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Validity and reliability of school surveys based on the European ESPAD methodology in Algeria, Libya and Morocco (MedSPAD pilot school survey project)

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(*ESPAD : European School survey Project on Alcohol and other Drugs)

THE POMPIDOU GROUP

The Co-operation Group to Combat Drug Abuse and Illicit Trafficking I Drugs (Pompidou Group) is an intergovernmental body formed in 1971. Since 1980 it has carried out its activities within the framework of the Council of Europe. Thirty-five countries[1] are now members of this European multidisciplinary forum, which allows policy makers, professionals and experts to exchange information and ideas on a whole range of drug misuse and trafficking problems. Its new mission, adopted at the Ministerial Conference in Dublin in October 2003, is to promote a dialogue and interaction between policy, practice and science with a special focus on the practical implementation of drug policies.

Through the setting up in 1982 of its group of experts in the epidemiology of drug problems, the Pompidou Group was a precursor for the development of drug research and monitoring of drug problems in Europe. The multi-city study, which aimed to assess, interpret and compare drug-use trends in Europe, is one of its major achievements. Other significant contributions include the piloting of a range of indicators and methodological approaches, particularly in the areas of school surveys, resulting in the ESPAD (European School Survey Project on Alcohol and other Drugs),[2], treatment demand (Treatment demand indicator), prevalence estimation (Estimating the prevalence of problem drug use in Europe publication)[3] and qualitative research. Over the years, the Pompidou Group has served as a key forum for epidemiological research and monitoring in Europe, including central and eastern Europe.

The Medspad project resulted from the Pompidou Group conference on Cooperation in the Mediterranean region which took place in Malta in 1999 under the patronage of the Ministry of Foreign Affairs, the Ministry of Social Politics, Sedqa (Service to Combat against Drug Dependence and Alcoholism) and the National Commission on the problems of drug dependence. The conference gathered together, for the first time, participants from Algeria, Egypt, Israel, Lebanon, Libya, Morocco and Tunisia. As a result, two areas for action were decided upon. One concerned the needs in the field of demand reduction across a general overview of programmes, research work, policy and an inventory of practitioners in the field. The other focused on the need to evaluate the situation in the region, in order to follow and interpret the behaviour, levels and tendencies in drug use among adolescents and young adults. It is in this second area that the school survey began in the Mediterranean region.

Despite difficulties encountered on a political and financial level, the Espad questionnaire was translated into Arab and tested in Algeria, Morocco and Libya a sample of students between 15-16 years old. The report analyses the validity and reliability of data gathered during the first pilot studies and calls for a simplified version of the questionnaire.

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[1] Austria, Azerbaijan, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Liechtenstein, Lithuania, Luxembourg, Malta, The Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, San Marino, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, United Kingdom.

[2]. On the initiative of the Swedish Council for Information on Alcohol and Other Drugs (CAN) and supported by the Pompidou Group.

[3]. See the Pompidou Group list of documents and publications at the end of this publication

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PREFACE

The development of a questionnaire that addresses the issue of drug use among 15-16 year olds throughout Europe has as its early foundations in a PG working group that goes back to 1989. Subsequently, the 1994 report on the pilot survey conducted in six European countries paved the way for the first full survey of the European School survey Project on Alcohol and other Drugs (ESPAD) in 1995 in which 26 European countries participated. Following this first wave, a number of issues arose that were tackled successfully in a 1998 survey among eight countries in which issues of drunkenness and validity were tested and presented at the 25th annual Alcohol Epidemiology Symposium in Montreal, Canada in 1999. The necessary changes were then adopted by all countries for the next survey that was conducted in 1999 among 30 European countries. In 2003 the third survey conducted in 35 European countries was carried out and the report is due at the end of 2004.

The success of the Pompidou Group ESPAD initiative demonstrated that it is possible to co-ordinate, collect, collate, compare and publish data in relation to the prevalence of alcohol and other drugs amongst youth. In much the same regard the Health Behaviour in School-aged Children (HBSC) study of the WHO has been able to collect specific data on health behaviour of young people in most European countries and those of North America. These two projects per se demonstrate that it is viable to collect reliable information on the behaviour of youth that in turn may be used by policy makers to address specific issues. The only apparent caveat is that the HBSC does not make any reference to drug use while both projects are mainly based on Western European society norms in the targeted population.

In 1999 the Pompidou Group started activities in the Mediterranean region to promote cooperation and experience exchange in the field of drugs. In this context the Pompidou Group has initiated pilot surveys using the ESPAD methodology in order to test the viability of the ESPAD instrument in a different socio-cultural environment. In January 2003 a technical meeting in Rabat, Morocco, in which experts from the Pompidou Group, the UNODC Office for North Africa and the Middle East and several countries[4] in the region participated, set the outlines for these pilot projects. Although the experts acknowledged that the ESPAD methodology, in particular its questionnaire instrument, has a strong European cultural bias, it was decided to leave the example methodology largely unchanged for the pilots and to discuss possible adaptations and modifications only after testing the existing instrument and analysing the validity and reliability of the pilot results.

At the Rabat meeting pilot surveys to be carried out in the spring of 2003 were planned in Morocco, Algeria and Egypt. In Algeria the pilot had to be postponed till the end of 2003 due to an earthquake in the envisaged pilot region (Boumerdes). In Egypt the pilot could not in the end be carried out due to organisational and financial reasons. Based on a cooperation agreement between the Pompidou Group and UNODC a third pilot however could be implemented early 2004 in Libya as part of a Rapid Situation Assessment of UNODC in Libya.

This report presents the result of the analysis on validity and reliability of pilot school surveys in Algeria, Libya and Morocco. As the sampling procedures of the pilot surveys did not intend to generate representative population figures resulting data about the prevalence of drug use and other issues addressed in the survey only regard the schools selected and are therefore not presented in this report.

[4] Morocco, Algeria, Egypt, Malta, Cyprus, France

1. SCOPE AND DESIGN OF THE PILOT SURVEYS

Questionnaire
All pilot surveys have used a slightly modified version of the original ESPAD 1999 questionnaire. In all surveys the question about the consumption of so-called "alcopops" was omitted as that this type of alcoholic drink was not yet available in the countries concerned. The research teams of Morocco, Algeria and Libya also made some other modifications by adding or deleting (sub)questions. The pilot questionnaire with their national variations is presented in Annex 1.
The questionnaire was presented to the pupils in an Arabic version, based on a translation by Dr.Amany Haroun el Rasheed (Egypt)[5].

Interview mode
All pilot surveys followed the ESPAD methodology of pen-and-paper completion of the questionnaire by pupils in a classroom setting under supervision of a member of the research team. The supervisor collected the completed questionnaires. In Algeria and Libya a code for the school has been added to the returned questionnaires.

Sampling
In all countries the pilot survey has been carried out among a convenient sample of schools including general and vocational secondary education and covering areas with high and low socio-economic status. Within schools classes have been selected that were assumed to cover the intended age group of 15-16 year olds. Due to lack of data the research teams were not able to compare their samples with the total population of schools, classes and pupils in the areas concerned.

Differentiations by country
Characteristics of the pilot surveys and the actual samples used in Morocco, Algeria and Libya are presented below.

MOROCCO
Coordinator: Dr.Jallal Toufiq. Survey area: Rabat region.
Sample of 11 schools: 9 high schools ("lycée", general secondary education), 2 professional training schools (one for female students only). Selection criteria included: geographical environment (urban 7, semi-urban 1, rural 3), socio-economic status (low 6, middle 4, high 1). Size of sample frame: N = 413.
Response: N = 319; as no school codes have been recorded the response cannot be split by types of school or characteristics of the school location.
Supervisors: school health educators (Ministry of Health) and teachers of the school hygiene bureaus (Ministry of Education and Youth).
Filed work period: April 2003.

ALGERIA
Coordinator: Dr. Soumaya Mansouri Zeghnoun. Survey area: Boumerdes region (East of Alger).
Sample of 6 schools: 3 high schools ("lycée", general secondary education); 3 colleges (vocational training centres); in each school type classes of 1st and 2nd level selected. High schools and colleges selected on the criterion of one of each in an urban, semi-urban and rural environment. Size of sample frame not recorded. Response: N = 430 (high schools 213, colleges 217).
Supervisors: educational and career advisors working in each school.
Field work period: 2-10 April 2003.

LIBYA
Coordinator: Dr.Ramadan Elghadaffi. Survey area: Tripoli metropolitan area.
Sample of 8 schools: 7 high schools (2 boys only, 4 girls only, 1 mixed), 1 technical vocational school (boys only). All high schools selected in middle class areas; vocational school in lower class area. Size of sample frame not recorded. Response: N = 994.
Supervisors: University students.
Field work period:

[5] The Arabic version is not included in this report. A copy can be obtained from the Secretariat of the Pompidou Group Florence.MABILEAU-WHOMSLEY@coe.int]

2. SAMPLE AND RESPONSE ANALYSIS

The pilot surveys are based on convenient samples that more or less cover the variations in school types and socio-economic environments of the areas chosen (Boumerdes and surrounding area in Algeria, metropolitan Tripoli in Libya and Rabat and surrounding area in Morocco). The intention was to cover in all countries the mandatory school-going age group of 15-16 year olds, which would imply more or less equal numbers of boys and girls in the sample.

The results however show that the assumptions underlying the convenience sample are not consistent with the target group actually reached. The age group covered is much more varied, in particular in Morocco (Figure 1). Median as well as modal age is 15 in both Algeria and Libya and 16 in Morocco. In Algeria and Libya females are over-represented in the response (Figure 2); in the case of Libya where most schools are based on segregation of sexes, this overrepresentation is caused by the convenient sample (more girls- than boys schools selected); in the case of Algeria no explanation could be provided.

As we don't have information about the age and gender distributions of the school classes surveyed, we cannot assess if this deviation from the intended survey population is caused by the selection of schools and classes, incorrect assumptions about the expected age distributions in the selected classes or by non-response of the class populations addressed.

Figure 1: Age distributions in the response of the pilot samples

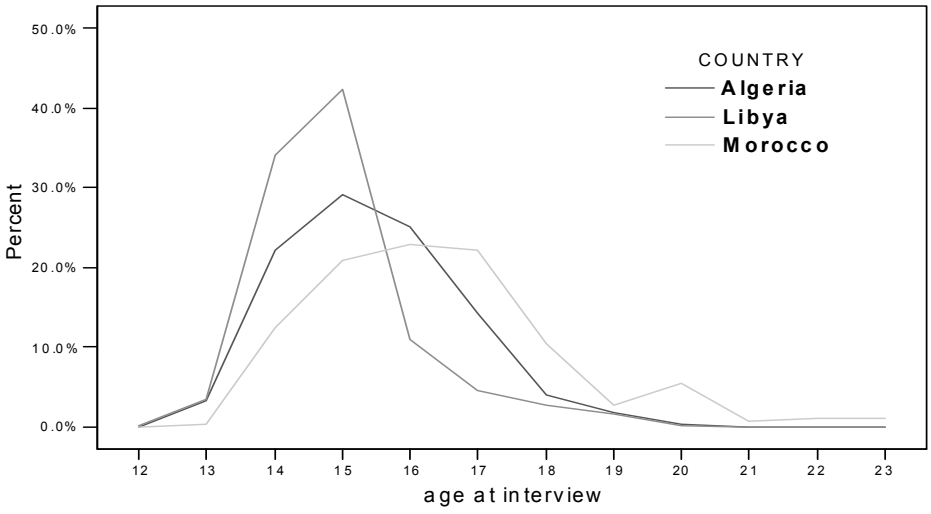
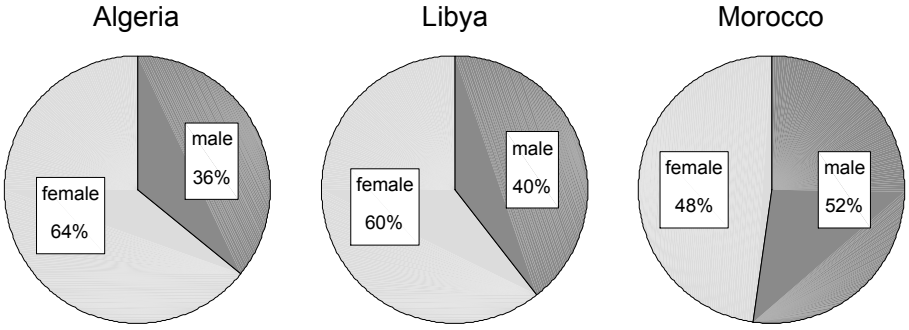


Figure 2: Gender distribution in the response of the pilot samples



3. MISSING VALUES ANALYSIS

3.1 Introduction

We distinguish two types of missing values. First, missing values resulting from item non-response, and second, values that are *declared* as missing because of data entry errors (entering a code that doesn't correspond to the pre-coded answer categories) or because the answer category itself implies that the respondent cannot ("don't know") or doesn't want to reply to a question (refusal).

Item non-response, i.e. survey questions (items) that deliberately or inadvertently have been skipped by the respondents, affects the accuracy of the population estimates that statistically can be inferred from the survey data, as the net response for the items concerned will be lower than the overall response rate, which results in larger margins of error. When item non-response is not randomly distributed, it can also imply bias in the survey results.

