

MedSPAD Committee

Prevalence of Alcohol, Tobacco and Drug use Among Adolescents in the Mediterranean Region

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Co-operation Group to Combat Drug Abuse and Illicit trafficking in Drugs



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Executive summary

This second report on the prevalence of the use of alcohol, tobacco and drugs follows that of the first attempt to do so among adolescents in nine countries in the Mediterranean region in 2015 captured in “A first glance of the situation in the Mediterranean region in relation to the prevalence of alcohol, tobacco and drug use among adolescents”.

■ In this second report twelve countries provide prevalence estimates and the respective confidence intervals for the use of alcohol, tobacco, cannabis and medication with and without medical prescription. Six of the countries, i.e. Cyprus (CY), Greece (GR), France (FR), Italy (IT), Malta (MT) and Portugal (PT), border the northern rim of the Mediterranean whereas the other six countries, namely, Algeria (DZ), Egypt (EG), Israel (IL), Lebanon (LB), Morocco (MA) and Tunisia (TN) border the southern rim of the Mediterranean. Moreover, it would be more accurate to state that four countries from the southern rim, Algeria, Egypt, Morocco and Tunisia form part of North Africa whereas Israel and Lebanon can be considered to be part of the Middle East.

■ In relation to the lifetime prevalence of the use of alcohol, tobacco, cannabis and medication with and without a prescription, alcohol by a far way tops the prevalence list of substances for the countries bordering the northern rim of the Mediterranean. To the contrary, or at the other end of the scale, lifetime prevalence of the use of medication without a prescription, is at the bottom of the list for all of the twelve countries, and is in the region of 5% as can be seen from the figures given below.

- ▶ Lifetime prevalence of alcohol use in descending order – highest to the lowest: Greece 94%, Cyprus 88%, Malta 86%, Italy 84%, France 84%, Portugal 71%, Israel 50%, Lebanon 35%, Morocco 8%, Algeria 5%, Tunisia 5% and Egypt 3%.
- ▶ Lifetime prevalence of tobacco use in descending order – highest to the lowest: Italy 58%, France 55%, Greece 39%, Portugal 37%, Cyprus 36%, Malta 29%, Tunisia 23%, Algeria 22%, Israel 21%, Morocco 16%, Lebanon 14%, Egypt 9%.
- ▶ Lifetime prevalence of cannabis use in descending order – highest to the lowest: France 31%, Italy 27%, Portugal 15%, Malta 13%, Morocco 9%, Greece 9%, Israel 8%, Cyprus 7%, Algeria 5%, Lebanon 4%, Egypt 2% and Tunisia 1%.
- ▶ Lifetime prevalence of medication without a prescription use in descending order - highest to the lowest: France 10%, Italy 5%, Portugal 5%, Morocco 5%, Cyprus 5%, Egypt 5%, Greece 4%, Algeria 3%, Malta 3% and Tunisia 2%.

■ In effect, from the values above one may surmise that the situation in the Mediterranean is as follows; NM – Northern Med; NA – North Africa; ME – Middle East.

Prevalence:	Highest	Alcohol:	NM>ME>NA
		Tobacco:	NM>NA=ME
		Cannabis:	NM>NA=ME
	Lowest:	Meds:	NM=NA=ME

Introduction

Background

The MedSPAD Committee came into being in 2012 following a seminar in Rabat on the use of drug research in drug policies in the Mediterranean region. Subsequently the Mediterranean Network for co-operation on drugs and drug addiction decided to formalise the activity in the field of school surveys in the Mediterranean region, named MedSPAD, Mediterranean School Survey Project on Alcohol and other Drugs. In essence, this activity commenced as a result of the first Pompidou Group Mediterranean conference in Malta in 1999 on “Cooperation in the Mediterranean Region on Drug Use: setting up of networks in the Mediterranean region” in which it was decided to look into whether there was a drug issue, by first of all examining what information was available on adolescent alcohol, tobacco and drug use in Mediterranean countries. Some years after, the MedSPAD project was launched in Rabat following a first meeting and the official meeting between the Pompidou Group Secretariat and the Moroccan Minister of Health.

■ In addition, the formal MedNET was officially created in 2006 and hence this provided the framework for a number of activities, amongst which was an attempt to understand the prevalence of substance use among adolescents in the Mediterranean region. Hence, between 2003 and 2012, work began in earnest to attempt to survey adolescents in the region. Thus national surveys, as what has come to be known as the MedSPAD, were conducted in Lebanon in 2008, and in 2009 the first complete national survey was carried out in Morocco. Moreover, in 2013 and also now in 2017, Morocco has conducted a further two surveys. Hence among the countries of the southern rim of the Mediterranean, this is the only country to have repeated the survey every four years, as is the case with European project known as ESPAD (European School Survey Project on Alcohol and Other Drugs, conducted among 15-16 years old students in 35 countries and repeated every 4 years since 1995).

■ In addition, Tunisia also conducted its first adolescent substance use survey in 2013 and repeated the exercise in 2017. The year 2016 was marked by the fact that both Algeria and Egypt conducted the MedSPAD for the very first time. Israel will attempt to do so in 2018, although the country has previously surveyed 11, 13 and 15 year old adolescents by participating in the Health Behaviour in School Aged Children (HBSC), a WHO tool that over the past 30 years has sought to understand health issues among adolescents in a number of countries from all over the world. For the purposes herein, with regards to the prevalence of alcohol, tobacco, cannabis and medication with and without a prescription, the findings for Israel have been taken in the main from the HBSC survey.

■ With regard to the countries that border the northern rim of the Mediterranean, namely Cyprus, France, Greece, Italy, Malta and Portugal, the results reported herein on the variables outlined above are those of the last ESPAD data collection wave, that was last held in 2015.

Objectives

■ The overall primary objective of the MedSPAD initiative is to collect and collate the relevant information, that is the prevalence of substance use among adolescents, so that it may be taken on board by the countries of interest for use in drug policy formulation. The use of research findings that feeds evidence-based drug policy has become more important than ever as the drug issue has particular nuances for each of the countries concerned. Hence, if one is to attempt to put policies in place, one requires to know what the issues are at first hand as it is these that will need to be addressed by the policies per se if they are to be of any success. This applies across the board, so whereas those countries of the northern rim of the Mediterranean may have been tackling the drug issue for a number of years, their policies have evolved as a result of the information gleaned over the years as the characteristics of drug use within their respective adolescent populations has changed. In the case of the countries that border the southern rim of the Mediterranean, in which tackling substance use may be new, they have the opportunity to do so by collecting information to form the evidence base necessary for policy making, as well have the opportunity to learn from their northern neighbours on what works and what does not work.

■ Moreover, the MedNET has instigated a programme through which all countries are encouraged to develop and set up national observatories in which these will in essence provide the necessary repository of information to enable evidence-based policy formulation. The type of data to be collected and collated and then processed by these observatories or resource centres are related to what has come to be known as the Lisbon Consensus (2000), the core of the demand reduction indicators that form the evidence base necessary for policy formulation in this field. The indicators are the following;

1. Prevalence of drug use in the general population.
2. Prevalence of drug use among adolescents.
3. Number of individuals seeking treatment for drug use.
4. Number of problem drug users.
5. Number of individuals with HIV, Hepatitis C, STD's and TB as a result of their drug use.
6. Number of drug related deaths.

■ Hence, as outlined above, the prime objective of the MedSPAD initiative is to collect and collate the relevant information for policy formulation, but this in turn forms part of the wider scope to have national observatories in place in which the six key indicators on demand reduction are also available. Consequently, the prevalence of substance use among adolescents is one of the six required and this initiative, that is, the MedSPAD, enables the countries of the Mediterranean to start the process in which all six may be made available. To this end, over the past years both Algeria and Egypt have conducted population surveys and they have also started to put in place a system through which they will be able to determine the number of drug users seeking treatment each year. This also should enable them to determine the number of problem drug users through the application of statistical methods using the treatment data. More to the point, both Egypt and Morocco have in place estimates for the number of injecting drug users, of those infected with HIV and of those infected both by HIV and Hepatitis B and C. This in turn has resulted in policy decisions which have led to the introduction of opiate substitution programmes in Morocco, and of HIV testing and Antiretroviral therapy in both Morocco and Egypt.

■ Turning now to the information required for the evidence base from the other side of the coin, namely supply reduction, this is to be tackled elsewhere, this includes the following seven indicators: number and quantity of seizures, purity and content of drugs, drug prices, drug production facilities dismantled, drug law offences, drug availability in population surveys and market size estimates.

■ Thus, in this framework the MedSPAD project conducted by the MedSPAD committee, which has now met some eight times since 2014, provides the opportunity for open discussion among all the participating countries, including those that have conducted a MedSPAD survey and those that may wish to do so.

■ It also enables the sharing of experiences in the development, preparation, conduct and reporting of the findings of the MedSPAD survey. A first joint regional report was published in 2015, aptly named, "A first glance at the situation in the Mediterranean Region in relation to the prevalence of alcohol, tobacco and drug use among adolescents". This report, in turn, included data from nine countries, namely Cyprus, France, Greece, Italy, Lebanon, Morocco, Malta, Portugal and Tunisia and was a first attempt to present data from Europe, Northern Africa and the Middle East together. Subsequently, the discussion has now focused on the way in which such information may be used in prevention policy formulation and monitoring thereof.

Finally, the long term objective, which emerged in 2016 apart from that outlined above in relation to the setup of national observatories, is to have a chapter on the outcome of the MedSPAD survey inserted into the European report, commonly referred to as the ESPAD findings.

Methodology

The key to obtaining the required information, that is the prevalence of substance use among adolescents, is to ask the valid question in order to obtain the valid answer. This would appear to be rather straightforward but is not so unless a number of critical steps are put in place. The ESPAD project provides the appropriate tools to enable one to obtain such valid answers in that the survey has now been conducted some 35 European countries since 1995 and to date there have been six studies in total, 1995, 1999, 2003, 2007, 2011 and the last one in 2015. Hence, the methodology used in the MedSPAD, and adopted herein as outlined below, is that used in ESPAD as this has been tried and tested over a span of twenty years. Guidelines for the conduct of the MedSPAD survey have been prepared in 2011 and they are regularly updated and also contain the questionnaires for the school surveys used by each country.

In relation to the six countries of the northern rim of the Mediterranean, that is Cyprus, France, Greece, Italy, Malta and Portugal, the prevalence estimates reported herein for alcohol, tobacco, cannabis and medication with and without prescription are those extracted from the ESPAD study conducted in 2015.

For five countries hailing from the southern rim of the Mediterranean, that is Algeria, Egypt, Lebanon, Morocco and Tunisia, the prevalence estimates were obtained using the adapted ESPAD methodology known as the MedSPAD. As regards Israel, the prevalence estimates reported herein are those obtained from the HBSC survey.

In relation to the five countries of the southern rim, the MedSPAD methodology was implemented as outlined below which in effect closely resembles that of ESPAD in the main. The details below are provided to illustrate such and also to shed some light where difficulties may have arisen.

It was decided from the very beginning to use the ESPAD questionnaire as a base from which it would be possible to gather information on variables such as the lifetime use, yearly (annual) use and last month use of alcohol, tobacco, cannabis, and medication with and without a prescription. Life time use normally refers to experimental use, whereas last year to occasional use and not continued use whereas monthly use would suggest the opposite and the likelihood of problem drug use. Thus, using such a format would in the many instances provide comparability with those used by the European countries conducting the ESPAD survey.

