\chi^2(6)=36.810$, $p<.001$; Somer's d=.081].

Parental support: warmth and caring									
Lifetime	Almost always		Often		Sometimes		Seldom & never		Total	
Smoking	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
None	689	72.9%	148	64.6%	72	53.3%	54	50.0%	963	68.0%
1-2	86	9.1%	22	9.6%	20	14.8%	19	17.6%	147	10.4%
3-39	118	12.5%	37	16.2%	26	19.3%	17	15.7%	198	14.0%
40+	52	5.5%	22	9.6%	17	12.6%	18	16.7%	109	7.7%
Total	*945*	*100.0%*	*229*	*100.0%*	*135*	*100.0%*	*108*	*100.0%*	*1417*	*100.0%*
Parental support: warmth and caring									
Current	Almost always		Often		Sometimes		Seldom & never		Total	
smoking	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Not at all	856	90.5%	196	85.6%	104	77.0%	79	73.1%	1235	87.1%
Less than one a day	46	4.9%	17	7.4%	22	16.3%	11	10.2%	96	6.8%
Every day	44	4.7%	16	7.0%	9	6.7%	18	16.7%	87	6.1%
Total	*946*	*100.0%*	*229*	*100.0%*	*135*	*100.0%*	*108*	*100.0%*	*1418*	*100.0%*

Table 4.25: Lifetime and current smoking by the ease with which student can get warmth and caring from a parent

The second dimension of the family social support scale concerns financial support; how easily respondents can borrow and be given money from their mother and/or father. 70.8% (n=1009) of respondents could often or almost always borrow money from a parent and 61.2% (n=872) could often or almost always get money as a gift. The ability to borrow[70] or receive[71] money from a parent was not significantly associated with either lifetime or current smoking.

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[70] Lifetime smoking by ability to borrow money: [$\chi^2(9)=10.501$, p=.311]. Current smoking by ability to borrow money: [$\chi^2(6)=9.878$, p=.130].

[71] Lifetime smoking by ability to get money as a gift: [$\chi^2(9)=4.160$, p=.901]. Current smoking by ability to get money as a gift: [$\chi^2(6)=3.915$, p=.688].

Parental support: lend money										
Lifetime Smoking	Almost always		Often		Sometimes		Seldom & never		Total	
	N	%	N	%	N	%	N	%	N	%
None	432	69.6%	251	65.2%	189	70.8%	91	61.9%	963	67.8%
1-2	58	9.3%	43	11.2%	27	10.1%	19	12.9%	147	10.4%
3-39	89	14.3%	56	14.5%	35	13.1%	19	12.9%	199	14.0%
40+	42	6.8%	35	9.1%	16	6.0%	18	12.2%	111	7.8%
Total	621	100.0%	385	100.0%	267	100.0%	147	100.0%	1420	100.0%
Parental support: lend money										
Current smoking	Almost always		Often		Sometimes		Seldom & never		Total	
	N	%	N	%	N	%	N	%	N	%
Not at all	541	87.0%	333	86.5%	244	90.7%	119	82.1%	1237	87.1%
Less than one a day	47	7.6%	22	5.7%	12	4.5%	14	9.7%	95	6.7%
Every day	34	5.5%	30	7.8%	13	4.8%	12	8.3%	89	6.3%
Total	622	100.0%	385	100.0%	269	100.0%	145	100.0%	1421	100.0%

Table 4.26: Lifetime and current smoking by whether students can lend money from a parent

Parental support: give money										
Lifetime Smoking	Almost always		Often		Sometimes		Seldom & never		Total	
	N	%	N	%	N	%	N	%	N	%
None	348	65.8%	231	67.9%	220	68.3%	160	70.5%	959	67.6%
1-2	58	11.0%	37	10.9%	36	11.2%	17	7.5%	148	10.4%
3-39	79	14.9%	44	12.9%	44	13.7%	31	13.7%	198	14.0%
40+	44	8.3%	28	8.2%	22	6.8%	19	8.4%	113	8.0%
Total	529	100.0%	340	100.0%	322	100.0%	227	100.0%	1418	100.0%
Parental support: give money										
Current smoking	Almost always		Often		Sometimes		Seldom & never		Total	
	N	%	N	%	N	%	N	%	N	%
Not at all	450	85.1%	301	88.5%	285	88.5%	198	86.8%	1234	87.0%
Less than one a day	40	7.6%	18	5.3%	21	6.5%	16	7.0%	95	6.7%
Every day	39	7.4%	21	6.2%	16	5.0%	14	6.1%	90	6.3%
Total	529	100.0%	340	100.0%	322	100.0%	228	100.0%	1419	100.0%

Table 4.27: Lifetime and current smoking by whether students can get money as a gift from a parent

Satisfaction with relationships with parents

Students reported their level of satisfaction with their relationships with their mother and father from 'not at all satisfied' to 'very satisfied', or alternatively that 'there is no such person'. On the whole, students reported good relationships with their parents, as the majority of students reported being satisfied or very satisfied with their relationship with at least one parent (91.7%, n=1300), and three-quarters were satisfied with their relationship with both parents (n=1056). More students were satisfied or very satisfied with their relationship with their mother (87.5%, n=1251) than their father (78.5%, n=1116) and dissatisfied with their father (10.9%, n=155) than their mother (6.0%, n=86). Nineteen students reported not having a mother and 60 reported

not having a father; 7 of these answered "no such person" for both parents. 50 students did not respond to the item regarding their father, and 42 regarding their mother.

Students' satisfaction with the relationships with both their mother[72] and father[73] were associated with lifetime and current smoking. Satisfaction with the relationships appears to be protective against smoking and the strength of the association was similar for students' relationships with their mothers and fathers[74]. Daily smoking was reported by 17.4% (n=15) of students who were not satisfied with their relationship with their mother and 9.7% (n=15) of those not satisfied with the relationship with their father. However, 5.3% of those who were very satisfied with their relationship with their mother (n=42) and 4.6% of those very satisfied with their father (n=30) smoked daily. Those who were very satisfied with their relationships with their parents had the lowest proportion of students who had ever smoked forty or more cigarettes (mother 6.2%, n=49; father 4.9%, n=32). Around half of those who were not satisfied with their fathers had never smoked a cigarette (n=81), and only 41.9% of those who were not satisfied with their mother had never smoked (36). 4 out of 19 students who reported having no mother and 11 out of 60 students who reported having no father smoked every day.

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[72] Lifetime smoking by satisfaction with relationship with mother: [χ^2(12)=86.651, p<.001; Cramer's V=.142]. Current smoking: [χ^2(8)=46.501, p<.001; Cramer's V=.128].
[73] Lifetime smoking by satisfaction with relationship with father: [χ^2(12)=73.514, p<.001; Cramer's V=.132]. Current smoking: [χ^2(8)=43.960, p<.001; Cramer's V=.125].
[74] See Cramer's V above.

Satisfaction with Relationship with Mother												
Lifetime	Very satisfied		Satisfied		Neither nor		Not satisfied		No such person		Total	
Smoking	N	%	N	%	N	%	N	%	N	%	N	%
None	589	74.1%	298	66.2%	38	51.4%	36	41.9%	7	36.8%	968	68.0%
1-2	70	8.8%	49	10.9%	7	9.5%	17	19.8%	5	26.3%	148	10.4%
3-39	87	10.9%	69	15.3%	24	32.4%	16	18.6%	2	10.5%	198	13.9%
40+	49	6.2%	34	7.6%	5	6.8%	17	19.8%	5	26.3%	110	7.7%
Total	*795*	*100.0%*	*450*	*100.0%*	*74*	*100.0%*	*86*	*100.0%*	*19*	*100.0%*	*1424*	*100.0%*
Satisfaction with Relationship with Mother												
Current	Very satisfied		Satisfied		Neither nor		Not satisfied		No such person		Total	
smoking	N	%	N	%	N	%	N	%	N	%	N	%
Not at all	715	89.7%	391	87.1%	58	78.4%	62	72.1%	15	78.9%	1241	87.1%
Less than one a day	40	5.0%	34	7.6%	12	16.2%	9	10.5%	0	0.0%	95	6.7%
Every day	42	5.3%	24	5.3%	4	5.4%	15	17.4%	4	21.1%	89	6.2%
Total	*797*	*100.0%*	*449*	*100.0%*	*74*	*100.0%*	*86*	*100.0%*	*19*	*100.0%*	*1425*	*100.0%*

Table 4.28: Lifetime and current smoking by satisfaction with relationship with mother

Satisfaction with Relationship with Father												
Lifetime	Very satisfied		Satisfied		Neither nor		Not satisfied		No such person		Total	
Smoking	N	%	N	%	N	%	N	%	N	%	N	%
None	495	75.5%	305	67.0%	50	54.9%	81	52.3%	32	54.2%	963	68.0%
1-2	53	8.1%	48	10.5%	14	15.4%	23	14.8%	8	13.6%	146	10.3%
3-39	76	11.6%	70	15.4%	21	23.1%	25	16.1%	6	10.2%	198	14.0%
40+	32	4.9%	32	7.0%	6	6.6%	26	16.8%	13	22.0%	109	7.7%
Total	*656*	*100.0%*	*455*	*100.0%*	*91*	*100.0%*	*155*	*100.0%*	*59*	*100.0%*	*1416*	*100.0%*
Satisfaction with Relationship with Father												
Current	Very satisfied		Satisfied		Neither nor		Not satisfied		No such person		Total	
smoking	N	%	N	%	N	%	N	%	N	%	N	%
Not at all	594	90.4%	398	87.7%	78	85.7%	118	76.1%	46	76.7%	1234	87.1%
Less than one a day	33	5.0%	27	5.9%	10	11.0%	22	14.2%	3	5.0%	95	6.7%
Every day	30	4.6%	29	6.4%	3	3.3%	15	9.7%	11	18.3%	88	6.2%
Total	*657*	*100.0%*	*454*	*100.0%*	*91*	*100.0%*	*155*	*100.0%*	*60*	*100.0%*	*1417*	*100.0%*

Table 4.29: Lifetime and current smoking by satisfaction with relationship with father

Household members

Students were asked to indicate whether their household includes their father, step-father, mother, step-mother, brother(s), sister(s), grandparent(s), other relatives(s) or non-relative(s), or whether they live alone. The majority (84.0%, n=1221) of respondents reported that two or more parents, including step-parents, are part of their household and

Household	N	%
Two or more parents	1221	84.0%
One parent	199	13.7%
Other	33	2.3%
Total	*1453*	*100.0%*

Table 4.30: Number and percentage of students by household type

13.7% (n=199) reported living with one parent. 33 students did not live with parents but with grandparents, siblings, other relatives or non-relatives, including four students who reported living alone.

While 6.7% of students in two-parent households had smoked 40 or more cigarettes (n=82), 14.6% of students in one-parent households had done so (n=29). Daily smoking was much higher among those from one-parent families (12.6%, n=25) compared to two-parent families (5.3%, n=64), with those living in other household types falling in between them (3 of 33). While 70.0% of students from two-parent families had never smoked (n=851), only 56.3% from one-parent families (n=112) and 19 of 33 students from other household types had done so.

Due to small frequencies in some categories, a Chi square was run using only one-parent and two-parent families and the other group was excluded. A significant relationship was found[75], and students in one-parent households had higher rates of lifetime and current smoking compared to two-parent households[76].

Household members								
Lifetime Smoking	Two parents		One parent		Other		Total	
	N	%	N	%	N	%	N	%
None	851	70.0%	112	56.3%	19	57.6%	982	67.9%
1-2	121	10.0%	25	12.6%	4	12.1%	150	10.4%
3-39	161	13.3%	33	16.6%	6	18.2%	200	13.8%
40+	82	6.7%	29	14.6%	4	12.1%	115	7.9%
Total	*1215*	*100.0%*	*199*	*100.0%*	*33*	*100.0%*	*1447*	*100.0%*
Household members								
Current smoking	Two parents		One parent		Other		Total	
	N	%	N	%	N	%	N	%
Not at all	1075	88.4%	157	78.9%	28	84.8%	1260	87.0%
Less than one a day	77	6.3%	17	8.5%	2	6.1%	96	6.6%
Every day	64	5.3%	25	12.6%	3	9.1%	92	6.4%
Total	*1216*	*100.0%*	*199*	*100.0%*	*33*	*100.0%*	*1448*	*100.0%*

Table 4.31: Lifetime and current smoking by household membership

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[75] Lifetime smoking by household type: [$\chi^2(3)=20.594$, p<.001; Cramer's V=121]. Current smoking by household type: [$\chi^2(2)=17.522$, p<.001; Cramer's V=.099].
[76] It is worth noting that a significant association between one- or two-parent households and perceived relative wealth was found [$\chi^2(5)=29.752$, p<.001; Somer's d=.146]. Those from one-parent households were more likely to report being less well off or very much less well off than 'other families' and less likely to report being better off than 'other families' compared to those from two-parent families.
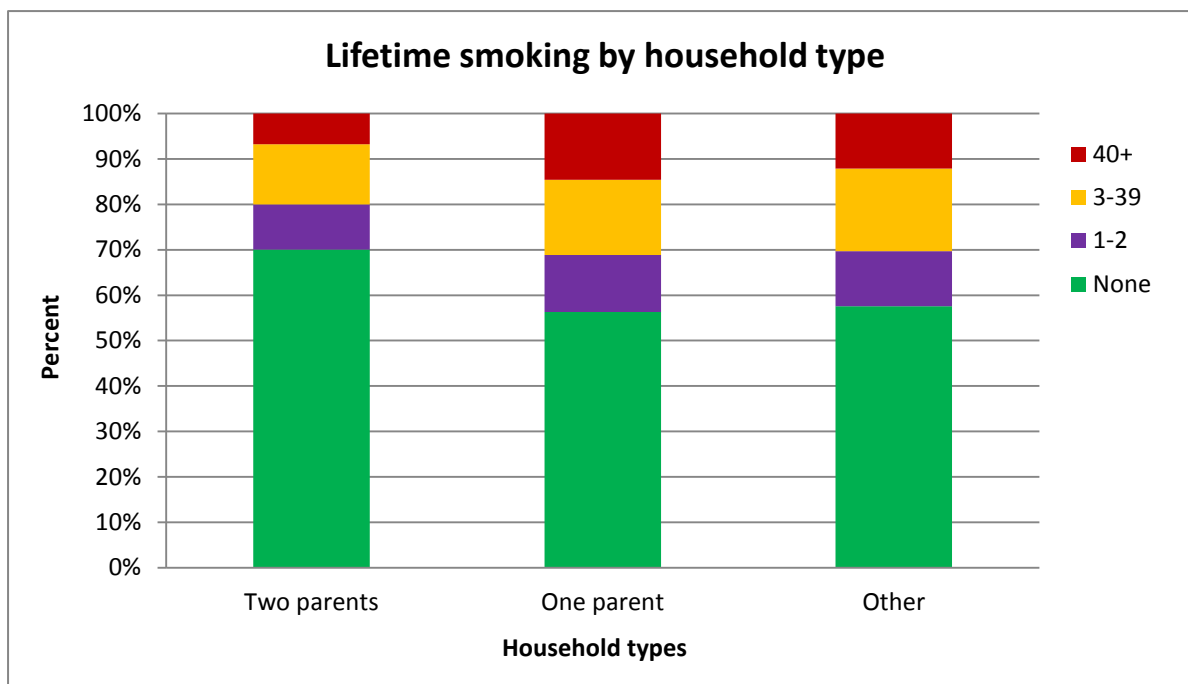
Figure 4.10: Lifetime smoking by household type

Substance use of peers

Students were asked how many of their friends use various substances and the response categories were 'none', 'a few', 'some', 'most' or 'all'. They were asked about smoking cigarettes, drinking alcohol, getting drunk, smoking cannabis, using inhalants, tranquilisers or ecstasy.

Peer Smoking

A third of students reported that none of their friends smoke (n=478) and 40.8% reported that a few of their friends smoke (n=584). Less than a third reported that some (15.2%, n=218), most (9.0%, n=128) or all (1.5%, n=22) of their friends smoke.

There was a strong relationship between whether the respondent's friends smoke and lifetime and current smoking[77]; knowing whether the respondent's friends smoke can reduce error in predicting the respondent's lifetime smoking by 28% and current smoking by 18%. Students whose friends did not smoke at all were the most likely to abstain from smoking; 83.7% (n=396) had never smoked a cigarette and 96.6% (n=461) had not smoked in the past 30 days. A very small proportions of students whose friends did not smoke smoked daily (9.0%, n=9) or had ever smoked 40 or more cigarettes (1.7%, n=8). However, those who had even a few friends who smoked were more likely to have smoked less frequently than daily during the last 30 days (5.7%, n=33) and to have ever smoked between 3 and 39 cigarettes (13.9%, n=81). A low proportion (around a quarter) of students who reported that most or all of their friends smoke had never smoked a cigarette (n=41), while the sample average was 68.3% (n=972). Almost half of students who reported that most or all of their friends smoke had themselves smoked in the

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[77] Lifetime smoking by peer smoking: [$\chi^2(9)=321.205$, $p<.001$; Somer's d=.281]. Current smoking by peer smoking: [$\chi^2(6)=269.064$, $p<.001$; Somer's d=.180].

last 30 days (47.7%, n=71), compared to 12.9% of the whole sample (n=183). Daily smoking was reported by 1.9% (n=9) of those with no friends who smoke, 7.3% (n=16) of those who have some friends who smoke, and almost a third of those who reported most or all of their friends smoke (n=47). The more smoking friends the respondent had, the more likely they were to currently smoked and have ever smoked.

	Peer smoking									
Lifetime Smoking	None		A few		Some		Most or all		Total	
	N	%	N	%	N	%	N	%	N	%
None	396	83.7%	418	71.6%	117	53.9%	41	27.3%	972	68.3%
1-2	36	7.6%	67	11.5%	25	11.5%	18	12.0%	146	10.3%
3-39	33	7.0%	81	13.9%	49	22.6%	35	23.3%	198	13.9%
40+	8	1.7%	18	3.1%	26	12.0%	56	37.3%	108	7.6%
Total	473	100.0%	584	100.0%	217	100.0%	150	100.0%	1424	100.0%
	Peer smoking									
Current smoking	None		A few		Some		Most or all		Total	
	N	%	N	%	N	%	N	%	N	%
Not at all	461	96.6%	534	91.6%	171	78.4%	78	52.3%	1244	87.2%
Less than one a day	7	1.5%	33	5.7%	31	14.2%	24	16.1%	95	6.7%
Every day	9	1.9%	16	2.7%	16	7.3%	47	31.5%	88	6.2%
Total	477	100.0%	583	100.0%	218	100.0%	149	100.0%	1427	100.0%

Table 4.32: Lifetime and current smoking by peer smoking
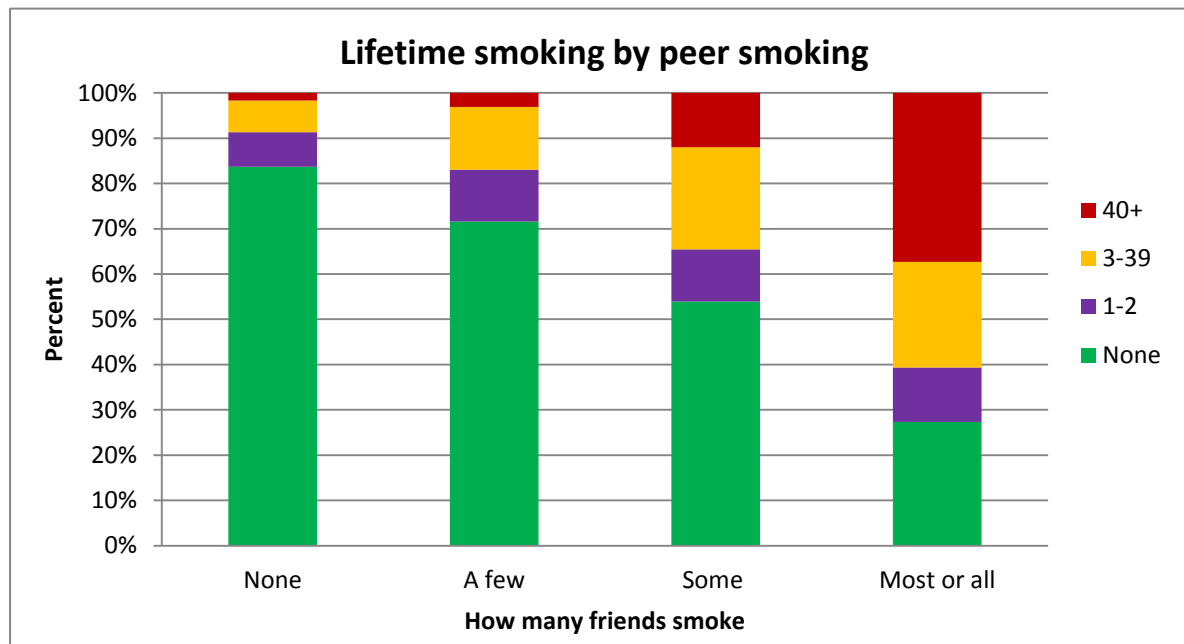
Figure 4.11: Current smoking by how many friends smoke

Peer Alcohol Use

Students were asked how many of their friends drink alcohol and get drunk. Only a minority had no friends who drink alcohol (13.5%, n=192) but fewer reported that all of their friends drink alcohol (8.2%, n=121). An even smaller minority reported that all of their friends get drunk

(5.8%, n=85). More students answered that they had a few friends who drank (28.9%, n=410) or most of their friends drank alcohol (32.7%, n=465) compared to some friends (16.4%, n=233).

A significant association was found between current and lifetime smoking and how many of the respondents' friends both drink[78] and get drunk[79]; students with more friends who drink alcohol were more likely to smoke and those with friends who get drunk were even more likely. Almost a quarter of students who reported that all of their friends get drunk smoke every day (24.7%, n=21) and less than a third have never smoked a cigarette (32.9%, n=28). Of the 192 students whose friends do not drink alcohol, 84.1% (n=159) have never smoked a cigarette and almost all of them abstained from smoking in the previous month (96.4%, n=185).
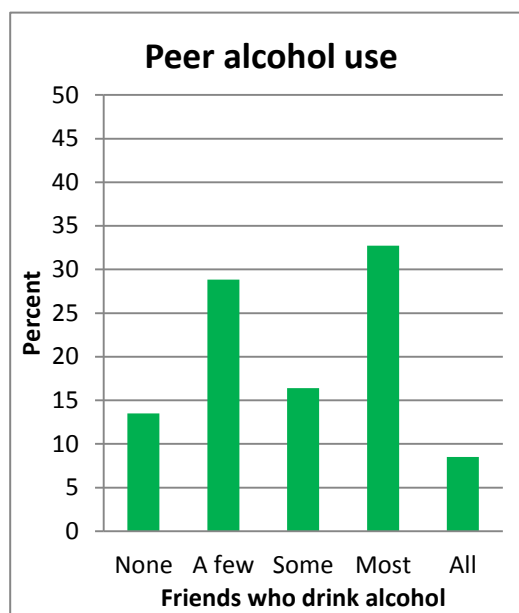
Figure 4.12: Alcohol use of students' peers (percentage)

Peer drinking												
Lifetime	None		A few		Some		Most		All		Total	
Smoking	N	%	N	%	N	%	N	%	N	%	N	%
None	159	84.1%	318	77.8%	168	72.4%	272	58.6%	47	38.8%	964	68.1%
1-2	15	7.9%	42	10.3%	22	9.5%	52	11.2%	15	12.4%	146	10.3%
3-39	11	5.8%	38	9.3%	31	13.4%	85	18.3%	33	27.3%	198	14.0%
40+	4	2.1%	11	2.7%	11	4.7%	55	11.9%	26	21.5%	107	7.6%
Total	189	100.0%	409	100.0%	232	100.0%	464	100.0%	121	100.0%	1415	100.0%

Peer drinking												
Current	None		A few		Some		Most		All		Total	
smoking	N	%	N	%	N	%	N	%	N	%	N	%
Not at all	185	96.4%	387	94.4%	206	89.2%	375	80.8%	83	68.6%	1236	87.2%
Less than one a day	2	1.0%	11	2.7%	14	6.1%	51	11.0%	17	14.0%	95	6.7%
Every day	5	2.6%	12	2.9%	11	4.8%	38	8.2%	21	17.4%	87	6.1%
Total	192	100.0%	410	100.0%	231	100.0%	464	100.0%	121	100.0%	1418	100.0%

Table 4.33: Lifetime and current smoking by how many friends drink alcohol

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[78] Lifetime smoking by peer alcohol use: [$\chi^2(12)=138.762$, $p<.001$; Somer's d=.202]. Current smoking by peer alcohol use: [$\chi^2(8)=92.567$, $p<.001$; Somer's d=.118].
[79] Lifetime smoking by peer drunkenness: [$\chi^2(12)=176.821$, $p<.001$; Somer's d=.226]. Current smoking by peer drunkenness: [$\chi^2(8)=137.262$, $p<.001$; Somer's d=.130].

	Peer drunkenness											
Lifetime	None		A few		Some		Most		All		Total	
Smoking	N	%	N	%	N	%	N	%	N	%	N	%
None	266	86.1%	276	75.2%	205	69.7%	189	52.8%	28	32.9%	964	68.2%
1-2	21	6.8%	39	10.6%	32	10.9%	41	11.5%	11	12.9%	144	10.2%
3-39	15	4.9%	41	11.2%	41	13.9%	74	20.7%	26	30.6%	197	13.9%
40+	7	2.3%	11	3.0%	16	5.4%	54	15.1%	20	23.5%	108	7.6%
Total	*309*	*100.0%*	*367*	*100.0%*	*294*	*100.0%*	*358*	*100.0%*	*85*	*100.0%*	*1413*	*100.0%*
	Peer drunkenness											
Current	None		A few		Some		Most		All		Total	
smoking	N	%	N	%	N	%	N	%	N	%	N	%
Not at all	300	96.2%	344	94.0%	258	88.1%	276	76.7%	55	64.7%	1233	87.1%
Less than one a day	6	1.9%	7	1.9%	27	9.2%	46	12.8%	9	10.6%	95	6.7%
Every day	6	1.9%	15	4.1%	8	2.7%	38	10.6%	21	24.7%	88	6.2%
Total	*312*	*100.0%*	*366*	*100.0%*	*293*	*100.0%*	*360*	*100.0%*	*85*	*100.0%*	*1416*	*100.0%*

Table 4.34: Lifetime and current smoking by how many friends drink alcohol
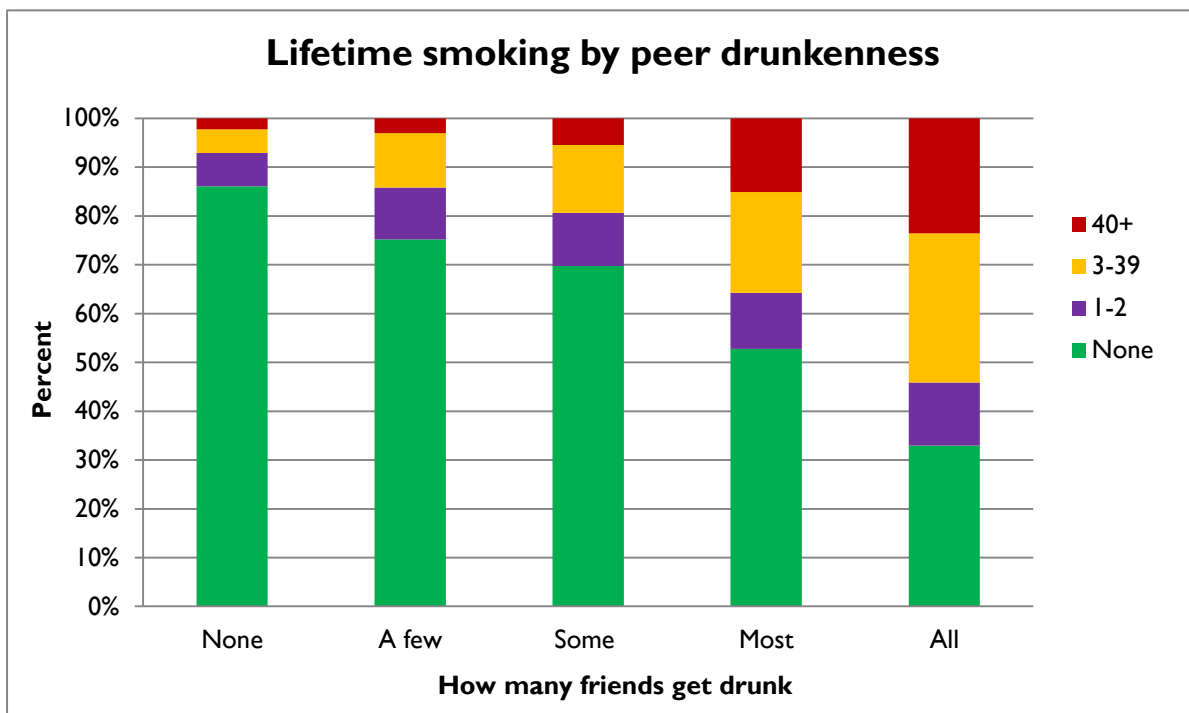
Figure 4.13: Lifetime smoking by how many friends get drunk

Peer Cannabis Use

More than half of the students responded that none of their friends use cannabis (54.1%, n=768) and over a quarter reported that a few of their friends did (27.0%, n=383). 11.8% (n=167) answered that some of their friends use cannabis, 6.3% (n=90) said most of their friends and 12 students said all of their friends did.

A strong association was found between cannabis use of the respondents' friends and the respondents' current and lifetime smoking behaviour[80]. This relationship had a similar strength to the effect of whether the parents know where the student spends Saturday nights. More than a third of students who reported that most or all of their friends use cannabis have smoked 40 or more cigarettes (38.6%, n=39) and smoked every day (34.3%, n=35), while less than 2% of those whose friends do not use cannabis have done so (1.8%, n=14). There was also a large difference in the proportion who have never smoked a cigarette; only 23.8% of those who reported that most or all of their friends use cannabis have never smoked a cigarette (n=24).

Peer cannabis use										
Lifetime Smoking	None		A few		Some		Most or all		Total	
	N	%	N	%	N	%	N	%	N	%
None	627	82.2%	235	61.4%	84	50.3%	24	23.8%	970	68.6%
1-2	65	8.5%	45	11.7%	18	10.8%	15	14.9%	143	10.1%
3-39	57	7.5%	73	19.1%	42	25.1%	23	22.8%	195	13.8%
40+	14	1.8%	30	7.8%	23	13.8%	39	38.6%	106	7.5%
Total	*763*	*100.0%*	*383*	*100.0%*	*167*	*100.0%*	*101*	*100.0%*	*1414*	*100.0%*
Peer cannabis use										
Current smoking	None		A few		Some		Most or all		Total	
	N	%	N	%	N	%	N	%	N	%
Not at all	736	95.8%	326	85.8%	122	73.1%	54	52.9%	1238	87.4%
Less than one a day	18	2.3%	37	9.7%	26	15.6%	13	12.7%	94	6.6%
Every day	14	1.8%	17	4.5%	19	11.4%	35	34.3%	85	6.0%
Total	*768*	*100.0%*	*380*	*100.0%*	*167*	*100.0%*	*102*	*100.0%*	*1417*	*100.0%*

Table 4.35: Lifetime and current smoking by peer cannabis use

[80] Lifetime smoking by peer cannabis use: [$\chi^2(9)$=289.686, p<.001; Somer's d=.311]. Current smoking by peer cannabis use: [$\chi^2(6)$=245.005, p<.001; Somer's d=.192].

Current smoking by friends' cannabis use
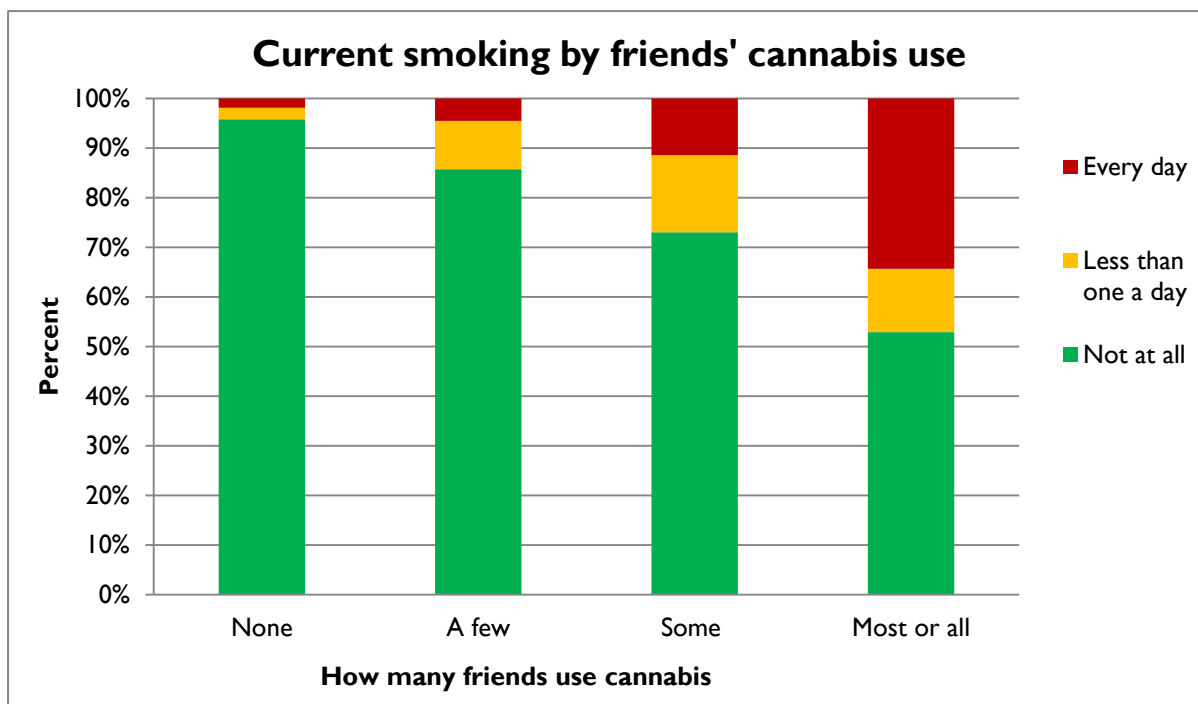
Table 4.14: Lifetime and current smoking by peer cannabis use

Peer Use of Ecstasy, Inhalants and Tranquilisers

Students were asked how many of their friends use tranquilisers, ecstasy and inhalants and these three items were combined[81]. More than three-quarters of students did not have any friends who used ecstasy, inhalants or tranquilisers (77.3%, n=1101). 15.8% had a few friends who used at least one of the substances (n=225) and 4.4% had 'some' friends who used at least one of the substances (n=62). 36 students reported that most or all of their friends used ecstasy, inhalants or tranquilisers, or more than one of these substances.

Both lifetime and current smoking were strongly associated with the number of friends who use ecstasy, inhalants or tranquilisers[82]. Knowledge of how many friends use these substances can reduce error in predicting the respondent's lifetime smoking by 30% and current smoking by 21%.

Significantly higher rates of having smoked 3-39 cigarettes and 40 or more cigarettes, smoking in the past month and smoking every day were found among those who have 'a few' friends who use ecstasy, inhalants or tranquilisers compared to those whose friends do not use these substances. Three quarters of students whose friends do not use these drugs have never

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[81] Exploratory principal components analysis showed that use of ecstasy, tranquilisers and inhalants loaded on a separate factor than drinking alcohol, getting drunk, smoking and using cannabis. There was little variation in use of ecstasy, tranquilisers and inhalants, so the combined variable was coded to maximise variation. If a student responded that 'most or all' of their friends used one or more of the named substances, they were placed in the 'most or all' group; likewise with 'some friends' or 'a few friends'. Only students who answered 'none' to all three substances were placed in the 'none' group.

[82] Lifetime smoking by peer use of ecstasy, inhalants or tranquilisers: $[\chi^2(9)=159.385, p<.001;$ Somer's d=.303]. Current smoking: $[\chi^2(6)=142.688, p<.001;$ Somer's d=.211].

smoked a cigarette (n=814), but among students who reported that most or all of their friends use these substances, only nine out of 36 have never smoked a cigarette. While 3.3% (n=36) of those whose friends did not use ecstasy, inhalants or tranquilisers smoke every day, 11 out of 36 students who reported that most or all of their friends use ecstasy, inhalants or tranquilisers have smoked 40 or more cigarettes.

Peer use of inhalants, tranquilisers and ecstasy										
Lifetime Smoking	None		A few		Some		Most or all		Total	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%
None	814	74.3%	115	51.1%	29	46.8%	9	25.0%	967	68.2%
1-2	113	10.3%	23	10.2%	5	8.1%	5	13.9%	146	10.3%
3-39	126	11.5%	50	22.2%	10	16.1%	11	30.6%	197	13.9%
40+	42	3.8%	37	16.4%	18	29.0%	11	30.6%	108	7.6%
Total	*1095*	*100.0%*	*225*	*100.0%*	*62*	*100.0%*	*36*	*100.0%*	*1418*	*100.0%*
Peer use of inhalants, tranquilisers and ecstasy										
Current smoking	None		A few		Some		Most or all		Total	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%
Not at all	1011	92.0%	167	74.6%	41	66.1%	20	55.6%	1239	87.2%
Less than one a day	52	4.7%	32	14.3%	8	12.9%	3	8.3%	95	6.7%
Every day	36	3.3%	25	11.2%	13	21.0%	13	36.1%	87	6.1%
Total	*1099*	*100.0%*	*224*	*100.0%*	*62*	*100.0%*	*36*	*100.0%*	*1421*	*100.0%*

Table 4.36: Lifetime and current smoking by peer cannabis use
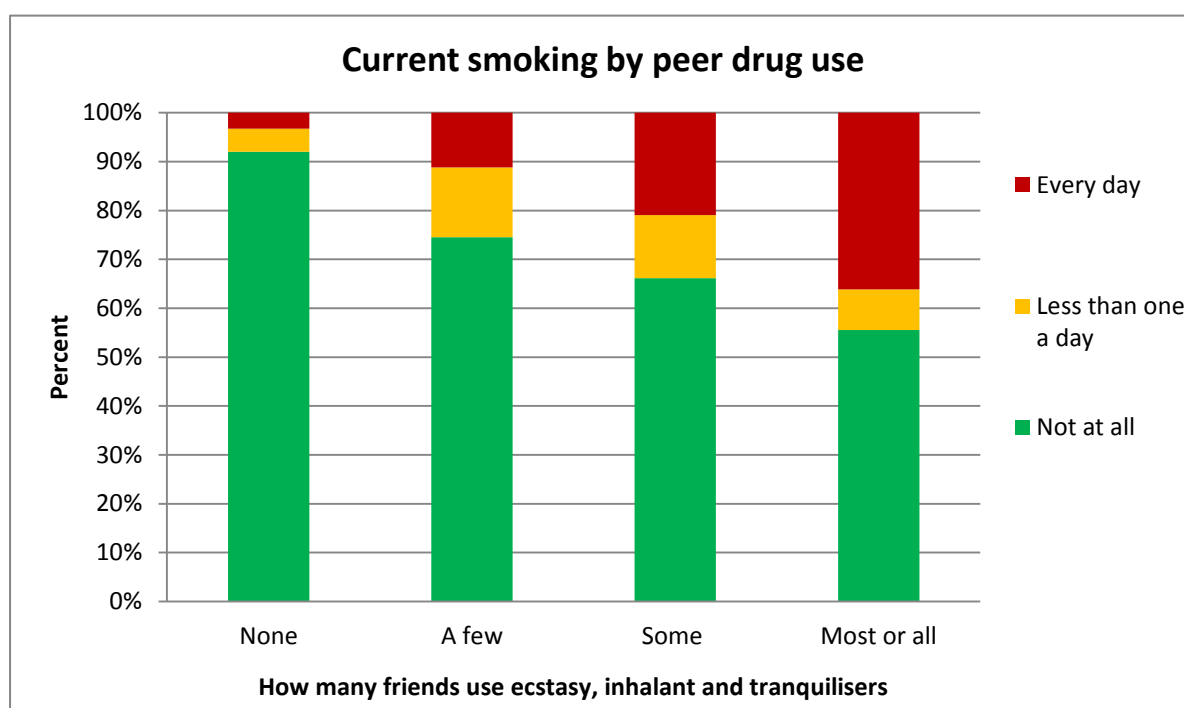
Figure 4.15: Current smoking by peer use of ecstasy, inhalants and tranquilisers

Summary

Socioeconomic status was strongly associated with smoking. Having parents with higher educational attainment was associated with a lower likelihood of smoking and the effect was similar for both parents. While 30% of respondents whose mothers received a third level education have ever smoked a cigarette, 58% of those whose mothers only received primary education have ever smoked. The students most likely to engage in smoking were those who reported their family to be 'very much better off' and '(very) much less well off', while those who considered their families closer to the average were less likely to smoke.