In computer assisted surveys item non-response normally doesn't occur because the software prevents incorrect skipping of questions by requiring an answer to a question before one can move to the next one. Also in interviewer assisted surveys item non-response is usually rare when the interviewers are well trained and experienced. But in pen-and-paper self-completion surveys, like MedSPAD, item non-response can be a serious problem. Respondents may skip questions by mistake, but large numbers of skipped questions more likely indicate that they do not understand the questions or answer categories or that they feel uncomfortable with the content of the survey or do not want to answer particular questions, which in turn might indicate poor questionnaire design, failing completion instructions, inadequate survey introduction or might signal that the survey addresses issues that are beyond the interests or experiences of the target group.

Declared missing values can have a similar effect on population estimates when they are caused by data entry errors, but their main problem is that they limit the options for analysis. Many "don't know" answers can also indicate that a question is not appropriate for the target group.

The purpose of the analysis below on the pilot school surveys of Algeria, Libya and Morocco is to assess the extent and patterns of missing values and to identify problems in the design and content of the MedSPAD questionnaire.

3.2 Item non-response

The questionnaire of the MedSPAD pilot survey contains 46 (Algeria, Morocco) or 48 questions (Libya). Many questions however are split into sub-questions or have a table format in which the rows actually represent separate sub-questions. If we take these as separate questions the total number of questions varies from 190 (Morocco) to 191 (Algeria) and 196 (Libya). The questionnaire is designed in such a way that every respondent should answer each question; there are no instructions to skip questions on the basis of answers to preceding questions. Non-response is left blank in the survey data files (Algeria, Libya) or coded with a value that is labelled as "missing" (Algeria).

The average percentage of questions skipped by the respondents varies from 10.5% (Algeria) to 14.9% (Libya) and 17.2% (Morocco). In Morocco and Libya almost 50% and in Algeria almost 30% of the respondents skipped more than 10% of the questions; in Morocco 10% (Libya 8%, Algeria 5%) of the respondents skipped even more than 50% of the questions (Figure 3).

This level of item non-response should be considered very high as most drug use school surveys show less than 5% item non-response[6]. When non-response is very high, analysis of the items concerned will not give reliable results and researchers should reconsider or abandon the questions.

Item non-response can also imply bias in the survey results if the non-response is associated with respondent attributes or other characteristics of the sampling. We have tested this for gender and age of the pupils and for the schools participating in the survey.

The results, based on analysis of variances within and between groups, show that in Morocco and Libya boys skip more questions than girls; in Algeria it seems the opposite but the difference is not statistically significant (Table 1). In all countries older pupils skip more questions than younger ones, although in Libya pupils of over 17 skip less than 16 year olds (Table 2).

[6] UNODC (2003), GAP Toolkit Module 3: Conducting School Surveys on Drug Abuse, p.74

Figure 3.Distribution of % skipped questions

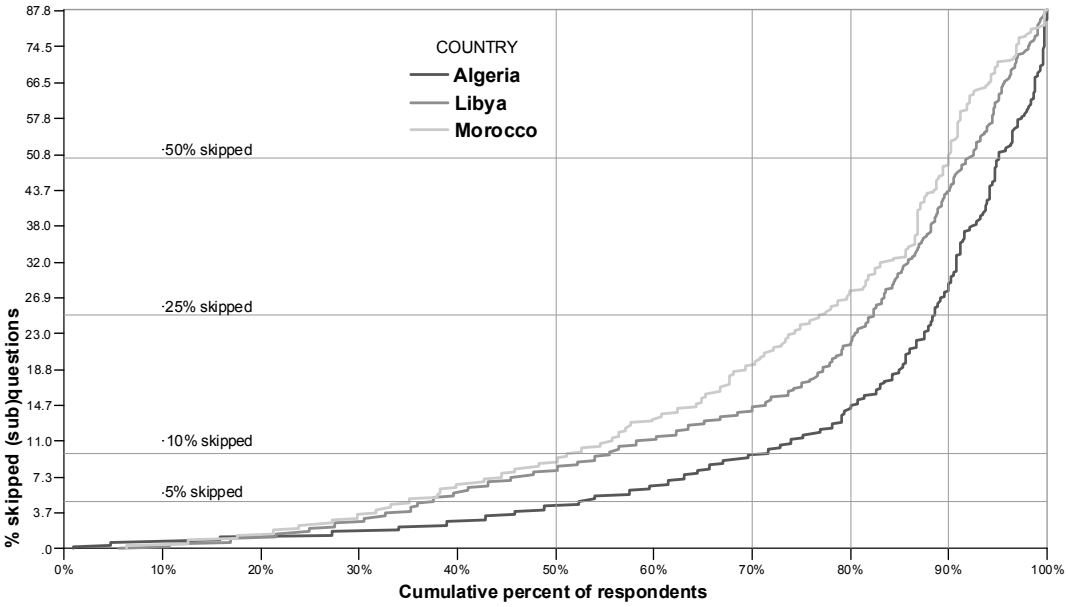


Table 1: % skipped (sub) questions by gender

	Gender	Mean	N	Std. Dev.	Sig.
ALGERIA	Male	9.1	154	13.4	n.s.
	Female	11.2	276	15.4	
LIBYA	Male	17.2	387	21.2	0.002
	Female	13.4	592	16.7	
MOROCCO	Male	21.5	159	22.6	0.000
	Female	11.9	145	16.2	

Table 2: % skipped (sub) question by age

	Age	Mean	N	Std. Dev.	Sig.
ALGERIA	< 15	7.5	109	11.0	0.000
	15	7.9	125	11.6	
	16	12.6	107	15.8	
	17 +	15.3	87	19.5	
LIBYA	< 15	11.9	345	14.0	0.000
	15	15.0	386	19.5	
	16	22.3	100	25.3	
	17 +	17.3	82	20.8	
MOROCCO	< 15	7.2	38	10.1	0.000
	15	11.2	62	15.3	
	16	15.6	68	19.3	
	17 +	22.0	129	22.6	

At the level of individual schools item non-response varies from 3% to 26% in Algeria and from 9% to 27% in Libya; the differences are statistically significant (Table 3). This implies that the setting (school) of the survey is a key factor for the non-response rates. For Morocco this relation could not be tested because the schools in which the survey took place have not been recorded in the data file.

Table 3: % skipped (sub) questions per school

	School	Mean	N	Std. Dev.	Sig.
ALGERIA	Bordj Menaiel	10.5	72	10.9	0.000
	Boumerdes	10.7	67	14.1	
	Cap Djinet	6.5	68	11.4	
	Corso	7.4	77	12.6	
	Ouled Moussa	3.0	77	3.4	
	Sidi Daoued	25.9	69	20.1	
LIBYA	School 1	17.6	121	20.1	0.000
	School 2	26.6	85	29.3	
	School 3	13.0	138	16.7	
	School 4	11.8	112	15.5	
	School 5	14.7	157	19.8	
	School 6	9.2	116	9.6	
	School 7	13.7	126	14.9	
	School 8	16.0	138	18.1	

We have also tested if item non-response relates to the type of question format. The results show that in general table formats with many sub-questions have higher non-response scores than single questions, in particular on the second and consecutive sub-questions (Table 4). This applies to all pilot surveys, although the differences are less prominent in the Algerian survey.

A complete overview of the non-response per question is presented in Annex 1, which also shows that the Algerian pilot survey on almost all questions has less item non-response than the Libyan survey, whereas the Moroccan survey in most cases has the highest non-response rates. At the same time the overview reveals that in general in all pilot surveys high non-responses are found for the same questions, which confirms the suggestion that non-response is related to the type of questions.

Table 4: % skipped questions by type of question format

	ALGERIA	LIBYA	MOROCCO
Single questions	6.2	7.6	6.6
Table format questions (average)	11.2	16.2	19.1
First sub-question	8.4	8.9	10.0
Consecutive sub-questions	11.6	17.1	20.2

Analysis of the response patterns in table format questions shows that if skipping occurs, the common patterns are to complete only the first sub-question, to halt somewhere halfway down the table or to skip everything, which suggests that the structure of these table formats is not always properly understood or explained in the completion instructions.

In the case of table format questions that ask for life-time, last year and last month prevalence of substance use, skipping might be caused by the fact that a respondent considers asking for last year and last month prevalence obsolete when he already has already stated that he has never used the substance. This assumption can then be used to impute the missing data (see below). The response patterns of table format questions are presented in Annex 2.

3.3 Declared missing values

The data files that we used for the analysis had already been corrected for possible data entry errors. About one-third of all sub-questions have a pre-coded answer category that corresponds to “don’t know” and in most analyses this category would be treated as a missing value.

Combining item non-response and “don’t know” answers substantially increases the percentages of missing values for Q9 (drinking alcohol at 25) and the sub-questions of Q32 (disapprovals), Q33 (risk perceptions) and Q34 (perceived availability of drugs). These combined percentages are specified in Annex 1.

4. IMPUTATION OF MISSING VALUES

As mentioned before we observed many missing values in sub-questions that ask for last year and last month prevalence when the respondent has already denied lifetime prevalence in the preceding sub-question. In these cases we can assume that the respondent has skipped the last year and last month questions because he thought that these didn’t apply to him. There are several other questions about substance use, in particular related to alcohol use, that in a similar way seem obsolete to the respondent when he has already stated that he didn’t use the substance.

This type of item non-response can be corrected afterwards by imputing the missing values on the basis of the logical argument that once the use of a substance has been denied, skipping of any consecutive question, which phrasing refers to actual use of that substance, should be interpreted as confirming the previous denial of use.

Implementing these imputations on (sub)questions, which implicitly or explicitly require reconfirmation of previous answers, indeed results in a substantial reduction of missing values, in particular in the Libyan and Moroccan pilot surveys (Table 5). This suggests that either the instructions to the respondents should be improved or that the design of these questions should be reconsidered. The effects of the imputations on item non-response of individual (sub)questions are included in the overview of Annex 1.

Table 5: Item non-response before and after imputation of missing values

	Number of imputed questions	Average % of item non-response	
		before imputation	after imputation
ALGERIA	38	9.7	5.6
LIBYA	48	11.6	4.0
MOROCCO	39	15.1	5.7

5. VALIDITY

Validity refers to the extent to which the answers to the questions of a survey could be true. Large numbers of item non-response might indicate validity problems and the results of the missing values analysis above suggest that such problems do exist in the pilot surveys.

The MedSPAD questionnaire contains some questions that directly attempt to assess validity. Two questions ask for the respondent’s honesty with regard to self-reported cannabis (Q44) and heroin (Q45) use. As the answer patterns on Q44 and Q45 are very similar[7], we present only results on Q44 (honesty cannabis). Four table format questions, Q21 (having heard of), Q26 (lifetime prevalence), Q27 (age of onset) and Q28 (first drug), include a sub-question about a non-existent drug, which may indicate exaggeration of drug use.

[7] except the erratic results on Q45 in Algeria, which might have been caused by data entry errors.

Honesty

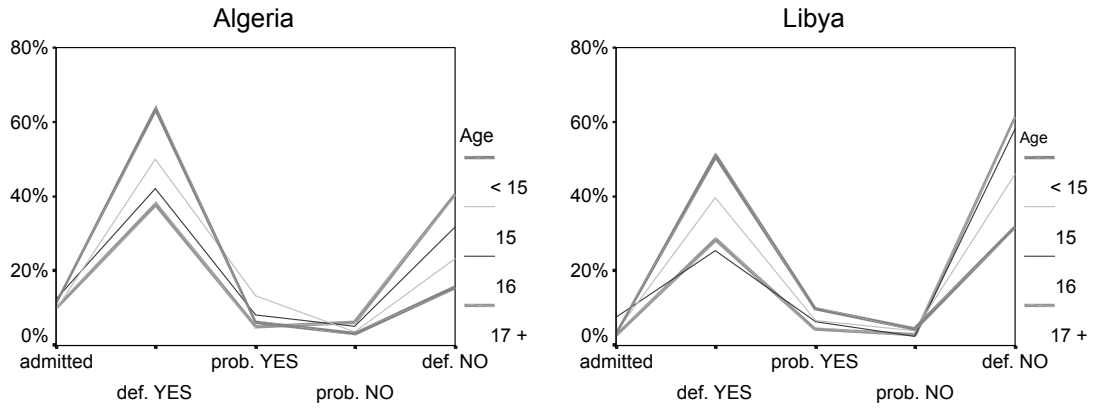
The results with regard to honesty are not very positive. In Algeria and Morocco 32% and in Libya 46% of all respondents state that they would not have reported – probably not or definitively not – cannabis use if they actually would have used it. Considering also the relative high non-response rate on Q44 (see Annex 1) we can hardly expect that the pilot surveys have produced valid cannabis prevalence rates and the same applies to heroin prevalence.

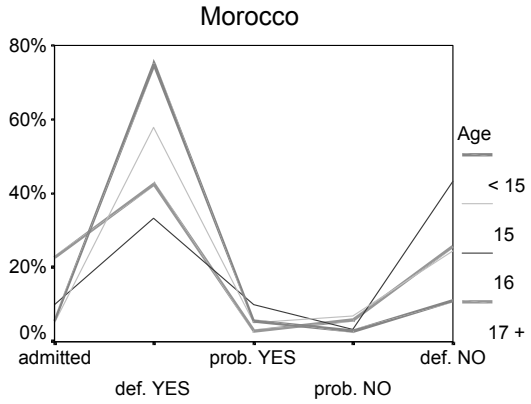
In most countries girls are more honest than boys (Table 6) and younger pupils are more honest than older ones (Figure 4) and these differences are statistically significant. Reported dishonesty of course does not mean that respondents have concealed actual drug use, but indicates that the questionnaire was not adequate to measure such use. Extending the survey population to older age groups, which is advocated by the research teams in all countries, might increase the number of respondents that actually have experienced some drug use, but the pilot results suggest that this at the same time would further decrease the validity of survey outcomes.

