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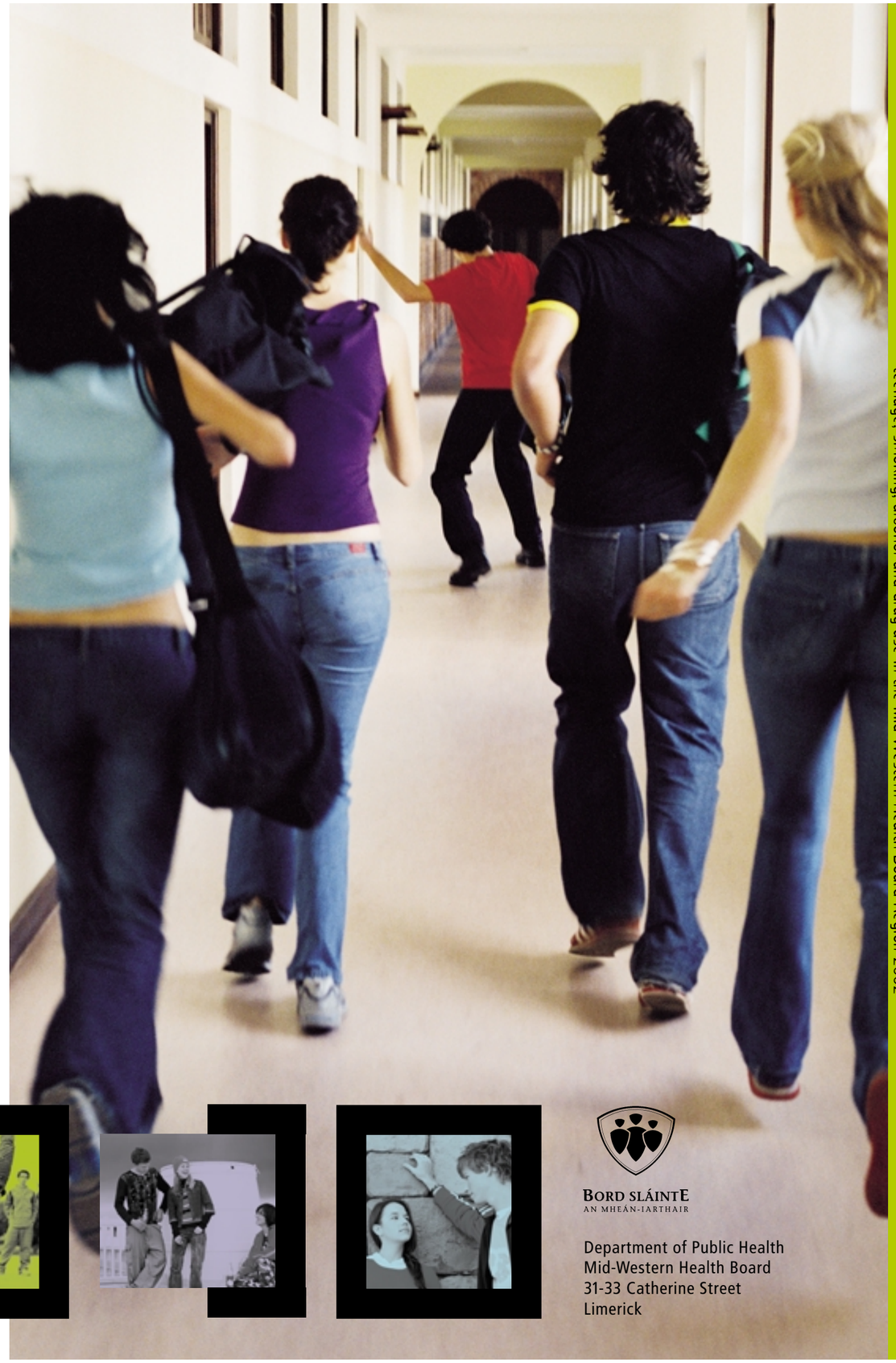

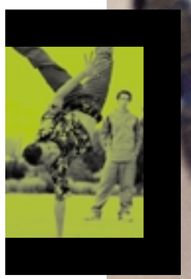

BORD SLÁINTE
AN MHEÁN-IARTHAIR

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Mid-Western Health Board
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Limerick

teenage, smoking, alcohol and drug use in the Mid-Western Health Board Region 2002

BORD SLÁINTE
AN MHEÁN-IARTHAIR

teenage smoking alcohol and drug use

in the Mid-Western Health Board Region 2002

January 2003
Department of Public Health
Mid-Western Health Board

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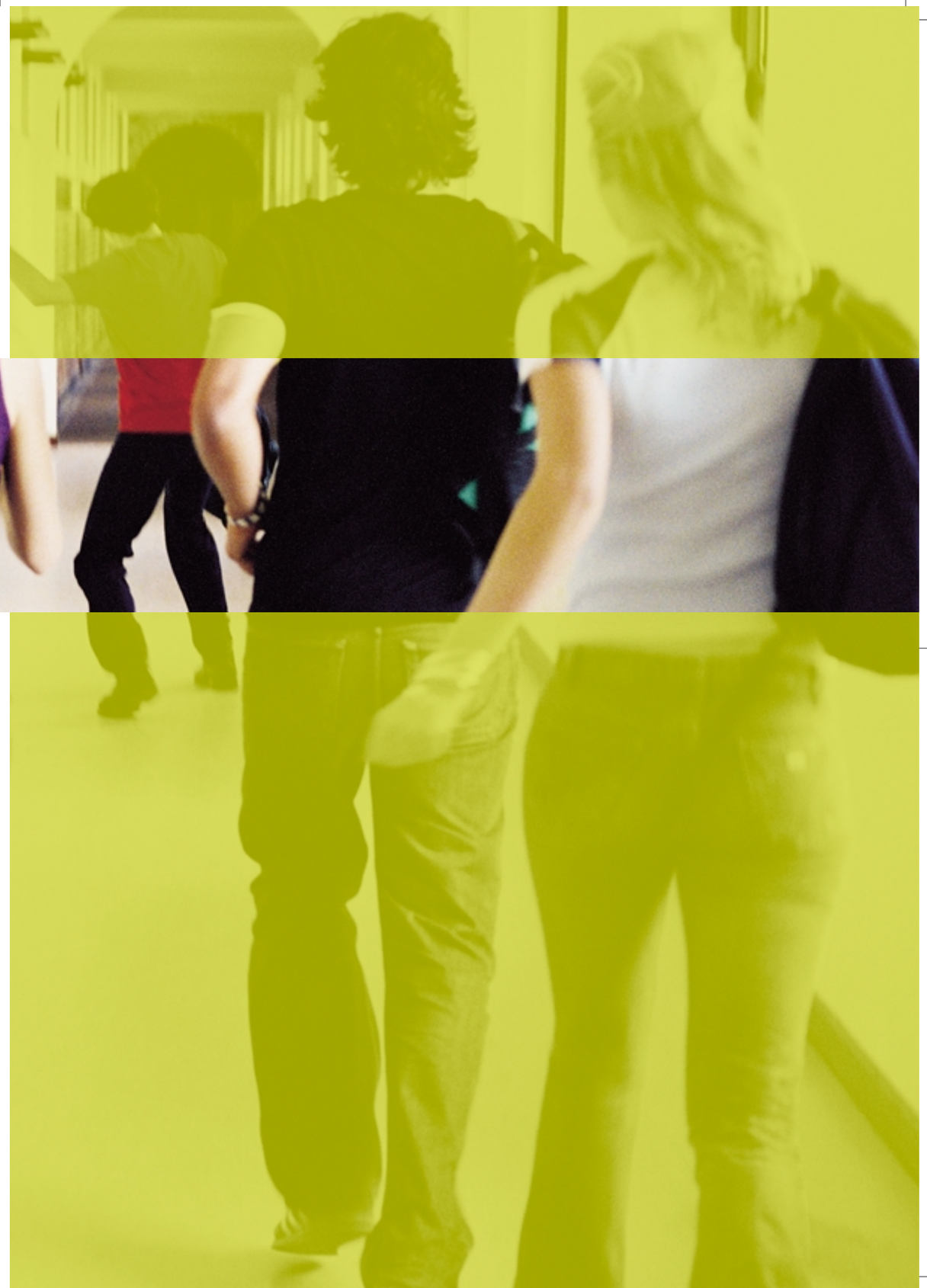
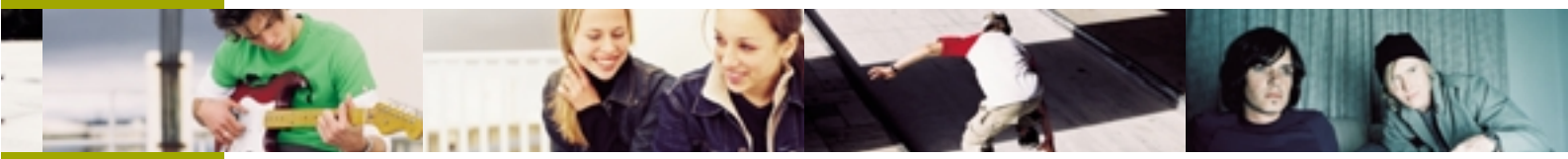
Introduction

A baseline survey of teenage smoking, drug and alcohol use in the Mid-Western Health Board region was conducted in 1998. This follow-up study was carried out in 2002 to measure the current levels of usage and determine how they compared to the previous findings.

Acknowledgements

We would like to thank all the participants in this study: the principals and teachers who facilitated the survey and all the students who participated honestly and enthusiastically, thereby making the research possible.

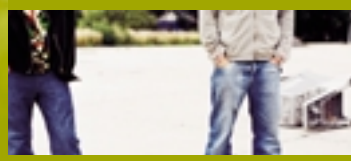




research questions

What is the prevalence of smoking, alcohol and other drug use among post-primary students in Counties Clare, Limerick and Tipperary NR?

What if any are the significant changes in smoking, alcohol and other drug use among these students since the previous survey in 1998?



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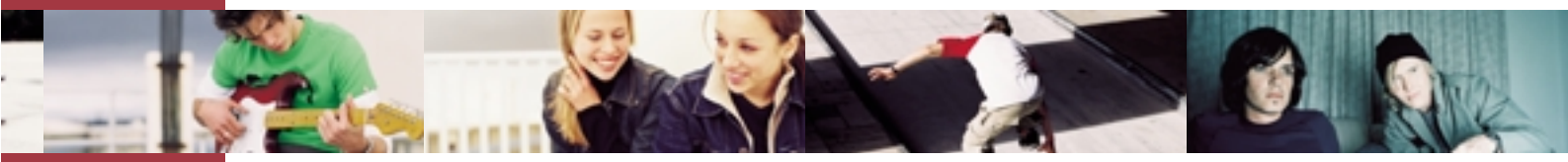
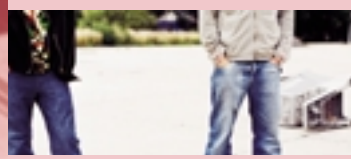


methodology



participants

The target population for this study was selected by a multistage stratified random sampling method. The Mid-west region was initially divided into four areas, Co. Clare, North Co. Tipperary, Co. Limerick and Limerick City and environs. The 69 schools were then stratified into male and female single sex schools, mixed secondary schools and vocational schools. A total of 23 schools was then proportionally and randomly selected within these strata. A total of 2297 post-primary school students from second year and pre-Leaving Cert. Years completed the questionnaire. These students were selected for three reasons: to allow direct comparison with the previous study by the Mid Western Health Board in 1998, because they were not in an examination year and thus were more accessible, and to allow some comparison with the 1999 ESPAD findings.

validity

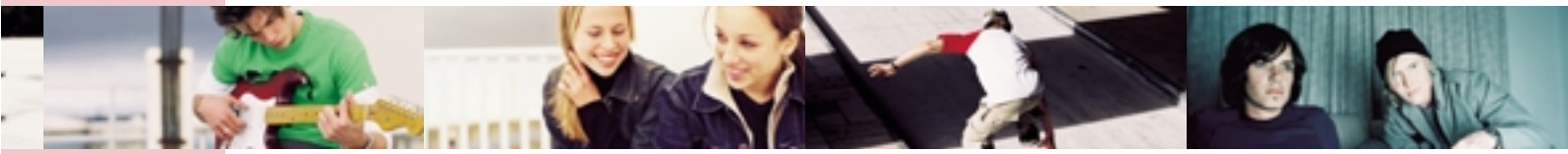
To ensure that the data collected was as accurate as possible and to minimise the chance of over reporting of drug use, two non-existent dummy drugs, "relevin" and "mexaval" were included in the questionnaire. Relevin has been used in several drug surveys and could be familiar to students, hence the inclusion of the second dummy drug. All respondents who reported using the dummy drugs were excluded from analysis. 18 students (0.78%) were excluded based on this criterion so that the final sample consisted of 2279 students. The ESPAD 1999 survey recorded that 0.4% of Irish students had reported relevin use.

questionnaire

The decision was taken to use the student questionnaire used in the ESPAD 1999 survey since this is a standardised school survey questionnaire agreed by collaborating international researchers. The core questions on smoking, drugs and alcohol allowed for direct comparison with the MWHB 1998 survey. The Child Depression Index questionnaire, which has been normed for Ireland, was appended.

Consultation was carried out with Health Promotion and Public Health departments to determine whether any further data should be collected specifically to inform policy and practice for the Mid-West region. Two questions on exercise were added to the background information collected and the section on cigarette smoking was expanded. Questions were also added to determine what was the favourite drug of use, what brand of cigarettes were used, the amount purchased and the cost of purchase. These questions were primarily included as honesty measures, but yielded interesting information on cigarette brand use.

The questionnaire was piloted in a school that had heard of the impending survey and had asked to be included. This school had not been chosen in the random selection so agreed to participate in the pilot study.



administration

The questionnaire was administered in a classroom situation by the researchers. Teachers were present at the survey in some of the schools. One school conducted the survey solely under the supervision of the teachers. All students were given an envelope for their completed questionnaire to preserve confidentiality. The researchers introduced the survey and stressed that the name of the student and school were not to be written on the form to ensure the confidentiality and anonymity of the responses. The researchers were present throughout the completion of the survey to answer any questions that might arise. In a couple of instances, where there were literacy problems, it was necessary to read through the questionnaire with the students to ensure that the questions were understood.

school co-operation

All the schools that were approached participated in the study. However, it should be noted that several schools, although they agreed to engage, stated that their students were being over surveyed through various projects. One school refused to allow the second year students to be surveyed, on the grounds that the children were too young, would have no knowledge of drugs and participating in the survey would stimulate an unhealthy interest in drugs.

student co-operation

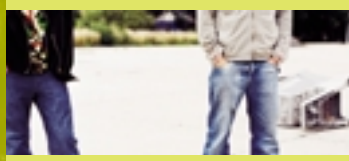
Student co-operation was generally good. The general pattern of behaviour was for initial comments and levity on the topic of the survey but then the majority of students became interested and worked seriously on the questions.

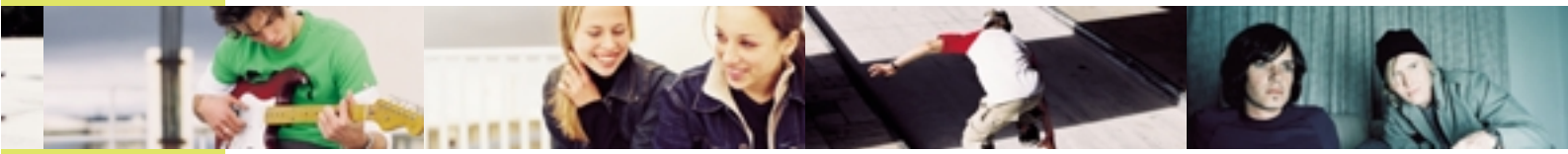
reliability of data

Reliability of data could be assessed from two measures within the questionnaire. One method was to look at the consistency of answers to lifetime use between two sets of questions for alcohol smoking and drugs. The other involved the "honesty question" with regard to cannabis. The students were asked whether they would give an affirmative reply in the questionnaire if they had ever used cannabis. The proportion of students who replied that they "have already said" that they had used it could then be compared to the rate for lifetime use. The closer the value of the ratio is to one means that the rates for the two answers were the same. ESPAD 99 reported an honesty quotient of 0.9 for Ireland and a quotient of 0.99 was obtained in this survey. Inconsistency measures are summarised below.

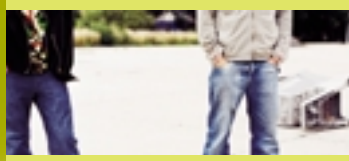
Percentage difference between students reporting lifetime use on two different questions

	Cigarettes	Been drunk	Cannabis	Inhalants
MWHB 2002	1.4	1.7	0.9	6.2
ESPAD 99	3.0	3.0	2.0	6.0





literature review



tobacco

The Global Burden of Disease study conducted by the Harvard School of Public Health and the World Health Organisation predicted that by 2020 the burden of disease attributable to tobacco would outweigh that caused by any single disease. Tobacco-attributable mortality is projected to increase from 3·0 million deaths in 1990 to 8·4 million deaths in 2020 (Murray and Lopez 1997). It is estimated that about 7000 people die in Ireland every year as a result of tobacco use. This figure represents 20% of the annual total deaths (Department of Health and Children 1999). In England, deaths from smoking are calculated at nearly 120,000 people annually, which is one in five of all deaths (Department of Health 1998). Smoking is the principle cause of inequalities in death rates between socio-economic classes (Department of Health 2002).

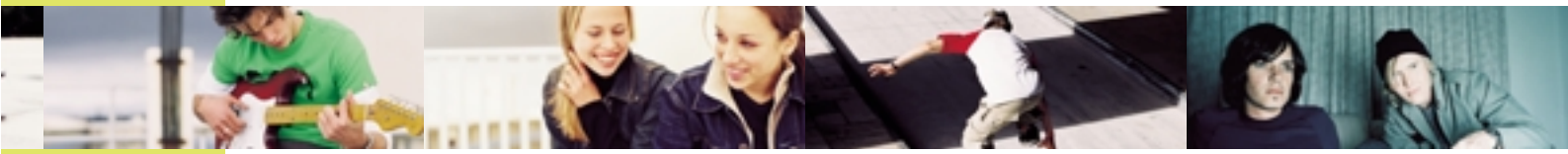
A major review of epidemiological data carried out in 2002 by the International Agency for Research on Cancer (IARC), the cancer agency for the World Health Organisation, indicated that the danger from active smoking was greater than previously believed. A 30-50% increase in risk for cancer of the stomach, liver, uterus, kidneys (renal cell carcinoma) and myeloid leukaemia has been linked to tobacco smoking. The report also states that passive exposure to environmental tobacco smoke (ETS) among "never smokers" has a definite link with lung cancer. The current global trend is for people to start smoking at a younger age (Dyer 2002). The report emphasises that:

"Smoking cessation, along with never starting to smoke, will remain the best ways to prevent cancer around the world in the 21st century, any possible public health gains from changes in cigarette composition would be minimal in comparison."

In a study of smoking among Irish teenage males it was concluded that most teenagers are unable to stop smoking because of nicotine addiction rather than unwillingness to do so (Moran, Maguire et al. 2000).

Cigarette smoking by adolescents is a major public health problem, since it exacerbates respiratory conditions, diminishes the growth of lung volume when the exposure occurs before the age of maximum lung growth and is an independent risk factor for lung cancer. There is evidence to suggest that smoking initiation at an early age is a greater cancer risk, independent of smoking intensity and years of smoking, due to cell mutation in underdeveloped tissue leading to malignant potential in later years. Therefore, if smoking is delayed in teenagers by even 1-2 years there could be a significant reduction in risk of lung cancer (Wiencke and Kelsey 2002).

The International Consultation on Tobacco and Youth noted that at least a third of teenage smokers would die prematurely as a result of smoking. The conference report highlighted the many concerns as follows. The tobacco industry regards the youth market as essential to the survival of the industry. The industry are aware that brand loyalties were established early and



maintained into adulthood and concentrate on direct marketing to youth, through advertising and sponsorship of sports events and music festivals with promotional advertising and free sampling and distribution of cigarettes. Marketing efforts are based on wide research into youth behaviour. Advertising uses the language of youth emphasising rebellion, coolness, individualism, control, sophistication and independence. There is an increasing trend for young female aged 18-24 years to smoke. Youth cessation interventions that recognise that youth smoking patterns differ from adult are vitally important as research shows that a high proportion of young smokers who want to quit have tried and failed. Out of school youth should be included in smoking cessation education. Effective methods of tobacco control are bans on advertising and promotion of cigarettes, limiting access to cigarettes and increasing prices. Aggressive anti-smoking media campaigns are effective in reducing cigarette consumption, especially if they focus on manipulation by the industry and ETS rather than health effects and cosmetic image (Bell, Hilson et al. 1999).

