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# Connecting Research, Policy, and Prevention: Key Insights into Adolescent Substance Use from the ESPAD and MedSPAD Projects

Sabrina Molinaro and Elisa Benedetti

National Research Council of Italy  
ESPAD and MedSPAD Coordination

*ISSUP Webinar, 12th December 2024*



IFC - Istituto di Fisiologia Clinica  
**Consiglio Nazionale delle Ricerche**  
Lab. Epidemiologia e ricerca sui servizi sanitari

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# AGENDA

**1**

**Introduction to ESPAD**

**2**

**Young People's View and Use of Drugs**

**3**

**Gambling**

**4**

**Social media use & gaming**

**5**

**Data access**

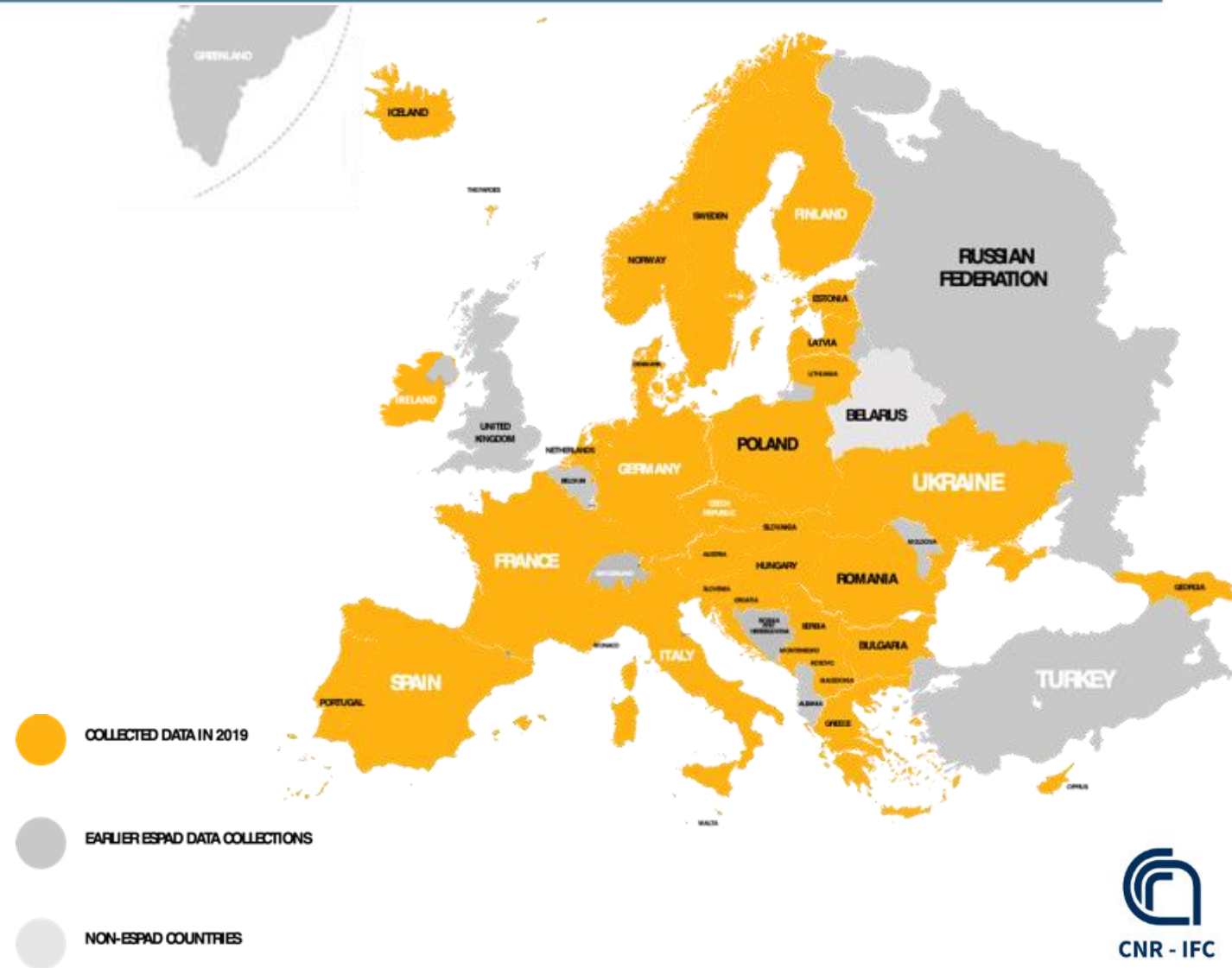
# 1

## Introduction to ESPAD



# ESPAD at a glance / The ESPAD path

- 1995 16 participating countries,  
**59.406 questionnaires**
- 1999 23 participating countries,  
**64.843 questionnaires**
- 2003 34 participating countries,  
**97.759 questionnaires**
- 2007 41 participating countries,  
**128.021 questionnaires**
- 2011 39 participating countries,  
**111.973 questionnaires**
- 2015 36 participating countries,  
**96.905 questionnaires**
- 2019 35 participating countries,  
**102.484 questionnaires**



# ESPAD at a glance / Methodology

**Sample**  
Nationally representative samples of students reaching age 16 in the calendar year (advised 2,400)

**Administration**  
Data collected by anonymous self-administered questionnaires in schools following a standardised methodology

## Time

Every 4 years (spring) since 1995

## Unit

Primary sampling unit: school class

## Questionnaire

Core questionnaire common to all countries plus optional questions

# 2

## Young People's View and Use of Drugs

# Cannabis & other drugs

- The average prevalence of lifetime use of illicit drugs was 17 %, while exhibiting considerable variation across ESPAD countries
- Use mainly involves cannabis (average 16%)
- As for illicit drugs other than cannabis, on average, about 5.0 % of the ESPAD students reported having used them at least once during their lifetime

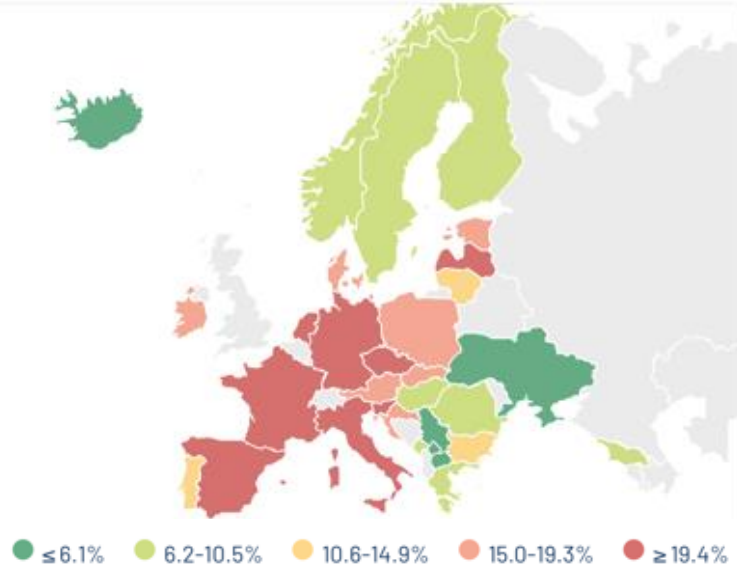




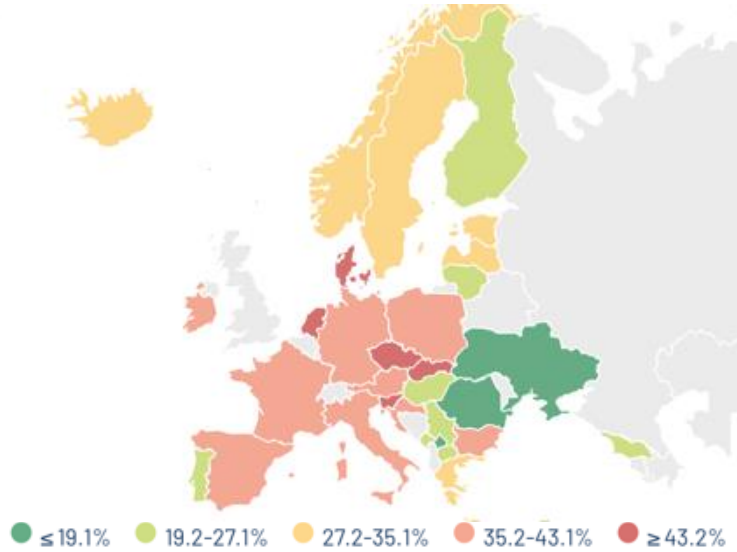
# Cannabis

- Cannabis is the illicit drug most accessible and most used by school students in ESPAD countries while a large variation exists among countries
- Almost one third of students report cannabis is “easy/fairly easy” to obtain
- Perceived availability does not seem to be directly correlated with cannabis use

Last year prevalence




Perceived availability

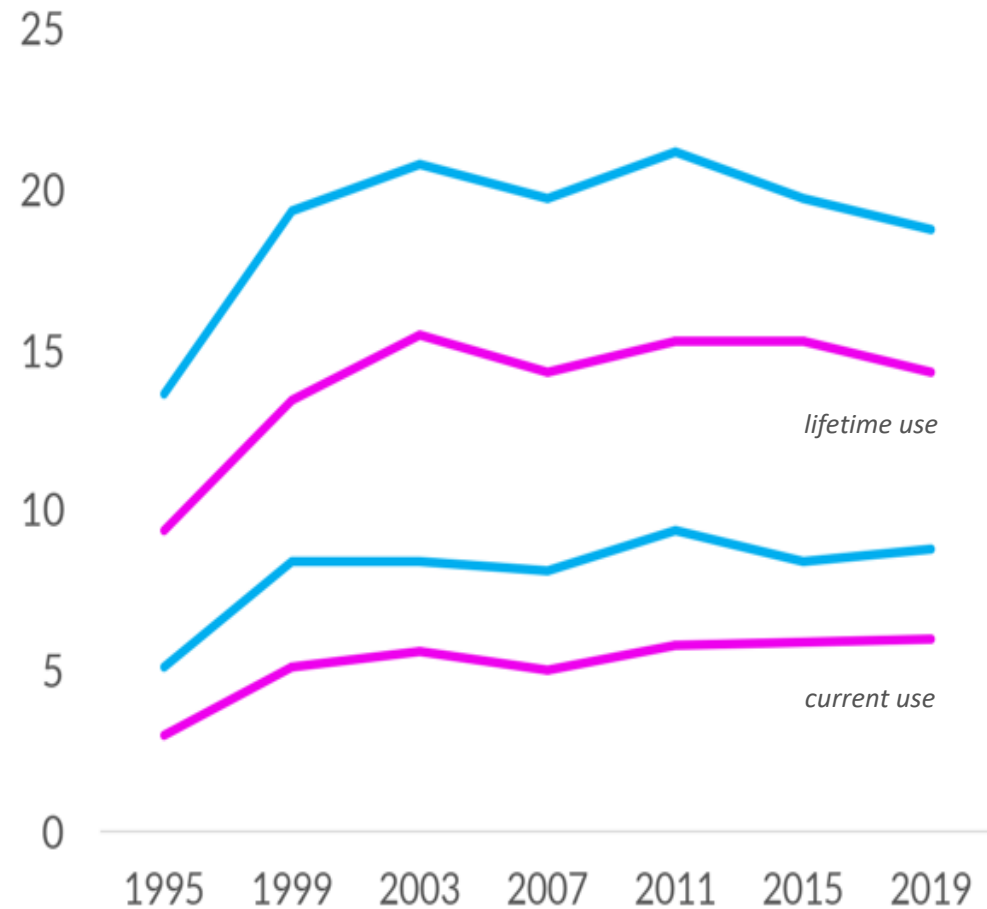


# Cannabis

- Lifetime use has slowly declined since 2011
- Current use (last 30 days) has stabilised since 2007

 **14.5%**

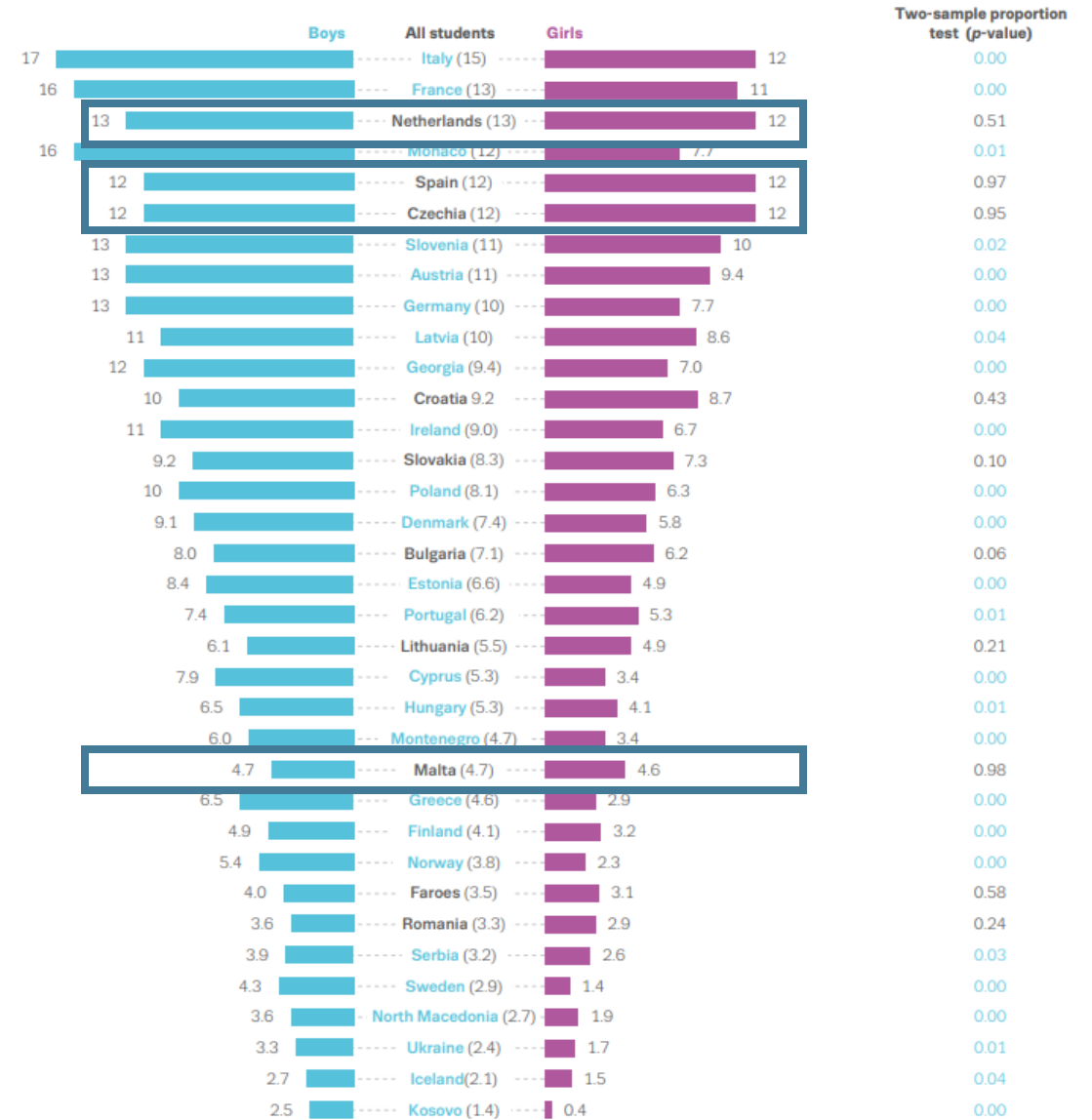
 **10.7%**



# Cannabis

Prevalence in cannabis use in the last 30 days by gender


The Netherlands, Spain, the Czech Republic and Malta uniquely show little or no gender differences in cannabis use during the last 30 days




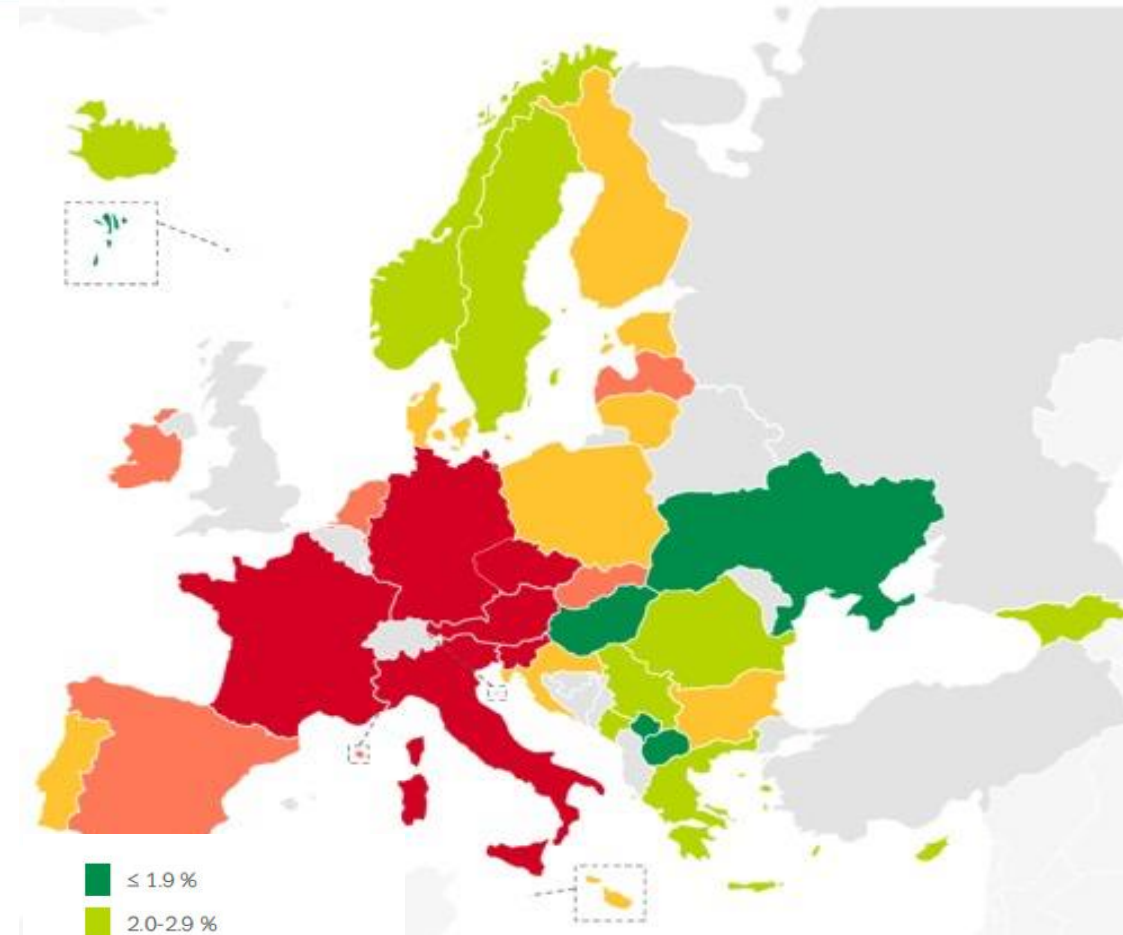
Colour indicates significant difference between boys and girls. Statistical significance levels are reported for each country.