Table 6: Self-reported honesty regarding cannabis use in % of the response per gender

		Already admitted	Definitive YES	Probably YES	Probably NO	Definitive NO	Total
ALGERIA	Male	14.7	46.0	8.7	8.7	22.0	100
	Female	8.5	50.8	8.5	1.7	30.5	100
	Total	10.9	49.0	8.5	4.4	27.2	100
LIBYA	Male	6.7	35.9	6.3	4.1	47.0	100
	Female	2.2	46.2	8.1	3.4	40.0	100
	Total	4.0	42.2	7.4	3.7	42.7	100
MOROCCO	Male	19.4	47.8	3.0	6.7	23.1	100
	Female	7.1	51.6	6.3	5.6	29.4	100
	Total	13.5	49.6	4.6	6.2	26.2	100

Figure 4: Self-reported honesty regarding cannabis use in % of the response per age group





References to Relevin

Despite the fact that 16% of the respondents in Algeria and Morocco and 8% in Libya claim to have heard of the non-existing drug Relevin listed in Q21, only one or two in each pilot survey report actual lifetime use. This dummy test drug therefore does not reveal any further validity problems.

6. RELIABILITY

Reliability is a necessary, though not sufficient condition for validity and usually refers to the extent to which repeated measurements under the same conditions yield the same results. To assess the reliability of the results of a single survey a more practical way is to check for internal consistency of responses to different questions within the same questionnaire.

The MedSPAD questionnaire has some build-in options for such consistency checks. For the purpose of this report the following have been explored:

- Life-time use of substances and age of first use of those substances (Algeria, Morocco; in Libya age of first use has not been recorded);
- Life-time, last year and last month prevalence of alcohol, cannabis and inhalants (Algeria, Morocco) or all substances (Libya);
- Honesty of responses on cannabis use and actual reported use of cannabis.

For most substances the Algerian and Moroccan pilot surveys (in Libya age of first use has not been recorded) the rates of inconsistency between reported life-time use (Q6 smoking, Q8a alcohol, Q23a cannabis, Q24a inhalants and Q26 for other drugs) and age of first use (Q27 for all substances) are very high, both for boys and girls (Table 7). In several cases inconsistent answers, i.e. admitting use in one question but denying it in the other, outnumber the consistent answers. The total numbers of users may be small, but given the observed inconsistencies the reported prevalences can hardly be considered reliable.

To some extent these inconsistencies may be related to the phrasing of the questions concerned, as there are subtle differences –at least in the original English or French versions- between the prevalence and the age of first use questions in wording and semantic meaning or interpretation. These differences may have been accentuated in the Arab version of the questionnaire.

Table 7: Inconsistencies between life-time prevalence of substance use and reported age of first use

	Boys			Girls			Total		
Country / substance	**Valid N**	**Use reported**	**% in-consis-tent**	**Valid N**	**Use reported**	**% in-consis-tent**	**Valid N**	**Use reported**	**% in-consis-tent**
ALGERIA									
Tobacco	152	72	27.8	258	4	50.0	410	76	28.9
Alcohol	151	8	0.0	263	2	50.0	414	10	10.0
Cannabis	148	17	35.3	260	4	25.0	408	21	33.3
Inhalants	147	16	87.5	259	6	66.7	406	22	81.8
Tranquillisers	147	9	55.6	263	8	50.0	410	17	52.9
Amphetamines	146	10	80.0	248	5	60.0	394	15	73.3
LSD	144	3	33.3	248	2	0.0	392	5	20.0
Crack	145	2	50.0	248	2	0.0	393	4	25.0
Cocaine	145	1	100.0	248	2	0.0	393	3	33.3
Relevin	145	0		248	2	0.0	393	2	0.0
Heroin	143	1	0.0	247	2	0.0	390	3	0.0
Ecstasy	145	0		248	2	0.0	393	2	0.0
MOROCCO									
Tobacco	157	66	30.3	143	5	40.0	300	71	31.0
Alcohol	154	38	34.2	144	3	33.3	298	41	34.1
Cannabis	155	30	33.3	144	4	50.0	299	34	35.3
Inhalants	152	19	57.9	144	4	100.0	296	23	65.2
Tranquillisers	151	15	66.7	141	15	86.7	292	30	76.7
Amphetamines	136	8	37.5	138	6	66.7	274	14	50.0
LSD	132	4	75.0	137	0		269	4	75.0
Crack	132	3	100.0	137	0		269	3	100.0
Cocaine	131	2	50.0	137	1	100.0	268	3	66.7
Relevin	132	3	66.7	137	0		269	3	66.7
Heroin	131	1	100.0	137	0		268	1	100.0
Ecstasy	132	2	50.0	137	0		269	2	50.0

Rates of inconsistent answers on self-reported life-time, last year and last month prevalences for alcohol, cannabis and inhalants (Algeria, Morocco) or all substances covered in the questionnaire (Libya) are also very high (*Table 8*). Here inconsistencies can occur either by reporting last month or last year use after having denied last year or life-time use, or by reporting more frequent use in last month or last year than has been reported for last year or life-time use. Again total numbers of users are small, but the prevalences reported are far from consistent and therefore not reliable. In this case inconsistencies cannot be attributed to the phrasing of the questions

Table 8: Inconsistencies between reported life-time, last year and last month prevalences

	Boys			Girls			Total		
Country / substance	**Valid N**	**Use reported**	**% in-consis-tent**	**Valid N**	**Use reported**	**% in-consis-tent**	**Valid N**	**Use reported**	**% in-consis-tent**
ALGERIA									
Alcohol	149	9	44.4	255	1	100.0	404	10	50.0
Cannabis	148	15	26.7	257	3	33.3	405	18	27.8
Inhalants	146	16	6.3	258	6	16.7	404	22	9.1
LIBYA									
Alcohol	371	13	23.1	568	3	66.7	939	16	31.3
Cannabis	380	12	16.7	585	9	11.1	965	21	14.3
Inhalants	377	9	22.2	584	1	0.0	961	10	20.0
Tranquillisers	380	10	50.0	584	9	44.4	964	19	47.4
amphetamines	353	11	45.5	559	6	66.7	912	17	52.9
LSD	353	5	40.0	556	0		909	5	40.0
Crack	352	3	33.3	556	0		908	3	33.3
Cocaine	352	3	100.0	556	0		908	3	100.0
Relevin	352	4	75.0	555	0		907	4	75.0
Heroin	353	3	66.7	555	0		908	3	66.7
ecstasy	352	4	75.0	555	0		907	4	75.0
Drug injecting	353	5	80.0	555	1	0.0	908	6	66.7
Alcohol+pills	380	5	40.0	590	0		970	5	40.0
Alcoh.cannabis	382	5	40.0	591	2	50.0	973	7	42.9
Hasj+marihuana	353	6	50.0	555	1	100.0	908	7	57.1
MOROCCO									
Alcohol	156	35	34.3	143	3	33.3	299	38	34.2
Cannabis	156	31	25.8	143	3	0.0	299	34	23.5
Inhalants	153	21	47.6	144	4	0.0	297	25	40.0

Finally, comparing the responses on the honesty question Q44 about cannabis use shows that most respondents who declare that they “already said to have used cannabis” in fact previously had denied the use of cannabis in the prevalence question Q23a (Table 9). The reverse could be observed in Libya, where 6 out of 14 self-reported users declare that they “definitively would not have said so if they had used cannabis”.

*Table 9: Inconsistencies between self-reported cannabis use (Q23) and honesty with regard to cannabis use *Q44).*

	Boys			Girls			Total		
Country / substance	**Valid N**	**Already admitted (Q44)**	**% in-consis-tent**	**Valid N**	**Already admitted (Q44)**	**% in-consis-tent**	**Valid N**	**Already admitted (Q44)**	**% in-consis-tent**
ALGERIA	142	21	76.2	219	19	94.7	364	42	85.0
LIBYA	312	21	90.5	488	11	90.9	801	32	90.6
MOROCCO	127	23	34.8	125	9	77.8	256	35	46.9

7. CONCLUSIONS

- The analyses show that the results of the MedSPAD pilot surveys in Algeria, Libya and Morocco cannot be considered valid or reliable. Without substantial changes in methods and instruments a survey based on the European ESPAD model will not produce valid and reliable prevalence estimates for these countries. Considering the similarities in the problems encountered in all pilot countries, this might apply to all Arab countries.
- It is likely that validity and reliability problems relate to the content of the questionnaire itself. Pupils are not familiar with the situation of being subjects of a survey by means of a questionnaire with pre-coded answer categories and pupils are not used to the idea of reporting honestly about issues that are considered taboo or forbidden. This might be addressed by better preparation and instruction prior to administering the questionnaire, but it could also imply that the instrument is not appropriate to assess drug use prevalence in the countries involved.
- Some of the validity and reliability problems might be solved by improving the design of the questionnaire, for example by reducing the number of table format questions, or by providing better instructions on how to complete the questions.
- Based on a discussion of the results of the pilot surveys with the research teams a simplified alternative questionnaire (MEDSPAD) has been developed. This questionnaire is presented in Annex 4 and will be used as the model for an extensive survey in the greater Alger metropolitan area in the spring of 2005, which will also be supported by the Pompidou Group.

ANNEX 1: MedSPAD QUESTIONNAIRE USED IN THE PILOT SURVEYS

Instructions for completion are not presented below.
Modifications that apply to all pilot surveys are marked …… Modifications that apply only to Algeria are marked …..; modifications that apply only to Libya are marked …..

1. What is your sex?

   Male θ
   Female θ

2. When were you born?

   Year: 19 θθ

3. How often (if at all) do you do each of the following?

	Never	A few times a year	Once or twice a month	At least once a week	Almost every day
a) Ride around on a moped or motorcycle just for fun					
b) Play computer games					
c) Actively participate in sports, athletics or exercising					
d) Read books for enjoyment (do not count school books)					
e) Go out in the evening (to a disco, cafe, party etc)					
f) Other hobbies (play an instrument, sing, draw, write etc)					

4. During the LAST 30 DAYS how many whole days of school have you missed and why?

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

5. Which of the following best describes your average grade in the end of the last term?

< COUNTRY SPECIFIC 5-POINTS SCALE >

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

0	1-2	3-5	6-9	10-19	20-39	40 and more
☐	☐	☐	☐	☐	☐	☐

7. How frequently have you smoked cigarettes during the LAST 30 DAYS?

   □ Not at all
   □ Less than 1 cigarette per week
   □ Less than 1 cigarette per day
   □ 1-5 cigarettes per day
   □ 6-10 cigarettes per day
   □ 11-20 cigarettes per day
   □ More than 20 cigarettes per day

8. On how many occasions (if any) have you had any alcoholic beverage to drink?

	0	1-2	3-5	6-9	10-19	20-39	40 +
(a) In your lifetime	□	□	□	□	□	□	□
(b) During the last 12 months	□	□	□	□	□	□	□
(c) During the last 30 days	□	□	□	□	□	□	□

9. Do you think you will be drinking alcohol when you are twenty-five?

- □ No
- □ Yes
- □ I don‘t know

10. Think back over the LAST 30 DAYS. On how many occasions (if any) have you had any of the following to drink?

	0	1-2	3-5	6-9	10-19	20-39	40 +
(a) Beer (do not include low alcohol beer)	□	□	□	□	□	□	□
(b) Wine	□	□	□	□	□	□	□
(c) Spirits (whisky, cognac etc.) also include spirits mixed with soft drinks)	□	□	□	□	□	□	□

11. The last time you had an alcoholic drink, did you drink any beer/large/stout? If so, how much? (Do not include low alcohol beer.)

- □ I never drink beer
- □ I did not drink beer on my last drinking occasion
- □ Less than a regular bottle or can (<50cl)
- □ 1-2 regular bottles or cans (50-100 cl)
- □ 3-4 regular bottles or cans (101-200 cl)
- □ 5 or more regular bottles or cans (> 200 cl)

QUESTION 12 RELATING TO ALCOPOPS WAS NOT USED IN THE PILOT SURVEYS (ALGERIA, MOROCCO, LIBYA)

13. The last time you had an alcoholic drink, did you drink any wine? If so, how much? (Include also wine mixed with other beverages.)

- □ I never drink wine
- □ I did not drink wine on my last drinking occasion
- □ Less than a glass (<10cl)
- □ 1-2 glasses (10-20 cl)
- □ Half a bottle (37cl)
- □ A bottle or more (> 75 cl)

14. The last time you had an alcoholic drink, did you drink any spirits? If so, how much? (Include also spirits mixed with other beverages.)

- □ I never drink spirits
- □ I did not drink spirits on my last drinking occasion
- □ Less than a drink (< 5 cl)
- □ 1-2 drinks (5-10 cl)
- □ 3-4 drinks (11-25 cl)
- □ 6 drinks or more (> 30 cl)

15. Think of the last day on which you drank alcohol. Where were you when you drank? (*Mark all that apply*.)

- □ I never drink alcohol
- □ At home
- □ At someone else‘s home
- □ Out on the street, in a park, beach or other open area
- □ At a bar or a pub
- □ In a disco
- □ In a restaurant
- □ Other places (please describe)_____

16. Think back over the LAST 30 DAYS. How many times (if any) have you had five or more drinks in a row? (A “drink” is a glass or wine (about 15 cl), a bottle or can of beer (about 50 cl), a shot glass of spirits (about 5 cl) or a mixed drink.)