Thus the following variables have been incorporated in the MedSPAD study and in this report with reference to the following substances, alcohol, tobacco, cannabis and medication with and without a prescription:

- ▶ Frequency of self-reported lifetime substance use;
- ▶ Frequency of self-reported substance use in the last 12 months;
- ▶ Frequency of self-reported substance use in the last 30 days.

This exercise sought to have in place a questionnaire based on the ESPAD that addresses specific variables as listed above. In light of this premise, the tasks of each was to arrive at a questionnaire for its own use based on the Mediterranean context and each country specific context, that provided for prevalence estimates that are comparable on the variables set out.

With these considerations, the MedSPAD was launched in 2003 and in the first instance pilot surveys were conducted in the respective capitals of Algiers and Rabat to test the questionnaire, which then resulted in the necessary changes. School surveys were then conducted on a national basis in Algeria, Morocco, Lebanon, Egypt and Tunisia.

The ESPAD survey has been focused entirely on a single age group 15-16 year olds that is for example, those that were born in 1987 participated in the 2003 exercise, therefore for the ESPAD survey which has been repeated again in 2015 for the sixth time, the age group included were those born in 1999. The MedSPAD like the ESPAD only included students of this age group that were attending regular, vocational, general or academic institutions. However, students from special schools that cater for mental disabilities or severely handicapped were excluded. Moreover, those students that were absent on the day of the survey and those that have left the school system were excluded.

■ As to the time of the year when the survey was conducted, most countries completed testing during the March to April period, although some others have conducted the survey outside this time period. Moreover, in the main the survey was effected between the months of November and April of the scholastic year.

■ For statistical reasons and drop rates it is advisable to have a minimum cohort of some 2800 students for a national survey and this is what has been adhered to in this exercise which is akin to what has been the accepted numbers by ESPAD but not HBSC in which for each age cohort that is 11, 13 and 15 years old the numbers opted for are 1536 students for each age cohort. In the main, the five countries reported herein have used well above the minimum numbers suggested by the both the ESPAD and HBSC studies.

■ The sampling unit was the class as with the other surveys and the final sample was deemed to be representative irrespective of the sampling procedures used. Data collection took place during a certain normal week, not pre-empted by a holiday the week before and was done under examination conditions.

■ Following the collection of the questionnaires, these were firstly scrutinised to ensure they fulfilled the inclusion criteria, that is, the questionnaires were only accepted if they were not defaced in any manner, were blank or mainly incomplete. Following such a filtering procedure, input of the questionnaires was then done.

■ Prevalence estimates were then computed for alcohol, tobacco, cannabis and medication with and without prescription with the corresponding confidence intervals which are reported herein.

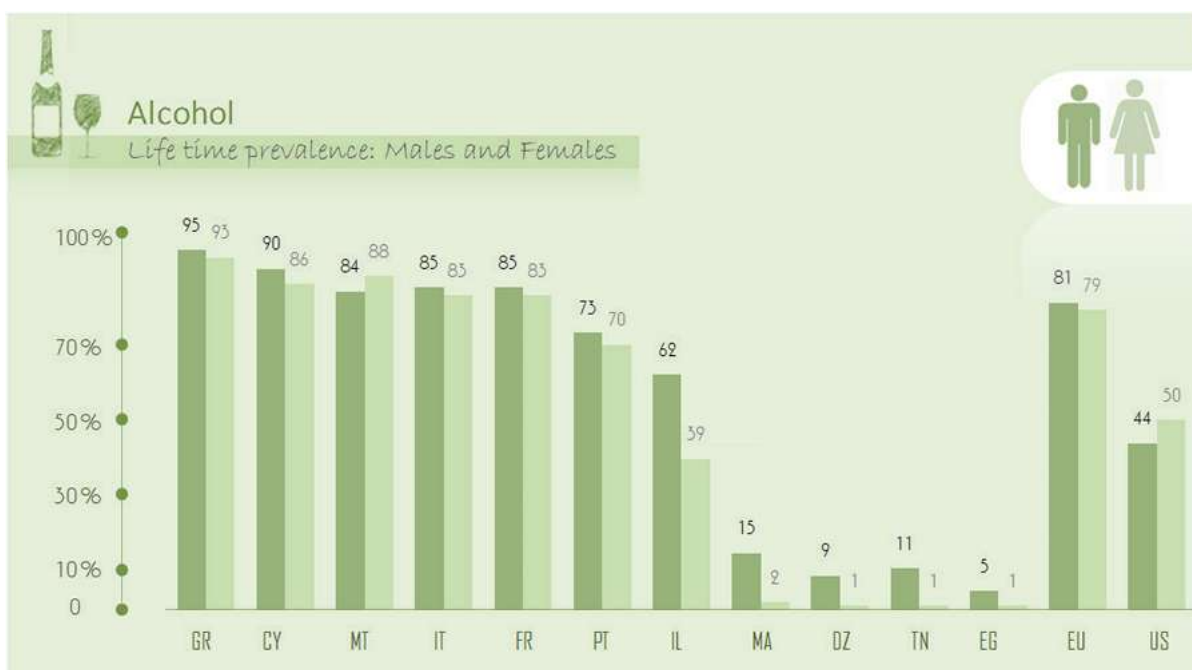
Mediterranean situation

The lifetime prevalence estimates for alcohol, tobacco, cannabis and medication use without a prescription are presented in this chapter in a graphical format for each of the twelve countries in descending order (Highest on the left and lowest on the right). In addition, the ESPAD average (EU) and that from the USA is also provided on the right of each graph for comparison purposes. Below each graph for each substance the prevalence estimates for the girls and boys are also made available.

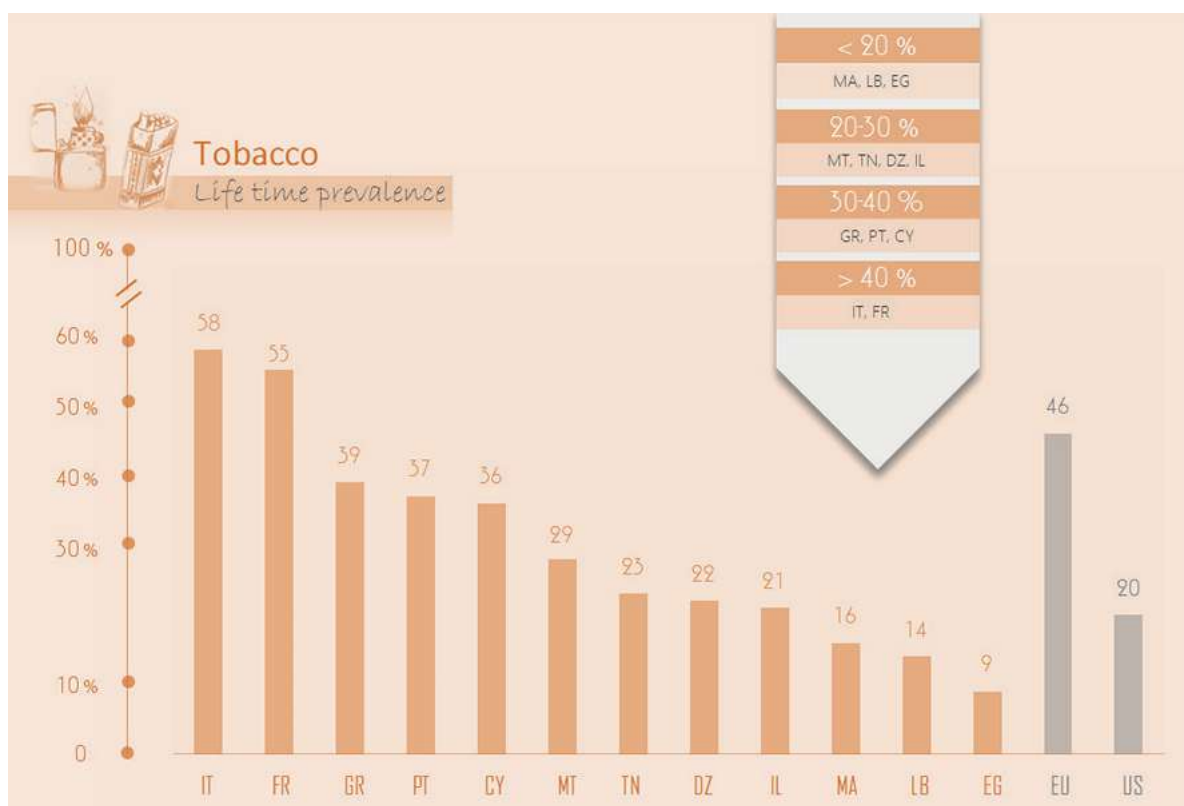
As can be seen from the first graph below on prevalence estimates for alcohol use, the six countries from the northern rim have the highest values, all above the eighties, with the exception of Portugal, some 71%. Israel and then Lebanon follow on at lower estimates followed by the countries from North Africa which are all below 10%.



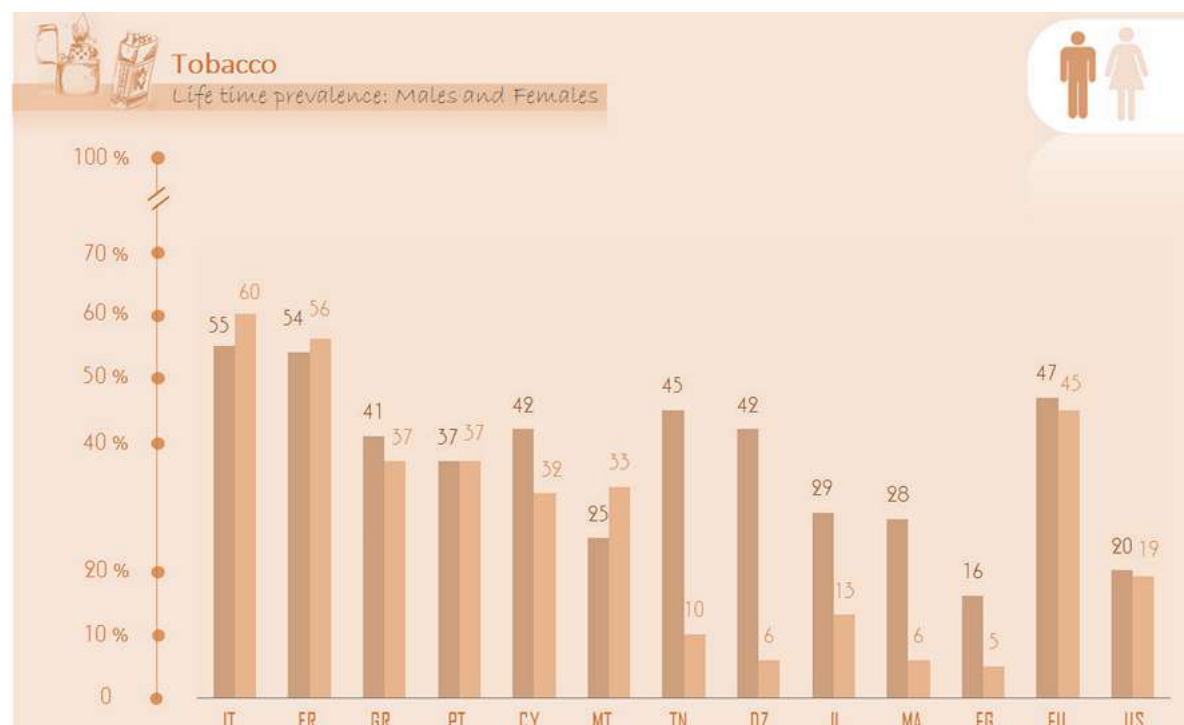
With regards to the use of alcohol among girls and boys as shown below, it is equivalent in the northern rim countries as is the case for the ESPAD but less so in the USA, with the girls featuring more even though the overall estimate is nearly half that of the EU. This trend is then overturned in Israel, and then it is mainly the boys that use in the countries from North Africa.