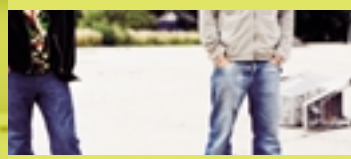
A report by the World Bank stated that:

"The most effective way to deter children from taking up smoking is to increase taxes on tobacco. High prices prevent some children and adolescents from starting and encourage those who already smoke to reduce their consumption"(World Bank 1999)

Research into tobacco use in young people is important in the design, implementation and evaluation of tobacco control and smoking prevention programmes. The Global Youth Tobacco Survey (GYTS) was established in 1998 as part of the WHO/UNICEF supported project on tobacco and youth to obtain data on youth aged 13-15 years in developing countries. In 1999 GYTS was conducted in 13 countries and subsequently progressed to over 30 countries. Results indicated that between 10% and 33% of young people in the 13-15 year age group were currently smoking cigarettes, and one-fifth or more them began smoking before aged 10 years. Over two-thirds of the current smokers had tried unsuccessfully to stop smoking. There was a high exposure to ETS. Anti-smoking media message exposure ranged from 9.6% to 42.5% whilst exposure to advertisements for cigarettes ranged from 31% to 91% in magazines and 46% to 93% on televised sporting events (Warren, Riley et al. 2000).

In a 2001 survey of secondary school pupils in England, 10% of pupils aged 11-15 were regular smokers. 11% of girls were regular smokers compared to 8% of boys. This gender difference appeared at age 13 years, 8% of girls smoked compared to 5% of boys, and increased at ages 14 and 15 years, when 25% of girls smoked compared to 19% of boys. Prevalence of smoking increased with age, 1% of pupils aged 11 years smoked regularly compared to 22% of those aged 15 years. Occasional smoking was more prevalent amongst older girls than boys, 15% of girls smoked occasionally compared to 10% of boys (Boreham and Shaw 2002).

The European School Survey Project on Alcohol and other Drugs (ESPAD) collects comparable data on alcohol, tobacco and other drug use among 15-16 year old students. 26 countries participated in the 1995 survey and 30 countries participated in 1999. The overall results for smoking suggested that smoking "is a well-established habit showing few signs of diminishing." The lifetime smoking prevalence for all students in Ireland in 1999 was slightly above the European average (73% vs.

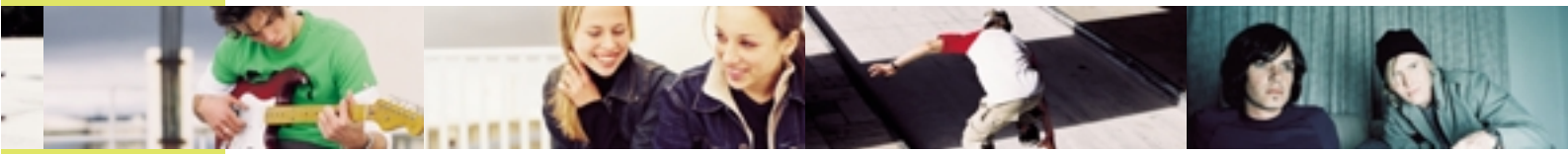


69%). This was slightly lower than the Irish prevalence of 74% in 1995. The highest rates were found in Greenland and the Faroe Islands (85%) and other countries with high rates were the Czech Republic, Latvia, Lithuania and Finland (75-80%). The prevalence rates for having smoked 40+ cigarettes a day shows the proportion of students who have smoked more or less regularly and have probably taken on the habit. Ireland was reported as having a high prevalence rate of 40+ smokers (34%), ranking 8th highest in the 30 participating countries. Ireland was one of the countries in which more girls (36%) than boys (31%) smoked 40+ cigarettes a day. This was an improvement on the 1995 results when Ireland ranked 2nd highest (37%) and the gender difference was girls (38%) vs. boys (36%). The 30 days prevalence was 37%, which is equal to the 1999 average result for all countries and reduced from the 1995 Irish rate (41%). In 1999 Ireland had more girls than boys smoke in the last 30 days, 42% vs. 32% compared to 45% vs. 37% in 1995. In 1999 the percentage of students who reported that they smoked their first cigarette at 13 years or younger was over 50% in nearly one-third of the countries and Ireland (53%) ranked fourth with rates for girls (55%) higher than boys (51%). In the majority of countries less than 10% of students reported daily smoking at 13 years or less but Ireland ranked 2nd at 18% (Hibell, Andersson et al. 2000).

The Health behaviour in school-aged (10-18 years) children survey (HBSC) conducted in Ireland in 1997/98 revealed that 1% of males and 0.4% of females reported daily smoking at 11 years of age. 6% of females and 8% of males reported daily smoking at 13 years of age and this rose to 16% of females and 19% of males at 15 years of age (Department of Health and Children 2001).

The HBSC reported that 49% of Irish children had ever smoked, 51% of boys and 48% of girls. 21% of boys and 21% of girls reported that they were current smokers. Rates of current smoking increased with age. By age 15-17 the smoking rates for girls exceeded those for boys (Friel, NicGabhainn et al. 1999). However, the 2002 HBSC survey reported that smoking rates had decreased: 41% had ever smoked, (40% of boys and 42% of girls) whilst 19% reported that they were current smokers, 17% of boys compared to 20% of girls. The most notable decline was in both the 12-14 year old girls and boys (Kelleher, NicGabhainn et al. 2003)

Research has shown that tobacco use by peers is consistently related to the initiation of smoking and continuation of the habit among young people. Many studies indicate that the most direct influence on children smoking is how many of their five best friends smoke. Female adolescents with a best friend who smokes are nine times more likely to smoke cigarettes. One study showed that 80% of first smoking experiences occurred in the presence of friends who were smoking. Parental and familial influence is less clear-cut. Research suggests the following relationships: parents who smoke could serve as role models, exposure to parental smoking can accustom children to smoke itself therefore making it less objectionable, there could be easier access to cigarettes if parents smoke, and finally there could be less objection to children smoking if parents smoke themselves. Sibling smoking could reinforce smoking behaviour (Samet and Yoon 2001).



The rate of smoking among youth and young women is increasing at an alarming rate. Girls and young women are being targeted by aggressive marketing campaigns that suggest sophistication, slimness, equality and social desirability. Tobacco companies have produced cigarette brands that are specifically for women such as Virginia Slims, Flair and Eve, although the majority of women smoke gender neutral brands. ETS is an important issue for women and young people since exposure is involuntary, especially in children, frequently in the home environment and constitutes a substantial public health risk (Samet and Yoon 2001).

Mild, low-tar, light or ultra light cigarettes are unlikely to reduce tar intake and lower disease risks. Smokers tend to react to the lower nicotine levels by inhaling more deeply or increasing the number of cigarettes smoked daily (National Cancer Institute NCI 2001).

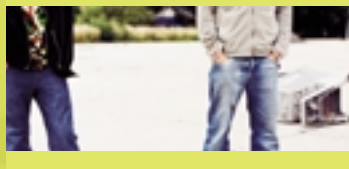
The Department of Health and Children published a policy document, "Ireland a Smoke Free Zone: Towards a Tobacco Free Society" with the objective of finding the most effective methods of significantly reducing the level of smoking in Irish society and to prevent children from starting to smoke. This report noted that there was:

"a disturbing underlying increase in smoking prevalence among children and young people, especially girls and young women."

Five priority areas were identified with reference to children and young people in reducing smoking and the effects of tobacco. Remedial programmes were required specifically for young smokers, together with programmes to empower and inform children. Strict legislature was necessary to curtail tobacco industries' access to young people and restriction of marketing practices which impact on children. Finally the effects of ETS on children should be reduced by the restriction of smoking in places mainly used by children (Department of Health and Children 2000).

The Public Health (Tobacco) Act 2002 established the independent Office of Tobacco Control, responsible for the monitoring, co-ordinating and in given circumstances enforcing anti-tobacco legislation. A comprehensive ban, on tobacco advertising and sales of goods advertising tobacco products, was introduced. Sponsorship by tobacco companies was also banned. The sale of ten-packs of cigarettes was discontinued, as was the sale of cigarettes by self service. The age at which young people can buy tobacco products has been raised from sixteen to eighteen and the fine for traders selling to underage persons was substantially increased. The prohibition or restriction on smoking tobacco products in public places was clarified to minimise the effects of ETS (Ireland 2002).

World No Tobacco Day, observed annually on May 31, was established in 1988 to raise awareness of the international impact of tobacco use and promote a tobacco free environment. The annual national non-smoking day in Ireland is on Ash Wednesday.



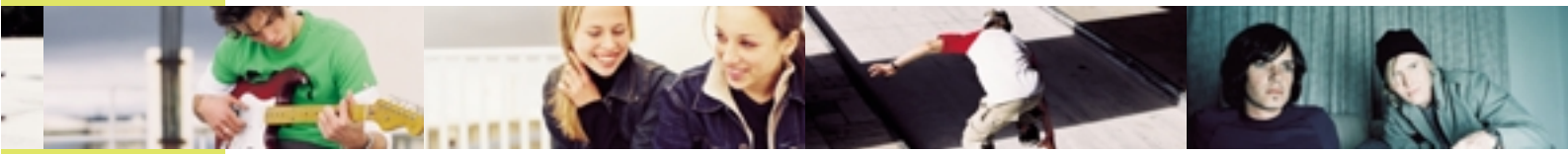
alcohol

The WHO European Charter on Alcohol, adopted in December 1995, called on all Member States to draw up a comprehensive alcohol policy and outlined 5 ethical principles and goals and 10 health promotion strategies as guidelines. In September 1999 The European Alcohol Action Plan (2000-2005) was endorsed, in accordance with European Health 21 Target 21, which states that "by the year 2015, the adverse health affects from the consumption of addictive substances such as tobacco, alcohol and psychoactive drugs should have been significantly reduced in all Member States". In February 2001 the WHO Ministerial Conference on Young People and Alcohol issued a Declaration, which aimed to protect young people from the pressure to drink and to minimise the harm done to them directly or indirectly by alcohol. This declaration reaffirmed the ethical principles of the European Charter and outlined 10 targets to be achieved by 2006: to reduce substantially the number of young people who start to consume alcohol; to delay the age of onset of drinking; to reduce substantially the occurrence and the frequency of high-risk drinking; to provide/expand meaningful alternatives to alcohol and drug use and increase training for those who work with young people; to increase young people's involvement in youth health-related policies; to increase education on alcohol; to minimise the pressures to drink through reduction of free promotions, advertising and sponsorship; to support action against the illegal sale of alcohol; to ensure/increase access to health and counselling services, and to substantially reduce alcohol related accidents, assaults and violence experienced by young people.

"drinking among young people to a large extent reflects the attitudes and practices of the wider adult society" (World Health Organisation 2001).

Between 1989 and 1999 Ireland had the highest increase in alcohol consumption in the European Union. The per capita increase was 41%, which contrasted sharply to a decrease in ten member states and an increase of less than 10% in the United Kingdom, Greece and Portugal. In 2000 Ireland ranked second in the E.U. to Luxembourg with a rate of 11 litres of pure alcohol per capita against an EU average of 9.1 litres (Kiely, Barry et al. 2002). In Ireland, 27% of males and 21% of females consume more than the recommended weekly limits of sensible alcohol consumption (Department of Health and Children 1999)

The adverse affects of alcohol encompass physical health issues, mental health problems, social and financial problems. Alcohol misuse is associated with cancers of the liver, mouth and oesophagus, liver disease, cardiovascular disease, suicides, homicides and accidents. Young people experience personal and social problems, including accidents, poor school performance, delinquency and relationship problems as a result of their alcohol use. Alcohol use is an influencing factor in young people engaging in sexual intercourse, frequently unprotected which is a major risk for sexually transmitted infections and teenage pregnancy (Kiely, Barry et al. 2002).



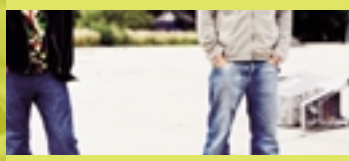
One in four deaths in young men aged 15-29 in Europe is attributable to alcohol. In 1999, 55,000 young people died in Europe from causes related to alcohol. The main causes of death were transport accidents, poisonings, suicide and homicide. The health protective effects of alcohol do not apply to the younger age group.(World Health Organization 2001).

A recent epidemiological study by Cancer Research UK suggested that alcohol consumption was causal in 4% of breast cancers in the developed world. The relative risk of breast cancer increased by 7.1% for each extra unit or drink of alcohol (10g of alcohol) consumed on a daily basis. Whilst smoking and drinking can be interrelated behaviours, this study confirms that tobacco consumption has little or no contribution to breast cancer but alcohol consumption does (Hamajima, Hirose et al. 2002). In the United Kingdom, the proportion of women aged between 16 and 24 drinking more than three drinks per day has increased from 9% to 18% in the last ten years. It was noted that the change in attitude to alcohol consumption by young women could have a negative impact on their future health (Noble 2002).

The trends in drinking patterns that cause concern are the increasing experimentation with alcohol in young children and increasing high-risk drinking behaviour such as binge drinking, drunkenness among adolescents and young adults and mixing alcohol with other psychoactive substances (polydrug use). Alcohol is a recognised gateway to other drug and tobacco use (World Health Organisation 2001).

There is inconsistency within public health and scientific disciplines and general population about the formal definition of binge drinking (Hanson 2002). Binge drinking to the general population could be understood as drinking continuously and heavily, over a short time frame resulting in drunkenness (Sheehan and Ridge 2001). A study by the Harvard School of Public Health in 1993 defined binge drinking among college students as consuming five or more drinks in a row one or more times during a two week period for men, and four or more drinks in a row one or more times during the same period for women. Research between 1993 and 1997 highlighted the fact that binge drinkers were more likely to experience alcohol-related health, safety, educational and inter-personal problems than those students who drank but did not binge (Wechsler, Lee et al. 2000). The definition for binge drinking used in the ESPAD surveys and in Ireland defines binge drinking for males and females as having five or more drinks in a row on a drinking occasion.

The HBSC survey in 1998 reported that overall 32% of children reported having had a drink in their lifetime, with more boys reporting this behaviour than girls. 50% reported having had a drink before the ages 9-11 years. 29% of children reported having a drink within the last 30 days, with 34% of boys reporting this behaviour compared to 24% of girls. 29% of children, 35% of boys and 24% of girls reported having been drunk in their lifetime. Lifetime drinking, current drinking and drunkenness all increased with age (Friel, NicGabhainn et al. 1999). The 2002 survey revealed that overall 60% of children reported having had a drink in their lifetime whilst 25% of boys and 25% of girls reported having had a drink in the previous month. The reduction in rates was most notable in the younger age groups (10-11 years). 31% of boys and 30% of girls reported having been drunk in their lifetime (Kelleher, NicGabhainn et al. 2003)

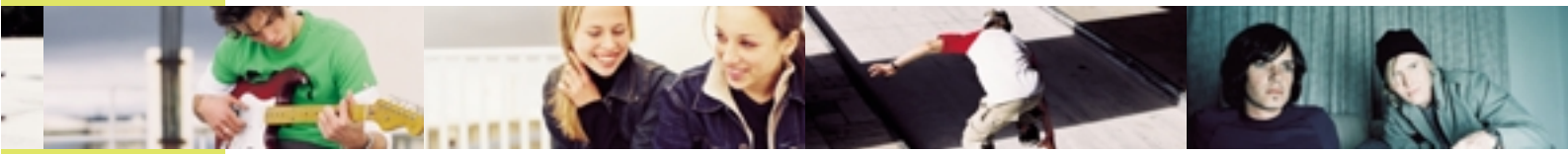


The European School Survey Project on Alcohol and other Drugs (ESPAD) in 1999 reported that in more than 50% of the countries surveyed 90% of the students had consumed alcohol at least once in their lifetime. The lifetime rate for Irish students in this survey was 92%. ESPAD suggested that students who reported drinking alcohol more than 40 times in their life had probably established a more or less regular drinking habit. In 1995 Ireland ranked joint 3rd in Europe for this behaviour with a rate of 34% and in 1999 Ireland ranked 4th but the rate had increased to 40%. The majority of countries reported more boys than girls involved in this behaviour but Ireland was one of the five countries in 1999 in which the gender distribution was nearly equal. The proportion of Irish students who had been drinking alcohol in the previous 12 months was 89% compared to a European average of 83%. In 1999 the 30-day prevalence rate in the majority of countries in Europe was approximately 66% but Ireland had the 5th highest rate at 74%. ESPAD suggested drinking alcohol 10 or more times in this period indicated frequent drinking behaviour and rather few students reported this. However, Malta (20%), Denmark (18%), Ireland and the United Kingdom (16%) were notable for their high rates.

The proportion of Irish students who reported being drunk in the previous 12 months was 69% compared with the EU average of 52%. 50% of Irish students reported being drunk within the previous 30 days. Ireland ranked 2nd for with a rate of 24%, again indicating high alcohol consumption. The results on binge drinking in the past 30 days revealed that Ireland ranked 3rd in this behaviour with a rate of 57%. Binge drinking was most common in countries such as Denmark (64%), Greenland (59%) and the United Kingdom (57%). However, there was a small group of countries reporting this behaviour 3 or more times in the 30-day period, which indicated rather intensive alcohol consumption. Ireland and Poland both reported a rate of 31% and Denmark and the United Kingdom reported a rate of 30%. Overall more boys than girls reported this behaviour but the two exceptions were Ireland where the gender distribution was equal and Norway where there it was nearly equal (Hibell, Andersson et al. 2000).

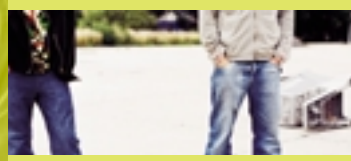
A local survey in Tipperary NR conducted in 1999 among students aged 12-17 years reported that 40% of them had consumed a "full" alcoholic drink before age 14. 75% of them drank alcohol at various times, 7.4% of the respondents said they drank every weekend. The preferred drink for the male students was beer (43.8%) followed by cider (40.5%). 31.7% of girls reported drinking cider, 28.6% spirits and 27.3% drank beer by choice. The majority of students (43.7%) reported that they drank in pubs. 58.2% of the respondents did not consider alcohol to be a drug(McCarthy, Mitchell et al. 1999).

The National Alcohol Policy for Ireland was launched in September 1996. In April 1998 a National Alcohol Awareness Campaign was launched with the aim of having sensible drinking accepted as the norm with the message "less is better". In February 2001 a second major National Alcohol Awareness Campaign was launched in Ireland as a 3-year initiative. The first year of the campaign, focused on young people and under-age drinkers, was started just prior to the publication of the ESPAD 1999 report, which revealed that Ireland had moved to the top of the league for young people drinking alcohol. The slogan for this campaign "Less is more-



It's your Choice", reflected the need not only to drink less alcohol but to adopt more healthy lifestyles and activities. The website www.coolchoices.ie was created to provide teenagers with myths about drinking and factual information on alcohol, with particular reference to binge drinking and its consequences for health, welfare and life. Phase 2 of the campaign, supported by the Drinks Industry Group, was launched in July 2001 and was aimed at buyers and suppliers of alcohol with the theme "Keep Kids Safe from Drink". The rationale for this phase was to delay the age of onset of alcohol consumption. A training programme for bar staff has been developed to provide necessary skills to deal with drunkenness, underage drinking and drink driving.

One of the key objectives of the National Health Promotion Strategy 2000-2005 with regard to alcohol was to delay the onset of alcohol consumption among children and adolescents especially those under the age of 15 years. The strategy noted that high risk drinking, defined as excessive drinking on any one occasion, is associated strongly with accidents, violence, injuries and deaths (Department of Health and Children 2000). Such concerns with regard to young people in Ireland and alcohol misuse have been increasingly highlighted in the media (Editorial 2002; Holmquist 2002; Holmquist 2002; Lalley 2002; RTE Prime Time 2002). Alcohol-related offences for juveniles in Ireland increased by 75% between 1995 and 2000. Offences of "intoxication in public places" among Irish teenagers increased by 370% from 1996–2000 (Kiely, Barry et al. 2002). Referrals of juvenile offenders to the National Juvenile Office for drink related offences increased by 81% between 2000 and 2001. Referrals for "intoxication in a public place" increased by 45%, whilst referrals for purchase, possession and consumption of alcohol increased by 126% in the same time period (Government of Ireland 2001).