- □ None
- □ 1
- □ 2
- □ 3-5
- □ 6-9
- □ 10 or more times

17. How likely is it that each of the following things would happen to you personally, if you drink alcohol?

	Very likely	Likely	Unsure	Unlikely	Very unlikely
(a) Feel relaxed	□	□	□	□	□
(b) Get into trouble with police	□	□	□	□	□
(c) Harm my health	□	□	□	□	□
(d) Feel happy	□	□	□	□	□
(e) Forget my problems	□	□	□	□	□
(f) Not be able to stop drinking	□	□	□	□	□
(g) Get a hangover	□	□	□	□	□
(h) Feel more friendly and outgoing	□	□	□	□	□
(i) Do something I would regret	□	□	□	□	□
(j) Have a lot of fun	□	□	□	□	□
(k) Feel sick	□	□	□	□	□
(l) Feel guilty	□	□	□	□	□

18. On how many occasions (if any) have you been drunk from drinking alcoholic beverages?

	0	1-2	3-5	6-9	10-19	20-39	40 +
(a) In your lifetime	□	□	□	□	□	□	□
(b)During the last 12 months	□	□	□	□	□	□	□
(c) During the last 30 days	□	□	□	□	□	□	□

19. Please indicate on this scale from 1 to 10 how drunk you would say you were the last time you were drunk.

Somewhat merry			Heavily intoxicated to the point of being unable to stand on my feet					I have never been drunk before		
01	02	03	04	05	06	07	08	09	10	11
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

20. How many drinks do you usually need to get drunk? (A “drink” is a glass of wine (about 15 cl), a bottle or can of beer (about 50 cl), a shot glass of spirits (about 5 cl) or a mixed drink.)

- □ I never drink alcohol
- □ I have never been drunk
- □ 1-2 drinks
- □ 3-4 drinks
- □ 5-6 drinks
- □ 7-8 drinks
- □ 9-10 drinks
- □ 11-12 drinks
- □ 13 drinks or more

21. Have you ever heard of any of the following drugs?

		Yes	No
(a)	Tranquillisers or sedatives (valium)	☐	☐
(b)	Marijuana or hashish	☐	☐
(c)	LSD	☐	☐
(d)	Amphetamines (speed)	☐	☐
(e)	Crack	☐	☐
(f)	Cocaine	☐	☐
(g)	Relevin	☐	☐
(h)	Heroin	☐	☐
(i)	Ecstasy	☐	☐
(j)	Methadone	☐	☐

22. Have you ever wanted to try any of the drugs mentioned in question 21?

- ☐ Yes
- ☐ No

23. On how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?

		No of times						
		0	1-2	3-5	6-9	10-19	20-39	40 plus
(a)	In your lifetime	☐	☐	☐	☐	☐	☐	☐
(b)	During the last 12 months	☐	☐	☐	☐	☐	☐	☐
(c)	During the last 30 days	☐	☐	☐	☐	☐	☐	☐

24. On how many occasions have you sniffed/inhaled a product (glue, aerosols) to obtain certain effects?

		No of times						
		0	1-2	3-5	6-9	10-19	20-39	40 plus
(a)	In your lifetime	☐	☐	☐	☐	☐	☐	☐
(b)	During the last 12 months	☐	☐	☐	☐	☐	☐	☐
(c)	During the last 30 days	☐	☐	☐	☐	☐	☐	☐

25. Have you ever taken tranquillizers or sedatives because a doctor told you to take them?

1 ☐ No, never
2 ☐ Yes, but for less than 3 weeks
3 ☐ Yes, for 3 weeks or more

26. On how many occasions in your lifetime (if any) have you used any of the following drugs?

		No of times						
		0	1-2	3-5	6-9	10-19	20-39	40 plus
(a)	Tranquillisers or sedatives	☐	☐	☐	☐	☐	☐	☐
(b)	Amphetamines (speed)	☐	☐	☐	☐	☐	☐	☐
(c)	LSD or acid	☐	☐	☐	☐	☐	☐	☐
(d)	Crack	☐	☐	☐	☐	☐	☐	☐
(e)	Cocaine	☐	☐	☐	☐	☐	☐	☐
(f)	Relevin	☐	☐	☐	☐	☐	☐	☐

		No of times						
(g)	Heroin <no distinction made between different routes of administration>	☐	☐	☐	☐	☐	☐	☐
(i)	Ecstasy	☐	☐	☐	☐	☐	☐	☐
(j)	Drugs by injection with a needle (like heroin, etc.)	☐	☐	☐	☐	☐	☐	☐
(k)	Alcohol together with pills	☐	☐	☐	☐	☐	☐	☐
(l)	Alcohol and marijuana at the same time	☐	☐	☐	☐	☐	☐	☐
(m)	Anabolic steroids (ALGERIA only)	☐	☐	☐	☐	☐	☐	☐
(n)	Hashish and marijuana (LIBYA only)	☐	☐	☐	☐	☐	☐	☐

<in LIBYA question 26 has also been asked with regard to last 12 months and last 30 days>

27. When (if ever) did you FIRST do each of the following things?
<question not asked in Libya>

		Never	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs
(a)	Drink beer (at least one glass)	☐	☐	☐	☐	☐	☐	☐
(b)	Drink wine (at least one glass)	☐	☐	☐	☐	☐	☐	☐
(c)	Drink spirits (at least one glass)	☐	☐	☐	☐	☐	☐	☐
(d)	Get drunk on alcohol	☐	☐	☐	☐	☐	☐	☐
(e)	Smoke your first cigarette	☐	☐	☐	☐	☐	☐	☐
(f)	Smoke cigarettes on a daily basis	☐	☐	☐	☐	☐	☐	☐
(g)	Try amphetamines	☐	☐	☐	☐	☐	☐	☐
(h)	Try tranquillizers or sedatives (without a doctor‘s prescription)	☐	☐	☐	☐	☐	☐	☐
(i)	Try marijuana or hashish	☐	☐	☐	☐	☐	☐	☐
(j)	Try LSD or some other hallucinogen	☐	☐	☐	☐	☐	☐	☐
(k)	Try crack	☐	☐	☐	☐	☐	☐	☐
(l)	Try cocaine	☐	☐	☐	☐	☐	☐	☐
(m)	Try relevin	☐	☐	☐	☐	☐	☐	☐
(n)	Try ecstasy	☐	☐	☐	☐	☐	☐	☐
(o)	Try Heroin	☐	☐	☐	☐	☐	☐	☐
(p)	Try inhalants (glue etc) to get high	☐	☐	☐	☐	☐	☐	☐
(q)	Try anabolic steroids	☐	☐	☐	☐	☐	☐	☐

28. What was the first drug (if any) that you have ever tried?

- ☐ I have never tried any of the substances listed below
- ☐ Tranquillizers or sedatives without a doctor‘s prescription
- ☐ Marijuana or hashish
- ☐ LSD
- ☐ Amphetamines
- ☐ Crack
- ☐ Cocaine
- ☐ Relevin
- ☐ Heroin
- ☐ Ecstasy
- ☐ I don‘t know what it was

29. How did you get this substance?

- ☐ I have never used any of the substances listed in question 28.
- ☐ Given to me by an older brother or sister
- ☐ Given to me by a friend, a boy or a girl, older than me
- ☐ Given to me by a friend my own age or younger
- ☐ Given to me by someone I have heard about but did not know personally
- ☐ Given to me by a stranger

- ☐ It was shared around a group of friends
- ☐ Bought from a friend
- ☐ Bought from someone I have heard about but did not know personally
- ☐ Bought from a stranger
- ☐ Given to me by one of my parents
- ☐ Took it at home without my parents' permission
- ☐ None of these (please describe briefly how you did get it).....

30. Which was the reason(s) for you to try this drug?

- ☐ I have never used any of the substances listed in question 28.
- ☐ I wanted to feel high
- ☐ I did not want to stand out from the group
- ☐ I had nothing to do
- ☐ I was curious
- ☐ I wanted to forget my problems
- ☐ Other reason (s), please specify .....
- ☐ I don't remember

31. In which of the following places do you think you could easily buy marijuana or hashish if you wanted to?

- ☐ I don't know of any such place
- ☐ Street, park etc.
- ☐ School
- ☐ Disco, bar etc
- ☐ House of a dealer
- ☐ Other(s), please specify .....

32. Individuals differ in whether or not they disapprove of people doing certain things. DO YOU DISAPPROVE of people doing each of the following?

		Don't disapprove	Disapprove	Strongly disapprove	Don't know
(a)	Smoking cigarettes occasionally	☐	☐	☐	☐
(b)	Smoking 10 or more cigarettes a day	☐	☐	☐	☐
(c)	Drinking 1 or 2 drinks of an alcoholic beverage a few times a year (beer, wine, spirits)	☐	☐	☐	☐
(d)	Having one or two drinks several times a week	☐	☐	☐	☐
(e)	Getting drunk once a week	☐	☐	☐	☐
(f)	Trying marijuana or hashish (cannabis, pot, grass) once or twice	☐	☐	☐	☐
(g)	Smoking marijuana or hashish occasionally	☐	☐	☐	☐
(h)	Smoking marijuana or hashish regularly	☐	☐	☐	☐
(i)	Trying LSD or some other hallucinogen once or twice	☐	☐	☐	☐
(j)	Trying heroin (smack, horse) once or twice	☐	☐	☐	☐
(k)	Trying tranquillizers or sedatives (without a doctor 's prescription) once or twice	☐	☐	☐	☐
(l)	Trying an amphetamine (speed) once or twice	☐	☐	☐	☐
(m)	Trying crack once or twice	☐	☐	☐	☐
(n)	Trying cocaine once or twice	☐	☐	☐	☐
(o)	Trying ecstasy once or twice	☐	☐	☐	☐
(p)	Trying inhalants (glue, etc.) once or twice	☐	☐	☐	☐

33. How much do you think PEOPLE RISK harming themselves (physically or in other ways) if they. …

		Don't Know	No risk	Slight risk	Moderate risk	Great risk
(a)	smoke cigarettes occasionally	☐	☐	☐	☐	☐
(b)	smoke one or more packs of cigarettes per day	☐	☐	☐	☐	☐
(c)	have one or two drinks nearly every day	☐	☐	☐	☐	☐
(d)	have four or five drinks nearly every day	☐	☐	☐	☐	☐
(e)	have five or more drinks each weekend	☐	☐	☐	☐	☐
(f)	try marijuana or hashish once or twice	☐	☐	☐	☐	☐
(g)	smoke marijuana or hashish occasionally	☐	☐	☐	☐	☐
(h)	smoke marijuana or hashish regularly	☐	☐	☐	☐	☐
(i)	try LSD once or twice	☐	☐	☐	☐	☐

		Don't Know	No risk	Slight risk	Moderate risk	Great risk
(j)	take LSD regularly	☐	☐	☐	☐	☐
(k)	try an amphetamine (speed) once or twice	☐	☐	☐	☐	☐
(l)	take amphetamines regularly	☐	☐	☐	☐	☐
(m)	try cocaine or crack once or twice	☐	☐	☐	☐	☐
(n)	take cocaine or crack regularly	☐	☐	☐	☐	☐
(o)	try ecstasy once or twice	☐	☐	☐	☐	☐
(p)	take ecstasy regularly	☐	☐	☐	☐	☐
(q)	try inhalants (glue, etc.) once or twice	☐	☐	☐	☐	☐
(r)	take inhalants (glue, etc.) regularly	☐	☐	☐	☐	☐

34. How difficult do you think it would be for you to get each of the following if you wanted?

		Impossible	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
(a)	Cigarettes	☐	☐	☐	☐	☐	☐
(b)	Beer	☐	☐	☐	☐	☐	☐
(c)	Wine	☐	☐	☐	☐	☐	☐
(d)	Liquor	☐	☐	☐	☐	☐	☐
(e)	Marijuana/ hashish	☐	☐	☐	☐	☐	☐
(f)	LSD or some hallucinogen	☐	☐	☐	☐	☐	☐
(g)	Amphetamines (speed)	☐	☐	☐	☐	☐	☐
(h)	Tranquillizers or sedatives	☐	☐	☐	☐	☐	☐
(i)	Crack	☐	☐	☐	☐	☐	☐
(j)	Cocaine	☐	☐	☐	☐	☐	☐
(k)	Ecstasy	☐	☐	☐	☐	☐	☐
(l)	Heroin (smack)	☐	☐	☐	☐	☐	☐
(m)	Inhalants (glue, etc)	☐	☐	☐	☐	☐	☐
(n)	Anabolic steroids	☐	☐	☐	☐	☐	☐
	(not asked in LIBYA)						
()	Home-made alcohol	☐	☐	☐	☐	☐	☐