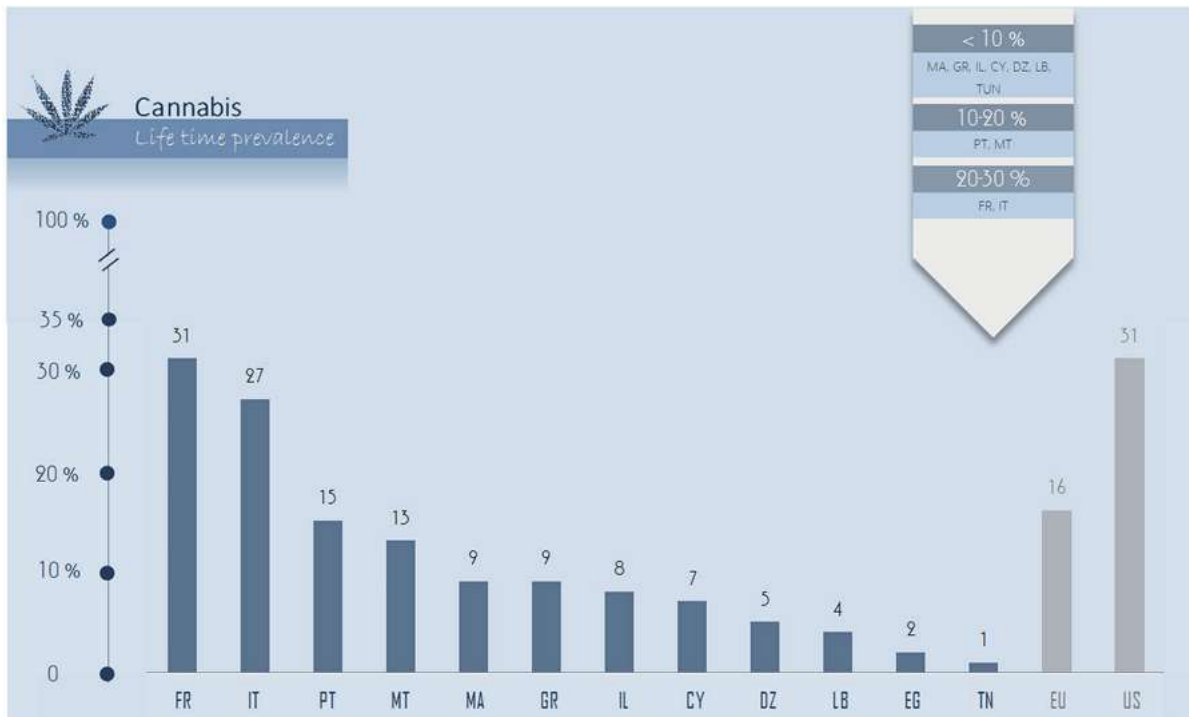
■ The prevalence estimates for the lifetime prevalence of tobacco use are much lower than that for alcohol in the northern rim countries and those from the Middle East, but it is the opposite for the four countries from North Africa, that is Algeria, Egypt Morocco and Tunisia. More to the point, it would appear that these values are higher in these countries if one takes into account the use of “nargileh” or the water pipe.



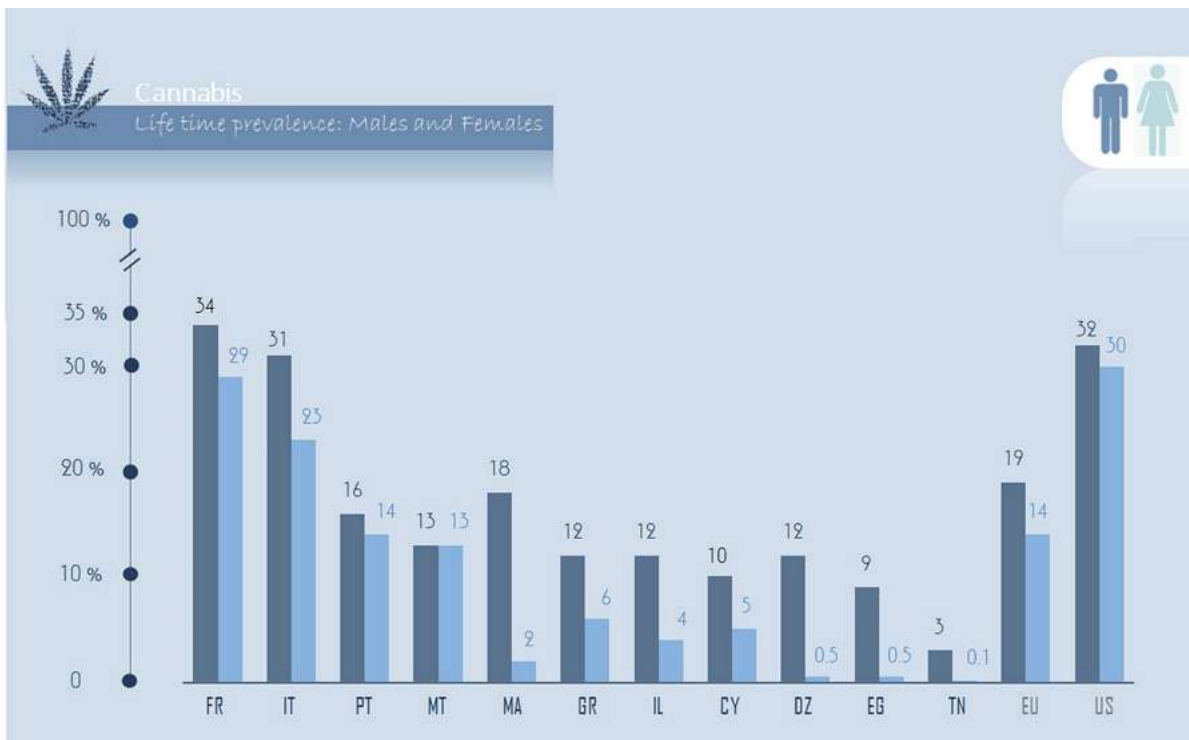
■ The girls outperform the boys in four countries of the northern rim whereas as in Greece the boys come slightly out on top and in Cyprus even more so which is also mirrored in Israel. For the four countries from North Africa, once again the boys are the predominant cohort. For both the ESPAD (EU) and the USA the prevalence values are the same for both the girls and boys.



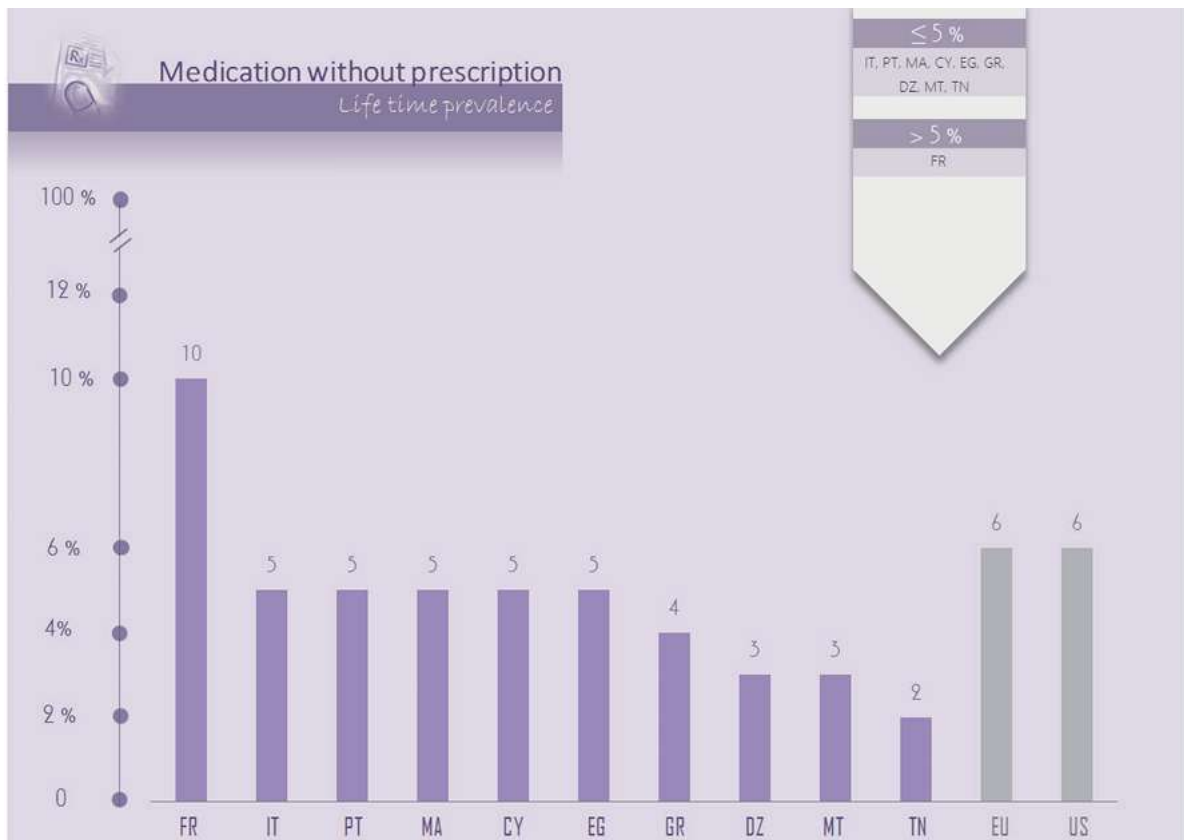
With the exception of France and Italy, in which the lifetime prevalence estimates are double those recorded in the EU but equal to that of USA, the rest of countries have values of 15% or lower.



In both Malta and Portugal, the estimates for girls and boys are similar, and in the other four northern rim countries boys just out do the girls, but this becomes more so in both the other countries from the Middle East and North Africa.



As regards the lifetime prevalence values for the use of medications without a prescription which in the main concern tranquilisers, the values for which are the lowest among the four substances, 10% and below with most countries falling in the range of 5% or less.



The girls predominate in France, Italy and Portugal as well as in the ESPAD and USA estimates, while most other countries the prevalence values are the same among the girls and boys with the exception of Algeria.