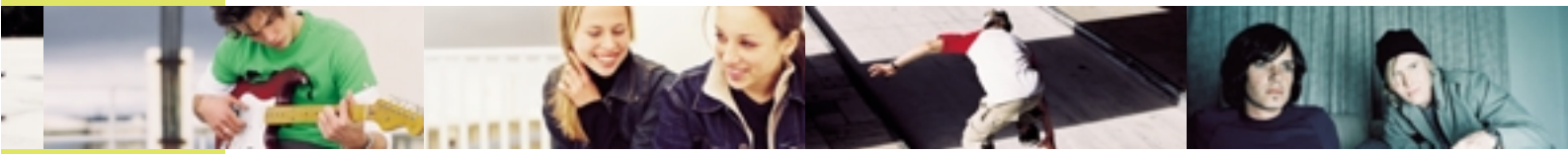


drugs

7000-8000 acute drug-related deaths are reported annually in the European Union. Cannabis continues to be the most commonly used illegal substance in all EU countries, with lifetime rates higher than recent/current use. (E.M.C.D.D.A. 2002)

The National Drug Treatment Reporting Centre (NDTRS) established in Ireland in 1990 extended to all health board areas in 1995. Trends in drug use over a five-year period from 1996–2000 were examined. In the period 1996-2000 trends in first contact treatment for drugs in the age group 15-39 years showed an increase in all health boards except the eastern health board region. The eastern health board rate decreased from 27 per 10,000 population in 1996 to 22 per 10,000 in 1999. The remaining areas had rates less than 10 per 10,000 population in 1996. In 2000 the MWHB, the WHB and the NWHB were the only regions that had rates less than 10 per 10,000. It was noted, however, that increased provision of treatment services would result in higher uptake. Cannabis was the drug of misuse amongst people presenting for treatment in all areas with the exception of the eastern region where opiates were the predominate drugs. In the majority of health boards the client characteristically reporting for treatment was male, in his early 20s, early school leaver and living in the family home. The mean age of initial drug use in the majority of regions was between 15-16 years of age. However, in the eastern region a major problem was with injecting drug use and the mean age of initiation for this was approximately 20 years. Most health boards provide a broad range of addiction services for prevention, treatment and rehabilitation, which include counselling services, drug substitution and rehabilitation programmes (O'Brien 2002). The Western Health Board opened the Health Advice Café in December 2001, a social health partnership for prevention, information, peer-education and direct-access counselling services for young people. The purpose of the café is to support healthy lifestyles, allow individual choice in support/guidance and offer positive leisure activities such as dance, music art and sport (O'Brien, Kelleher et al. 2002).

In the MWHB the mean age of initial drug use was consistently young at 15 years of age. The total number of first treatment contacts for MWHB residents increased from 36 in 1996 to 112+ in 2000; however, some of these were treated outside the region, (6 in 1996 and 16+ in 2000). The modal age of first contact clients was stable over the time frame at around 19 years. The percentage of under-18 year olds presenting rose from 7% in 1996 to 12% in 2000. The overall number of first treatment contacts in the region was 59 in 1996 and 174 in 2000. Cannabis was the main drug of misuse, increasing from 37% of first treatment contacts in 1996 to 59% in 2000, followed by opiates, decreasing from 25% of first treatment contacts in 1996 to 21% in 2000. Heroin was the opiate most used and the number of first time clients increased from 15 in 1996 to 36 in 2000. Polydrug use was a feature of behaviour in 73% of all treatment contacts (O'Brien, Kelleher et al. 2002). Polydrug use is broadly defined as the use of more than one drug or type of drug by an individual, consumed at the same time or sequentially. It is also defined as the use of an illegal drug plus another illegal or legal drug.

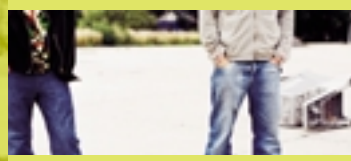


The ESPAD survey conducted in 1999 revealed increased prevalence rates of illicit drug use in almost all participating countries since the 1995 survey. The high prevalence rates were mainly in western European but central and eastern countries showed marked increases. Reported drug use is higher in boys than girls. Whilst Ireland had a reduced lifetime experience of any illicit drug compared to 1995, it still ranked 4th in Europe with a high rate of 32%. The United Kingdom reported lifetime rates of 36% and France and the Czech Republic reported rates of 35%. The lifetime experience of cannabis reported in 1999 was also reduced from the 1995 rate, but Ireland ranked 4th with a rate of 32% which was twice the European average. The Czech Republic, the United Kingdom and France all reported lifetime rates of 35%. Ireland reported a rate of 26% for cannabis use in the previous 12 months and a rate of 15% in the previous 30 days, ranking 4th in Europe in both categories. Ireland reported the highest lifetime use of inhalants with a rate of 22% and nearly equal gender usage. The average European rate for lifetime use of inhalants was 9%. The reported lifetime use of Class A drugs was generally low across the European countries. Ireland reported a 5% lifetime rate for ecstasy compared with an average of 2%. Other reported lifetime rates above the European average were: amphetamines 3% (average 2%), crack 2% (average 1%), cocaine 2% (average 1%) and LSD or other hallucinogens 5%(average 2%). Heroin lifetime use by smoking was reported at 2%, which was below the European average of 3% (Hibell, Andersson et al. 2000).

Background information collected on illegal drug use in the 1999 ESPAD survey confirmed that cannabis was the primary introductory drug in the countries surveyed with tranquillisers/ sedatives being the introductory drug in limited cases. The illicit drug was obtained for the first time from a familiar source, either shared in a group of friends or given by a friend. The overwhelming reason for initiating drug use was curiosity, reported by 59% of students who had used drugs, followed by "wanting to feel high" which was stated by 22% overall. 12% of students said that the reason for starting drug use was because they wanted to forget their problems. Peer pressure or "not wanting to stand out from a group" was only cited as a reason by 7% of those who had used drugs. 71% of Irish students reported that curiosity was the motive, 20% stated that they "wanted to feel high", 5% wanted to forget their problems and 5% "did not want to stand out from a group". 7% of the Irish students surveyed were 13 years or younger when they first used cannabis and 8% were that age when they first used inhalants (Hibell, Andersson et al. 2000).

Findings from a local survey in Tipperary NR conducted in 1999 among students aged 12-17 years were consistent with those in other surveys. Cannabis had the highest reported lifetime rate of use with 15% of males and 11% of females, 13.2% overall, stating that they had ever used the drug. 10.1% of males and 6.5% of females, 8.6% overall, reported lifetime use of inhalants. Lifetime amphetamine use was reported by 5.8% of males and 1.7% of females, tranquilliser use by 3.1 % of males and 1.2% of females and 2.9% of males and 1.2% of females stated that they had ever used ecstasy. However, nearly 65% of respondents stated that they had never used drugs (McCarthy, Mitchell et al. 1999).

In a 2001 survey of secondary school pupils in England, 29% of pupils aged 11-15 had tried one or more drugs in their lifetime, 20% had taken drugs in the last 12 months and 12% had done so in the previous month. More boys than girls had used drugs. Cannabis was the main drug of misuse. Drug use increased with age: 6%of 11 year olds had taken drugs within the past year compared to 39% of



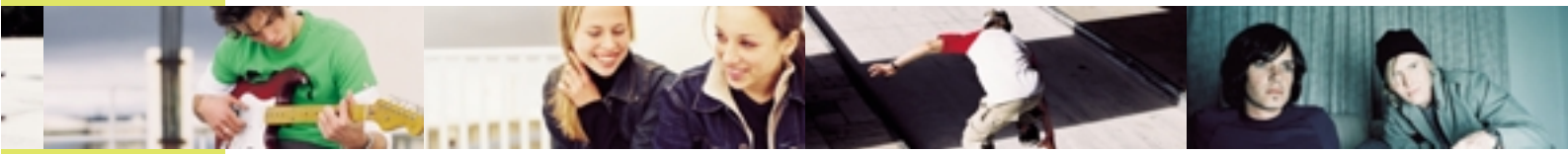
15 year olds whilst 3% of 11 year olds had taken drugs in the last month compared to 24% of 15 year olds. Cannabis was the most widely taken drug with 13% of the students reporting use within the last year. 7% of students reported sniffing volatile substance within this period. Inhalant misuse was not strongly related to age. 4% of the overall study reported taking any Class A drug in the previous year. However, 9% of the 15 year olds had taken at least one Class A drug within this time frame although only 1% reported heroin use and 3% reported cocaine use. For the purposes of this survey, the Class A drugs listed were ecstasy, cocaine, crack, heroin, LSD, magic mushrooms, methadone and injected amphetamines (Boreham and Shaw 2002).

The 2002 HBSC reported that the overall lifetime rate of cannabis use in children was 12% and 11% for use in the previous 12 months. The previous 12-month rate was much higher in the 15-17 year olds, (ranging from 28% in SC1-2 to 34% in SC5-6) (Kelleher, NicGabhainn et al. 2003).

The 2002 Eurobarometer on attitudes and opinions of young people aged 15-24 in the EU to drugs reinforced the fact that cannabis had penetrated the population more than any other drug. Figures for EU15 overall showed that 28.9% of those surveyed said that they had ever tried cannabis and 11.3% had used it in the previous month. Corresponding figures reported by Ireland were 24.2% and 8.7% respectively. 64.8% of EU15 surveyed stated that they knew people who used the drug and 46.2 % said that they had been offered cannabis. Exposure to drugs other than cannabis was markedly less, 45.7% knew people who used any, 26.2% said that they had been offered a drug whilst only 8.8% said that they had ever used any and 2.7% replied that they had done so in the last month. The southern countries of Europe, with the exception of Spain are in the main less affected by drugs but there is not a clear-cut North-South divide. Ireland reported the highest use of drugs other than cannabis in the previous month with a rate of 4.8% but the rate for lifetime use was 8.9%, similar to the EU15 average (The European Opinion Research Group (EORG) 2002).

Reasons given for experimenting with drugs proved that curiosity was considered the biggest motive, 61.3% of EU15 overall, but 46.4% stated that peer pressure was a factor, therefore ranking higher in importance than in the ESPAD findings. Other reasons given were thrill seeking (40.7%), problems at home (29.7%) and expected effects (21.5%). Ease of access to drugs was considered to be greatest at parties (76%) and clubs/pubs (72.3%). Heroin ranked highest in the EU when perception of danger was analysed, 88.8% considered the drug very dangerous. By contrast only 20.6% of those surveyed considered cannabis very dangerous and 11.5% expressed the opinion that it was not at all dangerous (The European Opinion Research Group (EORG) 2002).

Research has shown that depression and anxiety increase with frequency of cannabis use, even after adjustment for factors such as concurrent use of alcohol, tobacco and other illicit drugs and family disadvantage. The effect was greater in girls. The reverse was not found to be true, depression did not predict higher cannabis use (Patton, Coffey et al. 2002)

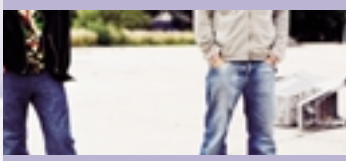


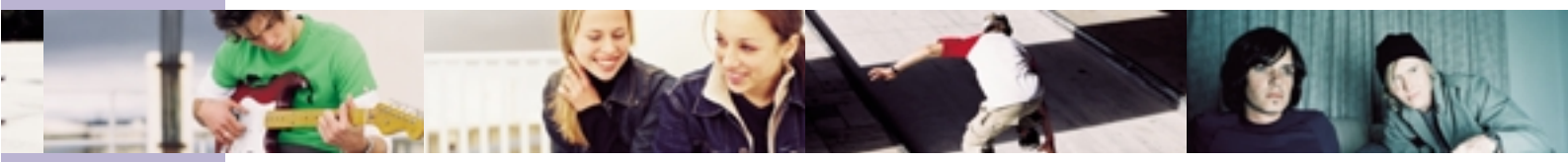
Ireland launched a new National Drug Strategy in 2001 with the objective of:

significantly reducing the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment and research.

With respect to young people the strategy aims to reduce significantly their access to all drugs, especially in areas where misuse is most prevalent. Drug misuse in the school going population is to be reduced below levels reported in ESPAD 1999 by 15% before 2003 and by 25% by 2007. Comprehensive education programmes, such as "Walk Tall", "On My Own Two Feet" and SPHE Programme are to be established in all schools by September 2003 to equip young people with the skills and support to make informed choices about their health, personal lives and social development. All under-18s are to have access to treatment for drug misuse where needed subsequent to an appropriate protocol for treatment being developed (Government of Ireland 2001).

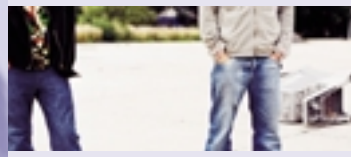
One of the key challenges facing policy makers at local, national and international levels is the growing numbers of mainstream young people who use drugs recreationally, that is to "have fun" in a nightlife setting, generally associated with music. From a public health perspective the acute health problems and possible long-term health risks from stimulants and psychoactive substances are a grave concern and intervention strategies need to be based on credible information. Guidelines for creating a safer nightlife environment are in use in several countries in the EU albeit irregularly; initiatives are in place to provide unified EU protocols (Oiszewski and Burkhart 2002).
There is increasing concern about the increasing drug-related crime amongst young people in Ireland (Cusack 2002). In 2001 the referrals of juveniles for possession of drugs in Ireland was 4.9% of the overall referrals, an increase of 1.4% since the previous year. Referral for the sale/supply of drugs was 0.8% of total referrals in 2001 compared to 0.9% in 2000 (Government of Ireland 2001).





results and discussion

This study was carried out primarily to determine whether there were any significant changes in lifetime and current rates of smoking, alcohol and other drug use among the teenage population in the Mid- Western Health Board region since the previous survey in 1998.



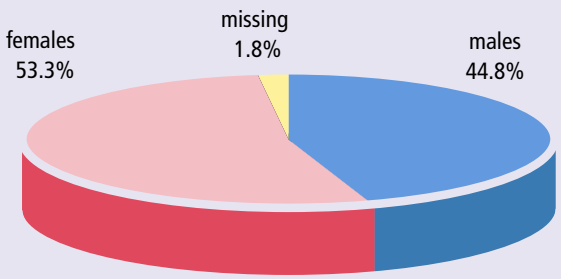
1.0 demographic details

Data was collected from 2297 students. 18 students (12 male, 5 females and 1 unknown) were excluded from analysis based on their positive responses to the questions on having used either or both of the fictitious drugs Relevin and Mexaval. 2279 students were classified according to sex, age, area and school.

sex

1022 males and 1215 females participated in the study.

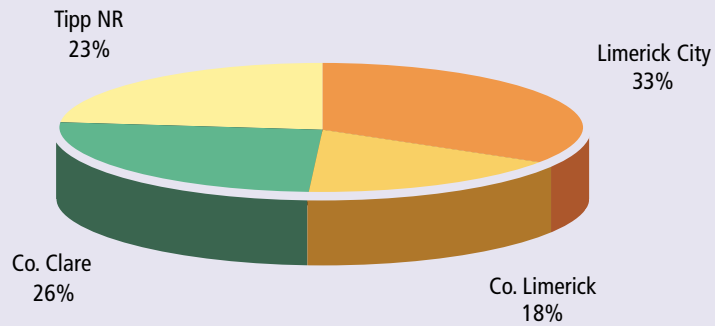
Figure 1.1

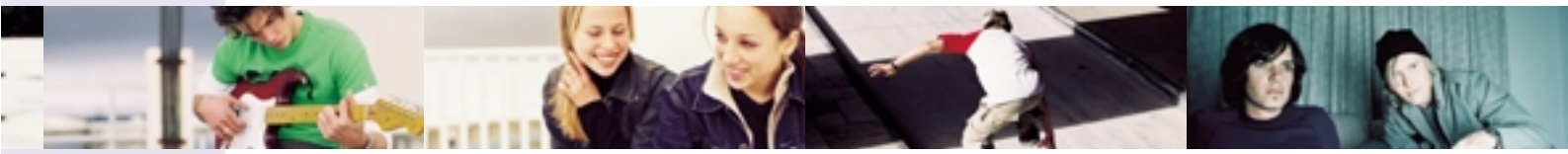


area

The Mid-West region was divided into four regions for the purpose of the study, Limerick City, Co. Limerick, Co. Clare and Tipperary NR. 33.3% of the participants were from Limerick City, 17.6% from Limerick County, 26.1% from County Clare and 23% from Tipperary N.R.

Figure 1.2

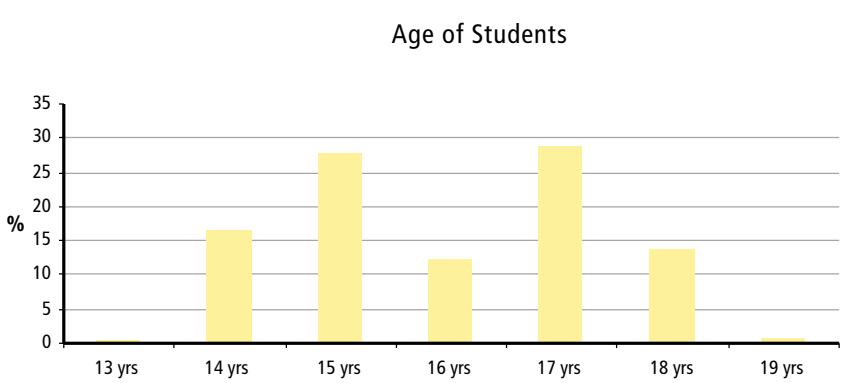




age

The majority of students were 15 (27.5%) and 17 (28.7%) years of age.

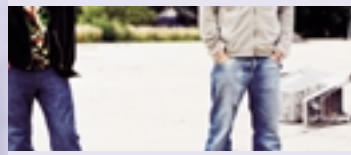
Figure 1.3



The percentage of 14-15 year olds sampled was reduced because one of the selected schools preferred not to conduct the survey with this age group.

Table 1.1 Age Profile of Respondents

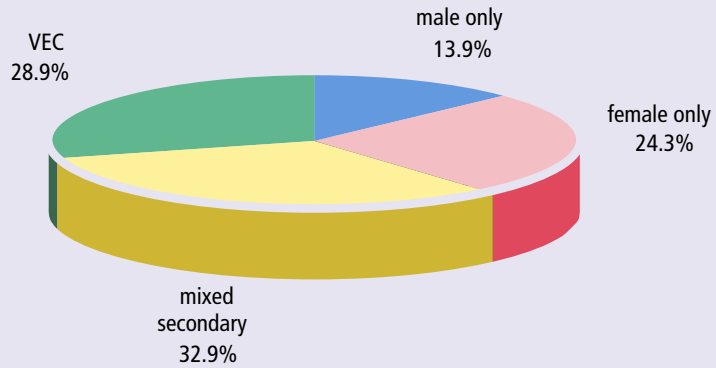
Age	%
13 yrs	0.5
14 yrs	16.3
15 yrs	27.5
16 yrs	12.2
17 yrs	28.7
18 yrs	13.7
19 yrs	0.7
Missing	4.4



school

13.9% of the students were from male single sex schools, 24.3% from female single sex schools, 32.9% from mixed sex secondary schools and 28.9% were from Vocational Educational Colleges (VEC).

Figure 1.4



comparison of demographics

The target population was randomly sampled in both surveys but the following differences between the populations were noted in Table 2. Tipperary NR was included in the 2002 survey but not surveyed in 1998. Most notably, Limerick City constituted a much higher proportion of the 1998 survey.

The ratio of female to male respondents was higher in the 2002 survey. The age profile tended towards the higher age groups in 2002. There were 44.3% of students aged 13-15 years and 54.6% of students aged 16-18 years in 2002 compared to 54.9% of students aged 13-15 years and 44.8% of students aged 16-18 years in 1998.

The differing composition of the two populations should be taken in to account in the interpretation of differences in results between the 1998 and 2002 surveys.