Students born in Ireland had a lower prevalence of ever having smoked and currently smoking compared to students born in Western Europe, Eastern Europe and Africa. Students born in Eastern Europe were more likely to smoke, and almost half have ever smoked at least one cigarette (48%). Students with a parent born in Eastern Europe smoked more than any other group, with almost 20% having smoked 40 or more cigarettes. Students who perceived being discriminated against were more likely to smoke than students who perceived no discrimination. Out of 44 students who were discriminated against every day, 24 had every smoked, including 10 who smoked daily.

Absence from school due to skipping class, illness or other reasons and having a lower academic grade were strongly associated with higher levels of smoking. Of students who had skipped class on at least 7 days out of the last 30, a third had smoked every day. Almost three quarters of students who had not skipped class at all in the last month had never smoked a cigarette (73%). Students who missed class on 7 or more days of the last 30 due to illness were also much more likely to smoke every day than those who did not miss any class (14% compared to 4%). Attainment as well as attendance was related to smoking behaviour; students scoring a D or F were much more likely to smoke every day (18% for a D student and 33% for an F student, compared to 6.5% of all respondents).

The students' relationships with their parents, their parenting style and household type were also strongly related to smoking. Satisfaction with the relationships with parents appears to be protective against smoking and the effect was a similar strength for relationships with mothers and fathers. Daily smoking was reported by 17% of students who were not satisfied with their relationship with their mother and 10% of those not satisfied with the relationship with their father. Further, students in one-parent households had higher rates of lifetime and current smoking compared to two-parent households. 5% of students from two-parent households had smoked every day during the last month, compared to 13% from one-parent households.

Parental monitoring and support were all strongly associated with smoking behaviour. While the majority of students reported a high level of parental monitoring, those students with less parental monitoring were more likely to smoke every day and have smoked more cigarettes in their lifetimes. Parents' knowing where students spend Saturday nights is particularly strongly related to smoking. There was a significant relationship between the ability to get warmth and caring and emotional support from a parent and current and lifetime smoking; 17% of those who can almost never get warmth and caring from a parent smoke every day. However, parental-rule setting at home and outside the home and the ability to borrow money or obtain money as a gift from a parent were all not associated to student's smoking behaviours.

Smoking was related to the use of tobacco, alcohol, cannabis and other substances by the respondent's friends. The respondents' smoking behaviour was the most strongly related to having friends who smoke cannabis and use ecstasy, inhalants and tranquilisers, followed by having friends who smoke tobacco. Drinking alcohol and getting drunk were moderately related.

E-cigarettes and water pipes

Students were asked if they had ever used e-cigarettes (Electronic Nicotine Delivery Systems), their reason for trying e-cigarettes, how old they were and their use of tobacco at that time. They were also asked if they had ever tried using a water pipe.

E-cigarette Use	Number	Percent
Yes last 30 days	143	10.1%
Yes, last 12 months	127	9.0%
Yes, more than 12 months	55	3.9%
Never	1088	77.0%
Total	1413	100.0%

Table 4.37: Frequency of students who have used e-cigarettes

Use of e-cigarettes

Almost a quarter of students (23.0%, n=325) reported ever using an e-cigarette, including 10.1% who reported using an e-cigarette 'in the last 30 days' (n=143). A further 127 students reported using e-cigarettes 'in the last 12 months' and 55 answered 'more than 12 months ago'.

Lifetime use of e-cigarettes was lower than lifetime tobacco smoking, as less than a quarter have ever tried e-cigarettes (23.0%, n=325) compared to almost a third who had smoked a cigarette (32.3%, n-473) (see Table 4.38). However, the prevalence of e-cigarette use in the last 30 days was not significantly lower than 30-day tobacco use, although 10.1% of students had used e-cigarettes in the last 30 days (n=143), while 13.0% of student had used tobacco in the same period (n=191).

	E-cigarettes (n=1413)				Tobacco (n=1465)			
	N	Lower CI*	Percent	Upper CI*	N	Lower CI*	Percent	Upper CI*
Last 30 days	143	8.7%	**10.1%**	11.8%	191	11.4%	**13.0%**	14.9%
Ever used	325	20.9%	**23.0%**	25.3%	473	29.9%	**32.3%**	34.7%

Table 4.38: Comparison of prevalence of e-cigarette use and cigarette smoking in the last 30 days and in the respondents' lifetimes. Frequency, percentage and 95% confidence intervals.

First use of e-cigarettes

Students were asked when they first used an e-cigarette. Of the 299 e-cigarette users who answered this item, more than half of e-cigarette users reported that they were 15 years old (52.7%, n=159) and a quarter were aged 14 (25.4%, n=76). 9.4% were aged 16 years old or older (n=28) and 12.0% were aged 13 years old or younger (n=36).

Age at first e-cigarette	All	
	N	%
9 or younger	4	1.3%
10 years old	0	0.0%
11 years old	5	1.7%
12 years old	4	1.3%
13 years old	23	7.7%
14 years old	76	25.4%
15 years old	159	53.2%
16 or older	28	9.4%
Total	299	100.0%

Table 4.39: Age at which students first used e-cigarettes

The mean age at which students used their first e-cigarette was around 1.5 years older than the mean age of initiation for smoking[83] and male and female students tended to use their first e-cigarette at a similar age; 14.4 years old for male students (SD=1.30) and 14.6 years old for female students (SD=.93)[84].
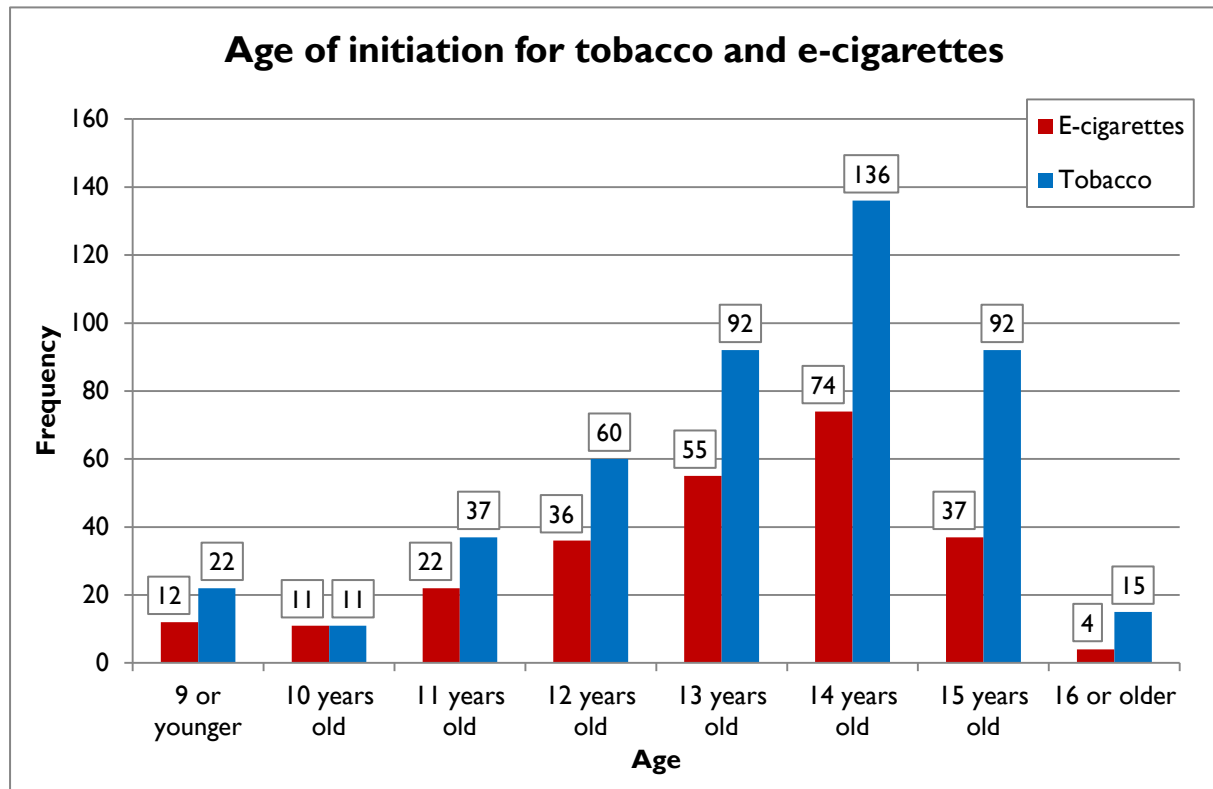
Figure 4.16: Age of initiation for tobacco and e-cigarettes

E-cigarettes and tobacco

A very strong association between lifetime[85] and current[86] tobacco smoking and use of e-cigarettes was found. 63.2% of students had never used e-cigarettes and never smoked a cigarette (n=889) and 5.4% of students had used both e-cigarettes and tobacco in the last 30 days (n=76). 18.0% of students who had never used an e-cigarette had smoked at least one cigarette (n=195). While approximately 13% of all respondents had smoked tobacco in the last 30 days, more than half of students who had used e-cigarettes in the previous month had smoked tobacco (53.1%, n=76).

Students experimenting with cigarettes may be more likely to smoke e-cigarettes; of the students who used e-cigarettes between one and 12 months ago, 22.2% had smoked in the previous month but not every day (n=28) and 40.2% had smoked between 3-39 cigarettes

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[83] Tobacco: mean=13.0, n=251, SD=1.64, SE=.10. E-cigarettes: mean=14.5, n=299, SD=1.13, SE=.07. '9 or younger' was recoded as 9 and '16 or older' as 16.

[84] Age of first use of e-cigarettes by gender: [t(297)=-1.628, p=.105] when '9 or younger' was recoded as 9 and '16 or older' as 16.

[85] Lifetime smoking by e-cigarette use: [χ^2(9)=529.091, p<.001; Somer's d symmetric=.534].

[86] Current smoking by e-cigarette use: [χ^2(6)=402.109, p<.001; Somer's d symmetric=.483].

(n=51). Further, students who do not use tobacco are using e-cigarettes. 74 respondents who had never smoked tobacco at the time of the survey had used an e-cigarette and 67 students who had not smoked in the previous 30 days had used e-cigarettes in the same period (5.4%).

Lifetime Tobacco Use	E-cigarette use									
	Never used		Used more than 12 months ago		Used in the last 12 months		Used in the last 30 days		Total	
	N	%	N	%	N	%	N	%	N	%
None	889	82.0%	23	42.6%	26	20.5%	25	17.6%	963	68.4%
1-2	94	8.7%	8	14.8%	22	17.3%	19	13.4%	143	10.2%
3-39	84	7.7%	15	27.8%	51	40.2%	46	32.4%	196	13.9%
40+	17	1.6%	8	14.8%	28	22.0%	52	36.6%	105	7.5%
Total	*1084*	*100.0%*	*54*	*100.0%*	*127*	*100.0%*	*142*	*100.0%*	*1407*	*100.0%*

Current Tobacco Use	E-cigarette use									
	Never used		Used more than 12 months ago		Used in the last 12 months		Used in the last 30 days		Total	
	N	%	N	%	N	%	N	%	N	%
Not at all	1049	96.6%	39	72.2%	76	60.3%	67	46.9%	1231	87.4%
Less than one per day	21	1.9%	10	18.5%	28	22.2%	34	23.8%	93	6.6%
Every day	16	1.5%	5	9.3%	22	17.5%	42	29.4%	85	6.0%
Total	*1086*	*100.0%*	*54*	*100.0%*	*126*	*100.0%*	*143*	*100.0%*	*1409*	*100.0%*

Table 4.40: Lifetime and current smoking by e-cigarette use

Relationship to tobacco when first tried e-cigarettes

Students were asked about their tobacco-smoking behaviour when they first tried e-cigarettes. A third reported that they had never smoked tobacco at that time (33.3%, n=101) and another third reported that they had tried tobacco but did not smoke regularly (33.7%, n=102). Half of the remaining students smoked regularly (18.2%, n=55) and the other half smoked occasionally (14.9%, n=45).
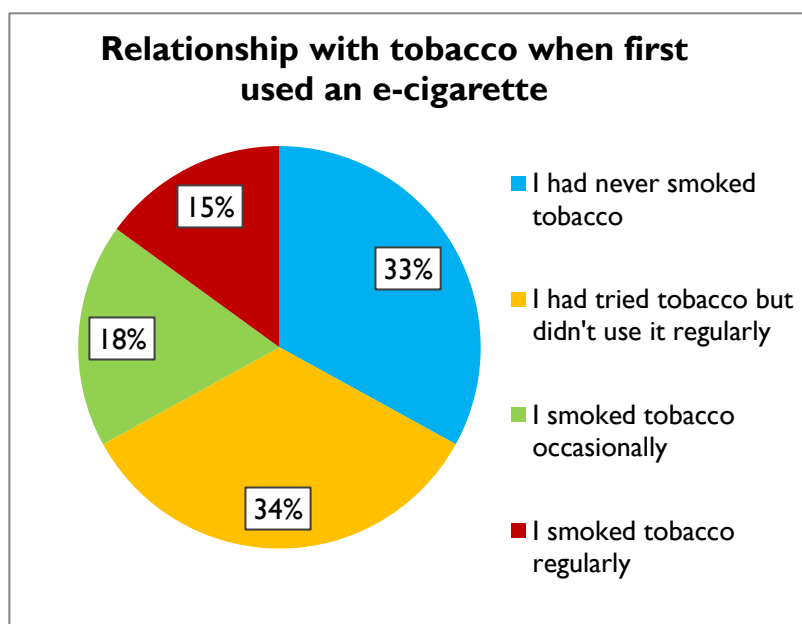
Figure 4.17: Relationship with tobacco when first used an e-cigarette

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The respondents' relationship to tobacco when they first tried an e-cigarette was associated with their current use of e-cigarettes[87]. Students who smoked tobacco regularly were more likely to continue using e-cigarettes. Of the 101 students who reported that had never smoked tobacco when they first tried an e-cigarette, 39 students continued to use e-cigarettes in the last month. Of the 45 students who already smoked tobacco regularly before they first used an e-cigarette, 30 tobacco smokers had used e-cigarettes in the previous 30 days.

Use of e-cigarettes	Relationship with tobacco when first tried an e-cigarette									
	I had never smoked tobacco		I had tried tobacco but not regularly		I smoked tobacco occasionally		I smoked tobacco regularly		Total	
	N	%	N	%	N	%	N	%	N	%
Used more than 12 months ago	30	29.7%	14	13.7%	7	12.7%	1	2.2%	52	17.2%
Used in the last 12 months	32	31.7%	51	50.0%	24	43.6%	14	31.1%	121	39.9%
Used in the last 30 days	39	38.6%	37	36.3%	24	43.6%	30	66.7%	130	42.9%
Total	101	100.0%	102	100.0%	55	100.0%	45	100.0%	303	100.0%

Table 4.41: Use of e-cigarettes by relationship with tobacco when first used an e-cigarette

It is worth noting that 101 students reported that they had not used tobacco when they first tried an e-cigarette but 74 students reported that they had never used tobacco, leaving a discrepancy of 26 students, some of whom may have begun smoking tobacco after using e-cigarettes. When students' responses regarding their lifetime and current tobacco smoking behaviour were compared with their tobacco use at the time of their first e-cigarette, 43 students reported having smoked tobacco in their lifetimes but had not smoked at the time of their first e-cigarette. Twelve students reported that they had never tried tobacco at the time of their first e-cigarette, but currently smoked tobacco at the time of the survey.

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[87] Current use of e-cigarettes by relationship to tobacco when started using e-cigarettes: [$\chi^2(6)=29.224$, $p<.001$; Cramer's V=.220]

Lifetime smoking by relationship with tobacco when first tried an e-cigarette									
Lifetime Tobacco Smoking	I had never smoked tobacco		I had tried tobacco but not regularly		I smoked tobacco occasionally		I smoked tobacco regularly		Total	
	N	%	N	%	N	%	N	%	N	%
None	57	57.0%	5	4.9%	1	1.8%	2	4.5%	65	21.6%
1-2	24	24.0%	21	20.6%	1	1.8%	0	0.0%	46	15.3%
3-39	12	12.0%	61	59.8%	28	50.9%	4	9.1%	105	34.9%
40+	7	7.0%	15	14.7%	25	45.5%	38	86.4%	85	28.2%
Total	*100*	*100.0%*	*102*	*100.0%*	*55*	*100.0%*	*44*	*100.0%*	*301*	*100.0%*
Current smoking by relationship with tobacco when first tried an e-cigarette										
Current Tobacco Smoking	I had never smoked tobacco		I had tried tobacco but not regularly		I smoked tobacco occasionally		I smoked tobacco regularly		Total	
	N	%	N	%	N	%	N	%	N	%
Not at all	87	87.0%	66	64.7%	15	27.8%	1	2.2%	169	56.1%
Less than one per day	8	8.0%	28	27.5%	24	44.4%	9	20.0%	69	22.9%
Every day	5	5.0%	8	7.8%	15	27.8%	35	77.8%	63	20.9%
Total	*100*	*100.0%*	*102*	*100.0%*	*54*	*100.0%*	*45*	*100.0%*	*301*	*100.0%*

Table 4.42: Lifetime and current tobacco smoking by relationship with tobacco when first tried an e-cigarette

Reason for use of e-cigarettes

Students were asked why they first tried e-cigarettes and possible answers offered were: 'in order to quit tobacco', 'as an alternative to tobacco', 'because friends were using e-cigarettes', 'out of curiosity' and 'I don't know why'. 295 students who had used e-cigarettes responded[88] and students could select multiple responses.

The most common reason for trying e-cigarettes was 'out of curiosity', with more than 60% of e-cigarette users selecting this answer (n=186) and the next most frequent answer was 'because friends were using it' (21.4%, n=63). Out of the 51 students who reported using e-cigarettes to quit smoking tobacco (17.3%), 15 of them reporting smoking less than 40 cigarettes in their lifetime. 29 students reported smoking e-cigarettes as an alternative to tobacco (9.8%) and 19 e-cigarette users admitted not knowing why they first tried it (6.4%).

While 74 students reported trying e-cigarettes either to quit smoking tobacco or as an alternative to tobacco or for both reasons, curiosity was by far the most common explanation reported for trying e-cigarettes.

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[88] Students who selected 'I've never tried e-cigarettes' as a reason were excluded.

Reason for trying e-cigarettes	Yes		No		Total	
	N	%	N	%	N	%
As a quit method	51	17.3%	244	82.7%	295	100.0%
Alternative to tobacco	29	9.8%	266	90.2%	295	100.0%
Because friends were using it	63	21.4%	232	78.6%	295	100.0%
Because of curiosity	186	63.1%	109	36.9%	295	100.0%
I don't know why	19	6.4%	276	93.6%	295	100.0%

Table 4.43: Reasons for trying e-cigarettes and percentage chosen out of 295 respondents (respondents could choose more than one response)
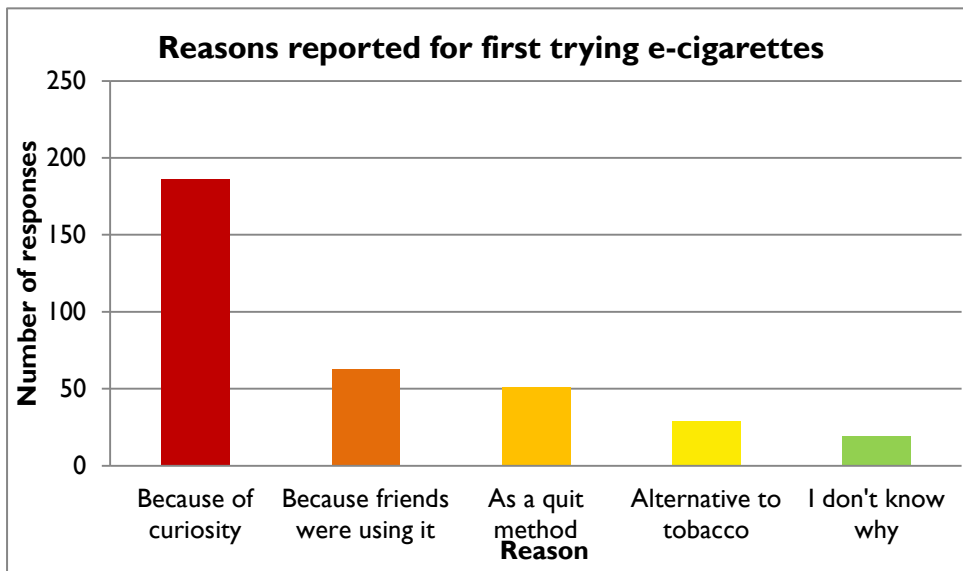
Figure 4.18: Reasons for trying e-cigarettes

Water Pipes

90.1% of students stated that they had never used a water pipe to smoke tobacco (n=1251). Of the students who reported having used a water pipe, most said 'in the last 30 days' (n=64), 49 stated 'in the last 12 months' and 24 answered 'more than 12 months ago'.

There was a very strong association between using a water pipe and lifetime and current smoking[89]. Of the 64 students who used a water pipe in the last 30 days, 20 students smoke cigarettes every day and thirteen have never smoked a cigarette. Of the students who have ever used a water pipe (around 10%), 30 have never smoked a cigarette and 21 students have smoked once or twice.
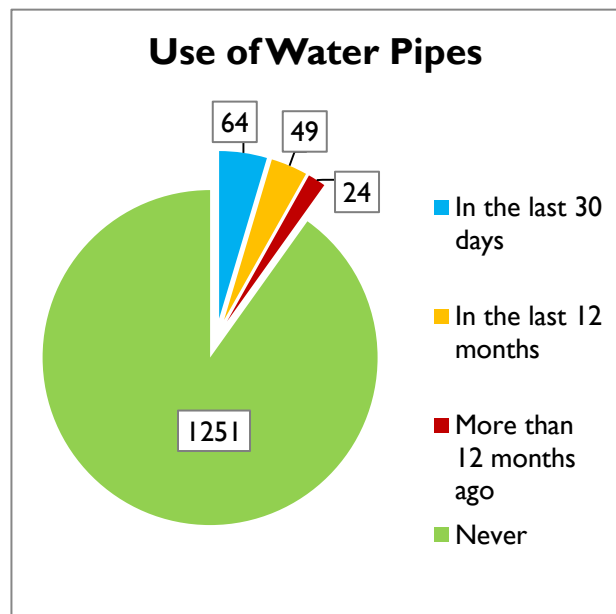
Figure 4.19: Use of Water Pipes

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[89] Lifetime smoking by water pipe use: [$\chi^2(9)$=222.281, p<.001; Somer's d symmetric=.566]. Current smoking by water pipe use: [$\chi^2(6)$=157.045, p<.001; Somer's d symmetric=.336].

	Water pipe use									
Lifetime Smoking	Never used		Used more than 12 months ago		Used in the last 12 months		Used in the last 30 days		Total	
	N	%	N	%	N	%	N	%	N	%
None	931	74.7%	5	20.8%	12	25.0%	13	20.3%	961	69.5%
1-2	120	9.6%	5	20.8%	6	12.5%	10	15.6%	141	10.2%
3-39	138	11.1%	6	25.0%	18	37.5%	18	28.1%	180	13.0%
40+	57	4.6%	8	33.3%	12	25.0%	23	35.9%	100	7.2%
Total	*1246*	*100.0%*	*24*	*100.0%*	*48*	*100.0%*	*64*	*100.0%*	*1382*	*100.0%*
	Water pipe use									
Current smoking	Never used		Used more than 12 months ago		Used in the last 12 months		Used in the last 30 days		Total	
	N	%	N	%	N	%	N	%	N	%
Not at all	1141	91.5%	15	62.5%	28	57.1%	36	56.3%	1220	88.2%
Less than one per day	60	4.8%	4	16.7%	9	18.4%	8	12.5%	81	5.9%
Every day	46	3.7%	5	20.8%	12	24.5%	20	31.3%	83	6.0%
Total	*1247*	*100.0%*	*24*	*100.0%*	*49*	*100.0%*	*64*	*100.0%*	*1384*	*100.0%*

Table 4.44: Lifetime and current smoking by use of water pipes
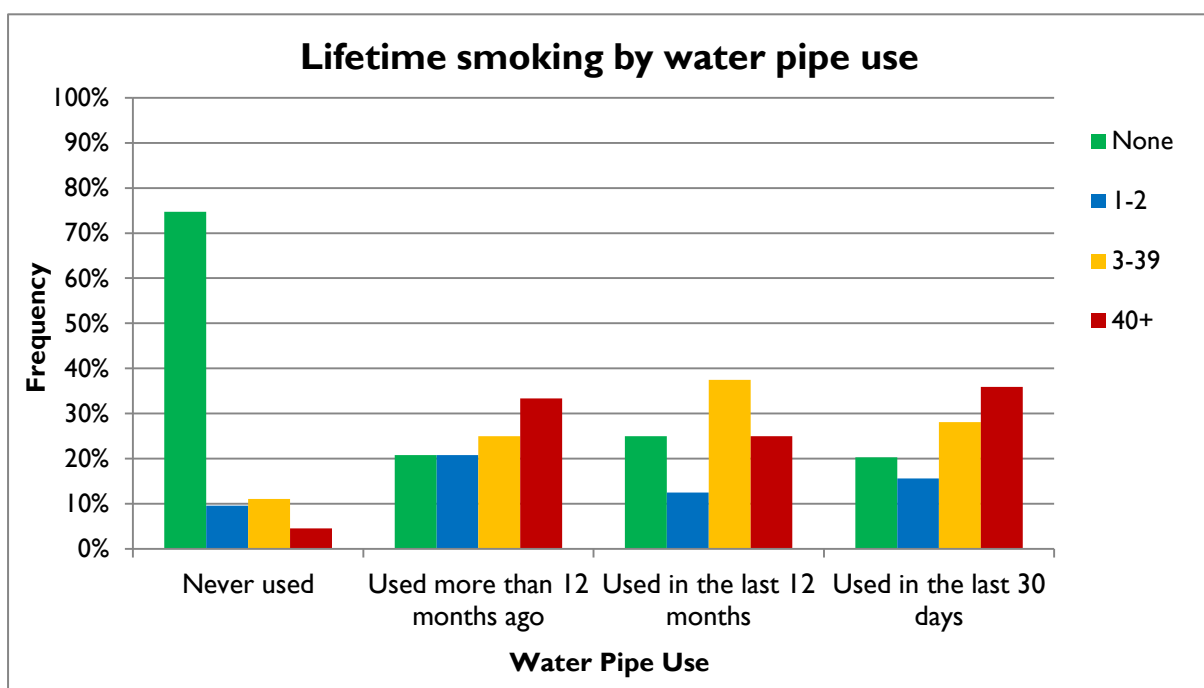
Figure 4.20: Lifetime smoking by water pipe use

Summary

Almost a quarter of students have used an e-cigarette (23%) and 10% have done so in the last 30 days. This is comparable to tobacco smoking, as 13% of students reported smoking tobacco in the last 30 days. At 23%, lifetime use of e-cigarettes is still lower than lifetime tobacco smoking,

as 32% of students reported ever smoking a cigarette. Most students were 15 when they first used an e-cigarette (53%), a mean of 1.5 years older than for tobacco smoking.

Smoking tobacco and using e-cigarettes were very strongly related; 63% of students had never used either tobacco or e-cigarettes and 5% of students had used both in the last 30 days. While around 13% of all respondents had smoked tobacco in the last 30 days, more than half of students who had used e-cigarettes in the previous month had smoked tobacco (53.1%, n=76).

However, a hundred students, around a third of e-cigarette users, had never smoked tobacco when they first smoked an e-cigarette. Another third reported that they had tried tobacco but did not smoke regularly when they started using e-cigarettes (33%). 67 students who had not smoked at all in the previous 30 days had used e-cigarettes in the same period (around 5%). 43 students reported having smoked tobacco in their lifetimes but had not smoked tobacco when they first used an e-cigarette. Twelve students reported that they had never tried tobacco at the time of their first e-cigarette, but had smoked tobacco in the last 30 days at the time of the survey.

The majority of e-cigarette users started using them 'out of curiosity' (186 students) while 74 students reported it was to try to quit smoking or as an alternative to tobacco. 19 students responded that they did not know why they tried e-cigarettes.

CANNABIS

Cannabis use among 15-16 year olds in Ireland

NEVER TRIED

81%

6% have used cannabis once or twice

5% have used cannabis several times

4% have used cannabis 10 - 39 times

4% have used cannabis 40 times or more
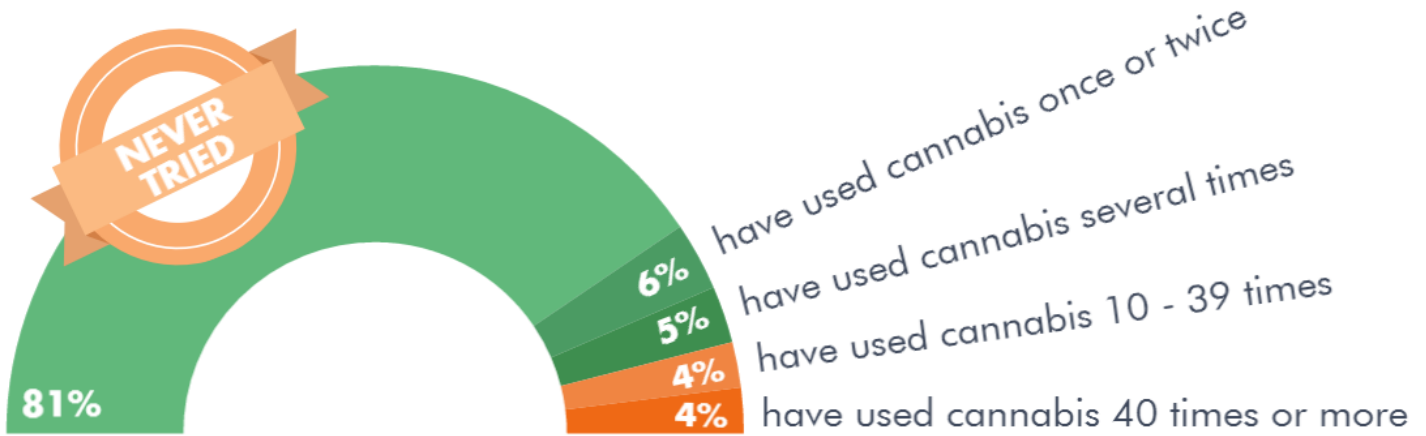
MORE MALE students used cannabis than female students

22% **16%**
More boys than girls have ever tried cannabis

13% **7%**
More boys than girls have used cannabis in the last 30 days.

70% of cannabis users first used it aged 14 or 15

57% of cannabis users had used cannabis before midday

1/3 had used cannabis alone

More male **39%** than female **25%** cannabis users had smoked alone.

63% More girls perceived a **great risk** from smoking cannabis regularly than boys.

45%

almost as high as smoking a pack of cigarettes a day

More girls perceived a **great risk** of using cannabis occasionally than boys.

male **25%**

female **34%**

SOCIAL FACTORS

Over half have no friends using cannabis
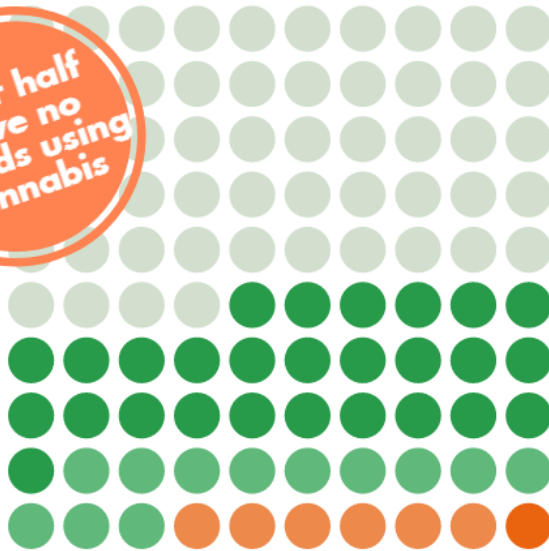
27% have a few friends who use cannabis

12% have some friends who use cannabis

6% have a few friends who use cannabis

1% only have friends who use cannabis

CANNABIS CLIQUES

Half of those in a cannabis clique have used it in the past 30 days

4% of those NOT in a cannabis clique have used it in the past 30 days

10% of those NOT in a cannabis clique have ever used cannabis

Cannabis use was related to

- socio-economic status
- peer cannabis use
- being born outside Ireland
- being in a one-parent family
- having a parent born in the rest of Europe
- low parental monitoring
- scoring a lower grade in school
- skipping school

REFUSAL SKILLS

41% of students had the possibility of trying cannabis but said no.

no, thanks!

yes, please!

?

59% of students either:

said yes OR did not have the possibility to try it

72% of these don't have any friends who use cannabis

5. Cannabis use

ESPAD 2015 included a number of items related to cannabis use over lifetime, the last 12 months and the last 30 days. Students also answered items related to age of first cannabis use, perceived access and perceived risk of cannabis use. Socioeconomic status, birth country, school attendance and attainment, relationship with parents and parenting style, and peer substance use were examined to see if these were related to cannabis use in this cohort. This chapter discusses the main results regarding cannabis use, and factors related to cannabis use.

Cannabis use

Lifetime

Students were asked how many times in their lives they had used cannabis. More male (22.4%, n=166) than female respondents (15.5%, n=110) have ever tried cannabis[90]. Overall, 19%, (n=276) of students in this cohort had ever tried cannabis, out of which most (6.3%, n=92) had tried it once or twice. There was also a sizeable minority of students who smoked cannabis 40 times or more (3.9%, n=57).

Lifetime cannabis use	Male		Female		All	
	N	%	N	%	N	%
Never	575	77.6%	601	84.5%	1176	81.0%
Once or twice	48	6.5%	44	6.2%	92	6.3%
3 to 5 times	24	3.2%	25	3.5%	49	3.4%
6 to 9 times	14	1.9%	14	2.0%	28	1.9%
10 to 19 times	22	3.0%	5	0.7%	27	1.9%
20 to 39 times	15	2.0%	8	1.1%	23	1.6%
40 times or more	43	5.8%	14	2.0%	57	3.9%
Total	*741*	*100.0%*	*711*	*100.0%*	*1452*	*100.0%*

Table 5.1: Lifetime cannabis use by gender

The last 12 months

Table 5.2 below shows how many students have tried cannabis in the last 12 months. Overall, 16.8% (n=233) of students had used cannabis in the last 12 months. Again, more male (19.5%, n=137) than female respondents (13.9%, n=96) reported using cannabis[91] in the past year. A small number of males (4.1%, n=29) report using cannabis 40 times in the past year, suggesting heavier use than female respondents (1.2%, n=8).

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[90] Lifetime: $[\chi^2(6)= 27.750, p<.001$, Cramer's V=.138]
[91] 12 months: $[\chi^2(6)= 20.424, p=.002$, Cramer's V=.121]

Cannabis use in the last 12 months	Male		Female		All	
	N	%	N	%	N	%
Never	564	80.5%	594	86.1%	1158	83.2%
Once or twice	41	5.8%	45	6.5%	86	6.2%
3 to 5 times	30	4.3%	23	3.3%	53	3.8%
6 to 9 times	8	1.1%	7	1.0%	15	1.1%
10 to 19 times	15	2.1%	5	0.7%	20	1.4%
20 to 39 times	14	2.0%	8	1.2%	22	1.6%
40 times or more	29	4.1%	8	1.2%	37	2.7%
Total	*701*	*100.0%*	*690*	*100.0%*	*1391*	*100.0%*

Table 5.2: Cannabis use in the last 12 months by gender

The last 30 days

As shown in Table 5.3 below, the vast majority (90.2%, n=1250) of students had not used cannabis in the last 30 days and only a small number (9.8%, n=136) had. More male (12.6%, n=88) than female students (7.0%, n=48) had used cannabis in the last 30 days.[92] Thirteen male students had used cannabis 40 times or more in the last 30 days, possibly using cannabis every day in the last month.

Cannabis use in the last 30 days	Male		Female		All	
	N	%	N	%	N	%
Never	609	87.4%	641	93.0%	1250	90.2%
Once or twice	36	5.2%	29	4.2%	65	4.7%
3 to 5 times	9	1.3%	7	1.0%	16	1.2%
6 to 9 times	14	2.0%	3	0.4%	17	1.2%
10 to 19 times	10	1.4%	3	0.4%	13	0.9%
20 to 39 times	6	0.9%	3	0.4%	9	0.6%
40 times or more	13	1.9%	3	0.4%	16	1.2%
Total	*697*	*100.0%*	*689*	*100.0%*	*1386*	*100.0%*

Table 5.3: Cannabis use in the last 30 days by gender

Age of first use of cannabis

Students were asked at what age they first tried cannabis. Answers were recoded into 12 years or less, 13 years old, 14 years old, 15 years old or 16 years or older. Around 70% of students who had used cannabis first did so at age 14 or 15 and the mean age of initiation was 14.0 years old (SD=1.32). On average, male students tried cannabis at around four months younger than female students[93], with a mean age of 13.9 for male students (SE=.12) and 14.2 for female students (SE=.09). Far more boys (13.8%, n=23) than girls (3.4%, n=4) tried cannabis at 12 years old or younger.

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[92] 30 days: [$\chi^2(6)$= 19.914, p=.003, Cramer's V=.120]
[93] Age of initiation by gender: [t(280.846)=-2.256, p=.025; Cohen's d=. 0.263]. '9 or younger' was recoded as 9 and '16 or older' as 16.

Age of first cannabis use	Male		Female		Both	
	N	%	N	%	N	%
12 years or younger	23	13.8%	4	3.4%	27	9.5%
13 years old	23	13.8%	20	17.2%	43	15.2%
14 years old	54	32.3%	38	32.8%	92	32.5%
15 years old	57	34.1%	50	43.1%	107	37.8%
16 years or older	10	6.0%	4	3.4%	14	4.9%
Total	167	100.0%	116	100.0%	283	100.0%

Table 5.4: Age of first cannabis use by gender
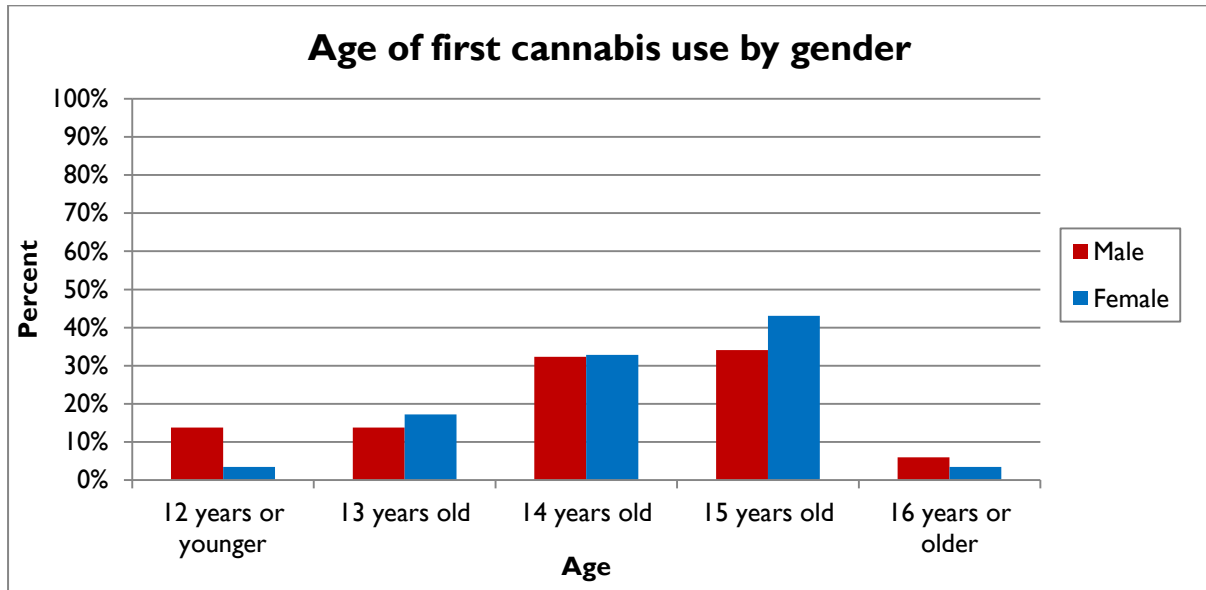
Figure 5.1: Age of first trying cannabis by gender

Perceived access to cannabis

Students were asked how easy they thought it would be to get cannabis if they wanted it. 41.9% (n=611) perceived that it would be impossible, very difficult or fairly difficult and 43.4% (n=632) perceived that it would be fairly or very easy. More male (20.7%, n=154) than female students (12.9%, n=92) said it would be very easy to get cannabis and more female (19.3%, n=138) than male students (13.9%, n=103) said it would be impossible to get cannabis if they wanted to[94].