# High-risk cannabis use

4% of students show a high-risk profile for cannabis use

 4.7%

 3.3%

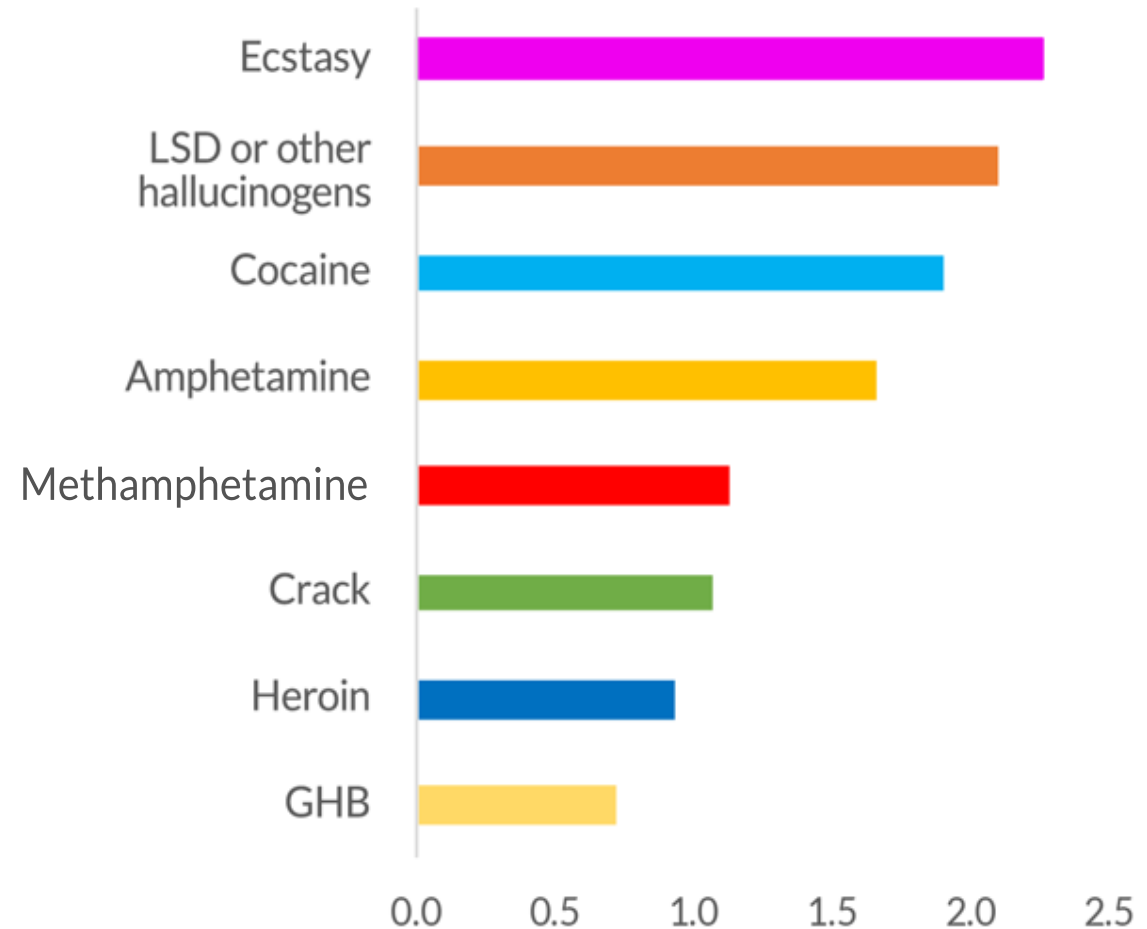


High risk cannabis use (CAST scale)(Legleye et al., 2007, 2011)

## Other drugs

- On average 1-2 % of students have used an illicit drug other than cannabis at least once
- Considering the use of one or more illicit drugs, the prevalence rises to 5%
- The most popular drugs are: ecstasy, LSD/other hallucinogens, cocaine and amphetamine

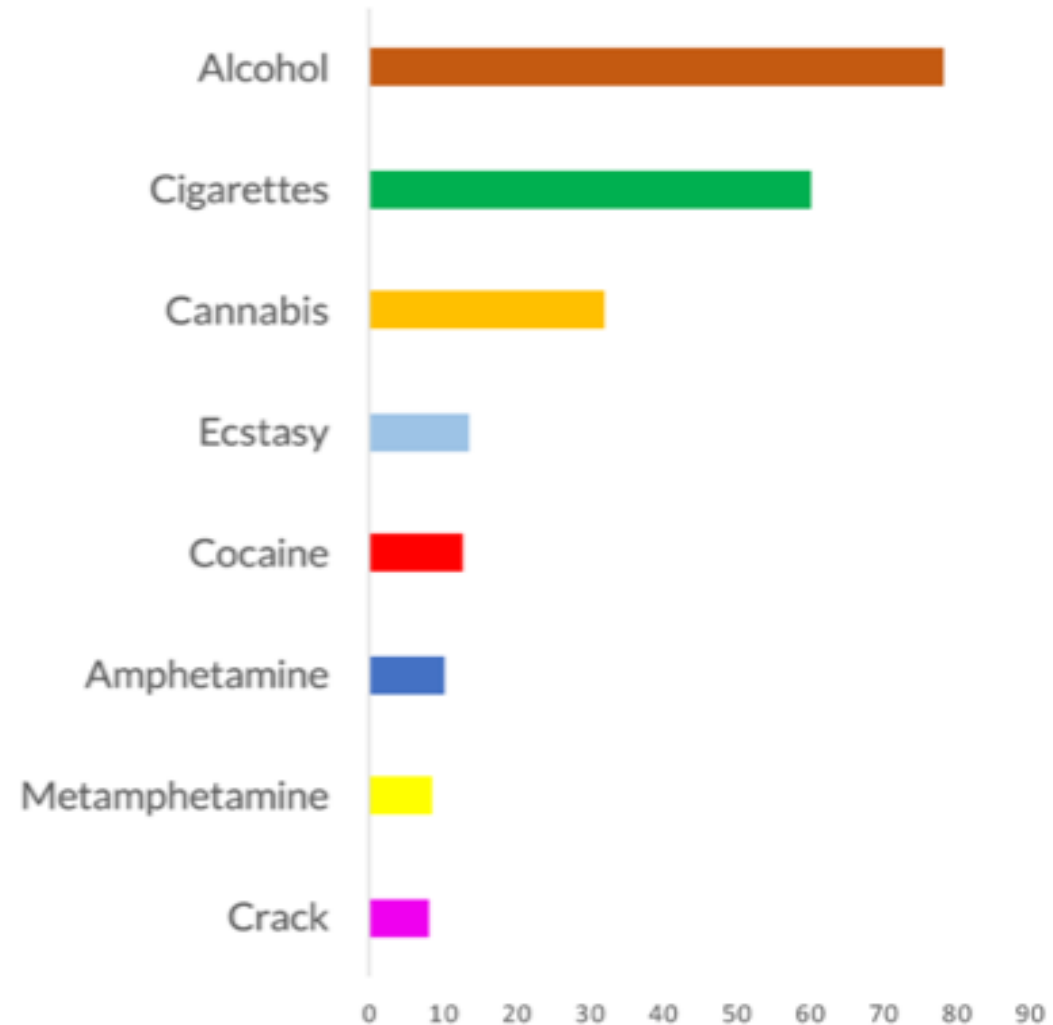
Percentage of students reporting use of illicit drugs



# Perceived Availability / Key results

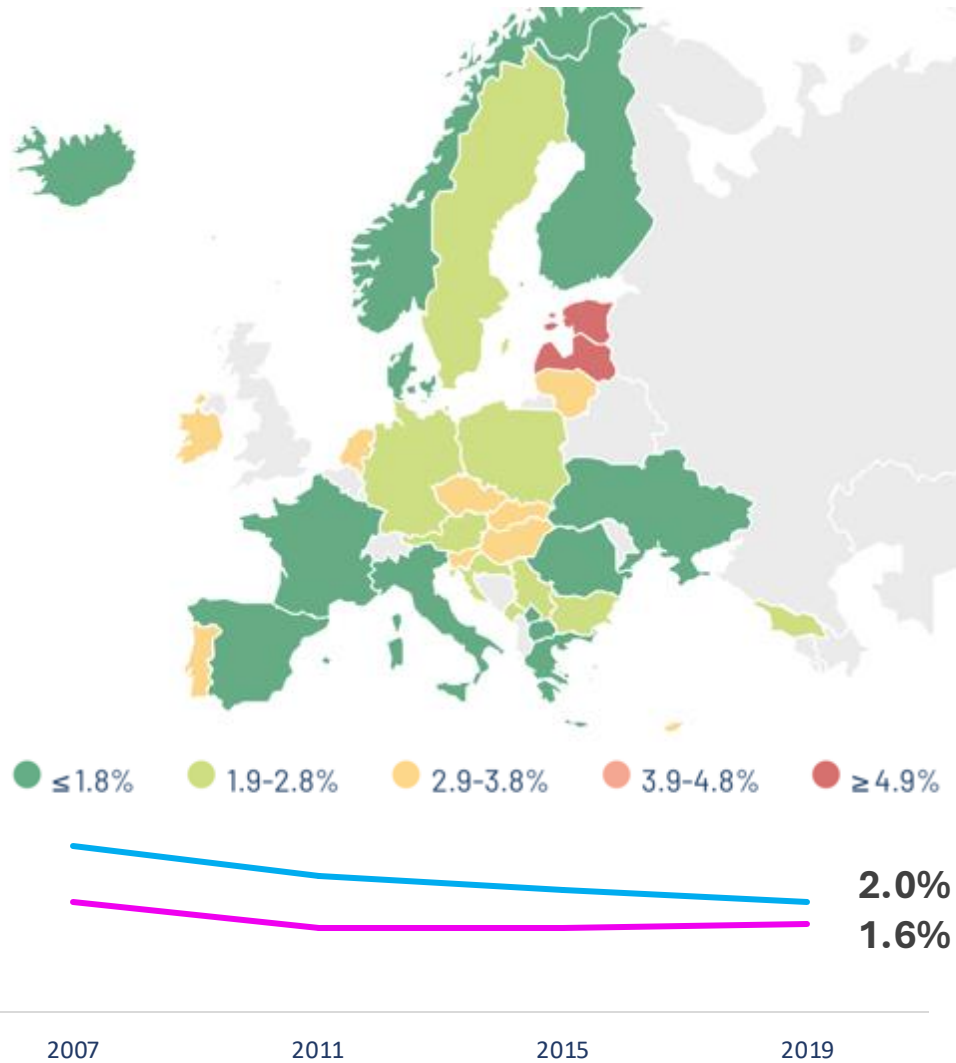
Percentage of students rating a substance as either 'fairly easy' or 'very easy' to obtain

- Alcoholic substances are those perceived as being more readily available
- One in three ESPAD students considers it 'easy / very easy' to find cannabis