Country infographics

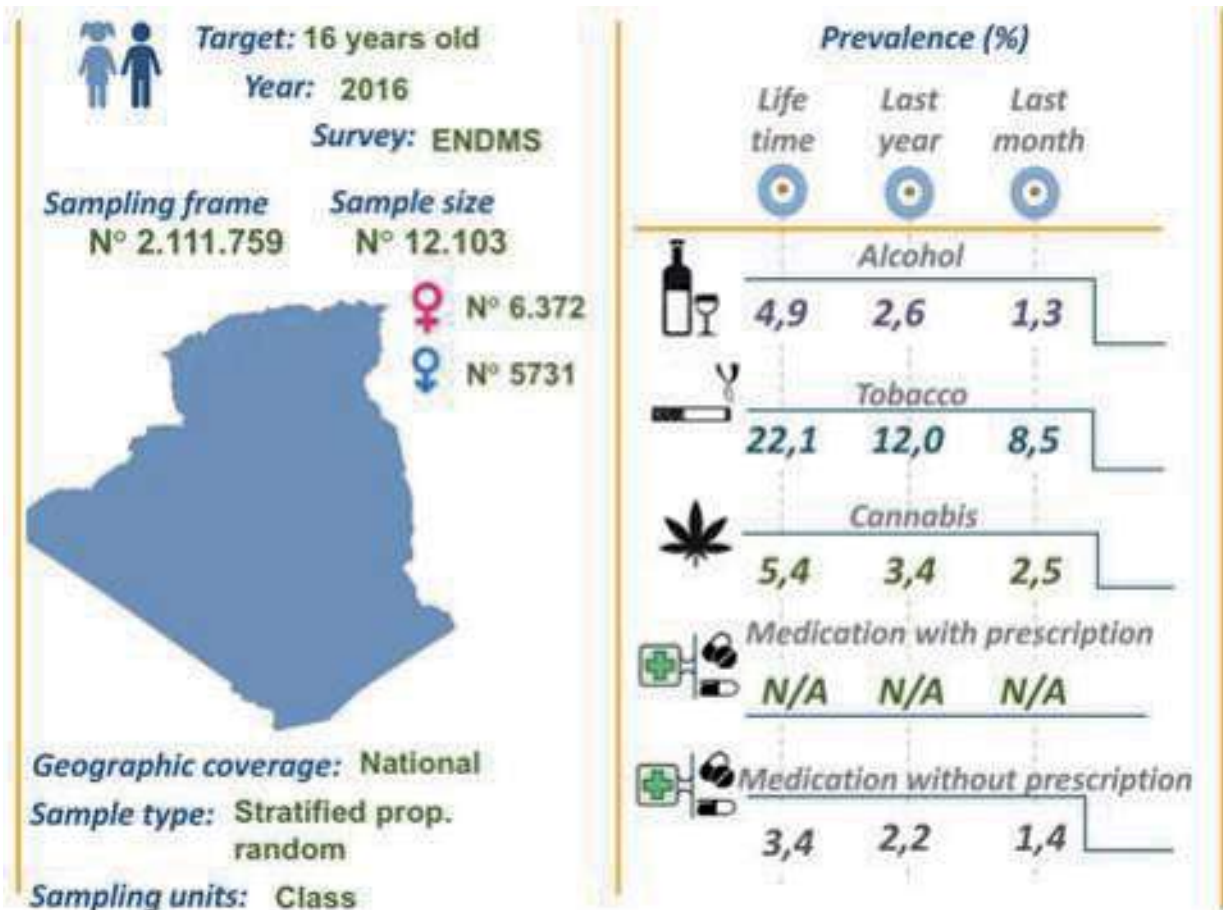
In the following chapter, an infographic for each country is presented in alphabetical order, the scope of which is to provide more information by each country on the conduct of the school survey, that is, MedSPAD, ESPAD or others.

— Hence the information provided on the left side of each infographic for each country is that of the geographical coverage, survey type, target group, year effected, sample frame, sample size (girls and boys), sample type, and sampling units.

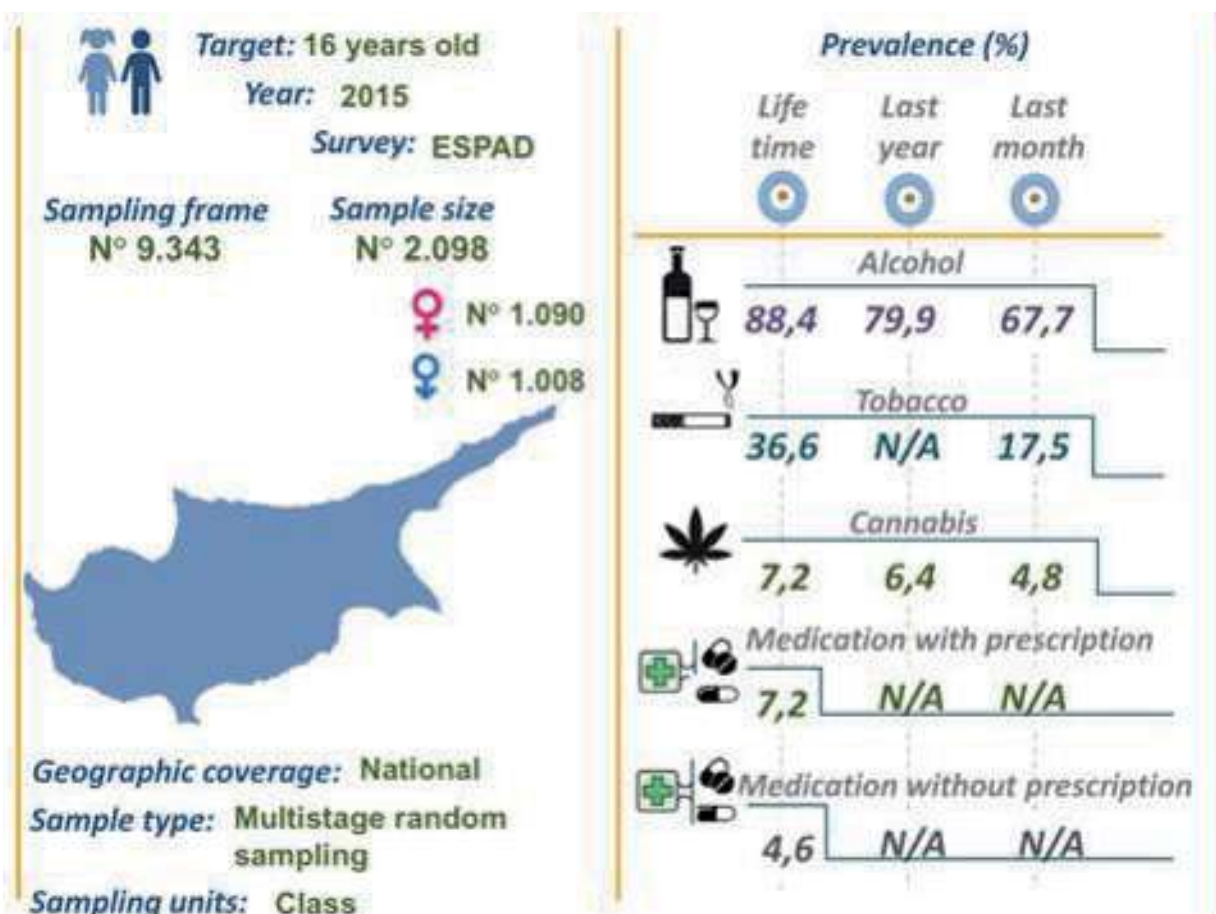
— On the right side of the infographic for each country, the prevalence estimates for lifetime use, last year's use and last month's use are provided for alcohol, tobacco, cannabis, medication with and without a prescription.

— A final infographic depicts the overall prevalence estimates in relation to those for the northern rim countries and the southern rim countries and hence better portrays the differences in values for the two regions.