35. How many of your friends would you estimate …

		None	A few	Some	Most	All
(a)	Smoke cigarettes	☐	☐	☐	☐	☐
(b)	Drink alcoholic beverages (beer, wine, spirits)	☐	☐	☐	☐	☐
(c)	get drunk at least once a week	☐	☐	☐	☐	☐
(d)	smoke marijuana (grass) or hAshish	☐	☐	☐	☐	☐
(e)	take LSD or some other hallucinogen	☐	☐	☐	☐	☐
(f)	take amphetamines (Speed)	☐	☐	☐	☐	☐
(g)	take tranquillizers or sedatives (without a doctor's prescription)	☐	☐	☐	☐	☐
(h)	take cocaine or crack	☐	☐	☐	☐	☐
(i)	take ecstasy	☐	☐	☐	☐	☐
(j)	take heroin	☐	☐	☐	☐	☐
(k)	take inhalants (glue, etc)	☐	☐	☐	☐	☐
(l)	take alcohol together with pills	☐	☐	☐	☐	☐
(m)	take anabolic steriods	☐	☐	☐	☐	☐

36. Have you ever had any of the following problems?

		Never	Yes, because of alcohol	Yes, because of drugs	Yes for other
(a)	Quarrel or argument	☐	☐	☐	☐
(b)	Scuffle or fight	☐	☐	☐	☐
(c)	Accident or injury	☐	☐	☐	☐
(d)	Loss of money or other valuable items	☐	☐	☐	☐
(e)	Damage to objects or clothing	☐	☐	☐	☐
(f)	Problems in your relationship with your parents	☐	☐	☐	☐
(g)	Problems with your relationship with your friends	☐	☐	☐	☐
(h)	Problems with your relationship with your teachers	☐	☐	☐	☐
(i)	Performed poorly at school or work	☐	☐	☐	☐
(j)	Victimized by robbery or theft	☐	☐	☐	☐

		Never	Yes, because of alcohol	Yes, because of drugs	Yes for other
(k)	Trouble with police	□	□	□	□
(l)	Hospitalised or admitted to an emergency room	□	□	□	□
(m)	Engaged in sex you regretted the next day	□	□	□	□
(n)	Engaged in unprotected sex	□	□	□	□
(o)	Drunk driving	□	□	□	□

(only asked in ALGERIA)

37. Does any of your elder siblings…

		Never	Seldom	Sometimes	Often	Don't Know	Don't have elder siblings
(a)	smoke cigarettes	□	□	□	□	□	□
(b)	drink alcoholic beverages (beer, wine,spirits)	□	□	□	□	□	□
(c)	get drunk	□	□	□	□	□	□
(d)	smoke marijuana or hashish	□	□	□	□	□	□
(e)	take tranquillizers or sedatives (without a doctor's prescription)	□	□	□	□	□	□
(g)	take tranquillizers or sedatives as medication	□	□	□	□	□	□
(h)	take heroin	□	□	□	□	□	□
(f)	take ecstasy	□	□	□	□	□	□
(i)	take cocaine	□	□	□	□	□	□

38. What is the highest level of schooling your father completed?

- □ Completed primary school or less
- □ Some secondary school
- □ Completed secondary school
- □ Some college or university
- □ Completed college or university
- □ Don't know or does not apply

39. What is the highest level of schooling your mother completed?

- □ Completed primary school or less
- □ Some secondary school
- □ Completed secondary school
- □ Some college or university
- □ Completed college or university
- □ Don't know or does not apply

40. How well off is your family compared to other families in your country?

- □ Better off
- □ About the same
- □ Less well off

41. Which of the following people live in the same household with you?

- □ I live alone
- □ Father
- □ Stepfather
- □ Mother
- □ Stepmother
- □ Brother (s) and/or sister (s)
- □ Grandparent (s)
- □ Other relative (s)
- □ Non-relative (s)

42. How satisfied are you usually with

		Very satisfied	Satisfied	Neither satisfied or not satisfied	Not so satisfied	Not at all satisfied
(a)	your relationship with your mother?	□	□	□	□	□
(b)	your relationship with your father?	□	□	□	□	□
(c)	your relationship with your friends?	□	□	□	□	□

43. Do your parents know where you spend Saturday evenings?

- □ Know always
- □ Know quite often
- □ Know sometimes
- □ Usually don't know

44. If you had ever used marijuana or hashish, do you think that you would have said so in this questionnaire?

- □ I already said that I have used it
- □ Definitely yes
- □ Probably yes
- □ Probably not
- □ Definitely not

45. If you had ever used heroin, do you think that you would have said so in this questionnaire?

- □ I already said that I have used it
- □ Definitely yes
- □ Probably yes
- □ Probably not
- □ Definitely not

46. How much money do you usually spend a week for your personal needs, and where do you get it from?

How much money do you spend a week?
……. <local currency>.
From where do you get the money?

- θ A paid job
- θ Parents or other relatives
- □ Other sources

ANNEX 2: ITEM NON-RESPONSE AND MISSING VALUES in % PER (SUB)QUESTION

The column “item non-response + declared missing values” in the table below only presents figures if declared missing values exist as pre-coded categories. The column “item non-response after imputation” presents only figures if imputations have been made.

	< 5%
	5-15%
	15-30%
	> 30%

(Sub) question	Label	ALGERIA			LIBYA			MOROCCO		
		Item non-response %	*Item non-response + declared missing values* %	Item non-response after imputation %	Item non-response %	*Item non-response + declared missing values* %	Item non-response after imputation %	Item non-response %	*Item non-response + declared missing values* %	Item non-response after imputation %
Q1	**Sex**	0.0			1.5			4.7		
Q2	**Age**	0.5			8.1			6.9		
Q3	**Doing things**									
Q3a	Doing ride	4.2			5.4			2.8		
Q3b	Doing games	4.4			7.7			7.5		
Q3c	Doing sport	6.5			9.0			6.3		
Q3d	Doing read	3.7			8.9			6.3		
Q3e	Doing party	6.0			8.6			7.8		
Q3f	Doing other	72.6			30.8			6.6		
Q4	**Missing school**									
Q4a	Absent illness	9.3			14.8			12.9		
Q4b	Absent skipped	41.4			43.0			42.0		
Q4c	Absent other	71.2			35.1			29.8		
Q5	**Grade**	1.2			9.2			4.7		
Q6	**LTF smoke**	6.0			3.1			1.6		
Q7	**LMF smoke**	3.3		2.1	4.9		2.0	3.1		1.9
Q8	**Prevalence alcohol**									
Q8a	LTF alcohol	6.7			4.3			4.1		
Q8b	LYF alcohol	16.5		6.7	32.3		5.0	29.2		6.0
Q8c	LMF alcohol	17.4		7.7	32.4		5.0	28.5		6.0
Q9	**Drink 25**	5.8	*17.7*		3.6	*13.9*		6.0	*21.9*	
Q10	**Last month prevalence alcoholic drinks**									
Q10a	LMF beer	10.0		6.0	6.7		2.1	5.3		2.8
Q10b	LMF wine	12.8		8.8	15.3		10.7	16.6		14.1
Q10c	LMF spirits	12.8		8.8	14.5		9.9	16.3		13.8
Q11	**Last=beer**	4.4		3.7	3.7		0.9	4.1		1.9
Q13	**Last=wine**	4.7		4.0	4.2		1.1	3.1		0.9
Q14	**Last=spirits**	4.7		4.0	4.0		1.4	4.1		1.3

(Sub) question	Label	ALGERIA			LIBYA			MOROCCO		
		Item non-response %	*Item non-response + declared missing values* %	Item non-response after imputation %	Item non-response %	*Item non-response + declared missing values* %	Item non-response after imputation %	Item non-response %	*Item non-response + declared missing values* %	Item non-response after imputation %
Q15	**Where drink**	4.7		3.7	2.3		0.7	2.8		1.3
Q16	**LMF 5 drinks**	4.7		0.0	2.4		0.3	3.1		0.3
Q17	**Perceived effects of alcohol**									
Q17a	Relaxed	25.6			42.3			37.6		
Q17b	Police	21.6			44.2			37.9		
Q17c	Health	19.1			37.1			29.5		
Q17d	Happy	26.7			46.2			40.1		
Q17e	Forget	28.8			46.5			40.8		
Q17f	No stop	29.1			47.0			40.8		
Q17g	Hangover	26.0			44.7			38.6		
Q17h	Friendly	28.6			47.7			42.3		
Q17i	Regret	25.6			45.9			39.2		
Q17j	Fun	27.9			40.7			35.1		
Q17k	Sick	24.2			47.0			41.4		
Q17l	Guilty	19.8			44.0			37.6		
Q18	**Prevalence of drunkenness**									
Q18a	LTF drunk	8.1		4.9	5.0		0.7	7.5		3.8
Q18b	LYF drunk	15.6		4.9	29.1		0.9	32.0		5.0
Q18c	LMF drunk	15.3		4.4	29.1		0.8	32.0		4.7
Q19	How drunk	5.6	*9.3* [8]		24.3			6.9		
Q20	**Amount drunk**	5.6		3.5	3.0		0.2	5.6		1.9
Q21	**Having heard of drugs**									
Q21a	Heard tranq.	35.3			16.6			35.7		
Q21b	Heard cannabis	6.5			12.0			12.9		
Q21c	Heard LSD	18.6			20.0			35.7		
Q21d	Heard amphet.	21.9			21.0			38.9		
Q21e	Heard crack	20.5			20.5			36.7		
Q21f	Heard cocaine	7.9			17.1			19.4		
Q21g	Heard relevin	20.5			19.9			37.9		
Q21h	Heard heroin	9.8			13.8			26.3		
Q21i	Heard ecstasy	20.7			20.9			37.3		
Q21j	Heard methad.	20.9			20.1			37.6		
Q22	**Want try drug**	9.1			4.6			4.7		
Q23	**Prevalence cannabis**									
Q23a	LTF cannabis	6.7			1.6			3.8		

[8] Including data entry errors recoded into missing by the authors

(Sub) question	Label	ALGERIA			LIBYA			MOROCCO		
		Item non-response %	*Item non-response + declared missing values* %	Item non-response after imputation %	Item non-response %	*Item non-response + declared missing values* %	Item non-response after imputation %	Item non-response %	*Item non-response + declared missing values* %	Item non-response after imputation %
Q23b	LYF cannabis	12.3		6.0	24.4		1.8	31.0		6.6
Q23c	LMF cannabis	13.0		6.7	24.6		1.9	30.4		5.6
Q24	**Prevalence sniffing**									
Q24a	LTF sniff	6.0			1.8			3.4		
Q24b	LYF sniff	13.7		7.4	25.9		2.2	30.7		4.7
Q24c	LMF sniff	13.7		7.4	25.7		2.2	30.4		4.1
Q25	**Prescr. tranq.**	2.8			3.2			1.9		
Q26	**Lifetime prevalence of drugs**									
Q26a	LTF tranq.	5.8			3.5			6.0		
Q26b	LTF amphet.	9.1			9.0			12.5		
Q26c	LTF LSD	9.5			9.0			13.8		
Q26d	LTF crack	9.3			9.0			13.5		
Q26e	LTF cocaine	9.3			9.0			13.8		
Q26f	LTF relevin	9.3			9.1			13.5		
Q26g	LTF heroin	9.3			9.3			13.5		
Q26i	LTF ecstasy	9.3			9.6			13.5		
Q26j	LTF injecting	9.5			9.4			13.8		
Q26k	LTF alc.+pills	9.5		5.3	9.5		1.2	13.8		4.1
Q26l	LTF alc.+cann.	9.5		3.5	9.1		0.7	11.9		1.6
Q26m	LTF steroids	9.5								
Q26n	LTF hasj+mari.				9.1					
Q26_2	**Last month prevalence of drugs (LIBYA only)**									
Q26_2a	LMF tranq.				4.9		1.8			
Q26_2b	LMF amphet.				10.4		6.9			
Q26_2c	LMF LSD				10.5		7.1			
Q26_2d	LMF crack				10.9		7.2			
Q26_2e	LMF cocaine				10.6		7.2			
Q26_2f	LMF relevin				10.6		7.3			
Q26_2g	LMF heroin				10.4		7.3			
Q26_2i	LMF ecstasy				10.5		7.4			
Q26_2j	LMF injecting				10.7		7.3			
Q26_2k	LMF alc.+pills				10.5		1.0			
Q26_2l	LMF alc.+cann.				10.4		0.7			
Q26_2n	LMF hasj+mari.				10.4		7.4			
Q26_3	**Last year prevalence of drugs (LIBYA only)**									
Q26_3a	LYF tranq.				5.0		2.0			
Q26_3b	LYF amphet.				10.1		7.2			