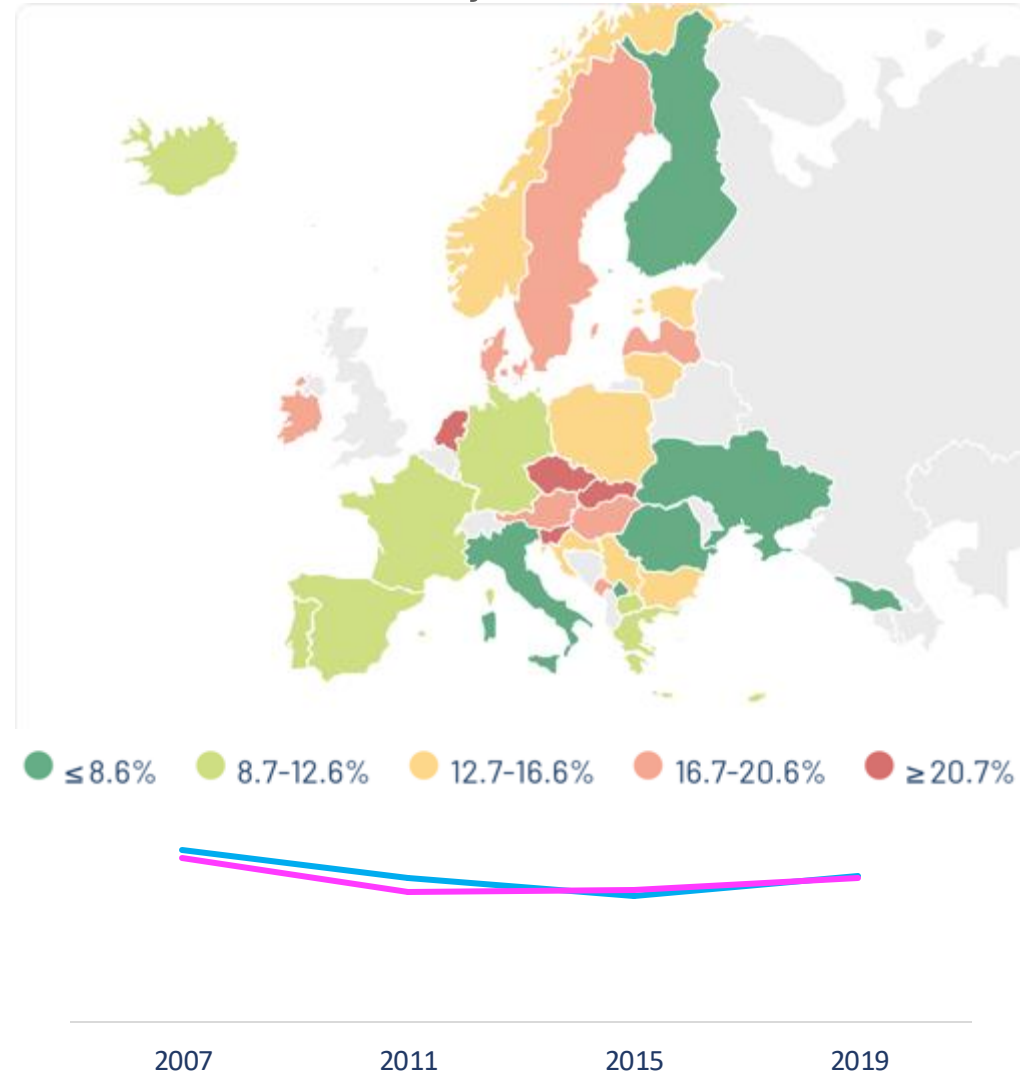


# Ecstasy

Lifetime prevalence

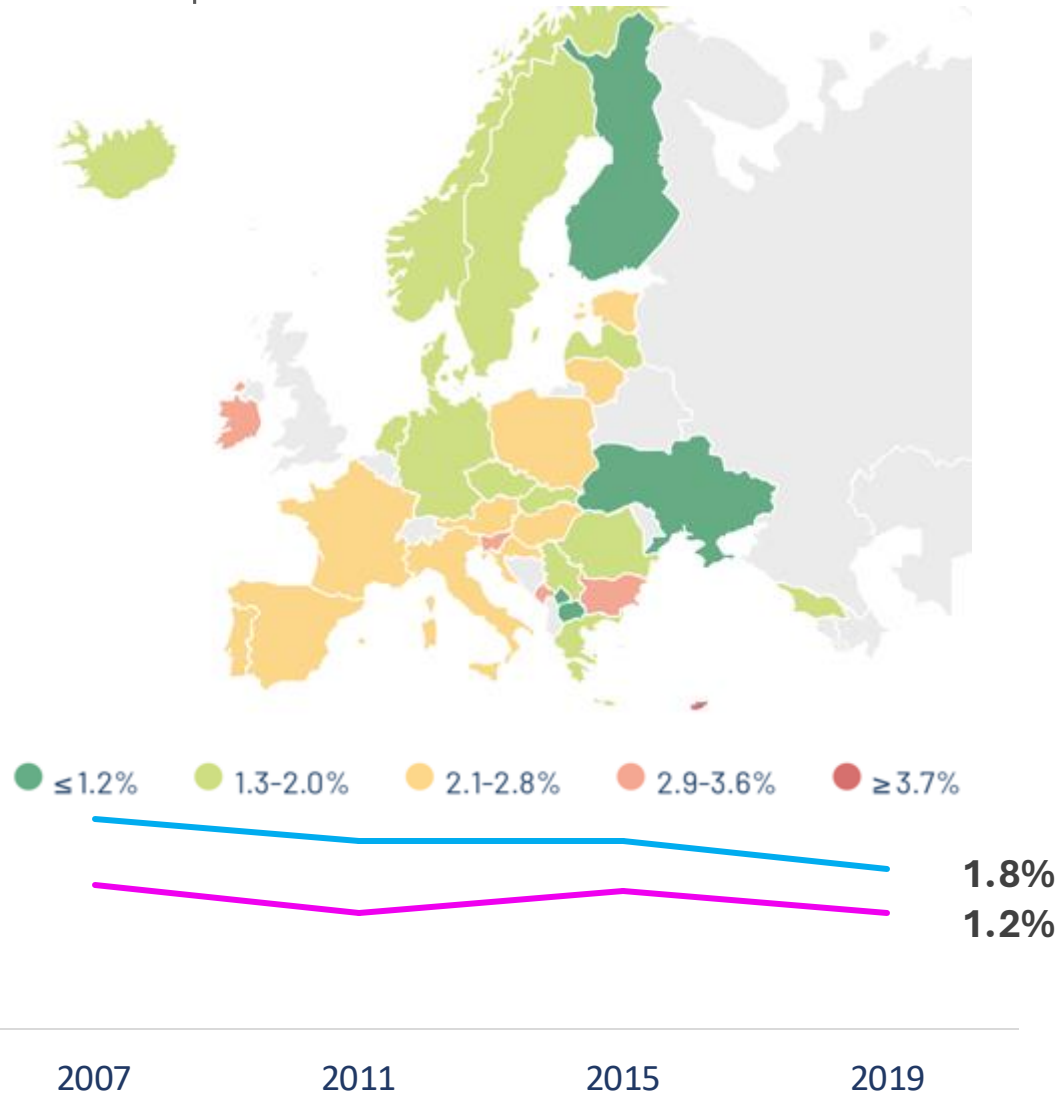


Perceived availability

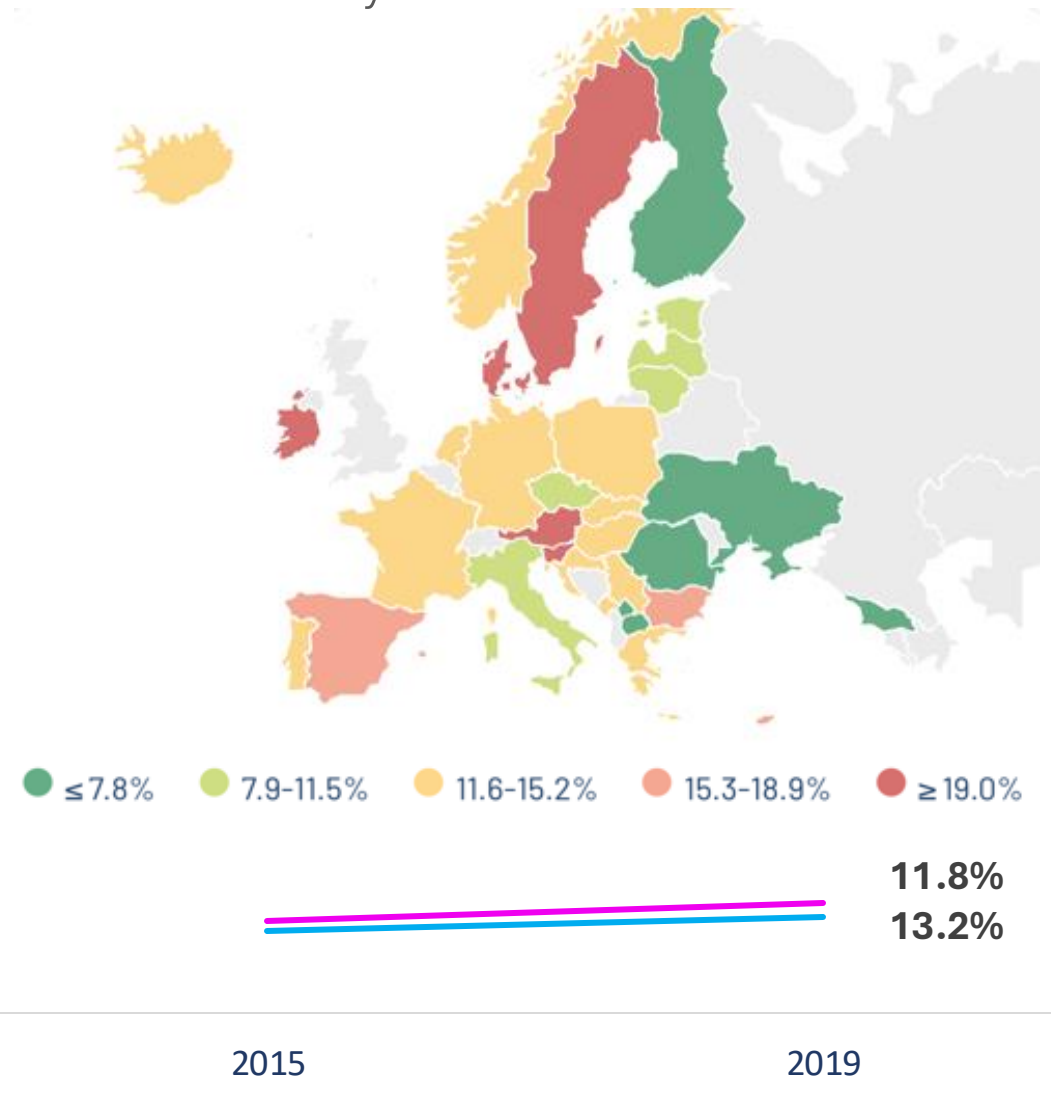


# Cocaine

Lifetime prevalence



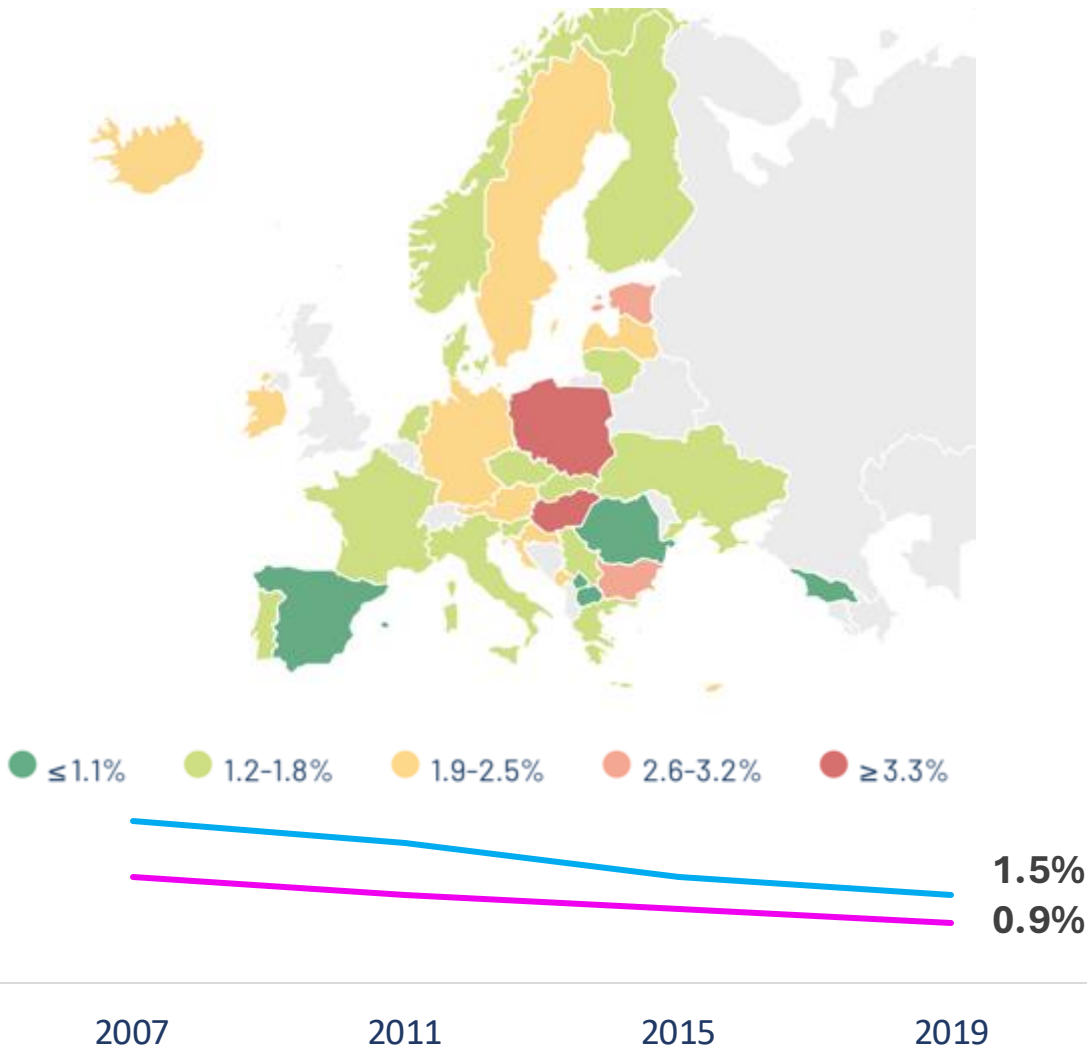
Perceived availability



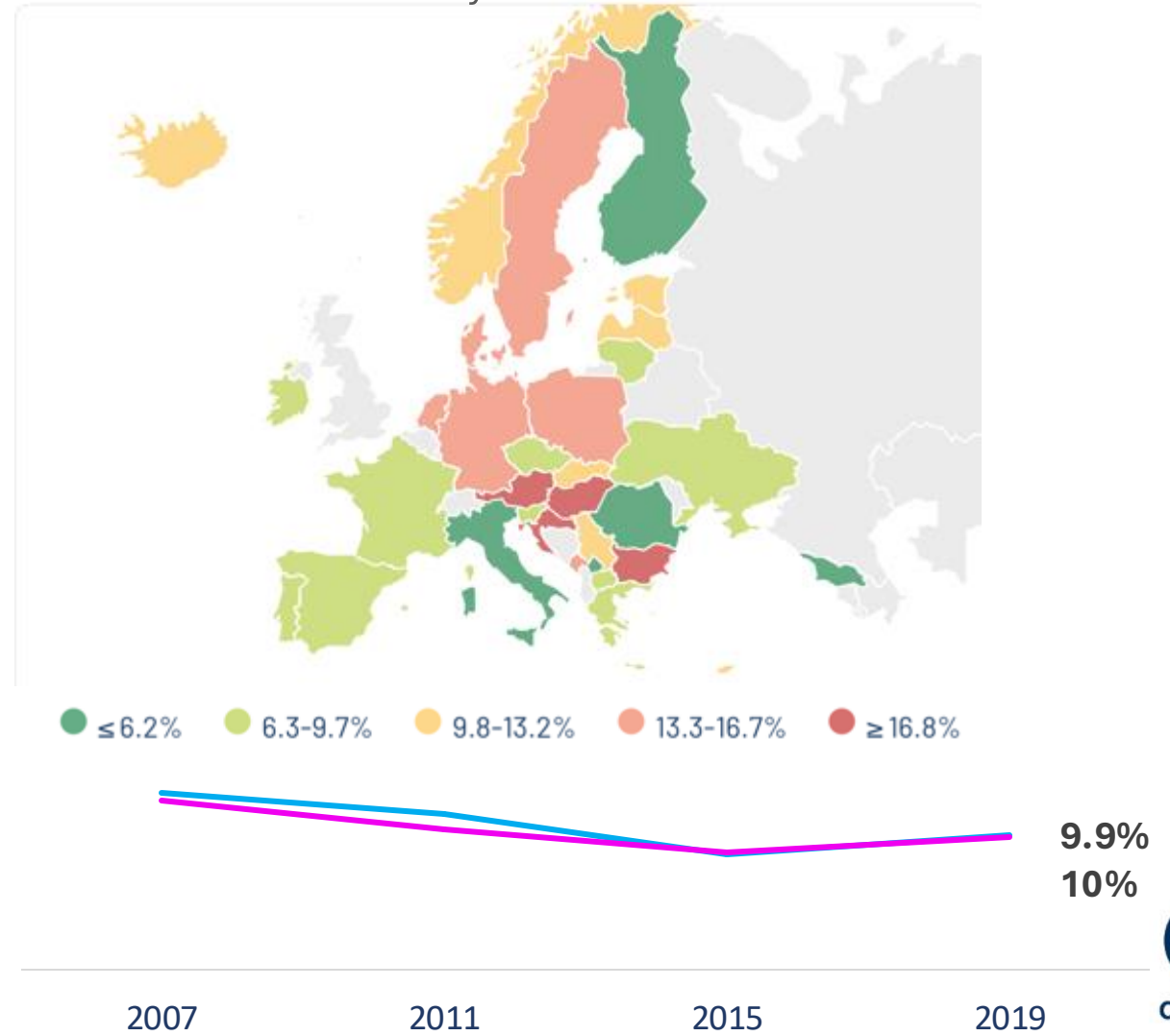


# Amphetamine

Lifetime prevalence

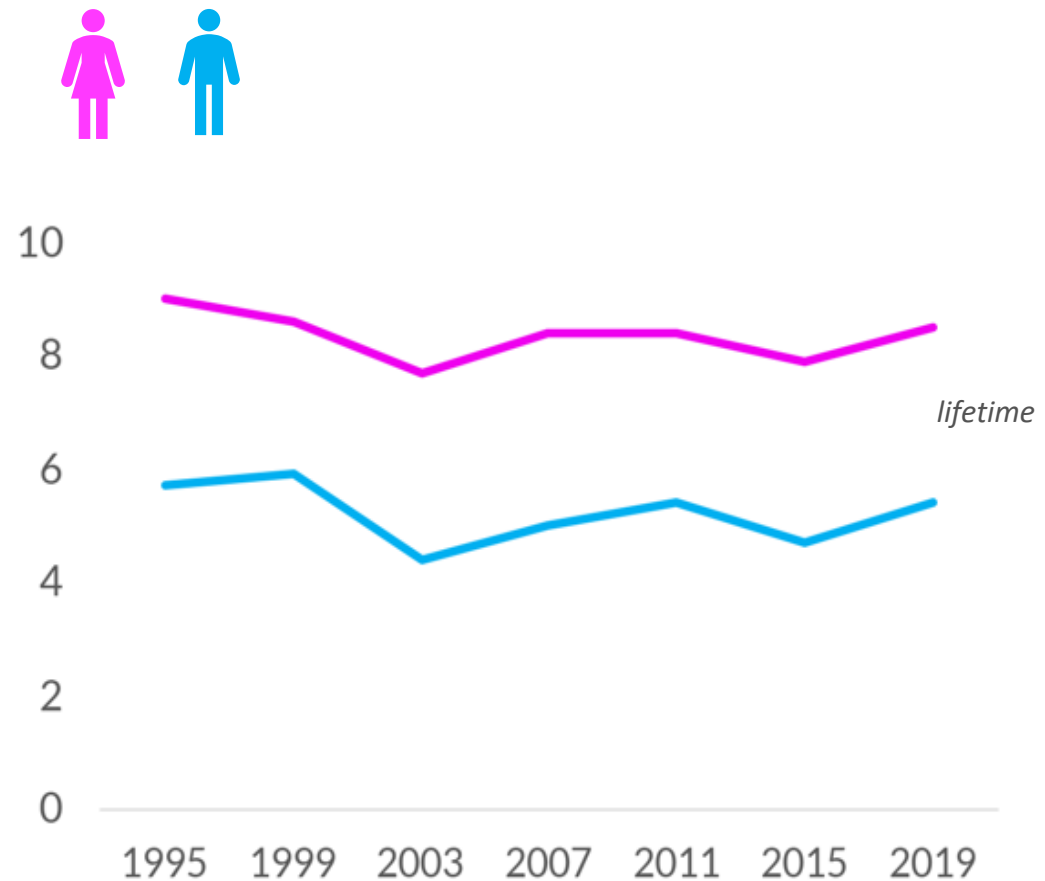


Perceived availability



# Use of pharmaceuticals for non-medical purposes

- 9.2 % of the students reported lifetime use of pharmaceuticals for non-medical purposes, with quite large differences across countries (range: 2.8 % to 23 %)
- Both on average and in the vast majority of ESPAD countries, **girls were more likely than boys** to have used pharmaceuticals for non-medical purposes
- Most used drugs were **tranquillisers or sedatives** (6.6 %), followed by **painkillers** (to get high') (4.0 %), **anabolic steroids** (1.0 %)

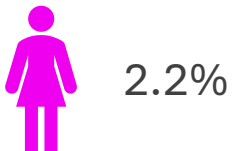


# NPS (NEW PSYCHOACTIVE SUBSTANCES)

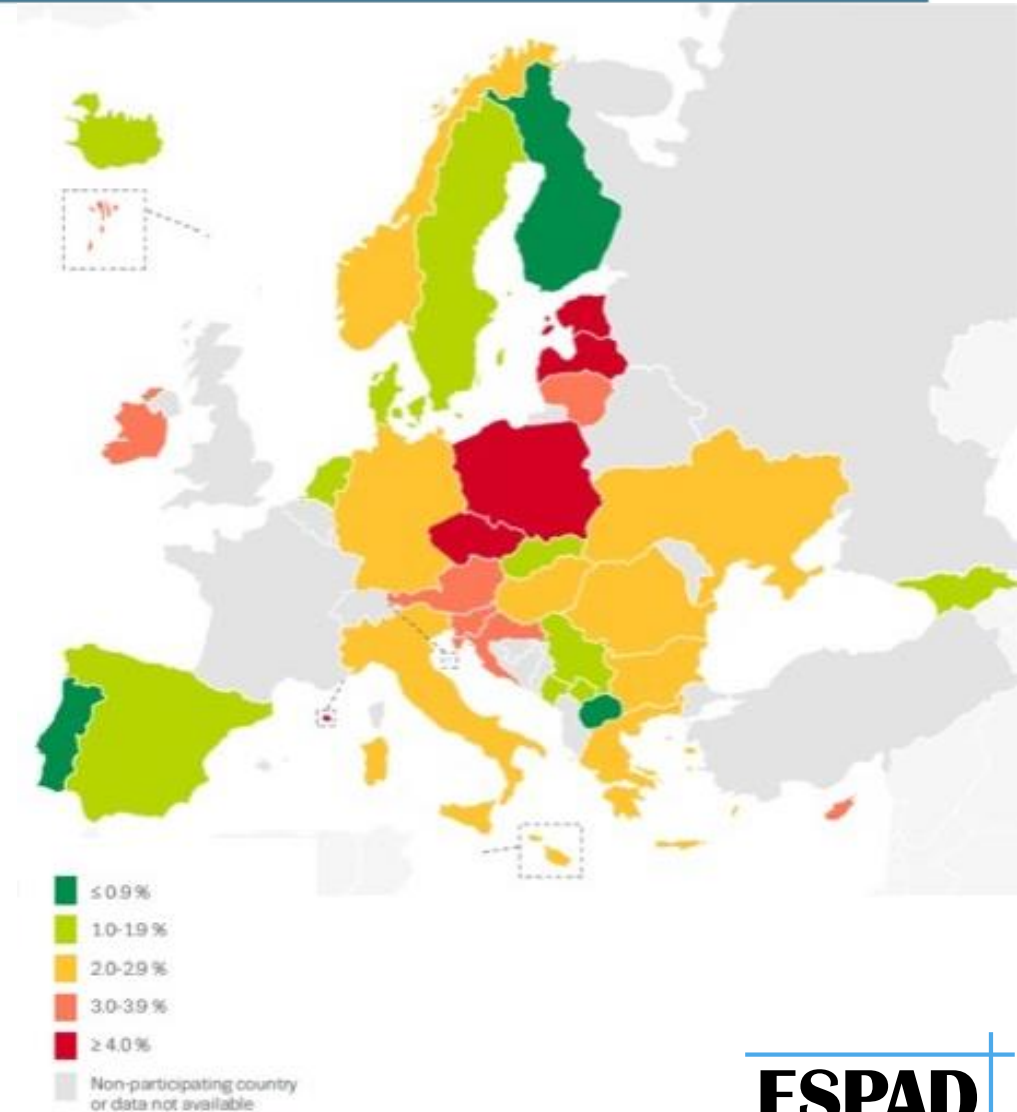
- 3.4 % of the ESPAD students had tried NPS during their lifetime, 2.5 % had used them in the past 12 months
- Synthetic cannabinoids 3.1 % and cathinones 1.1 %

## Lifetime use:

1-2 times:



3 or more times:

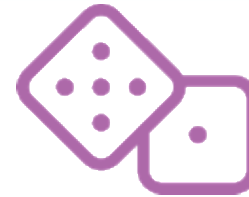


# 3

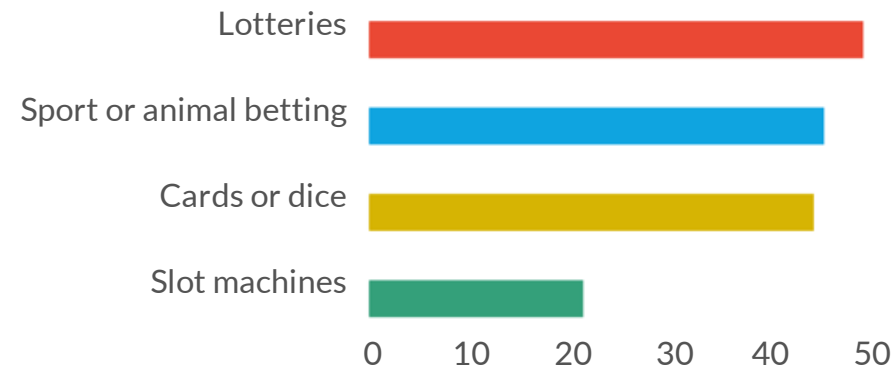
## Gambling

# Gambling / Key results

- 22% of adolescent students in Europe reported gambling for money on at least one game in the past 12 months, 7.9% online gambling
- On average, 5.0% of students who had gambled in the last 12 months met the **criteria for problem gambling** (Johnson et al., 1997)
- The extent of estimated prevalence, problem and excessive gambling was more prevalent among boys



Gambling  
22%



Online gambling  
7.9%



Estimated problem gambling  
5.0%

## Gambling / Lesson learned...

- Increased availability of gambling opportunities resulting from the progressive liberalisation of the gambling sector in many countries seems to drive high prevalence
- Prevalence of gambling participation and prevalence of excessive and/or problem gambling are not necessarily correlated
- Association of excessive gambling with an increased use of legal and illegal substances: hypothesised that this is because of the influence of common underlying factors, such as impulsivity and sensation seeking > prevention and intervention programmes targeted at all kinds of risk behaviours, focusing on the most prevalent risk activities