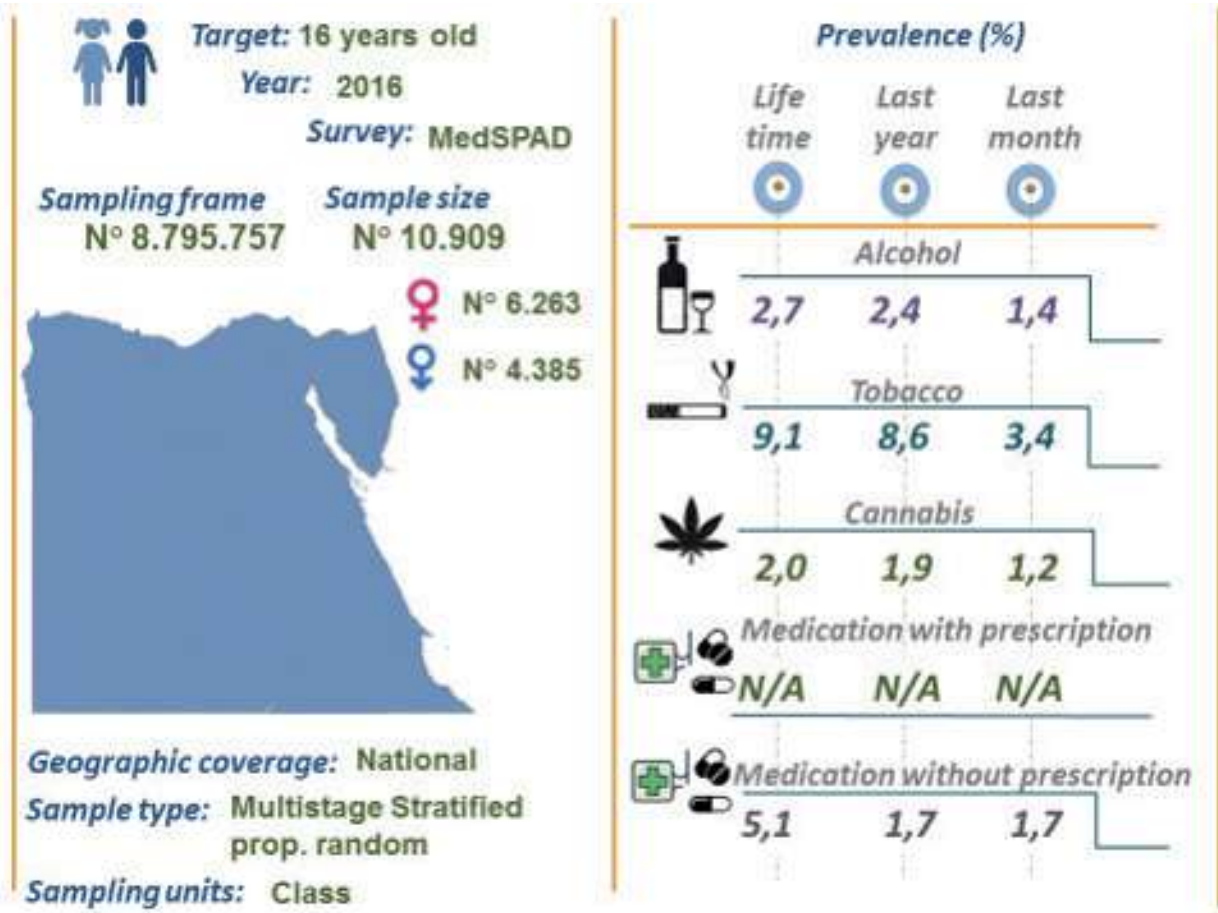
ALGERIA



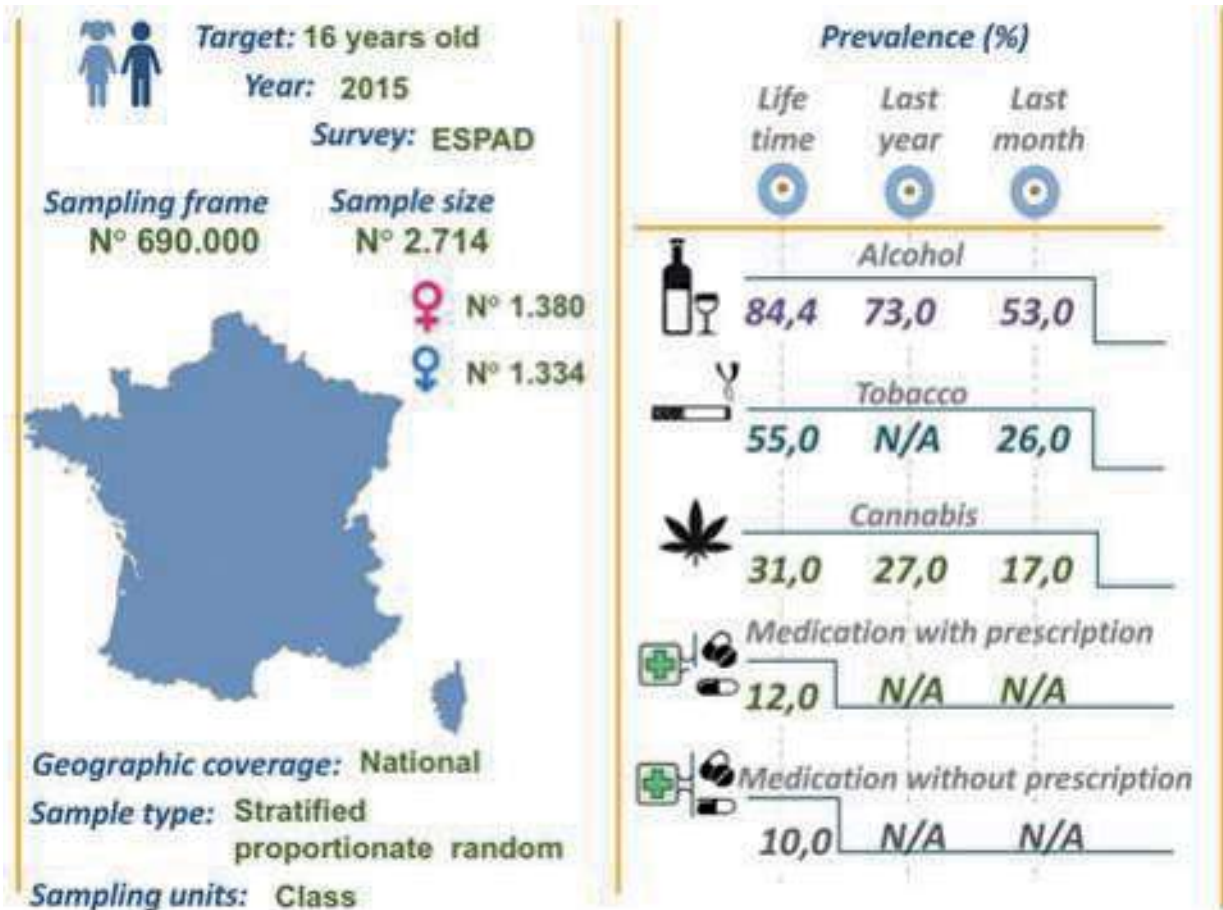
CYPRUS



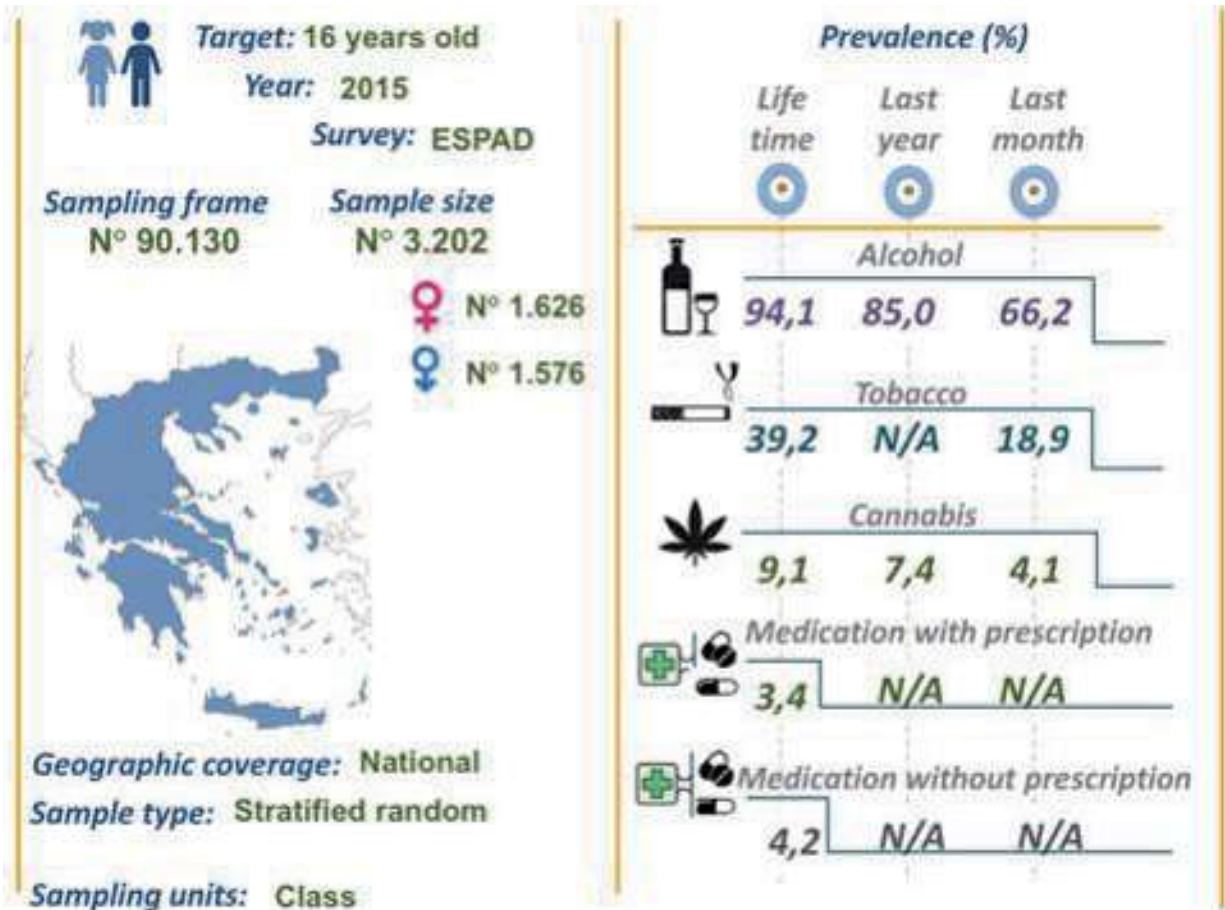
EGYPT



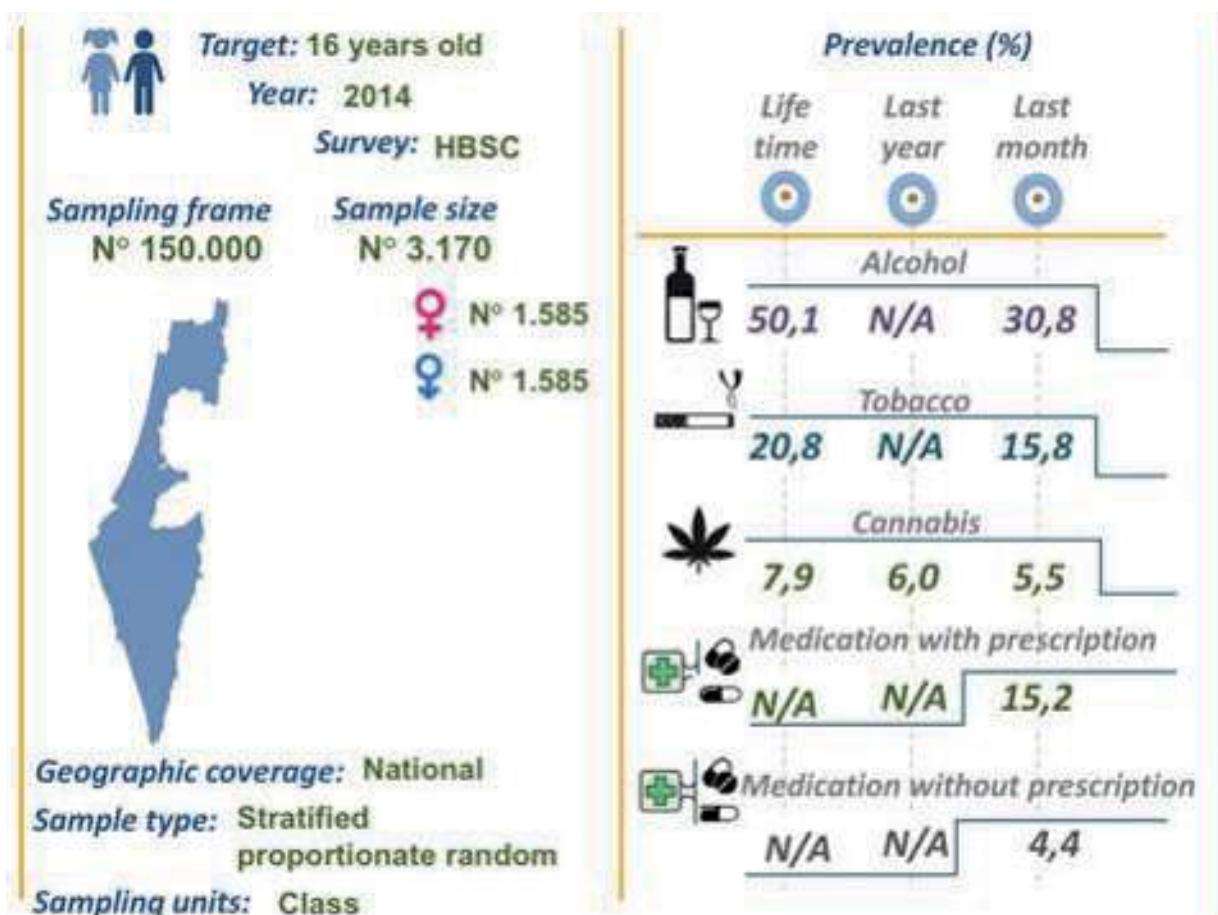
FRANCE



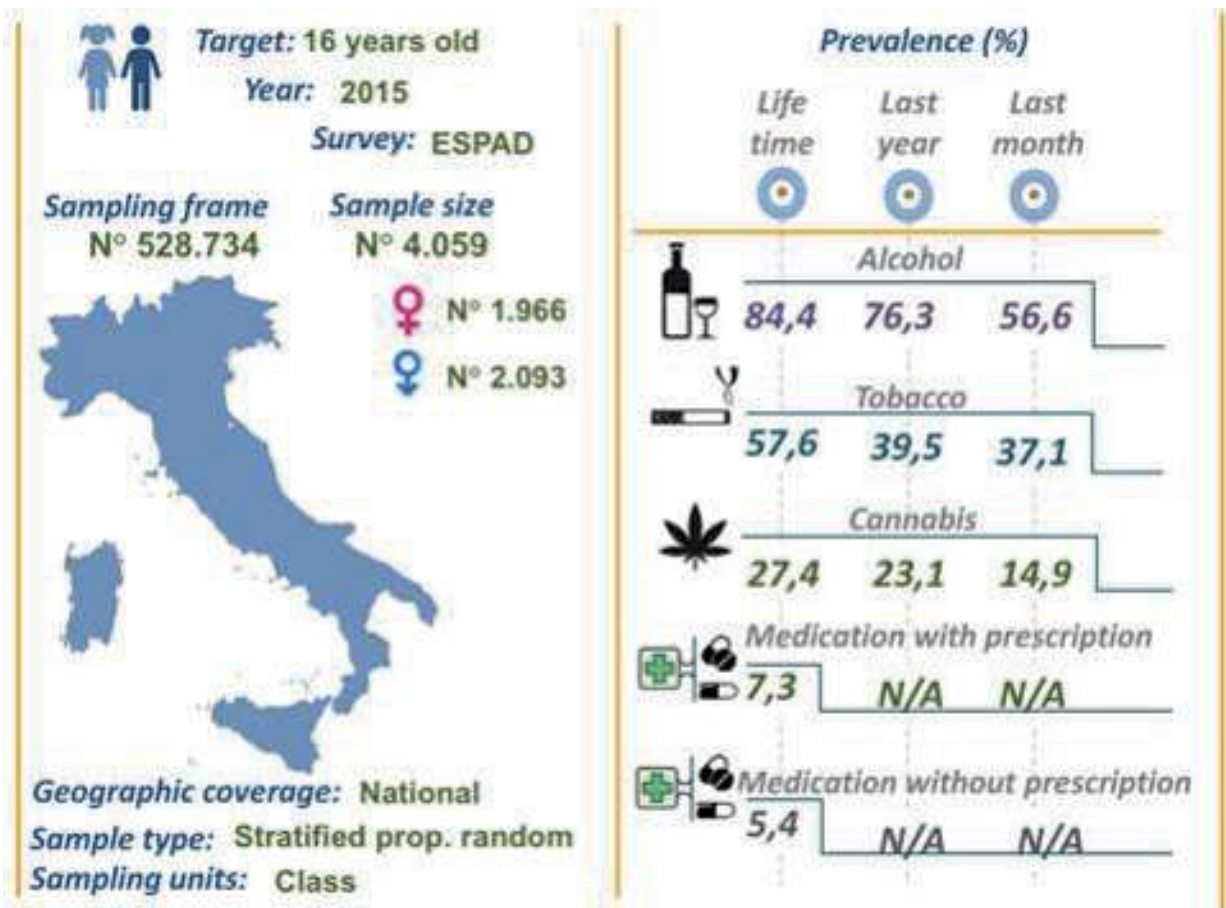
GREECE



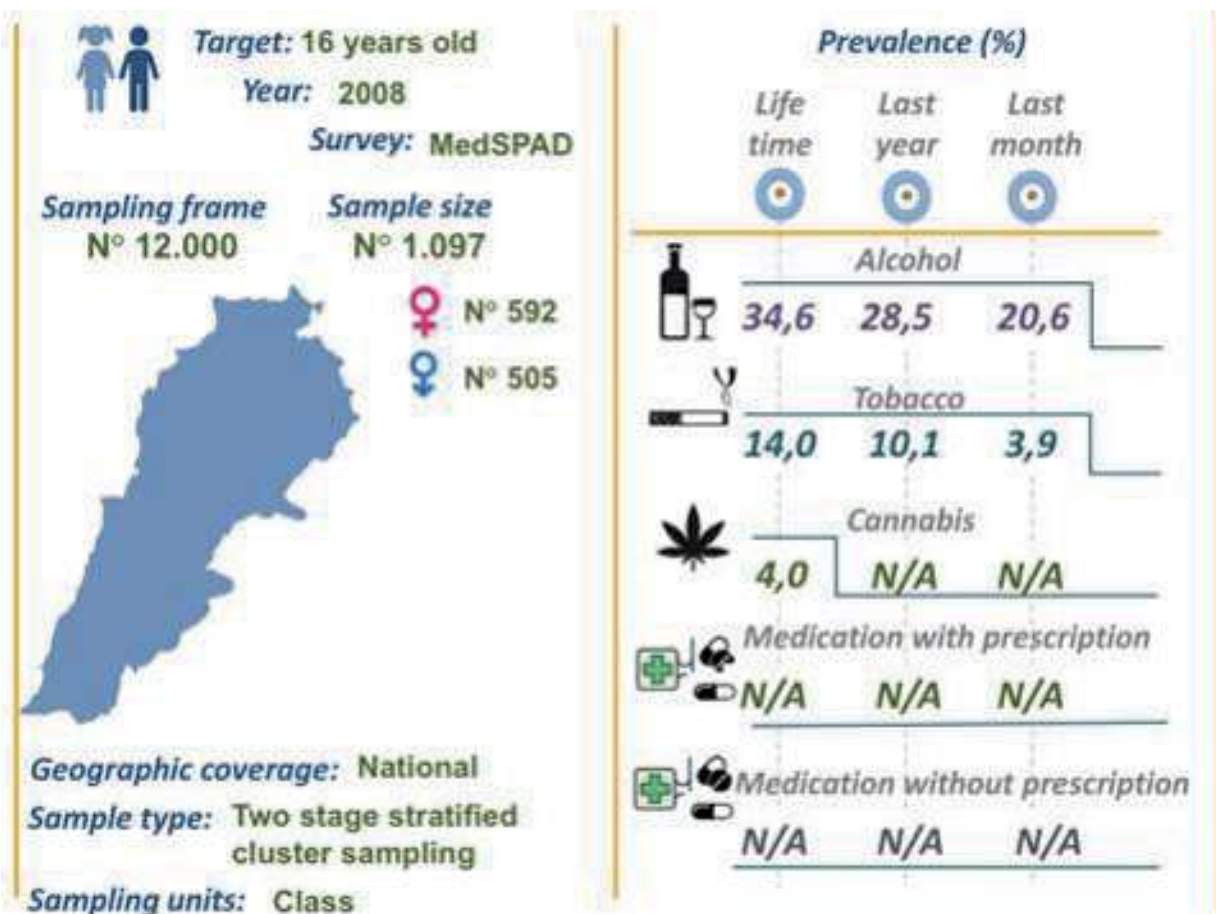
ISRAEL



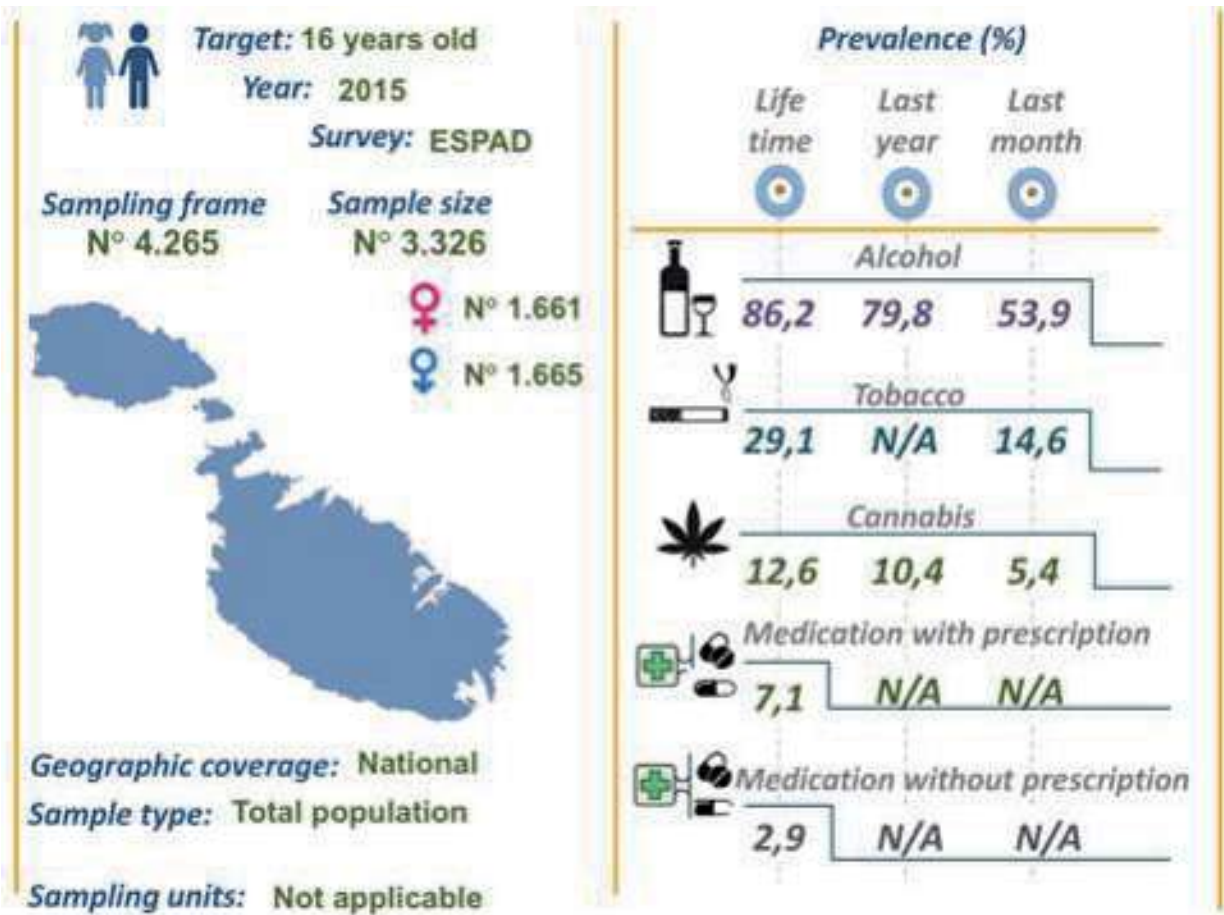
ITALY



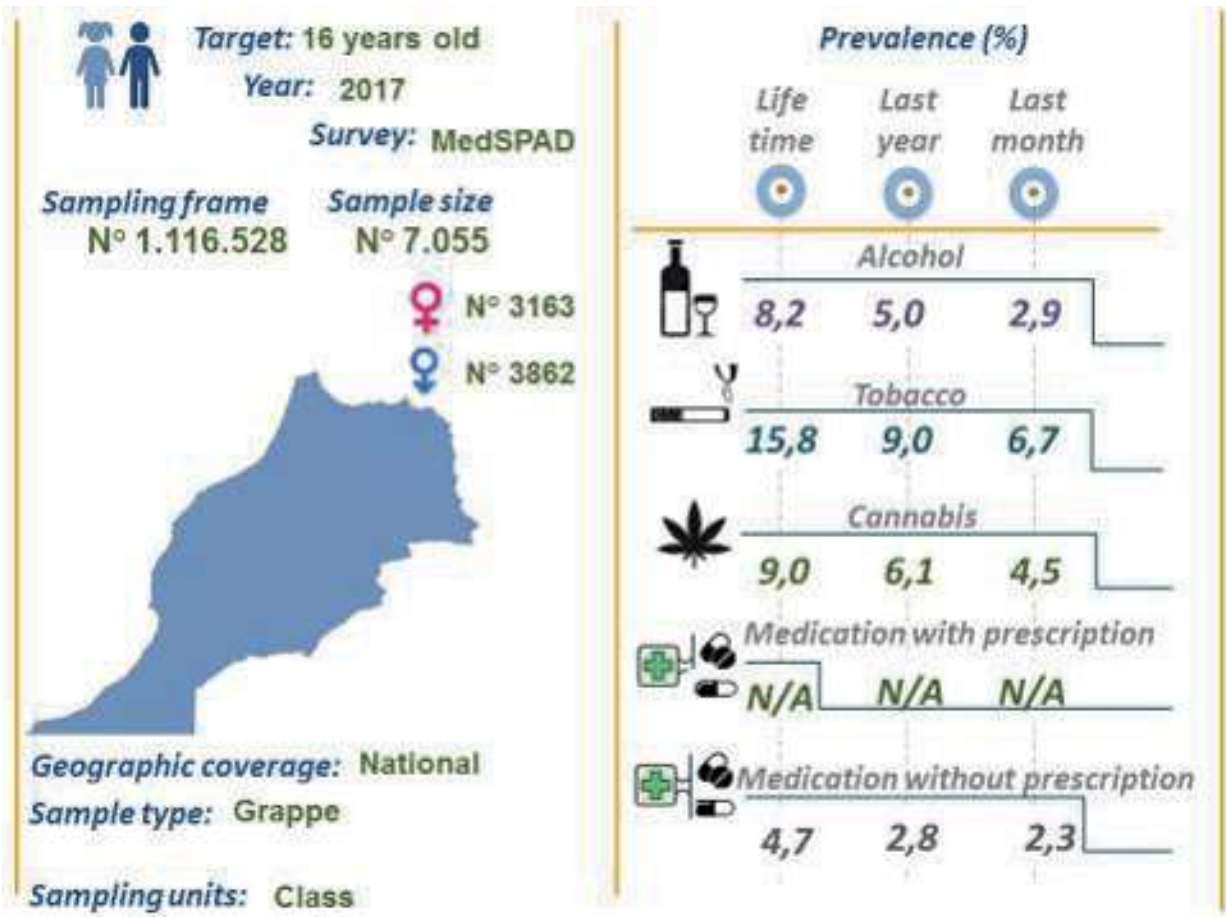
LEBANON



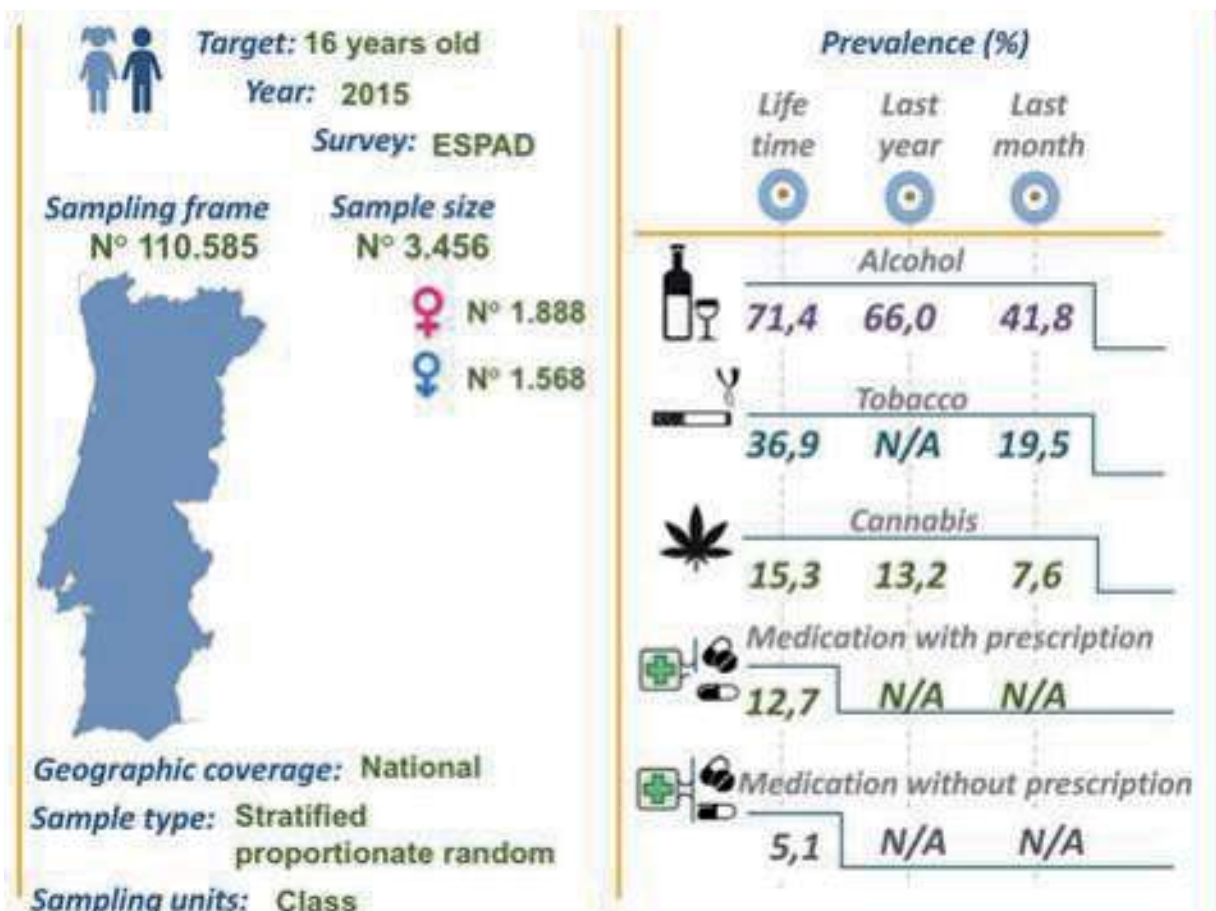
MALTA



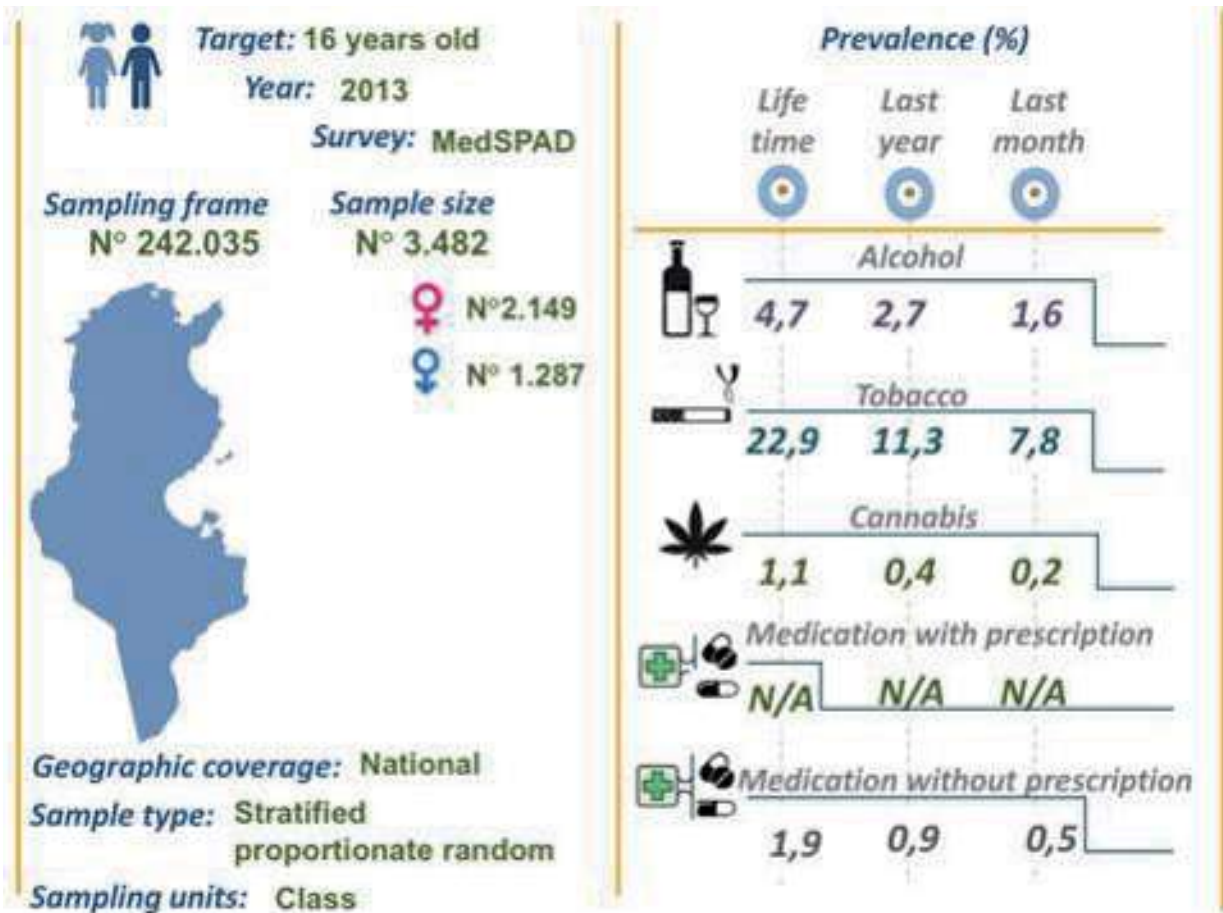
MOROCCO



PORTUGAL



TUNISIA



MEDITERRANEAN REGION

Northern Countries (NC)

Cyprus
France
Greece
Italy
Malta
Portugal

Southern Countries (SC)






Algeria
Egypt
Israel
Lebanon
Morocco
Tunisia



Weighted Prevalence (%)

Life time Last year Last month



		Life time	Last year	Last month
	SC	9,1	4,2	7,1
	NC	84,4	76,5	55,8
	SC	11,0	N/A	6,0
	NC	42,9	N/A	23,0
	SC	2,4	2,4	1,8
	NC	17,7	15,1	9,2
<i>Medication with prescription</i>				