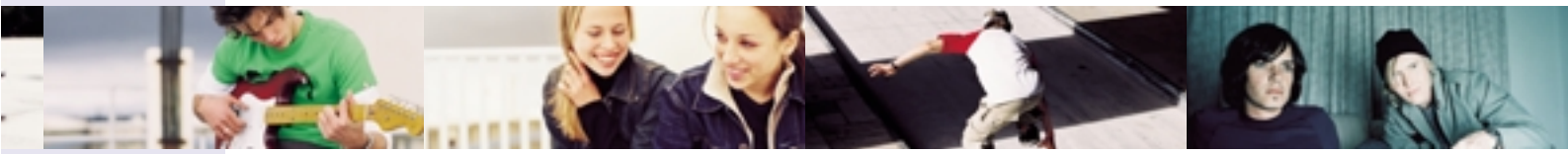
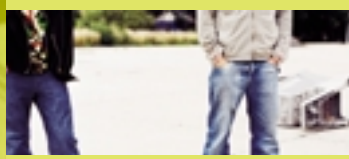
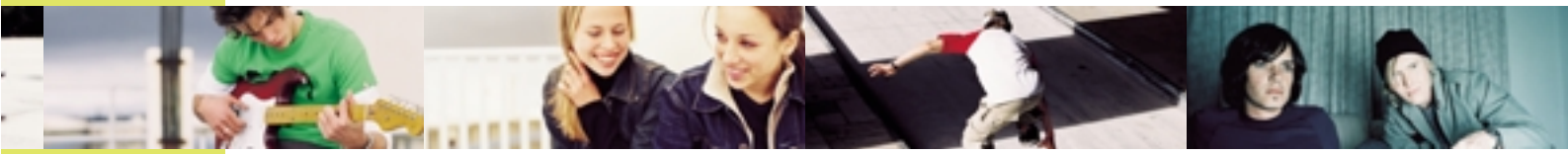


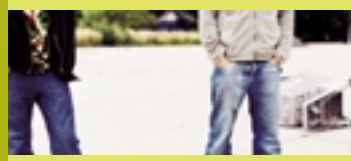
Table 1.2 Summary of Demographics 1998-2002

MWHB	1998	2002
Sex	%	%
Male	49.6	44.8
Female	49.0	53.3
Missing	1.4	1.8
Age		
13 yrs	6.7	0.5
14 yrs	36.0	16.3
15 yrs	12.2	27.5
16 yrs	25.7	12.2
17 yrs	18.1	28.7
18 yrs	1.0	13.7
19 yrs		0.7
Missing	0.2	4.4
Area		
Limerick City	63.5	33.3
Co. Limerick	11.8	17.6
Co. Clare	20.3	26.1
Tipperary N.R.		23.0





smoking

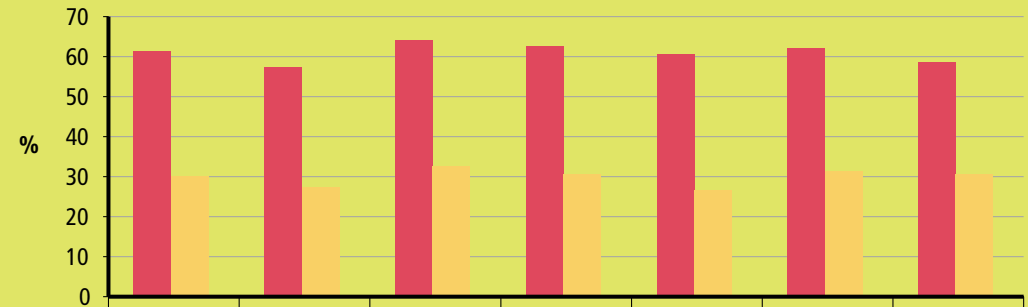


lifetime and current use

61.3% of the students surveyed have smoked at least once in their lifetime. More females (64.0%) than males (57.7%) have smoked in their lifetime. A chi-square test found this gender difference to be significant at the 0.01 level ($\chi 2=8.9$, df=1). 30% of the respondents have smoked within the last 30 days and are regarded as current smokers although it is noted that some of these students could have tried smoking for the first time within this period. (see Figure 2.1). 32.4% of females have smoked within the previous 30 days compared to 27.2% of males. A chi-square test found this gender difference to be significant at the 0.01 level ($\chi 2=6.9$, df=1).

Figure 2.1

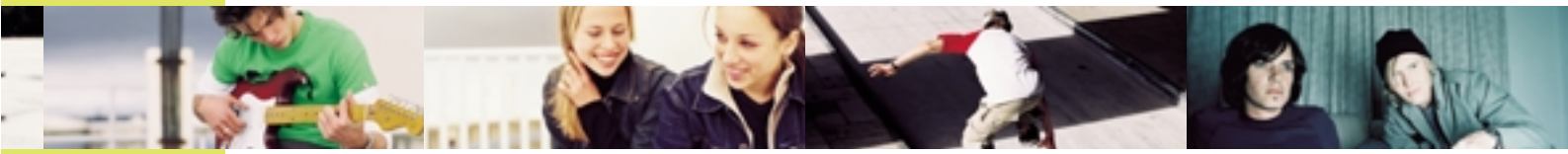
Smoking Rate: Overall, Gender and Area



	Overall	Male	Female	Limerick City	Co. Limerick	Co. Clare	Tipp NR
Lifetime	61.3	57.7	64.0	62.7	60.6	62.3	58.5
Current	30.0	27.2	32.4	30.4	26.4	31.2	30.7

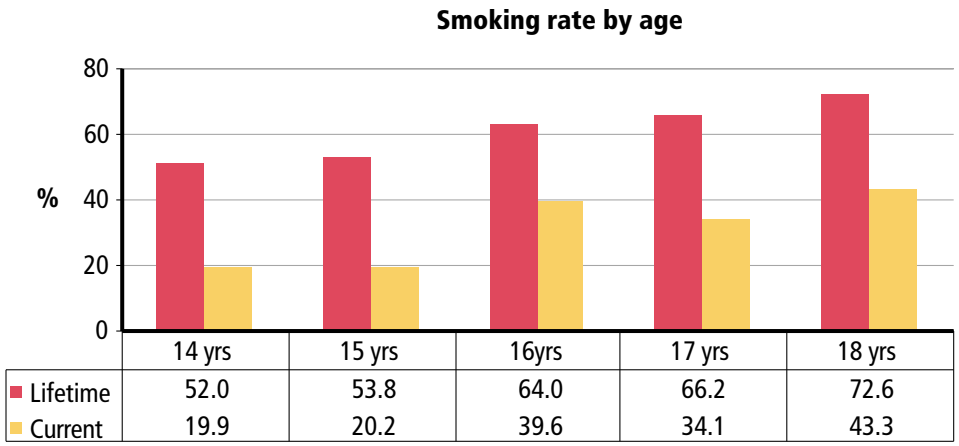
ESPAD 1999 suggested that the 40+ lifetime rate would give an indication of the proportion of those students who have smoked more or less regularly. 26.3% of students overall in this survey, 27.3% of females and 25.3% of males, reported having smoked 40 times or more in their lifetime. It was noted in the ESPAD report that Ireland was one of the few countries in Europe, along with Greenland, the U.K. and Italy where the girls were in the majority for the 40+ lifetime smoking rate.

Lifetime and current rates have increased slightly since the initial survey when the overall lifetime rate was 58% and 28.6% of total respondents were current smokers (Gleeson et al 1998). As noted, the age profile for this survey was slightly older than the previous survey. In both this study and the 1998 MWHB study female students had higher rates of lifetime and current rates of smoking. These findings are consistent with global research findings and should be noted by health professionals at local level.



Lifetime and current smoking rates showed an increase with age with the largest increase between the ages of 15 and 16 years. (see Figure 2.2).

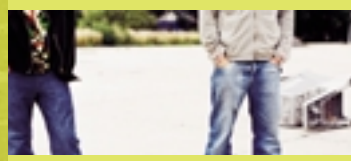
Figure 2.2



This trend reflected the pattern in the previous MWHB survey. A comparison of actual lifetime smoking rates by age, however, showed similar rates for 14 year olds but slightly reduced rates for students aged 15 and 16 years. Actual current smoking rates for this survey were higher for those students aged 16 years and 17 years but lower for 14 and 15 year olds. (Table 2.1)

Table 2.1 Comparison of smoking rates by age

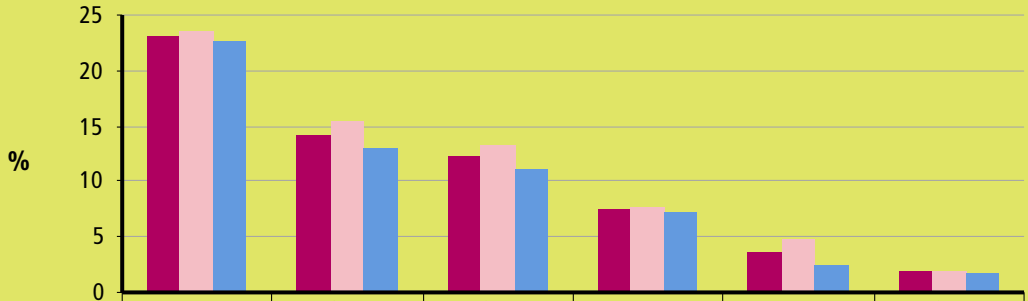
	MWHB 2002 Lifetime %	MWHB 1998 Lifetime %	MWHB 2002 Current %	MWHB 1998 Current %
14 years	52.0	51.4	19.9	24.4
15 years	53.8	57.0	20.2	27.4
16 years	64.0	65.6	39.6	32.7
17 years	66.2	63.9	34.1	33.4



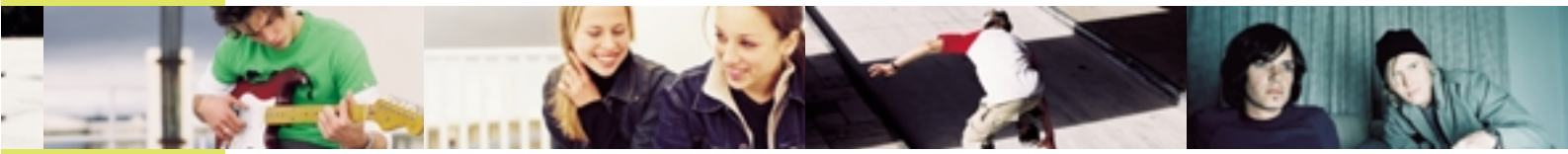
52.3% of female respondents and 46.5% of male students (49.7% overall) reported that they had smoked their first cigarette at the age of 13 years or earlier. The ESPAD 1999 report found that a third of the European countries had rather high percentages of students reporting this behaviour, Ireland, at 53% overall being one of them. Only three European countries, Greenland, Ireland and the United Kingdom reported a higher percentage of girls showing this behaviour. The Mid Western results were consistent with the ESPAD 1999 Ireland results. (Figure 2.3)

Figure 2.3

Age at First Cigarette Smoked



	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs
Overall	23.2	14.2	12.3	7.5	3.7	1.8
Female	23.5	15.5	13.3	7.8	4.8	1.9
Male	22.6	12.9	11.0	7.2	2.4	1.7

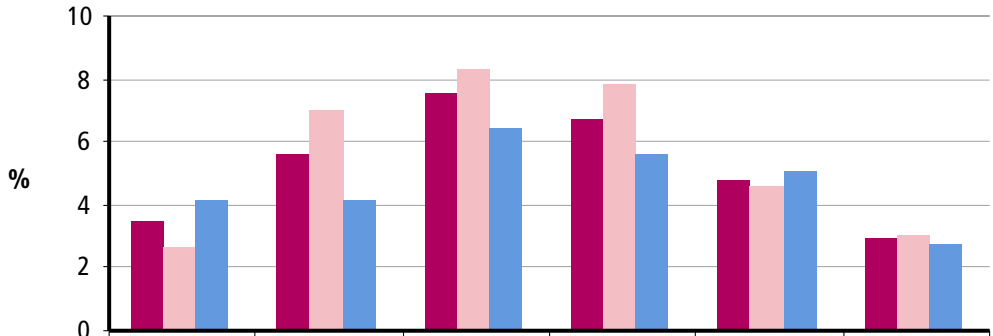


16.7% of the students overall, 18.1% females and 14.9% of males reported smoking daily at the age of 13 years or younger. (Figure 2.4). ESPAD 1999 reported an overall figure for Ireland of 18% but stated that 50% of European countries had a figure of less than 10%.

The findings from this study on age at first cigarette smoked and age at daily smoking should be noted. Research has indicated that the earlier young people try smoking the higher the risk of them becoming regular smokers and the more difficult it is for them to quit (National Centre for Tobacco-Free Kids 2002).

Figure 2.4

Age at Daily Smoking



	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs
Overall	3.5	5.6	7.6	6.8	4.8	3.0
Female	2.7	7.0	8.4	7.9	4.6	3.0
Male	4.2	4.2	6.5	5.6	5.1	2.8

comparison of results

From the comparison of results in Table 2.2 it can be seen that whilst lower than the ESPAD 1999 findings for Ireland, both the lifetime and current rates of smoking in the Mid-West have increased since the 1998 survey. These increases should be of interest to professionals and policy makers concerned with youth preventative tobacco programmes.

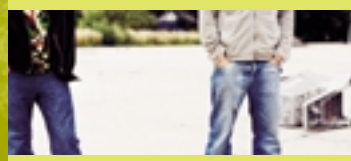
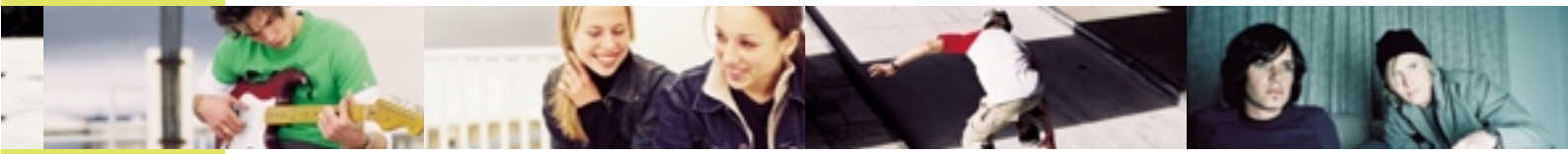


Table 2.2 Percentage of students reporting lifetime and current smoking

	Mid-west 2002	Mid-west 1998	ESPAD 1999 Ire
Smoking Lifetime	**%**	**%**	**%**
Overall	61.3	58.0	74.0
Male	57.7	56.0	68.0
Female	64.0	60.1	79.0
Limerick City	62.7	58.2	
Co. Limerick	60.6	49.8	
Co. Clare	62.3	62.0	
Tipp NR	58.5		
Lifetime 40+ times	**%**	**%**	**%**
Overall	26.3		34.0
Male	25.3		31.0
Female	27.3		36.0
Limerick City	27.2		
Co. Limerick	23.6		
Co. Clare	27.6		
Tipp NR	25.7		
Smoking Current	**%**	**%**	**%**
Overall	30.0	28.6	37.0
Male	27.2	24.6	32.0
Female	32.4	32.5	42.0
Limerick City	30.4	28.8	
Co. Limerick	26.4	26.0	
Co. Clare	31.2	33.8	
Tipp NR	30.7		

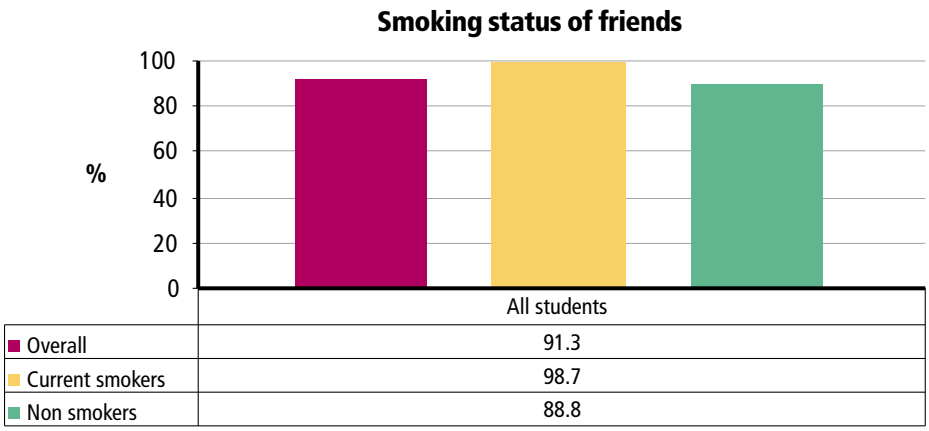


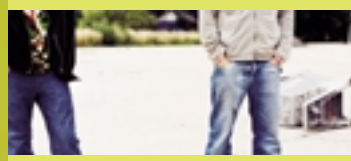
smoking status of friends and family

Research findings show that having parents, siblings and friends who smoke increase the chances of teenagers becoming smoker themselves. Peer smoking is, however, possibly a more direct influence on whether a teenager will smoke (Moran, Maguire et al. 2000; Samet and Yoon 2001).

91.3% of the total sample said that they have friends who smoke. When the sample was divided in to current smokers and non-smokers 98.7% of current smokers said they have friends who smoke compared to 88.8% of non-smokers (see Figure 2.5). These figures are slightly lower than those reported in MWHB 1998 (93.1% overall, 99.2% current smokers and 97.7% non-smokers).

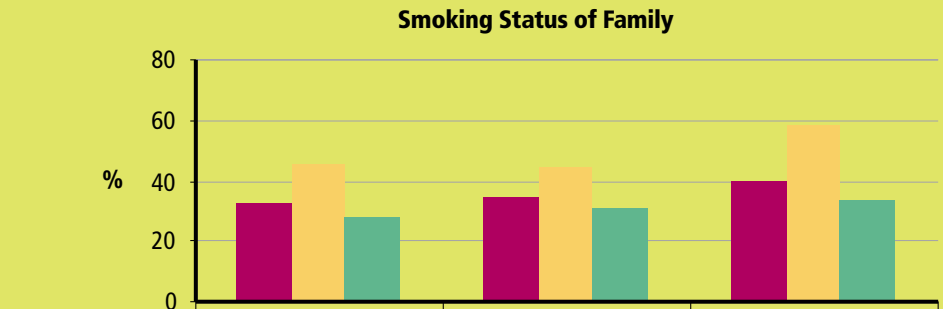
Figure 2.5





A higher proportion of current smokers have fathers, mothers and siblings who smoke (Figure 2.6).

Figure 2.6



	Father	Mother	Brothers/sisters
Overall	32.1	33.6	39.1
Current smokers	45.4	44.3	57.7
Non-smokers	27.7	30.1	33

initial smoking

Information on why young people try cigarettes initially, how they obtain them and why they smoke could be useful for smoking prevention and cessation programmes. The main reason given for smoking the first cigarette in this survey was curiosity *"I wanted to see what it was like"*. The reasons given are summarised in Table 2.3.

Table 2.3 Reasons for initial smoking

	%
I wanted to see what it was like	69.7
Don't remember	9.4
I was bored	6.6
I was stressed	4.3
My friend/sibling made me	3.4

The main reason given in the previous MWHB survey was that "everyone else does it".

(Higgins 1999) reported that 75% of respondents tried smoking because they "wanted to see what it was like" and 8% "wanted to fit in with heir friends".

The majority of respondents said that they obtained their first cigarette from a friend (see Table 2.4), which corresponds to findings in other studies and together with the results for smoking status of friends illustrates the peer influence on teenagers to smoke.

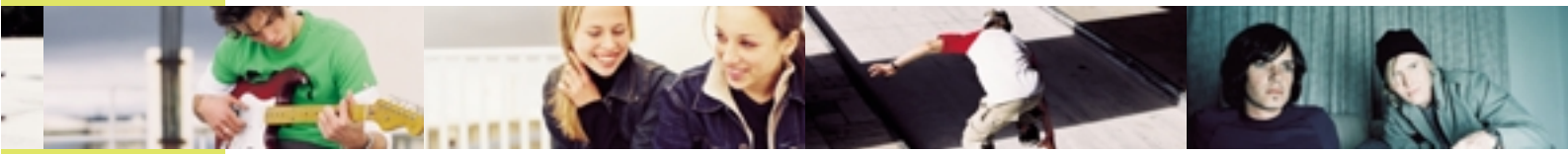


Table 2.4 How first cigarette was obtained

	%
My friend gave it to me	61.4
Don't remember	15.6
Took it from my parent's house	7.6
I bought it from a shop*	7.2
Given by a family member	3.6

*0.2 % from a vending machine

current smoking

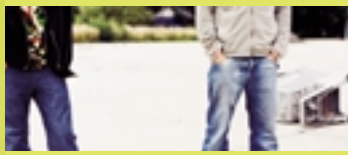
40.6% of the current smokers said they smoked because they were addicted and 28.5% smoked because they liked them. The main reasons correspond to the previous MWHB survey although 25.1% claimed they were addicted and 14.5% smoked because they liked them. The results for the 2002 survey are shown in Table 2.5, which also provides a comparison of results from the two surveys.

Table 2.5 Reasons given for current smoking 2002 and 1998

Reasons MWHB 2002	%
I'm addicted to cigarettes*	40.6
I like them	28.5
I'm stressed and it relaxes me	16.9
I don't want to put on weight	5.0
My friends smoke	3.4
Social smoke with friends	1.1
Boredom	0.9

Reasons MWHB 1998	%
Addicted	25.1
Like it	14.5
Don't know	8.2
Want to	7.9
Only smoke rarely	2.6
Everyone else does it	1.8

*0.5% It is a habit



(Moran et al 2000) reported that 40% of their students cited stress as their reason for smoking. Other reasons given were "to feel cool" 14%, "to boost confidence" 12%, "for enjoyment" 12% and "I'm addicted" 11%.

Respondents were asked what brand of cigarettes they smoked and how much they paid for them. This question was included primarily as a check on the veracity of the answers. The results (Table 2.6) were interesting in that they showed that the majority of smokers (57.9%) stated that they smoked Benson & Hedges.

Table 2.6 Brand of cigarettes smoked

	Overall %	Male %	Female %
Benson & Hedges	57.9	61.2	55.4
Silk Cut Purple	14.5	9.3	18.0
Carrolls	0.9	1.9	0
Marlborough Lights	3.2	4.2	2.5
John Player	19.3	15.4	22.2

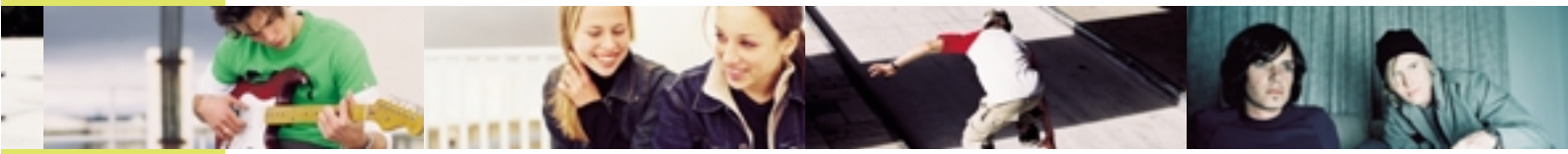
Students were asked about the locations where they most commonly smoked cigarettes. The most popular place to smoke was in the open, 55.6% of students stated that they smoked in the park, streets or open areas. The disco (37.7%) and pub (32.6%) were also popular venues where they chose to smoke. 28.2% said that they smoked at home and 20.1% smoked at other people's houses. 6.5% said that they smoked at school.

quitting smoking

60.7% (61.9% males and 59.6% females) of current smokers said that they wanted to give up smoking cigarettes (Table 2.7).