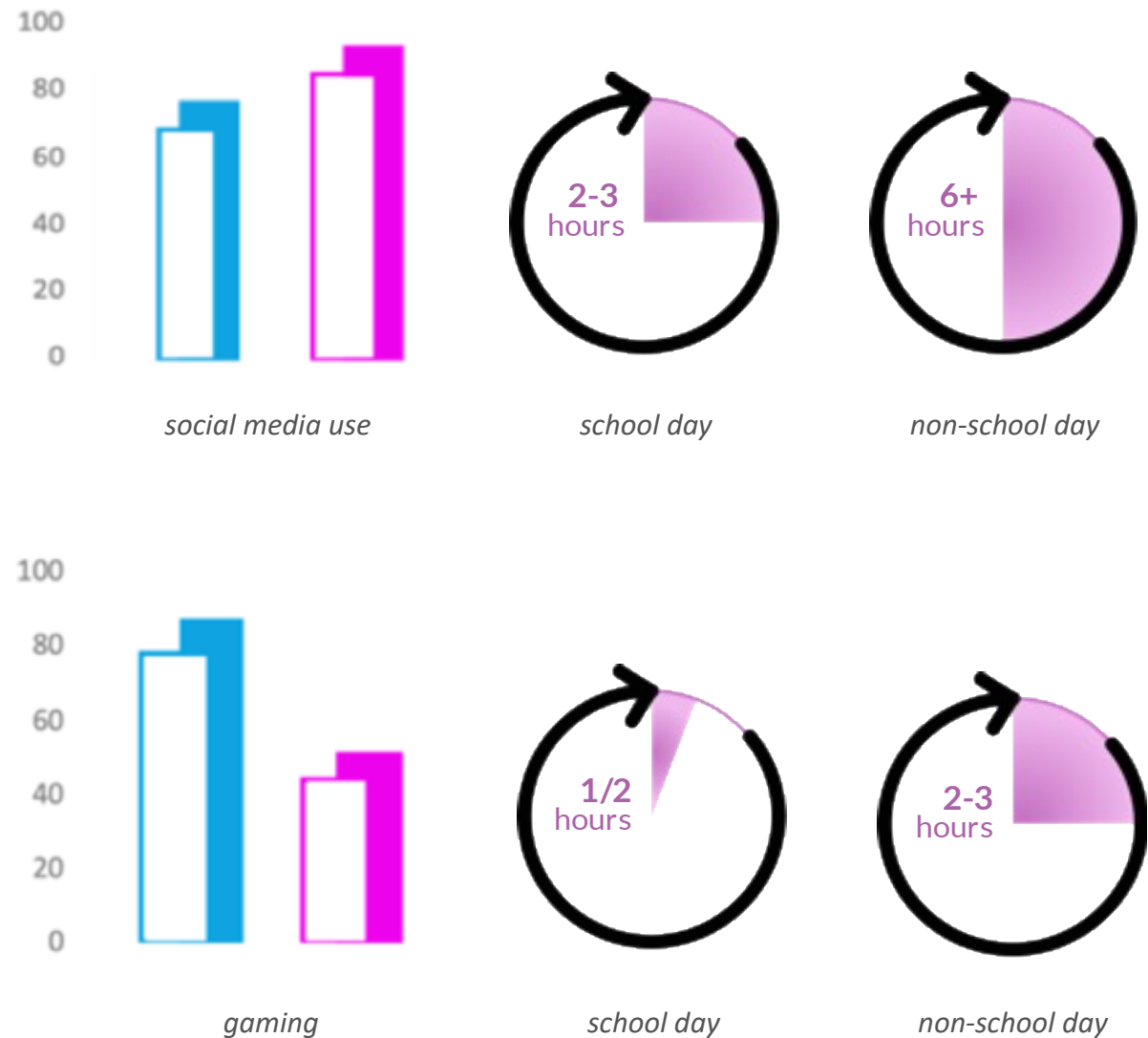


# 4

## Social media use & gaming

# Social media use & gaming / Key results

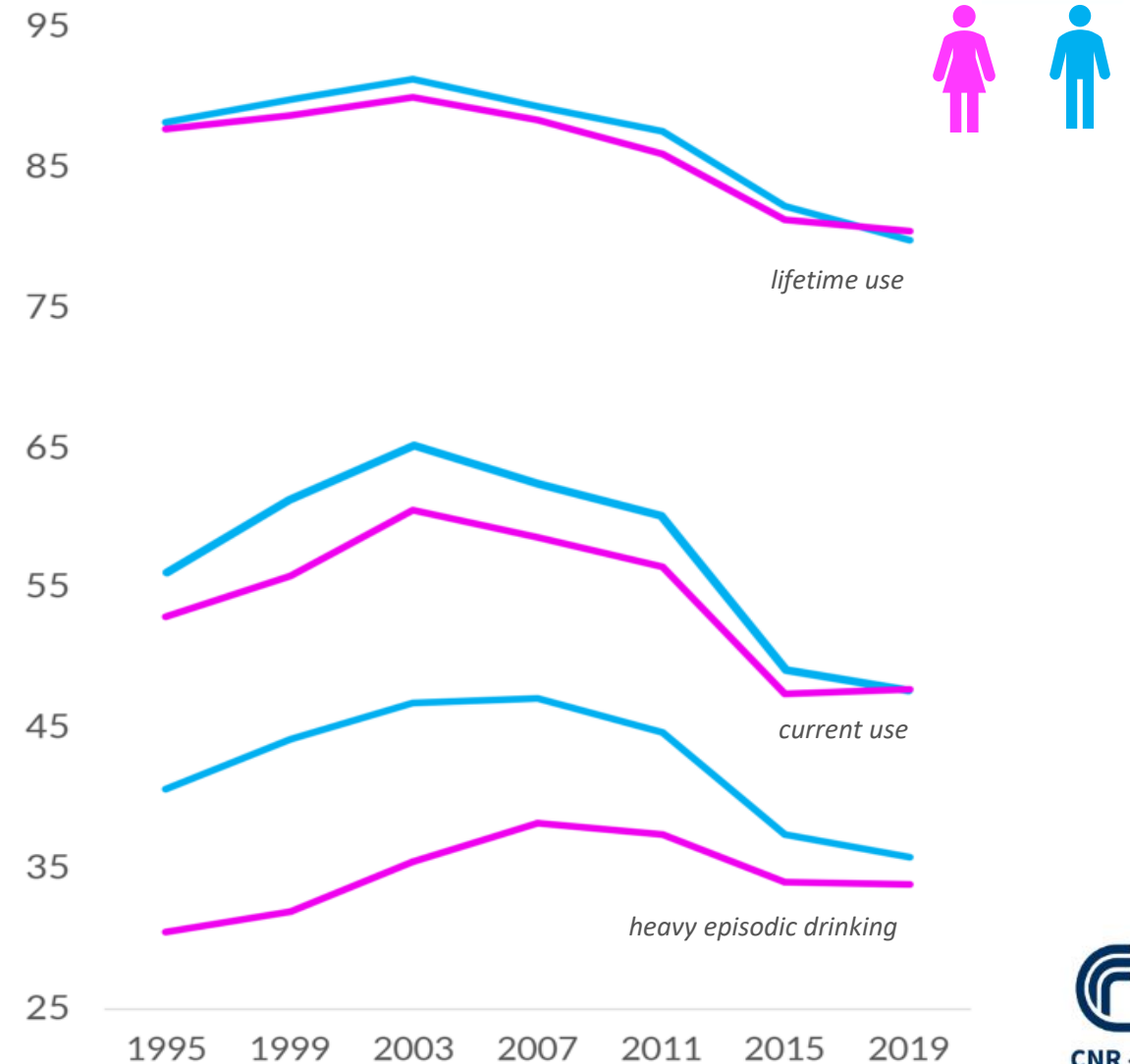
- The majority of students (94 %) reported use of social media in the last 7 days
- In most of countries, students spent 2 to 3 hours on social media on a typical school day and up to 6 hours on non-school days
- Around 60 % of ESPAD students played digital games on a school day in the last 30 days
- Self-perceived high-risk use was higher for social media use (46 %) than for gaming (21 %) (Holstein et al., 2014)





# Alcohol use

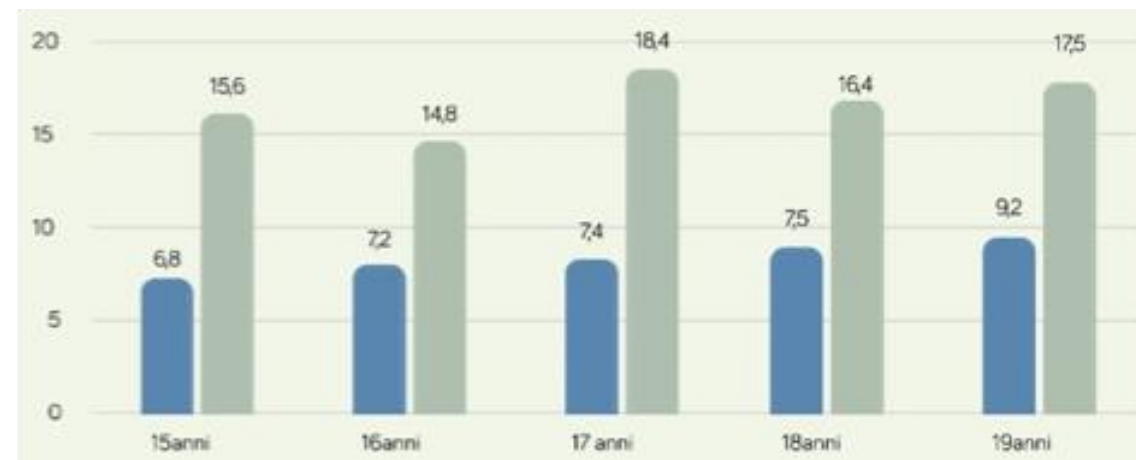
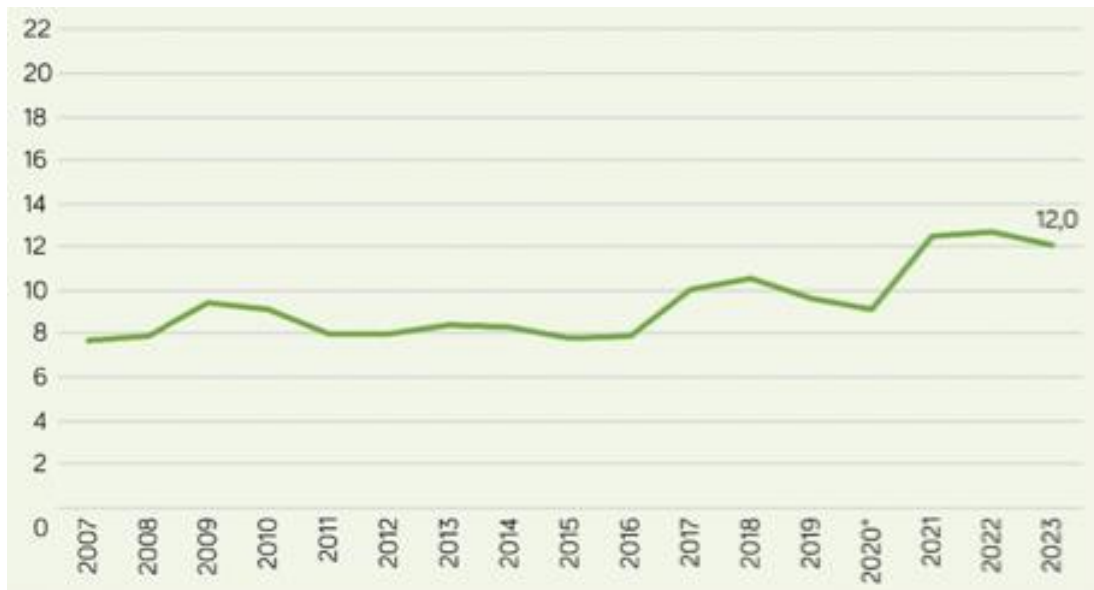
- The prevalence of 'heavy episodic drinking' declined to its lowest level
- The gender gap in the prevalence of heavy episodic drinking has narrowed over time
- In terms of prevalence rates and perception of availability, **spirits** have gained ground over beer, particularly among female students



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What can happen in the future ?  
...some insights from Italy

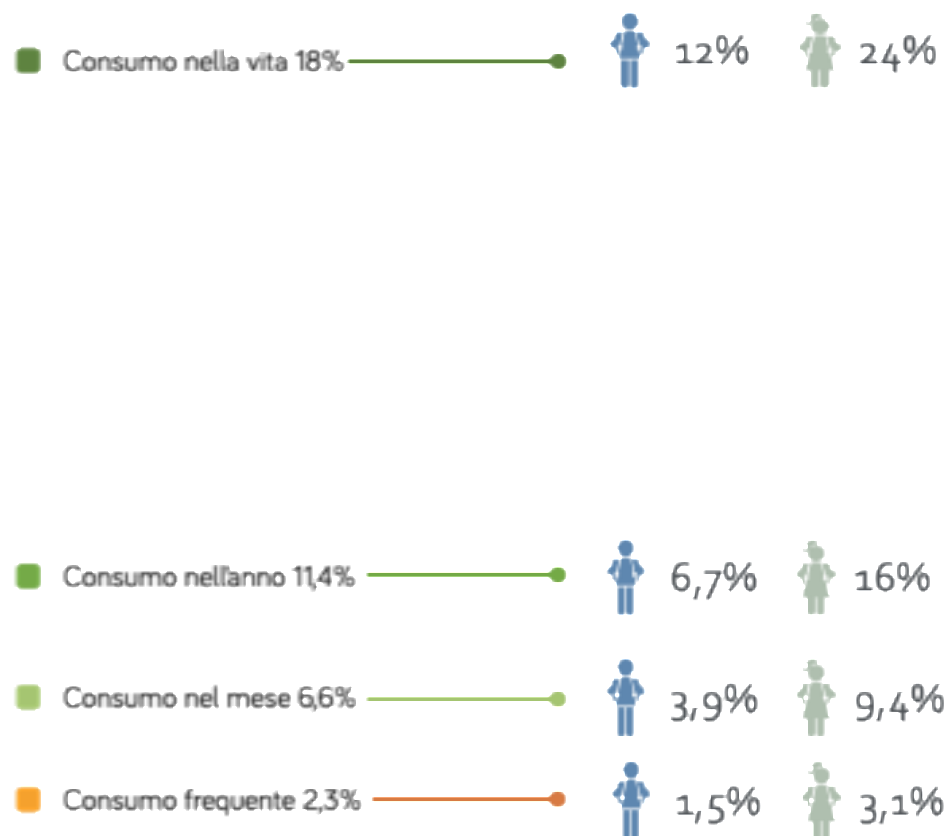
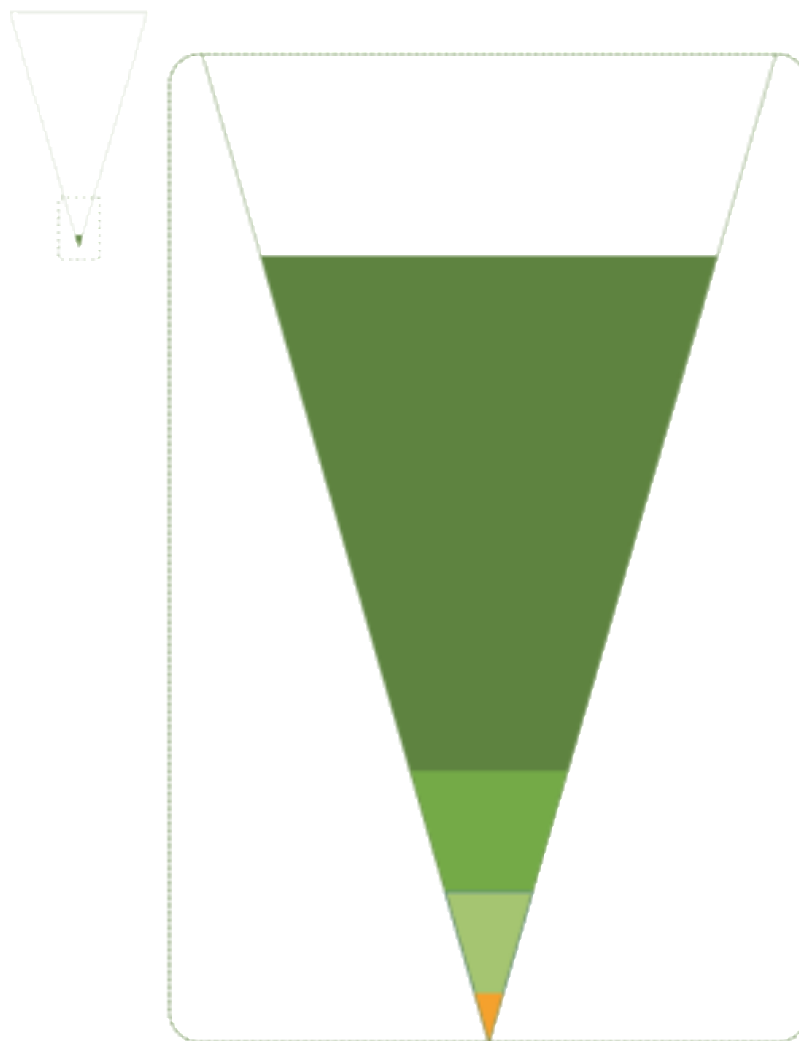
# Use of pharmaceuticals for non-medical purposes (Italian students 15-19 years old)



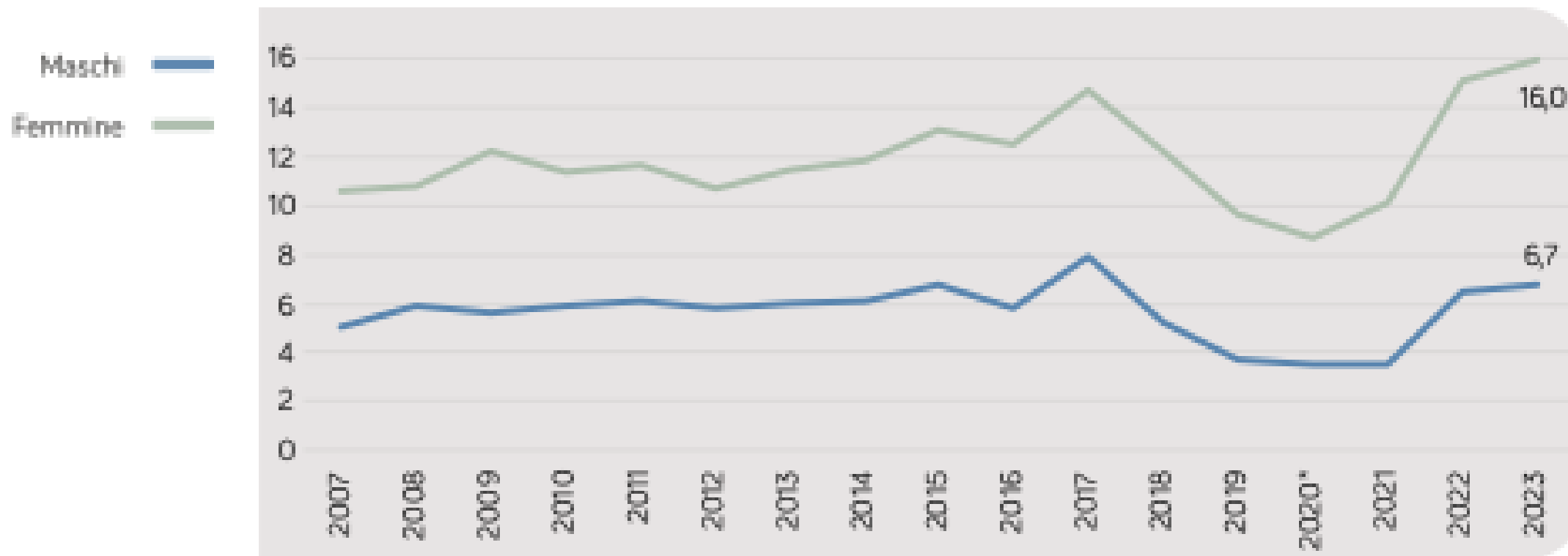
# Use of pharmaceuticals for non-medical purposes