	SC	N/A	N/A	N/A
	NC	8,2	N/A	N/A
<i>Medication without prescription</i>				
	SC	1,4	1,7	N/A
	NC	5,3	N/A	N/A

Concluding remarks

This second attempt to gauge the level of substance use among adolescents in the Mediterranean region follows on from that of 2015 in which nine countries provided prevalence estimates that were collated in the report entitled “A First Glance of the Situation in the Mediterranean Region in Relation to the Prevalence of Alcohol, Tobacco and Drug Use Among Adolescents”. This time round, twelve countries participated in this effort, six from the northern rim, namely, Cyprus, France, Greece, Italy, Malta and Portugal, and six from the southern rim, namely, Algeria, Egypt, Israel, Lebanon, Morocco and Tunisia. In essence, the southern rim may be further subdivided into the four countries from North Africa and the other two hailing from the Middle East.

■ A major improvement on the first report is the fact that all countries provided prevalence estimates for alcohol, tobacco, cannabis, medication with and without a prescription together with the confidence intervals. As one is very aware that the conduct of such surveys is based on a number of criteria, one of which is that of setting the confidence value, that of 95%, which is based on the minimum number of participants and in all cases here this has been adhered to and more so in a number of countries. The larger the sample size the better the prevalence estimate within the population under study.

■ Moreover, prevalence values for the substances reported herein are also viewed at from the perspective of Europe, namely the ESPAD findings for 2015 as well as those from Monitoring the Future project 2015 from the USA. This aspect provides the means through which one can ascertain to a certain degree the differences or similarities in the values between the participating countries.