---

[94] Access to cannabis: [$\chi^2(5)= 27.851$, $p<.001$, Cramer's V=.138]

Perceived access to cannabis	Male		Female		All	
	N	%	N	%	N	%
Impossible	103	13.9%	138	19.3%	241	16.5%
Very difficult	71	9.6%	100	14.0%	171	11.7%
Fairly difficult	100	13.5%	99	13.9%	199	13.7%
Fairly easy	196	26.4%	190	26.6%	386	26.5%
Very easy	154	20.7%	92	12.9%	246	16.9%
Don't know	119	16.0%	95	13.3%	214	14.7%
Total	743	100.0%	714	100.0%	1457	100.0%

Table 5.5: Perceived access to cannabis by gender

Cannabis refusal skills were measured by asking students if they had ever had the possibility of trying cannabis without doing so. 40.9% (n=593) said yes and 59.1% (n=898) said no. The frequency with which this had happened for those who answered yes is shown in Table 5.6 below. There were no significant gender differences in the number of times respondents had the possibility to use cannabis without using it[95]. About half of male (45.1%, n=143) and female students (53.5%, n=146) report this happening once or twice, and 23.2% (n=137) overall report it happening 3 to 5 times. 27.8% (n=164) said that this happened more than 5 times.

Opportunities to use cannabis without use	Male		Female		All	
	N	%	N	%	N	%
Once or twice	143	45.1%	146	53.5%	289	49.0%
3 to 5 times	74	23.3%	63	23.1%	137	23.2%
6 to 9 times	42	13.2%	28	10.3%	70	11.9%
10 to 19 times	28	8.8%	23	8.4%	51	8.6%
20 to 39 times	14	4.4%	6	2.2%	20	3.4%
40 times or more	16	5.0%	7	2.6%	23	3.9%
Total	317	100.0%	273	100.0%	590	100.0%

Table 5.6: Number of times possible to use cannabis without using by gender

Perceived risks of cannabis

Students were asked a number of questions related to the perceived risks of cannabis use, in trying it once or twice, smoking cannabis occasionally, or smoking cannabis regularly. Generally, female respondents considered trying cannabis once or twice more risky[96], with 19.5% (n=139) saying there is a great risk in trying cannabis once or twice, compared to 16.5% (n=122) of male students. More male (32.8%, n=242) than female respondents (18.5%, n=132) said that there was no risk. Overall, a quarter of students (25.8%, n=374) said that there was no risk in trying cannabis and most students (32.5%, n=472) said that there was only a slight risk in trying it once or twice.

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[95] Cannabis refusal skills: [$\chi^2(5)= 7.688$, p=.174]
[96] Trying cannabis once or twice: [$\chi^2(4)= 43.429$, p<.001, Cramer's V=.173]

Perceived risk of trying cannabis once or twice	Male		Female		All	
	N	%	N	%	N	%
No risk	242	32.8%	132	18.5%	374	25.8%
Slight risk	223	30.2%	249	34.9%	472	32.5%
Moderate risk	110	14.9%	158	22.1%	268	18.5%
Great risk	122	16.5%	139	19.5%	261	18.0%
Don't know	41	5.6%	36	5.0%	77	5.3%

Table 5.7: Perceived risk of trying cannabis once or twice by gender

Regarding smoking cannabis occasionally, female students generally considered smoking cannabis occasionally more risky than males[97]. Twice as many male (18.9%, n=140) as female respondents (9.8%, n=70) said that there was no risk to smoking cannabis occasionally. One-third of girls (33.7%, n=240) compared to a quarter of boys (25.1%, n=186) said that there was a great risk. Overall, most students (30.9%, n=449) thought that there was a moderate risk in smoking cannabis occasionally.

Perceived risk of smoking cannabis occasionally	Male		Female		All	
	N	%	N	%	N	%
No risk	140	18.9%	70	9.8%	210	14.5%
Slight risk	165	22.3%	125	17.6%	290	20.0%
Moderate risk	209	28.2%	240	33.7%	449	30.9%
Great risk	186	25.1%	240	33.7%	426	29.3%
Don't know	40	5.4%	37	5.2%	77	5.3%

Table 5.8: Perceived risk of smoking cannabis occasionally by gender

Table 5.9 shows that girls consider smoking cannabis regularly more risky than boys[98]. 62.8% (n=446) of girls compared with 44.8% (n=330) of boys answered that there was a great risk in smoking cannabis regularly. Overall, most students (53.7%, n=776) thought there was a great risk, with only 9.8% (n=142) saying there was no risk to smoking cannabis regularly.

Perceived risk of smoking cannabis regularly	Male		Female		All	
	N	%	N	%	N	%
No risk	98	13.3%	44	6.2%	142	9.8%
Slight risk	107	14.5%	51	7.2%	158	10.9%
Moderate risk	158	21.5%	133	18.7%	291	20.1%
Great risk	330	44.8%	446	62.8%	776	53.7%
Don't know	43	5.8%	36	5.1%	79	5.5%

Table 5.9: Perceived risk of smoking cannabis regularly by gender

Students were also asked if they had certain experiences related to cannabis use in the last 12 months, and how often they had happened. Answered were recoded into 'Yes' or 'No' to examine the most common cannabis-related experiences among students. The results for boys and girls who had used cannabis in the last 12 months are shown in Table 5.10 below. Over half

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[97] Smoking cannabis occasionally: [$\chi^2(4)= 37.427$, p<.001, Cramer's V=.161]
[98] Smoking cannabis regularly: [$\chi^2(4)= 60.043$, p<.001, Cramer's V=.204]

(56.8%, n=109) of students had smoked cannabis before midday and one-third (33.3%, n=63) had smoked cannabis alone. A quarter of students (25.4%, n=47) had had friends or family recommend that they reduce or stop their cannabis use or had tried to reduce or stop unsuccessfully (25.4%, n=48). Boys (32.1%, n=36) were more likely than girls (15.1%, n=11) to have their friends or family recommend that they reduce or stop their cannabis use[99]. Boys (38.8%, n=45) were also significantly more likely to smoke alone than girls (24.7%, n=18)[100].

Cannabis-related experiences in the last 12 months	Male		Female		Both	
	N	%	N	%	N	%
Smoked cannabis before midday	70	58.8%	39	53.4%	109	56.8%
Smoked cannabis alone	45	38.8%	18	24.7%	63	33.3%
Had memory problems when smoking	37	31.9%	23	31.9%	60	31.9%
Friends or family saying to stop	36	32.1%	11	15.1%	47	25.4%
Tried unsuccessfully to stop	33	28.4%	15	20.5%	48	25.4%
Problems because of cannabis-use	24	20.7%	13	17.8%	37	19.6%

Table 5.10: Cannabis-related experiences in the last 12 months by gender

Summary

Boys were more likely to try cannabis than girls, with 22% of boys having done so compared with 16% of girls. Overall, 19% of students had tried cannabis. 4% of students had tried cannabis 40 times or more. 10% of students were current cannabis users. 13% of boys and 7% of girls had used cannabis in the last 30 days. 2% of boys had used cannabis 40 times or more in the past 30 days, suggesting a small number of very heavy users. Boys generally tried cannabis at a younger age than girls. 3% of boys and 1% of girls tried cannabis at 12 years or younger. Most students first tried cannabis at 14 (33%) and 15% first tried it at 13 years old.

42% of students thought that it would be impossible, very difficult or fairly difficult to get cannabis and 43% thought it would be fairly or very easy, suggesting very different experiences among different students. 21% of boys compared with 13% of girls said it would be very easy to get cannabis and 19% of girls and 14% of boys said it would be impossible, suggesting that boys perceive greater access to cannabis. Boys and girls did not differ in their cannabis refusal skills with half of students (49%) saying that they had been offered cannabis but had not tried it once or twice.

Girls perceived cannabis use generally more risky than boys. 20% of girls and 17% of boys think that trying cannabis once or twice carries a great risk and one-third of boys compared with 19% of girls think that there is no risk to trying cannabis once or twice. Almost twice as many boys (19%) as girls (10%) said that there was no risk to smoking cannabis occasionally. Just over one-third of girls (34%) compared to a quarter of boys (25%) said that there was a great risk. Overall, most students (31%) thought that there was a moderate risk in smoking cannabis occasionally. 63% of girls compared with 45% of boys answered that there was a great risk in smoking cannabis regularly. Overall, most students (54%) thought there was a great risk, with 10% saying there was no risk to smoking cannabis regularly.

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[99] Friends or family saying to stop: [$\chi^2(1)$= 6.799, p=.009, Cramer's V=.192]
[100] Smoking cannabis alone: [$\chi^2(1)$= 4.029, p=.045, Cramer's V=.146]

Over half (57%) of students who had used cannabis in the past 12 months had smoked cannabis before midday and one-third (33%) had smoked cannabis alone. A quarter of students (25%) had had friends or family recommend that they reduce or stop their cannabis use or had tried to reduce or stop unsuccessfully (25%). Boys (32%) were twice as likely as girls (15%) to have their friends or family recommend that they reduce or stop their cannabis use. Boys (39%) were also more likely to smoke alone than girls (25%).

Factors related to cannabis use

Socio-economic status

Socioeconomic status was measured by the education level of the respondents' mothers and fathers and the self-reported wealth of the family compared to their peers (Very much better off, much better off, better off, about the same, less well off, (very) much less well off).

Father's education was associated with current cannabis use[101], with students whose father had completed primary school or less most likely to be current cannabis users (19%, n=8), and this number falling to 7.1% (n=19) when fathers had completed secondary school. Interestingly, 13.3% (n=14) of students whose fathers had some college or university education and 9.6% (n=44) of students whose fathers had completed college or university had used cannabis in the last 30 days; both categories more likely to be current cannabis users than those whose fathers had completed secondary school. 15.8% (n=23) of students who answered that they don't know their father's education level said that they were current cannabis users.

Current cannabis use by father's education	Primary school		Some secondary		Completed		Some college or		Completed		Don't know	
	N	%	N	%	N	%	N	%	N	%	N	%
Not current users	34	81.0%	296	92.2%	250	92.9%	91	86.7%	413	90.4%	123	84.2%
Current users	8	19.0%	25	7.8%	19	7.1%	14	13.3%	44	9.6%	23	15.8%
Total	42	100.0%	321	100.0%	269	100.0%	105	100.0%	457	100.0%	146	100.0%

Table 5.11: Current cannabis use by father's education
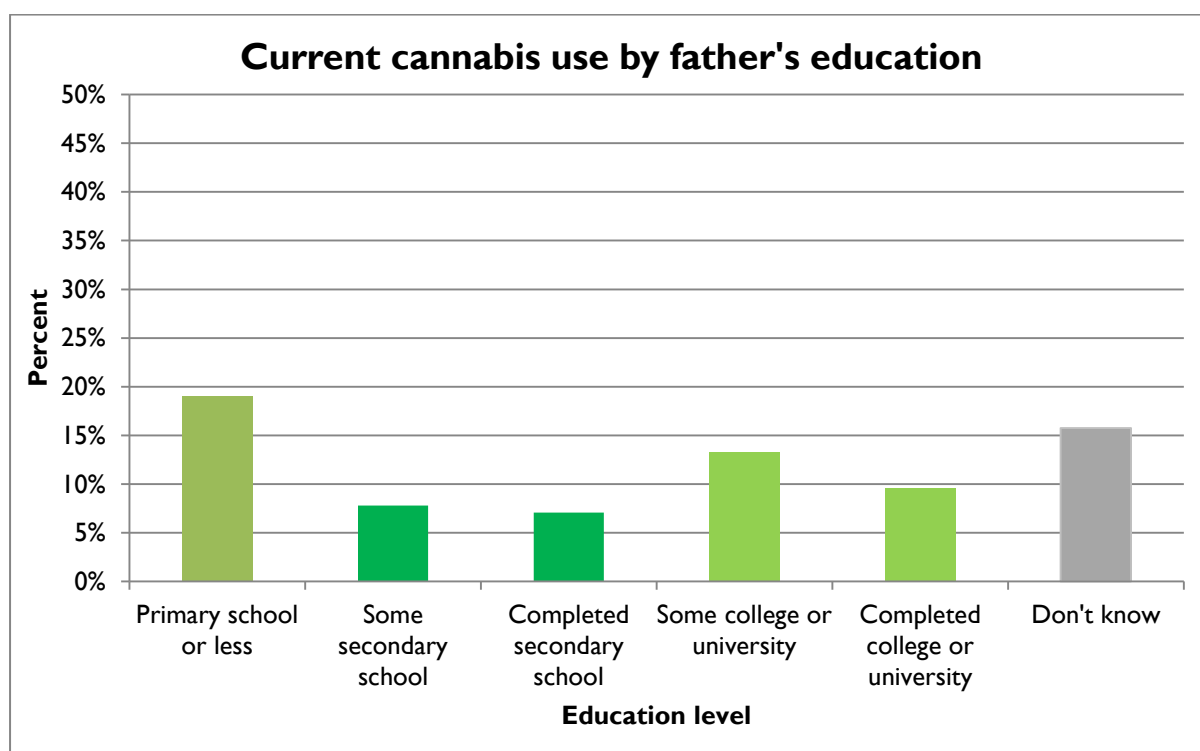
Figure 5.2: Current cannabis use by father's education

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[101] Father's education and current cannabis use: $[\chi^2(5)= 14.970, p=.010,$ Cramer's V=.106]

Self-reported wealth relative to peers was associated with both lifetime and current cannabis use. Those who thought they were about as well-off as their peers were the least likely to have tried cannabis in their lifetime (16.4%, n=113). Those who said they were much less well off than their peers were the most likely to have tried cannabis (36.4%, n=8) and those who were very much less well-off were also likely to have tried cannabis (31.3%, n=5). The second mostly likely group to have tried cannabis were those who said they were very much better off than their peers (32.1%, n=26)[102].
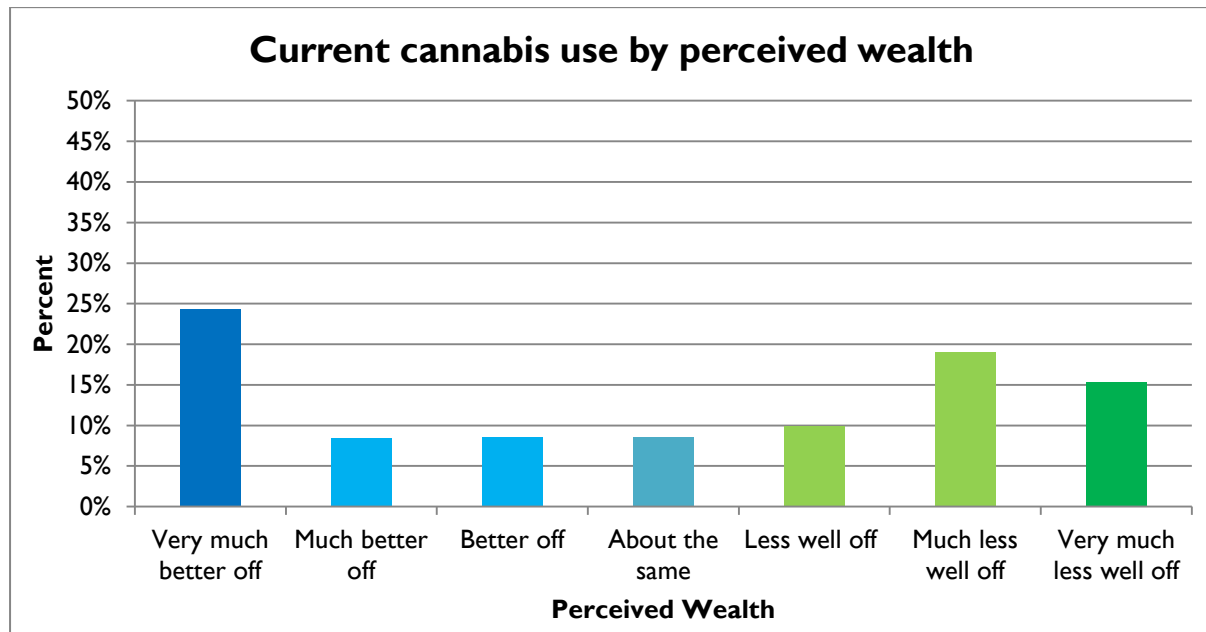
Figure 5.3: Current cannabis use by perceived wealth

Perceived wealth was similarly associated with current cannabis use[103]. Students who thought they were very much better off than their peers were the most likely to be current cannabis users (24.3%, n=18), followed by those who said they were much less well off (19%, n=4) and very much less well-off (15.4%, n=2). Students who said they were better off (8.6%, n=31) or about the same as their peers (8.6%, n=56) were the least likely to be current cannabis users.

Current cannabis use by perceived wealth	Very much better off		Much better off		Better off		About the same		Less well off		Much less well off		Very much less well off	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Not current users	56	75.7%	119	91.5%	330	91.4%	594	91.4%	91	90.1%	17	81.0%	11	84.6%
Current users	18	24.3%	11	8.5%	31	8.6%	56	8.6%	10	9.9%	4	19.0%	2	15.4%
Total	74	100.0%	130	100.0%	361	100.0%	650	100.0%	101	100.0%	21	100.0%	13	100.0%

Table 5.12: Current cannabis use by perceived wealth

Birth country of respondents and parents

Birth country of respondents was associated with both lifetime and current cannabis use. Students born in Eastern Europe (33.3%, n=22) were most likely to have tried cannabis in their lifetimes, followed by students born in Western Europe (30.4%, n=45) and Africa (28.1%, n=9).

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[102] Lifetime cannabis use and perceived wealth: [$\chi^2(6)$= 19.099, p=.004, Cramer's V=.116]
[103] Current cannabis use and perceived wealth: [$\chi^2(6)$= 22.091, p=.001, Cramer's V=.128]

Students born in Ireland (16%, n=179) and other countries (14.9%, n=7) were the least likely to have tried cannabis in their lifetimes[104] (see Table 5.13). Cannabis use in the last 30 days was also associated with the birth country of the respondent[105]. Students born in Africa (24.1%, n=7) and Eastern Europe (23.7%, n=14) were most likely to be current cannabis users, followed by students born in Western Europe (14.3%, n=20). Again, those born in other countries (8.9%, n=4) and Ireland (7.7%, n=83) were the least likely to be current cannabis users.

Lifetime cannabis use by birth country	Ireland		Western Europe		Eastern Europe		Africa		Other	
	N	%	N	%	N	%	N	%	N	%
Have not tried cannabis	943	84.0%	103	69.6%	44	66.7%	23	71.9%	40	85.1%
Have tried cannabis	179	16.0%	45	30.4%	22	33.3%	9	28.1%	7	14.9%
Total	1122	100.0%	148	100.0%	66	100.0%	32	100.0%	47	100.0%

Table 5.13: Lifetime cannabis use by birth country

Current cannabis use by birth country	Ireland		Western Europe		Eastern Europe		Africa		Other	
	N	%	N	%	N	%	N	%	N	%
Not current users	996	92.3%	120	85.7%	45	76.3%	22	75.9%	41	91.1%
Current users	83	7.7%	20	14.3%	14	23.7%	7	24.1%	4	8.9%
Total	1079	100.0%	140	100.0%	59	100.0%	29	100.0%	45	100.0%

Table 5.14: Current cannabis use by birth country

Tables 5.15 and 5.16 below show a similar pattern for mother and father's birth country. Students whose parents were born in Eastern Europe were most likely to have tried cannabis and be current cannabis users, followed by those whose parents were born in Western Europe and then Sub-Saharan Africa. Chi-square tests could not be performed due to small cell sizes.

Lifetime use by father's birth country	Ireland		Western Europe		Eastern Europe		Africa		Other	
	N	%	N	%	N	%	N	%	N	%
Have not tried cannabis	877	84.3%	141	70.1%	44	62.0%	42	84.0%	39	90.7%
Have tried cannabis	163	15.7%	60	29.9%	27	38.0%	8	16.0%	4	9.3%
Total	1040	100.0%	201	100.0%	71	100.0%	50	100.0%	43	100.0%
Lifetime use by mother's birth country	**Ireland**		**Western Europe**		**Eastern Europe**		**Africa**		**Other**	
	N	%	N	%	N	%	N	%	N	%
Have not tried cannabis	878	83.9%	137	72.5%	42	60.9%	46	82.1%	44	86.3%
Have tried cannabis	169	16.1%	52	27.5%	27	39.1%	10	17.9%	7	13.7%
Total	1047	100.0%	189	100.0%	69	100.0%	56	100.0%	51	100.0%

Table 5.15: Lifetime cannabis use by parents' birth country

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[104] Lifetime cannabis use and birth country: [$\chi^2(4)$= 30.720, p<.001, Cramer's V=.147]
[105] Current cannabis use and birth country: [$\chi^2(4)$= 29.059, p<.001, Cramer's V=.147]

Current use by father's birth country	Ireland		Western Europe		Eastern Europe		Africa		Other	
	N	%	N	%	N	%	N	%	N	%
Not current users	928	92.8%	164	84.5%	47	72.3%	39	88.6%	36	92.3%
Current users	72	7.2%	30	15.5%	18	27.7%	5	11.4%	3	7.7%
Total	*1000*	*100.0%*	*194*	*100.0%*	*65*	*100.0%*	*44*	*100.0%*	*39*	*100.0%*

Current use by mother's birth country	Ireland		Western Europe		Eastern Europe		Africa		Other	
	N	%	N	%	N	%	N	%	N	%
Not current users	935	93.0%	151	82.1%	48	72.7%	41	87.2%	43	91.5%
Current users	70	7.0%	33	17.9%	18	27.3%	6	12.8%	4	8.5%
Total	*1005*	*100.0%*	*184*	*100.0%*	*66*	*100.0%*	*47*	*100.0%*	*47*	*100.0%*

Table 5.16: Current cannabis use by parents' birth country

School

Absences

The number of days in the last month on which a class was missed was examined in relation to lifetime and current cannabis use.

There was a small association between lifetime cannabis used and days of school missed due to illness[106]. Those who missed school on five or more days in the last month due to illness were most likely to have ever tried cannabis (28.6%, n=14) and students who had not missed any school due to illness were the least likely (15.2%, n=97). There was also a small association between being absent from school due to illness and current cannabis use[107] with students who missed five or more days in the last month due to illness being the most likely to have used cannabis in the last 30 days (22.2%, n=10). Students who missed 1 day due to illness were the least likely to currently use cannabis (6.6%, n=16).

Skipping school was associated with lifetime cannabis use[108] with students who skipped 5 days or most being the most likely to have tried cannabis (54.3%, n=25). Students who had not skipped school in the last month were the least likely to have tried cannabis (13.9%, n=136).

Table 5.17 below shows cannabis use in relation to the number of days of school respondents had skipped in the past 30 days. Skipping school was moderately associated with current cannabis use[109], with students skipping 5 days or more in the last month being most likely to currently use cannabis (35.7%, n=15) and students who did not skip school at all in the last month being the least likely to have used cannabis in the last 30 days (6.2%, n=59).

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[106] Lifetime cannabis use and missing school due to illness: [χ^2(5)= 14.023, p=.015, Cramer's V=.102]
[107] Current cannabis use and absence from school due to illness: [χ^2(5)= 23.916, p<.001, Cramer's V=.137]
[108] Lifetime cannabis use and skipping school: [χ^2(4)= 100.199, p<.001, Cramer's V=.287]
[109] Current cannabis use and skipping school: [χ^2(4)= 83.005, p<.001, Cramer's V=.266]

Lifetime cannabis use by skipping school	None		1 day		2 days		3 to 4 days		5 days or more	
	N	%	N	%	N	%	N	%	N	%
Have not tried cannabis	840	86.1%	66	65.3%	39	63.9%	16	50.0%	21	45.7%
Have tried cannabis	136	13.9%	35	34.7%	22	36.1%	16	50.0%	25	54.3%
Total	*976*	*100.0%*	*101*	*100.0%*	*61*	*100.0%*	*32*	*100.0%*	*46*	*100.0%*
Current cannabis use by skipping school	**None**		**1 day**		**2 days**		**3 to 4 days**		**5 days or more**	
	N	%	N	%	N	%	N	%	N	%
Not current users	888	93.8%	79	80.6%	46	78.0%	21	67.7%	27	64.3%
Current users	59	6.2%	19	19.4%	13	22.0%	10	32.3%	15	35.7%
Total	*947*	*100.0%*	*98*	*100.0%*	*59*	*100.0%*	*31*	*100.0%*	*42*	*100.0%*

Table 5.17: Current and lifetime cannabis use by skipping school
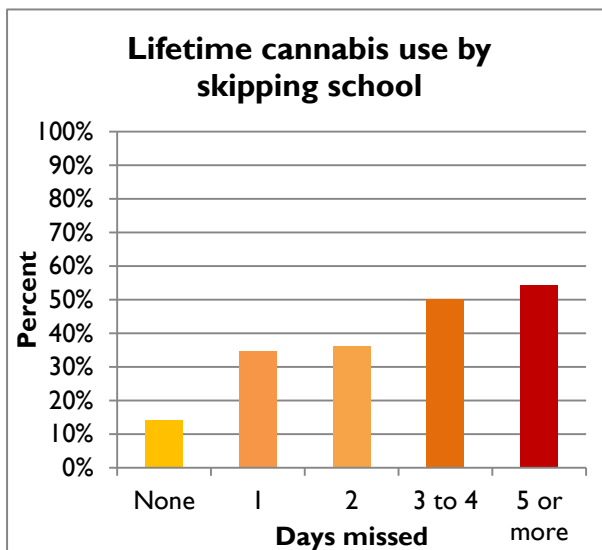
Figure 5.4 Lifetime cannabis use by skipping school
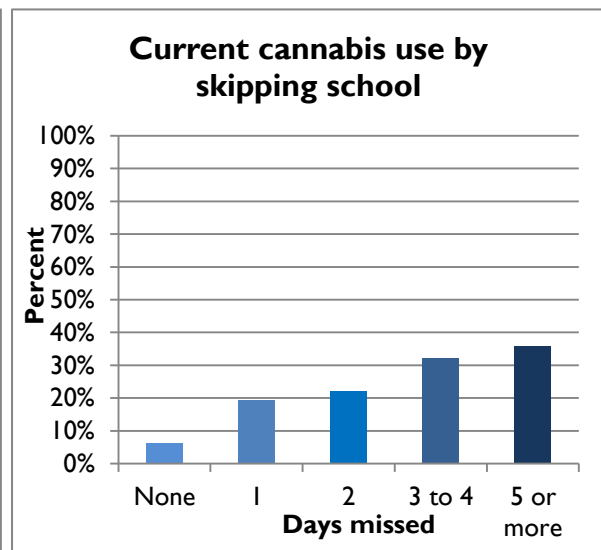
Figure 5.5: Current cannabis use by days of school skipped

School grade

Average grade in school was significantly associated with both lifetime and current cannabis use. Figure 5.5 below shows that those with lower grades were more likely to have tried cannabis in their lifetime[110]. Students with an average A grade were the least likely to have tried cannabis (9.4%, n=16) and students averaging an F grade were the most likely (53.3%, n=8).

Lifetime use by average grade	A		B		C		D		F	
	N	%	N	%	N	%	N	%	N	%
Have not tried cannabis	155	90.6%	492	84.0%	389	79.2%	63	63.6%	7	46.7%
Have tried cannabis	16	9.4%	94	16.0%	102	20.8%	36	36.4%	8	53.3%
Total	*171*	*100.0%*	*586*	*100.0%*	*491*	*100.0%*	*99*	*100.0%*	*15*	*100.0%*

Table 5.18: Lifetime cannabis use by average grade

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[110] Lifetime cannabis use and average grade: [$\chi^2(4)$= 45.896, p<.001, Cramer's V=.184]
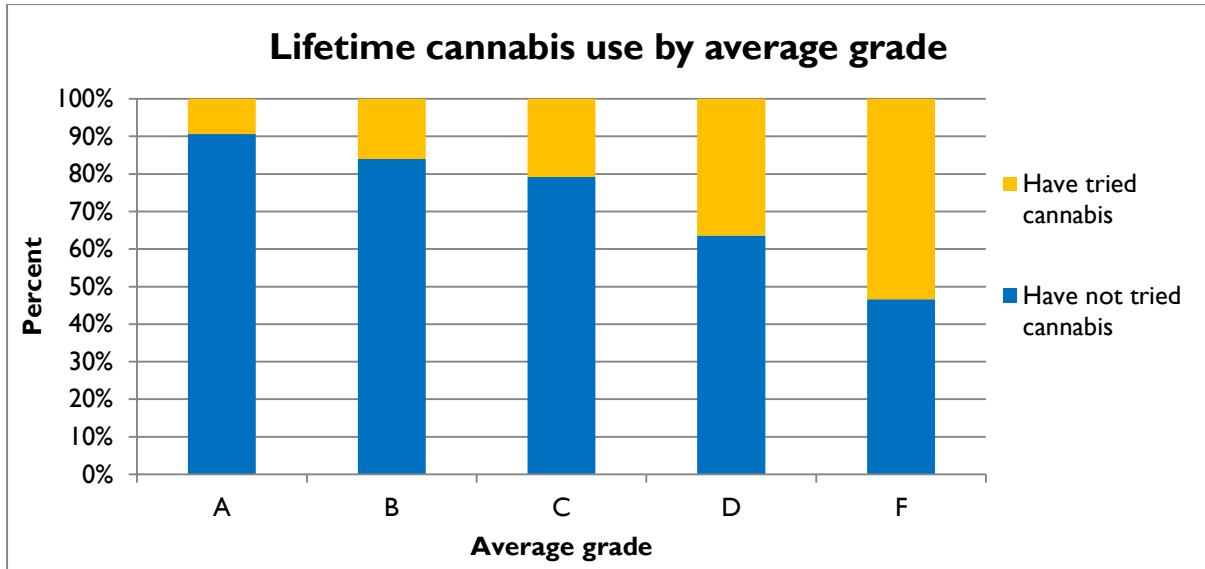
Figure 5.6: Lifetime cannabis use by average grade

Figure 5.6 below shows current cannabis use by average grade. Students who average a D grade are the most likely to have used cannabis in the last 30 days (24.2%, n=23), followed by students with F grades (16.7%, n=2). Students with A grades are the least likely to be current cannabis users (3%, n=5).

Current cannabis use by average grade	A		B		C		D		F	
	N	%	N	%	N	%	N	%	N	%
Not current users	164	97.0%	525	92.9%	409	88.7%	72	75.8%	10	83.3%
Current users	5	3.0%	40	7.1%	52	11.3%	23	24.2%	2	16.7%
Total	169	100.0%	565	100.0%	461	100.0%	95	100.0%	12	100.0%

Table 5.19: Current cannabis use by average grade
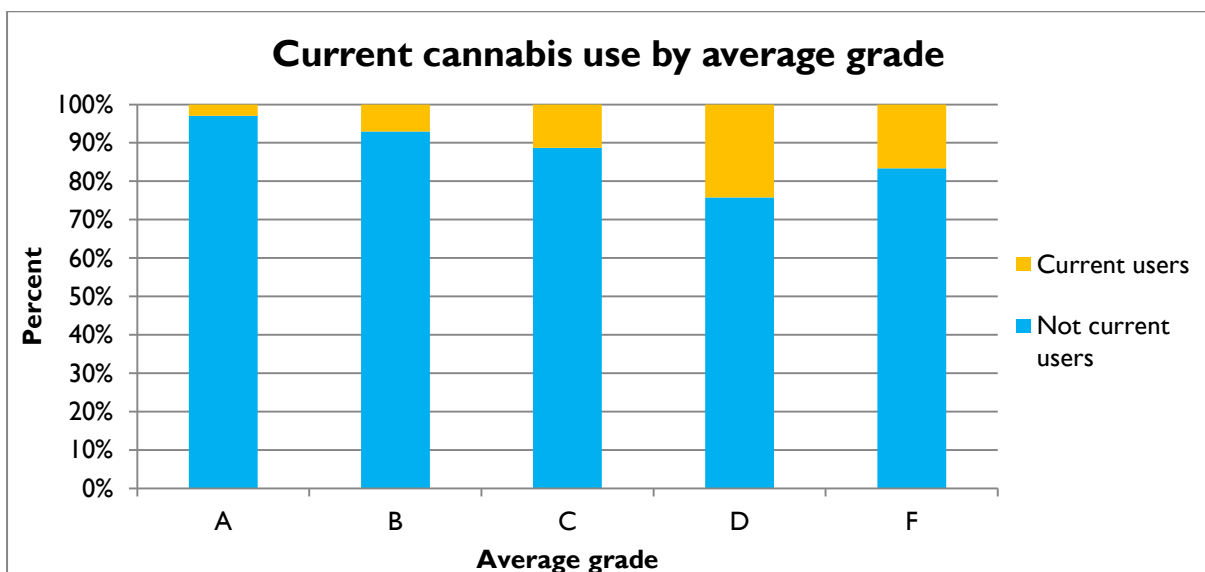
Figure 5.7: Current cannabis use by average grade

Parenting

Parental monitoring on Saturday nights

Parental monitoring was associated with both lifetime and current cannabis use, with parents knowing where students were on a Saturday night being a protective factor against both.

Figure 5.7 shows the likelihood of having tried cannabis by parental monitoring on a Saturday night[111]. Students whose parents always know where they are on Saturday nights were the least likely to have tried cannabis (9.1%, n=82). Those whose parents sometimes know where they are on Saturday nights were the most likely to have tried cannabis (46.8%, n=58), followed by those whose parents usually don't know where they are (44.1%, n=30).

Lifetime cannabis use by parental monitoring	Know always		Know quite often		Know sometimes		Usually don't know	
	N	%	N	%	N	%	N	%
Have not tried cannabis	818	90.9%	235	70.1%	66	53.2%	38	55.9%
Have tried cannabis	82	9.1%	100	29.9%	58	46.8%	30	44.1%
Total	*900*	*100.0%*	*335*	*100.0%*	*124*	*100.0%*	*68*	*100.0%*
Current cannabis use by parental monitoring	**Know always**		**Know quite often**		**Know sometimes**		**Usually don't know**	
	N	%	N	%	N	%	N	%
Not current users	836	96.2%	271	86.3%	80	68.4%	43	68.3%
Current users	33	3.8%	43	13.7%	37	31.6%	20	31.7%
Total	*869*	*100.0%*	*314*	*100.0%*	*117*	*100.0%*	*63*	*100.0%*

Table 5.20: Lifetime and current cannabis use by parental monitoring
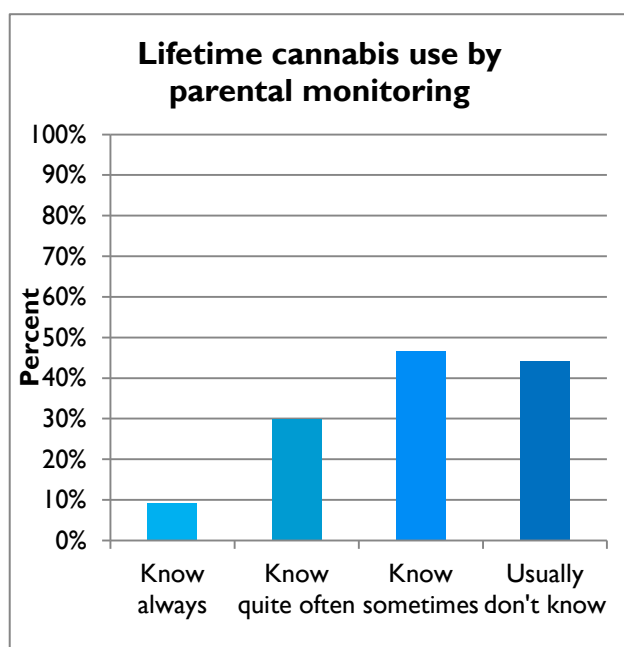
Figure 5.8: Lifetime cannabis use by parental monitoring
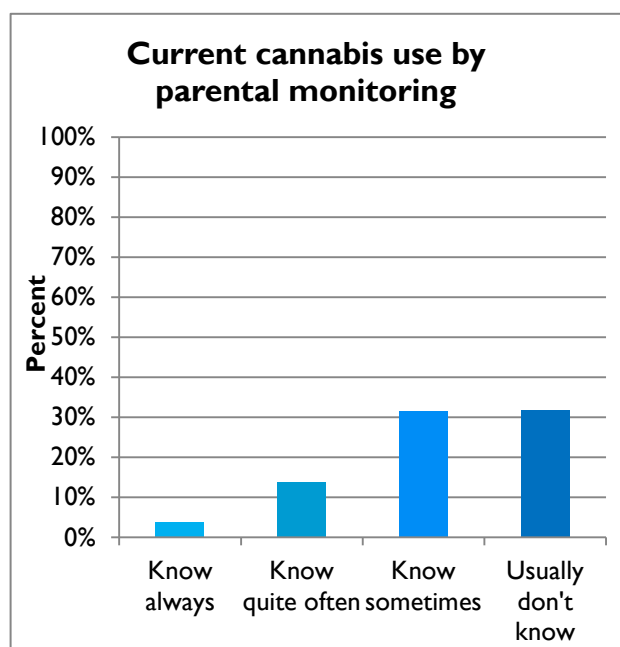
Figure 5.9: Current cannabis use by parental monitoring

[111] Lifetime cannabis use by parental monitoring: [$\chi^2(3)$= 173.393, p<.001, Cramer's V=.349]

Figure 5.8 shows the percent of students currently using cannabis based on parental monitoring on a Saturday night[112]. Students whose parents usually don't know (31.7%, n=20) or sometimes know (31.6%, n=37) where they are on a Saturday night were the most likely to currently use cannabis. Students whose parents always know where there are on a Saturday night are the least likely to currently use cannabis (3.8%, n=33).

Household

Students were asked to indicate whether their household includes their father, step-father, mother, step-mother, brother(s), sister(s), grandparent(s), other relatives(s) or non-relative(s), or whether they live alone. Students whose households included two or more parents, one parent or other people were examined and there was a significant association between lifetime and current cannabis use and household-type.

Students living in one-parent homes were most likely to have tried cannabis (26.9%, n=52) and those living with two parents were the least likely (17.7%, n=214)[113]. Students who lived with two parents were least likely to be current cannabis users (8.8%, n=102), followed by those in one parent homes (14.7%, n=27). Those living in other types of household were the most likely to currently use cannabis, with 5 of 30 students doing so[114].