Table 2.7

	Overall %	Male %	Female %
No	14.0	16.8	11.9
Yes	60.7	61.9	59.6
Don't Know	23.4	18.1	27.5



The main reasons given for wanting to stop smoking are summarised in Table 2.8 as follows:

Table 2.8 Reasons for wanting to quit smoking

	Overall %	Male %	Female %
My health	62.3	63.9	60.7
They cost too much	9.2	10.9	7.9
It's a dirty habit	15.2	12.2	17.8
I don't like being addicted	11.7	10.2	12.6

A recent study amongst Irish teenage males reported that 71% wanted to stop smoking and 78% cited health concerns as the motive. The report concluded that the respondents were unable rather than unwilling to quit smoking (Moran, Maguire et al. 2000).

reasons for not smoking

The main reason given for not smoking in the 2002 survey was because smoking was a risk to health (58.1%). 1.6% specified that they had asthma or that smoking affected their chest. 0.6% of the students had had a family member die of cancer. Table 2.9 summarises the main reasons stated. The health concern was obviously paramount and was also implicit in the response concerning sport and asthma. This response should be encouraging as a basis for preventative strategies.

Table 2.9 Reasons for not smoking

	% Overall
Smoking is a health risk	58.1
I play sport	19.4
Can't stand them/disgusting habit	4.8
Cigarettes cost too much	4.5
Not interested in them	2.8
Asthma	1.6

In 1998 24.6% cited negative physical effects as the main reason for not smoking.

perceived risk of smoking

Table 2.91 summarises the perceived health risk associated with smoking. 21.4% of students thought that there was a great risk of harming themselves if they smoked occasionally and 67.2% thought there was great risk if they smoked one or more packs of cigarettes a day.

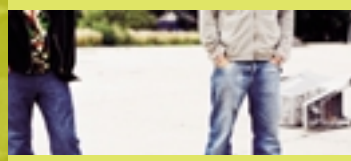


Table 2.91

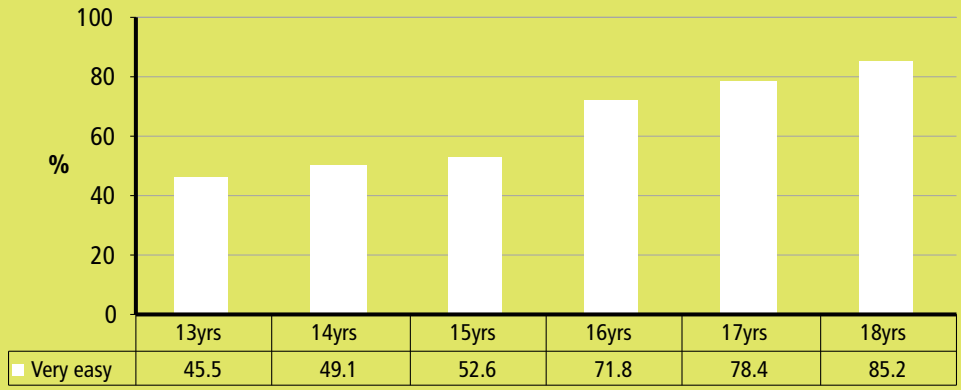
	No risk %	Slight/ moderate risk %	Great risk %	Don't know %
Smoke occasionally	7.6	69.2	21.4	1.8
Smoke 1 or more packs a day	1.5	30.0	67.2	1.2

access to cigarettes

66% of students overall said that they thought it would be very easy to get cigarettes if they wanted to and 20.9% said they thought it would be fairly easy. Figure 2.7 shows that there was a steady increase across the age groups of those students who thought it was very easy to get cigarettes.

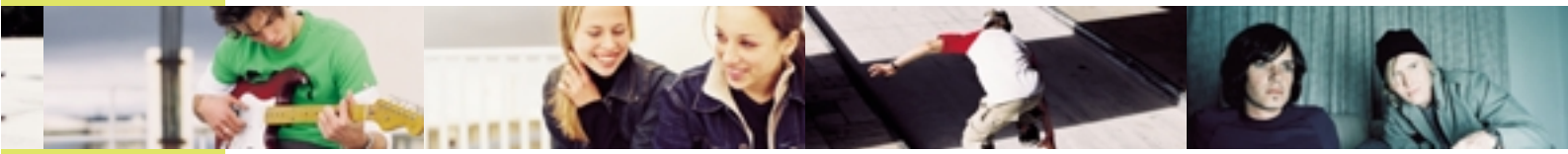
Figure 2.7

Percentage of students at each age who thought it would be very easy to get cigarettes

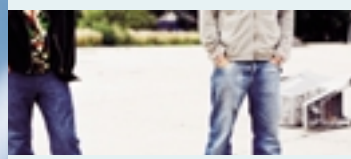


	13yrs	14yrs	15yrs	16yrs	17yrs	18yrs
Very easy	45.5	49.1	52.6	71.8	78.4	85.2

The findings from the latest survey prove that tobacco use by young people in the Mid West region is still at undesirable levels. The high rates amongst young females should be of concern. The young age at "first smoking" and "daily smoking" are comparable to the findings for Ireland in the ESPAD 1999 survey and very worrying considering that Ireland was one of the European countries with higher than average rates and one of the few where females had higher rates than males for these behaviours. Despite perceived risks, curiosity is still a major factor in initiating smoking, together with peer influence. 86.9% of the respondents thought that it would be very/fairly easy to get cigarettes if they wished which would suggest that more stringent methods for preventing access to tobacco are needed.



alcohol

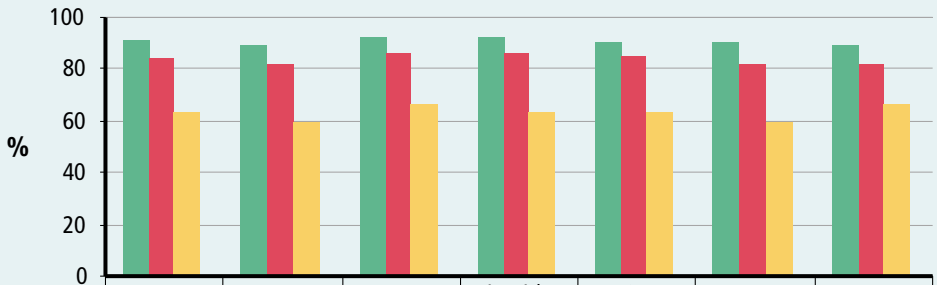


lifetime and current use

90.2% of students (88.5% males and 91.7% females) have had at least one drink in their lifetime. 30.3% of those surveyed overall, 32.2% males and 28.5% females reported drinking on 40 or more occasions, which would indicate more frequent drinking habits. 62.4% (59.2% males and 65.7% females) reported having a drink within the last 30 days and regarded as current drinkers, although a proportion could have tried drinking for the first time within this period. Those students who have reported drinking alcohol on 10 or more occasion in the past 30 days would be regarded as regular drinkers. 15.2% of the students overall, 15.8% males and 14.6% females stated that they had consumed alcohol on more than 10 occasions in the past 30 days. ESPAD 1999 reported that Ireland was one of the group of countries in Europe with high prevalence rates for 10+ occasions, 16% overall, and the results for the Mid West region are comparably high. Limerick City has the highest lifetime rate of drinkers but Tipperary NR has the highest rate of current drinkers. Figure 3.1 summarises lifetime, previous 12 month and current rates of alcohol use.

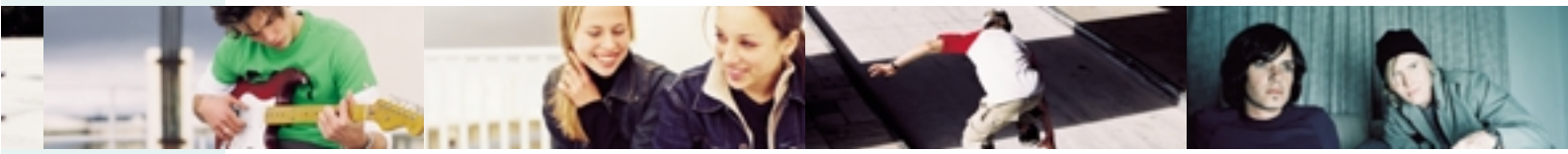
Figure 3.1

Alcohol Use: Overall, Gender and Area



	Overall	Males	Females	Limerick City	Co. Limerick	Co. Clare	Tipp NR
Lifetime	90.2	88.5	91.7	91.8	89.9	89.5	89.0
Last 12 months	83.4	81.0	85.6	85.2	84.7	81.8	81.7
Current	62.4	59.2	65.7	62.6	63.0	59.1	65.7

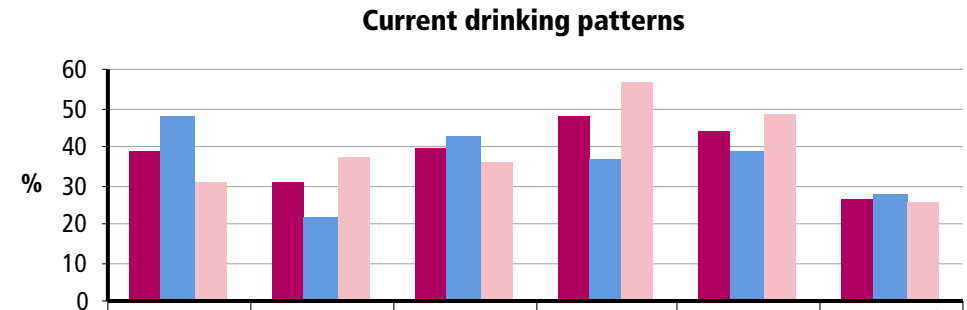
The lifetime rates are higher than recorded in the 1998 survey when 81.5% of students overall had consumed alcohol at least once in their lives. However, the current drinking (previous 30 day) rate was lower than the previous survey, which reported a current rate of 67.8%. However, rates of both lifetime and 30-day alcohol use are higher among girls than boys. Chi-square tests found these gender differences to be significant: for lifetime drinking significance was at the 0.05 level ($\chi 2=6.043$, df=1); for current drinking the significance was at the 0.01 level ($\chi 2=8.988$, df=1). This is a reversal of the pattern found in the last survey and is a cause for concern. The ESPAD 1999 survey reported that Ireland was one of the few countries in Europe to report nearly equal gender behaviour in drinking.



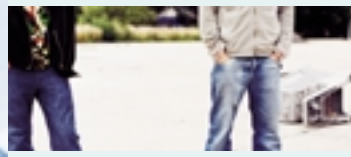
current drinking patterns

Students were asked about the type of drinks they had consumed in the last 30 days. The most popular drinks with the male respondents were beer and cider, whilst female respondents preferred alcopops and spirit-based drinks. The results are summarised in Figure 3.2

Figure 3.2



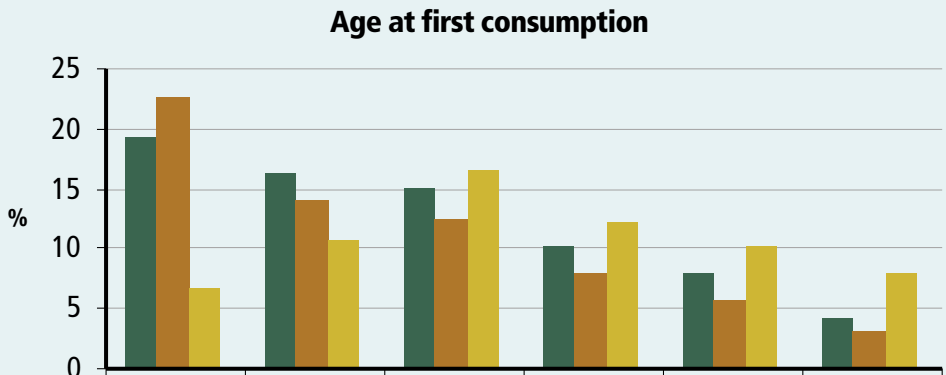
	Beer	Wine	Cider	Alcopops	Spirits	Spirits & Red Bull
Overall	38.4	30.3	39.1	47.1	43.6	25.9
Male	47.5	21.4	42.3	36.3	38.6	27.1
Female	30.4	37.3	35.9	56.2	48.2	25.0



age at first consumption

Figure 3.3 illustrates the reported age of first consumption of alcoholic beverages. 50.2% of students were 13 years or younger when they drank their first glass of beer and 49% had consumed a glass of wine at this age. The proportion of students who had consumed a glass of spirits was slightly lower at 33.7%.

Figure 3.3



	11 years or less	12 years	13 years	14 years	15 years	16 years
Beer	19.2	16.2	14.8	10.1	7.8	3.9
Wine	22.6	14.0	12.4	7.9	5.6	2.9
Spirits	6.7	10.7	16.3	12.2	10.1	7.8

These figures are almost directly comparable to the ESPAD 1999 findings for Ireland where 49% of students were 13 years or younger when they drank their first glass of beer and 49% had consumed a glass of wine at this age. The proportion of students who had consumed a glass of spirits was slightly lower at than the MWHB survey at 32%.

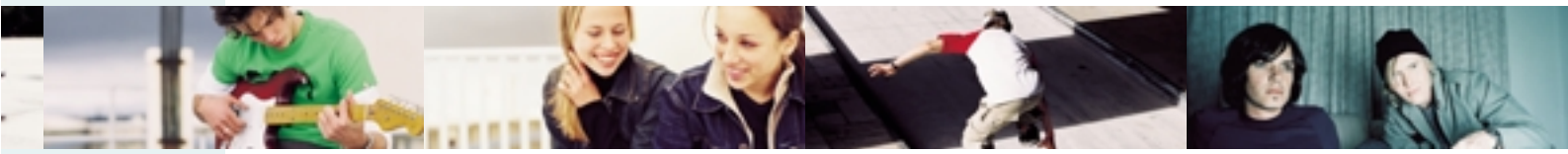
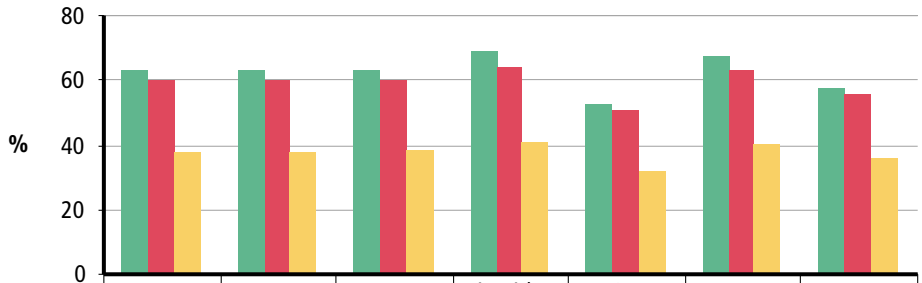


Figure 3.4 summarises reported lifetime, last 12 month and current rates of being drunk by gender and area.

Figure 3.4

Rates of Being Drunk, Overall, Gender and Area



	Overall	Male	Female	Limerick City	Co. Limerick	Co. Clare	Tipp NR
Lifetime	62.5	62.4	62.6	68.4	51.9	67.1	57.0
Last 12 months	59.0	59.0	59.1	63.8	50.5	62.4	55.1
Current	37.3	36.9	38.0	40.2	31.1	39.3	35.8

62.5% of students have been drunk at least once in their lives and 37.3% have been drunk at least once in the past 30 days. The lifetime rates for male and female students are essentially similar but the rate for the past 30 days was slightly higher for females at 38% compared to males at 36.9%. This observed difference was not statistically significant. Limerick City has the highest lifetime and current rates for being drunk. The lifetime rates are higher than those reported in 1998 and the fact that the female rate is higher than male rate is a reversal of previous findings and cause for concern. The lifetime and current rates are lower than the rates for ESPAD Ireland 1999 (72% and 50% respectively) but the gender rates were higher for boys in the ESPAD findings.

Figure 3.5 illustrates the age at which the students in this survey reported that they were drunk for the first time.

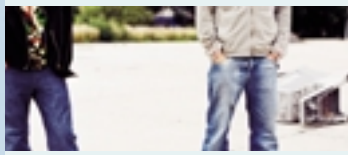


Figure 3.5

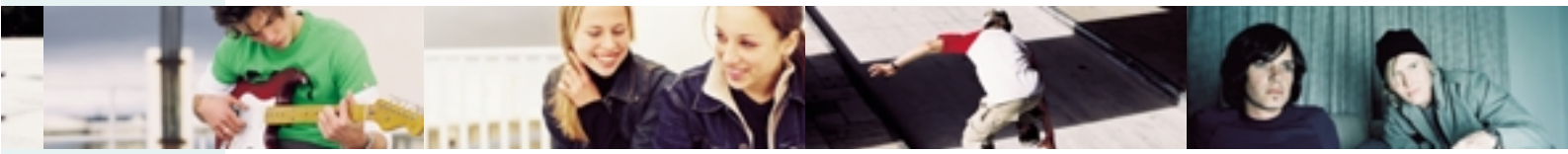
26.7% of students were 13 years or younger when they got drunk for the first time. This is a big increase on the rate reported in the 1998 MWHB report where the figure was 11.2%. ESPAD 1999 reported that 25% of all Irish students had been drunk for the first time aged 13 years or younger.

initial drinking

The students were asked how they obtained their first alcoholic drink and the results are summarised in Table 3.1.

Table 3.1 Source of first alcoholic drink

	%
Given to me by one of my parents	25.2
Given to me by a friend	25.8
Took it from home without parent's permission	9.3
Given to me by an older brother/sister	7.8
I bought it from an off-license	5.2
I bought it in a pub/club/disco	11.1



When asked the reasons for first taking an alcoholic drink 46.6% of the students responded that curiosity was the motivation. 11.3% of the students couldn't remember why they had taken their first drink. Other reasons given were being at a party/disco (14.4%), not wanting to stand out from the group (4.7%), having nothing else to do (4.7%) and wanting to forget their problems (3.0%).

When the students were asked the reasons for current drinking, 35.8% responded that they drank because they liked the taste, 16.3% liked the way it made them feel and 5% said they drank for fun and to be sociable. However, 17.2% of the respondents said they drank to get drunk, 4.4% wanted to forget their problems and 4.3 % didn't want to be different from everyone else. In 1998 students were asked reasons for drinking wine, beer, cider, alcopops and spirits separately. However, the most frequent category of response was again that they drank them because they liked the taste.

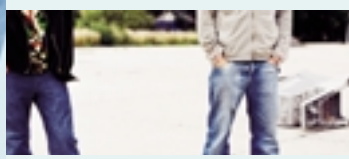
To explore the context in which young people drink, students were asked where they were drinking on their last drinking occasion. The main response 34.5% was that they were drinking in a bar/pub. 16.3% stated that they were drinking at home, whilst 15.0% replied that they were drinking in friend's house. 14.7% of the respondents were drinking at a disco. 12.0% of the students indicated that they were drinking in an outside venue, either in the street or a park/forest.

binge drinking

Binge drinking was defined, by a Harvard study, as consuming five or more drinks in a row on a single drinking occasion and four drinks for women. There is debate about this definition, both in terms of the number of drinks and the time span of the drinking occasion. ESPAD 1999 used the definition of drinking five or more drinks in a row for both sexes so this information was gathered in this study for comparison with the Irish situation. When asked about drinking five or more drinks in a row in the past 30 days, 44.3% of students reported having done so. ESPAD commented that binge drinking on 3 or more occasions in the last 30-day period would indicate "rather intensive alcohol consumption". 22.9% of students reported such behaviour. There was no difference between the sexes, with the overall 30-day binge drinking behaviour, but 24.1% males reported doing so on 3 or more occasions compared to 22.0% females.