■ All twelve countries in the main provided prevalence estimates for life time use, last year’s use and that of last month for the substances outlined above. It is understood that in relation to life time use this reflects the fact that one may have attempted to try the substance, whereas, last year’s use infers that this was done on a number of occasions, whereas last month’s use implies that this is more than occasional use. A problem that arises with this summary of the use of these variables in this way is that young adolescents view time in a slightly different way than adults in that, life time, last year and last month are here and now. This aspect has been brought to the fore by others who have found similar problems with students understanding of how these should be recognized. This was also the case here among a number of countries which resulted in the correction of the questionnaires prior to analysis.

■ Before moving on to looking at the lifetime prevalence estimates for the substances of interest in the twelve countries, it is pertinent to point out that in all twelve countries, alcohol, tobacco, cannabis and medication without a prescription are not permitted for use among adolescents. Thus the context and rationale for why these prevalence estimates differ quite substantially between the northern rim, the northern African countries and the countries from the Middle East requires that the social context of each be considered as well as the wider picture.

■ With regard to alcohol use, the lifetime prevalence estimates are to say the least, the highest of all in countries of the northern rim of the Mediterranean, in the region of 80% and above, with two in the high eighties and one well into the 90’s. The Middle Eastern countries of Israel and Lebanon follow on at levels of between 30-50% whereas those from Northern Africa are the lowest, below 10%. Moreover, whereas in the countries of the northern rim, boys and girls seem to both drink, it is less so in the Middle Eastern countries and it is mainly boys who drink in the countries from North Africa.

■ The lifetime prevalence estimates for tobacco use are lower than those of alcohol for countries from the northern rim and the Middle East but for those from North Africa, they represent the highest estimates of any of the substances and therefore now fall between 10 and 25% for the four countries. It is also of interest that for four of the countries from the northern rim, that is France, Italy, Portugal and Malta, tobacco use is more prevalent in the female cohort, whereas in Greece it is equivalent among the boys and girls, but less so in Cyprus and again in the countries from the southern rim it is more predominant amongst the boys.

■ The lifetime prevalence estimates for cannabis drop further still in comparison to alcohol and tobacco. Both France and Italy have values of around 30% which is that found in the USA, whereas both Portugal and Malta have prevalence estimates of around 15%, which is similar to that of Europe, or ESPAD average, and the rest are below 10%. Once again, males are more likely to use cannabis than their counterparts in the countries from North Africa and the Middle East.

■ In relation to the lifetime prevalence estimates for the use of medications without a prescription, which in the main refers to tranquilisers, these figures are the lowest for any of the substances. All are in the realm of 10% or below and most are in the range of between 1 and 5 %, which is also similar to the estimates for both Europe and the USA. However, the most glaring aspect of these low prevalence values is the fact that in the main, use here is higher amongst girls as is the case in both Europe and the USA whereas now in the countries from North Africa, the girls are there or nearly at par with the boys.

■ Finally, there seems to be a pattern emerging for the use of particular substances between the different regions of the Mediterranean. Alcohol continues to be the substance of choice among adolescents of the countries bordering the northern rim of the Mediterranean, and this by huge margins compared to all other countries. Both Lebanon and Israel, from the Middle East, seem to follow a similar pattern as those countries from the northern rim, but less so in numbers, but these are still well above the estimates for those countries from Northern Africa. For countries from North Africa, tobacco tops the list of the most favoured substance but again the estimates in no way relate to those for alcohol among the countries from the northern rim. For cannabis, estimates are lower all round as compared to alcohol and tobacco, and it appears that with the exception of France, Italy Portugal and Malta, all the rest have estimates of less than 1 in 10. The lowest estimates are for the use of medications without a prescription for all countries as in the majority they are around 5% and in the main would appear to be related to more use among the girls than the boys.

■ There are clearly different reasons for the use of the substances among the adolescent cohorts in the countries herein, but the overall picture that seems to emerge is that most adolescents in the region do not use these substances to any major extent with the exception of alcohol in the northern rim countries and tobacco in the countries from the southern rim.

MedSPAD documentation

To be found on PG MedNET website : <http://www.coe.int/pompidou>

1. Methodology documents:

P-PG / Med (2015) 33/1 (revised from first guidelines of March 2011), Guidelines – Mediterranean School Survey Project on Alcohol and Other Drugs (MedSPAD),

P-PG/Med (2016) 26 Ex P-PG / Med (2015) 33/2 Rev)

Questionnaires used in Algeria, Lebanon, Morocco, Tunisia and Egypt (from 2009 to 2016)

P-PG/Med (2004) 2 E_Report – Validity and reliability of school surveys based on the European ESPAD methodology in Algeria, Libya and Morocco (MEDSPAD pilot school survey project), Ruud Bless and Richard Muscat

P-PG/Med(2004)2 F Rapport – La validité et la fiabilité des enquêtes scolaires fondées sur la méthodologie ESPAD en Algérie, Libye et au Maroc (MEDSPAD), Ruud Bless et Richard Muscat.

2. Country MedSPAD reports

MedSPAD Tunisia, P-PG MedNET (2014) 19

MedSPAD Maroc, P-PG MedNET (2014) 22

MedSPAD Lebanon, P-PG MedNET 2009

3. Regional reports

Comité MedSPAD “la prévalence de la consommation d’alcool, de tabac et de drogues chez les adolescents: premier aperçu de la situation dans la région méditerranéenne”, P-PG/MED (2015) 27

MedSPAD Committee “A First Glance at the Situation in the Mediterranean Region in Relation to the Prevalence of Alcohol, Tobacco and Drug use Among Adolescents”, P-PG/MED (2015) 27

MedSPAD Committee “Prevalence of Alcohol, Tobacco and Drug use Among Adolescents in the Mediterranean Region”, P-PG/Med (2017) 15

APPENDIX

Alcohol Lifetime		Alcohol last year		Alcohol last month	
Southern Countries Prevalence (%)	Southern Countries Weighted Prevalence (9,13 %)	Southern Countries Prevalence (%)	Southern Countries Weighted Prevalence (4,24 %)	Southern Countries Prevalence (%)	Southern Countries Weighted Prevalence (7,1%)
Algeria	4,85	Algeria	2,60	Algeria	1,23
Egypt	2,70	Egypt	2,40	Egypt	1,40
Israel	50,10	Israel	N/A	Israel	30,80
Lebanon	34,60	Lebanon	28,50	Lebanon	20,60
Morocco	8,19	Morocco	5,00	Morocco	2,90
Tunisia	4,75	Tunisia	2,74	Tunisia	1,59
Turkey	N/A	Turkey	N/A	Turkey	N/A
Alcohol Lifetime		Alcohol last year		Alcohol last month	
Southern Countries Prevalence (%)	Southern Countries Weighted Prevalence (84,35 %)	Northern Countries Prevalence (%)	Northern Countries Weighted Prevalence (76,45 %)	Northern Countries Prevalence (%)	Northern Countries Weighted Prevalence (55,8 %)
Cyprus	88,40	Cyprus	79,90	Cyprus	67,70
France	84,00	France	73,00	France	53,00
Greece	94,09	Greece	85,03	Greece	66,21
Italy	84,41	Italy	76,28	Italy	56,62
Malta	86,15	Malta	79,81	Malta	53,93
Portugal	71,36	Portugal	66,03	Portugal	41,77

Tobacco Lifetime		Tobacco last year		Tobacco last month	
Southern Countries Prevalence (%)	Southern Countries Weighted Prevalence (11,0 %)	Southern Countries Prevalence (%)	Southern Countries Weighted Prevalence (%)	Southern Countries Prevalence (%)	Southern Countries Weighted Prevalence (6%)
Algeria	22,06	Algeria	N/A	Algeria	8,53
Egypt	9,1	Egypt	N/A	Egypt	3,4
Israel	20,8	Israel	N/A	Israel	15,8
Lebanon	14,0	Lebanon	N/A	Lebanon	3,9
Morocco	16,0	Morocco	N/A	Morocco	7,0
Tunisia	22,9	Tunisia	N/A	Tunisia	7,8
Turkey	N/A	Turkey	N/A	Turkey	N/A
Tobacco Lifetime		Tobacco last year		Tobacco last month	
Northern Countries Prevalence (%)	Northern Countries Weighted Prevalence (42,9 %)	Northern Countries Prevalence (%)	Northern Countries Weighted Prevalence (%)	Northern Countries Prevalence (%)	Northern Countries Weighted Prevalence (23,1%)
Cyprus	36,6	Cyprus	N/A	Cyprus	17,5
France	55,0	France	N/A	France	26,0
Greece	39,2	Greece	N/A	Greece	18,9
Italy	57,6	Italy	N/A	Italy	37,1
Malta	29,1	Malta	N/A	Malta	14,6
Portugal	36,9	Portugal	N/A	Portugal	19,5

Cannabis Lifetime		Cannabis last year		Cannabis last month	
Southern Countries Prevalence (%)	Southern Countries Weighted Prevalence (2,4 %)	Southern Countries Prevalence (%)	Southern Countries Weighted Prevalence (2,4 %)	Southern Countries Prevalence (%)	Southern Countries Weighted Prevalence (1,8 %)
Algeria	5,41	Algeria	3,42	Algeria	2,50
Egypt	2,00	Egypt	1,90	Egypt	1,20
Israel	7,90	Israel	6,00	Israel	5,50
Lebanon	4,00	Lebanon	N/A	Lebanon	N/A
Morocco	9,00	Morocco	6,00	Morocco	4,00
Tunisia	1,09	Tunisia	0,42	Tunisia	0,15
Turkey	N/A	Turkey	N/A	Turkey	N/A
Cannabis Lifetime		Cannabis last year		Cannabis last month	
Northern Countries Prevalence (%)	Northern Countries Weighted Prevalence (17,7 %)	Northern Countries Prevalence (%)	Northern Countries Weighted Prevalence (15,1 %)	Northern Countries Prevalence (%)	Northern Countries Weighted Prevalence (9,2 %)
Cyprus	7,20	Cyprus	6,40	Cyprus	4,80
France	31,00	France	27,00	France	17,00
Greece	9,08	Greece	7,44	Greece	4,15
Italy	27,36	Italy	23,10	Italy	14,89
Malta	12,61	Malta	10,42	Malta	5,35
Portugal	15,29	Portugal	13,20	Portugal	7,58

The **Pompidou Group** – or Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs – is the Council of Europe’s drug policy cooperation platform. It is a Council of Europe enlarged partial agreement, open to voluntary membership of Council of Europe member states as well as other countries. It has 39 member states including three from outside Europe: Morocco, Israel and Mexico.

MedNET is the Pompidou Group’s Co-operation Network in the Mediterranean Region on Drugs and Drug Addiction consisting of 15 countries from both the northern and southern rim of the Mediterranean.

MedSPAD is the Mediterranean School Survey on Alcohol and other Drugs.

This second report on the prevalence of the use of alcohol, tobacco and drugs follows that of the first attempt to do so among adolescents in nine countries in the Mediterranean region in 2015 captured in “A first glance of the situation in the Mediterranean region in relation to the prevalence of alcohol, tobacco and drug use among adolescents”.

In this second report, twelve countries provide prevalence estimates and the respective confidence intervals for the use of alcohol, tobacco, cannabis and medication with and without a medical prescription. Six of the countries, i.e. Cyprus, Greece, France, Italy, Malta and Portugal, border the northern rim of the Mediterranean whereas the other six countries, namely, Algeria, Egypt, Israel, Lebanon, Morocco and Tunisia border the southern rim of the Mediterranean.



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