Lifetime cannabis use and household type	Two or more parents		One parent		Other	
	N	%	N	%	N	%
Has not tried cannabis	997	82.3%	141	73.1%	25	80.6%
Has tried cannabis	214	17.7%	52	26.9%	6	19.4%
Total	1211	100.0%	193	100.0%	31	100.0%

Table 5.21: Lifetime cannabis use and household type

Current cannabis use and household type	Two or more parents		One parent		Other	
	N	%	N	%	N	%
Not a current cannabis user	1055	91.2%	157	85.3%	25	83.3%
Current cannabis user	102	8.8%	27	14.7%	5	16.7%
Total	1157	100.0%	184	100.0%	30	100.0%

Table 5.22: Current cannabis use and household type

Peer substance use

Peer cannabis use

Students were asked how many of their friends they would estimate smoke marijuana or hashish (cannabis). Of 1420 respondents, over half (54.1%, n=768) said that none of their friends use cannabis. 27% (n=383) said that a few of their friends did, 11.8% (n=167) said that some of their

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[112] Current cannabis use by parental monitoring: [$\chi^2(3)$= 138.703, p<.001, Cramer's V=.319]
[113] Lifetime cannabis use and household type: [$\chi^2(2)$= 9.319, p=.009, Cramer's V=.081]
[114] Current cannabis use and household type: [$\chi^2(2)$= 7.83, p=.02, Cramer's V=.076]

friends did, 6.3% (n=90) said most of their friends use cannabis and only 0.8% (n=12) said that all their friends use cannabis.

Peer cannabis use was strongly associated with lifetime[115] cannabis use. Students who reported that most of their friends used cannabis were the most likely to have tried it (72.7%, n=64), followed by students who said that all their friends use cannabis (63.6%, n=7). Students with no friends who use cannabis were the least likely to have tried it (4.1%, n=31).

Peer cannabis use was also strongly associated with current cannabis use[116]. Students who had no friends who used cannabis were the least likely to currently use cannabis themselves (1.6%, n=12) and students who answered that most of their friends used cannabis were most likely to be current users (59.8%, n=49) followed by students who said that all of their friends use cannabis (45.5%, n=5).

Lifetime cannabis use by peer use	None		A few		Some		Most		All	
	N	%	N	%	N	%	N	%	N	%
Have not tried cannabis	733	95.9%	298	78.6%	89	54.6%	24	27.3%	4	36.4%
Have tried cannabis	31	4.1%	81	21.4%	74	45.4%	64	72.7%	7	63.6%
Total	*764*	*100.0%*	*379*	*100.0%*	*163*	*100.0%*	*88*	*100.0%*	*11*	*100.0%*

Table 5.23: Lifetime cannabis use by peer use

Current cannabis use by peer use	None		A few		Some		Most		All	
	N	%	N	%	N	%	N	%	N	%
Not current users	720	98.4%	336	93.9%	123	76.4%	33	40.2%	6	54.5%
Current users	12	1.6%	22	6.1%	38	23.6%	49	59.8%	5	45.5%
Total	*732*	*100.0%*	*358*	*100.0%*	*161*	*100.0%*	*82*	*100.0%*	*11*	*100.0%*

Table 5.24: Current cannabis use by peer use
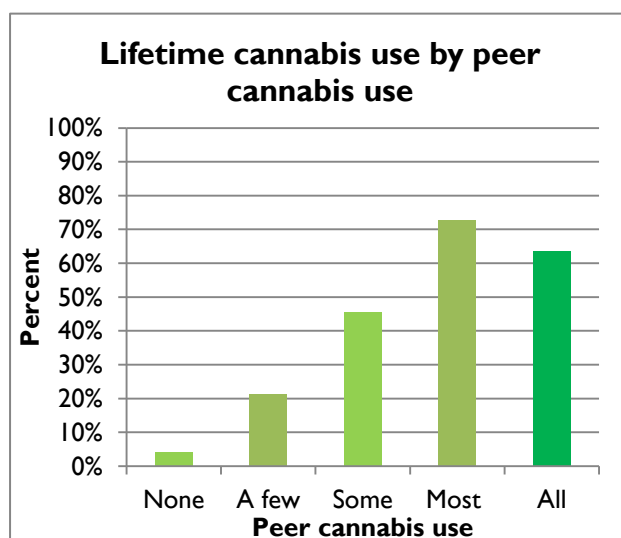
Figure 5.10: Lifetime cannabis use by peer use of cannabis
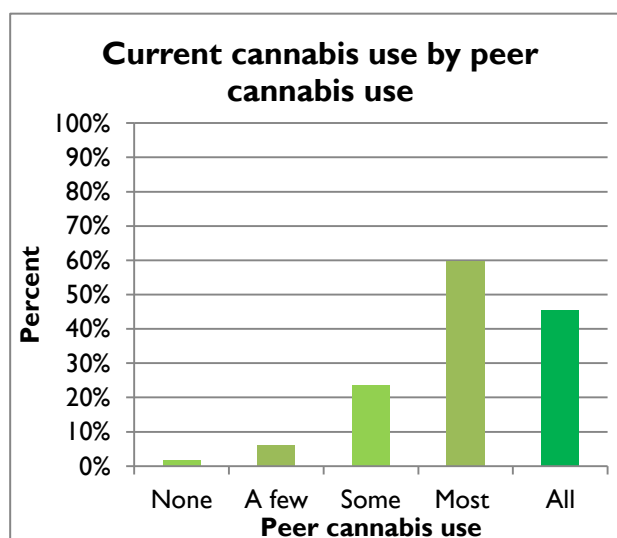
Figure 5.11: Lifetime cannabis use by peer use of cannabis

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[115] Lifetime cannabis use and peer cannabis use: [$\chi^2(4)= 375.717$, $p<.001$, Cramer's V=.517]
[116] Current cannabis use and peer cannabis use: [$\chi^2(4)= 356.144$, $p<.001$, Cramer's V=.515]

Students were also asked if they were part of a group of friends whose habitual behaviour was characterised by cannabis use (a cannabis clique). Male respondents (14.9%, n=106) were more likely than female respondents (10.4%, n=72) to belong to a cannabis clique[117], and overall, 12.7% of students had a group of friends like this.

Cannabis clique	Male		Female		All	
	N	%	N	%	N	%
No	606	85.1%	621	89.6%	1227	87.3%
Yes	106	14.9%	72	10.4%	178	12.7%
Total	*712*	*100.0%*	*693*	*100.0%*	*1405*	*100.0%*

Table 5.25: Cannabis clique by gender

Being involved with a cannabis clique was very strongly associated with lifetime and current cannabis use. Table 5.26 below shows current and lifetime cannabis use by involvement in a cannabis clique.

Lifetime cannabis use and cannabis clique	Not part of a clique		Belong to a clique		Total	
	N	%	N	%	N	%
Have not tried cannabis	1078	88.7%	55	31.6%	1133	81.5%
Have tried cannabis	138	11.3%	119	68.4%	257	18.5%
Total	*1216*	*100.0%*	*174*	*100.0%*	*1390*	*100.0%*
Current cannabis use and cannabis clique	**Not part of a clique**		**Belong to a clique**		**Total**	
	N	%	N	%	N	%
Not current users	1120	96.1%	86	51.5%	1206	90.5%
Current users	45	3.9%	81	48.5%	126	9.5%
Total	*1165*	*100.0%*	*167*	*100.0%*	*1332*	*100.0%*

Table 5.26: Lifetime and current cannabis use by involvement in cannabis clique

There was a very strong association between lifetime cannabis use and involvement in a cannabis clique[118]. 68.4% (n=119) of students in a cannabis clique had tried cannabis, compared with 11.3% (n=138) of those who were not. With regard to current cannabis use, just under half (48.5%, n=81) of students who were in a cannabis clique were current cannabis users, compared to just 3.9% (n=45) of students who were not. The association between current cannabis use and involvement in a cannabis clique was very strong[119].

Summary

Socio-economic status was associated with lifetime and current cannabis use. Students whose father's had completed primary school or less were most likely to be current cannabis users (19%). This number fell to 7% when fathers had completed secondary school. Students who thought they were about as well off as their peers were the least likely to be lifetime (16%) or current (9%) cannabis users. Students who thought they were either very much better off, much

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[117] Cannabis clique and gender: [χ^2(1)=6.422, p=.011, Cramer's V=.068]
[118] Lifetime cannabis use and cannabis clique: [χ^2(1)=328.644, p<.001, Cramer's V=.486]
[119] Current cannabis use and cannabis clique: [χ^2(1)=339.847, p<.001, Cramer's V=.505]

less well off or very much less well-off were most likely to have tried or currently use cannabis. 36% of students who said they were much less well off than their peers had tried and 31% of those who were very much less well-off had tried cannabis. Perceived wealth was similarly associated with current cannabis use. Students who thought they were very much better off than their peers were the most likely to be current cannabis users (24%), followed by those who said they were much less well off (19%) and very much less well off (15%). Students who said they were better off (9%) or about the same as their peers (9%) were the least likely to be current cannabis users.

Birth country was also associated with cannabis use. One third of students born in Eastern Europe had tried cannabis, and 30% of students born in Western Europe had done so. 28% of students born in Africa had tried cannabis and 16% of students born in Ireland had. 15% of students born in other countries had tried cannabis in their lifetime. Students born in Africa (24%) and Eastern Europe (24%) were the most likely to be current cannabis users, followed by students born in Western Europe (14%). Those born in other countries (9%) and Ireland (8%) were the least likely to currently use cannabis. A similar pattern emerged for parents' birth country.

School attendance and attainment was associated with lifetime and current cannabis use, with both being protective factors against cannabis use. Students who missed 5 or more days of school due to illness (29%) or skipping (54%) were most likely to have tried cannabis and 22% of students who missed 5 or more days of school due to illness were current cannabis users. Students who missed 1 day due to illness were the least likely to currently use cannabis (7%). Skipping school was more strongly associated with current cannabis use, with 36% of students who skipped 5 days or more in the last month being current cannabis users. Students who did not skip school at all in the last month were the least likely to have used cannabis in the last 30 days (6%). 10% of students who had an average A grade in school had tried cannabis compared to over half (53%) of students with an F grade. Students with D (24%) and F (17%) grades were most likely to be current cannabis users and students with A grades were the least likely, with just 3% of A students currently using cannabis.

Parental monitoring and household type was also associated with cannabis use. Students whose parents always know where there are on Saturday nights were the least likely to have tried cannabis (9%). However, almost half (47%) of students whose parents sometimes know where they are on Saturday nights reported trying cannabis, followed by 44% of students whose parents usually don't know where they are. 32% of students whose parents usually don't know and sometimes know where they are on Saturday night were current cannabis users. This number dropped to 4% of students whose parents always know where they are currently using cannabis. Students living in one-parent homes were most likely to have tried cannabis (27%) and those living with two parents or more were the least likely (18%). students who lived with two parents were least likely to be current cannabis users (9%), followed by those in one parent homes (15%). Those living in other types of household were the most likely to currently use cannabis (17%).

Over half (54%) of students said that none of their friends use cannabis. 46% of students had friends who used cannabis. Peer cannabis use was strongly associated with both lifetime and current cannabis use. Students who said that most of their friends used cannabis were most

likely to have tried it (73%), followed by students who said that all their friends use cannabis (64%). Students with no friends who use cannabis were the least likely to have tried it (4%). Students who had no friends that used cannabis were least likely to currently use cannabis themselves (2%) and students who answered that most of their friends used cannabis were most likely to be current users (60%) followed by 46% of students who said that all of their friends use cannabis (5 students). Involvement in a group of friends that used cannabis together was also strongly associated with lifetime and current cannabis use. 15% of boys and 10% of girls were involved in a group of friends like this and of that number, 68% had tried cannabis and almost half (49%) were current cannabis users.

SUBSTANCE USE

among 15-16 year olds in Ireland

Drug use during lifetime

- inhalants — 10%
- alcohol with pills — 4%
- painkillers — 4%
- ecstasy — 3%
- tranquilisers — 3%

Age of Initiation

- **14.4** years old — cocaine
- **14.2** years old — ecstasy
- **14.0** years old — alcohol with pills
- **14.0** years old — cannabis
- **13.9** years old — tranquilisers
- **13.6** years old — drinking beer
- **13.3** years old — smoking cigarettes
- **12.7** years old — inhalants

Substance use by gender

Painkillers
- m 2.4%
- f 4.9%

Ecstasy
- m 4.6%
- f 2.4%

Amphetamines
- m 2.6%
- f 1.1%

Magic mushrooms
- m 3.1%
- f 0.4%

Anabolic steroids
- m 2.0%
- f 0.7%
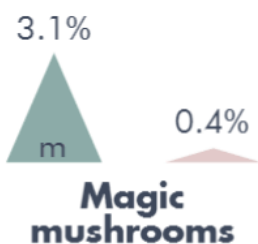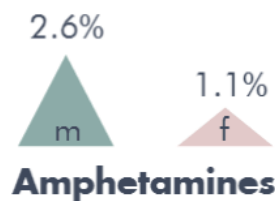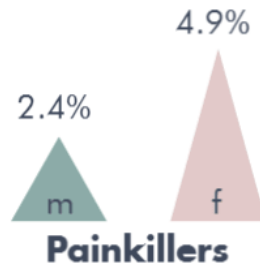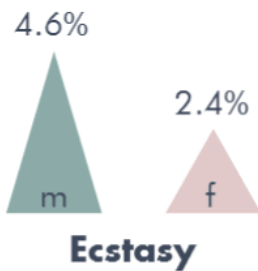
Similar numbers of male and female students used inhalants, alcohol with pills, tranquilisers, cocaine, LSD, crack, meth and heroin.

Half the students perceived it would be **very difficult** or **impossible** to get

tranquilisers
cocaine
crack
ecstasy
amphetamines

This was higher for heroin and meth

22% of students said **ecstasy** would be **easy** to get hold of (the easiest of the drugs included)

75% perceived a great risk from using amphetamines or ecstasy

perceived risk

trying

regular use

A third perceived a great risk from trying amphetamines or ecstasy

male
7.7% used
13.6% don't know

LEGAL HIGHS

5.5% used
9.2% don't know

female

Illicit substance use was related to

socio-economic status

peer substance use

being born in Eastern Europe or Africa

low parental monitoring on Saturday nights

having a Father born in Eastern Europe

having a low school grade

skipping school

6. Use of Other Substances

The 2015 ESPAD survey included items on a range of substances including inhalants, tranquilisers and ecstasy. These questions concerned lifetime use, use in the past 12 months, the age of the respondent at their first use, perceived ease of access and the perceived risk of trying and using a drug regularly. There was also an item on the use of new psychoactive substances (NPS) and the form of these substances, if used.

These substances were examined in relation to factors that might influence students' behaviour, including father's education, perceived relative wealth, birth country of the student and their father, skipping school, average grade, parental monitoring and peer substance use.

Substance Use

Prevalence

Students were asked 'on how many occasions (if any) have you used' sixteen substances or behaviours on a seven-point scale. These substances were inhalants, ecstasy, tranquilisers or sedatives, cocaine, crack, magic mushrooms, LSD or other hallucinogen, amphetamines, methamphetamines, anabolic steroids, heroin and GHB. The list also included 'alcohol together with pills (medicaments) in order to get high', 'painkillers in order to get high' and injection. Students could select an answer on 7 points ranging from zero to 40+. Since few students reported using substances on many occasions, these items were collapsed into 'never used' and 'ever used.' Students were also asked if they had ever been prescribed tranquilisers or sedatives by a doctor.

Students were also asked about a 'dummy' drug, Relevin, among the real drugs named above. Students who reported using Relevin (n=11) were excluded from this section of analysis.

Overall, the prevalence of drug use was low (see Table 6.1). After tobacco, alcohol and cannabis, inhalants were by far the most commonly used substance at 10.1% (n=146), followed by drinking alcohol with pills at 3.8% (n=55). The next most commonly used drugs were painkillers 'to get high' (3.7%, n=53), ecstasy (3.1%, n=45) and tranquilisers (2.8%, n=41). The least commonly reported substances used were GHB (two students) and heroin (six students). Eleven students reported having injected a drug.

There were significant differences between male and female students in their lifetime use of five substances, and no significant differences were found in the use of the other substances. More female students (4.9%, n=35) had ever used painkillers to get high than male students (2.4%, n=18)[120] and more male students (4.6%, n=34) had ever used ecstasy than female students (1.5%, n=11). Use of amphetamines (2.6%, n=19) and anabolic steroids (2.0%, n=15) was also more common among male students than female students (1.1%, n=8; 0.7%, n=5 respectively). However, the strongest difference was in the use of magic mushrooms; 23 male students and 3 female students had ever used magic mushrooms (Cramer's V=0.102). For four of these five

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[120] For Chi-square test results, see Table 6.1.

substances, more male students reported using them than female students; the exception was painkillers. More female students (4.2%, n=30) also reported using alcohol together with pills than male students (3.4%, n=25), although the difference did not reach significance (see Figure 6.1).

Substance ever used in lifetime	Male		Female		All		Total N	Chi-Square Test
	N	%	N	%	N	%		
Inhalants	76	10.4%	70	9.8%	146	10.1%	1448	$\chi^2(1)$= .121, p=.728
Alcohol with pills	25	3.4%	30	4.2%	55	3.8%	1448	$\chi^2(1)$= .644, p=.422
Painkillers to get high*	18	2.4%	35	4.9%	53	3.7%	1451	$\chi^2(1)$= 6.183, p=.013, Cramer's V=.065
Ecstasy*	34	4.6%	11	1.5%	45	3.1%	1448	$\chi^2(1)$= 11.488, p=.001, Cramer's V=.089
Tranquilisers	20	2.7%	21	2.9%	41	2.8%	1451	$\chi^2(1)$= .064, p=.801
Cocaine	21	2.9%	10	1.4%	31	2.1%	1447	$\chi^2(1)$= 3.700, p=.054
Amphetamines*	19	2.6%	8	1.1%	27	1.9%	1444	$\chi^2(1)$= 4.262, p=.039, Cramer's V=.054
LSD	15	2.0%	11	1.5%	26	1.8%	1450	$\chi^2(1)$= .519, p=.471
Magic Mushrooms*	23	3.1%	3	0.4%	26	1.8%	1450	$\chi^2(1)$= 15.112, p<.001, Cramer's V=.102
Anabolic Steroids*	15	2.0%	5	0.7%	20	1.4%	1449	$\chi^2(1)$= 4.754, p=.029, Cramer's V=.057
Crack	13	1.8%	6	0.8%	19	1.3%	1446	$\chi^2(1)$= 2.440, p=.118
Methamphetamines	8	1.1%	3	0.4%	11	0.8%	1446	$\chi^2(1)$= 2.167, p=.141
Injection	5	0.7%	6	0.8%	11	0.8%	1450	$\chi^2(1)$= .125, p=.724
Heroin	5	0.7%	1	0.1%	6	0.4%	1451	$\chi^2(1)$= 2.563, p=.109
GHB	2	0.3%	0	0.0%	2	0.1%	1450	$\chi^2(1)$= 1.943, p=.163
Tranquilisers from doctor	80	11.0%	81	11.4%	161	11.2%	1443	$\chi^2(1)$= 1.136, p=.567
*Relevin**	9	1.2%	2	0.3%	11	0.8%	1462	$\chi^2(1)$= 4.224, p=.040, Cramer's V=.054

Table 6.1: Students who reported substance use in lifetime by gender and Chi-square results.
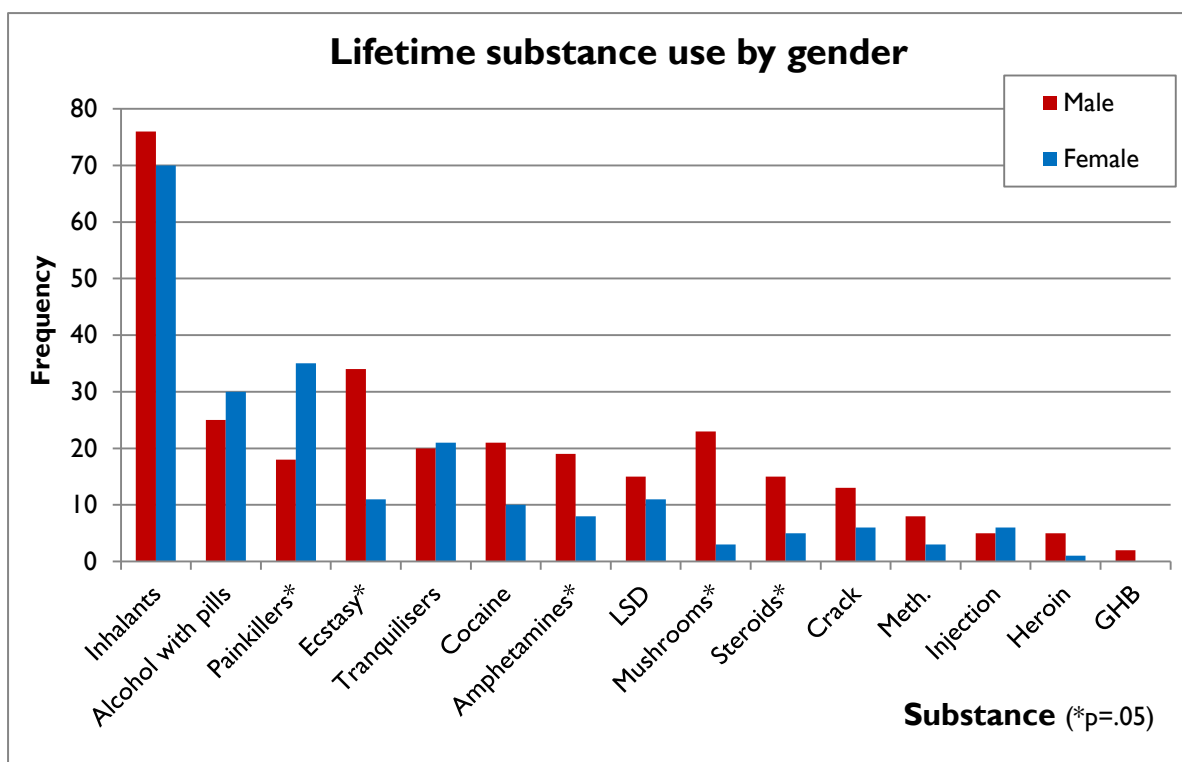
Figure 6.1: Clustered bar chart comparing the lifetime and 12-month use of 6 substances

Students were also asked whether they had used some of these substances during the last 12 months, namely, inhalants, ecstasy, cocaine, amphetamines, crack and methamphetamines. Students who had answered the question regarding lifetime use but did not respond to this question were treated as not having used in the past 12 months. Inhalants were the most commonly used (5.2%, n=75) and the least commonly used was methamphetamines (0.6%, n=9).

A similar proportion of male and female students had used these substances during the past year, except for ecstasy, which was used by more male students (3.2%, n=22) than female students (1.3%, n=9).

Substance used in past 12 months	Male		Female		All		Total	Chi Square Test
	N	%	N	%	N	%	N	
Inhalants	36	5.1%	39	5.7%	75	5.2%	1448	[$\chi^2(1)$= .229, p=.632]
Ecstasy	22	3.2%	9	1.3%	31	2.1%	1448	[$\chi^2(1)$= 5.291, p=.021, Cramer's V=.062]
Cocaine	17	2.5%	9	1.3%	26	1.8%	1447	[$\chi^2(1)$= 2.368, p=.124]
Amphetamines	13	1.9%	6	0.9%	19	1.3%	1444	[$\chi^2(1)$= 2.462, p=.117]
Crack	9	1.3%	3	0.4%	12	0.8%	1446	[$\chi^2(1)$= 2.904, p=.088]
Methamphetamines	6	0.9%	3	0.4%	9	0.6%	1446	[$\chi^2(1)$= .946, p=.331]

Table 6.1: Students who reported substance use in past 12 months by gender and Chi-square results.

The survey also included one item regarding use of a substance, inhalants, during the last 30 days and 1378 students responded. 2.5% of students (n=34) had used inhalants in the past 30 days, including 7 students reported using inhalants on at least 10 occasions. 22 students reported

using inhalants once or twice in the past 30 days. Inhalant use during the lifetime, the last 12 months and the last 30 days was similar among male and female students[121].

Inhalants were by far the most commonly used substance of those mentioned. 10.1% of respondents (n=146) had ever used inhalants and 5.2% had used inhalants in the last 12 months (n=75). This was unusual compared to the other substances asked about, since around half of the respondents who reported using inhalants had not done so in the past year (see Table 6.2). This suggests that more inhalant-users may have started at an earlier age and then stopped more than a year ago compared to other substances. This will be explored below.
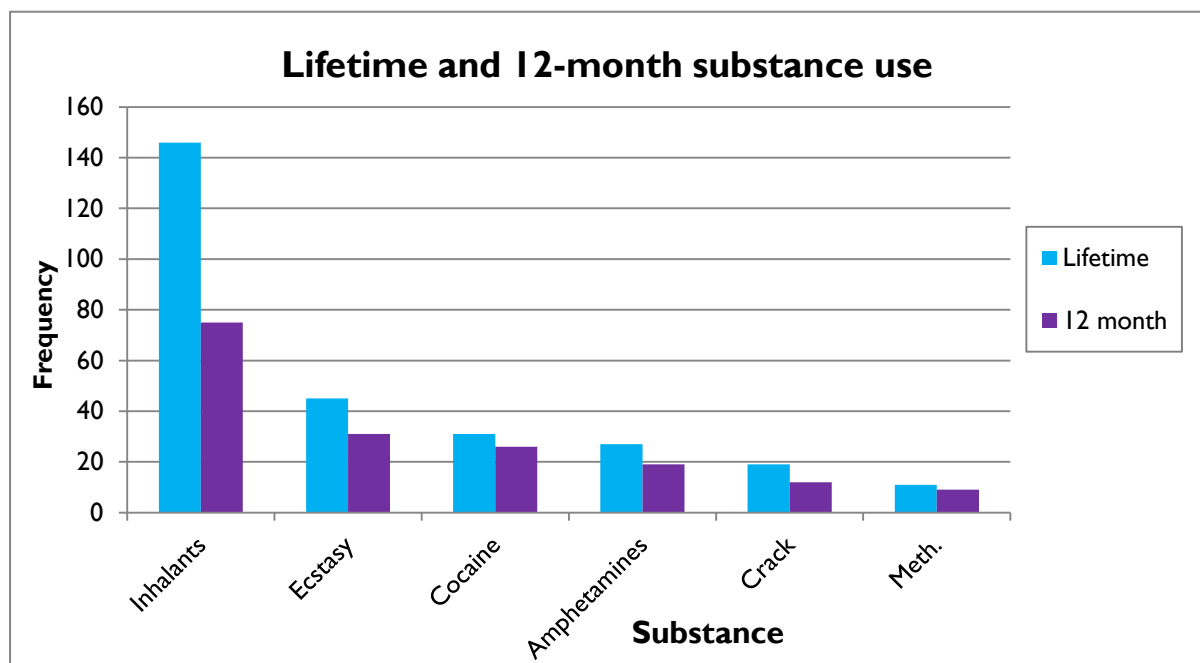
Figure 6.2: Clustered bar chart comparing the lifetime and 12-month use of 6 substances

Age of Initiation

Respondents were asked at what age they first used substances under six headings: tranquilisers or sedatives without a prescription, amphetamines or methamphetamines, cocaine or crack, ecstasy or MDMA, inhalants and alcohol with medicaments. Few students had already reported using these substances when asked directly and some of these students did not provide the age at which they first used the substance. This was particularly true for inhalants (49 missing) and amphetamines or methamphetamines (14 missing).

Most respondents who used one of these substances first tried the substance aged 14, 15 or 16. Of the 60 students who provided the age they first used alcohol and pills together, 48 were aged 14 or older and 6 students reported being 11 years old or younger. Similarly, of the 38 students who had used cocaine or crack, 32 students were 14 or older, 4 were 12 or 13 years old and 2 students reported being 11 or younger. Of 37 students who used tranquilisers or sedatives, 28 were aged 14 or older and 3 reported being 11 years old or younger.

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[121] Lifetime inhalant use by sex [$\chi^2(1)$=.350, p=.554]. 12-month inhalant use by sex [$\chi^2(1)$=.003, p=.957]. 30-day inhalant use by sex [$\chi^2(1)$=1.677, p=.195].

Substance	11 or younger	12 or 13	14, 15 or 16	Total used	Total responded
Inhalants	24	37	39	100	1453
Alcohol with pills	6	6	48	60	1453
Ecstasy or MDMA	3	5	41	49	1453
Tranquilisers	3	6	28	37	1453
Cocaine or Crack	2	4	32	38	1453
Amphetamines or Meth	4	3	12	19	1453

Table 6.2: Age of first use of six substances.

The exception to this pattern was inhalants; a much bigger proportion of students who reported the first age they used inhalants reported being 11 years old or younger (24 students) and being 12 or 13 years old (37 students), although 49 students did not answer this item.

The mean age of initiation for the substances discussed above, as well as smoking tobacco, daily smoking, using e-cigarettes, drinking beer and getting drunk, are shown in Table 6.4 and on Figure 6.3 with standard error bars[122]. Mean age of initiation of smoking on a daily basis and using cannabis, tranquilisers, alcohol with pills and ecstasy is approximately 14 years old, with using e-cigarettes getting drunk and using cocaine beginning at a slightly older age. The mean age of first drinking beer and smoking cigarettes was younger, 13.6 and 13.3 years respectively, and the mean age of initiation for using amphetamines was 13.4, although the error bars are very wide. The age of initiation reported for using inhalants was the youngest, at 12.7 years.

Substance	Mean	Standard Error
Beer	13.6	0.06
Get drunk	14.3	0.05
Smoking	13.3	0.08
Daily smoking	14.1	0.11
E-cigs	14.5	0.06
Cannabis	14.0	0.08
Inhalants	12.7	0.19
Tranquilisers	13.9	0.24
Alcohol & pills	14.0	0.21
Ecstasy/MDMA	14.2	0.23
Cocaine/Crack	14.4	0.24
Amphetamines/Meth.	13.4	0.48

Table 6.3: Mean age of initiation and standard error for using various substances.

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[122] '9 and younger' was recoded to 9 and '16 and older' was recoded to 16.
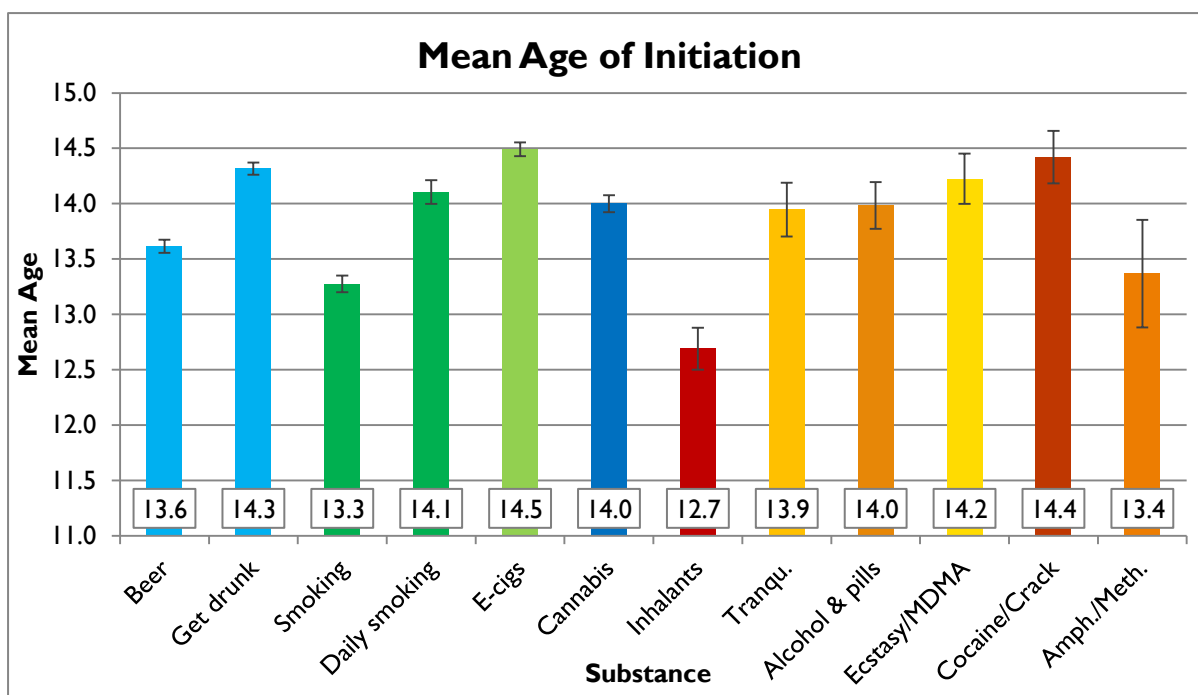
Figure 6.3: Mean age of initiation of use of drinking, drunkenness, smoking, e-cigarette use, cannabis and six other substances

Perceived Access

Students were asked how difficult they think it would be to get amphetamine (speed, uppers), methamphetamines (crystal meth), tranquilisers or sedatives (benzos, tablets), ecstasy (MDMA, Molly), cocaine (coke), crack and heroin (gear). Between 1457 and 1462 students answered each item.

Perceived Access	Impossible		Very difficult		Fairly difficult		Fairly easy		Very easy		Don't know		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Amphet.	430	29.5%	287	19.7%	232	15.9%	148	10.2%	61	4.2%	299	20.5%	1457	100%
Meth.	539	36.9%	330	22.6%	203	13.9%	70	4.8%	37	2.5%	280	19.2%	1459	100%
Tranq.	386	26.4%	281	19.2%	229	15.7%	209	14.3%	82	5.6%	273	18.7%	1460	100%
Ecstasy	413	28.3%	262	18.0%	201	13.8%	209	14.3%	117	8.0%	255	17.5%	1457	100%
Cocaine	457	31.3%	283	19.4%	203	13.9%	197	13.5%	84	5.7%	238	16.3%	1462	100%
Crack	486	33.3%	289	19.8%	208	14.2%	132	9.0%	68	4.7%	278	19.0%	1461	100%
Heroin	527	36.1%	281	19.2%	197	13.5%	120	8.2%	65	4.5%	270	18.5%	1460	100%

Table 6.4: Perceived Access of six substances.
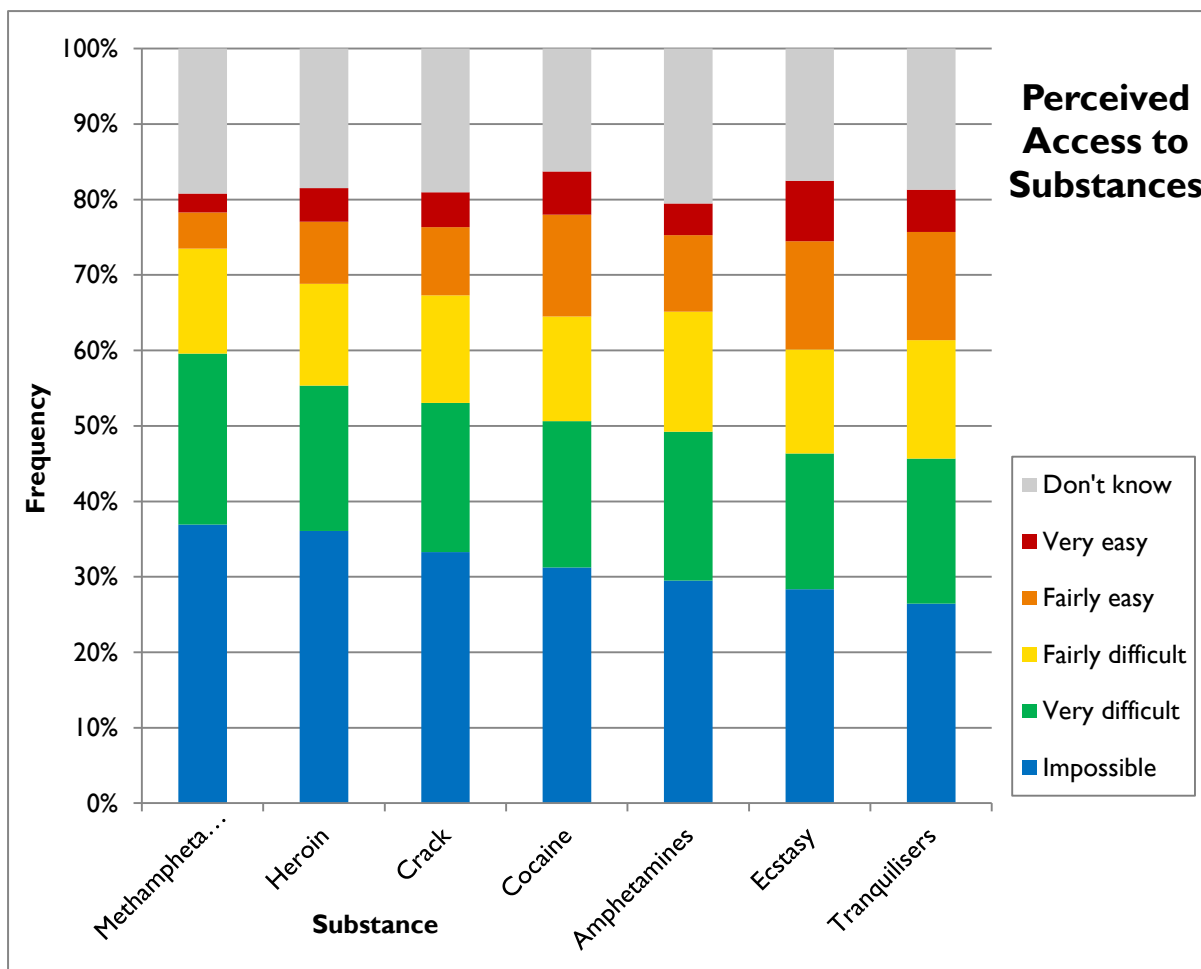
Figure 6.4: Stacked bar chart of perceived access to six substances.

Approximately half of students answered 'impossible' or 'very difficult' for each substance, ranging from 45.7% for tranquilisers (n=667) and 59.6% for methamphetamines (n=869). Between 13.5% (Heroin, n=197) and 15.9% (amphetamines, n=232) answered that it would be 'fairly difficult' to obtain the substance. 8.0% or fewer respondents answered that it would be 'very easy' to obtain any of these substances. A large proportion of students answered 'don't know'; between 16.3% (cocaine, n=238) and 20.5% (amphetamines, n=299) for each substance.

The substance with highest proportion of students who answered 'impossible' was methamphetamines (36.9%, n=539), followed by heroin (36.1%, n=527). Methamphetamines was also the substance that the fewest students thought would be 'very easy' to obtain (2.5%, n=37) and heroin had the third fewest (4.5%, n=65). 8.0% of students expected that it would be 'very easy' to obtain ecstasy (n=117) and tranquilisers had the lowest proportion of students who thought it would be 'impossible' to get (26.4%, n=386).

Perceived Risk

Students were asked how much people risk harming themselves (physically or in other ways) by trying ecstasy and amphetamines and taking these substances regularly. Between 1434 and 1449 students answered these items.

More than a third of respondents believed there was a great risk (34.4%, n=493) from trying ecstasy and almost 30% answered moderate risk (29.7%, n=426). 6.0% reported that there was no risk from trying ecstasy (n=86). Three-quarters of respondents reported they perceived a great risk from taking ecstasy regularly (75.4%, n=1086) and a further 11.9% perceived a moderate risk (n=172).

Similarly, 37.8% of respondents perceived a great risk from trying amphetamines (n=548) and almost 30% answered moderate risk (28.4%, n=412). Almost three-quarters of students perceived a great risk from taking amphetamines (73.0%, n=1057) and 8.6% perceived a moderate risk (n=125). Around 5% perceived only a slight risk or no risk from taking amphetamines regularly (n=72).

Approximately 7% of respondents answered 'don't know' to the items on ecstasy (see Table 6.6), while approximately 13% gave this answer to the items on amphetamines.