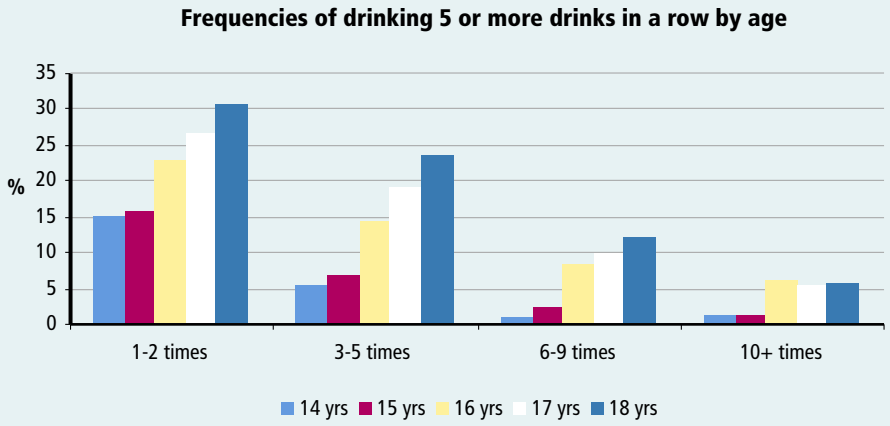
Table 3.2 Frequency of drinking 5 or more drinks in a row in last 30 days

	MWHB 2002			ESPAD 1999 Ireland		
	Overall %	**Male %**	**Female %**	**Overall %**	**Male %**	**Female %**
0	55.6	55.6	55.3	43.0	43.0	44.0
1-2	21.4	20.4	22.6	26.0	26.0	25.0
3-5	13.2	12.5	13.9	17.0	17.0	18.0
6-9	6.1	7.6	5.0	9.0	10.0	9.0
10+	3.6	4.0	3.1	5.0	5.0	5.0



However, when the "binge drinking" was broken down by age it was clear (Figure 3.6) that this pattern of drinking increased as students grew older.

Figure 3.6



attitudes to and influences on alcohol use

Students were asked about their attitudes to alcohol use, perception of harm, ease of access and the influence from friends and family.

perceived danger of alcohol

From the results summarised in Table 3.3 it appeared that overall students felt there was less risk associated with having 5 or more drinks at the weekend than daily drinking. 19.1 % of students in this survey felt that there was great risk associated with the weekend drinking compared to 18% in the ESPAD 99 survey. However, these results are lower than the average result for Europe of 38%.

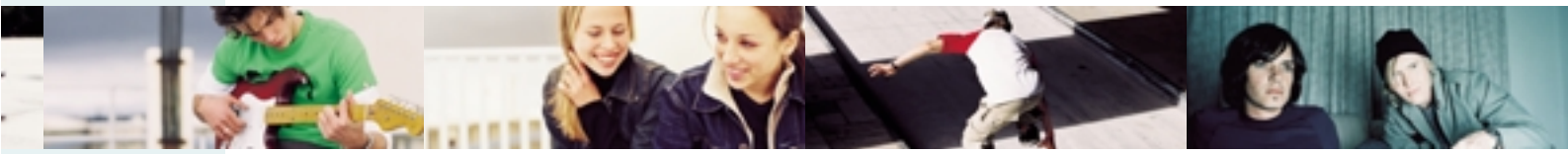


Table 3.3 Percentage of students perceiving risk

%	No risk %	Slight/ moderate risk %	Great risk %	Don't know
1 or 2 drinks almost daily	7.0	62.1	28.9	1.9
4 or 5 drinks almost daily	2.9	87.9	68.3	1.7
5+ drinks each weekend	16.4	62.0	19.1	2.5

attitude to alcohol use

Table 3.4 summarises attitudes to alcohol use reported by students in this survey. It was evident that students felt it was fairly acceptable to have a few drinks once or twice a year. Just over half the students surveyed thought that a few drinks several times a week was not a matter for disapproval. 46.2% of students overall disapproved/strongly disapproved of people getting drunk. ESPAD 99 Ireland recorded a 44% overall disapproval/strong disapproval, which was considerably lower than the European average of 69%.

Table 3.4 Percentage of students disapproving of alcohol use

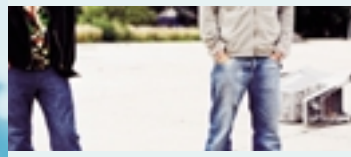
	No disapproval	Disapproval	Strong disapproval	Don't know
1 or 2 drinks several times a year	89.9	5.1	1.9	3.1
1 or 2 drinks several times a week	55.5	30.3	8.5	5.7
Getting drunk 1or 2 a week	48.6	27.7	18.5	5.2

perceived alcohol use amongst friends

Students were asked about alcohol use among friends. 65.8% responded that most or all of their friends drink alcohol and 26.5% said that most or all of them get drunk at least once a week.

Table 3.5 Percentage of friends perceived as using alcohol

	None	A few	Most	All
Drink beer, wine or spirits	6.3	27.9	44.3	21.5
Get drunk at least once a week	29.9	43.6	21.3	5.2



alcohol use in family

65.5% of students overall reported that their siblings drink, 78.8% said that their fathers drink and 74.1% said that their mothers drink. 57.4% stated that their siblings had ever got drunk, whilst 48.9% reported that behaviour for their father and 35.5% for their mother.

perceived availability of alcohol

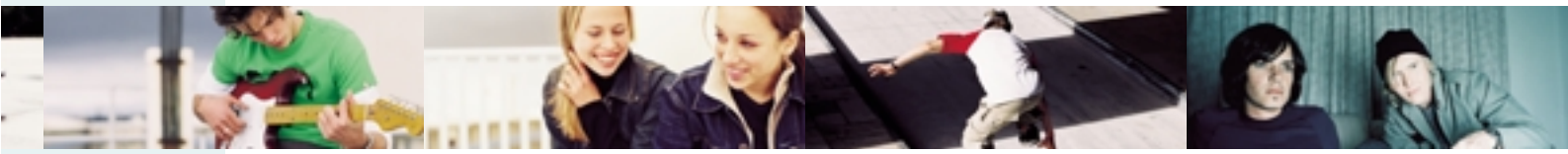
76.8% of the respondents overall said that it would be fairly/very easy to get beer, 74.4% wine and 65.8% spirits.

reasons for not drinking alcohol

Students were asked how important certain factors would be for abstaining from drinking alcohol. Results are presented below in Table 3.6.

Table 3.6 Reasons for not drinking alcohol (percentage)

	Very/rather important	Not very important unimportant	Don't know
Leads to serious accidents	89.6	8.2	2.2
Bad effects on family life	85.6	10.6	3.8
It may have destroyed someone you know	78.4	11.3	10.3
Drinking is bad for one's health	75.9	21.9	2.2
Leads to crime and violence	72.7	22.5	4.8
Drinking makes you lose control	70.9	22.8	6.4
Hangovers, dizziness, vomiting	67.8	29.4	2.8
Hard to stop once you start the habit	64.0	27.0	9.0
Parental disapproval	55.4	39.5	5.1
Against one's principles	51.8	38.8	9.5
Costs too much	50.4	47.0	2.5
Drinking makes you put on weight	45.6	46.1	8.3
Tastes horrible	25.2	64.7	10.1
Religious reasons	17.9	62.6	19.4



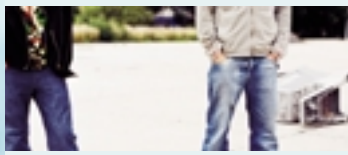
Nearly 90% of the students surveyed considered the fact that drinking alcohol could lead to serious accidents would be an important reason for not drinking. Negative effects on family life, the fact that drinking had destroyed someone they knew, bad effects on health and drink related crime and violence were all acknowledged as serious reasons for not drinking. Religious reasons were considered the least important.

expected personal consequences of alcohol consumption

Students were asked about a variety of possible positive and negative personal consequences of alcohol consumption (Table 3.7%). Three quarters of the students reported that they expected positive consequences such as *"having a lot of fun"*, *"feeling happy, more friendly and out-going"* as a result of alcohol consumption. Short-term negative consequences like "getting a hangover" and *"feeling sick"* were expected by just over half of the students, whereas about a quarter of them anticipated *"trouble with the police"* and *"not being able to stop drinking"*. The overall pattern of results was similar to the results for ESPAD 99 for Ireland although there was less of an anticipation of a hangover (37%) and feeling sick (29%) and a higher expectation of the positive consequences (80+%).

Table 3.7 Expected consequences of alcohol consumption (percentage)

	Very likely/likely	Not sure	Unlikely/very unlikely
Positive consequences			
Feel relaxed	68.3	19.0	12.7
Feel happy	74.2	15.1	10.6
Forget my problems	48.2	20.5	31.4
Feel more friendly and outgoing	72.6	14.6	12.7
Have a lot of fun	77.9	12.2	9.9
Negative consequences			
Trouble with police	25.7	11.6	62.8
Harm my health	42.4	25.0	32.5
Not be able to stop drinking	23.6	13.8	62.5
Get a hangover	56.1	11.7	32.2
Do something I would regret	50.1	18.0	31.8
Feel sick	50.4	15.7	33.9



problems as a result of alcohol use

Students were asked about problems that they might have encountered because of their alcohol use. The problems fell into four categories: individual problems, relationship problems, sexual experiences and delinquency problems (Table 3.8). ESPAD 99 reported that high problem countries, which included Ireland, were all countries in Northern Europe.

The problems reported in the Mid-West followed the pattern of the European average in the relationship category, but were lower than the results reported for Ireland. The sexual experience questions were not asked in the Irish survey for ESPAD 99. 171 (7.5%) students in this survey, 92 (9.0%) males and 75 (6.2%) of females reported that they had engaged in sex that they regretted the next day because of alcohol use. 21.1% of these students were under 16 years of age and 73.2% were aged between 16 and 19 years. 5.8% did not state their age. Unprotected sex, as a result of alcohol use, was reported by 133 (5.8%) students, 63 (6.2%) males and 66 (5.4%) females. 18.1% of the respondents were under 16 years of age and 74.4 % were aged between 16 and 19 years. On average, 6% of ESPAD 1999 students reported engaging in sex they regretted the next day and 5% reported unprotected sex as a result of alcohol use. The numbers of students reporting sexual "problems" because of drug use were much smaller. 14 males and 8 females overall reported that they had engaged in regretted sex because of drug use and 13 males and 7 females stated that they had engaged in unprotected sex as a result of their drug use. The 1999 ESPAD report did not provide the results for sexual problems as a result of drug use.

Damage to objects or clothing was the most frequently reported problem in this survey, followed by loss of money or valuables. The reported problems in the "delinquency" category for the Mid-west are lower than the ESPAD Ireland figures but higher than the European average.

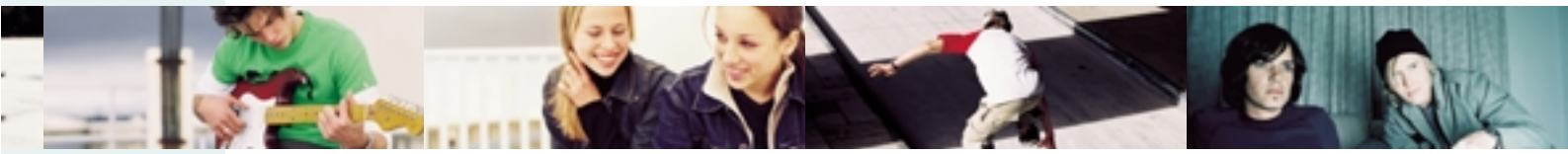
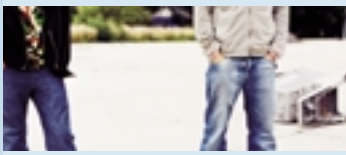
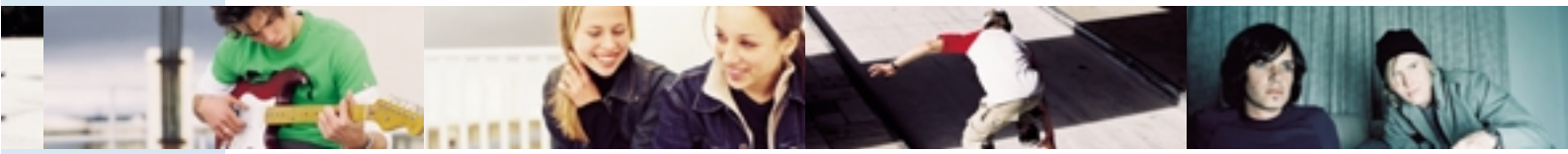


Table 3.8 Problems related to alcohol use compared to problems experienced for other reasons (percentage)

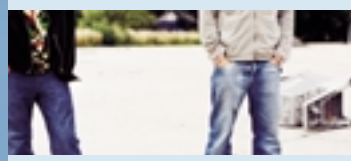
	Alcohol related problem			Problems for other reasons
	MWHB	ESPAD 99 Ire	ESPAD 99 Eur	
Individual problems				
Performed poorly school	3.2	6.0	3.0	35.8
Damage to object/clothes	17.5	25.0	13.0	34.0
Loss of money/valuables	15.1	21.0	8.0	39.0
Accident/injury	6.4	10.0	5.0	43.4
Hospital or A&E	1.6	2.0	2.0	20.7
Relationship problems				
Quarrel/argument	10.5	16.0	12.0	63.6
Problems with friends	6.2	10.0	6.0	36.6
Problems with parents	7.1	12.0	8.0	34.4
Problems with teachers	1.5	2.0	2.0	32.1
Sexual experiences				
Sex regretted next day	7.5	n/a	6.0	5.3
Unprotected sex regretted	5.8	n/a	5.0	5.8
Delinquency problems				
Scuffle/fight	8.3	11.0	7.0	43.4
Victim of robbery/theft	2.1	2.0	1.0	11.7
Trouble with police	5.7	8.0	4.0	8.9

The findings from the latest survey prove that alcohol use by young people in the Mid West region is still at undesirable levels particularly in light of the fact that 85% of the students were under the legal age for drinking. The increased rates amongst young females should be of concern. The fact that high proportions of the respondents thought that it would be very/fairly easy to get alcohol if they wished would suggest that more stringent methods for preventing access to alcohol are needed. The increased rate for "first being drunk" at age 13 years or younger is of particular concern. Curiosity was a major factor in initiating alcohol use, followed by being in a "party" setting. Peer influence, which could equate to "not wanting to stand out from the group", was reasonably low.





drugs



To gather information on the basic knowledge that young people have about drugs, students were first asked whether they had heard about certain drugs (Table 4.1). The drugs were described both by their proper names and their street names. Two dummy drugs were included: relevin, which has been used in other drug surveys and mexaval, which was invented for this survey. 94.1% of students said that they had heard of cannabis. Methadone was the least known true drug, with 48.1% of students stating that they had heard of it. 14.2% of students said that they had heard of relevin and 11.4% said that they had heard of mexaval. ESPAD 1999 reported that 11% of the Irish students surveyed said that they had heard of relevin. However, the ESPAD report suggested that if a dummy drug had an authentic sounding name it was possible that some students could reasonably think that they had heard of it.

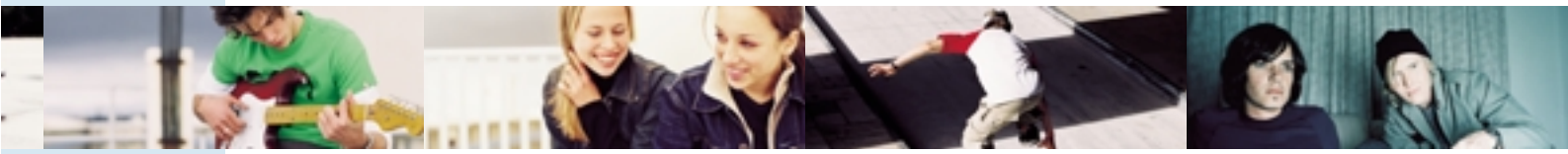
Table 4.1 Percentage of students who have heard of each drug

	Overall	Male	Female
Tranquillisers	71.0	65.2	76.2
Cannabis	94.1	93.1	94.8
LSD	68.3	67.5	69.4
Amphetamines	81.1	79.1	83.2
Crack	83.3	83.1	83.8
Cocaine	91.2	89.7	92.4
Relevin	14.2	15.7	12.9
Heroin	89.0	87.0	90.8
Ecstasy	88.8	86.1	91.1
Methadone	48.1	46.7	49.7
Mexaval	11.4	13.5	10.1
Magic Mushrooms	82.1	82.2	82.4

30.8% of the students overall, 29.4% of males and 31.6% of females, stated that they had wanted to try one of the drugs listed above.

lifetime use of any drug

39.4% of students overall reported lifetime experience of at least one drug, which included cannabis, inhalants ecstasy, magic mushrooms, tranquillisers without a prescription, amphetamines, crack, cocaine, heroin and LSD. More males than females reported this

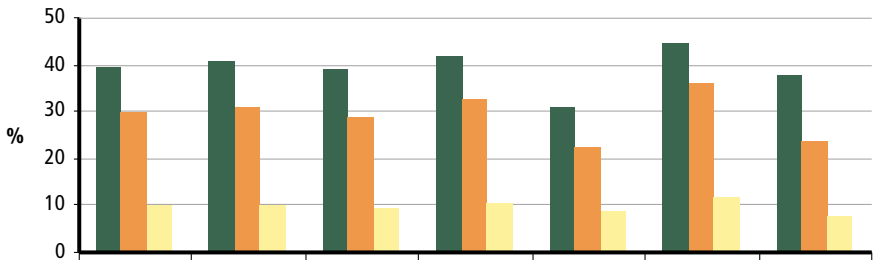


behaviour and Co. Clare reported the highest use of any drug, followed by Limerick City. Co. Limerick had the lowest reported drug use. Figure 4.1 summarises the findings. There was a 10% increase on the reported rate for MWHB 1998 of 29.8%. Limerick City had the highest rate in the previous survey.

Lifetime users reported having used up to nine drugs. 57% of users reported having used just one drug. 21.6% of users stated that they had used two drugs and 8.3% reported using three drugs.

Figure 4.1

Lifetime Any Drug Use



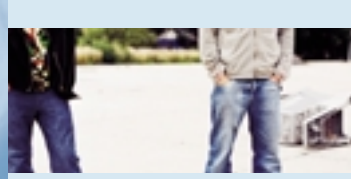
	Overall	Male	Female	Limerick City	Co. Limerick	Co. Clare	Tipp NR
Any drug	39.4	40.3	38.4	41.4	30.8	44.4	37.4
Illicit drugs	29.5	30.8	28.2	32.6	22.4	35.6	23.5
Illicit drugs excl. Hash	9.6	9.6	9.3	10.3	8.5	11.3	7.4

In ESPAD 1999 the category of any "illicit drug" included cannabis, amphetamines, LSD or other hallucinogens, crack, cocaine, ecstasy and heroine (by smoking or not smoking).

Students were asked to name the places where they thought they could easily obtain cannabis (Table 4.2).

Table 4.2 Places where cannabis could be obtained

	Overall %	Male %	Female %
Don't know	33.2	36.7	30.0
Street, park etc	26.5	24.4	28.5
School	19.9	19.7	20.5
Disco, bar etc	33.3	28.6	37.7
Dealer's house	26.6	25.2	28.1
Other	5.6	4.4	6.7



initiation of drug use

Information was gathered about how young people initiated drug use: which drug they first used, how the drug was obtained, why they decided to use it. This information on current thinking could be of use for prevention and cessation programmes. When asked about the first drug, if any, that they had used 29.6% of males and 26.6% of females stated that cannabis was their first drug of use. The results are summarised below in Table 4.3. When compared to the ESPAD 1999 findings for Ireland there was a slightly higher percentage of those who had not taken drugs in the MWHB region and a correspondingly lower cannabis use.

Table 4.3 Drug of first use

	MWHB 2002%			ESPAD Ireland 1999 %		
	Overall	**Male**	**Female**	**Overall**	**Male**	**Female**
Cannabis	27.9	29.6	26.6	30	33	27
Ecstasy	0.7	0.6	0.7	0	0	0
Tranquillisers without prescription	0.6	0.8	0.5	1	1	1
Don't know what it was	0.8	0.9	0.7	0	1	0
Not taken	69.0	67.1	70.5	67	64	70

A question was asked about how the substance was obtained and it was apparent that friends were the main source.

Table 4.4 How drug was first obtained

	Overall %	**Male %**	**Female %**
Shared around a group of friends	9.6	8.9	10.4
Given by older friend	7.7	6.1	8.9
Given by a friend own age or younger	6.1	8.6	4.2
Bought from a friend	1.2	1.6	0.7
Given by brother /sister	1.3	1.0	1.6
Bought from stranger/unknown person	1.1	1.9	0.5

Information was then sought on why they had tried their first drug.