(Sub) question	Label	ALGERIA			LIBYA			MOROCCO		
		Item non-response %	*Item non-response + declared missing values* %	Item non-response after imputation %	Item non-response %	*Item non-response + declared missing values* %	Item non-response after imputation %	Item non-response %	*Item non-response + declared missing values* %	Item non-response after imputation %
Q26_3c	LYF LSD				10.2		7.2			
Q26_3d	LYF crack				10.3		7.3			
Q26_3e	LYF cocaine				10.4		7.3			
Q26_3f	LYF relevin				10.4		7.4			
Q26_3g	LYF heroin				10.6		7.5			
Q26_3i	LYF ecstasy				10.3		7.5			
Q26_3j	LYF injecting				10.3		7.4			
Q26_3k	LYF alc.+pills				10.7		1.0			
Q26_3l	LYF alc.+cann.				10.8		0.7			
Q26_3n	LYF hasj+mari.				10.7		7.6			
Q27	**Age of first use substances**									
Q27a	Age beer	5.1		4.0				6.9		3.4
Q27b	Age wine	10.2		5.8				14.1		4.7
Q27c	Age spirits	10.5		5.8				15.0		4.4
Q27d	Age drunk	10.2		3.7				14.1		3.8
Q27e	Age first cig	9.8		5.1				13.2		6.0
Q27f	Age day smoke	10.7						16.0		
Q27g	Age amphet.	10.9		8.8				15.4		11.0
Q27h	Age tranq.	10.5		4.7				15.4		5.3
Q27i	Age cannabis	10.7		5.6				16.9		5.0
Q27j	Age LSD	10.5						17.6		
Q27k	Age crack	10.2		8.6				16.9		11.3
Q27l	Age cocaine	10.2		8.6				17.2		11.6
Q27m	Age relevin	10.5		8.6				17.2		11.6
Q27n	Age ecstasy	10.7		8.6				17.2		11.6
Q27o	Age heroin							17.2		11.6
Q27p	Age sniff	10.9		5.8				16.9		4.4
Q27q	Age steroids	10.5		8.6				20.7		20.7
Q28	**First drug**	4.4	*4.7*	3.0	2.1	*2.3*	0.4	5.3	*6.6*	2.2
Q29	**How obtained**	5.3		3.0	3.2		0.4	5.3		1.3
Q30	**Reason taking**	5.1		3.0	2.5		0.5	3.4		1.3
Q31	**Easy buy can.**	5.3			3.7			6.9		
Q32	**Disapproval substance use**									
Q32a	Smoke occas.	2.6	*8.6*		6.0	*16.0*		4.7	*11.9*	
Q32b	Smoke 10	3.7	*6.7*		11.8	*19.1*		13.8	*16.9*	
Q32c	Drink few year	2.8	*8.1*		11.7	*19.3*		12.9	*16.6*	
Q32d	Drink 1-2 week				12.0	*19.3*		16.6	*20.1*	

(Sub) question	Label	ALGERIA			LIBYA			MOROCCO		
		Item non-response	*Item non-response + declared missing values*	Item non-response after imputation	Item non-response	*Item non-response + declared missing values*	Item non-response after imputation	Item non-response	*Item non-response + declared missing values*	Item non-response after imputation
		%	%	%	%	%	%	%	%	%
Q32e	Drunk once wk	2.8	*6.7*		12.1	*20.0*		16.0	*18.5*	
Q32f	Cannabis try	3.5	*7.9*		12.0	*19.6*		16.0	*19.4*	
Q32g	Cannabis occ.	2.8	*7.9*		12.5	*19.5*		16.9	*19.7*	
Q32h	Cannabis reg.	2.8	*8.8*		12.1	*19.5*		16.0	*19.1*	
Q32i	LSD try	3.5	*10.2*		12.8	*20.2*		17.6	*20.4*	
Q32j	Heroin try	4.2	*10.9*		12.2	*19.6*		17.6	*21.0*	
Q32k	Tranquill. try	3.3	*12.1*		12.4	*20.7*		18.2	*21.3*	
Q32l	Amphet. Try	3.7	*10.0*		12.2	*20.0*		16.6	*19.4*	
Q32m	Crack try	3.7	*10.0*		12.4	*19.7*		17.6	*21.0*	
Q32n	Cocaine try	3.7	*8.6*		12.3	*19.4*		17.6	*20.4*	
Q32o	Ecstasy try	4.4	*10.9*		12.3	*19.7*		17.2	*20.4*	
Q32p	Sniff try	4.0	*10.7*		12.3	*19.7*		16.9	*19.7*	
Q33	**Risk perception substance use**									
Q33a	Smoke occas.	1.4	*12.3*		7.9	*35.5*		4.7	*31.3*	
Q33b	Smoke heavy	2.3	*10.0*		13.0	*36.6*		10.7	*25.7*	
Q33c	Drink 1-2 day	2.6	*14.4*		13.7	*39.5*		11.6	*26.0*	
Q33d	Drink 4-5 day	3.3	*15.1*		13.9	*39.1*		12.5	*27.9*	
Q33e	Drink 5 wk'end	3.3	*15.6*		14.6	*40.0*		11.0	*25.1*	
Q33f	Cannabis try	3.3	*17.9*		13.6	*40.5*		11.6	*30.7*	
Q33g	Cannabis occ.	4.4	*19.8*		14.4	*40.9*		14.4	*35.1*	
Q33h	Cannabis reg.	4.0	*18.6*		13.9	*39.5*		14.4	*31.0*	
Q33i	LSD try	4.0	*21.6*		14.5	*44.1*		15.0	*34.5*	
Q33j	LSD regular	3.7	*19.8*		14.3	*43.4*		15.7	*34.8*	
Q33k	Amphet. Try	5.1	*23.0*		14.3	*44.2*		15.0	*36.1*	
Q33l	Amphet. regular	3.7	*21.6*		14.5	*43.4*		16.0	*36.4*	
Q33m	Cocaine try	4.0	*21.6*		14.2	*43.1*		15.0	*32.9*	
Q33n	Cocaine regular	4.9	*21.4*		14.3	*42.2*		14.7	*32.6*	
Q33o	Ecstasy try	8.1	*24.4*		14.0	*43.6*		15.4	*35.4*	
Q33p	Ecstasy regular	8.4	*23.7*		14.1	*42.8*		15.7	*35.1*	
Q33q	Sniff try	7.9	*25.6*		14.0	*42.4*		16.0	*33.9*	
Q33r	Sniff regular	8.4	*27.9*		14.0	*42.5*		14.7	*33.5*	
Q34	**Perceived availability of substances**									
Q34a	Easy cigs	5.1	*14.4*		10.6	*21.6*		8.8	*27.0*	
Q34b	Easy beer	7.4	*20.7*		15.8	*27.6*		13.5	*30.1*	
Q34c	Easy wine	8.1	*23.5*		16.2	*28.5*		15.7	*34.2*	
Q34d	Easy spirits	8.1	*20.9*		16.4	*28.1*		16.0	*32.9*	
Q34e	Easy cannabis	8.6	*22.1*		16.6	*28.4*		15.4	*33.5*	

(Sub) question	Label	ALGERIA			LIBYA			MOROCCO		
		Item non-response %	*Item non-response + declared missing values* %	Item non-response after imputation %	Item non-response %	*Item non-response + declared missing values* %	Item non-response after imputation %	Item non-response %	*Item non-response + declared missing values* %	Item non-response after imputation %
Q34f	Easy LSD	9.3	*24.9*		16.5	*29.2*		16.3	*37.0*	
Q34g	Easy amphet.	8.4	*24.7*		16.9	*29.6*		17.2	*39.5*	
Q34h	Easy tranquill.	8.1	*23.5*		16.3	*28.7*		16.6	*37.0*	
Q34i	Easy crack	8.8	*26.7*		16.8	*29.9*		17.6	*38.9*	
Q34j	Easy cocaine	8.6	*24.9*		16.5	*29.0*		16.6	*37.3*	
Q34k	Easy ecstasy	8.8	*25.8*		16.5	*29.6*		17.9	*39.5*	
Q34l	Easy heroin	9.5	*26.3*		16.7	*28.6*		17.6	*38.6*	
Q34m	Easy sniff	8.4	*22.6*		16.5	*28.9*		16.9	*35.4*	
Q34n	Easy steroids	9.3	*31.2*					18.2	*43.6*	
Q34o	Easy home alc.	8.4	*28.1*		16.4	*28.2*		16.6	*39.2*	
Q35	**Substance use of friends**									
Q35a	Friends smoke	2.8			4.9			3.1		
Q35b	Friends drink	5.8			10.7			12.5		
Q35c	Friends drunk	6.5			10.8			13.2		
Q35d	Friends cann.	6.7			11.1			12.9		
Q35e	Friends LSD	7.4			11.0			15.4		
Q35f	Friends amph.	7.9			11.0			15.4		
Q35g	Friends tranq.	7.0			11.0			16.0		
Q35h	Friends cocaine	7.2			11.2			15.0		
Q35i	Friends ecstasy	7.4			11.2			16.3		
Q35j	Friends heroin	7.4			11.3			16.6		
Q35k	Friends sniff	7.7			11.1			15.4		
Q35l	Friends alc/pills	7.7						20.7		
Q35m	Friends steroids	7.4								
Q36	**Problems due to alcohol or drugs (ALGERIA: due to alcohol only)**									
Q36a	Quarrel	11.2			15.8			22.9		
Q36b	Fight	16.3			21.4			29.8		
Q36c	Accident	16.3			22.1			29.5		
Q36d	Loss	16.5			21.8			30.4		
Q36e	Damage	16.3			21.9			31.0		
Q36f	Probl. Parents	16.5			22.1			30.7		
Q36g	Probl. Friends	16.5			22.3			31.3		
Q36h	Probl. Teachers	16.3			22.2			30.4		
Q36i	Poor perform	16.3			22.7			30.7		
Q36j	Victim	16.5			22.3			31.0		
Q36k	Police	16.5			22.5			31.0		
Q36l	Hospital	16.5			22.5			31.0		

(Sub) question	Label	ALGERIA			LIBYA			MOROCCO		
		Item non-response %	*Item non-response + declared missing values* %	Item non-response after imputation %	Item non-response %	*Item non-response + declared missing values* %	Item non-response after imputation %	Item non-response %	*Item non-response + declared missing values* %	Item non-response after imputation %
Q36m	Unwanted sex	16.3			22.5			31.0		
Q36n	Unsafe sex	16.3			22.5			34.5		
Q36o	Drunk drive	16.3								
Q37	**Substance use by siblings**									
Q37a	Sibling smokes	3.7	*5.6*		6.2	*7.5*		6.0	*7.5*	
Q37b	Sibling drinks	8.8	*10.5*		13.0	*14.0*		12.9	*16.0*	
Q37c	Sibling drunk	8.4	*9.5*		13.0	*14.1*		13.5	*16.6*	
Q37d	Sibling cannabis	9.1	*10.5*		13.5	*14.3*		13.5	*16.3*	
Q37e	Sibling tranq.	9.1	*10.5*		13.3	*14.5*		15.4	*18.2*	
Q37g	Sibling medic.	8.8	*10.2*		13.3	*14.4*		14.1	*16.6*	
Q37h	Sibling heroin	8.8	*10.2*		13.5	*14.4*		14.1	*16.9*	
Q37f	Sibling ecstasy	8.8	*10.0*		13.5	*14.4*		14.1	*16.6*	
Q37i	Sibling cocaine	9.1	*10.2*		13.4	*14.4*		14.1	*16.9*	
Q38	**Educ. father**	2.6	*6.7*		9.9	*21.0*		6.9	*11.6*	
Q39	**Educ. mother**	2.1	*5.6*		7.5	*14.6*		5.0	*5.3*	
Q40	**Status family**	2.6			5.1			5.3		
Q41	**Household composition**									
Q41a	Type household	3.0			7.4			3.4		
Q41b	Siblings?	3.0			7.4			3.4		
Q42	**Satisfaction relationships**									
Q42a	Relation father	1.4			6.2			3.1		
Q42b	Relation mother	3.3			9.9			9.7		
Q42d	Relation sibling	2.3			9.7			8.8		
Q42c	Relation friends	2.6			10.5			8.5		
Q43	**Sat. Evening**	27.4			17.2			23.2		
Q44	**Honest cann.**	10.2			17.6			15.0		
Q45	**Honest heroin**	10.9			18.8			16.3		
Q46a	**Money**	18.4			22.9			17.6		
Q46b	**Money source**	16.0			11.8			10.0		

ANNEX 3: PATTERNS OF ITEM NON-RESPONSE IN TABLE FORMAT QUESTIONS

Table 10: Non-response patterns in Q3 – doing things

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q3a	Q3b	Q3c	Q3d	Q3e	Q3f	Complete if ... [b]
116							116
271						X	387

Patterns with less than 3% cases (13 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 1 Algeria

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q3a	Q3b	Q3c	Q3d	Q3e	Q3f	Complete if ... [b]
604							604
202						X	806

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q3a	Q3b	Q3c	Q3d	Q3e	Q3f	Complete if ... [b]
271							271
10		X	X	X	X	X	310

Patterns with less than 3% cases (10 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 3 Morocco

Table 11: Non-response patterns in Q4 – Missing school

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q4a	Q4b	Q4c	Complete if ... [b]
98				98
146			X	244
142		X	X	390
21	X	X		124

Patterns with less than 3% cases (13 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 1 Algeria

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q4a	Q4b	Q4c	Complete if ... [b]
510				510
36		X		546
260		X	X	847
41			X	551
93	X	X		645
38	X	X	X	994

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q4a	Q4b	Q4c	Complete if ... [b]
177				177
16		X		193
83		X	X	278
29	X	X		224

Patterns with less than 3% cases (10 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 3 Morocco

Table 12: Non-response patterns in Q8 – Prevalence of alcohol

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q8a	Q8b	Q8c	Complete if ... [b]
355				355
45		X	X	401
26	X	X	X	430

Patterns with less than 3% cases (13 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 1 Algeria

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q8a	Q8b	Q8c	Complete if ... [b]
668				668
275		X	X	951
42	X	X	X	994

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q8a	Q8b	Q8c	Complete if ... [b]
220				220
80		X	X	306

Patterns with less than 3% cases (10 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 3 Morocco

Table 13: Non-response patterns in Q10 – Last month prevalence of alcoholic drinks

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q10a	Q10b	Q10c	Complete if ... [b]
371				371
41	X	X	X	430

Patterns with less than 3% cases (13 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 1 Algeria

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q10a	Q10b	Q10c	Complete if ... [b]
836				836
74		X	X	927
64	X	X	X	994