Perceived Risk of Substance	No risk		Slight risk		Moderate risk		Great risk		Don't know		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Try ecstasy	86	6.0%	324	22.6%	426	29.7%	493	34.4%	105	7.3%	1434	100%
Ecstasy regularly	40	2.8%	47	3.3%	172	11.9%	1086	75.4%	96	6.7%	1441	100%
Try amphetamines	64	4.4%	251	17.3%	412	28.4%	548	37.8%	174	12.0%	1449	100%
Amphetamines regularly	44	3.0%	28	1.9%	125	8.6%	1057	73.0%	194	13.4%	1448	100%

Table 6.5: Perceived risk of substance use.
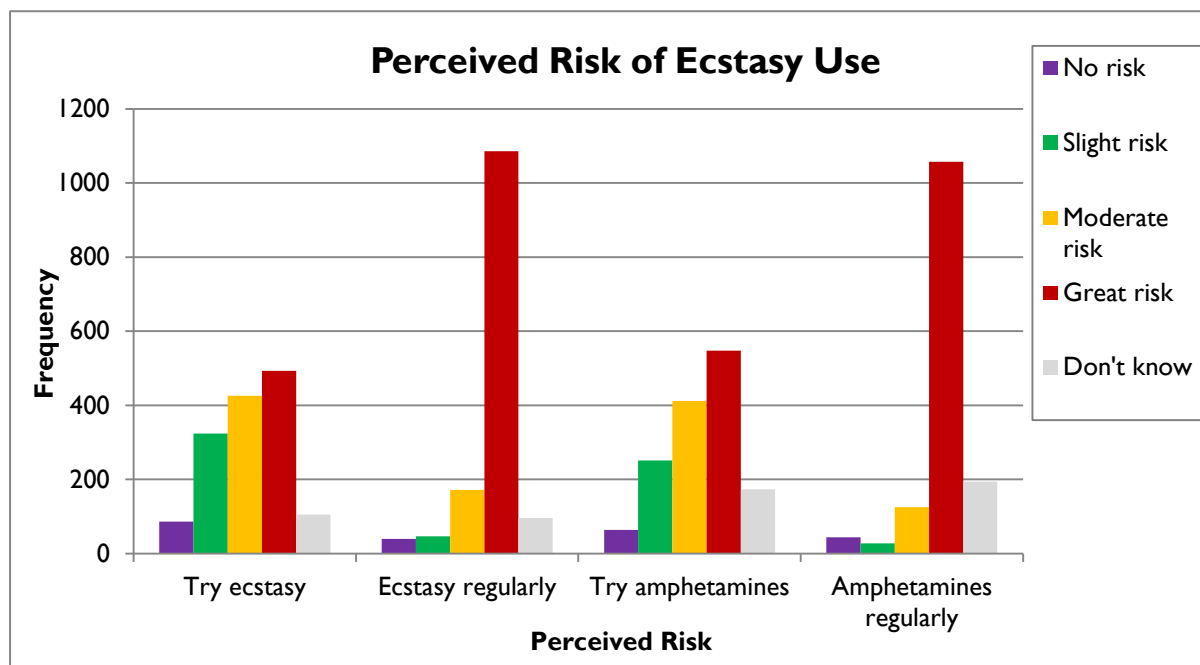
Figure 6.5: Stacked bar chart of perceived risk of using ecstasy and amphetamines

New Psychoactive Substances (NPS)

Students were asked if they had ever used a 'new substance' that imitates the effects of illicit drugs, sometimes called 'legal highs' and 1456 students answered this item. 6.6% reported that they had used an NPS (n=96) and 81.9% of students reported that they had not (n=1193), while 11.5% did not know whether they had or not (167). The lifetime prevalence of 6.6% is higher than for all substances in the ESPAD survey except for inhalants, tranquilisers from a doctor, cannabis, tobacco and alcohol.

Ever used NPS	Male		Female		Total	
	N	%	N	%	N	%
Yes	57	7.7%	39	5.5%	96	6.6%
No	583	78.7%	610	85.3%	1193	81.9%
Don't know	101	13.6%	66	9.2%	167	11.5%
Total	741	100.0%	715	100.0%	1456	100.0%

Table 6.6: NPS use by gender

There were significant differences in NPS use by gender[123], with more male students reporting NPS use (7.7%, n=57) compared to female students (5.5%, n=39). More male students also reported they did not know whether they had used an NPS or not (13.6%, n=101) than female students (9.2%, n=66).

Students were also asked about the appearance or form of the NPS they had taken in the last 12 months and they could select more than one answer. By far the most common type of NPS used was in herbal form (n=87, n=5.9%). 25 students reported using a powder, crystal or tablet form and 17 had used an NPS in liquid form. 41 students stated using an NPS in another form. Male students reported significantly higher use of NPS with a form other than herbal, powder, crystal, table or liquid than female students, but there were no significant differences by gender in their use of NPS with other forms.

Type of NPS used	Male		Female		All		Chi-Square Test
	N	%	N	%	N	%	
Herbal form	44	5.9%	43	6.0%	87	5.9%	$\chi^2(2)$=1.195, p=.550
Powder/tablet form	17	2.3%	8	1.1%	25	1.7%	$\chi^2(2)$=3.562, p=.168
Liquid form	7	0.9%	10	1.4%	17	1.2%	$\chi^2(2)$=1.051, p=.591
Other form	30	4.0%	11	1.5%	41	2.8%	$\chi^2(2)$=8.813, p=.012, Cramer's V=.077

Table 6.7: Form of NPS by gender

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[123] NPS use by gender: [$\chi^2(2)$=10.861, p=.004, Cramer's V=.086].

Summary

Students were asked a number of items regarding their substance use and beliefs about substance use. Students were asked whether they had ever used sixteen different substances, including a 'dummy' drug, Relevin. Less than 5% of respondents had ever used each of these sixteen substances, except for inhalants, which 10% of students had used. Almost three times more students used inhalants (146 students) than any other substance (apart from tobacco, alcohol and cannabis). The next most commonly used substances were alcohol with pills (around 4%), painkillers 'to get high' (around 4%), ecstasy (around 3%) and tranquilisers without a doctor's permission (around 3%). More male students had used ecstasy (5%), amphetamines (3%), anabolic steroids (2%) and magic mushrooms than female students (2%, 1%, 1% respectively), and more female students (5%) had used painkillers than male students (2%).

Most respondents who used tranquilisers or sedatives, amphetamines or methamphetamines, cocaine or crack, ecstasy or MDMA, inhalants and alcohol with pills first tried the substance aged 14, 15 or 16. The mean ages for first using these substances ranged between 13.9 and 14.4 years old. The exception to this pattern was inhalants; 24 students reported being 11 or younger and 37 reported being 12 or 13 years old. The mean age of initiation for inhalants was 12.7 years old.

Approximately half of students believed it would be 'impossible' or 'very difficult' to obtain each of six substances, ranging from 46% for tranquilisers and 60% for methamphetamines. 8% or fewer respondents answered that it would be 'very easy' to obtain one of these substances. Between 16% (cocaine) and 21% (amphetamines) of students answered that they 'don't know' how easy it would be. The substance with highest proportion of students who answered 'impossible' was methamphetamines (37%), followed by heroin (36%).

Around three-quarters of students perceived a great risk from taking ecstasy (75%) or amphetamines (73%) regularly, and around 3% perceived no risk. Students perceived trying either ecstasy or amphetamines as much less risky, with 34% perceiving a great risk from trying ecstasy and 38% perceiving a great risk from trying amphetamines. 23% perceived a slight risk from trying ecstasy, 17% perceived a slight risk from trying amphetamines and almost 30% perceived a moderate risk from trying either.

Almost a hundred students had used an NPS, although 167 students answered that they did not know whether they had used an NPS or not. More male students (8%) had used an NPS than female students (6%). By far the most common form of NPS used was in herbal form (87 students).

Factors related to substance use

Socioeconomic status

Students were asked to report the highest level of education completed by their fathers[124]. Significant associations were found between father's education and the use of ecstasy, alcohol with pills and tranquilisers (see Table 6.9). The strongest relationship was between father's education and ecstasy, with 15.2% of students (7 of 46) whose father received primary level education or less having ever used ecstasy, compared to 3.5% of those whose father received some third level education (n=21). Similarly, 15.2% of those whose father received primary level education only had ever used alcohol with pills, while 4.0% of those whose father received third level education had (n=24). This pattern, although weaker, was also found when examining tranquiliser use, and was somewhat evident concerning cocaine and painkiller use, although the relationship with these substances was not significant. There was much less of a difference in inhalant use across father's education level. Respondents whose fathers had reached a higher level of education were less likely to have used ecstasy, tranquilisers, and alcohol with pills.

Substance ever used in lifetime	Primary or less		Secondary		Third level		Don't know		Total		Chi-Square
	N	%	N	%	N	%	N	%	N	%	
Inhalants	6	13.0%	62	10.1%	66	11.0%	17	9.6%	151	10.5%	$\chi^2(3)$=.747, p=.862
Alcohol with pills*	7	15.2%	27	4.4%	24	4.0%	7	4.0%	65	4.5%	$\chi^2(3)$=12.611, p=.006, Cramer's V=.094
Painkillers to get high	4	8.7%	28	4.6%	20	3.3%	9	5.1%	61	4.3%	$\chi^2(3)$=3.884, p=.274
Ecstasy*	7	15.2%	18	2.9%	21	3.5%	7	4.0%	53	3.7%	$\chi^2(3)$=18.255, p<.001, Cramer's V=.113
Tranquilisers*	5	10.9%	21	3.4%	20	3.3%	4	2.3%	50	3.5%	$\chi^2(3)$=8.300, p=.040, Cramer's V=.076
Cocaine	3	6.5%	18	2.9%	13	2.2%	7	4.0%	41	2.9%	$\chi^2(3)$=4.011, p=.260
Total	46	100.0%	613	100.0%	599	100.0%	177	100.0%	1435	100.0%	

*Table 6.9: Lifetime use of six substances by Father's education (*p<.05)*

Students were also asked to rate how well off they believed their family to be compared to other families in the country on a scale from 'very much better off' to 'very much less well-off.' Perceived wealth was significantly associated with use of inhalants, cocaine and alcohol with pills (see Table 6.10). The strongest association was between perceived relative wealth and use of alcohol with pills. Those who answered '(very) much less well-off' were the most likely to

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[124] A weaker association was found between these substances and mother's education: inhalants [$\chi^2(3)$=1.814, p=.612], alcohol with pills [$\chi^2(3)$=9.049, p=.029, Cramer's V=.080], painkillers [$\chi^2(3)$=3.498, p=.321], ecstasy [$\chi^2(3)$=2.095, p=.553], tranquilisers [$\chi^2(3)$=9.134, p=.028, Cramer's V=.080], cocaine [$\chi^2(3)$=6.787, p=.079].

report using alcohol with pills (5 of 38), followed by those who answered '(very) much better off' (6.8%, n=15). The groups with the lowest prevalence of using alcohol with pills were those who perceived themselves to be 'about the same' (3.6%, n=25) or 'better off' (3.0%, n=11). Inhalant use follows a similar pattern; around 15% of both those who were '(very) much better off' (n=34) and those who were '(very) much less well-off' (6 of 38) and 8.1% of those who answered 'about the same' (n=56) had used inhalants. Those who perceived their family's wealth to be at either end of the spectrum were more likely to use inhalants, cocaine and alcohol with pills than those who perceived themselves to be more similar to most other families (see Figure 6.6).

Substance ever used in lifetime	(Very) much better off		Better off		About the same		Less well off		(Very) much less well off		Total		Chi-Square
	N	%	N	%	N	%	N	%	N	%	N	%	
Inhalants*	34	15.3%	42	11.4%	56	8.1%	13	12.6%	6	15.8%	151	10.6%	$\chi^2(4)=11.550$, p=.021, Cramer's V=.090
Alcohol with pills*	15	6.8%	11	3.0%	25	3.6%	9	8.7%	5	13.2%	65	4.6%	$\chi^2(4)=16.561$, p=.002, Cramer's V=.108
Painkillers	12	5.4%	14	3.8%	25	3.6%	8	7.8%	4	10.5%	63	4.4%	$\chi^2(4)=8.022$, p=.091
Ecstasy	14	6.3%	15	4.1%	17	2.4%	6	1.0%	1	2.6%	53	3.7%	$\chi^2(4)=8.832$, p=.065
Tranquilisers	8	3.6%	12	3.3%	20	2.9%	6	5.8%	4	10.5%	50	3.5%	$\chi^2(4)=8.069$, p=.089
Cocaine*	11	5.0%	9	2.4%	13	1.9%	4	3.0%	3	7.9%	40	2.8%	$\chi^2(4)=10.283$, p=.036, Cramer's V=.085
Total n	222	100.0%	369	100.0%	695	100.0%	103	100.0%	38	100.0%	1427	100.0%	

Table 6.10: Lifetime use of six substances by perceived relative wealth (*p<.05)
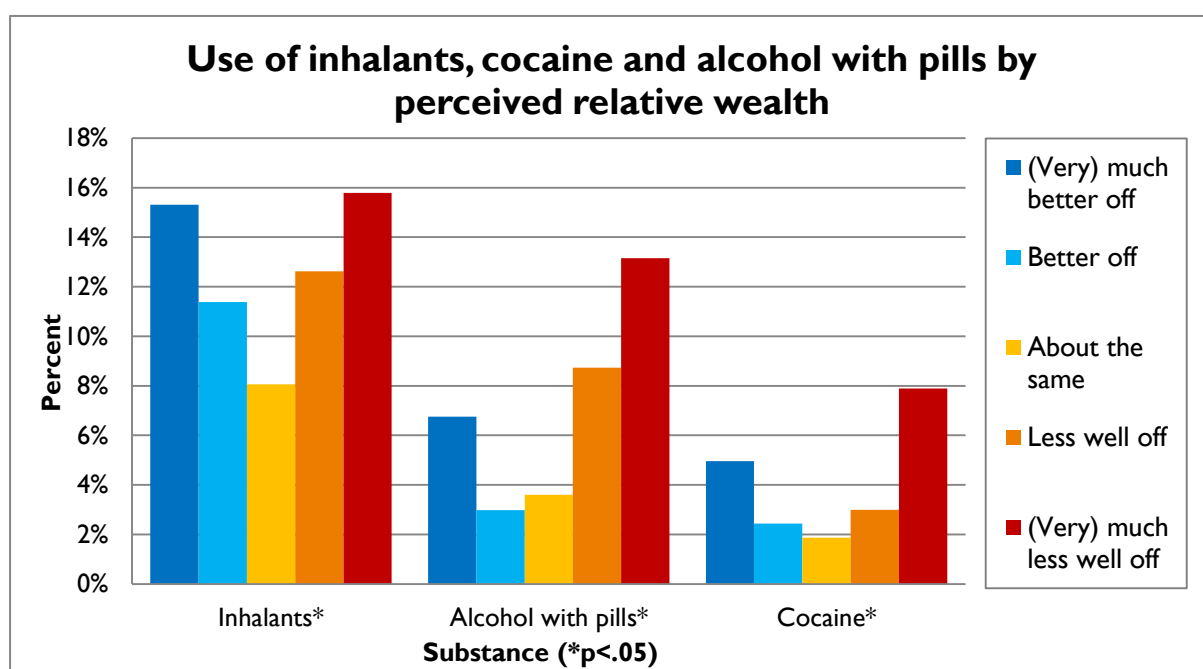
Figure 6.6: Use of inhalants, cocaine and alcohol with pills by perceived relative wealth

Birth country

Students were asked to record their birth country and their father's birth country and their answers were grouped into five categories based on the number of responses: Ireland, Western Europe, Eastern Europe, Sub-Saharan Africa and Other. The use of six substances was examined in relation to birth country, but Chi-square tests were not conducted due to small cell sizes.

Few students were born in Eastern Europe (4.7%, n=68) or Africa (2.4%, n=35) and a higher proportion of those students used these substances than the sample average (see Table 6.11). For example, sixteen of 68 students born in Eastern Europe had used inhalants and eight had used alcohol with pills. Four out of 33 students born in Africa had used ecstasy and three had used cocaine. This suggests that students born in Eastern Europe and Africa may possibly be more likely to use these substances than students born in other places.

Students born in Western Europe, around 10% of students, were much more likely to use painkillers (8.0%, n=12) and alcohol with pills (8.7%, n=13) than the sample as a whole. The proportion of students from Western Europe who had used ecstasy (3.3%, n=5) and cocaine (2.7%, n=4) was similar to the average for the sample.

Most students were born in Ireland (79.0%, n=1132) and they had slightly lower substance use rates than the sample average and much lower than students born in Eastern Europe and Africa. The only group who had lower substance use rates than students born in Ireland was the 'Other' group. Of 47 students not born in Ireland, Europe or Africa, four reported using inhalants, two had used ecstasy and one had used tranquilisers. No students in this group reported taking cocaine, painkillers or alcohol with pills.
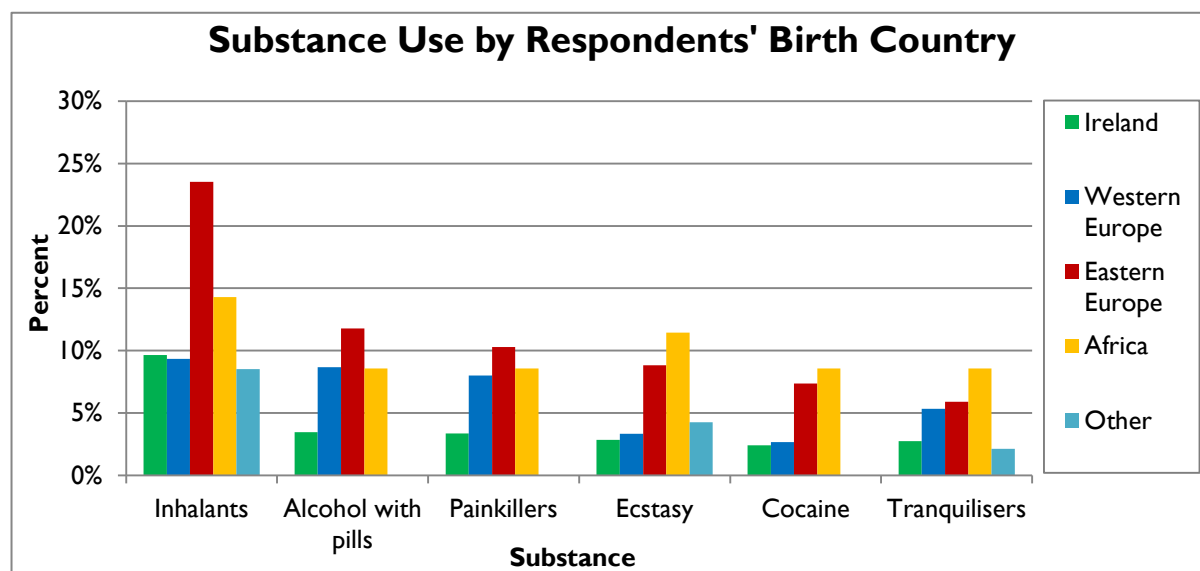
Figure 6.7: Substance use by respondents' birth country

When substance use was examined in relation to father's birth country, a similar pattern was found. Very few students whose father was not born in Ireland, Europe or Africa had ever used these substances; four out of 44 had used inhalants, two had used ecstasy and none had used painkillers, cocaine, tranquilisers or alcohol with pills. Students whose fathers were born in Ireland had the second lowest substance use prevalence. The proportion of students whose

fathers were born in Western Europe who had used these substances was a little higher than the average for the sample. For example, 5.4% (n=11) had used tranquilisers, compared to 3.4% overall (n=48) and 4.4% (n=9) had used ecstasy, compared to 3.5% overall (n=49). Of the 53 students whose fathers were born in Sub-Saharan Africa, the proportion who had used inhalants (n=6), painkillers (n=2), ecstasy (n=4) and cocaine (n=2) was higher again. The group with the highest substance use prevalence by far was students with fathers born in Eastern Europe. Of 73 students, seventeen had used inhalants, ten had used painkillers and seven had used ecstasy.

Own birth country												
Substance ever used in lifetime	Ireland		Western Europe		Eastern Europe		Africa		Other Countries		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Inhalants	109	9.7%	14	9.3%	16	23.5%	5	14.3%	4	8.5%	148	10.4%
Alcohol with pills	39	3.5%	13	8.7%	8	11.8%	3	8.6%	0	0.0%	63	4.4%
Painkillers	38	3.4%	12	8.0%	7	10.3%	3	8.6%	0	0.0%	60	4.2%
Ecstasy	32	2.8%	5	3.3%	6	8.8%	4	11.4%	2	4.3%	49	3.4%
Cocaine	27	2.4%	4	2.7%	5	7.4%	3	8.6%	0	0.0%	39	2.7%
Tranquilisers	31	2.7%	8	5.3%	4	5.9%	3	8.6%	1	2.1%	47	3.3%
Total	*1129*	*100.0%*	*150*	*100.0%*	*68*	*100.0%*	*35*	*100.0%*	*47*	*100.0%*	*1429*	*100.0%*
Father's birth country												
Substance ever used in lifetime	Ireland		Western Europe		Eastern Europe		Africa		Other Countries		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Inhalants	99	9.5%	22	10.7%	17	23.3%	6	11.3%	4	9.1%	148	10.4%
Alcohol with pills	39	3.7%	15	7.3%	8	11.0%	2	3.8%	0	0.0%	64	4.5%
Painkillers	35	3.4%	14	6.8%	10	13.7%	2	3.8%	0	0.0%	61	4.3%
Ecstasy	27	2.6%	9	4.4%	7	9.6%	4	7.5%	2	4.5%	49	3.5%
Cocaine	26	2.5%	6	2.9%	6	8.2%	2	3.8%	0	0.0%	40	2.8%
Tranquilisers	28	2.7%	11	5.4%	7	9.6%	2	3.8%	0	0.0%	48	3.4%
Total	*1044*	*100.0%*	*205*	*100.0%*	*73*	*100.0%*	*53*	*100.0%*	*44*	*100.0%*	*1419*	*100.0%*

Table 6.11: Lifetime use of six substances by birth country of respondent, their mother and their father
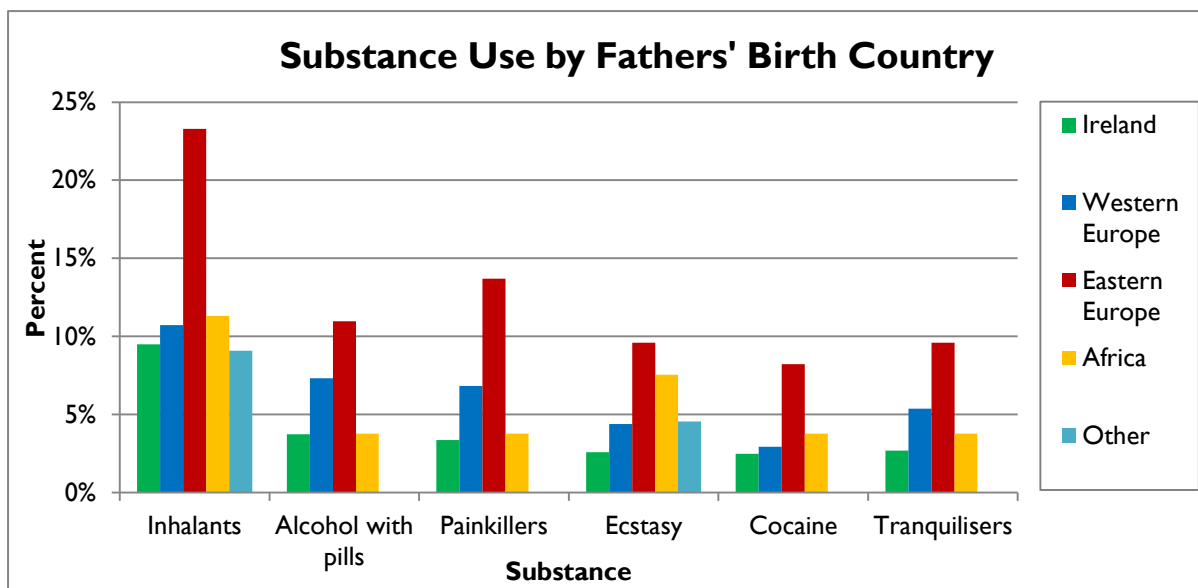
Figure 6.8: Substance use by Fathers' Birth Country

School

School attendance and attainment were both examined in relation to substance use. Students were asked the number of days on which they have missed a lesson during the last 30 days because they skipped school. Skipping school was strongly associated with using inhalants, tranquilisers, ecstasy, painkillers and alcohol with pills (see Table 6.12). The strongest relationship was between ecstasy use and skipping school; a fifth of students who skipped on three or more days had ever used ecstasy (n=16), while around a fiftieth of students who had not skipped any days in the last 30 days had (n=22). The second strongest association with skipping school was with using painkillers. Twelve of the 79 students who had skipped class on three or more days had used painkillers 'to get high' compared to 2.8% of those who had not skipped class in the last 30 days. Those who skipped class on three or more days were also more likely to have used inhalants, alcohol with pills and tranquilisers.

A statistically similar proportion of those who skipped school on one or two days used inhalants, alcohol with pills and 'painkillers to get high' as those who skipped on three or more days. For example, 11.7% of those who skipped on one or two days and 13.9% of those who skipped on three or more days used alcohol with pills. However, this was not the case with ecstasy and tranquiliser use. Although more of these students used ecstasy and tranquilisers than those who did not skip school at all, they were significantly less likely to use them than students who skipped on three or more days.

Substance ever used in lifetime	None		1-2 days		3+ days		Total		Chi-Square
	N	%	N	%	N	%	N	%	
Inhalants	81	8.3%	31	19.0%	20	25.3%	132	10.8%	$\chi^2(2)$=35.464, p<.001, Cramer's V=.170
Alcohol with pills	29	3.0%	19	11.7%	11	13.9%	59	4.8%	$\chi^2(2)$=37.755, p<.001, Cramer's V=.176
Painkillers	27	2.8%	18	11.0%	12	15.2%	57	4.7%	$\chi^2(2)$=42.373, p<.001, Cramer's V=.186
Ecstasy	22	2.2%	7	4.3%	16	20.3%	45	3.7%	$\chi^2(2)$=67.041, p<.001, Cramer's V=.234
Tranquilisers	23	2.3%	11	6.7%	12	15.2%	46	3.8%	$\chi^2(2)$=37.907, p<.001, Cramer's V=.176
Total	980	100.0%	163	100.0%	79	100.0%	1222	100.0%	

Table 6.12: Lifetime use of six substances by skipping school in the last 30 days
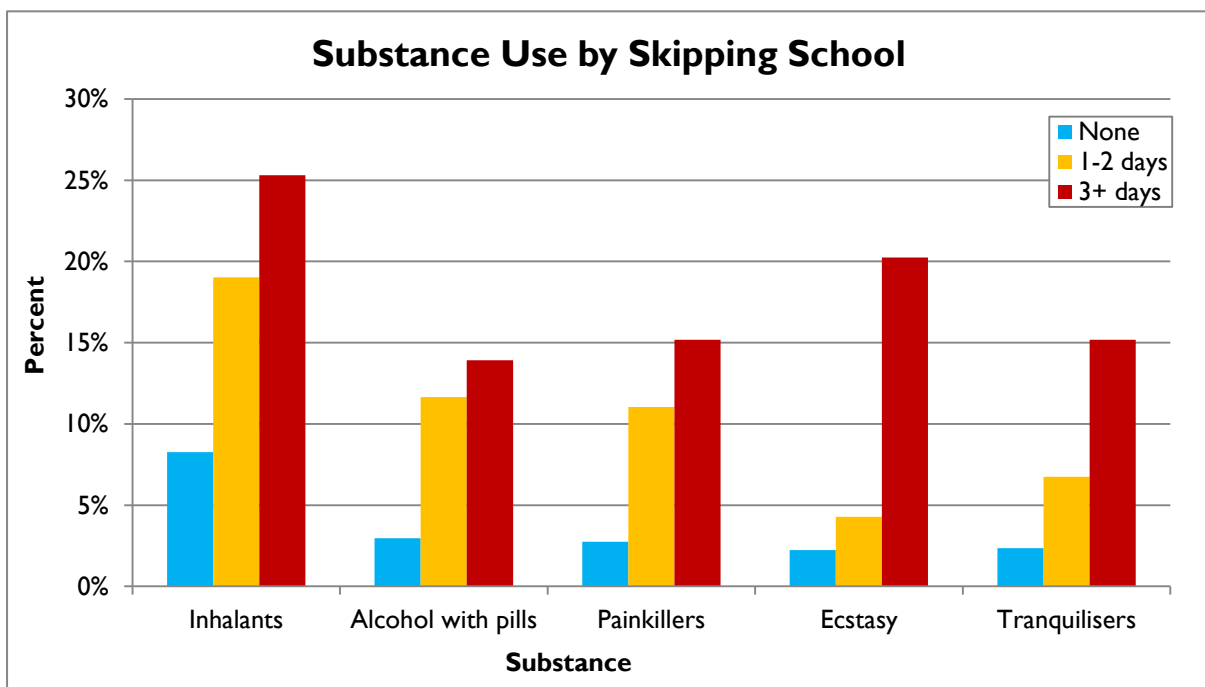
Figure 6.9: Substance use by skipping school

Students were also asked about their average grade at the end of last term, which were grouped as A-B, C, and D-F. School grade was associated with use of ecstasy, tranquilisers, amphetamines, alcohol with pills and painkillers, but there was no significant relationship between grade and inhalant use (see Table 6.13). Between 1.2% and 2.6% of students who scored an A or B had ever used the five substances, but far more students with a grade of D or F had. The biggest differences were found when examining ecstasy, as 10.3% of students who scored D or F had used ecstasy in their lifetimes (n=12) (see Table 6.13). Students who attained a lower school grade were more likely to have used ecstasy, tranquilisers, amphetamines, alcohol with pills and painkillers.

Substance ever used in lifetime	A-B		C		D-F		Total		Chi-Square
	N	%	*N*	%	*N*	%	*N*	%	
Inhalants	69	9.1%	57	11.4%	15	12.9%	141	10.3%	$\chi^2(2)$=2.843, p=.241
Alcohol with pills	20	2.6%	28	5.6%	11	9.5%	59	4.3%	$\chi^2(2)$=14.794, p=.001, Cramer's V=.104
Painkillers	20	2.6%	27	5.4%	10	8.6%	57	4.1%	$\chi^2(2)$=12.172, p=.002, Cramer's V=.094
Ecstasy	20	2.6%	17	3.4%	12	10.3%	49	3.6%	$\chi^2(2)$=17.463, p<.001, Cramer's V=.113
Tranquilisers	12	1.6%	26	5.2%	8	6.9%	46	3.3%	$\chi^2(2)$=17.189, p<.001, Cramer's V=.112
Amphetamines	9	1.2%	15	3.0%	8	6.9%	32	2.3%	$\chi^2(2)$=15.985, p<.001, Cramer's V=.108
Total	*760*	*100.0%*	*498*	*100.0%*	*116*	*100.0%*	*1374*	*100.0%*	

Table 6.13: Lifetime use of six substances by average school grade
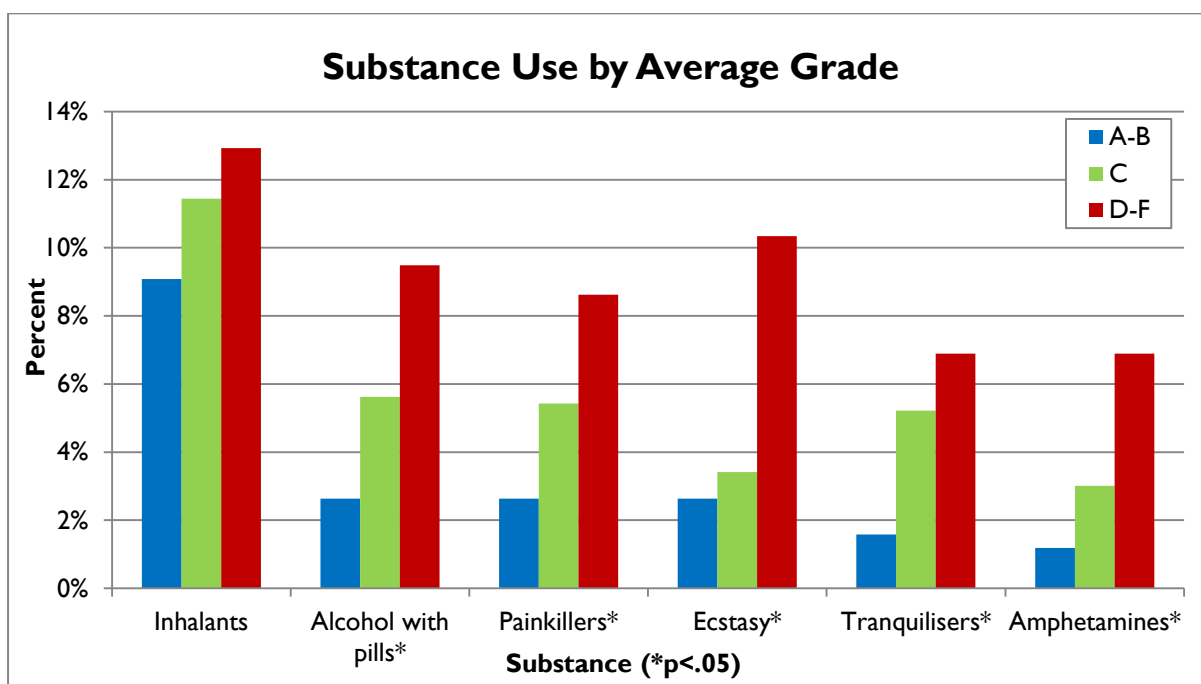
Figure 6.10: Substance use by average grade

Parental Monitoring

Respondents were asked if their parents know where they spend Saturday nights ('know always', 'know quite often', 'know sometimes', 'usually don't know'). Few students answered that their parents sometimes or usually don't know where they send Saturday nights so these groups were combined when examining cocaine, amphetamines, ecstasy and tranquilisers.

Significant associations between parental monitoring and use of cocaine, amphetamines, ecstasy, tranquilisers, inhalants, painkillers and alcohol with pills (see Table 6.14). While 10.0% of students (n=20) whose parents sometimes or usually don't know where they spend Saturday

nights have used cocaine, 1.1% of students whose parents always know have done so (n=10). 10.9% of students who answered 'sometimes or usually don't know' have used ecstasy, but 1.2% (n=11) of students who answered 'always' have used ecstasy.

More students had used inhalants than other substances (10.5% on this item), and 28.8% of students answering that their parents usually don't know where they spend Saturday nights report having used them (n=21). 24.4% of those whose parents sometimes know where they spend Saturday nights (n=31) have used inhalants, while 6.2% of those whose parents always know have done so (n=56). The relationship between parental monitoring and using alcohol with pills was the strongest of those examined (Cramer's V=.250). 20.5% of those whose parents usually don't know where they spend Saturday nights have used alcohol together with pills, while 1.4% of those whose parents always know where they are have done so (n=13).

Substance ever used in lifetime	Always		Quite often		Sometimes or usually don't know		Total		Chi-Square
	N	%	N	%	N	%	N	%	
Cocaine	10	1.1%	10	3.0%	20	10.0%	40	2.8%	$\chi^2(2)$=47.667, p<.001, Cramer's V=.182
Amphetamines	9	1.0%	11	3.3%	16	8.0%	36	2.5%	$\chi^2(2)$=33.689, p<.001, Cramer's V=.153
Ecstasy	11	1.2%	19	5.7%	22	10.9%	52	3.6%	$\chi^2(2)$=50.016, p<.001, Cramer's V=.186
Tranquilisers	14	1.5%	13	3.9%	23	11.4%	50	3.5%	$\chi^2(2)$=48.330, p<.001, Cramer's V=.183
Total	904	100.0%	336	100.0%	201	100.0%	1441	100.0%	

Substance ever used in lifetime	Always		Quite often		Sometimes		Usually don't know		Total		Chi-Square
	N	%	N	%	N	%	N	%	N	%	
Inhalants	56	6.2%	43	12.8%	31	24.4%	21	28.8%	151	10.5%	$\chi^2(3)$=71.762, p<.001, Cramer's V=.223
Alcohol with pills	13	1.4%	19	5.7%	17	13.4%	15	20.5%	64	4.5%	$\chi^2(3)$=89.550, p<.001, Cramer's V=.250
Painkillers	16	1.8%	16	4.8%	15	11.8%	14	19.2%	61	4.2%	$\chi^2(3)$=72.464, p<.001, Cramer's V=.224
Total	903	100.0%	335	100.0%	127	100.0%	73	100.0%	1438	100.0%	

Table 6.14: Lifetime substance use by parental monitoring of Saturday nights
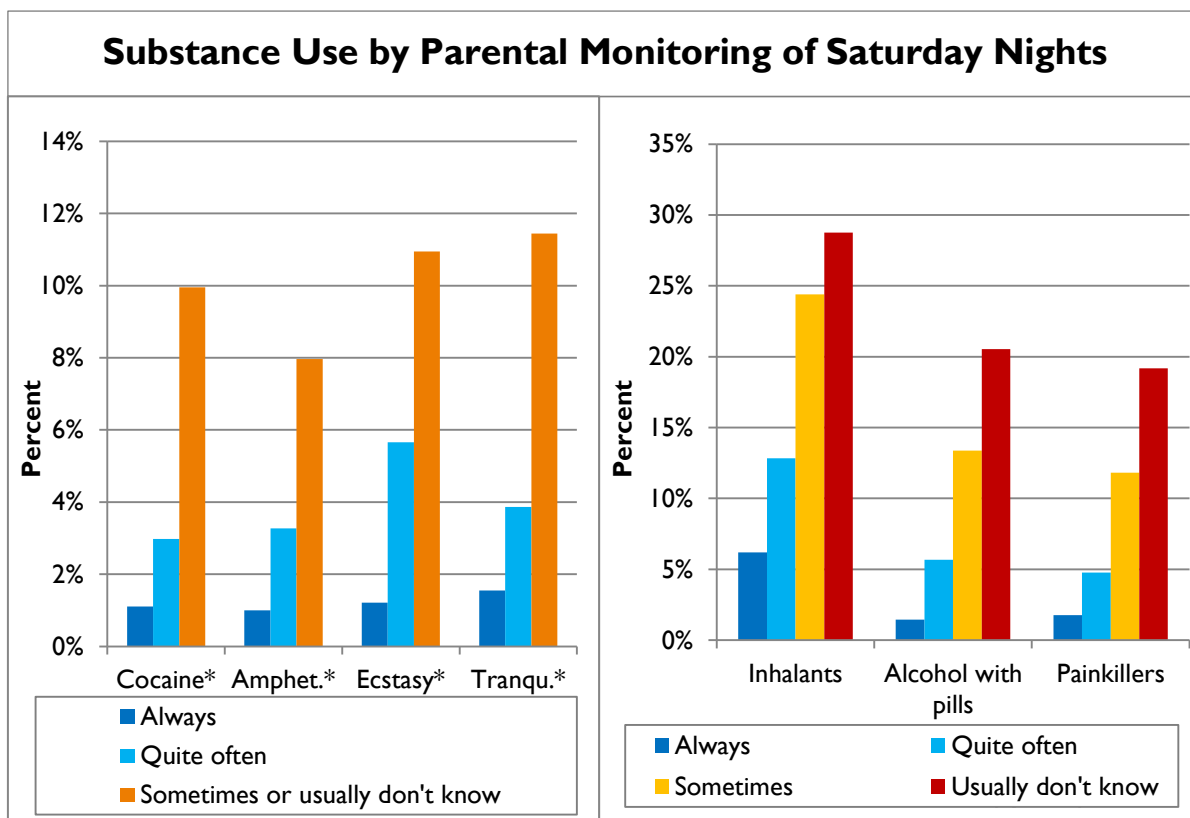
Figure 6.11: Substance use by parental monitoring of Saturday nights

Household members

Students were asked to report who lived in their household with them and their answers were simplified to provide three categories of responsible adult; two or more parents (including stepparents), one parent or other people (including siblings, grandparents, relatives, non-relatives). Household composition was examined in relation to substance use and a significant relationship between household composition and painkiller use was found (see Table 6.15). Five of 33 students who did not live with any parents had used painkillers 'to get high', while 3.9% of those who lived with two parents had done so (n=47).