(Italian students 15-19 years old)

Totale 100%

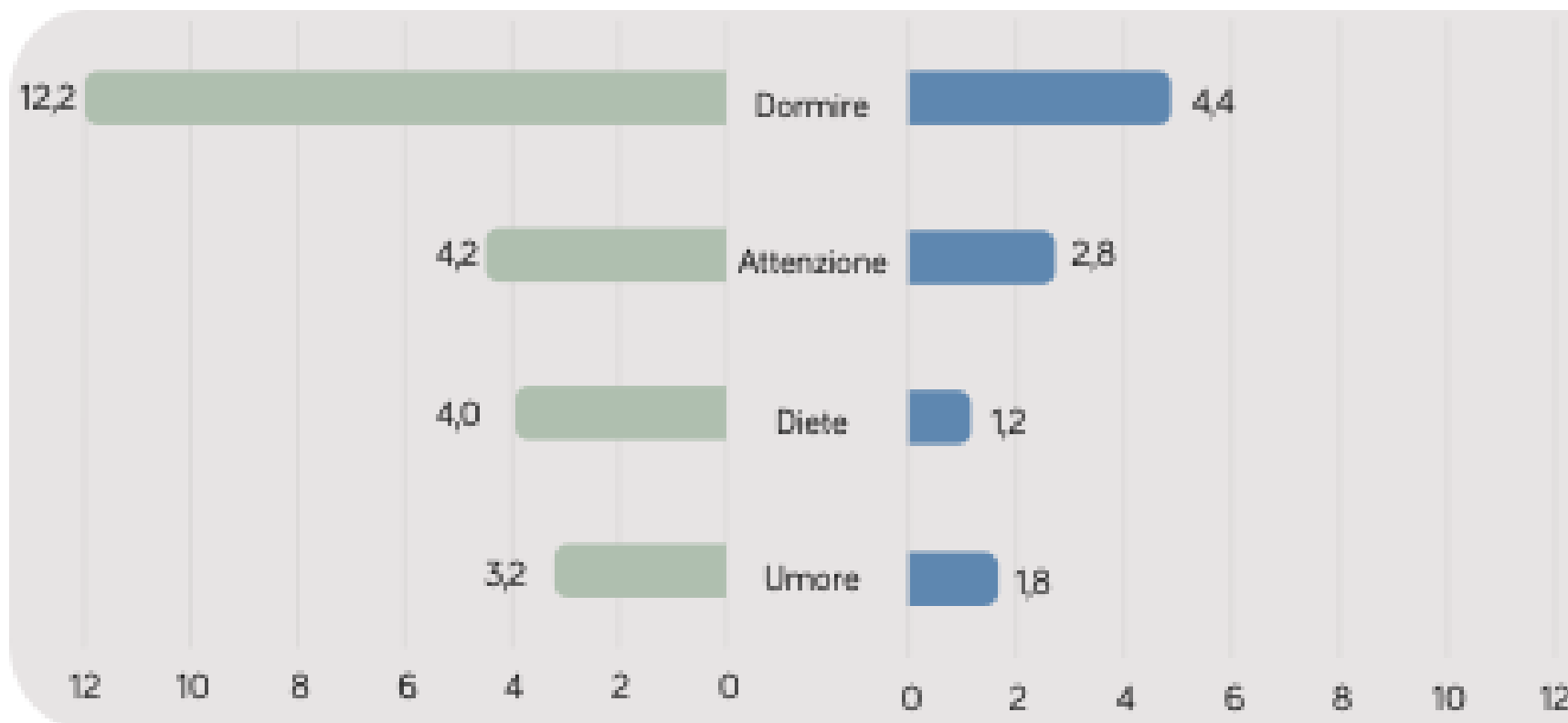


## Use of pharmaceuticals for non-medical purposes (Italian students 15-19 years old)



# Use of pharmaceuticals for non-medical purposes (Italian students 15-19 years old)

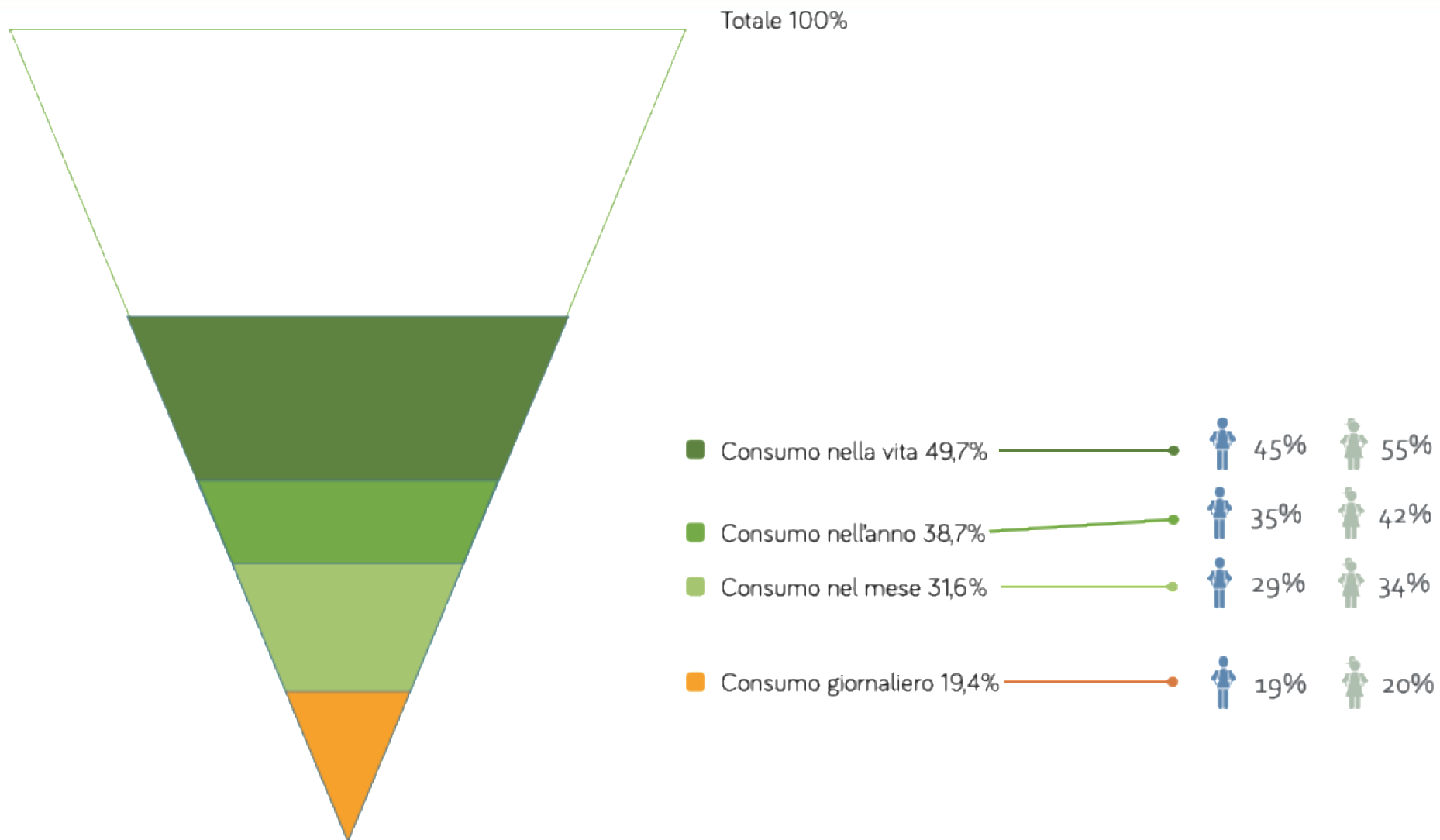
Femmine  
Maschi



## Use of pharmaceuticals for non-medical purposes (Italian students 15-19 years old)

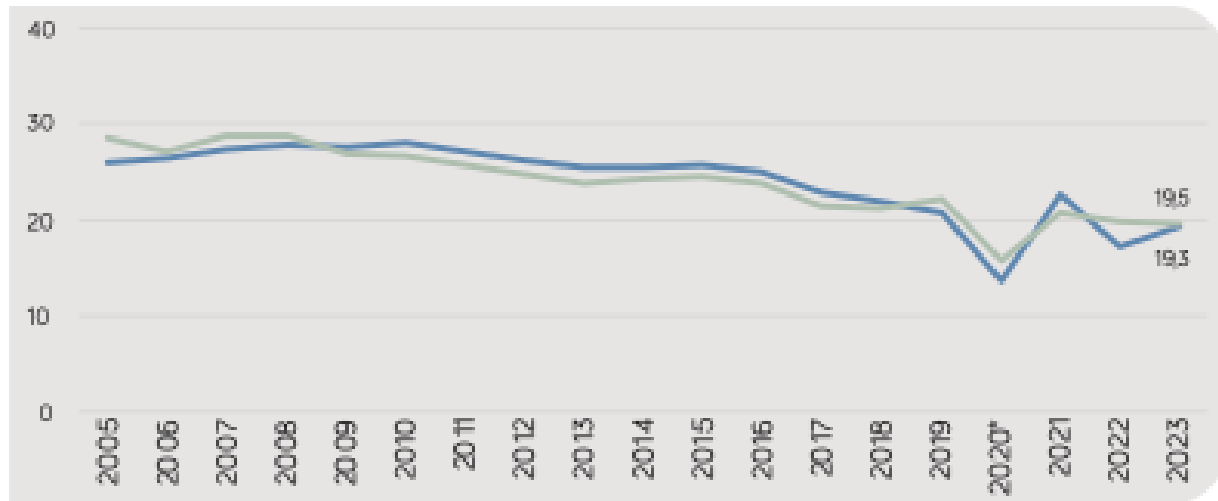
		Maschi	Femmine	Totale
Farmaci Attenzione	Aumentare prestazioni sportive/fisiche	14,8	11,7	13,7
	Migliorare l'andamento scolastico	33,0	53,2	46,2
	Migliorare l'aspetto fisico	6,4	4,9	6,2
	Sballare, andare su di giri	9,1	7,0	8,8
	Stare meglio con se stessi	25,8	34,8	31,6
	Altra motivazione	28,8	22,2	24,3
Farmaci per Diete	Aumentare prestazioni sportive/fisiche	28,6	11,0	14,8
	Migliorare l'andamento scolastico	19,5	4,1	7,9
	Migliorare l'aspetto fisico	40,1	68,3	61,7
	Sballare, andare su di giri	11,4	1,8	4,4
	Stare meglio con se stessi	23,9	51,6	46,5
	Altra motivazione	17,4	5,6	8,2
Farmaci per Dormire	Aumentare prestazioni sportive/fisiche	11,3	4,4	6,6
	Migliorare l'andamento scolastico	18,0	28,3	25,6
	Migliorare l'aspetto fisico	6,2	2,9	3,9
	Sballare, andare su di giri	5,5	2,4	3,4
	Stare meglio con se stessi	17,4	33,5	29,4
	Altra motivazione	60,8	49,4	52,2
Farmaci per Umore	Aumentare prestazioni sportive/fisiche	11,2	4,8	7,4
	Migliorare l'andamento scolastico	19,2	23,2	23,1
	Migliorare l'aspetto fisico	11,4	4,3	7,7
	Sballare, andare su di giri	20,4	8,7	12,1
	Stare meglio con se stessi	28,5	55,7	47,7
	Altra motivazione	32,6	27,6	28,0

# Tobacco Use (Italian students 15-19 years old)

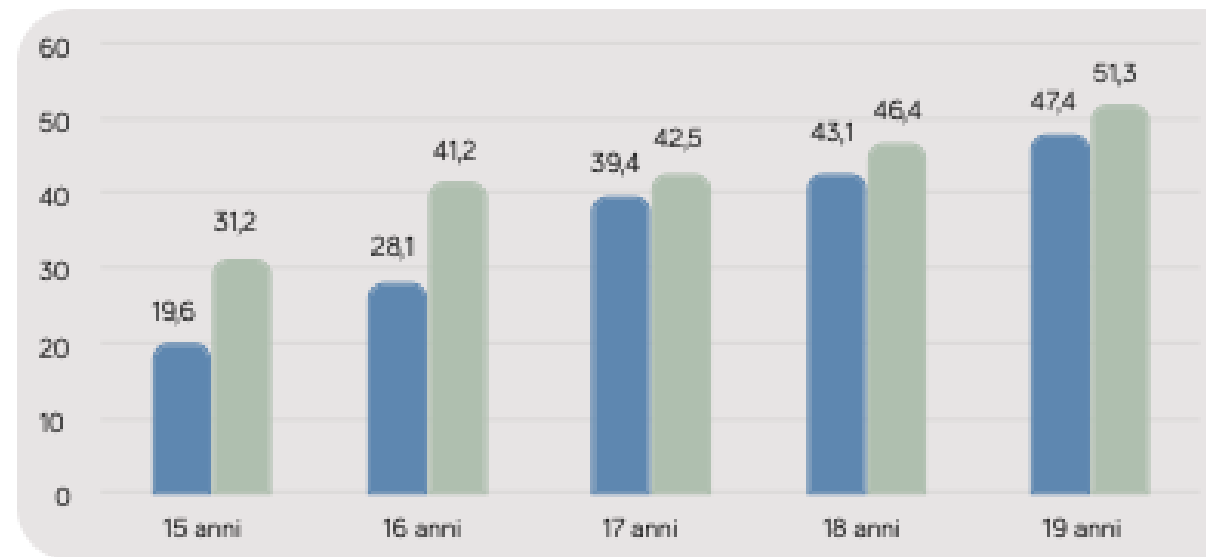




# Daily Tobacco use (Italian students 15-19 years old)

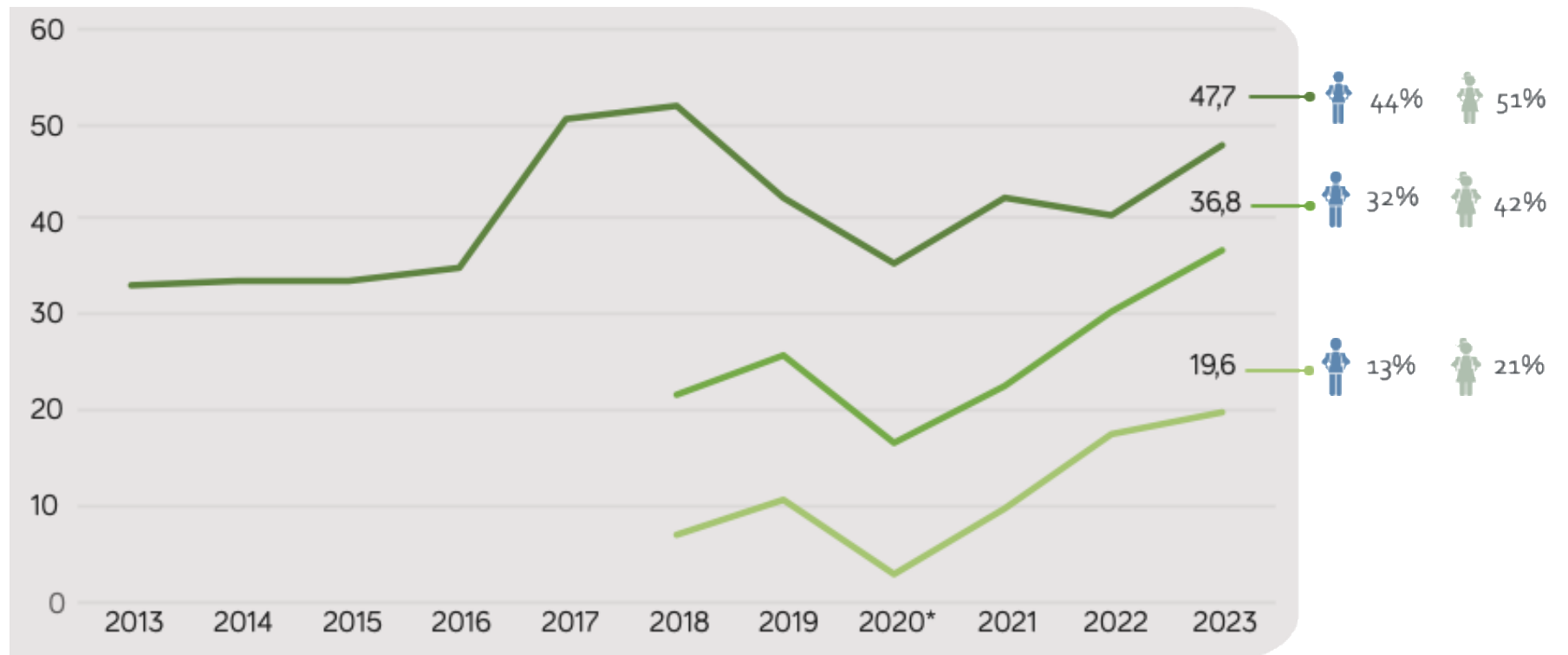


Maschi —  
Femmine —



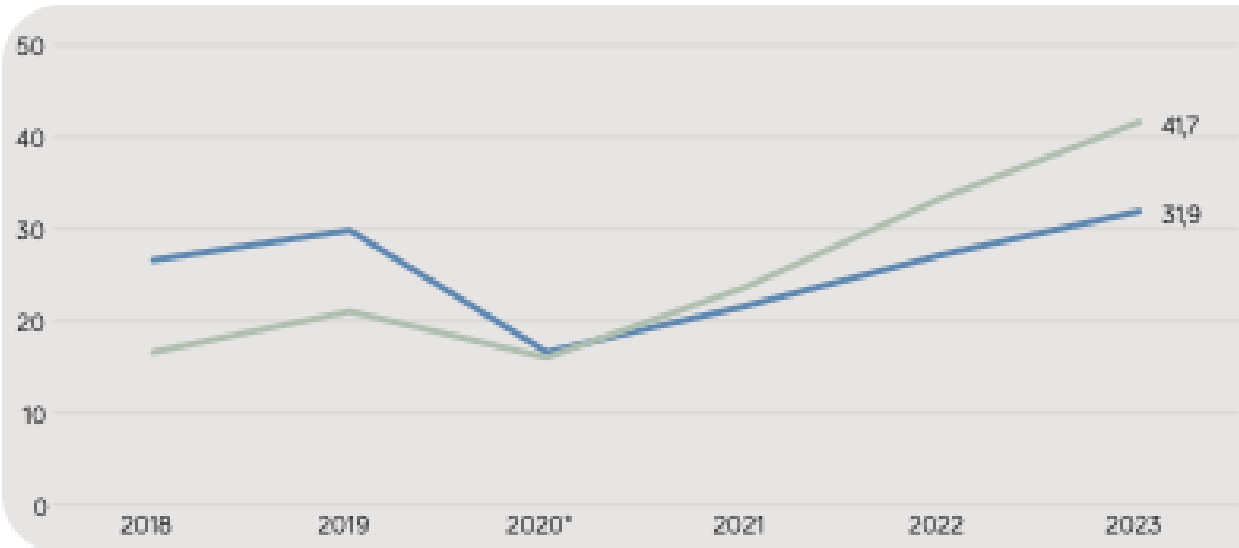
Maschi —  
Femmine —

# e-cig use



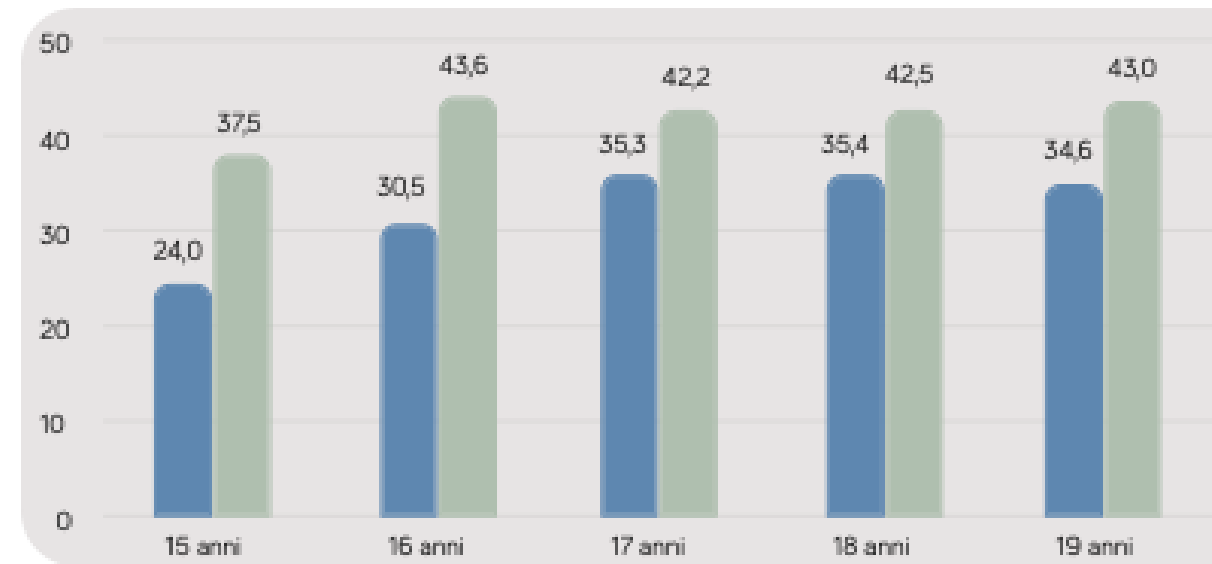
Consumo nella vita  
 Consumo nell'ultimo anno  
 Consumo negli ultimi trenta giorni