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q10a	Q10b	Q10c	Complete if ... [b]
264				264
35		X	X	302
15	X	X	X	319

Patterns with less than 3% cases (10 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 3 Morocco

Table 14: Non-response patterns in Q17 - Perceived effects of alcohol drinking

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]												Complete if ... [b]
	Q17a	Q17b	Q17c	Q17d	Q17e	Q17f	Q17g	Q17h	Q17i	Q17j	Q17k	Q17l	
256													256
56	X	X	X	X	X	X	X	X	X	X	X	X	430

Patterns with less than 3% cases (13 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 1 Algeria

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]												Complete if ... [b]
	Q17a	Q17b	Q17c	Q17d	Q17e	Q17f	Q17g	Q17h	Q17i	Q17j	Q17k	Q17l	
465													465
45	X	X		X	X	X	X	X	X	X	X	X	625
281	X	X	X	X	X	X	X	X	X	X	X	X	994
35	X	X	X	X	X	X	X	X	X		X	X	589

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]												Complete if ... [b]
	Q17a	Q17b	Q17c	Q17d	Q17e	Q17f	Q17g	Q17h	Q17i	Q17j	Q17k	Q17l	
162													162
15	X	X		X	X	X	X	X	X	X	X	X	225
60	X	X	X	X	X	X	X	X	X	X	X	X	319
10		X	X	X	X	X	X	X	X	X	X	X	199

Patterns with less than 3% cases (10 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 3 Morocco

Table 15: Non-response patterns in Q18 – Prevalence of being drunk

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q18a	Q18b	Q18c	Complete if ... [b]
362				362
32		X	X	395
33	X	X	X	430

Patterns with less than 3% cases (13 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 1 Algeria

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q18a	Q18b	Q18c	Complete if ... [b]
704				704
239		X	X	944
49	X	X	X	994

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q18a	Q18b	Q18c	Complete if ... [b]
213				213
80		X	X	295
18	X	X	X	319

Patterns with less than 3% cases (10 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 3 Morocco

Table 16: Non-response patterns in Q21 – Having heard of certain drugs

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]										Complete if ... [b]
	Q21a	Q21b	Q21c	Q21d	Q21e	Q21f	Q21g	Q21h	Q21i	Q21j	
225											225
98	X										323
14			X	X	X		X		X	X	253
20	X		X	X	X		X		X	X	381
14		X	X	X	X	X	X	X	X	X	278

Patterns with less than 3% cases (13 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 1 Algeria

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]										Complete if ... [b]
	Q21a	Q21b	Q21c	Q21d	Q21e	Q21f	Q21g	Q21h	Q21i	Q21j	
704											704
39	X										743
37		X	X	X	X	X	X	X	X	X	829
58	X	X	X	X	X	X	X	X	X	X	994

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]										Complete if ... [b]
	Q21a	Q21b	Q21c	Q21d	Q21e	Q21f	Q21g	Q21h	Q21i	Q21j	
135											135
46	X										181
12			X	X	X		X		X	X	160
10	X		X	X	X		X	X	X	X	252
10	X		X	X	X	X	X	X	X	X	278
25		X	X	X	X	X	X	X	X	X	205
10	X	X	X	X	X	X	X	X	X	X	319

Patterns with less than 3% cases (10 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 3 Morocco

Table 17: Non-response patterns in Q23 – Prevalence of cannabis

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q23a	Q23b	Q23c	Complete if ... [b]
373				373
25	X	X	X	430
28		X	X	401

Patterns with less than 3% cases (13 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 1 Algeria

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q23a	Q23b	Q23c	Complete if ... [b]
748				748
227		X	X	978

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q23a	Q23b	Q23c	Complete if ... [b]
217				217
88		X	X	307

Patterns with less than 3% cases (10 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 3 Morocco

Table 18: Non-response patterns in Q24 – Prevalence of sniffing / inhaling

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q24a	Q24b	Q24c	Complete if ... [b]
371				371
33		X	X	404
26	X	X	X	430

Patterns with less than 3% cases (13 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 1 Algeria

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q24a	Q24b	Q24c	Complete if ... [b]
737				737
237		X	X	976

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q24a	Q24b	Q24c	Complete if ... [b]
218				218
87		X	X	308

Patterns with less than 3% cases (10 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 3 Morocco

Table 19: Non-response patterns in Q26 – Lifetime prevalence of certain drugs

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q26a	Q26b	Q26c	Q26d	Q26e	Q26f	Q26g	Q26i	Q26j	Q26k	Q26l	Q26m	Q26n	Complete if ... [b]
0														0
382													X	382
21		X	X	X	X	X	X	X	X	X	X	X	X	405
18	X	X	X	X	X	X	X	X	X	X	X	X	X	430

Patterns with less than 3% cases (13 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 1 Algeria

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q26a	Q26b	Q26c	Q26d	Q26e	Q26f	Q26g	Q26i	Q26j	Q26k	Q26l	Q26m	Q26n	Complete if ... [b]
0														0
877												X		877
63		X	X	X	X	X	X	X	X	X	X	X	X	959

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q26a	Q26b	Q26c	Q26d	Q26e	Q26f	Q26g	Q26i	Q26j	Q26k	Q26l	Q26m	Q26n	Complete if ... [b]
0														0
272												X	X	272
25		X	X	X	X	X	X	X	X	X	X	X	X	300

Patterns with less than 3% cases (10 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 3 Morocco

Table 20: Non-response patterns in Q26_2 - Last month prevalence of certain drugs (Libya only)

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]												Complete if ... [b]
	Q26_2a	Q26_2b	Q26_2c	Q26_2d	Q26_2e	Q26_2f	Q26_2g	Q26_2i	Q26_2j	Q26_2k	Q26_2l	Q26_2n	
870													870
65		X	X	X	X	X	X	X	X	X	X	X	945
34	X	X	X	X	X	X	X	X	X	X	X	X	994

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Table 21: Non-response patterns in Q26_3 - Last year prevalence of certain drugs (Libya only)

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]												Complete if ... [b]
	Q26_3a	Q26_3b	Q26_3c	Q26_3d	Q26_3e	Q26_3f	Q26_3g	Q26_3i	Q26_3j	Q26_3k	Q26_3l	Q26_3n	
870													870
39	X	X	X	X	X	X	X	X	X	X	X	X	994
61		X	X	X	X	X	X	X	X	X	X	X	944

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Table 22: Non-response patterns in Q27 – Age of first use of substances

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]																	Complete if ... [b]
	Q27a	Q27b	Q27c	Q27d	Q27e	Q27f	Q27g	Q27h	Q27i	Q27j	Q27k	Q27l	Q27m	Q27n	Q27o	Q27p	Q27q	
0																		0
377															X			377
21		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	408
20	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	430

Patterns with less than 3% cases (13 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 1 Algeria

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q27a	Q27b	Q27c	Q27d	Q27e	Q27f	Q27g	Q27h	Q27i	Q27j	Q27k	Q27l	Q27m	Q27n	Q27o	Q27p	Q27q	Complete if ... [b]
0																		0
994	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	994

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q27a	Q27b	Q27c	Q27d	Q27e	Q27f	Q27g	Q27h	Q27i	Q27j	Q27k	Q27l	Q27m	Q27n	Q27o	Q27p	Q27q	Complete if ... [b]
231																		231
11																	X	242
11	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	319
17		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	297

Patterns with less than 3% cases (10 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 3 Morocco

Table 23: Non-response patterns in Q32 – Disapproval of substance use

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q32a	Q32b	Q32c	Q32d	Q32e	Q32f	Q32g	Q32h	Q32i	Q32j	Q32k	Q32l	Q32m	Q32n	Q32o	Q32p	Complete if ... [b]
0																	0
396				X													396

Patterns with less than 3% cases (13 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 1 Algeria

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]																Complete if ... [b]
	Q32a	Q32b	Q32c	Q32d	Q32e	Q32f	Q32g	Q32h	Q32i	Q32j	Q32k	Q32l	Q32m	Q32n	Q32o	Q32p	
838																	838
52		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	934
57	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	994

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]																Complete if ... [b]
	Q32a	Q32b	Q32c	Q32d	Q32e	Q32f	Q32g	Q32h	Q32i	Q32j	Q32k	Q32l	Q32m	Q32n	Q32o	Q32p	
243																	243
11				X	X	X	X	X	X	X	X	X	X	X	X	X	271
21		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	304
10	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	319

Patterns with less than 3% cases (10 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 3 Morocco

Table 24: Non-response patterns in Q33 – Risk perception of substance use

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]																		Complete if ... [b]
	Q33a	Q33b	Q33c	Q33d	Q33e	Q33f	Q33g	Q33h	Q33i	Q33j	Q33k	Q33l	Q33m	Q33n	Q33o	Q33p	Q33q	Q33r	
371																			371

Patterns with less than 3% cases (13 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 1 Algeria

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q33a	Q33b	Q33c	Q33d	Q33e	Q33f	Q33g	Q33h	Q33i	Q33j	Q33k	Q33l	Q33m	Q33n	Q33o	Q33p	Q33q	Q33r	Complete if ... [b]
794																			794
71	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	994
50		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	915

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q33a	Q33b	Q33c	Q33d	Q33e	Q33f	Q33g	Q33h	Q33i	Q33j	Q33k	Q33l	Q33m	Q33n	Q33o	Q33p	Q33q	Q33r	Complete if ... [b]
246																			246
15		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	304
10	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	319
11							X	X	X	X	X	X	X	X	X	X	X	X	271

Patterns with less than 3% cases (10 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 3 Morocco

Table 25: Non-response patterns in Q34 – Perceived availability of substances

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q34a	Q34b	Q34c	Q34d	Q34e	Q34f	Q34g	Q34h	Q34i	Q34j	Q34k	Q34l	Q34m	Q34n	Q34o	Complete if ... [b]
356																356
19	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	430

Patterns with less than 3% cases (13 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 1 Algeria

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]															Complete if ... [b]
	Q34a	Q34b	Q34c	Q34d	Q34e	Q34f	Q34g	Q34h	Q34i	Q34j	Q34k	Q34l	Q34m	Q34n	Q34o	
0																0
802														X		802
54		X	X	X	X	X	X	X	X	X	X	X	X	X	X	889
103	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	994

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]															Complete if ... [b]
	Q34a	Q34b	Q34c	Q34d	Q34e	Q34f	Q34g	Q34h	Q34i	Q34j	Q34k	Q34l	Q34m	Q34n	Q34o	
250																250
23	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	319
17		X	X	X	X	X	X	X	X	X	X	X	X	X	X	291

Patterns with less than 3% cases (10 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 3 Morocco

Table 26: Non-response patterns in Q35 – Substance use by friends

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]													Complete if ... [b]
	Q35a	Q35b	Q35c	Q35d	Q35e	Q35f	Q35g	Q35h	Q35i	Q35j	Q35k	Q35l	Q35m	
387														387
13		X	X	X	X	X	X	X	X	X	X	X	X	418

Patterns with less than 3% cases (13 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 1 Algeria

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]													Complete if ... [b]
	Q35a	Q35b	Q35c	Q35d	Q35e	Q35f	Q35g	Q35h	Q35i	Q35j	Q35k	Q35l	Q35m	
0														0
873												X	X	873
57		X	X	X	X	X	X	X	X	X	X	X	X	945
46	X	X	X	X	X	X	X	X	X	X	X	X	X	994

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]													Complete if ... [b]
	Q35a	Q35b	Q35c	Q35d	Q35e	Q35f	Q35g	Q35h	Q35i	Q35j	Q35k	Q35l	Q35m	
0														0
238													X	238
15												X	X	253
21		X	X	X	X	X	X	X	X	X	X	X	X	309

Patterns with less than 3% cases (10 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 3 Morocco

Table 27: Non-response patterns in Q36 – Problems due to alcohol or drug use (Algeria: only due to alcohol use)

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]														Complete if ... [b]
	Q36_a	Q36_b	Q36_c	Q36_d	Q36_e	Q36_f	Q36_g	Q36_h	Q36_i	Q36_j	Q36_k	Q36_l	Q36_m	Q36_n	
356															356
21		X	X	X	X	X	X	X	X	X	X	X	X	X	382
47	X	X	X	X	X	X	X	X	X	X	X	X	X	X	430

Patterns with less than 3% cases (13 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 1 Algeria

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]														Complete if ... [b]
	Q36a	Q36b	Q36c	Q36d	Q36e	Q36f	Q36g	Q36h	Q36i	Q36j	Q36k	Q36l	Q36m	Q36n	
758															758
57		X	X	X	X	X	X	X	X	X	X	X	X	X	837
153	X	X	X	X	X	X	X	X	X	X	X	X	X	X	994

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]														Complete if ... [b]
	Q36a	Q36b	Q36c	Q36d	Q36e	Q36f	Q36g	Q36h	Q36i	Q36j	Q36k	Q36l	Q36m	Q36n	
202															202
21		X	X	X	X	X	X	X	X	X	X	X	X	X	246
68	X	X	X	X	X	X	X	X	X	X	X	X	X	X	319

Patterns with less than 3% cases (10 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 3 Morocco

Table 28: Non-response patterns in Q37 – Substance use by siblings

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]									Complete if ... [b]
	Q37a	Q37b	Q37c	Q37d	Q37e	Q37g	Q37h	Q37f	Q37i	
387										387
21		X	X	X	X	X	X	X	X	414
15	X	X	X	X	X	X	X	X	X	430