A similar pattern was seen for use of other substances, but there were only 33 respondents who did not live with either parent, few students have used these substances and the Chi-square tests did not reach significance. When these 33 students were excluded and the substance use of those who lived with one parent and two parents was compared, there were no significant differences in substance use between the two groups for most substances[125]. The exception was the use of alcohol with pills, which had a weak relationship[126]. 7.1% of those who lived with one parent had ever used alcohol with pills (n=14) and 4.0% of those who lived with two parents had done so (n=48).

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[125] Substance use by one or two parents: ecstasy [$\chi2(1)=1.566$, p=.211], cocaine [$\chi2(1)=0.65$, p=.798], inhalants [$\chi2(1)=.168$, p=.682], tranquilisers [$\chi2(1)=.004$, p=.947], painkillers [$\chi2(1)=1.248$, p=.264].

[126] Use of alcohol with pills by one or two parents: [$\chi^2(1)=3.951$, p=.047, Cramer's V=.053]
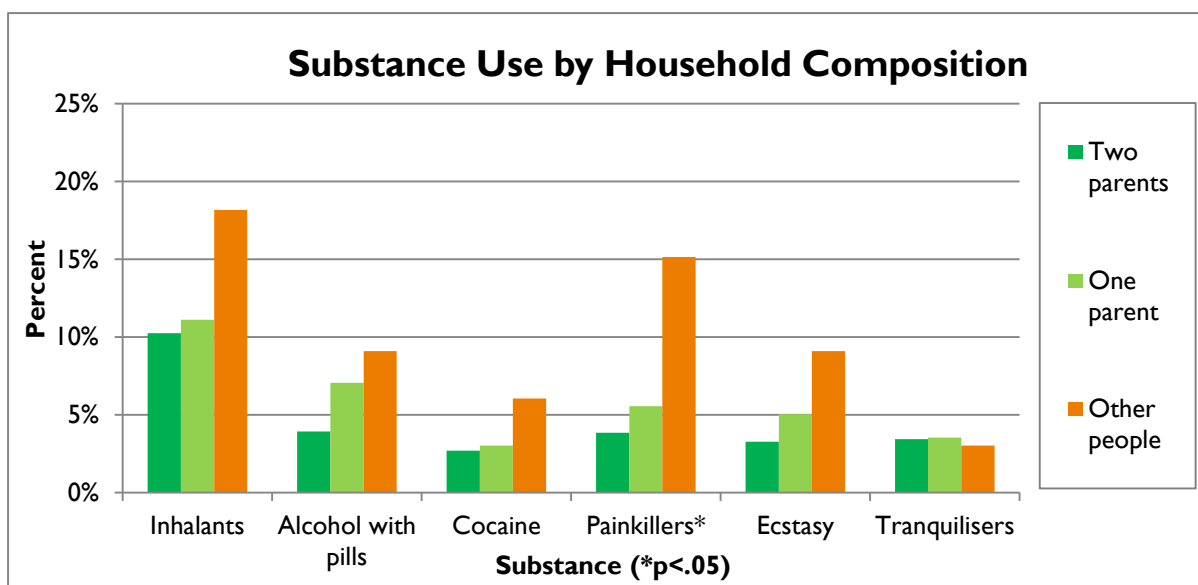
Figure 6.12: Substance use by household composition

Substance ever used in lifetime	Two parents		One parent		Other people		Total		Chi-Square
	N	%	N	%	N	%	N	%	
Inhalants	125	10.3%	22	11.1%	6	18.2%	153	10.6%	χ^2(2)=2.232, p=.328
Alcohol with pills	48	3.9%	14	7.1%	3	9.1%	65	4.5%	χ^2(2)=5.670, p=.059
Cocaine	33	2.7%	6	3.0%	2	6.1%	41	2.8%	χ^2(2)=1.346, p=.510
Painkillers*	47	3.9%	11	5.6%	5	15.2%	63	4.3%	χ^2(2)=11.173 p=.004, Cramer's V=.088
Ecstasy	40	3.3%	10	5.1%	3	9.1%	53	3.7%	χ^2(2)=4.347, p=.114
Tranquilisers	42	3.4%	7	3.5%	1	3.0%	50	3.4%	χ^2(2)=.022, p=.989
Total	*1219*	*100.0%*	*198*	*100.0%*	*33*	*100.0%*	*1450*	*100.0%*	

Table 6.15: Lifetime substance use by household composition

Substance use of peers

Students were asked how many of their friends use inhalants, tranquilisers and ecstasy and the response categories were 'none', 'a few', 'some', 'most' or 'all'. The majority of students did not have any friends who use inhalants, tranquilisers and ecstasy (between 82.7% and 88.3%), and a very small minority reported that all of their friends use these substances (between seven and nine students) (see Table 6.16). A noteworthy minority reported that a few (between 115 and 169) or some (between 29 and 49) of their friends use inhalants, tranquilisers and ecstasy. More students had friends who used ecstasy than the other two substances.

Substance ever used in lifetime	None		A few		Some		Most		All		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Inhalants	1234	86.5%	134	9.4%	36	2.5%	13	0.9%	9	0.6%	*1426*	*100.0%*
Ecstasy	1180	82.7%	169	11.8%	49	3.4%	22	1.5%	7	0.5%	*1427*	*100.0%*
Tranquilisers	1259	88.3%	115	8.1%	29	2.0%	14	1.0%	9	0.6%	*1426*	*100.0%*

Table 6.16: Peer use of inhalants, ecstasy and tranquilisers

Peer use of ecstasy, inhalants and tranquilisers was examined in relation to lifetime substance use. Peer use was simplified into three categories for analysis- 'none', 'a few' or 'some, most or all' and there were moderately strong associations between peer use of ecstasy, inhalants and tranquilisers and respondents' use of ecstasy, inhalants, tranquilisers, alcohol with pills and painkillers 'to get high' (see Table 6.17).
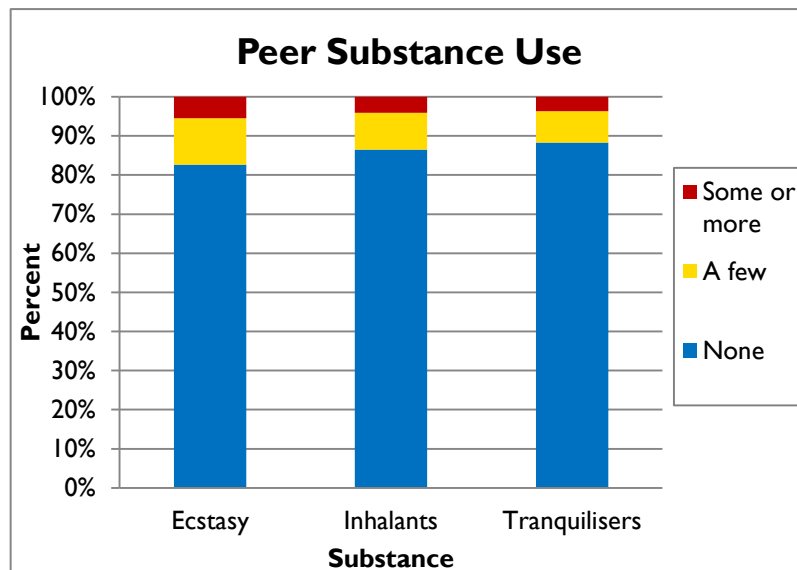
Figure 6.13: Peer use of inhalants, ecstasy and tranquilisers

The strongest of the valid, significant relationships was between use of ecstasy and peer use of ecstasy (Cramer's V=.294). A fifth of students who reported some, most or all of their friends take ecstasy have ever used ecstasy themselves (16 of 77), while 11.3% (n=19) of those with a few friends who take ecstasy have used ecstasy and 1.1% (n=13) students who do not have any friends who take ecstasy have done so themselves. Peer use of ecstasy was also moderately related to respondents' use of painkillers and alcohol with pills and weakly related to use of inhalants and tranquilisers.

Peer use of inhalants was moderately related to respondents' use of inhalants, painkillers and alcohol with pills. 22 of 57 students who reported that some, most or all of their friends use inhalants have used inhalants themselves and over a quarter of those who have a few friends who use inhalants have ever used inhalants (26.5%, n=35). 7.2% of students whose friends do not use inhalants have used inhalants themselves (n=89). Peer use of inhalants was also significantly related to respondents' use of painkillers and alcohol with pills, but Chi-square tests for respondents' use of ecstasy and tranquilisers could not be conducted.

Peer use of tranquilisers was moderately strongly related to use of alcohol with pills and moderately related to inhalant use. Around a third of those who reported some, most or all of their friends use tranquilisers have used inhalants (seventeen of 51), while 8.2% of those who have no friends using tranquilisers have used inhalants (n=103). The association between peer use of tranquilisers and respondents' use of tranquilisers could not be tested. Eleven of the 51 students who have at least some friends who use tranquilisers have used tranquilisers themselves, while 1.7% (n=21) of those whose friends do not use tranquilisers have done so.

While peer use of ecstasy was strongly related with respondents' use of ecstasy and peer inhalant use was strongly related with respondents' inhalant use, having friends who use these substances was related to respondents' use of these and other substances.

Substance ever used in lifetime	Peer use of ecstasy								Chi-Square
	None		A few		Some, most or all		Total		
	N	%	N	%	N	%	N	%	
Ecstasy*	13	1.1%	19	11.3%	16	20.8%	48	3.4%	$\chi^2(2)=112.657$, p<.001, Cramer's V=.294
Inhalants*	92	7.8%	36	21.4%	18	23.4%	146	10.3%	$\chi^2(2)=45.646$, p<.001, Cramer's V=.179
Alcohol with pills*	31	2.6%	16	9.5%	17	22.1%	64	4.5%	$\chi^2(2)=74.951$, p<.001, Cramer's V=.230
Painkillers*	27	2.3%	22	13.1%	12	15.6%	61	4.3%	$\chi^2(2)=67.224$, p<.001, Cramer's V=.217
Tranquilisers*	23	2.0%	16	9.5%	9	11.7%	48	3.4%	$\chi^2(2)=43.233$, p<.001, Cramer's V=.174
Total	1178	100.0%	168	100.0%	77	100.0%	1424	100.0%	

Substance ever used in lifetime	Peer use of inhalants								Chi-Square
	None		A few		Some, most or all		Total		
	N	%	N	%	N	%	N	%	
Inhalants*	89	7.2%	35	26.5%	22	38.6%	146	10.3%	$\chi^2(2)=99.678$ p<.001, Cramer's V=.265
Alcohol with pills*	36	2.9%	14	10.6%	14	24.6%	64	4.5%	$\chi^2(2)=71.911$, p<.001, Cramer's V=.225
Painkillers*	31	2.5%	14	10.6%	16	28.1%	61	4.3%	$\chi^2(2)=100.645$, p<.001, Cramer's V=.266
Ecstasy	37	3.0%	5	3.8%	6	10.5%	48	3.4%	-
Tranquilisers	28	2.3%	11	8.3%	9	15.8%	48	3.4%	-
Total	1231	100.0%	132	100.0%	57	100.0%	1420	100.0%	

Substance ever used in lifetime	Peer use of tranquilisers								Chi-Square
	None		A few		Some, most or all		Total		
	N	%	N	%	N	%	N	%	
Inhalants*	103	8.2%	26	22.6%	17	33.3%	146	10.3%	$\chi^2(2)=54.211$, p<.001, Cramer's V=.195
Alcohol with pills*	36	2.9%	14	12.2%	14	27.5%	64	4.5%	$\chi^2(2)=86.386$, p<.001, Cramer's V=.246
Painkillers	30	2.4%	17	14.8%	14	27.5%	61	4.3%	-
Ecstasy	33	2.6%	7	6.1%	8	15.7%	48	3.4%	-
Tranquilisers	21	1.7%	16	13.9%	11	21.6%	48	3.4%	-
Total	1255	100.0%	115	100.0%	51	100.0%	1421	100.0%	

Table 6.17: Substance use by peer use of inhalants, ecstasy and tranquilisers
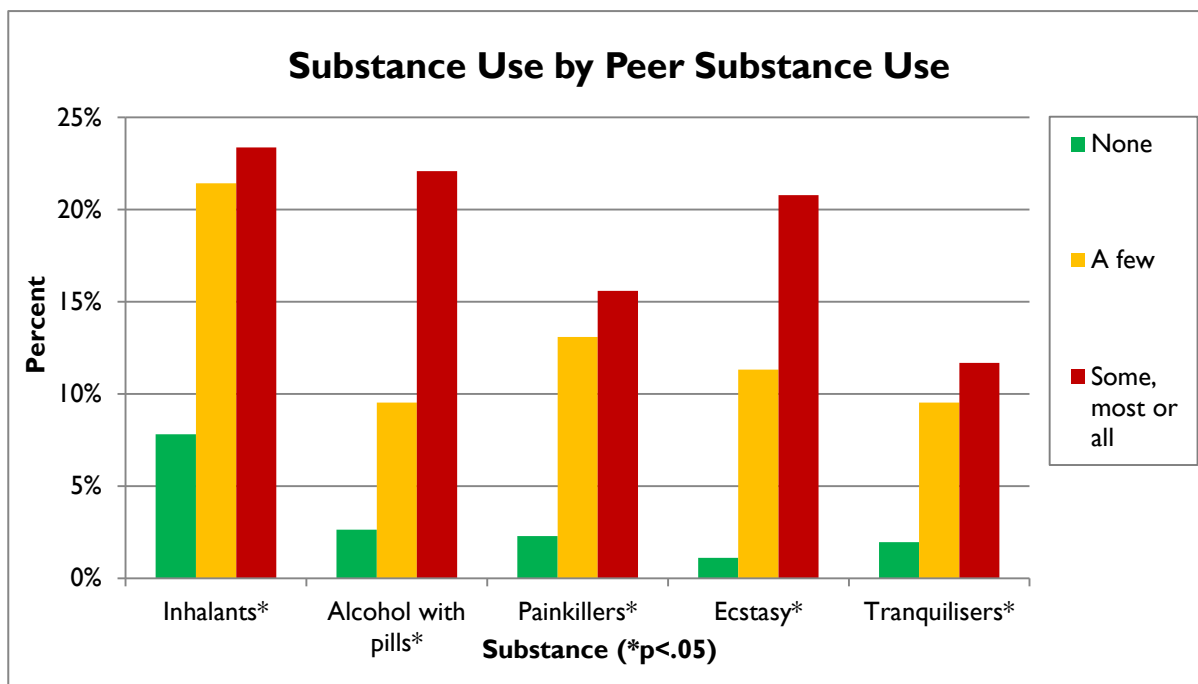
Figure 6.14: Substance use by peer use of inhalants, ecstasy and tranquilisers

Summary

Father's education was related to using ecstasy, alcohol with pills and tranquilisers. The strongest relationship was between father's education and ecstasy; 7 of 46 students whose father received primary level education only had used ecstasy, but 21 of 599 students whose father received some third level education had used ecstasy. Perceived relative wealth was also related to substance use, namely inhalants, cocaine and, most strongly, alcohol with pills. Those who answered '(very) much less well-off' (5 of 38) and '(very) much better off' (7%) were the most likely to report using alcohol with pills. The groups with the lowest prevalence of using alcohol with pills were those who perceived themselves to be 'about the same' (4%) or 'better off' (3%). Overall, those who perceived their family's wealth to be at either end of the spectrum were more likely to use inhalants, cocaine and alcohol with pills than those who perceived themselves to be more similar to most other families.

The birth country of the students and their fathers was associated with substance use. A higher proportion of students born in Eastern Europe and Africa had used inhalants, ecstasy and cocaine than the sample average and a higher proportion of students born in Western Europe had used painkillers and alcohol with pills than the sample average. Students were born in Ireland had slightly lower substance use rates than the sample average. The only group who had lower substance use rates than students born in Ireland was the 'Other' group. Of 47 students not born in Ireland, Europe or Africa, four reported using inhalants, two had used ecstasy and one had used tranquilisers. No students in this group reported taking cocaine, painkillers or alcohol with pills. Father's birth country was also related to substance use, with a similar pattern to the relationship with the respondents' own birth countries. Students with fathers born in Eastern Europe had particularly high substance use.

Skipping school was strongly associated with using inhalants, tranquilisers, ecstasy, painkillers and alcohol with pills. For example, a fifth of students who skipped on three or more days had ever used ecstasy (n=16), while around a fiftieth of students who had not skipped any days in the last 30 days had done so (n=22). Those who skipped class on three or more days were also more likely to have used painkillers, inhalants, alcohol with pills and tranquilisers. School grade was associated with use of ecstasy, tranquilisers, amphetamines, alcohol with pills and painkillers, but there was no significant relationship between grade and inhalant use.

Students were asked if their parents know where they spend Saturday nights and their answers were related to using cocaine, amphetamines, ecstasy, tranquilisers, inhalants, painkillers and alcohol with pills. For example, 11% of students who reported that their parents 'sometimes or usually don't know' where they spend Saturday nights have used ecstasy, but 1% of students who answered 'always' have used ecstasy. 20% of those whose parents usually don't know where they spend Saturday nights have used alcohol together with pills, while 1% of those whose parents always know where they are have done so. In general, higher levels of parental monitoring were associated with lower substance use.

When substance use was examined in relation to household members, few significant differences were found. Painkillers were significantly associated with household type; 4% of those who live with two parents had used painkillers and five out of 33 students who did not live with any parents had done so. While a higher proportion of students who were not living with either parent had used inhalants, alcohol with pills, cocaine and ecstasy, significant differences were not found.

Peer substance use was very strongly related to the students' own substance use. The vast majority of students did not have any friends who used inhalants, ecstasy or tranquilisers (87%, 83%, 88%). A fifth of students who reported some, most or all of their friends take ecstasy have ever used ecstasy themselves (16 of 77), while 11% of those with a few friends who take ecstasy have used ecstasy and 1% students who do not have any friends who take ecstasy have done so themselves. Peer use of ecstasy was also related to respondents' use of painkillers, alcohol with pills, inhalants and tranquilisers. Similarly, peer use of inhalants was moderately related to respondents' use of inhalants, painkillers and alcohol with pills and peer use of tranquilisers was moderately related to use of alcohol with pills and inhalants.

INTERNET, GAMING & GAMBLING

among 15-16 year olds in Ireland

A third used the internet for 2-3 hours on a typical weekday

17% used the internet for 6+ hrs on a typical weekday, and **30%** at the weekend

3% did NOT use the internet on a typical weekday, and **2%** at the weekend
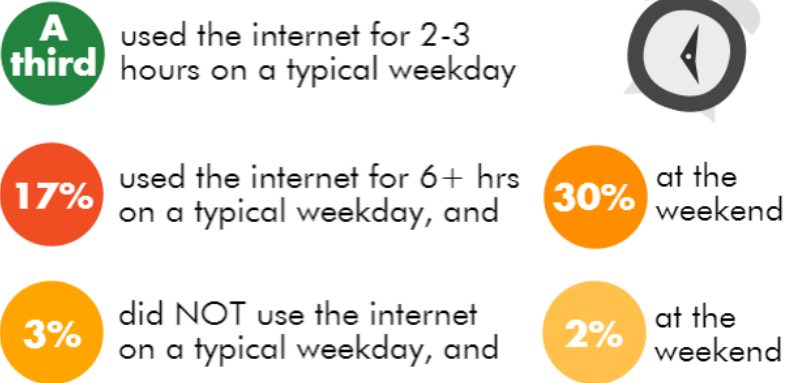
Internet activities
in the last 7 days

activity	male	female
social media	90%	93%
streaming/downloads	78%	84%
searching for info	77%	85%
online gaming	65%	17%
online gambling	13%	3%

"I spend way too much time..."

on social media **60%**

online gaming **20%**

"My parents say I spend way too much time..."

on social media **49%**

online gaming **20%**

GAMBLING

7% female

25% male

have ever gambled

4% 2+ times a week
4% 2-4 times a month
17% monthly or less

75% had never gambled

Of students who gambled

63% **betting on sports or animals** **46%**

23% **cards or dice** **19%**

22% **lotteries** **15%**

16% **slot machines** **14%**

traditional methods were more popular than gambling online

7. Internet, Gaming and Gambling

ESPAD 2015 included a number of items related to internet use and online activity as well as gambling, both online and in traditional settings. This chapter discusses the main results regarding time spent on the internet, different uses of the internet and perceived problems of internet use before discussing the results regarding frequency of gambling and gambling activities both online and in traditional settings.

Internet use

Internet use

Students were asked how many hours they were on the internet on a typical weekday and a typical weekend day in the last week. There were significant gender differences in both weekday and weekend internet use. Responses are shown in Tables 7.1 and 7.2.

Hours spent on the internet - weekday	Male		Female		All	
	N	%	N	%	N	%
None	34	4.6%	10	1.4%	44	3.0%
Half an hour	52	7.0%	47	6.6%	99	6.8%
About 1 hour	169	22.7%	134	18.8%	303	20.8%
2 to 3 hours	257	34.5%	234	32.8%	491	33.7%
4 to 5 hours	114	15.3%	159	22.3%	273	18.7%
6 hours or more	119	16.0%	130	18.2%	249	17.1%
Total	*745*	*100.0%*	*714*	*100.0%*	*1459*	*100.0%*

Table 7.1: Hours spent on the internet during a typical weekday by gender

Just 3.0% (n=44) of students did not use the internet on a typical weekday in the last week and 69.5% (n=1013) spent 2 hours or more. Most students (33.7%, n=491) spent 2 to 3 hours on the internet on a typical weekday. There were significant differences between male and female students on typical weekday internet use with girls spending more time on the internet overall[127]. Male respondents (4.6%, n=34) were more likely than female respondents (1.4%, n=10) to spend no time on the internet on a typical weekday. Female students (22.3%, n=159) were more likely to spend 4 to 5 hours on the internet on a typical weekday than males (15.3%, n=114).

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[127] Weekday use: $[\chi^2(5)= 25.720, p<.001,$ Cramer's V=.133]

Hours spent on the internet - weekend	Male		Female		All	
	N	%	N	%	N	%
None	27	3.7%	7	1.0%	34	2.3%
Half an hour	21	2.8%	20	2.8%	41	2.8%
About 1 hour	104	14.1%	62	8.7%	166	11.4%
2 to 3 hours	207	28.0%	181	25.5%	388	26.8%
4 to 5 hours	185	25.0%	196	27.6%	381	26.3%
6 hours or more	195	26.4%	245	34.5%	440	30.3%
Total	*739*	*100.0%*	*711*	*100.0%*	*1450*	*100.0%*

Table 7.2: Hours spend on the internet during a typical weekend day by gender

Overall, 97.7% (n=1416) spent some time on the internet on a typical weekend day in the past 7 days. There were significant differences between male and female respondents[128]. More male (3.7%, n=27) than female students (1.0%, n=7) spent no time on the internet on a typical weekend day. Male respondents (14.1%, n=104) were more likely to spend 1 hour and female respondents were more likely to spend 4 to 5 hours (27.6%, n=196) or 6 hours or more (34.5%, n=245) on the internet on a typical weekend day. Overall, most girls were likely to spend 6 hours or more on the internet on a typical weekend day, and most boys (28.0%, n=207) were likely to spend 2 to 3 hours.

Students were asked how many days they spent engaging in different activities on the internet in the last 7 days. Answers were recoded into 'Yes' or 'No' to examine the most popular internet activities among students. Table 7.3 below shows the responses for all students.

Internet activities	Yes		No		Total	
	N	%	N	%	N	%
Social media	1344	93.4%	95	6.6%	1439	*100.0%*
Streaming or downloading	1161	81.2%	269	18.8%	1430	*100.0%*
Searching for information	1158	80.7%	277	19.3%	1435	*100.0%*
Online buying or selling	614	42.3%	839	57.7%	1453	*100.0%*
Online gaming	600	41.2%	855	58.8%	1455	*100.0%*
Online gambling	110	7.6%	1335	92.4%	1445	*100.0%*

Table 7.3: Internet activities in the past 7 days

The most popular use of internet among students was social media, with 93.4% (n=1344) of students using the internet for this purpose in the last week, followed by streaming or downloading videos, music or films (81.2%, n=1161) and searching for information, reading or surfing (80.7%, n=1158). Under half of students used the internet for searching for, buying or selling products (42.3%, n=614) or online gaming (41.2%, n=600). The least popular activity by far was online gambling, with just 7.6% (n=110) of students using the internet for this purpose in the past week. Table 7.4 shows the differences between male and female students in different uses of the internet. Female respondents used the internet for social media, streaming or downloading music, films or videos and searching for information, reading or surfing for more hours than male respondents. Male respondents used the internet for online gambling more

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[128] Weekend day use: [$\chi^2(5)$= 29.628, p<.001, Cramer's V=.143]

144

than girls and for online gaming much more than female respondents. Boys and girls did not differ in their use of internet for searching for, buying or selling products.

Internet activities	Male		Female		All		Chi-square test
	N	%	N	%	N	%	
Social media	658	90.3%	686	96.6%	1344	93.4%	χ²(1)= 23.589, p<.001, Cramer's V=.128
Streaming or downloading	564	78.1%	597	84.3%	1161	81.2%	χ²(1)= 9.014, p=.003, Cramer's V=.079
Searching for information	557	76.6%	601	84.9%	1158	80.7%	χ²(1)= 15.752, p<.001, Cramer's V=.105
Online buying or selling	305	41.4%	309	43.1%	614	42.3%	χ²(1)= .408, p=.523
Online gaming	476	64.6%	124	17.3%	600	41.2%	χ²(1)= 336.011, p<.001, Cramer's V=.481
Online gambling	92	12.6%	18	2.5%	110	7.6%	χ²(1)= 52.239, p<.001, Cramer's V=.190

Table 7.4: Internet activities in the past 7 days by gender
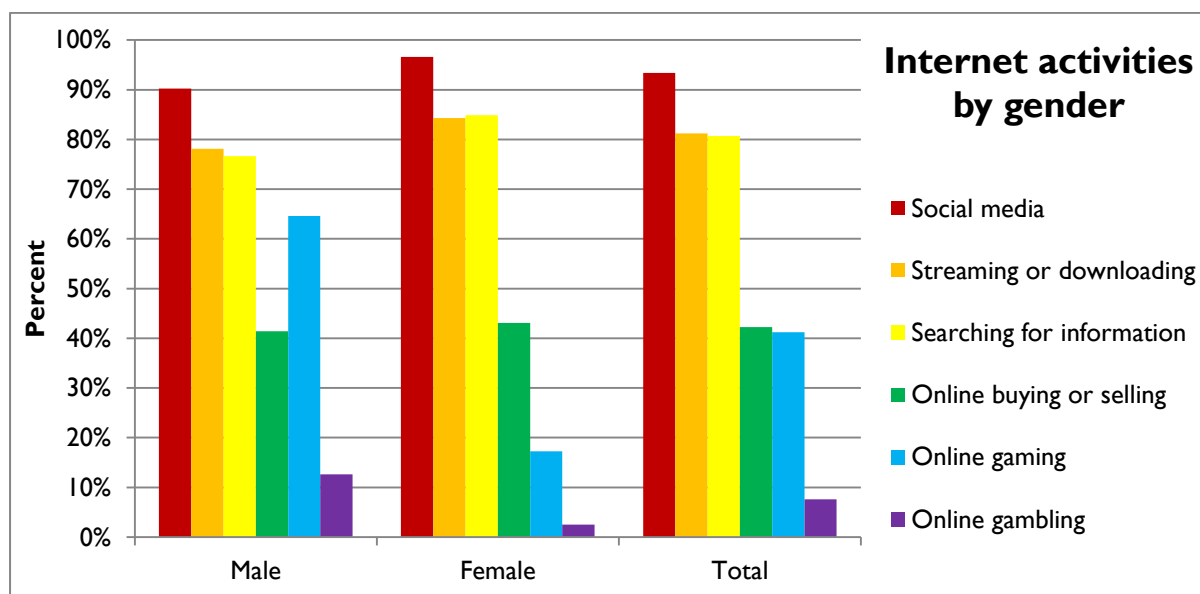
Figure 7.1: Internet activities in the past 7 days by gender

Perceived problems with internet use

Students were asked how much they agreed with statements about problematic internet use with regards to social media and gaming. The three statements were 'I think I spend way too much time', 'I get in a bad mood when I cannot spend time' and 'My parents say that I spend too much time' either on social media or gaming. Table 7.5 below shows how strongly students agreed with each statement.

Most students strongly (25.2%, n=365) or partly (35.0%, n=508) agreed that they spent too much time on the internet using social media. 21.7% (n=313) partly agreed that they got in a bad mood when they could not spend time using social media. 28.3% (n=409) strongly agreed and 20.5% (n=296) partly agreed that their parents said that they spend too much time on social

media. These problems were not experienced to the same extent with regards to online gaming with over half of students strongly disagreeing that: they spend too much time gaming (50.1%, n=725); they get in a bad mood when they cannot spend time gaming (60.2%, n=868); and that their parents say they spend too much time gaming (55.5%, n=799).

Perceived problems - social media	Strongly agree		Partly agree		Neither nor		Partly disagree		Strongly disagree		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Spend too much time	365	25.2%	508	35.0%	209	14.4%	171	11.8%	197	13.6%	1450	100.0%
Bad mood when unable to	215	14.9%	313	21.7%	196	13.6%	211	14.6%	506	35.1%	1441	100.0%
Parents say spend too much time	409	28.3%	296	20.5%	247	17.1%	156	10.8%	335	23.2%	1443	100.0%

Perceived problems - gaming	Strongly agree		Partly agree		Neither nor		Partly disagree		Strongly disagree		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Spend too much time	117	8.1%	167	11.5%	249	17.2%	189	13.1%	725	50.1%	1447	100.0%
Bad mood when unable to	78	5.4%	106	7.4%	220	15.3%	169	11.7%	868	60.2%	1441	100.0%
Parents say spend too much time	137	9.5%	152	10.6%	219	15.2%	133	9.2%	799	55.5%	1440	100.0%

Table 7.5: Perceived problems with internet use for social media and gaming

Gambling

Students were asked a number of items relating to gambling both online and in traditional settings. Table 7.6 below shows that 84.0% (n=1201) of students had not gambled at all in the past 12 months. Male students were much more likely to have gambled than female students, with 16.5% (n=119) of boys and 5.2% (n=37) of girls having gambled monthly or less in the past year[129].

Gambling in the past 12 months	Male		Female		All	
	N	%	N	%	N	%
Never	539	74.7%	662	93.5%	1201	84.0%
Monthly or less	119	16.5%	37	5.2%	156	10.9%
2 to 4 times a month	32	4.4%	6	0.8%	38	2.7%
2 or more times a week	32	4.4%	3	0.4%	35	2.4%
Total	*722*	*100.0%*	*708*	*100.0%*	*1430*	*100.0%*

Table 7.6: Gambling in the past 12 months by gender

Students were asked how often they had gambled online and in traditional settings in the last 12 months. Answers were recoded into 'Yes' and 'No' for each item to examine the most popular forms of gambling among this cohort. Table 7.7 shows which activities students who had gambled in the last 12 months had undertaken.

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[129] Gambling: [χ²(3)= 97.390, p<.001, Cramer's V=.261]

Internet gambling	Yes		No		Total	
	N	%	N	%	N	%
Slot machines	29	13.6%	184	86.4%	213	100.0%
Cards or dice	40	18.5%	176	81.5%	216	100.0%
Lotteries	33	15.4%	181	84.6%	214	100.0%
Betting	102	45.5%	122	54.5%	224	100.0%
Traditional-setting gambling	Yes		No		Total	
	N	%	N	%	N	%
Slot machines	36	16.4%	184	83.6%	220	100.0%
Cards or dice	51	23.0%	171	77.0%	222	100.0%
Lotteries	49	22.3%	171	77.7%	220	100.0%
Betting	142	63.4%	82	36.6%	224	100.0%

Table 7.7: Gambling on the internet and in traditional settings for students who have gambled in the last 12 months

Overall, all types of gambling occurred more often in traditional settings than on the internet. On both the internet and in traditional settings, betting on sports or animals was by far the most popular, with 45.5% (n=102) of students betting on the internet and 63.4% (n=142) betting in traditional settings. The least popular form of gambling was playing slot machines and this was true for both internet (13.6%, n=29) and traditional-setting gambling (16.4%, n=36).
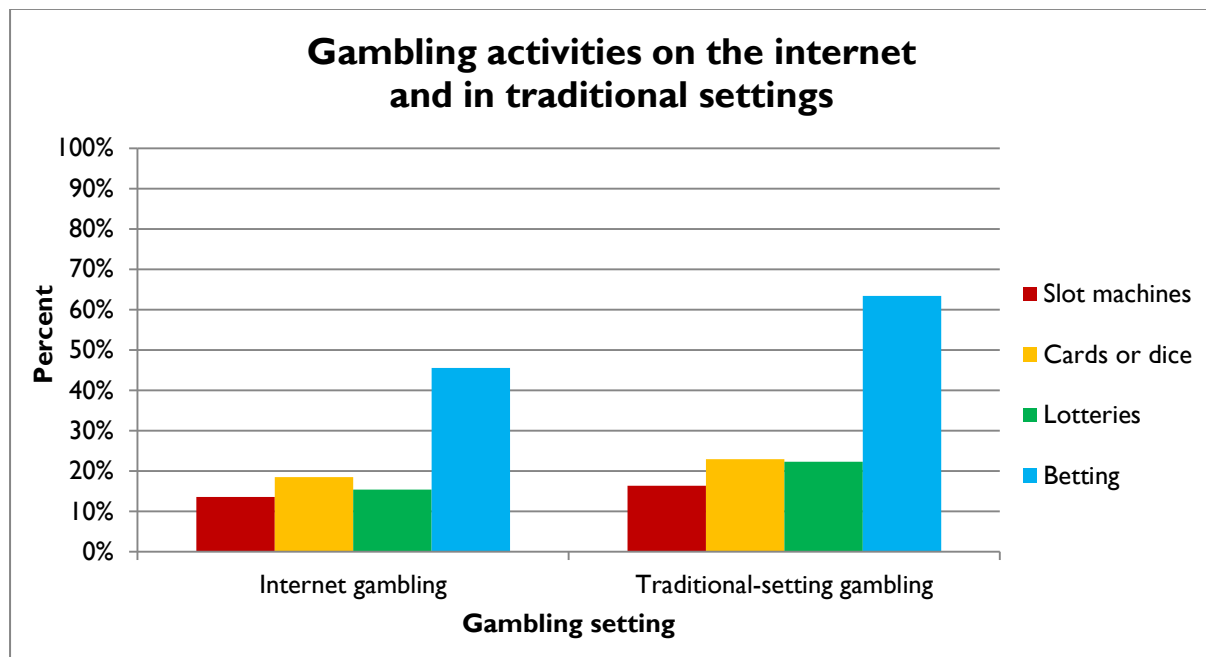
Figure 7.2: Gambling activities on the internet and in traditional settings

Summary

Female students used the internet more than male students, with girls more likely to spend 4 to 5 hours (22%) or 6 hours or more (18%) on the internet on a typical weekday and boys more likely to spend about one hour (23%), 2 to 3 hours (35%) or indeed no time at all (5%) on the

internet on a typical weekday. Overall, students spent more time on the internet on weekend days than weekdays. Most students (34%) spent 2 to 3 hours on the internet on a typical weekday, and most students (30%) spent 6 hours or more on the internet on a typical weekend day. Again, female respondents were heavier internet users, with most (35%) using the internet for 6 hours or more and most male respondents (28%) using the internet for 2 to 3 hours on a typical weekend day.

The most popular use of the internet was social media, with 93% of students using the internet for this purpose in the past week. This was followed by streaming or downloading and searching for information or surfing the internet. A small number of students (8%) used the internet for gambling in the past week. Female respondents were more likely to use the internet for social media, streaming or downloading and searching for information and male respondents were most likely to use it for gaming and gambling.

60% of students thought that they spent too much time on the internet using social media and 49% of students agreed that their parents said they spend too much time using social media. 22% of students partly agreed that they get in a bad mood when they cannot spend time using social media.

The majority of students (84%) have not gambled in the last twelve months. Of those that do, betting on sports or animals is the most popular gambling activity with 64% of students betting in traditional gambling settings and 46% of students betting on the internet. Overall, more students gamble in traditional settings than online.

8. Substance Use in Ireland to date

The ESPAD project contributes considerably to our knowledge of the use of tobacco, alcohol and other substances among Irish 15 year olds. As well as the ability to examine the influence of psychosocial and environmental factors on substance use behaviours, substance use can be measured and compared over time. The introduction to this report showed that use of cannabis, inhalants, tranquilisers and other substances have declined in Ireland by over 50% since 1995, with a reduction in regular smoking of 49% and in 30-day alcohol consumption by over a quarter. A further reduction was anticipated in for heavy episodic drinking and all of the above substances except for tranquilisers, which had remained constant since 2007.

Alcohol use

In Ireland, alcohol use in the past 30 days declined steeply between 2011 and 2015, with a 28% reduction since 2011 and a 48% reduction in the past twenty years. A little over a third of the sample reported drinking alcohol in the previous 30 days in Ireland 2015. There was a 14% reduction in 30-day alcohol use from both 1995 and 2011 for the ESPAD average.

The Healthy Ireland Framework (2013) set a target of reducing the alcohol consumption of people aged 15 and older in Ireland to 9.2 litres of alcohol per year by 2025. It was around 11 litres of alcohol in 2014. The 9.2 litre target represents consistent compliance with the low-risk weekly guidelines of 17 units for men and 11 units for women (Drinkaware.ie, 2016). A large reduction in drinking among 15 year olds suggests that these youth may maintain a lower level of drinking as they grow up, helping to meet the Healthy Ireland target by 2025.
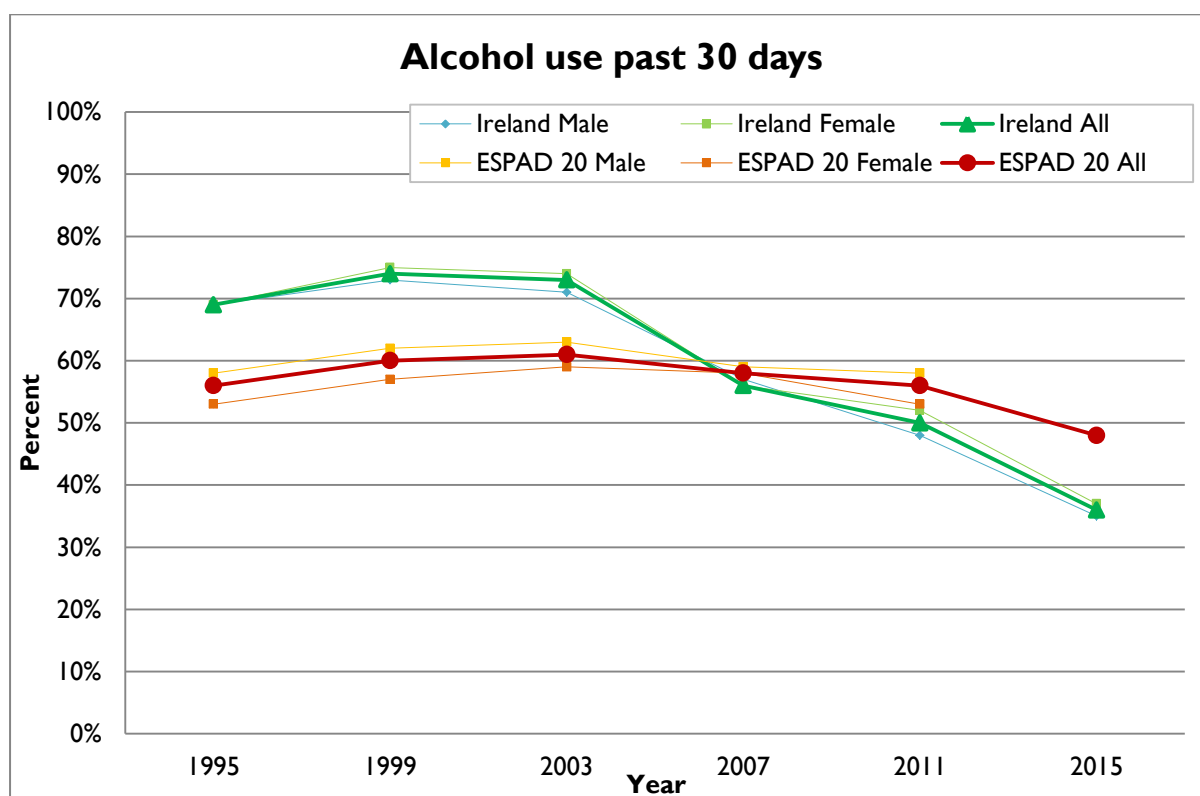
Figure 8.1: Alcohol use in the past 30 days in Ireland and ESPAD 20 since 1995 by gender.