# e-cig Use



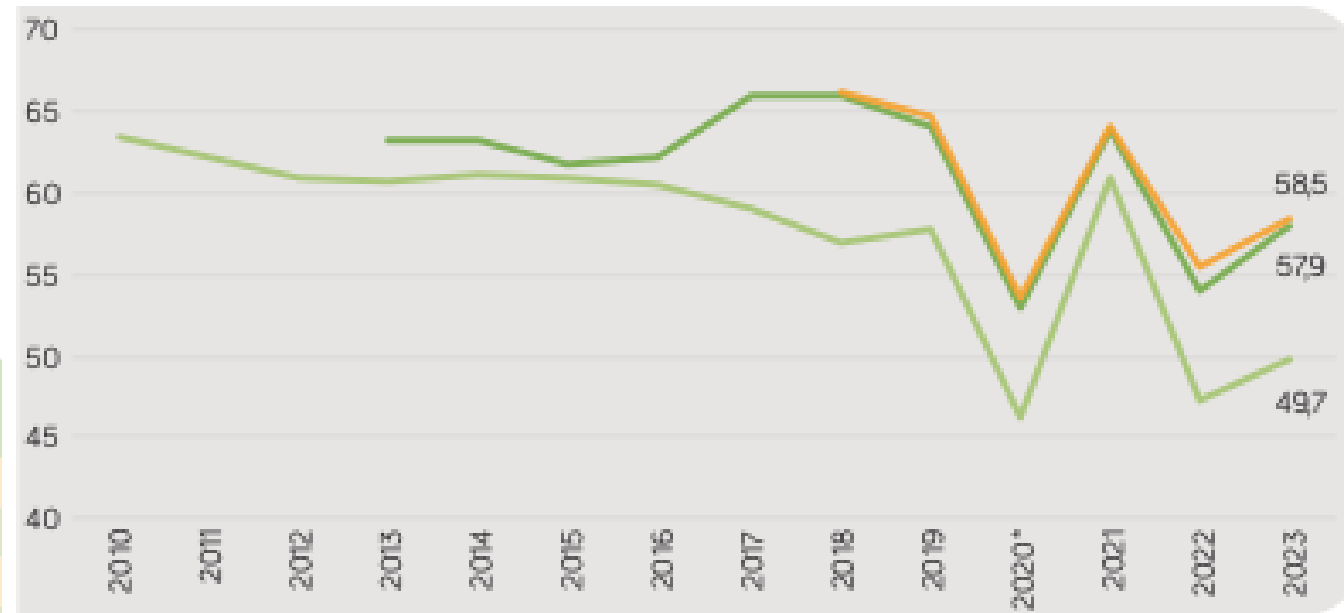
■ Maschi  
■ Femmine

Maschi —  
Femmine —



# Combined use of nicotine and tobacco products

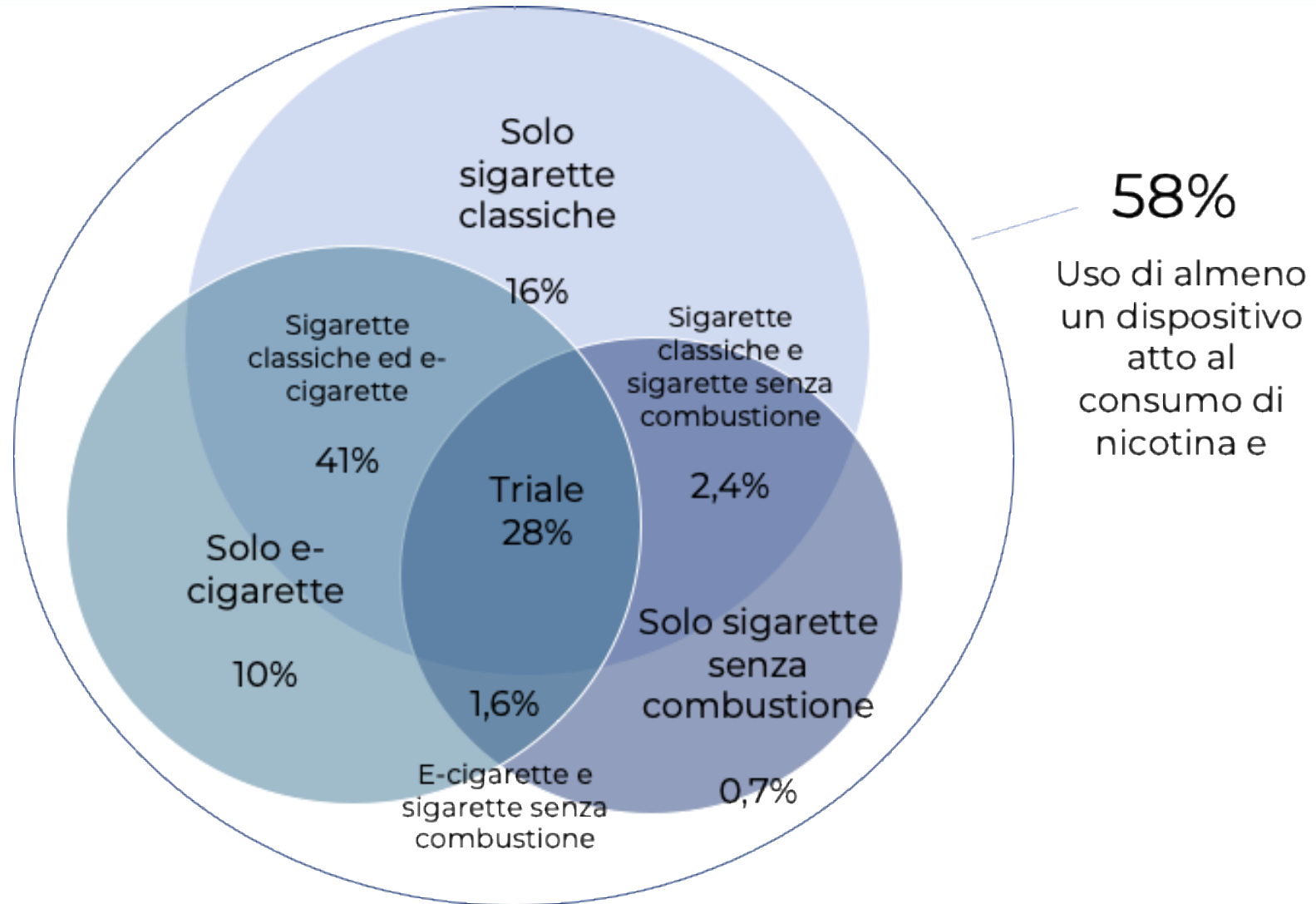
— Uso di sigarette classiche  
— Uso di sigarette classiche ed elettroniche  
— Uso di sigarette classiche, elettroniche e di altri dispositivi



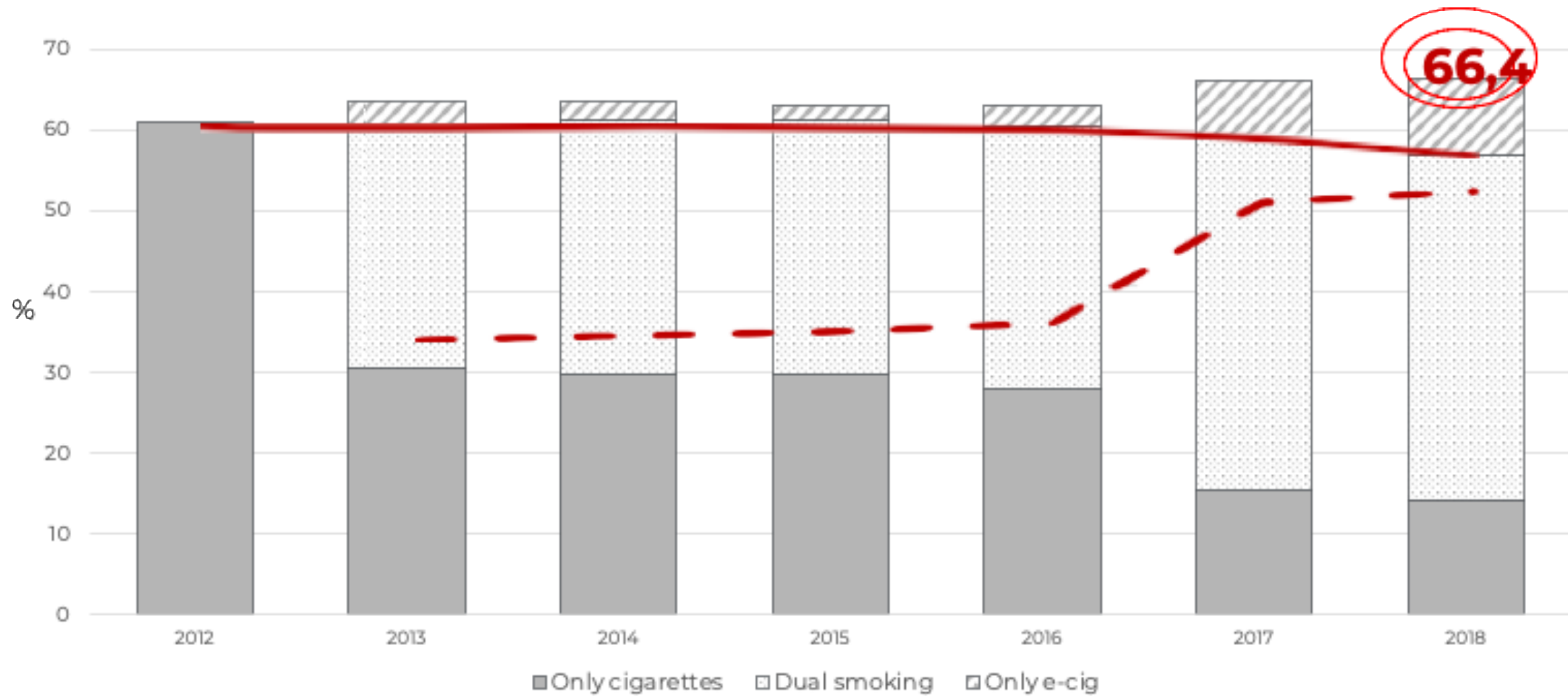
**Nota:** il 2013 è l'anno di prima rilevazione dell'uso di sigarette elettroniche e il 2018 dell'uso di sigarette senza combustione, pipa ad acqua e tabacco da snuffo/futo

	Uso di sigarette tradizionali ed elettroniche		Uso di qualsiasi combinazione di prodotti a base di nicotina	
	Nella vita	Nella vita	Nella vita	Nel mese
Maschi	53.9	54.9	54.9	35.8
Femmine	61.9	62.2	62.2	40.4
15-17enni	52.5	53.1	53.1	33.5
18-19enni	66.6	67.2	67.2	45.5
<b>Totale</b>	<b>57.9</b>	<b>58.5</b>	<b>58.5</b>	<b>38,1</b>

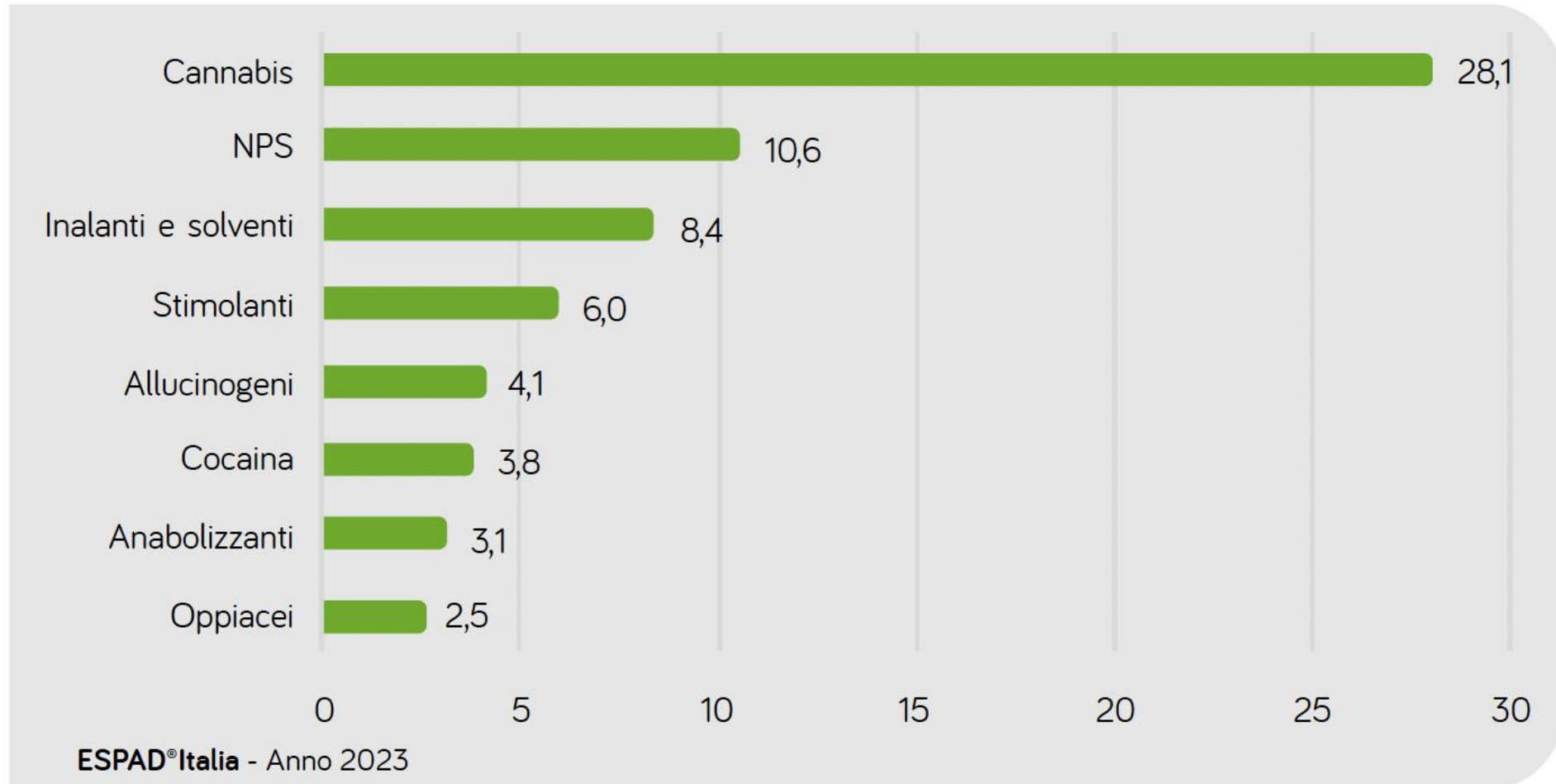
# Combined use of nicotine and tobacco products