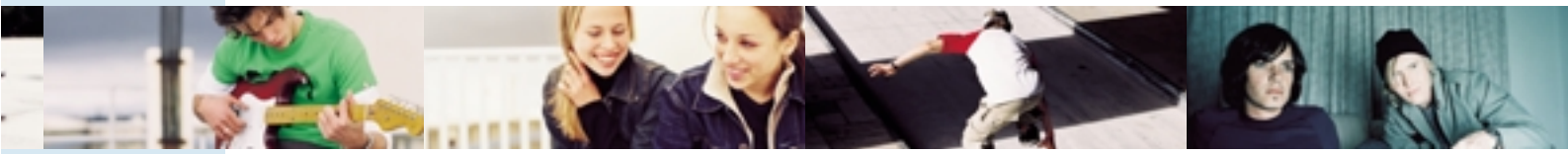


Table 4.5 Reasons for first drug use

	Overall %	Male %	Female %
Curiosity	19.3	18.3	20.5
To get high	9.0	10.4	8.0
Nothing else to do	2.1	2.3	1.7
To forget my problems	1.5	2.1	1.1
Not wanting to stand out from the group	1.4	1.8	1.1
Other reasons (e.g. fun, craic)	1.3	1.5	1.1
Don't remember	1.9	2.0	1.8

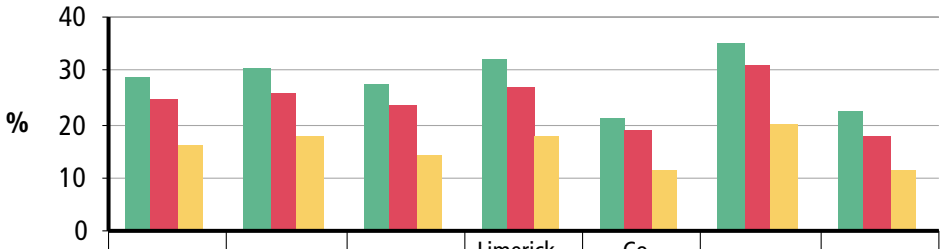
It was notable that curiosity was the main reason why young people chose to experiment with drugs. In 1998 students were asked reasons for taking individual drugs and the most common response was "everyone else does it".

cannabis

When asked about cannabis use, 28.6% of the students overall, 30% of males and 27.3% of females, reported that they had used cannabis in their life. 15.4% of the students overall, 17.4% of males and 13.6% of females reported cannabis use in the previous 30 days. Co. Clare had the highest reported lifetime, previous 12 months and current use. Co. Limerick had the lowest lifetime use and Tipperary NR had the lowest previous 12 months and current use. Males had higher lifetime and current use than females; the gender difference was only significant for the 30day use; ($\chi 2=5.708$ df=1) at the 0.05 level. The results are summarised in Figure 4.2.

Figure 4.2

Cannabis Use: Lifetime, Previous 12months, Current



	Overall	Males	Females	Limerick City	Co. Limerick	Co. Clare	Tipp NR
Lifetime	28.6	30.0	27.3	32.1	21.1	35.1	22.0
12 months	24.2	25.5	23.0	26.9	18.4	30.9	17.2
Current	15.4	17.4	13.6	17.3	11.3	19.7	11.1

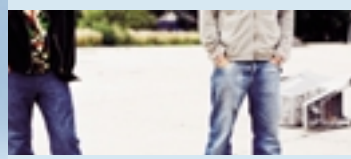


Table 4.6 Comparison cannabis rates with MWHB 1998, ESPAD 1995 and 1999

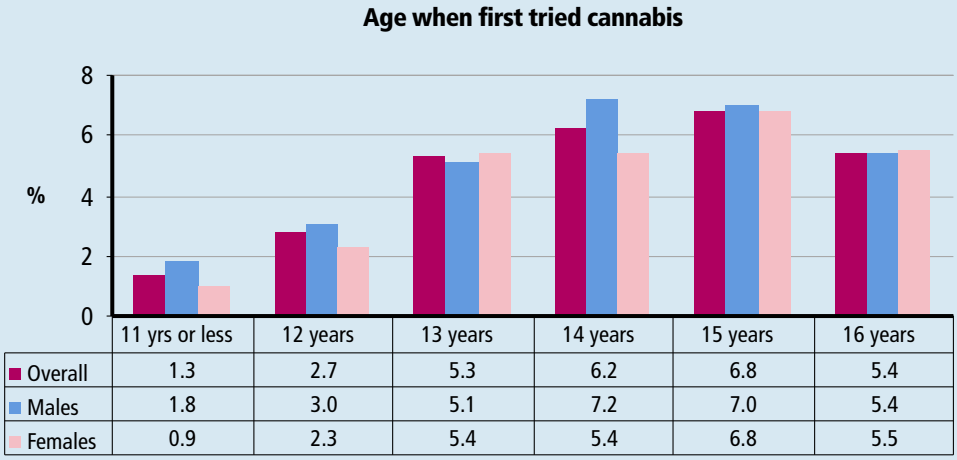
	Lifetime %				Current %			
	MWHB 2002	**MWHB 1998**	**ESPAD 1995**	**ESPAD 1999**	**MWHB 2002**	**ESPAD 1995**	**ESPAD 1999**	**MWHB 1998**
Overall	28.6	19.0	37	32	15.4	19	15	8.4
Male	30.0	22.8	42	35	17.4	25	18	9.9
Female	27.3	14.9	31	29	13.6	12	11	6.7
Limk City	32.1	22.1			17.3			9.3
Co. Limk	21.1	4.9			11.3			3.5
Co. Clare	35.1	17.4			19.7			8.4
Tipp NR	22.0				11.1			

The lifetime and current cannabis usage figures in the Mid-West region have increased since 1998 but are comparable to ESPAD 1999 figures for Ireland. It should be noted that the target population in the ESPAD surveys was those students who would become 16 years old in the year of data collection.

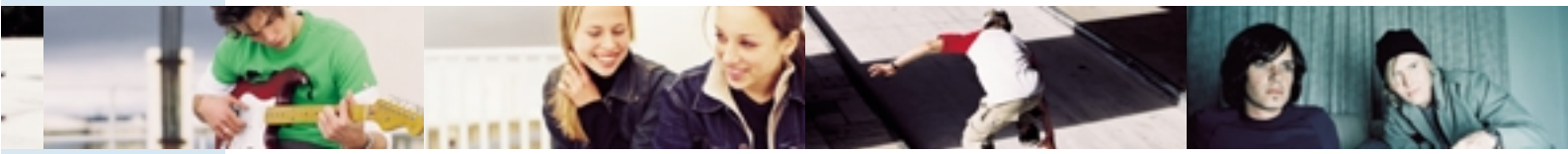
age at first use

Students were asked how old they were when they first tried cannabis (Figure 4.3).

Figure 4.3



	11 yrs or less	12 years	13 years	14 years	15 years	16 years
Overall	1.3	2.7	5.3	6.2	6.8	5.4
Males	1.8	3.0	5.1	7.2	7.0	5.4
Females	0.9	2.3	5.4	5.4	6.8	5.5

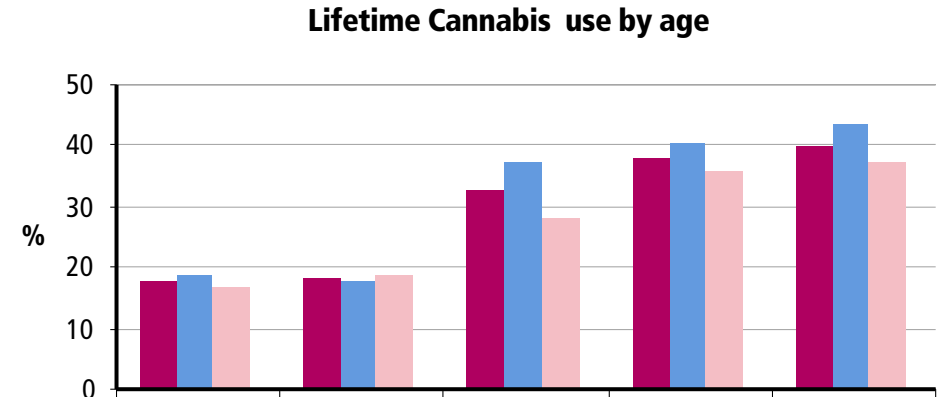


9.3% of students overall were 13 years or younger when they first tried cannabis. 9.9% of males were in this category compared to 8.6% of females. ESPAD 99 reported figures of 7.0% overall, 9.0% of males compared to 5.0% of females.

cannabis use by age

Cannabis use increased with age (Figure 4.4). 17.5% of students aged 14 years had used cannabis in their life compared to 39.9% of those aged 18 years.

Figure 4.4



	14 yrs	15yrs	16 yrs	17 yrs	18 yrs
Overall	17.5	18.1	32.3	37.6	39.9
Male	18.4	17.5	37.0	40.1	43.1
Female	16.4	18.5	27.7	35.7	37.0

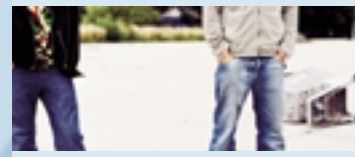
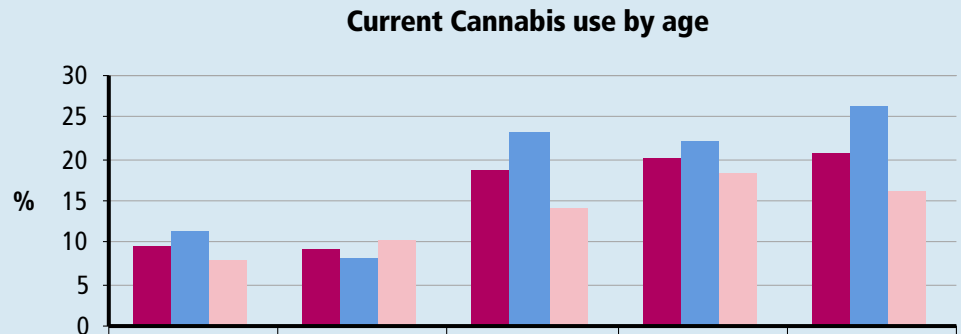


Figure 4.5



	14 yrs	15yrs	16 yrs	17 yrs	18 yrs
Overall	9.4	8.9	18.4	19.9	20.6
Male	11.1	7.9	23.0	22.0	26.2
Female	7.7	10.1	13.8	18.2	16.1

9.4% of students aged 14 years reported cannabis use within the past 30 days and this figure increased to 20.6% of those aged 18 years.

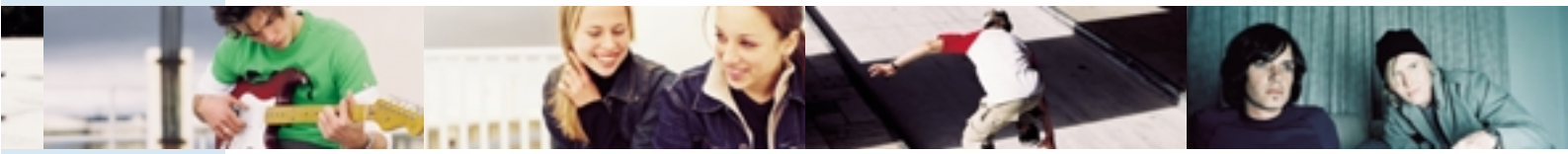
comparison figures with MWHB 1998 and ESPAD 1995 and 1999

The figures compared below in Table 4.7 are overall figures. It should be noted that the population of students studied in the 1999 ESPAD survey was drawn from the 1983 birth cohort. This corresponds to the sample born in 1986 in this survey, classed as 16 years old. Overall lifetime cannabis rates for Ireland in the 1995 and 1999 ESPAD surveys were 37% and 32% respectively. Overall current cannabis rates for Ireland in the 1995 and 1999 ESPAD surveys were 19% and 15% respectively. The age related figures for the Mid-West have increased since 1998 and are directly comparable to the ESPAD 1999 figures.

Table 4.7 Comparison of cannabis use in MWHB 1988-2002

%	MWHB 2002 Lifetime	MWHB 1998 Lifetime	MWHB 2002 Current	MWHB 1998 Current
13 yrs	*	5.3	*	2.0
14 yrs	17.5	10.4	9.4	3.7
15 yrs	18.1	17.4	8.9	8.6
16 yrs	32.3	25.2	18.4	11.9
17 yrs	37.6	33.1	19.9	15.2
18 yrs	39.9		20.6	

*sample was too small to allow for meaningful comparison



prescribed tranquilliser use

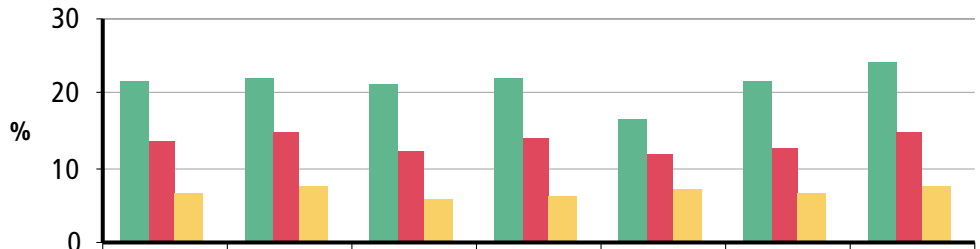
9.2% of students in the study, 9.4% males and 9.0% females, had ever taken tranquillisers or sedatives prescribed by a doctor. 1.3% overall, 1.0% of males and 1.6% of females said it was for a period of 3 weeks or more.

inhalants

Inhalants, e.g. aerosols and glue, were the second most commonly drugs of use in the Mid-west region. Lifetime inhalant use was similar in males and females, but current use was reportedly higher in males than females. This was significant at the 0.05 level; ($\chi 2=3.914$ df=1). Students in Tipperary NR reported the highest use of inhalants, both for lifetime and current use. Co. Limerick reported the lowest lifetime use but Limerick City had the lowest reported current use. Lifetime rates in Limerick City and Co. Clare were similar. These rates are summarised in Figure 4.7.

Figure 4.7

Inhalant Use: Lifetime, Previous 12 months, Current



	Overall	Males	Females	Limerick City	Co. Limerick	Co. Clare	Tipp NR
Lifetime	21.3	21.6	20.9	21.9	16.3	21.5	24.1
12 months	13.2	14.4	11.9	13.5	11.5	12.6	14.5
Current	6.4	7.5	5.5	5.8	6.9	6.6	7.3

Inhalant usage in the Mid-west has increased since the survey in 1998. It should be noted that the majority of the lifetime use, 14.2% overall, reported use on 1-5 occasions. The lifetime figures are comparable to figures for Ireland in ESPAD 1999 when Ireland had the highest reported use of inhalants in Europe. The reported current usage figures in the Mid-west are higher than both the ESPAD 1999 and MWHB 1998 figures. 5.2% overall reported use on 1-5 occasions in the previous 30 days.

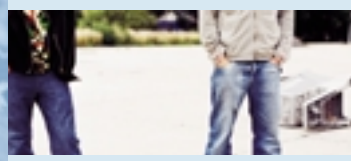


Table 4.8 summarises the comparison of inhalant rates for the current survey with the MWHB 1998 survey and the findings for Ireland in ESPAD 1999 survey.

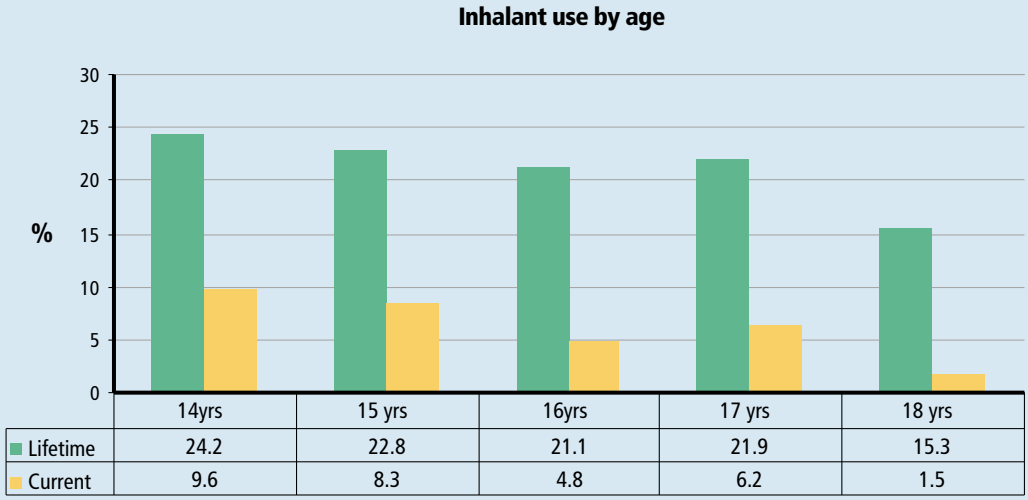
Table 4.8 Comparison figures with MWHB 1998 and ESPAD Ireland 1999

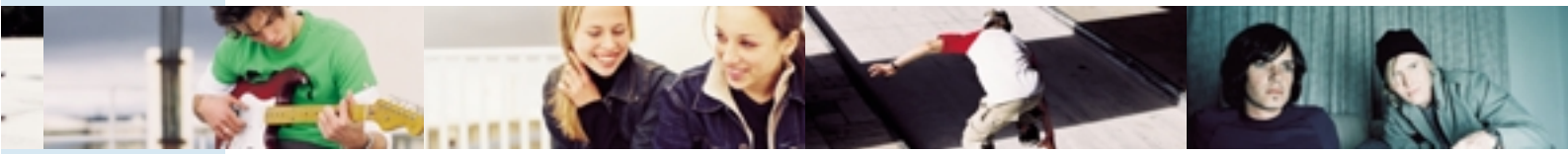
	Lifetime %			Current %		
	MWHB 2002	**MWHB 1998**	**ESPAD 1999**	**MWHB 2002**	**ESPAD 1999**	**MWHB 1998**
Overall	21.3	13.6	22.0	6.4	4.0	2.7
Male	21.6	15.4	22.0	7.5	5.0	2.5
Female	20.9	11.5	21.0	5.5	3.0	3.0
Limk City	21.9	13.8		5.8		2.6
Co. Limk	16.3	13.7		6.9		3.5
Co. Clare	21.5	13.7		6.6		3.0
Tipp NR	24.1			7.3		

inhalant use by age

Lifetime rates of inhalant use decreased across the age groups, although 17 year olds reported a marginally higher rate. Current rates of usage also decrease with age although 17 year olds reported higher use than those aged 16 years (Figure 4.8).

Figure 4.8

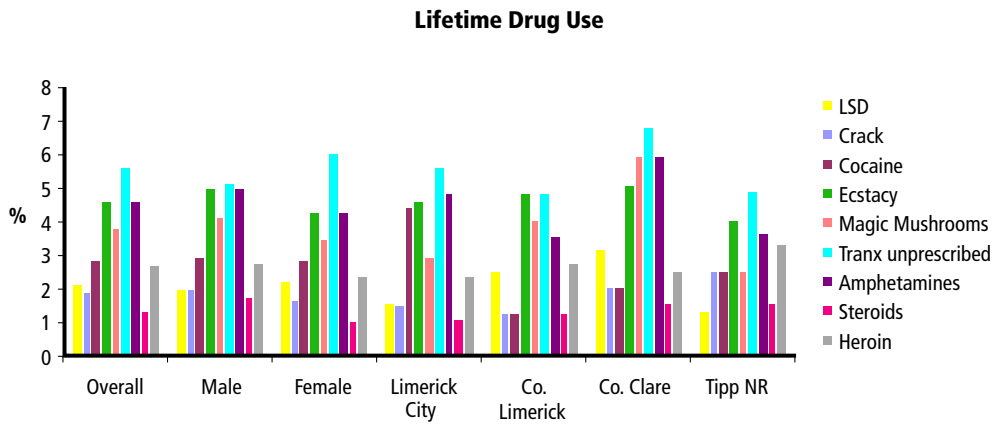




age at first use

Students were asked how old they were when they first tried an inhalant. 9.9% overall answered that they were 13 years or younger, 9.3% of boys compared to 10.6% of girls. ESPAD 99 reported that 8.0% of both boys and girls were in this age category (Figure 4.9).

Figure 4.9



lifetime use of illicit drugs other than cannabis and inhalants

Overall lifetime use of illicit drugs other than cannabis and inhalants was generally low in the Mid-west region. Tranquillisers, not prescribed by the doctor, were the most commonly used illicit drugs after cannabis and inhalants, with an overall reported use of 5.6%. However, it should be noted that 4.3% of students overall were in the category of using 1-5 times. Marginally more girls than boys said that they had used tranquillisers. Co. Clare had the highest reported use of tranquillisers. The total lifetime results are summarised below, Figure 4.9, Table 4.9, followed by results for overall usage 1-5 times in lifetime Table 4.10. The numbers of students who reported illicit drug use were too small to allow for meaningful comparison across sexes and areas.