Heavy Episodic Drinking

Heavy episodic drinking steeply declined to 28% of respondents in 2015 from a high of 57% in 1999 and 2003. This represents a reduction of 51% from the highest prevalence to the lowest and a reduction of 30% in the four years since 2011. The ESPAD average, however, declined by 15% since 2011 to 35%, returning to the 1995 level of heavy episodic drinking.
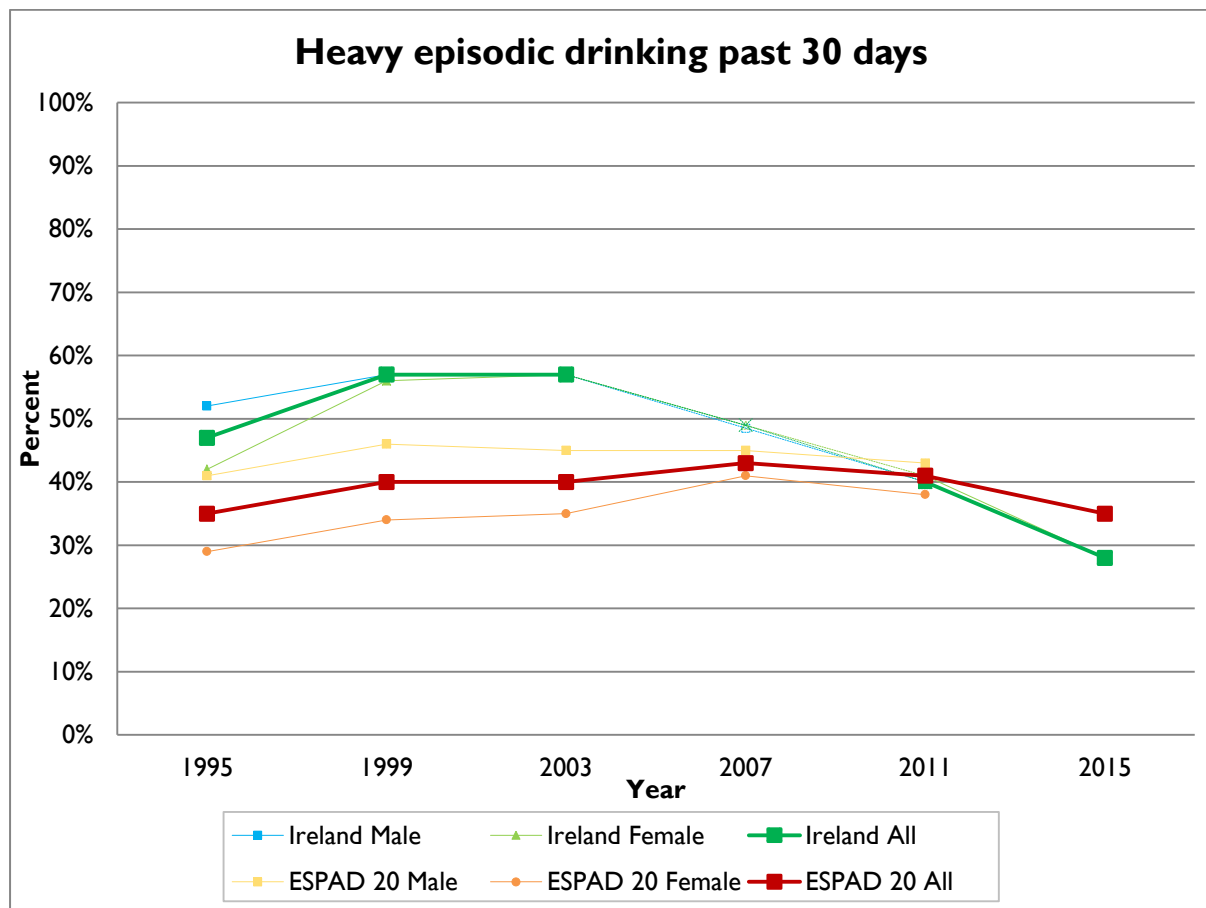
Figure 8.2: Heavy episodic drinking in the past 30 days in Ireland and ESPAD 20 since 1995 by gender.

30-day cigarette use

In Ireland, smoking among these 15 year olds was greatly reduced to 13% in 2015. This represents a reduction of over two-thirds (68%) since 1995, by far the largest decline of any of these seven indictors in both Ireland and ESPAD 20. There was a 38% reduction in current smoking in the previous four years, from 21% in 2011 to 13% in 2015, also the largest reduction of all seven indicators in both Ireland and ESPAD 20 in the same period.

This will contribute to making Ireland Tobacco Free, with an overall smoking prevalence of less than 5%, by 2025 (DoH, 2013b). The Healthy Ireland target involves reducing the overall smoking prevalence by 1% per annum (DoH, 2013a), which has certainly been met within this specific cohort, where the reduction in smoking is around 1.75% per year.
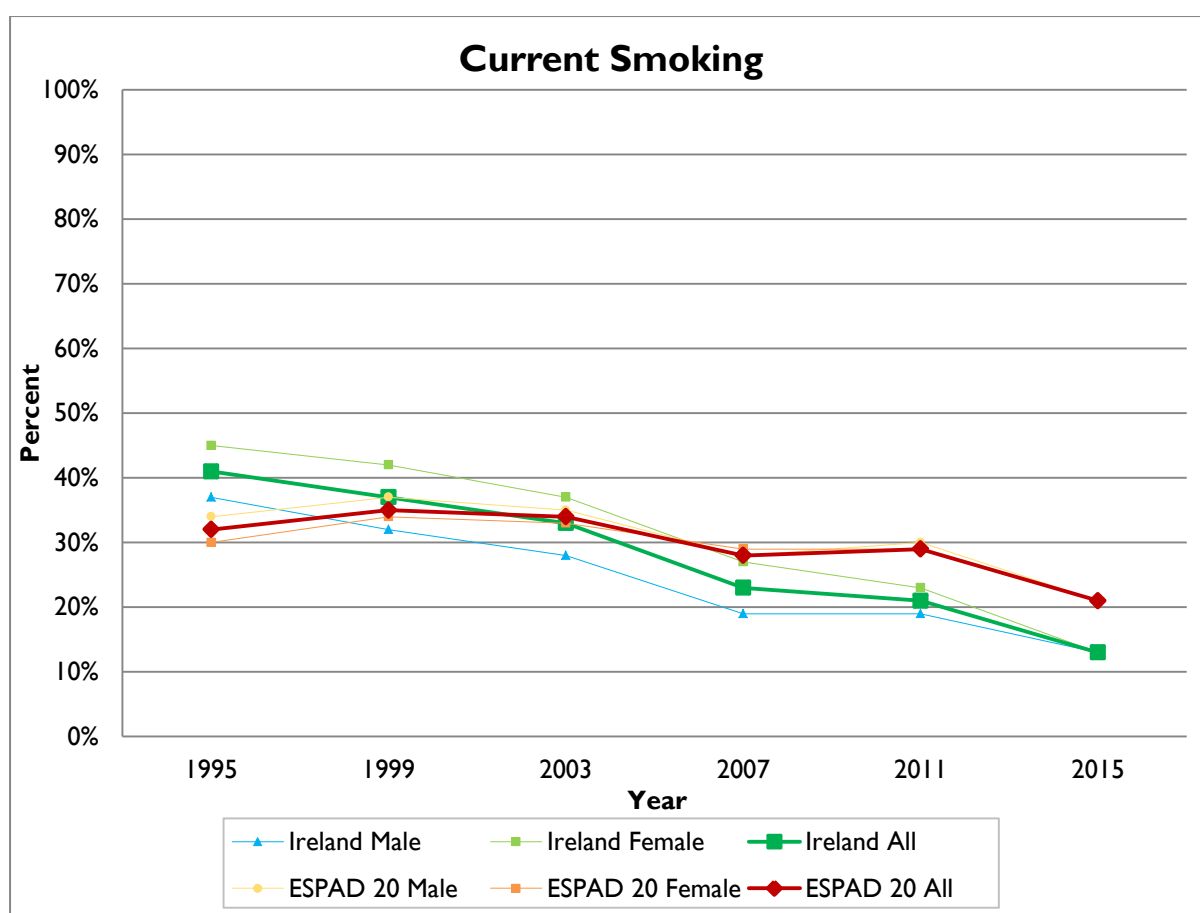
Figure 8.3: Smoking in the past 30 days in Ireland and ESPAD 20 since 1995 by gender.

Lifetime use of cannabis

Cannabis use in both Ireland and ESPAD 20 stayed approximately the same, with a one percentage point decrease for the ESPAD average and a one percentage point increase for Ireland. For Ireland, this represented a drop of almost half since 1995, although the prevalence of cannabis use has hovered around 20% since 2007. For the ESPAD average, although there was 6% reduction in cannabis use between 2011 and 2015, there was a 45% increase overall since 1995.
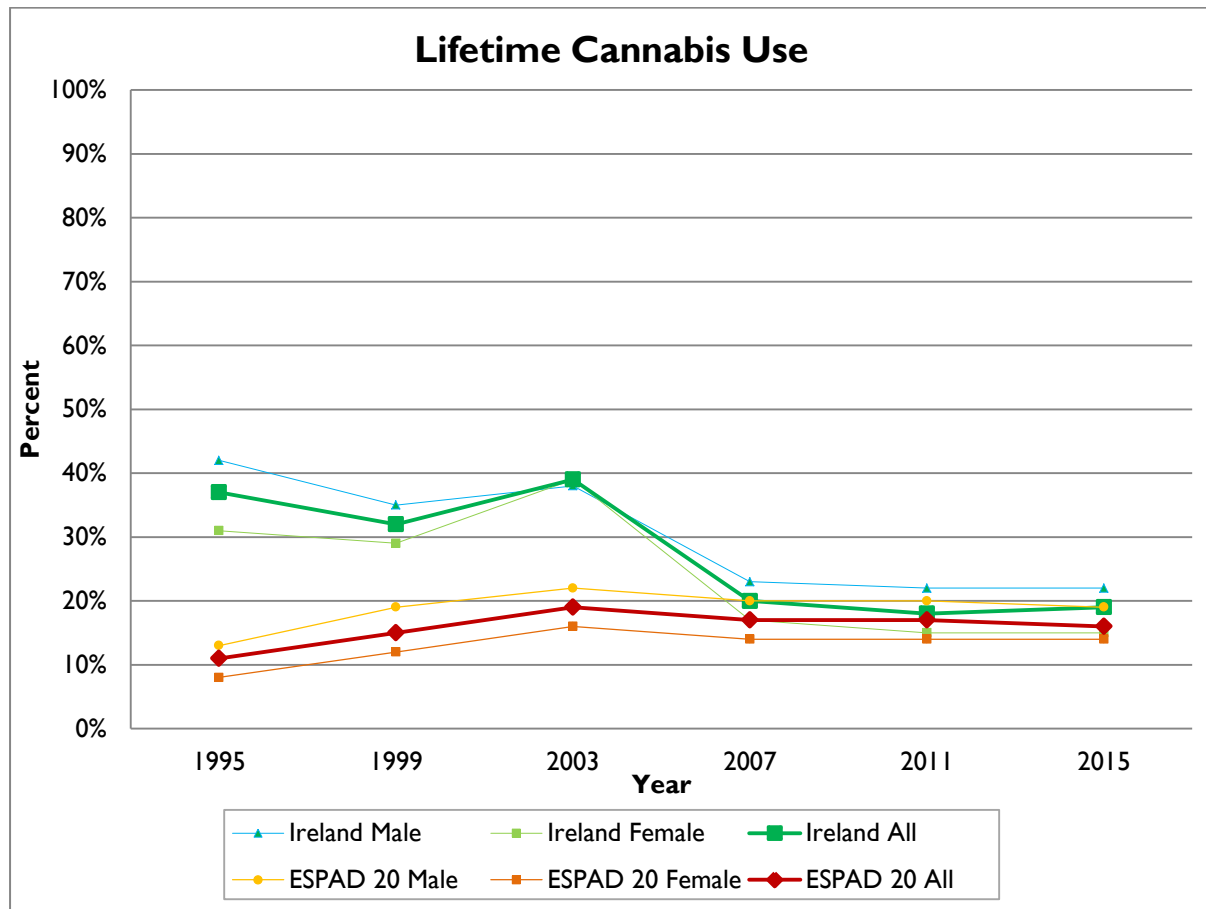
Figure 8.4: Lifetime cannabis use in Ireland and ESPAD 20 since 1995 by gender.

Lifetime use of inhalants

Lifetime inhalant in Ireland increased by one percentage point between 2011 and 2015 in Ireland and fell by three percentage points for the ESPAD average. Inhalant use in Ireland was particularly high in 1999 at 22% but has fallen by 55% by 2015, while the ESPAD average fell by 13% in the same period.
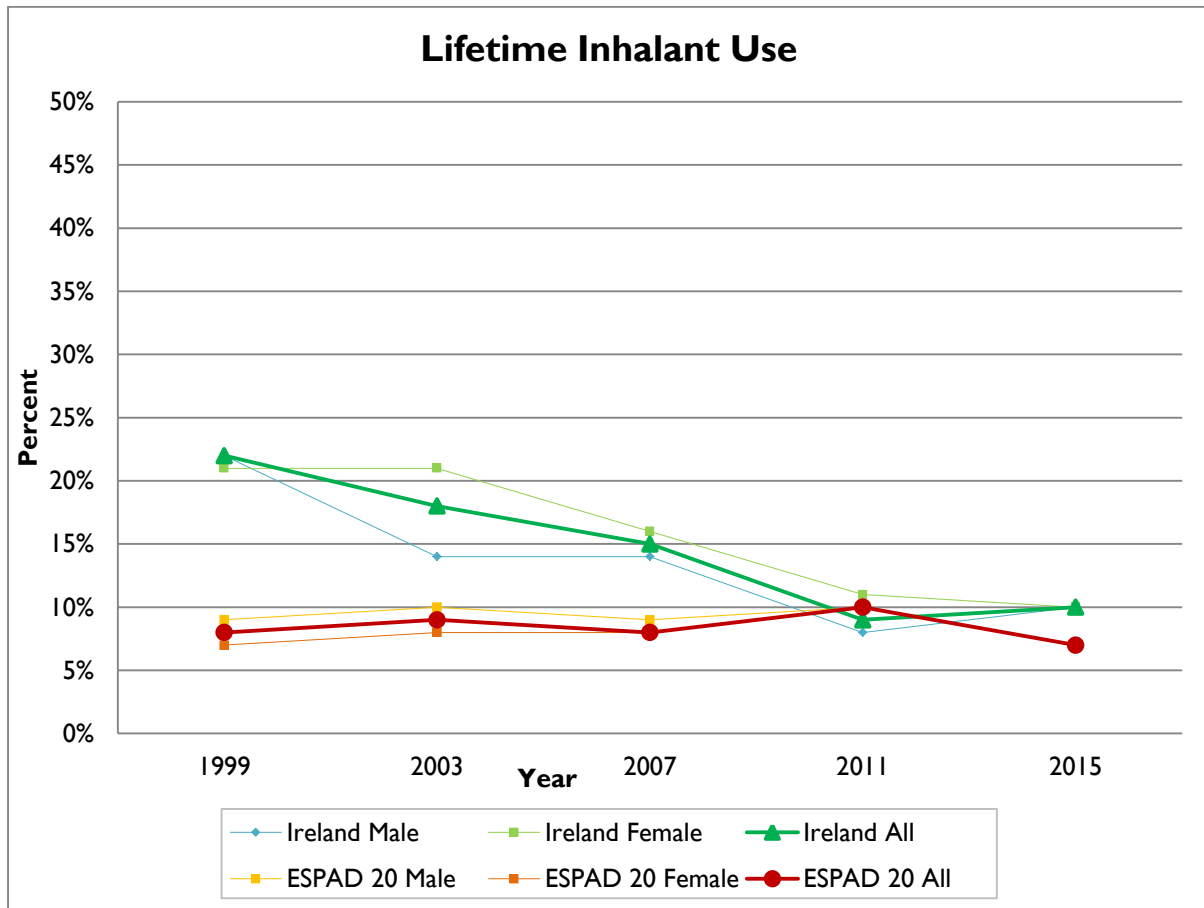
Figure 8.5: Lifetime inhalant use in Ireland and ESPAD 20 since 1995 by gender.

Lifetime use of tranquilisers without prescription

Overall, use of tranquilisers has been low in Ireland and the ESPAD average. In Ireland, there was no change in prevalence of tranquiliser use; it has stayed at 3% since 2007. This represents a 57% reduction since 1995. There was also little change in the ESPAD average, with a reduction by one percentage point since 2011 and by two percentage points since 1995.
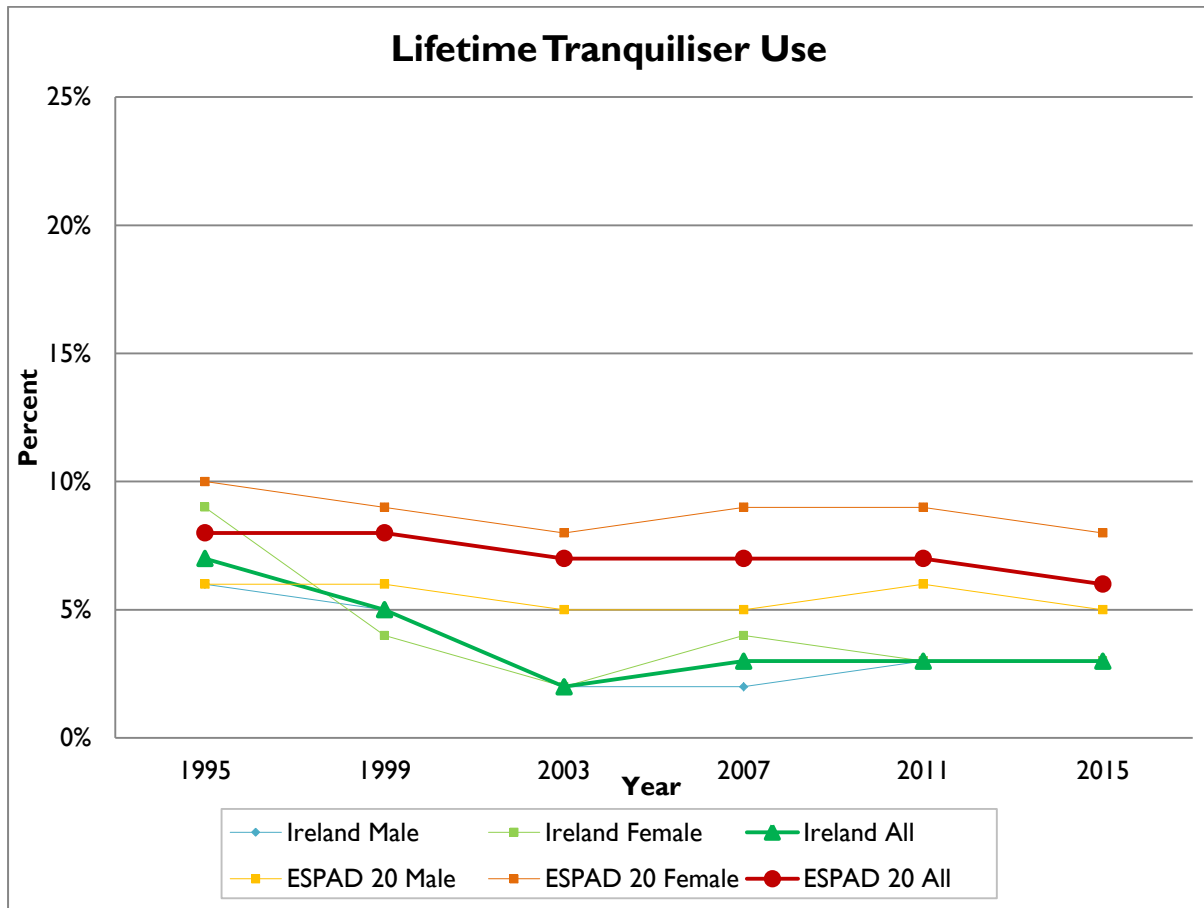
Figure 8.6: Lifetime tranquiliser use without a prescription in Ireland and ESPAD 20 since 1995 by gender.

Lifetime use of other substances

In Ireland, there was an increase in use of illicit drugs other than cannabis by one percentage point, increasing from 6% to 7%. However, overall, there has been a 56% reduction since 1995. The ESPAD 20 started at 3% in 1995, however, rising to 6% in 1999 and then remaining at 6% until 2015, where it has decreased by 1 percentage point.

Lifetime Use of Illicit Drugs other than Cannabis
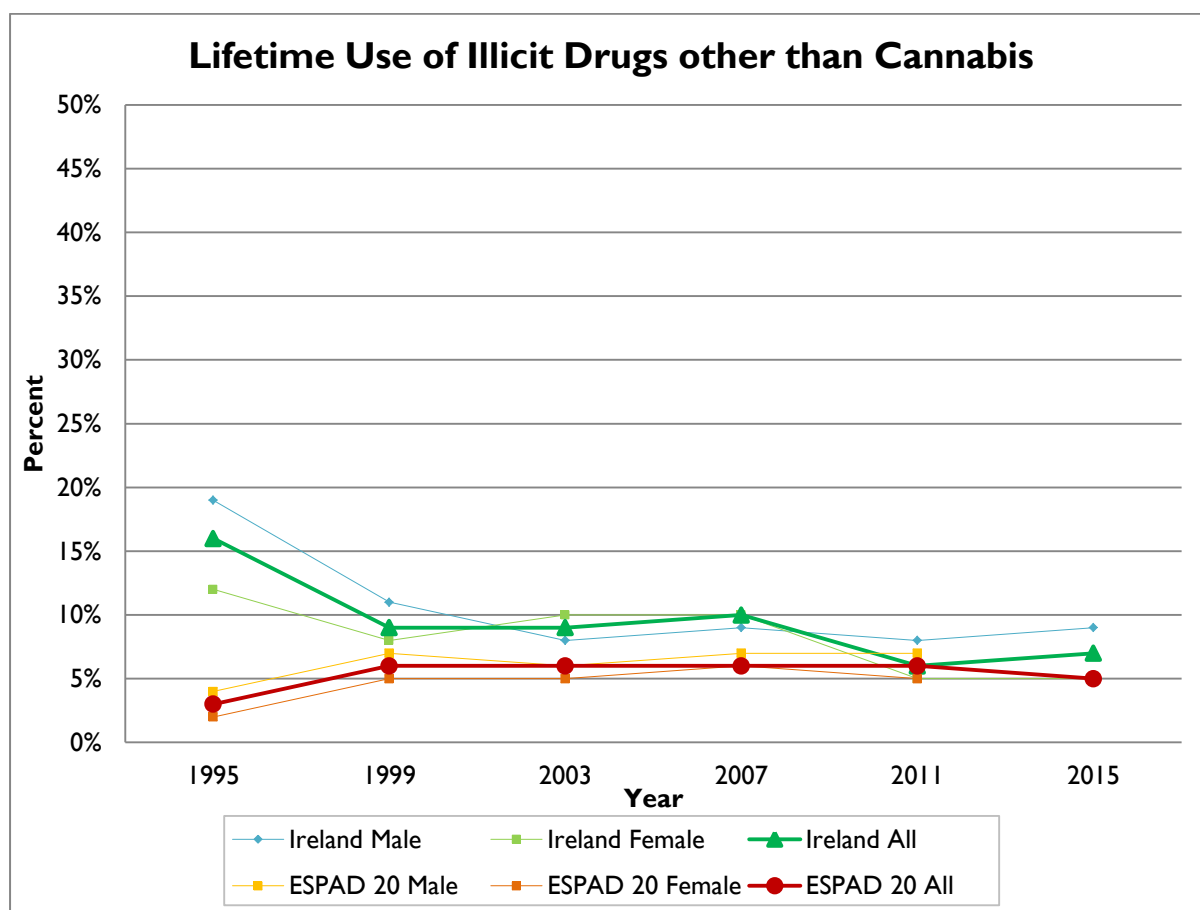
Figure 8.7: Lifetime use of illicit drugs other than cannabis in Ireland and ESPAD 20 since 1995 by gender.

Conclusion

Across Europe, there have been reductions in drinking, smoking and the use of some substances. The largest reduction in ESPAD 20 and particularly in Ireland was in the prevalence of smoking which fell by a third in ESPAD 20 since 1995 and by over two-thirds in Ireland in the same period. Drinking alcohol and heavy episodic binge drinking also fell, and at similar rates, with a 15% reduction in binge drinking in ESPAD 20 and 30% in Ireland in the last four years.

Since 1995, the use of tranquilisers has fallen by a quarter in ESPAD 20 and over half in Ireland, although there has been no reduction in Ireland since 2011. In ESPAD 20, the use of inhalants

has also fallen both since 1995 and since 2011, but the use of cannabis and other drugs is higher than it was in 1995. Cannabis use has increased by 45% overall, with a slight reduction in the last four years, and the use of other illicit substances has increased by two-thirds since 1995, with a 17% reduction in the last four years.

In Ireland, the prevalence of cannabis, inhalants and other drug use has fallen by over half since 1995 (or 1999 for inhalants), although there was an increase of one percentage point between 2011 and 2015. While smoking, drinking and drug use among Irish adolescents may be on the decline, it appears that the reduction in the use of illicit substances may possibly have halted or even begun to reverse. While legislation and public health bodies have targeted tobacco and alcohol, with much success, the issue of drug use among youth may benefit from similar treatment.

Ireland					
Percentage change in substance use	1995	2011	2015	% change 1995-2015	% change 2011-2015
Alcohol use	69%	50%	36%	-48%	-28%
Heavy episodic drinking	47%	40%	28%	-40%	-30%
Smoking	41%	21%	13%	-68%	-38%
Cannabis	37%	18%	19%	-49%	+6%
Inhalants (from 1999)	22%	9%	10%	-55%	+11%
Tranquilisers	7%	3%	3%	-57%	0%
Other illicit substances	16%	6%	7%	-56%	+17%
ESPAD 20					
Percentage change in substance use	1995	2011	2015	% change 1995-2015	% change 2011-2015
Alcohol use	56%	56%	48%	-14%	-14%
Heavy episodic drinking	35%	41%	35%	0%	-15%
Smoking	32%	29%	21%	-34%	-28%
Cannabis	11%	17%	16%	+45%	-6%
Inhalants (from 1999)	8%	10%	7%	-13%	-30%
Tranquilisers	8%	7%	6%	-25%	-14%
Other illicit substances	3%	6%	5%	+67%	-17%

Table 8.1: Lifetime substance use for Ireland and ESPAD 20 in 1995, 2011 and 2015 and percentage change since 1995 and 2011.

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Appendix 1: Data Collection Materials

TOBACCOFREE ● RESEARCH INSTITUTE

Dear Principal,

I am writing to ask for your assistance in carrying out a most important European-wide survey on drugs including Tobacco and Alcohol use among teenagers.

The European School Survey on Alcohol and Drugs (ESPAD) is a collaborative effort of independent research teams in more than forty European countries and the largest cross-national research project on adolescent substance use in the world. The overall aim with the project is to repeatedly collect comparable data on substance use among 15–16 year old students in as many European countries as possible. The ESPAD has been conducted in Irish secondary schools every four years for the past twenty years. It is a valuable, cornerstone research project and it is essential that Ireland continues to be involved. The TobaccoFree Research Institute Ireland has been awarded the competitive tender by the Department of Health to administer the ESPAD survey in Ireland for this cycle.

A random sample of secondary schools was generated for this study and your school has been selected for participation. I am aware that an exercise such as this can be an intrusion into the already busy life of the school. The study has been designed, however, to minimize additional work for you and your staff.

I am asking for your help in **assigning a cooperating teacher** who could serve as a liaison and oversee research administration in your school. In the past, this has often been the designated Social, Personal, and Health teacher, though the decision is, of course, yours.

The details of the research are outlined in the attached Information Sheet. For now, I ask that you complete and return the attached postcard to our office. My Colleagues and I will then liaise with the designated teacher directly.

While I cannot offer financial compensation for participation, I would happily volunteer my time to visit your school and speak with your staff and/or students about our research in this field.

Yours sincerely,

Professor Luke Clancy
Director General

TOBACCOFREE · **RESEARCH INSTITUTE**

ESPAD INFORMATION SHEET

What is this study about?

The European Schools Project for Alcohol and Other Drugs (ESPAD) survey takes place every 4 years in 44 European countries and is based on a common set of questions and methodology. This series of studies began in 1995 to connect with researchers in other European countries, including Ireland, with a view to conducting a common survey on the usage of tobacco, alcohol and illegal drugs in the school-going population.

Why is this study important?

The most important goal of the ESPAD survey is to monitor trends in alcohol and other drug use among 15-16 year olds and to compare trends between countries. This information is essential in planning future prevention initiatives across Europe. This year will mark the 20th anniversary of the first data collection wave.

Why was my school selected?

Secondary schools across the country were randomly selected and invited to participate in the project. Your school was one that was randomly generated for participation.

What does participation involve?

If your school chooses to get involved, we will ask you to appoint a 'cooperating teacher' who will liaise with us and oversee the administration in your school. We will also ask that you randomly choose **two classes**: one fourth class and one third OR one fifth class. We will then contact the 'cooperating teacher' and arrange a time for survey administration. We will mail all surveys, information sheets, and instructions to the cooperating teacher with a stamped envelope included. After students complete the surveys, we ask that you return completed surveys to the prepaid envelope and return them to us.

What about consent and confidentiality?

Participation, both at the school level and the individual level, is 100% voluntary. We will obtain written consent from all students before the survey. Parents will receive information sheets and an 'opt-out' form if they want their child not to be involved. All students will receive an unmarked envelope with their survey and once the survey is completed, they will seal the survey before returning to the administrating teacher. We will collect no identifying information from any student and all information gathered is 100% confidential.

Who is conducting this study?

The Tobacco Free Research Institute Ireland (TFRI) is overseeing the administration of the survey on behalf of the Department of Health and the European Schools Project for Alcohol and Other Drugs (ESPAD).

If you have any questions or concerns, please feel free to contact a member of the research team: Ms. Sheila Keogan (skeogan@tri.ie, 0876887678) or Dr. Kate Babineau (kbabineau@dit.ie, 0860781060). We'll be happy to discuss the project with you and/or your cooperating teacher in more detail.

We'd like to thank you in advance for your consideration and support. It is through research that we are able to learn about young people's attitudes and behaviours in countries throughout Europe.

D·I·T   **f cas**

Dear Principal,

I am writing to you about an important European-wide study that will be conducted in secondary schools in the coming months.

The European School Survey on Alcohol and Drugs (ESPAD) is a collaborative effort of independent research teams in more than forty European countries and the largest cross-national research project on adolescent substance use in the world. The overall aim with the project is to repeatedly collect comparable data on substance use among 15–16 year old students in as many European countries as possible.

The ESPAD has been conducted in Irish secondary schools every four years for the past twenty years. It is a valuable, cornerstone research project and one that we are eager to remain involved. This year, the TobaccoFree Research Institute has been awarded the competitive tender to administer the European-wide project here in Ireland.
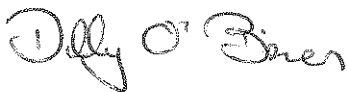
Data collection is set to begin in the coming weeks and your school has been randomly selected by the researchers for participation in this study.

I am aware that an exercise such as this can be an intrusion into the already busy life of the school. The study has been designed, however, to minimize additional work on the part of the school.

Given the importance of the information collected to the future health and education of the students' and the input that this study will have on Government planning and legislative interventions, I hope that you will be able to support this most worthwhile exercise. It is unquestionably one of the most important studies to be conducted on substance use among European teenagers.

I would like to thank you, in anticipation, for your co-operation in this research.

Yours sincerely,

Tobacco & Alcohol Control Unit
Department of Health

Tús Áite do
Shábháilteacht Othar
Patient Safety First

Cuirfear fáilte roimh chomhfhreagras i nGaeilge
An Roinn Sláinte / Department of Health
Teach Haicín Baile Átha Cliath 2   **Fón/Tel**   (01) 635 4000   **R-phost/Email**   info@health.gov.ie
Hawkins House Dublin 2   **Facs/Fax** (01) 635 4001   **Suíomh Gréasáin/Web** www.doh.ie

Páipéar Athchúrsáilte/Printed on Recycled Paper

ESPAD

The European School Survey Project on Alcohol and Other Drugs
www.espad.org

Questionnaire on substance use

Read this first please!

This questionnaire is part of an international study on substance use among European students. It will be answered by more than 100,000 students in over 35 countries. The study is called ESPAD.

This is a totally anonymous questionnaire. You should not state your name or any other information which identifies you. You should place your completed questionnaire in the enclosed envelope and seal it yourself. Your teacher will collect the envelopes after completion.

Your class has been randomly selected to take part in this study. In Ireland, the survey is carried out by the TobaccoFree Research Institute. It is voluntary to take part. If there is any question you don't want to answer, just leave it blank. It is important that you answer as thoughtfully and honestly as possible. The results will not be presented by single classes and remember your answers are totally anonymous.

 If you do not find an answer that fits exactly, indicate the one that comes closest. Please, mark the appropriate answer to each question by making an "X" in the box. If you have a question, please raise your hand and your teacher will assist you.

Thank you in advance for your participation! Please begin.

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C01

What is your sex?

1 ☐ Male
2 ☐ Female

C02

When were you born?

Year 19 ☐☐   Month ☐☐   (Mark 01 for January, 02 for February …
… and 12 for December)

C03

How often (if at all) do you do each of the following?
Mark one box for each line.

	Never	A few times a year	Once or twice a month	At least once a week	Almost every day
a) Play computer games	☐	☐	☐	☐	☐
b) Actively participate in sports, athletics or exercising	☐	☐	☐	☐	☐
c) Read books for enjoyment (do not count schoolbooks)	☐	☐	☐	☐	☐
d) Go out in the evening (to a disco, cafe, party etc)	☐	☐	☐	☐	☐
e) Other hobbies (play an instrument, sing, draw, write)	☐	☐	☐	☐	☐
f) Go around with friends to shopping centres, streets, parks etc just for fun	☐	☐	☐	☐	☐
g) Use the Internet for leisure activities (chats, music, games, social networks, videos etc)	☐	☐	☐	☐	☐
h) Play on slot machines (the kind in which you may win money)	☐	☐	☐	☐	☐
	1	2	3	4	5

C04

During the LAST 30 DAYS on how many days have you missed one or more lessons?
Mark one box for each line.

	None	1 day	2 days	3–4 days	5–6 days	7 days or more
a) Because of illness	☐	☐	☐	☐	☐	☐
b) Because you skipped or "cut"	☐	☐	☐	☐	☐	☐
c) For other reasons	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

The following questions are about cigarette smoking

C05

How difficult do you think it would be for you to get cigarettes if you wanted?

1 ☐ Impossible
2 ☐ Very difficult
3 ☐ Fairly difficult
4 ☐ Fairly easy
5 ☐ Very easy
6 ☐ Don't know

C06 **On how many occasions (if any) during your lifetime have you smoked cigarettes?**

Number of occasions

0	1–2	3–5	6–9	10–19	20–39	40 or more
☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7

C07 **How frequently have you smoked cigarettes during the LAST 30 DAYS?**

1 ☐ Not at all
2 ☐ Less than 1 cigarette per week
3 ☐ Less than 1 cigarette per day
4 ☐ 1–5 cigarettes per day
5 ☐ 6–10 cigarettes per day
6 ☐ 11–20 cigarettes per day
7 ☐ More than 20 cigarettes per day

C08 **When (if ever) did you FIRST do each of the following things?**
Mark one box for each line.

	Never	9 years old or less	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old	16 years or older
a) Smoke your first cigarette	☐	☐	☐	☐	☐	☐	☐	☐	☐
b) Smoke cigarettes on a daily basis	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9

**The next questions are about alcoholic beverages
– including beer, cider, alcopops (premixed drinks), wine and spirits**

C09 **How difficult do you think it would be for you to get each of the following, if you wanted?**
Mark one box for each line.

	Impossible	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
a) Beer	☐	☐	☐	☐	☐	☐
b) Cider	☐	☐	☐	☐	☐	☐
c) Alcopops	☐	☐	☐	☐	☐	☐
d) Wine	☐	☐	☐	☐	☐	☐
e) Spirits	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

C10 **On how many occasions (if any) have you had any alcoholic beverage to drink?**
Mark one box for each line.

Number of occasions

	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

C11 **Think back over the LAST 30 DAYS. On how many occasions (if any) have you had any of the following to drink?**
Mark one box for each line.

Number of occasions

	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) Beer	☐	☐	☐	☐	☐	☐	☐
b) Cider	☐	☐	☐	☐	☐	☐	☐
c) Alcopops	☐	☐	☐	☐	☐	☐	☐
d) Wine	☐	☐	☐	☐	☐	☐	☐
e) Spirits	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

The following questions are about the last day you drank alcohol

C12 **When was the last day you drank alcohol?**

1 ☐ I never drink alcohol
2 ☐ 1–7 days ago
3 ☐ 8–14 days ago
4 ☐ 15–30 days ago
5 ☐ 1 month – 1 year ago
6 ☐ More than 1 year ago

C13 **Think of the LAST DAY that you drank any alcohol. Which of the following beverages did you drink on that day?**
Mark all that apply.

1 ☐ I never drink alcohol
1 ☐ Beer
1 ☐ Cider
1 ☐ Alcopops
1 ☐ Wine
1 ☐ Spirits

C13a **If you drank beer that last day you drank any alcohol, how much did you drink?**

1 ☐ I never drink beer
2 ☐ I did not drink beer on the last day that I drank alcohol
3 ☐ Less than one regular bottle or can
4 ☐ 1-2 regular bottles or cans
5 ☐ 3-4 regular bottles or cans
6 ☐ More than 4 regular bottles or cans

OC13b **If you drank cider that last day you drank any alcohol, how much did you drink?**

1 ☐ I never drink cider

2 ☐ I did not drink cider on the last day that I drank alcohol

3 ☐ Less than one regular bottle or can

4 ☐ 1-2 regular bottles or cans

5 ☐ 3-4 regular bottles or cans

6 ☐ More than 4 regular bottles or cans

C13d **If you drank wine that last day you drank any alcohol, how much did you drink?**

1 ☐ I never drink wine

2 ☐ I did not drink wine on the last day that I drank alcohol

3 ☐ Less than 2 glasses

4 ☐ 2-3 glasses (about half a bottle)

5 ☐ 4-6 glasses

6 ☐ 6+ glasses (a bottle of wine or more)

OC13c **If you drank alcopops that last day you drank any alcohol, how much did you drink?**

1 ☐ I never drink alcopops

2 ☐ I did not drink alcopops on the last day that I drank alcohol

3 ☐ Less than one regular bottle or can

4 ☐ 1-2 regular bottles or cans

5 ☐ 3-4 regular bottles or cans

6 ☐ More than 4 regular bottles or cans

C13e **If you drank spirits that last day you drank any alcohol, how much did you drink?**

1 ☐ I never drink spirits

2 ☐ I did not drink spirits on the last day that I drank alcohol

3 ☐ Less than 2 drinks

4 ☐ 2-3 drinks

5 ☐ 4-6 drinks

6 ☐ More than 6 drinks

C13f **Please indicate on this scale from 1 to 10 how drunk you would say you were that last day you drank alcohol. (If you felt no effect at all you should mark "1".)**
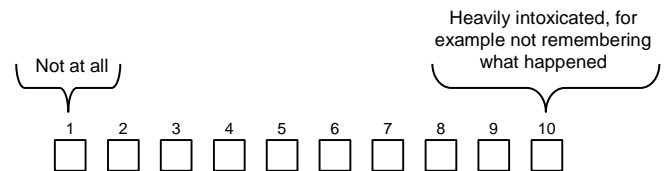
Not at all

Heavily intoxicated, for example not remembering what happened

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

☐ I never drink alcohol
11

C14 **Think back again over the LAST 30 DAYS. How many times (if any) have you had five or more drinks on one occasion? (A "drink" is a glass/bottle/can of beer, a bottle/can of cider, 2 glasses/bottles of alcopops, a glass of wine, a glass of spirits or a mixed drink].)**

1 ☐ None
2 ☐ 1
3 ☐ 2
4 ☐ 3–5
5 ☐ 6–9
6 ☐ 10 or more times

The next couple of questions are also about alcohol

C15 **On how many occasions (if any) have you been intoxicated from drinking alcoholic beverages, for example staggered when walking, not being able to speak properly, throwing up or not remembering what happened?**
Mark one box for each line.