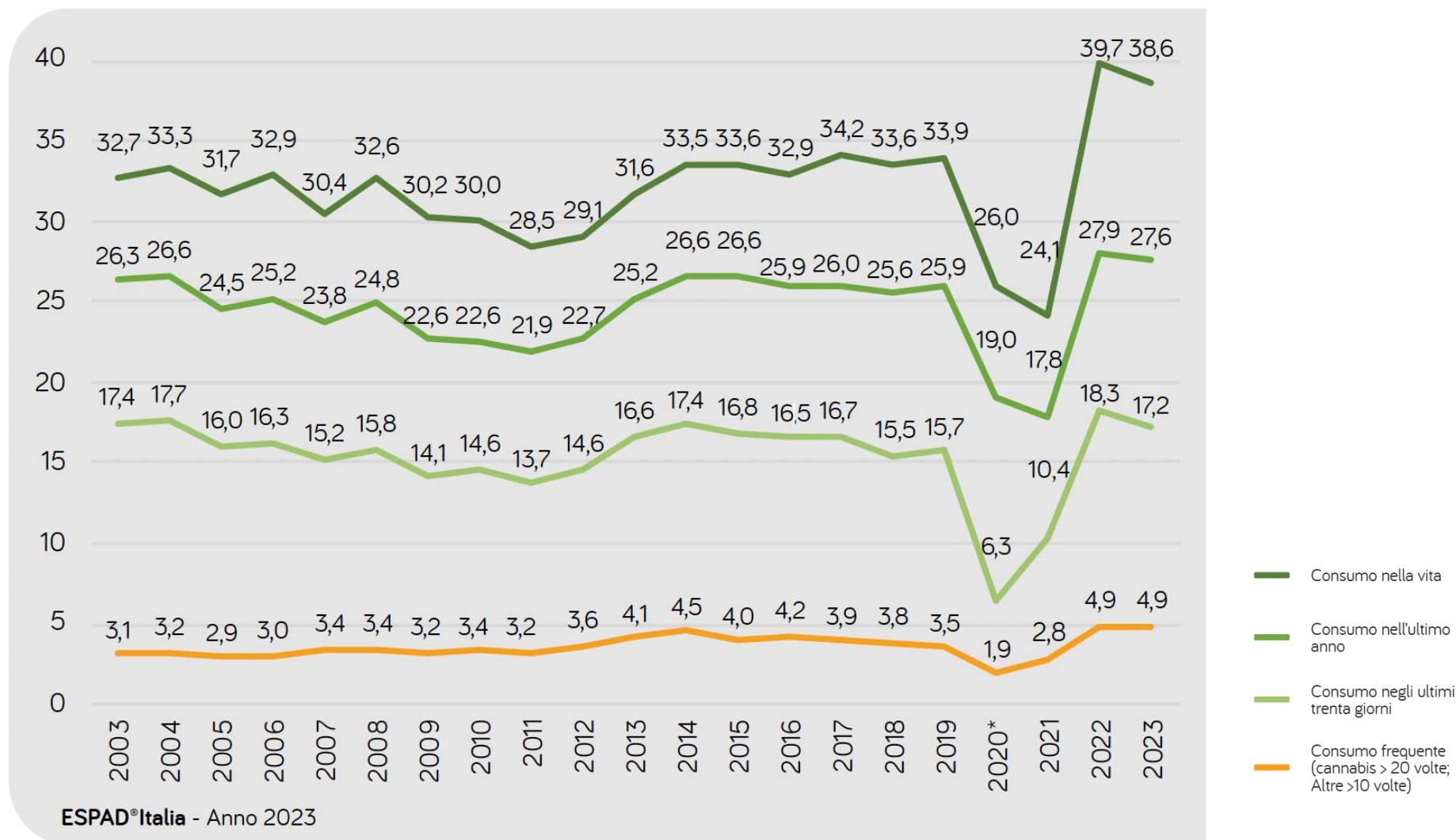
# Combined use of nicotine and tobacco products



# Drug use



# Drug use



ESPAD®Italia - Anno 2023



## Stimolanti



## Cannabinoidi



**Incensi: Spice/K2**  
"not for human consumption"

# NPS

## Deprimenti



## Allucinogeni

Psichedelici



N-Bome

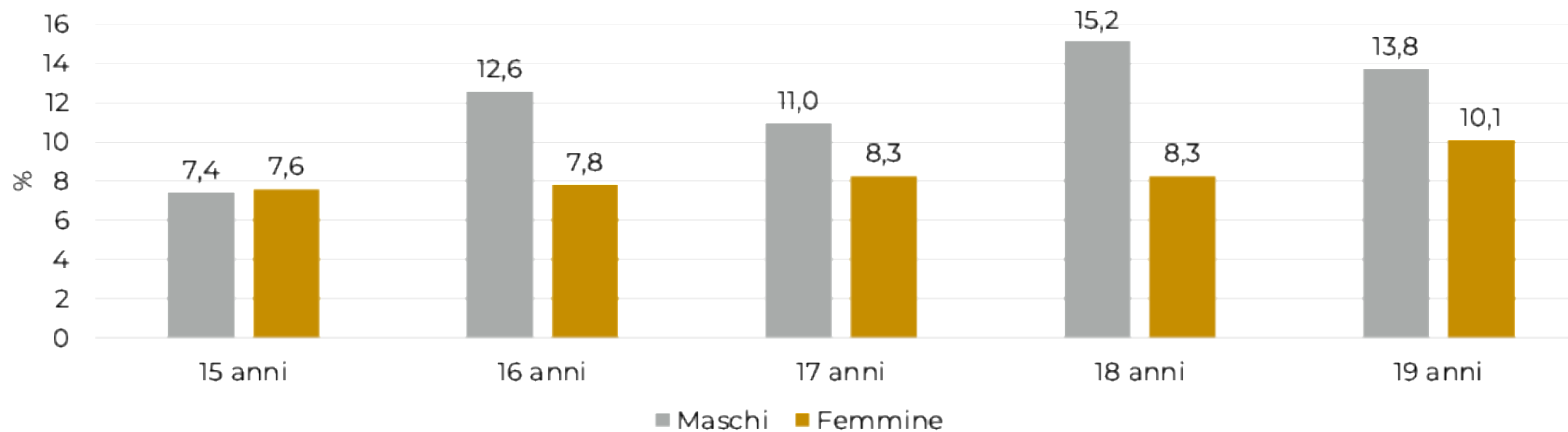
Dissociativi



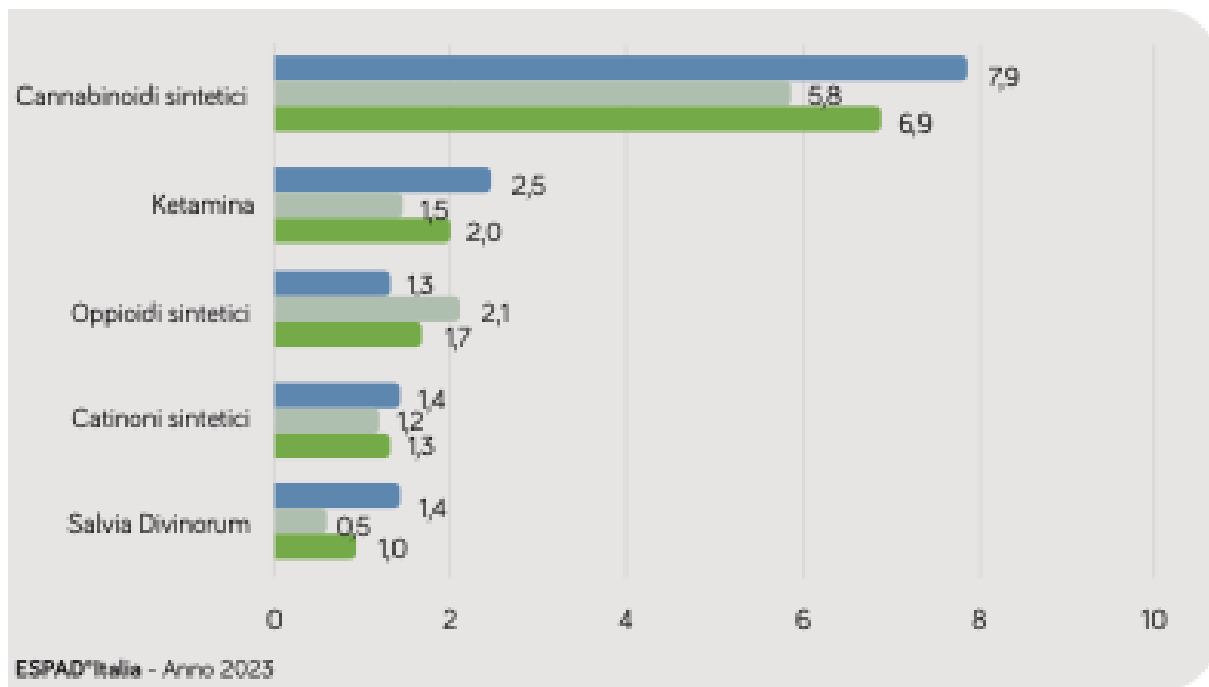
Ketamina

# NPS use

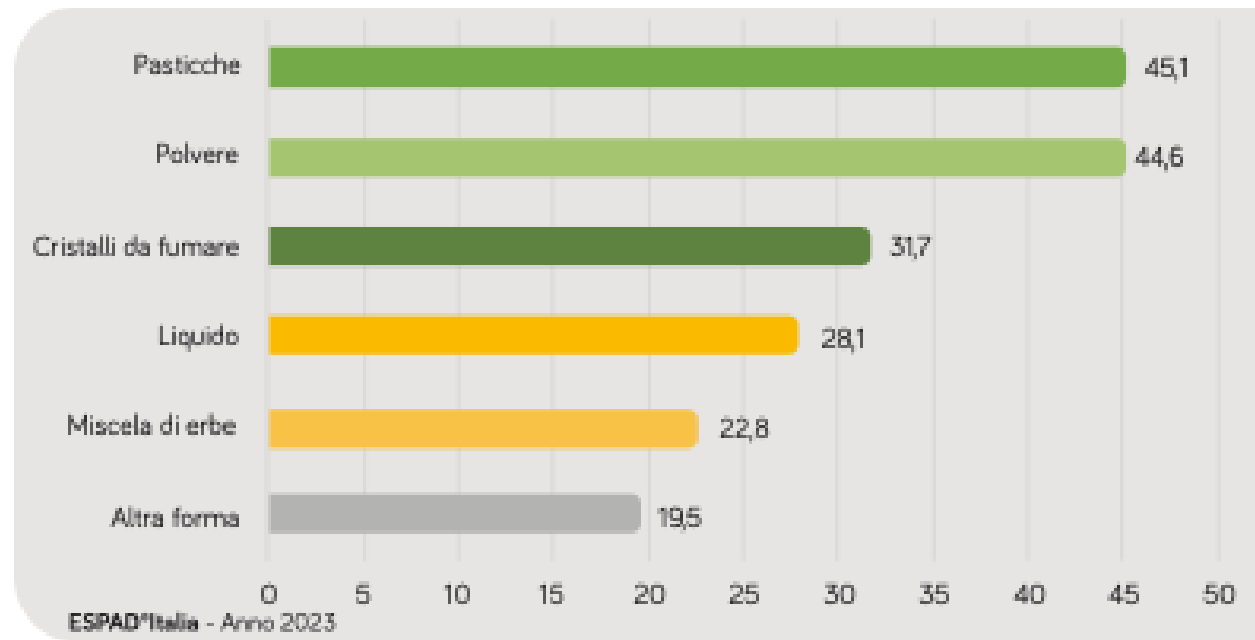
Il **10%** degli studenti ha assunto almeno una volta NPS



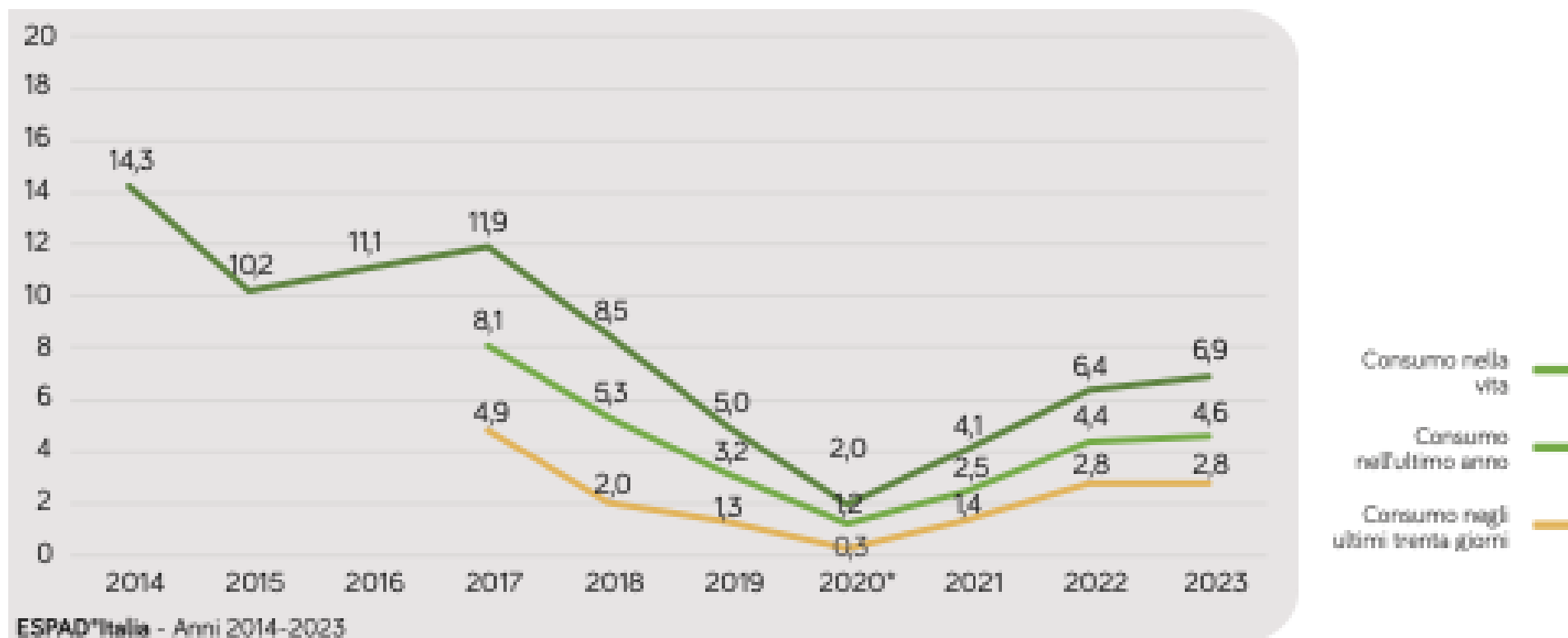
# NPS use



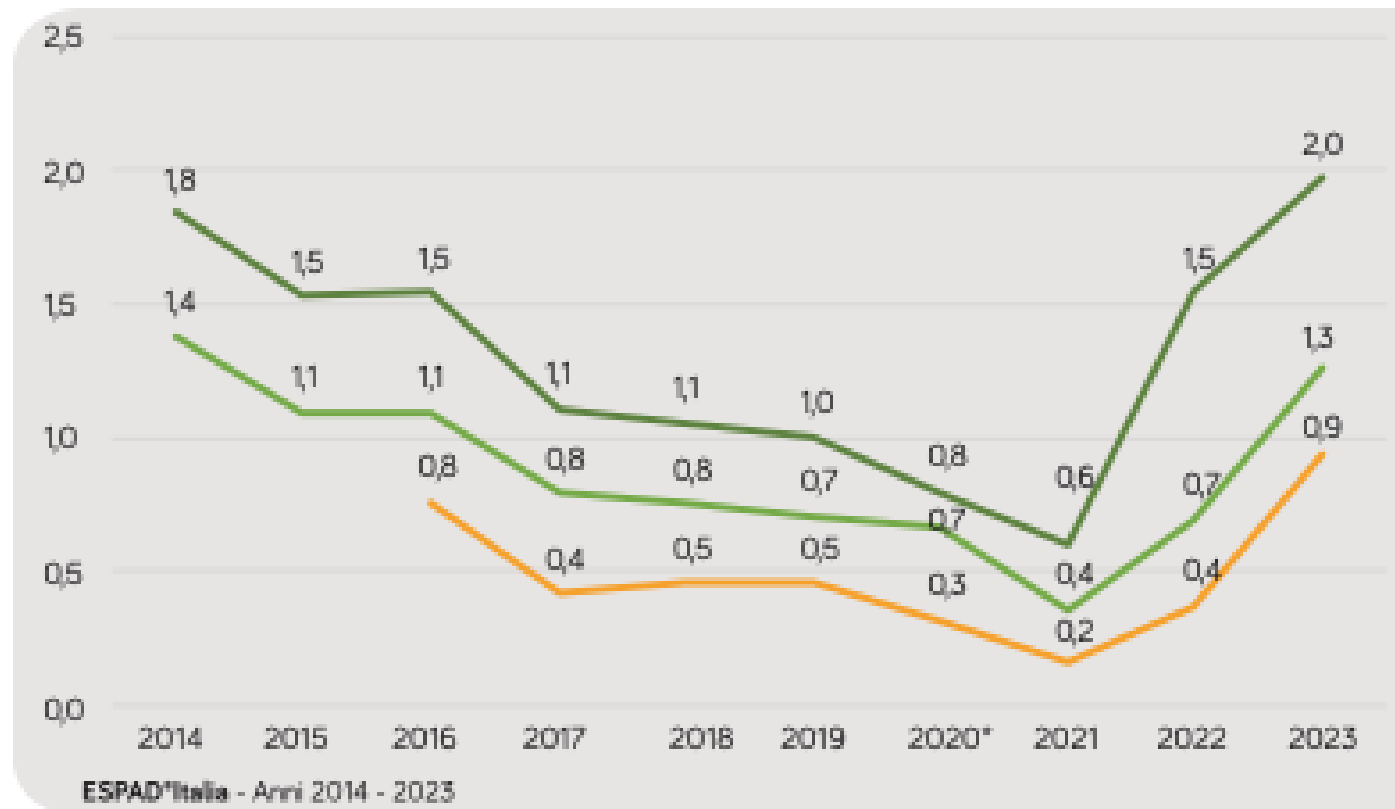
Maschi ■  
Femmine ■  
Totale ■



# Sintethic cannabinoids



# Ketamina use



Consumo nella vita  
 Consumo nell'ultimo anno  
 Consumo negli ultimi trenta giorni

# West Yorkshire gang admit selling drugs on the dark web

© 29 May 2018

f [social icons] Share

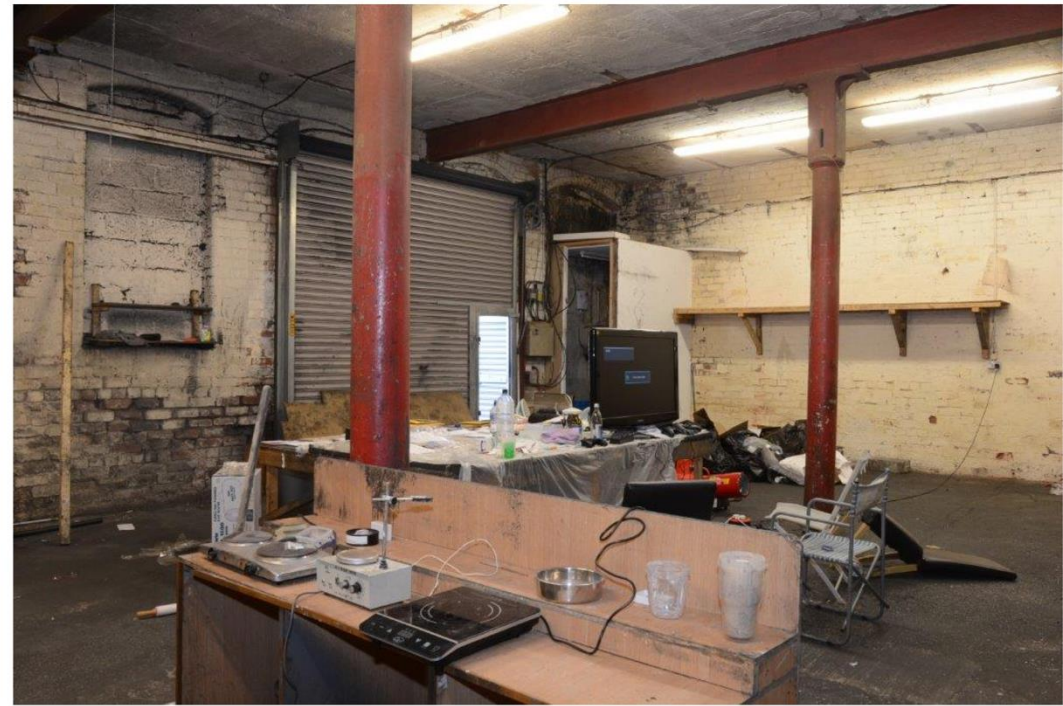


(L-R) Jake Levine, Mandy Lowther and Lee Childs

Three men have admitted selling potentially lethal drugs over the internet.

Jake Levene, 22, Lee Childs, 45, and Mandy Christopher Lowther, 21, all from West Yorkshire, supplied Fentanyl via a site on the dark web.