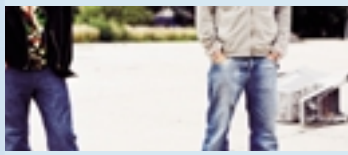
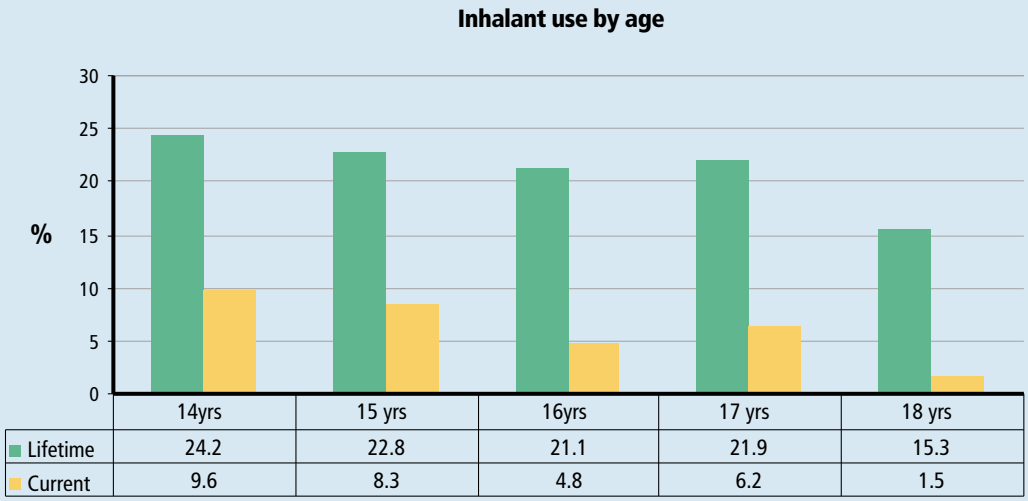


Figure 4.10



	14yrs	15 yrs	16yrs	17 yrs	18 yrs
Lifetime	24.2	22.8	21.1	21.9	15.3
Current	9.6	8.3	4.8	6.2	1.5

Table 4.9 Lifetime illicit drug use

	Tranx. %	Ecst. %	Amphet %	Magic Mush. %	LSD %	Crack %	Coc. %	Heroin %	Steroids %
Overall	5.6	4.6	4.6	3.8	2.1	1.9	2.8	2.7	1.4
Male	5.1	5.0	5.0	4.1	2.0	2.0	2.9	2.8	1.7
Female	6.0	4.3	4.3	3.5	1.7	1.7	2.8	2.4	1.0
Limk City	5.6	4.6	4.8	3.0	1.5	1.5	4.4	2.4	1.1
Co. Limk	4.8	4.8	3.5	4.1	1.3	1.3	1.3	2.8	1.3
Co. Clare	6.8	5.1	5.9	5.9	2.1	2.1	2.1	2.5	1.6
Tipp NR	4.9	4.1	3.7	2.5	2.5	2.5	2.5	3.3	1.6

Table 4.10 Illicit drug use 1-5 times in life

	Tranx. %	Ecst. %	Amphet %	Magic Mush. %	LSD %	Crack %	Coc. %	Heroin %	Steroids %
Overall	4.3	3.1	3.8	3.0	1.9	1.4	2.3	1.9	1.0

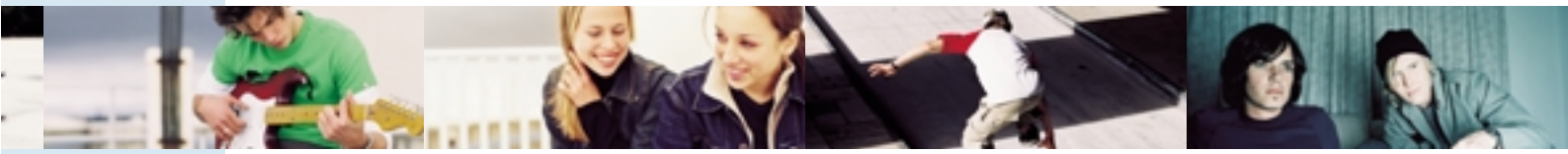


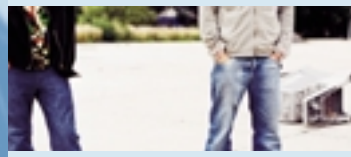
Table 4.11 provides a comparison of lifetime illicit drug use rates determined in this survey with those found in the 1998 MWHB survey and for Irish students in the ESPAD 1999 survey. From the results below it can be seen that use of inhalants, tranquillisers and ecstasy has increased in the MHWB region since 1998, whilst the use of hallucinogens and amphetamines has decreased. The drug usages are comparable to ESPAD 1999 rates for Ireland.

Table 4.11 Comparison of lifetime illicit drug use other than cannabis

	Inhalants	Tranx.	Ecstasy	LSD/ magic mush.	Amphet.	Crack/coc.	Heroin
Overall							
MWHB 1998	13.6	2.2	3.3	7.5	5.3	1.3	1.0
MWHB 2002	**21.3**	**5.6**	**4.6**	**4.6**	**4.6**	**3.9** **1.9/2.8***	**2.7** **2.7/0.7****
ESPAD 1999	22.0	5.0	5.0	5.0	3.0	n/a 2.0/2.0*	n/a 2.0/1.0**
Male							
MWHB 1998	15.4	2.0	3.9	9.5	6.6	1.9	1.7
MWHB 2002	**21.6**	**5.1**	**5.0**	**4.7**	**5.0**	**3.9** **2.0/2.9**	**2.8** **2.8/0.8****
ESPAD 1999	22.0	5.0	6.0	7.0	4.0	n/a 2.0/3.0*	n/a 3.0/1.0**
Female							
MWHB 1998	11.5	2.4	2.7	5.5	3.9	0.6	0.3
MWHB 2002	**20.9**	**6.0**	**4.3**	**4.5**	**4.3**	**3.8** **1.7/2.8***	**2.4** **2.4/0.6****
ESPAD 1999	21.0	4.0	4.0	4.0	2.0	n/a 1.0/2.0*	n/a 2.0/0.0**

* ESPAD 1999 reported crack and cocaine separately

** ESPAD 1999 reported heroin by smoking/heroin by other methods separately.



perceived danger of drugs

In order to explore perceived danger of drug use students were asked about the risk to themselves associated with trying different drugs once or twice and using the drugs regularly. As expected, there was a greater perceived risk in taking/using a drug regularly as opposed to trying a drug. Ecstasy was regarded as the most dangerous and cannabis the least dangerous of the specified drugs with regard to taking the drug (Table 4.12).

Table 4.12 Rate of perceived danger of drug use

	No risk	Slight risk	Moderate risk	Great risk	Don't know
Try cannabis	18.9	21.9	18.6	37.4	3.1
Smoke cannabis occasionally	8.7	18.7	22.4	47.5	2.8
Smoke cannabis regularly	4.8	9.3	18.4	64.8	2.7
Try LSD	2.5	11.1	22.6	57.2	6.6
Take LSD	1.3	3.2	9.6	79.7	6.1
Try amphetamines	3.3	9.9	20.8	59.5	6.5
Take amphetamines	1.3	3.5	9.7	77.6	7.9
Try cocaine/crack	3.0	9.7	20.5	61.6	5.3
Take cocaine/crack	1.5	3.2	8.0	82.8	4.5
Try ecstasy	2.6	6.6	14.7	71.8	4.2
Take ecstasy	1.5	2.3	5.9	86.1	4.3
Try inhalants/aerosols	4.3	15.3	22.5	51.9	5.9
Use inhalants/aerosols	1.7	4.6	12.2	75.2	6.3

disapproval of drug use

Students were asked whether they disapproved of people trying certain drugs once or twice. Cannabis and inhalants had the lowest level of strong disapproval, whilst ecstasy and heroin had the highest level of strong disapproval. However, combined disapproval and strong disapproval was over 80% for all drugs except for smoking cannabis regularly trying and inhalants, which was over 70%. Trying cannabis once or twice had a total disapproval of only 57.6% (Table 4.13).

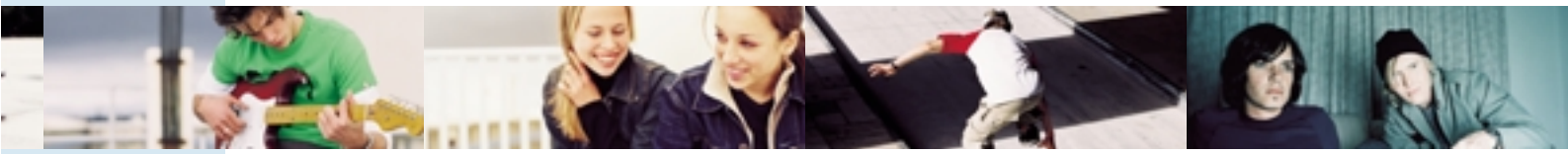


Table 4.13 Percentage of students disapproving of drug usage

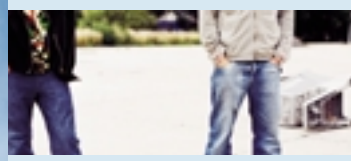
	Don't disapprove	Disapprove	Strongly disapprove	Don't know
Try cannabis	38.7	21.4	36.2	3.7
Smoke cannabis occasionally	28.6	23.6	44.3	3.4
Smoke cannabis regularly	19.7	24.1	52.4	3.7
Try LSD	12.6	28.2	54.5	4.6
Try heroin	10.4	25.6	60.3	3.8
Try tranquillisers	10.9	29.2	55.8	4.0
Try amphetamines	12.0	27.6	55.5	4.8
Try crack	13.1	26.9	56.0	4.0
Try cocaine	13.0	25.5	55.7	3.9
Try ecstasy	12.9	23.2	60.6	3.3
Try inhalants	16.9	29.0	49.7	4.5

availability of drugs

When asked how difficult it would be to obtain specified drugs, inhalants and cannabis were deemed to be the easiest to come by (Table 4.14).

Table 4.14 Percentage of students who thought it would be fairly easy/very easy to obtain drugs

	Overall
Cannabis	48.1
LSD	28.2
Amphetamines	19.4
Tranquillisers	15.1
Crack	17.4
Cocaine	19.5
Ecstasy	27.4
Heroin	16.1
Magic mushrooms	21.7
Inhalants	51.8
Anabolic steroids	14.1



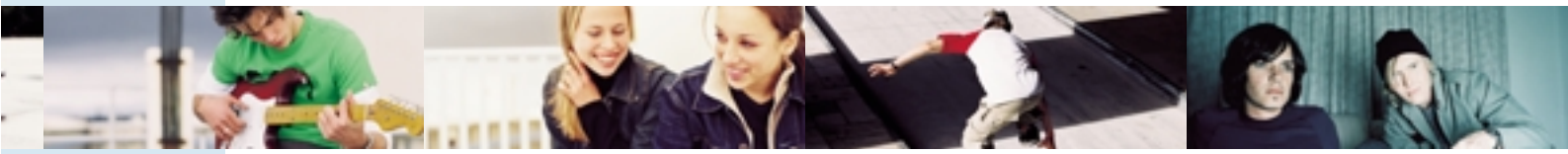
perceived drug use among friends

Students were asked whether they thought their friends were using drugs. Cannabis had the highest perceived use, 54.3% overall reported that they had friends whom they thought used it, although 41.6% of these believed that only a few were doing so. The results are summarised below in Table 4.15.

Table 4.15 Percentage of friends perceived as using drugs

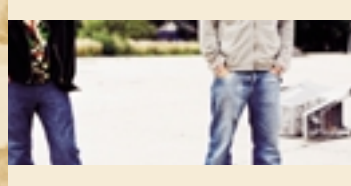
	None	A few	Most	All
Cannabis	45.7	41.6	10.3	2.4
Inhalants	76.7	20.3	2.4	0.6
Ecstasy	79.0	18.9	1.7	0.4
LSD	88.9	9.9	0.8	0.4
Amphetamines	87.6	11.1	0.9	0.4
Tranquillisers unprescribed	92.1	6.9	0.6	0.5
Cocaine/crack	86.1	12.4	1.0	0.5
Heroin	91.8	7.1	0.7	0.4
Magic Mushrooms	83.8	14.4	1.4	0.4
Alcohol and pills	79.9	17.6	2.0	0.5
Anabolic steroids	94.1	4.7	0.5	0.6

From this survey it is evident that the use of illicit drugs has increased considerably in the Mid-west since the initial survey in 1998. Although the main drugs of misuse remain cannabis and inhalants, lifetime use of both drugs has increased by 10%.



summary of findings

A total of 2297 post-primary school students from second year and pre-Leaving Certificate years from 23 schools in the Mid-west completed the questionnaire. To ensure that the data collected was as accurate as possible and to minimise the chance of over reporting of drug use, non-existent dummy drugs, "relevin" and "mexaval" were included in the questionnaire. All respondents who reported using the dummy drugs were excluded from analysis. 18 students (0.78%) were excluded based on this criterion so that the final sample consisted of 2279 students.



smoking

- 61.3% of the students surveyed have smoked in their lifetime. This rate has increased slightly from the 58% reported in the 1998 MWHB survey. 30% of the respondents were current smokers, which was also a slightly higher rate than in the previous survey. However, it should be noted that comparison of current smoking rates by age showed a decrease in rates for 14 and 15 year olds since the 1998 survey and a marginal increase in the 17 year olds. The main increase was among the students aged 16 years.

- Female students had higher lifetime and current rates of smoking, which was consistent with the previous MWHB survey.

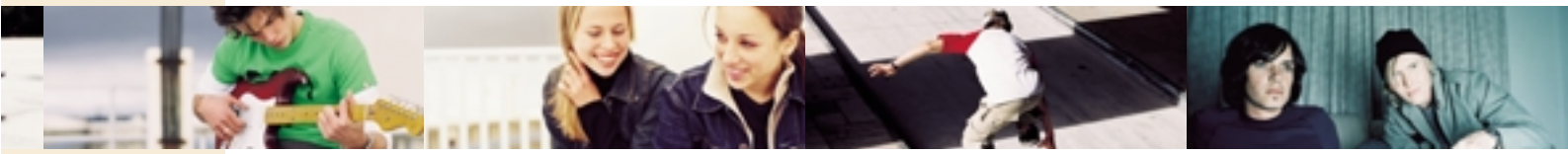
- Lifetime and current smoking rates increased with age with the largest increase between 15 and 16 years of age.

- 52.3% of female students and 46.5% of male students reported that they had smoked their first cigarette at the age of 13 years or earlier. These findings were consistent with the ESPAD 1999 results for Ireland. However, Ireland was one of only three European countries that had a higher female rate.

- 16.7% of the students overall, 18.1% females and 14.9% of males reported smoking daily at the age of 13 years or younger. ESPAD 1999 reported an overall figure for Ireland of 18% but stated that 50% of European countries had a figure of less than 10%.

- 69.7% of the students surveyed smoked their first cigarette out of curiosity.

- 60.7% of students overall stated that they wanted to give up smoking cigarettes. 40.6% of the current smokers said that they smoked because they were addicted to cigarettes but 28.5% reported that they liked smoking. The main reason given for wanting to stop smoking was their health.



alcohol

- Alcohol was the main substance of misuse by young students in the Mid-west. 90.2% of students reported that they had consumed alcohol at least once in their lifetime; this was an increase of nearly 9% since the previous survey conducted in 1998.

- 62.4% of those surveyed had consumed alcohol within the previous 30 days. 85.2% of the students in the survey were underage for drinking alcohol.

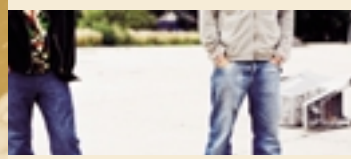
- Rates of both lifetime and 30-day alcohol use are higher among girls than boys. This is a reversal of the pattern found in the last survey. The ESPAD 1999 survey reported that Ireland was one of the few countries in Europe to report nearly equal gender behaviour in drinking.

- Beer and cider are the preferred drinks for males whilst females preferred alcopops and spirits.

- Drinking rates increase with age: 42.4% of 14 year olds and 44.1% of 15 year olds stated that they had consumed alcohol within the previous 30 days and this rate increased to 68.4% of 16 year olds and 76.9% of 17 year olds.

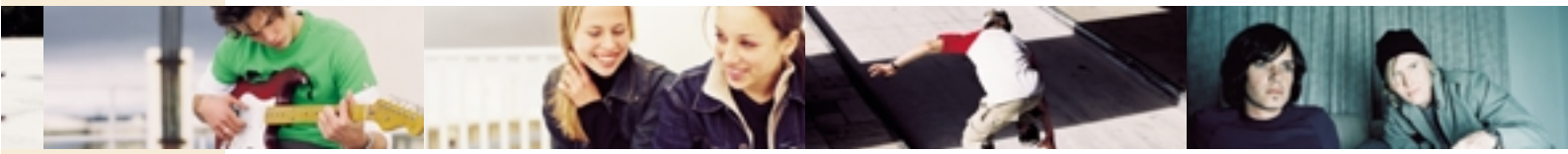
- 22.2% of the 14 year olds surveyed reported that they had consumed five drinks in a row on more than one occasion in the past 30 days and this rate increased to 51% of 16 year olds and 59.9% of those aged 17 years.

- 18.6% of students aged 14 years reported that they had been drunk at least once in the previous 30 days and this increased to 43.9% of those aged 16 years and 50% of those aged 17 years.

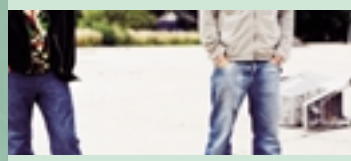


illicit drugs

- 60.6 % of students reported that they had not used any illicit drug in their lifetime but 39.4% reported that they had used at least one. In 1998, 29.8% of those surveyed having used at least one drug in their lifetime.
- Cannabis and inhalants were reported as the main illicit drugs of misuse, and these findings were consistent with the 1998 MWHB survey.
- 28.6% of students overall reported that they had used cannabis in their lifetime, which was an increase of nearly 10% since the previous survey. 15.4% of those surveyed stated that they had used cannabis within the past 30 days. In 1998, 8.4% reported current cannabis use.
- Males had higher lifetime and current use of cannabis than females.
- Cannabis use increased with age, 17.5% of students aged 14 years had used cannabis in their lifetime and this rate increased to 37.6% of those aged 17 years.
- Lifetime inhalant use was similar in males and females, but current use was reportedly higher in male students.
- Inhalant usage in the Mid-West has increased since the survey in 1998. 21.3% of students overall reported lifetime use compared to 13.6% in 1998. 6.4 % of students reported usage within the past 30 days. In 1998, 2.7% reported current inhalant use.
- Inhalant usage generally decreased with age, although though those aged 17 years reported slightly higher rates than those aged 16 years.
- Ecstasy was perceived as the most dangerous drug and cannabis as the least.
- Inhalants and cannabis and were deemed to be the easiest drugs to obtain.
- Lifetime users reported having used up to 9 drugs. 57% of users reported having used just one drug. 21.6% of users stated that they had used two drugs and 8.3% reported using three drugs.



recommendations



general

The Health Promotion Department should develop a general population approach to substance misuse, supplemented by a youth-specific approach.

smoking

Specific actions should be developed to reduce the numbers of girls and young women who smoke.

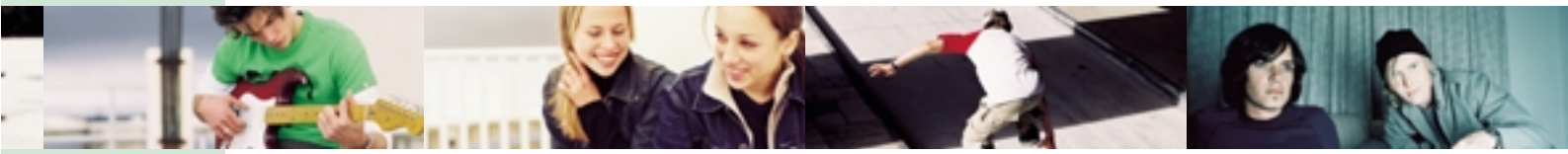
Where feasible, cessation programmes designed to target adolescents should address known priority issues such as stress management and weight gain.

alcohol

An integrated alcohol harm-prevention programme should be developed for adolescents.

drug use

The National Drugs Strategy 2001-2008 has an aim of reducing substance misuse by school-goers. The target reduction is 15% between 2001 and 2003, and a further 10% by 2007. The main emphasis is on school-based work, to 'provide knowledge and lifeskills to resist drugs and make informed choices'. A similar 'drug element' is expected from the non-school education sector, e.g. VTOS, Youthreach and Community Training Workshops. A detailed plan of action should be developed.



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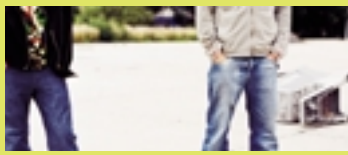

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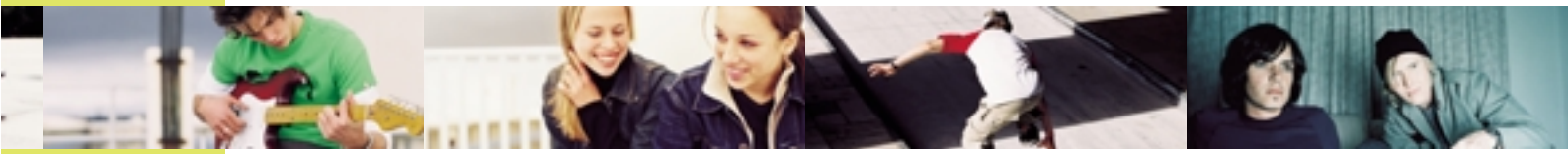

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