Patterns with less than 3% cases (13 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 1 Algeria

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q37a	Q37b	Q37c	Q37d	Q37e	Q37g	Q37h	Q37f	Q37i	Complete if ... [b]
853										853
67		X	X	X	X	X	X	X	X	932
58	X	X	X	X	X	X	X	X	X	994

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q37a	Q37b	Q37c	Q37d	Q37e	Q37g	Q37h	Q37f	Q37i	Complete if ... [b]
265										265
20		X	X	X	X	X	X	X	X	300
18	X	X	X	X	X	X	X	X	X	319

Patterns with less than 3% cases (10 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 3 Morocco

Table 29: Non-response patterns in Q42 – Satisfaction with relationships

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a] Q42a	Q42b	Q42d	Q42c	Complete if ... [b]
406					406

Patterns with less than 3% cases (13 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 1 Algeria

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]				Complete if ... [b]
	Q42a	Q42b	Q42d	Q42c	
868					868
53	X	X	X	X	994
30		X	X	X	932

Patterns with less than 3% cases (30 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 2 Libya

Tabulated Patterns [c]

Number of Cases	Missing Patterns [a]				Complete if ... [b]
	Q42a	Q42b	Q42d	Q42c	
276					276
13		X	X	X	309

Patterns with less than 3% cases (10 or fewer) are not displayed.

a. Variables are not sorted.

b. Number of complete cases if variables missing in that pattern (marked with X) are not used.

c. COUNTRY = 3 Morocco

ANNEX 4: PROPOSED ALTERNATIVE MODEL MedSPAD QUESTIONNAIRE

Instructions for completion are not included in the model below.
An Arabic translation of the model MEDSPAD questionnaire can be obtained from the Secretariat of the Pompidou Group [mailto:Florence.MABILEAU-WHOMSLEY@coe.int]

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RESPONDENT & FAMILY

1 What is your sex

[1] Male

[2] Female

2 How old are you

[ ]

3 What was your average grade at the end of the last term

[ ]

4 With whom do you live together

[1] Father [2] Mother [3] Siblings [4] Other

5 What is the highest level of schooling your mother completed

[1] Less than primary
[2] Primary
[3] Secondary
[4] Higher
[5] Don't know

6 What is the highest level of schooling your father completed

[1] Less than primary
[2] Primary
[3] Secondary
[4] Higher
[5] Don't know

BEHAVIOUR

7 On how many days in the last 30 days have you been truant

[ ]

8 How many evenings in thelast 30 days have you been out away from home

[ ]

TOBACCO

9 **Do some of your friends or family members smoke cigarettes**

☐ 1 No ☐ 2 Yes

10 **Have you ever smoked cigarettes**

☐ 1 No ☐ 2 Yes

11 **At what age age did you smoke for the first time**

☐

12 **Have you smoked cigarettes in the last 12 months**

☐ 1 No ☐ 2 Yes

13 **Have you smoked cigarettes in the last 30 days**

☐ 1 No ☐ 2 Yes

14 **How much have you smoked in the last 30 days**

☐ 1 Less than 1 cigarette a week
☐ 2 Less than 1 cigarette a day
☐ 3 1-5 cigarettes a day
☐ 4 6-10 cigarettes a day
☐ 5 11-20 cigarettes a day
☐ 6 more than 20 cigarettes a day

ALCOHOL

15 **Do some of your friends or family members drink alcohol**

☐ 1 No ☐ 2 Yes

16 **Have you ever drunk alcohol**

☐ 1 No ☐ 2 Yes

17 **At what age age did you drink alcohol for the first time**

☐

18 **Have you drunk alcohol in the last 12 months**

☐ 1 No ☐ 2 Yes

19 **Have you drunk alcohol in the last 30 days**

☐ 1 No ☐ 2 Yes

20 **On how many days did you drink alcohol in the last 30 days**

☐

CANNABIS

21 **Do some of your friends or family members take cannabis**

1 No 2 Yes

22 **Have you ever taken cannabis**

1 No 2 Yes

23 **At what age age did you take cannabis for the first time**

24 **Have you taken cannabis in the last 12 months**

1 No 2 Yes

25 **Have you taken cannabis in the last 30 days**

1 No 2 Yes

26 **On how many days did you take cannabis in the last 30 days**

SEDATIVES AND TRANQUILLISERS

27 **Do some of your friends or family members take sedatives or tranquillisers**

1 No 2 Yes

28 **Have you ever taken sedatives or tranquillisers**

1 No 2 Yes

29 **At what age age did you take sedatives or tranquillisers for the first time**

30 **Have you taken sedatives or tranquillisers in the last 12 months**

1 No 2 Yes

31 **Have you taken sedatives or tranquillisers in the last 30 days**

1 No 2 Yes

32 **On how many days did you take sedatives or tranquillisers in the last 30 days**

OTHER DRUGS

33 **Do some of your friends or family members take any other drugs**

1 No 2 Yes

34 **Which drugs you know that some of them take**

35 **Have you ever taken any other drug in your life**

1 No 2 Yes

36 **Which other drugs have you ever taken**

RISK PERCEPTIONS

37 **How much do you think people risk harming themselves (physically or otherwise) if they smoke cigarettes once in a while**

1 No risk
2 Moderate risk
3 Great risk
4 Don't know

38 **How much do you think people risk harming themselves (physically or otherwise) if they smoke cigarettes regularly**

1 No risk
2 Moderate risk
3 Great risk
4 Don't know

39 **How much do you think people risk harming themselves (physically or otherwise) if they drink alcohol once in a while**

1 No risk
2 Moderate risk
3 Great risk
4 Don't know

40 **How much do you think people risk harming themselves (physically or otherwise) if they drink alcohol regularly**

1 No risk
2 Moderate risk
3 Great risk
4 Don't know

41 **How much do you think people risk harming themselves (physically or otherwise) if they take cannabis once in a while**

1	No risk
2	Moderate risk
3	Great risk
4	Don't know

42 **How much do you think people risk harming themselves (physically or otherwise) if they take cannabis regularly**

1	No risk
2	Moderate risk
3	Great risk
4	Don't know

43 **How much do you think people risk harming themselves (physically or otherwise) if they take sedatives or tranquillisers once in a while without a doctor's prescription or medical supervision**

1	No risk
2	Moderate risk
3	Great risk
4	Don't know

44 **How much do you think people risk harming themselves (physically or otherwise) if they take sedatives or tranquillisers regularly without a doctor's prescription or medical supervision**

1	No risk
2	Moderate risk
3	Great risk
4	Don't know

OPINIONS

45 **Do you disapprove if people smoke cigarettes once in a while**

1 Yes 2 No 3 Don't know

46 **Do you disapprove if people smoke cigarettes regularly**

1 Yes 2 No 3 Don't know

47 **Do you disapprove if people drink alcohol once in a while**

1 Yes 2 No 3 Don't know

48 **Do you disapprove if people drink alcohol regularly**

1 Yes 2 No 3 Don't know

49 **Do you disapprove if people take cannabis once in a while**

1 Yes 2 No 3 Don't know

50 **Do you disapprove if people take cannabis regularly**

1 Yes 2 No 3 Don't know

51

Do you disapprove if people take sedatives or tranquillisers without a doctor's prescription once in a while

1 Yes 2 No 3 Don't know

52 **Do you disapprove if people take sedatives or tranquillisers without a doctor's prescription regularly**

1 Yes 2 No 3 Don't know

APPENDIX 5 : LIST OF POMPIDOU GROUP DOCUMENTS AND PUBLICATIONS

Publications

The following publications are published by Council of Europe Publishing, Strasbourg and can be ordered from the Publishing Division at:

publishing@coe.int
http://book.coe.int

Calculating the social cost of illicit drugs: Methods and tools for estimating the social cost of the use of psychotropic substances, 2001, Pierre Kopp, ISBN 92-871-4734-5. (Available in Russian, December 2003.)

Contribution to the sensible use of benzodiazepines, seminar, 2002, ISBN 92-871- 4751-5.

Connecting research, policy and practice: lessons learned and challenges ahead, Strategic Conference, 2004, ISBN 92-871-5535-6

Development and improvement of substitution programmes, seminar, 2002, ISBN 92-871-4807-4.

Drugs and drug dependence: linking research, policy and practice, lessons learned, challenges ahead, Richard Hartnoll. Strategic Conference, 2004, ISBN 92-871-5490-2

Drug use in prison – Project of the group of experts in epidemiology of drug problems, final report, 2001, Richard Muscat, ISBN 92-871-4521-0.

Drug-misusing offenders and the criminal justice system: the period from the first contact with the police to and including sentencing, seminar, 2000, ISBN 91-871-3790-0.

Drug-misusing offenders in prison and after release, seminar, 2000, ISBN 92-871-4242-4.

Ethics and drug addiction, proceedings of a seminar which took place in Strasbourg on 6-7 February 2003.

Multi-city network eastern Europe, 1997, Joint Pompidou Group/UNDCP project, extension of the multi-city network to central and eastern Europe. First city reports from: Bratislava, Budapest, Gdansk, Ljubljana, Prague, Sofia, Szeged, Varna, Warsaw, ISBN 92-871-3509-6.

Multi-city study: drug misuse trends in thirteen European cities, 1998, ISBN 92-871-2392-6.

Pregnancy and drug misuse: *up-date 2000,* seminar proceedings, 2001, ISBN 92-871-4503-2.

Pregnancy and drug misuse, symposium proceedings, 1999, ISBN 92-871-3784-6.

Prisons, drugs and society, seminar proceedings, 2003, ISBN 92-871-5090-7.

Risk reduction linked to substances other than by injection, seminar proceedings, 2003, ISBN 92-871-5329-9.

Road traffic and psychoactive substances, proceedings of a seminar which took place in Strasbourg in June 2003.*

Road traffic and drugs, seminar, 2000, ISBN 92-871-4145-2.

3rd multi-city study: drug use trends in European cities in the 1990s, 2001, Ruud Bless, ISBN 92-871-4459-1.

Treated drug users in 23 European cities – Data 1997, Pompidou Group project on treatment demand final report, 1999, Michael Stauffacher, ISBN 92-871-4007-3.

Vocational rehabilitation for drug users in Europe, seminar, 2000, ISBN 92-871-4406-0.

Women and drugs/Focus on prevention, symposium, ISBN 92-871-3508-8.

Other publications

The ESPAD Report 2003: Alcohol and other drug use among students in 35 European countries, 2000, Joint publication Pompidou Group/CAN, ISBN 91-7278-103-3.
This publication can be ordered from The Swedish Council for Information on Alcohol and other Drugs (CAN). Fax : +46 8 10 46 41 or e-mail : barbro.andersson@can.se

Estimating the prevalence of problem drug use in Europe, scientific monograph series n° 1, Joint publication Pompidou Group/EMCDDA, 1999, ISBN 92-9168-006-0.
This publication can be ordered from EMCDDA. Fax: +351 21 813 17 11/ e-mail: info@emcdda.org.

Joint Pompidou Group – EMCDDA scientific report 2000 – Treatment demand indicator : standard protocol 2.0 and technical annex, 2000*;* this can be downloaded in two parts at: http://www.emcdda.org

Documents

The following documents have been prepared by the Pomidou Group and can be obtained by contacting the Secretariat in Strasbourg, France, 67075 at:

e-mail: pompidou.group@coe.int
http://www.coe.int/pompidou
tel: + 33 388 41 29 87 / fax: + 33 388 41 27 85

Benzodiazepine use: a report of a survey of benzodiazepine consumption in the member countries of the Pompidou Group, Gary Stillwell and Jane Fountain, P-PG/Benzo (2002) 1.

Estimating the social cost of illicit drugs in Poland, P-PG/Cost (2003) 2.

Follow-up project on treatment demand: tracking long-term trends, final report by Michael Stauffacher et al, P-PG/Epid (2003) 37.

International drug court developments: models and effectiveness, Paul Moyle, September 2003, P-PG/DrugCourts (2003) 3.

Missing pieces: developing drug information systems in central and eastern Europe, technical reports by Michael Stauffacher, co-ordinator (joint PG/UNDCP Project: extension of the Multi-city network to Central and Eastern European Europe), September 2001.

Multi-city study of drug misuse in Amsterdam, Dublin, Hamburg, London, Paris, Rome, Stockholm, final report, Strasbourg, 1987.

Outreach work with young people, young drug users and young people at risk – Emphasis on secondary prevention, Petter Svensson, September 2003, P-PG/Prev (2003) 6.

The general potential of police prevention in the area of illicit drugs, Lorenz Böllinger, September 2003, P-PG/Prev (2003) 2.

Targeted drug prevention – How to reach young people in the community? Report from the Helsinki conference of November 2002.

Political declaration, Pompidou Group Ministerial Conference, 17 October 2003, P-PG/Minconf (2003) 3.

Pompidou Group multi-city study update report, 1999-2000, Ruud Bless, May 2002, P-PG/Epid (2002)11).

Pompidou Group work programme, 2004-2006, Pompidou Group Ministerial Conference, P-PG/Minconf (2003) 4.

Prisons, drugs and society: a consensus statement on principles, policies and practices, published by WHO (Regional Office for Europe) in partnership with the Pompidou Group, September 2002.

Problem drug use by women – Focus on community-based interventions, Dagmar Hedrich, P-PG/Treatment (2000)3.

Seminar on Ethics, Professional Standards and Drug Addiction, February 2003, P-PG/Ethics (2003) 4