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

C16 **When (if ever) did you FIRST do each of the following things?**
Mark one box for each line.

	Never	9 years old or less	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old	16 years or older
a) Drink beer (at least one glass)	☐	☐	☐	☐	☐	☐	☐	☐	☐
b) Drink cider (at least one glass)	☐	☐	☐	☐	☐	☐	☐	☐	☐
c) Drink alcopops (at least one glass)	☐	☐	☐	☐	☐	☐	☐	☐	☐
d) Drink wine (at least one glass)	☐	☐	☐	☐	☐	☐	☐	☐	☐
e) Drink spirits (at least one glass)	☐	☐	☐	☐	☐	☐	☐	☐	☐
f) Get drunk on alcohol	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9

C17 WHILE UNDER THE INFLUENCE OF ALCOHOL, how often during the LAST 12 MONTHS have you experienced the following?

Mark one box for each line.

☐ **I have not drunk any alcohol during the last 12 months** ⟶ **Please continue with question C18**

Number of occasions

	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) Physical fight	☐	☐	☐	☐	☐	☐	☐
b) Accident or injury	☐	☐	☐	☐	☐	☐	☐
c) Damaged or lost objects or clothing	☐	☐	☐	☐	☐	☐	☐
d) Serious arguments	☐	☐	☐	☐	☐	☐	☐
e) Victimized by robbery or theft	☐	☐	☐	☐	☐	☐	☐
f) Trouble with police	☐	☐	☐	☐	☐	☐	☐
g) Hospitalised or admitted to an emergency room because of severe intoxication	☐	☐	☐	☐	☐	☐	☐
h) Hospitalised or admitted to an emergency room because of accident or injury	☐	☐	☐	☐	☐	☐	☐
i) Engaged in sexual intercourse without a condom	☐	☐	☐	☐	☐	☐	☐
j) Being a victim of unwanted sexual advance	☐	☐	☐	☐	☐	☐	☐
k) Deliberately hurt yourself	☐	☐	☐	☐	☐	☐	☐
l) Driven a moped, car or other motor vehicle	☐	☐	☐	☐	☐	☐	☐
m) Being involved in an accident while driving yourself	☐	☐	☐	☐	☐	☐	☐
n) Been swimming in deep water (swimming pool, river, lake or sea)	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

C18 Have you experienced problems during the LAST 12 MONTHS that occurred because of someone else´s drinking?

Mark one or more boxes for each line

	No	Yes, a stranger	Yes, a friend or acquaintance	Yes, somebody else close to me
a) Has someone who had been drinking harassed or bothered you at a party or some other private setting?	☐	☐	☐	☐
b) Has someone who had been drinking harassed or bothered you on the street or in some public place?	☐	☐	☐	☐
c) Has someone who had been drinking harmed you physically?	☐	☐	☐	☐
d) Has someone who had been drinking ruined your clothes or other belongings?	☐	☐	☐	☐
e) Has someone who has been drinking been responsible for a traffic accident you were involved in?	☐	☐	☐	☐
f) Have you been a passenger with a driver who had had too much to drink?	☐	☐	☐	☐
g) Has someone who had been drinking made you afraid when you encountered them on the street?	☐	☐	☐	☐
	1	1	1	1

C19 In your view, does a person close to you drink excessively?

1 ☐ No

2 ☐ Yes ⟶ **Has this caused harm or problems in your life?**

        1 ☐ No

        2 ☐ Yes

Tranquillisers and sedatives, like benzos or tablets, are sometimes prescribed by doctors to help people to calm down, get to sleep or to relax. Pharmacies are not supposed to sell them without a prescription.

C20 **Have you ever taken tranquillisers or sedatives because <u>a doctor</u> told you to take them?**

1 ☐ No, never
2 ☐ Yes, but for less than 3 weeks
3 ☐ Yes, for 3 weeks or more

The next questions ask about marijuana or hashish (cannabis)

C21 **How difficult do you think it would be for you to get marijuana or hashish (cannabis) if you wanted?**

1 ☐ Impossible
2 ☐ Very difficult
3 ☐ Fairly difficult
4 ☐ Fairly easy
5 ☐ Very easy
6 ☐ Don't know

C22 **On how many occasions (if any) have you used marijuana or hashish (cannabis)?**
Mark one box for each line.

Number of occasions

	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

C23 **When (if ever) did you FIRST try marijuana or hashish (cannabis)?**

1 ☐ Never
2 ☐ 9 years old or less
3 ☐ 10 years old
4 ☐ 11 years old
5 ☐ 12 years old
6 ☐ 13 years old
7 ☐ 14 years old
8 ☐ 15 years old
9 ☐ 16 years or older

C24 **Have you ever had the possibility to try marijuana or hashish (cannabis) <u>without trying it</u>?**

1 ☐ No
2 ☐ Yes ⟶ **How many times has this happened in your life?**

1 ☐ 1–2
2 ☐ 3–5
3 ☐ 6–9
4 ☐ 10–19
5 ☐ 20–39
6 ☐ 40 or more

C25 **How difficult do you think it would be for you to get each of the following, if you wanted?**
Mark one box for each line.

	Impossible	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
a) Amphetamines (speed, uppers)	☐	☐	☐	☐	☐	☐
b) Methamphetamines (crystal meth)	☐	☐	☐	☐	☐	☐
c) Tranquillisers or sedatives (benzos, tablets)	☐	☐	☐	☐	☐	☐
d) Ecstasy (MDMA, Molly)	☐	☐	☐	☐	☐	☐
e) Cocaine (coke)	☐	☐	☐	☐	☐	☐
f) Crack	☐	☐	☐	☐	☐	☐
g) Heroin (gear)	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

C26 **On how many occasions (if any) have you used ecstasy (MDMA, Molly)?**
Mark one box for each line.

Number of occasions

	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

C27 **On how many occasions (if any) have you used amphetamines (speed, uppers)?**
Mark one box for each line.

Number of occasions

	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

C28 **On how many occasions (if any) have you used methamphetamines (meth, crystal)?**
Mark one box for each line.

Number of occasions

	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

C29 **On how many occasions (if any) have you used cocaine?**
Mark one box for each line.

Number of occasions

	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

C30 **On how many occasions (if any) have you used crack?**
Mark one box for each line.

Number of occasions

	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

C31 **On how many occasions (if any) have you used inhalants [glue, aerosol, paint] to get high?**
Mark one box for each line.

Number of occasions

	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime..	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days...	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

C32 **On how many occasions in your lifetime (if any) have you used any of the following drugs?**
Mark one box for each line.

Number of occasions

	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) Tranquillisers or sedatives (without a doctor's prescription).......	☐	☐	☐	☐	☐	☐	☐
b) LSD or some other hallucinogens	☐	☐	☐	☐	☐	☐	☐
c) Relevin...	☐	☐	☐	☐	☐	☐	☐
d) Heroin	☐	☐	☐	☐	☐	☐	☐
e) "Magic mushrooms"	☐	☐	☐	☐	☐	☐	☐
f) GHB..	☐	☐	☐	☐	☐	☐	☐
g) Anabolic steroids..	☐	☐	☐	☐	☐	☐	☐
h) Drugs by injection with a needle (like heroin, cocaine, amphetamine, steroids)...	☐	☐	☐	☐	☐	☐	☐
i) Alcohol together with pills (medicaments) in order to get high	☐	☐	☐	☐	☐	☐	☐
j) Painkillers in order to get high…………………………...............	☐	☐	☐	☐	☐	☐	☐

C33 **When (if ever) did you FIRST do each of the following things?**
Mark one box for each line.

	Never	9 years old or less	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old	16 years or older
a) Try tranquillisers or sedatives (without a doctor's prescription)	☐	☐	☐	☐	☐	☐	☐	☐	☐
b) Try amphetamines or methamphetamines	☐	☐	☐	☐	☐	☐	☐	☐	☐
c) Try cocaine or crack	☐	☐	☐	☐	☐	☐	☐	☐	☐
d) Try ecstasy, MDMA...................................	☐	☐	☐	☐	☐	☐	☐	☐	☐
e) Try inhalants (glue, aerosol, paint) in order to get high...............................	☐	☐	☐	☐	☐	☐	☐	☐	☐
f) Try alcohol together with pills (medicaments) in order to get high......................	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9

The next questions ask about new substances

C34 **New substances that imitate the effects of illicit drugs [such as cannabis or ecstasy] may now be sometimes available. They are sometimes called 'legal highs' and can come in different forms, for example – herbal mixtures, powders, crystals or tablets.**

Have you <u>ever used</u> such substances?

1 ☐ Yes, I have used such substances

2 ☐ No, I never used such substances

3 ☐ Don't know/ Not sure

C35 **What was the appearance/form of the new substance you used in the LAST 12 MONTHS?**
Mark one or more boxes.

1 ☐ I have not used such substances in the last 12 months

1 ☐ Herbal smoking mixtures with drug-like effects

1 ☐ Powders, crystals or tablets with drug-like effects

1 ☐ Liquids with drug-like effects

1 ☐ Other

The next questions ask about various substances

C36 **How much do you think PEOPLE RISK harming themselves (physically or in other ways), if they …**
Mark one box for each line.

	No risk	Slight risk	Moderate risk	Great risk	Don't know
a) smoke cigarettes occasionally	☐	☐	☐	☐	☐
b) smoke one or more packs of cigarettes per day	☐	☐	☐	☐	☐
c) have one or two drinks nearly every day	☐	☐	☐	☐	☐
d) have four or five drinks nearly every day	☐	☐	☐	☐	☐
e) have five or more drinks in one occasion nearly each weekend	☐	☐	☐	☐	☐
f) try marijuana or hashish (cannabis) once or twice	☐	☐	☐	☐	☐
g) smoke marijuana or hashish (cannabis) occasionally	☐	☐	☐	☐	☐
h) smoke marijuana or hashish (cannabis) regularly	☐	☐	☐	☐	☐
i) try ecstasy once or twice	☐	☐	☐	☐	☐
j) take ecstasy regularly	☐	☐	☐	☐	☐
k) try an amphetamine (uppers, pep pills, bennie, speed) once or twice	☐	☐	☐	☐	☐
l) take amphetamines regularly	☐	☐	☐	☐	☐
	1	2	3	4	5

The next questions ask about Internet, gaming and gambling

C37 **During the LAST 7 DAYS, which days (if any) were you on the Internet (on a computer, tablet, smartphone, console or any other electronic device)? Please include all kinds of Internet activities.**
Mark one or more boxes.

None	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
☐	☐	☐	☐	☐	☐	☐	☐
1	1	1	1	1	1	1	1

C38 **During the LAST 7 DAYS, how many hours (if any) were you on the Internet (on a computer, tablet, smartphone, console or any other electronic device) on a TYPICAL WEEKDAY and a TYPICAL WEEKEND DAY? Please include all kinds of Internet activities.**
Mark one box for each line.

	None	Half an hour or less	About 1 hour	About 2-3 hours	About 4-5 hours	6 hours or more
a) Typical weekday (Monday-Thursday)	☐	☐	☐	☐	☐	☐
b) Typical weekend day (Friday-Sunday)	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

C39 **During the LAST 7 DAYS, on how many days (if any) were you on the Internet?**
Mark one box for each line.

	None	1 day	2 days	3 days	4 days	5 days	6 days	7 days
a) On Social Media (communicating with others on the Internet, using for example WhatsApp, Twitter, Facebook, Skype, Blogs, Snapchat, Instagram, etc)	☐	☐	☐	☐	☐	☐	☐	☐
b) Playing online games (war, strategy and first-person shooter games, World of Warcraft, Call of Duty, Grand Theft Auto, MMO, MMORPG etc)	☐	☐	☐	☐	☐	☐	☐	☐
c) Playing games in which you may win money (poker, scratch, dice, new slot etc)	☐	☐	☐	☐	☐	☐	☐	☐
d) Reading, surfing, searching for information etc	☐	☐	☐	☐	☐	☐	☐	☐
e) Streaming/downloading music, videos, films etc	☐	☐	☐	☐	☐	☐	☐	☐
f) Searching for, selling or buying products, games, books etc (Amazon, Ebay etc)	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8

C40 **During the LAST 30 DAYS, how many hours (if any) did you spend on the Internet on a TYPICAL DAY?**
Mark one box for each line.

	None	Half an hour or less	About 1 hour	About 2-3 hours	About 4-5 hours	6 hours or more
a) On Social Media (communicating with others on the Internet, using for example WhatsApp, Twitter, Facebook, Skype, Blogs, Snapchat, Instagram, Kik etc)	☐	☐	☐	☐	☐	☐
b) Playing online games (war, strategy and first-person shooter games, World of War craft, Call of Duty, Grand Theft Auto, MMO, MMORPG etc)	☐	☐	☐	☐	☐	☐
c) Playing games in which you may win money (poker, scratch, dice, new slot etc)	☐	☐	☐	☐	☐	☐
d) Reading, surfing, searching for information etc	☐	☐	☐	☐	☐	☐
e) Streaming/downloading music, videos, films etc	☐	☐	☐	☐	☐	☐
f) Searching for, selling or buying products, games, books etc [Amazon, Ebay etc]	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

C41 **How much do you agree or disagree with the following statements on Social Media (communicating with others on the Internet, using for example WhatsAapp, Twitter, Facebook, Skype, Blogs, Snapchat, Instagram etc).**
Mark one box for each line.

	Strongly agree	Partly agree	Neither nor	Partly disagree	Strongly disagree
a) I think I spend way too much time on Social Media	☐	☐	☐	☐	☐
b) I get in bad mood when I cannot spend time on Social Media	☐	☐	☐	☐	☐
c) My parents say that I spend way too much time on Social Media	☐	☐	☐	☐	☐
	1	2	3	4	5

12

C42 **How much do you agree or disagree with the following statements about gaming on a computer, tablet, console, smartphone or other electronic device?**
Mark one box for each line.

	Strongly agree	Partly agree	Neither nor	Partly disagree	Strongly disagree
a) I think I spend way too much time playing games	☐	☐	☐	☐	☐
b) I get in bad mood when I cannot spend time on games	☐	☐	☐	☐	☐
c) My parents say that I spend way too much time on gaming	☐	☐	☐	☐	☐
	1	2	3	4	5

C43 **How often (if ever) did you gamble money in the LAST 12 MONTHS?**

1 ☐ I have not gambled money during the last 12 months
2 ☐ Monthly or less
3 ☐ 2-4 times a month
4 ☐ 2-3 times a week
5 ☐ 4-5 times a week
6 ☐ 6 or more times a week

C44 **If you have gambled money in the LAST 12 MONTHS, which games have you played ON THE INTERNET?**
Mark one box for each line.

	I have not played these games	Monthly or less	2-4 times a months	2-3 times a week	4-5 time a week	6 or more times a week
a) Slot machines (fruit machine, new slot etc)	☐	☐	☐	☐	☐	☐
b) Play card or dice (poker, bridge, dice etc)	☐	☐	☐	☐	☐	☐
c) Lotteries (scratch, bingo, keno etc)	☐	☐	☐	☐	☐	☐
d) Betting on sports or animals (horses, dogs etc)	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

C45 **If you have gambled money in the LAST 12 MONTHS, which games have you played NOT ON THE INTERNET (in traditional settings)?**
Mark one box for each line.

	I have not played these games	Monthly or less	2-4 times a months	2-3 times a week	4-5 time a week	6 or more times a week
a) Slot machines (fruit machine, new slot etc)	☐	☐	☐	☐	☐	☐
b) Play card or dice (poker, bridge, dice etc)	☐	☐	☐	☐	☐	☐
c) Lotteries (scratch, bingo, keno etc)	☐	☐	☐	☐	☐	☐
d) Betting on sports or animals (horses, dogs etc)	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

The next questions ask about your parents. If mostly foster parents, step-parents or others brought you up answer for them. For example, if you have both a stepfather and a natural father, answer for the one that is the most important in bringing you up

C46 **In which country were you and your parents born?**
Mark one box for each line.

	Ireland	UK	Poland	Nigeria	Lithuania	Other country (please write in)
a) Yourself	☐	☐	☐	☐	☐	☐ _____
b) Your mother	☐	☐	☐	☐	☐	☐ _____
c) Your father	☐	☐	☐	☐	☐	☐ _____
	1	2	3	4	5	6

I01 **Are you ever treated badly or unfairly because of your skin colour, ethnicity, religion, or birth country?**

1 ☐ Everyday
2 ☐ On a weekly basis
3 ☐ On a monthly basis
4 ☐ It has happened once or twice
5 ☐ Never

C47 **What is the highest level of schooling your father completed?**

1 ☐ Completed primary school or less
2 ☐ Some secondary school
3 ☐ Completed secondary school
4 ☐ Some college or university
5 ☐ Completed college or university
6 ☐ Don't know
7 ☐ Does not apply

C48 **What is the highest level of schooling your mother completed?**

1 ☐ Completed primary school or less
2 ☐ Some secondary school
3 ☐ Completed secondary school
4 ☐ Some college or university
5 ☐ Completed college or university
6 ☐ Don't know
7 ☐ Does not apply

C49 **How well off is your family compared to other families in your country?**

1 ☐ Very much better off
2 ☐ Much better off
3 ☐ Better off
4 ☐ About the same
5 ☐ Less well off
6 ☐ Much less well off
7 ☐ Very much less well off

C50 **Which of the following people live in the same household with you?**
Mark all that apply.

1 ☐ I live alone　　　　1 ☐ Brother(s)
1 ☐ Father　　　　　　1 ☐ Sister(s)
1 ☐ Stepfather　　　　1 ☐ Grandparent(s)
1 ☐ Mother　　　　　　1 ☐ Other relative(s)
1 ☐ Stepmother　　　　1 ☐ Non-relative(s)

C51 **How often do the following statements apply to you?**
Mark one box for each line.

	Almost always	Often	Some-times	Seldom	Almost never
a) My parent(s) set definite rules about what I can do at home	☐	☐	☐	☐	☐
b) My parent(s) set definite rules about what I can do outside the home	☐	☐	☐	☐	☐
c) My parent(s) know whom I am with in the evenings	☐	☐	☐	☐	☐
d) My parent(s) know where I am in the evenings	☐	☐	☐	☐	☐
e) I can easily get warmth and caring from my mother and/or father	☐	☐	☐	☐	☐
f) I can easily get emotional support from my mother and/or father	☐	☐	☐	☐	☐
g) I can easily borrow money from my mother and/or father	☐	☐	☐	☐	☐
h) I can easily get money as a gift from my mother and/or father	☐	☐	☐	☐	☐
i) I can easily get warmth and caring from my best friend	☐	☐	☐	☐	☐
j) I can easily get emotional support from my best friend	☐	☐	☐	☐	☐
	1	2	3	4	5

C52 **Do your parents know where you spend Saturday nights?**

1 ☐ Know always
2 ☐ Know quite often
3 ☐ Know sometimes
4 ☐ Usually don't know

C53 **If you had ever used marijuana or hashish (cannabis), do you think that you would have said so in this questionnaire?**

1 ☐ I already said that I have used it
2 ☐ Definitely yes
3 ☐ Probably yes
4 ☐ Probably not
5 ☐ Definitely not

This section includes some more questions about cannabis

MA1 **Have you used cannabis during the LAST 12 MONTHS?**

1 ☐ No
2 ☐ Yes → **Has the following happened to you during the LAST 12 MONTHS?**
Mark one box for each line.

	Never	Rarely	From time to time	Fairly often	Very often
a) Have you smoked cannabis before midday?	☐	☐	☐	☐	☐
b) Have you smoked cannabis when you were alone?	☐	☐	☐	☐	☐
c) Have you had memory problems when you smoked cannabis?	☐	☐	☐	☐	☐
d) Have friends or members of your family told you that you ought to reduce or stop your cannabis use?	☐	☐	☐	☐	☐
e) Have you tried to reduce or stop your cannabis use without succeeding?	☐	☐	☐	☐	☐
f) Have you had problems because of your use of cannabis (argument, fight, accident, bad result at school, etc)? Which:	☐	☐	☐	☐	☐
	1	2	3	4	5

MA2

Are you part of a group of friends where using cannabis is part of your behaviour when you meet?

1 ☐ No
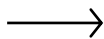
2 ☐ Yes ⟶ **How often per month do you meet with members of this group?**

    1 ☐ (Almost) daily

    2 ☐ 3–4 times a week

    3 ☐ 1–2 times a week

    4 ☐ 1–3 times a month

    5 ☐ Less than once a month

The next questions are about yourself and what you think about others

O01 Which of the following best describes your average grade at the end of the last term?

1 ☐ A (100%-85%)

2 ☐ B (84%-70%)

1 ☐ C (69%-55%)

2 ☐ D (54%-40%)

1 ☐ F (Lower than 40%)

O02 How satisfied are you usually with …
Mark one box for each line.

	Very satisfied	Satisfied	Neither nor	Not so satisfied	Not at all satisfied	There is no such person
a) your relationship with your mother?	☐	☐	☐	☐	☐	☐
b) your relationship with your father?	☐	☐	☐	☐	☐	☐
c) your relationship with your friends?	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

O03 What do you think your mother's reaction would be if you do the following things?
Mark one box for each line.

	She would not allow it	She would discourage it	She would not mind	She would approve of it	Don't know
a) Get drunk	☐	☐	☐	☐	☐
b) Use marijuana/hashish	☐	☐	☐	☐	☐
c) Use ecstasy	☐	☐	☐	☐	☐
	1	2	3	4	5

O04 What do you think your father's reaction would be if you do the following things?
Mark one box for each line.

	He would not allow it	He would discourage it	He would not mind	He would approve of it	Don't know
a) Get drunk	☐	☐	☐	☐	☐
b) Use marijuana/hashish	☐	☐	☐	☐	☐
c) Use ecstasy	☐	☐	☐	☐	☐
	1	2	3	4	5

O05

How many of your friends would you estimate…
Mark one box for each line.

	None	A few	Some	Most	All
a) smoke cigarettes	☐	☐	☐	☐	☐
b) drink alcoholic beverages (beer, cider, alcopops, wine, spirits)	☐	☐	☐	☐	☐
c) get drunk	☐	☐	☐	☐	☐
d) smoke marijuana or hashish (cannabis)	☐	☐	☐	☐	☐
e) take tranquillisers or sedatives (without a doctor's prescription)	☐	☐	☐	☐	☐
f) take ecstasy	☐	☐	☐	☐	☐
g) use inhalants	☐	☐	☐	☐	☐
	1	2	3	4	5

Now follow another few questions about smoking and tobacco

O06 Have you ever used e-cigarettes or water pipe?
Mark one box for each line.

	Yes, in the last 30 days	Yes, in the last 12 months	Yes, but more than 12 months ago	Never
a) Water pipe	☐	☐	☐	☐
b) E- cigarettes	☐	☐	☐	☐
	1	2	3	4

O07 When (if ever) did you FIRST do each of the following things?
Mark one box for each line.

	Never	9 years old or less	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old	16 years or older
a) Use your first e-cigarette	☐	☐	☐	☐	☐	☐	☐	☐	☐
b) Use e-cigarettes on a daily basis	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9

I02 Why did you try e-cigarettes for the first time?
Tick all that apply

a) to try to quit smoking tobacco ☐
b) as an alternative to smoking tobacco ☐
c) because your friends were using e-cigarettes ☐
d) because you were curious ☐
e) I don't know ☐
f) I've never tried e-cigarettes ☐
g) Other: _____

I03 When you first tried an e-cigarette, what was your relationship with tobacco?

a) I had never smoked tobacco ☐ 1
b) I had tried tobacco but didn't use it regularly ☐ 2
c) I smoked tobacco occasionally ☐ 3
d) I smoked tobacco regularly ☐ 4
e) I've never tried an e-cigarette ☐ 5

O08 **This question is about alcohol consumption during the LAST 7 DAYS.**

Please pay attention to the sizes of the bottles and glasses!

Please answer every question. If you have not had a beverage, indicate 0.

a. **On how many days (if any) have you had <u>any alcoholic drink</u>?**

In the last 7 days I have had **alcoholic drinks** on ⬜ days
(0 = none, 7 = every day)

b. **How many bottles or glasses of <u>beer</u> have you had?**

In the last 7 days I have had ⬜ glasses or bottles of beer
(0 = haven't had any beer)

1 small bottle or **1** small glass of beer **= 0,33l**

c. **How many glasses of <u>wine or sparkling wine</u> have you had?**

In the last 7 days I have had ⬜ glasses of **wine or sparkling wine**
(0 = haven't had any wine or sparkling wine)

1 small glass of wine or sparkling wine **= 0.1l**

d. **How many glasses of <u>spirits</u> have you had?**

In the last 7 days I have had ⬜ glasses of **spirits**
(0 = haven't had any spirits)

1 glass of spirits **= 0,04l**

e. **How many glasses of <u>alcoholic mixed drinks</u> have you had?**

In the last 7 days I have had ⬜ glasses of **alcoholic mixed drinks**
(0 = haven't had any alcoholic mixed drinks)

1 glass of alcoholic mixed drink **= 0,33l**

O09 **Think back over the LAST 30 DAYS. On how many occasions (if any) have you bought beer, cider, alcopops, wine or spirits in a shop (grocery store, off license, or petrol station) for your own consumption (off-premise)?**

Mark one box for each line.

Number of occasions

	0	1–2	3–5	6–9	10–19	20 or more
a) Beer	⬜	⬜	⬜	⬜	⬜	⬜
b) Cider	⬜	⬜	⬜	⬜	⬜	⬜
c) Alcopops	⬜	⬜	⬜	⬜	⬜	⬜
d) Wine	⬜	⬜	⬜	⬜	⬜	⬜
e) Spirits	⬜	⬜	⬜	⬜	⬜	⬜
	1	2	3	4	5	6

O10 **Think back once more over the LAST 30 DAYS. On how many occasions (if any) have you drunk beer, cider, alcopops, wine or spirits in a pub, bar, restaurant or disco (on-premise)?**
Mark one box for each line.

Number of occasions

	0	1–2	3–5	6–9	10–19	20 or more
a) Beer	☐	☐	☐	☐	☐	☐
b) Cider	☐	☐	☐	☐	☐	☐
c) Alcopops	☐	☐	☐	☐	☐	☐
d) Wine	☐	☐	☐	☐	☐	☐
e) Spirits	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

O11 **Think of that last day on which you drank alcohol. Where were you when you drank?**
Mark all that apply.

1 ☐ I never drink alcohol

1 ☐ At home

1 ☐ At someone else's home

1 ☐ Out on the street, in a park, beach or other open area

1 ☐ At a bar or a pub

1 ☐ In a disco

1 ☐ In a restaurant

1 ☐ Other places (please describe) …………………………………………………………….....................................………………

O12 **In the LAST 12 MONTHS, how often did you drink …**
Mark one box for each line.

	Never	Seldom	Sometimes	Mostly	Always
a) because it helps you enjoy a party	☐	☐	☐	☐	☐
b) because it helps you when you feel depressed or nervous	☐	☐	☐	☐	☐
c) to cheer up when you're in a bad mood	☐	☐	☐	☐	☐
d) because you like the feeling	☐	☐	☐	☐	☐
e) to get high	☐	☐	☐	☐	☐
f) because it makes social gatherings more fun	☐	☐	☐	☐	☐
g) to fit in with a group you like	☐	☐	☐	☐	☐
h) because it improves parties and celebrations	☐	☐	☐	☐	☐
i) to forget about your problems	☐	☐	☐	☐	☐
j) because it's fun	☐	☐	☐	☐	☐
k) to be liked	☐	☐	☐	☐	☐
l) so you won´t feel left out ……	☐	☐	☐	☐	☐
	1	2	3	4	5

Appendix 3: Data Cleaning

The standard data cleaning procedure used for ESPAD includes disregarding questionnaires missing the key demographic variables of age or sex, or where fewer than half of the core items have been answered (10 cases) (Hibell, et al, 2012). At the point of data entry, 4 questionnaires had been flagged due to the 'obviously not serious' manner in which they were filled in, and questionnaires containing patterns of extreme, low-frequency responses (or 'mischievous responders') were removed, as described below.

Repetitive Extreme Answers

When looking for patterns of extreme, low-frequency responses, one of ESPAD's key set of outcomes, the lifetime prevalence (LTP) of eight 'core' substances and behaviours, was examined first. These eight core outcomes consist of smoking, drinking, drunkenness and the use of cannabis, ecstasy, inhalants, tranquilisers, and the dummy drug, Relevin. The extreme category in question was 40 or more occasions during the respondents' lifetime and the number of times each respondent provided this answer was calculated, ranging from zero to eight.

Sum	Frequency	Percent
None	1266	85.4%
1	120	8.1%
2	49	3.3%
3	31	2.1%
4	10	0.7%
5	3	0.2%
6	1	0.1%
7	2	0.1%
8	1	0.1%
Total	1483	100.0%

Table 3A.1: Reports of using 8 core substances on 40+ occasions

A further thirteen items were examined in this way to form a separate scale ranging from zero to thirteen. These substances and behaviours consisted of amphetamines, methamphetamines, cocaine, crack, tranquilisers/sedatives, hallucinogens, heroin, magic mushrooms, GHB, anabolic steroids, injection, alcohol combined with pills and painkillers. The frequencies of responses reporting 40 or more uses of these 21 substances were very low, except for smoking a cigarette or drinking alcohol. These 2 behaviours were therefore removed as not being a 'low frequency' extreme response. The sums for the remaining six core substances and the thirteen extra substances were combined to create the final indicator (Table 3A.2).

Cases that scored five or more on this scale were excluded; 11 respondents were removed from the analysis. Table 3A.3 shows the number of students reporting 40 or more uses of each substance before and after the mischievous responders were excluded.

Sum	Frequency	Percent
None	1392	93.9%
1	59	4.0%
2	12	0.8%
3	7	0.5%
4	2	0.1%
5	1	0.1%
7	1	0.1%
10	1	0.1%
11	1	0.1%
15	1	0.1%
16	3	0.2%
17	2	0.1%
18	1	0.1%
Total	1483	100.0%

Table 3A.2: Reports of using 6 core and 13 additional substances on 40+ occasions

Substance	MRs Included		MRs Removed	
	N	**% of 1483**	**N**	**% of 1472**
1. Drunkenness	27	1.8%	21	1.4%
2. Cannabis	65	4.4%	57	3.8%
3. Ecstasy	10	0.7%	3	0.2%
4. Inhalants	15	1.0%	6	0.4%
5. Tranquilisers	12	0.8%	4	0.3%
6. Relevin (fictitious)	8	0.5%	0	0.0%
7. Amphetamines	11	0.7%	4	0.3%
8. Methamphetamines	11	0.7%	4	0.3%
9. Cocaine	9	0.6%	1	0.1%
10. Crack	9	0.6%	1	0.1%
11. Tranquilisers/sedatives	12	0.8%	4	0.3%
12. LSD	9	0.6%	1	0.1%
13. Heroin	8	0.5%	0	0.0%
14. Magic mushrooms	10	0.7%	2	0.1%
15. GHB	8	0.5%	0	0.0%
16. Anabolic steroids	10	0.7%	2	0.1%
17. Injection	7	0.5%	0	0.0%
18. Alcohol with pills	8	0.5%	0	0.0%
19. Painkillers	11	0.7%	2	0.1%

Table 3A.3: Reports of using 6 core and 13 additional substances on 40+ occasions

Reliability

There are two commonly-used approaches to measure the reliability of the ESPAD questionnaire (ESPAD, 2011). The first approach examines pairs of answers regarding lifetime use of various substances for inconsistencies. One question directly concerns lifetime prevalence and the second concerns the age at which the substance was first used, with the

Substance	Inconsistencies		ESPAD 2011 (%)	
	(%)	**n**	**Ireland**	**Average**
Cigarettes	**2.3%**	34	2%	3%
Cannabis	**0.6%**	9	0%	1%
Ecstasy	**1.2%**	18	1%	1%
Inhalants	**4.4%**	64	4%	4%
Tranquilisers	**1.0%**	15	1%	2%
E-cigarettes	**2.8%**	39	-	-

Table 3A.4: Rate of inconsistency for 6 substances for ESPAD 2015 in Ireland and ESPAD 2011 (Ireland and international average)

option to respond that they had never used the substance. The rates of inconsistency ranged between 0.6% for cannabis and 4.4% for inhalants, with an average of 1.9% for cigarettes, cannabis, ecstasy, inhalants and tranquilisers (Table 3A.4). This was similar to the Irish and international average for ESPAD 2011, although the inconsistency rate was also calculated for the new item, e-cigarettes. While the inconsistency rate for e-cigarettes was higher than most

other substances, it was lower than for inhalants. It has been suggested that inhalants produce more inconsistency because respondents may not have a clear definition of this category, i.e. what substances can be inhaled (ESPAD, 2011). Similarly, since e-cigarettes are a relatively new product, there may be some confusion about what exactly constitutes an e-cigarette.

Instances of lower reported use on the age variable could be due to the lack of a 'do not remember' response category, as some students may have preferred to answer 'never' than guess an age if they were not certain (ESPAD, 2011). Further, students who have only used a substance once or twice may consider those occasions as experiments rather than beginning 'real' use, so may not have felt that the question was relevant to them. Overall, the rates of inconsistency were low, suggesting a high level of reliability.

The second measure of reliability involves the 'honesty question,' where respondents were asked 'If you had ever used marijuana or hashish, do you think you would have said so in this questionnaire?' with the option of responding 'I have already said I have used it.' An 'inconsistency quotient' can be calculated by dividing the number who reported that they already said they used it by those who reported lifetime use of cannabis. The closer the quotient is to one, the more consistent the responses.

The inconsistency quotient for this sample was 1.05, meaning that slightly more students answered they had already said they used cannabis than had reported lifetime use when asked directly. This question was more abstract and hypothetical than the other items, so may have been confusing to some students, leading to around 65 claiming that they had reported cannabis use without doing so on either the lifetime use or age of first use items. However, the proportion of inconsistency for the 'honesty question' was low, suggesting that there are not important reliability issues with cannabis.

Overall, both approaches used to examine reliability did not reveal any methodological problems and the inconsistency rates were satisfactory, suggesting high reliability of the Irish survey.

Validity

The Irish ESPAD survey has benefitted from the extensive testing and validity analysis conducted by the international ESPAD team and was able to perform three validity checks specific to the Irish responses. Firstly, the logical consistency that 30 day prevalence of a substance could not exceed the twelve month prevalence, and neither could exceed lifetime prevalence was confirmed. This was verified for smoking, drinking alcohol, getting drunk, smoking cannabis and inhalants.

Under-reporting of substance use was considered using the cannabis 'honesty question'. The risk of social desirability bias is particularly relevant when examining topics such as illegal drugs and risk behaviours (ESPAD, 2011). The 'honesty question' measured the proportion of students who would 'definitely not' report cannabis use on the ESPAD questionnaire if they had used it. The figure for this sample was moderately high at 12.1%, 170 students. This is higher than in 2011, when 10% of Irish respondents were unwilling to report cannabis use, in line with the international average. Although this level of unwillingness seems problematic, it is likely that

some of these students are strongly opposed to drugs and do not intend to use drugs, thus would not admit using cannabis on the questionnaire (ESPAD, 2011). Further, the question is hypothetical and students may respond differently if they tried cannabis and took part in a survey at a later date.

Over-reporting of substance use was examined using the fictitious drug, Relevin, which was included among real drugs in the questionnaire. A total of 26 students reported having used the drug, although fifteen of these had produced patterns of repetitive extreme answers and were removed as mischievous responders. Eleven students who had claimed to have used Relevin remained in the analysis, including 2 students who reported using it on 10 or more occasions. This comprises 0.75% of respondents, higher than the 2011 figure for Ireland (0.4%) but in line with the international average (0.7%). It has been suggested that the reported prevalence of Relevin could be interpreted as a baseline for plausibility and the first 0.75% of students treated sceptically (ESPAD, 2011). Overall, however, the prevalence of Relevin use suggests that over-reporting of substance use remains low in this sample.

Appendix 4: Birth Countries

Ireland

Western Europe
8. UK
9. Spain
10. France
11. Italy
12. Austria
13. Germany
14. Sweden
15. Portugal
16. Netherlands
17. Denmark
18. Belgium
19. Switzerland
20. Greece

Eastern Europe
- Poland
- Lithuania
- Russia
- Romania
- Moldova
- Georgia
- Bulgaria
- Czech
- Hungary
- Latvia
- Bosnia
- Ukraine
- Albania
- Slovakia

Sub-Saharan Africa
- Nigeria
- Sudan
- Botswana
- Ivory Coast
- South Africa
- Cameroon
- Kenya
- Zimbabwe

- Angola
- Congo
- Uganda
- Somalia
- Zambia
- Ghana
- Sierra Leone
- Gambia

Other
- USA
- Canada
- Australia
- New Zealand
- Fiji
- India
- Philippines
- China
- Malaysia
- Mongolia
- Korea
- Thailand
- Pakistan
- Sri Lanka
- Japan
- Vietnam
- Bangladesh
- Mauritius
- Saudi Arabia
- Kuwait
- Algeria
- Iraq
- Iran
- UAE
- Egypt
- Kuwait
- Libya
- Mexico
- Argentina
- Jamaica
- Paraguay
- Trinidad/Tobago
- Brazil

Appendix 5: Drinking Motivations

The 12 drinking motivation items were subject to Principal Components Analysis with Varimax rotation. The Kaiser-Meyer-Olkin value was .92, exceeding the recommended value of .6 and the Bartlett's Test of Sphericity reached statistical significance (p<.001), supporting the use of PCA. Three factors with Eigenvalues greater than 1 were extracted, and although investigation of a scree plot suggested only one component, it was decided to extract the three components for interpretability. After rotation, these three factors explained a total of 76.12% of the variance, with Component 1 contributing 31.35%, Component 2 contributing 24.7% and Component 3 contributing 20.07%.

The table below shows the factor loadings for the three components. As can be seen the first component loaded heavily on the positive, fun aspects of drinking and so was named 'Fun'. The second component loaded heavily on mood-altering and escapism items, and so was named 'Mood lifting'. The third component loaded heavily on items related to fitting in with peers and so was named 'Fitting in'.

Item	Component 1 'Fun'	Component 2 'Mood lifting'	Component 3 'Fitting in'
Improves parties	0.847		
Makes social gatherings more fun	0.845		
To enjoy parties	0.838		
It's fun	0.798		
Like the feeling	0.709		
Helps when feeling depressed or nervous		0.812	
To forget about problems		0.795	
To cheer up		0.787	
To get high		0.626	
Not to feel left out			0.843
To fit in			0.804
To be liked			0.804
% of variance	*31.35%*	*24.70%*	*20.07%*

Table 5A.1: Factor loadings for Principal Components Analysis with Varimax rotation of 12 drinking motivation items