The National Crime Agency (NCA) said the painkiller is 100 times more potent than



## Lesson learned...

- AT EUROPEAN LEVEL MOST YOUNG PEOPLE DO NOT EXPERIENCE ANY DRUGS
- DRUG USE DOES NOT APPEAR TO CORRELATE DIRECTLY WITH THEIR PERCEIVED AVAILABILITY
- NEW PSYCHOACTIVE SUBSTANCES COMBINED WITH CLASSIC DRUGS BECOME VERY COMPLEX TO STUDY. NPS USE SHOULD NOT BE VIEWED IN ISOLATION
- USE OF PHARMACEUTICALS FOR NON-MEDICAL PURPOSES CONTINUES TO GROW IN EUROPE AND NEEDS TO BE MONITORED CAREFULLY



[data.espad.org](https://data.espad.org)

## Lesson learned...

- IN EUROPE THE GENDER GAP IS CONTINUING TO NARROW
- AFTER COVID 19 DRUG CONSUMPTION IS GROWING AGAIN AND THE GENDER GAP HAS CONTINUED TO DECREASE.  
(ITALIAN DATA )
- TO UNDERSTAND THE CHANGE IN THE NEW DIGITAL SOCIETY, IT IS NECESSARY TO STUDY THE COMPLEXITY INVOLVING BOTH CLASSIC DRUGS AND THE POSSIBLE MISUSE OF OTHER SUBSTANCES AS WELL AS OTHER DIGITAL BEHAVIOURS (GAMBLING; GAMING, INTERNET AND SOCIAL MEDIA ADDICTION) WHICH PRESENT RISK



[data.espad.org](https://data.espad.org)

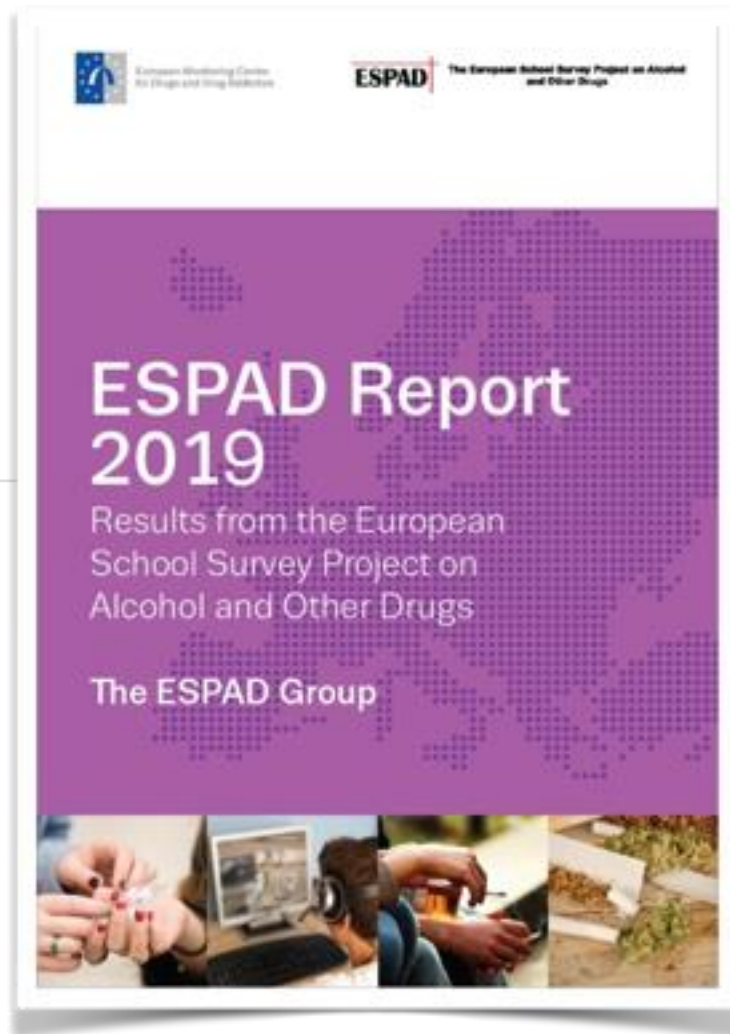


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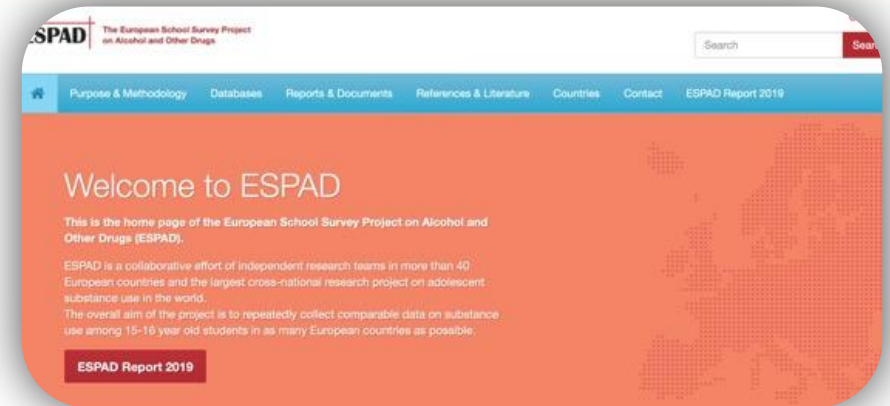
# Data Access

# ESPAD project / Data access and outreach

European  
report



Additional  
tables



[www.espad.org](http://www.espad.org)



[www.emcdda.europa.eu](http://www.emcdda.europa.eu)

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# AGENDA

**1** Introduction to MedSPAD

**2** Main evidence from MedSPAD

**3** The use of school surveys in prevention

**4** Conclusions

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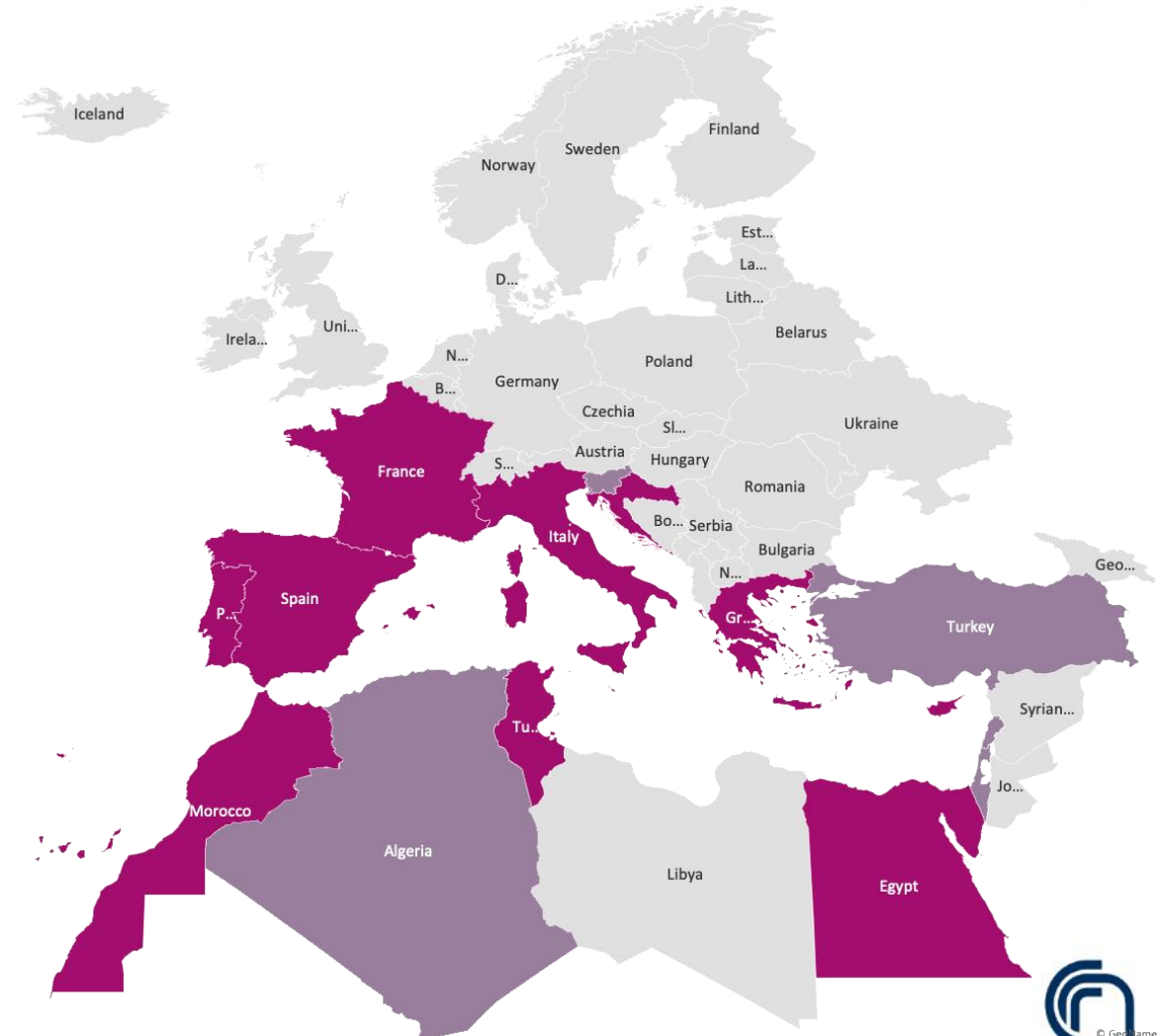
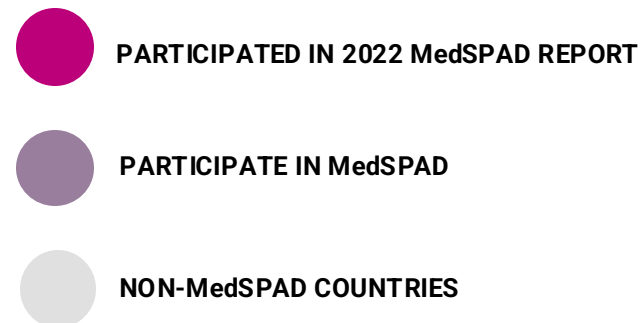
# 1

## INTRODUCTION TO MedSPAD





# Mediterranean school survey on Alcohol and other Drugs - MedSPAD

## Geographical coverage

- Launched in 2003
- Part of MedNET coordinated by the Pompidou Group Secretariat
- 17 countries from South and Nord Mediterranean
- Long-term objective of comparability with ESPAD
- Over 34,000 students in 2022
- Lybia, Jordan and Palestine on the way to join

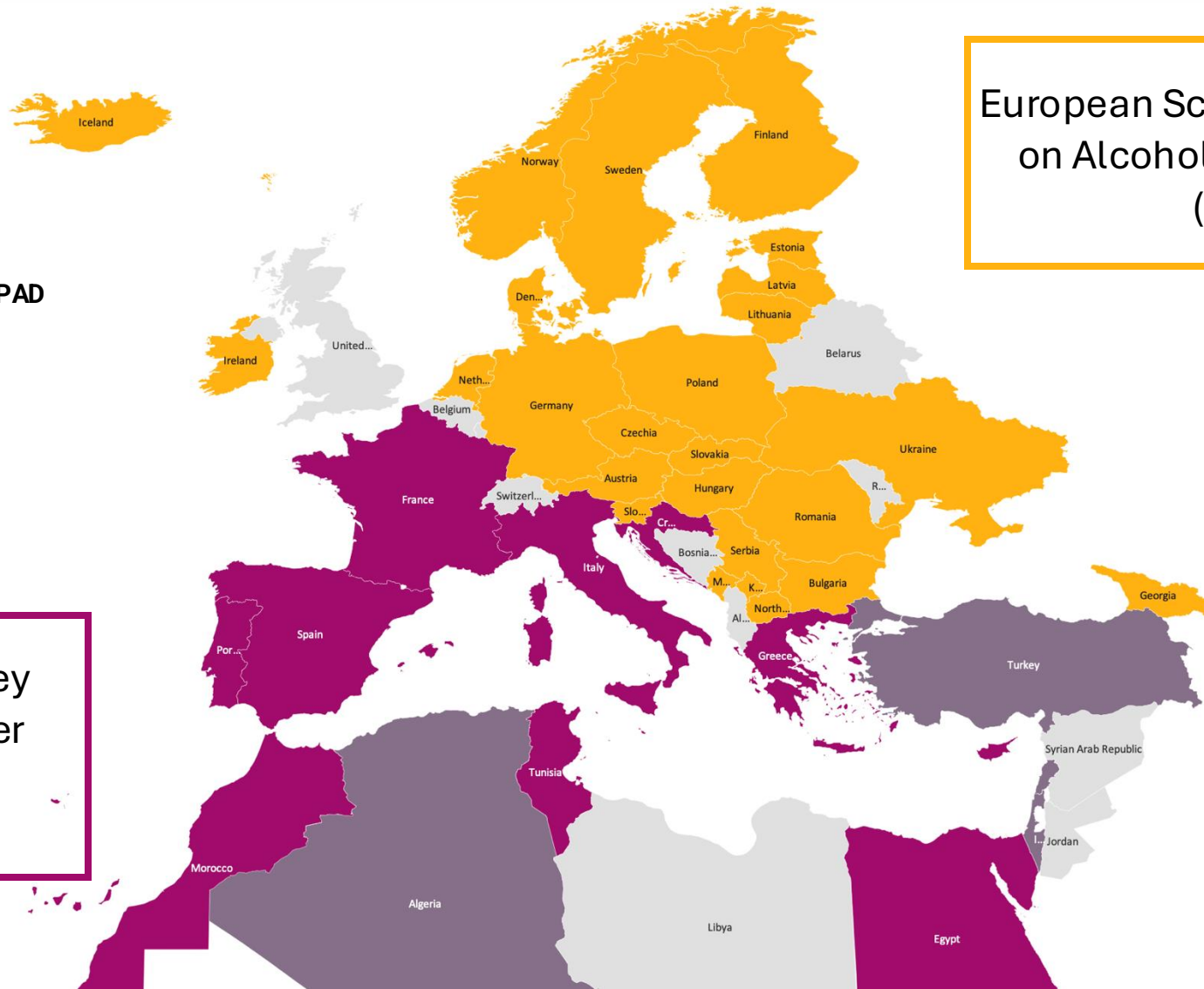


# ESPAD and MedSPAD: information potential

-  PARTICIPATE IN ESPAD
-  PARTICIPATE IN ESPAD and MedSPAD
-  PARTICIPATE IN MedSPAD
-  Not ESPAD or MedSPAD

European School Survey Project  
on Alcohol and Other Drugs  
(ESPAD)

Mediterranean School Survey  
Project on Alcohol and Other  
Drugs  
(MedSPAD)



# MAIN CHALLENGES: COMPARABILITY VS ADAPTATION

- Different **setting** requiring methodological adaptation
- Different **cultural environment** requiring departing from Western-centered approach
- **Stigma** on substance use and gambling: if it's forbidden surely kids won't do that!
- **Socio-political** instability and **economic disadvantage**
- **Transit countries** for illegal drug trafficking

# How has the MedSPAD Project evolved?

## Third Report (2019)

- Different Questionnaires
- Different survey
- Different languages
- Different methodologies
- Policy information incomplete or unavailable

## Fourth Report (2022)

- Questionnaire with common items (ESPAD - MedSPAD)
- Two Survey
- One single languages
- Closer methodologies
- Policy information about alcohol, tobacco, other drugs

## Fifth report (2024)

- Common questionnaire (MedSPAD)
- One survey
- One single working languages
- Common study methodology
- Common database
- Policy information about alcohol, tobacco, other drugs and gambling

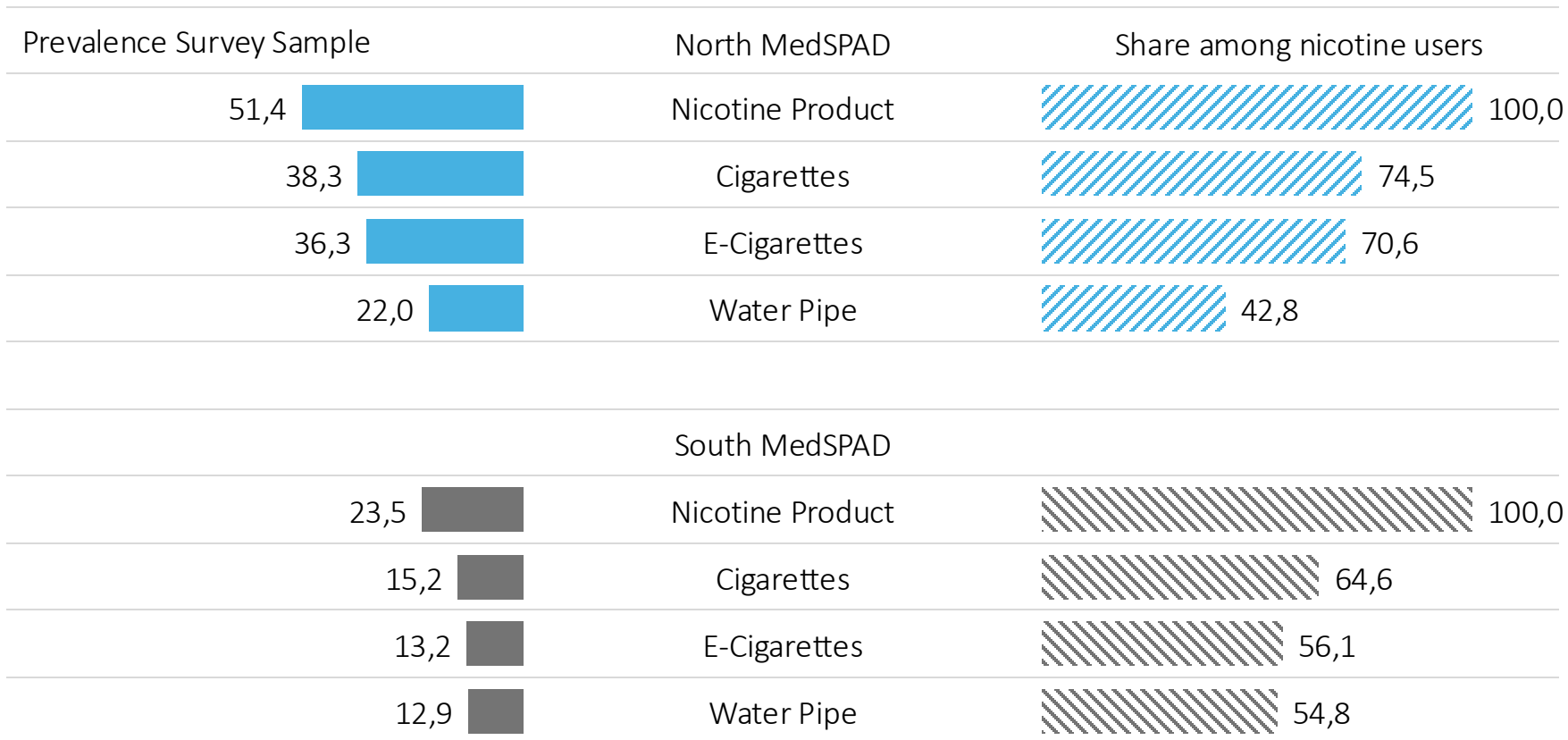


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# 2

## Main evidence from MedSPAD

# MedSPAD Results: Tobacco and nicotine-related products



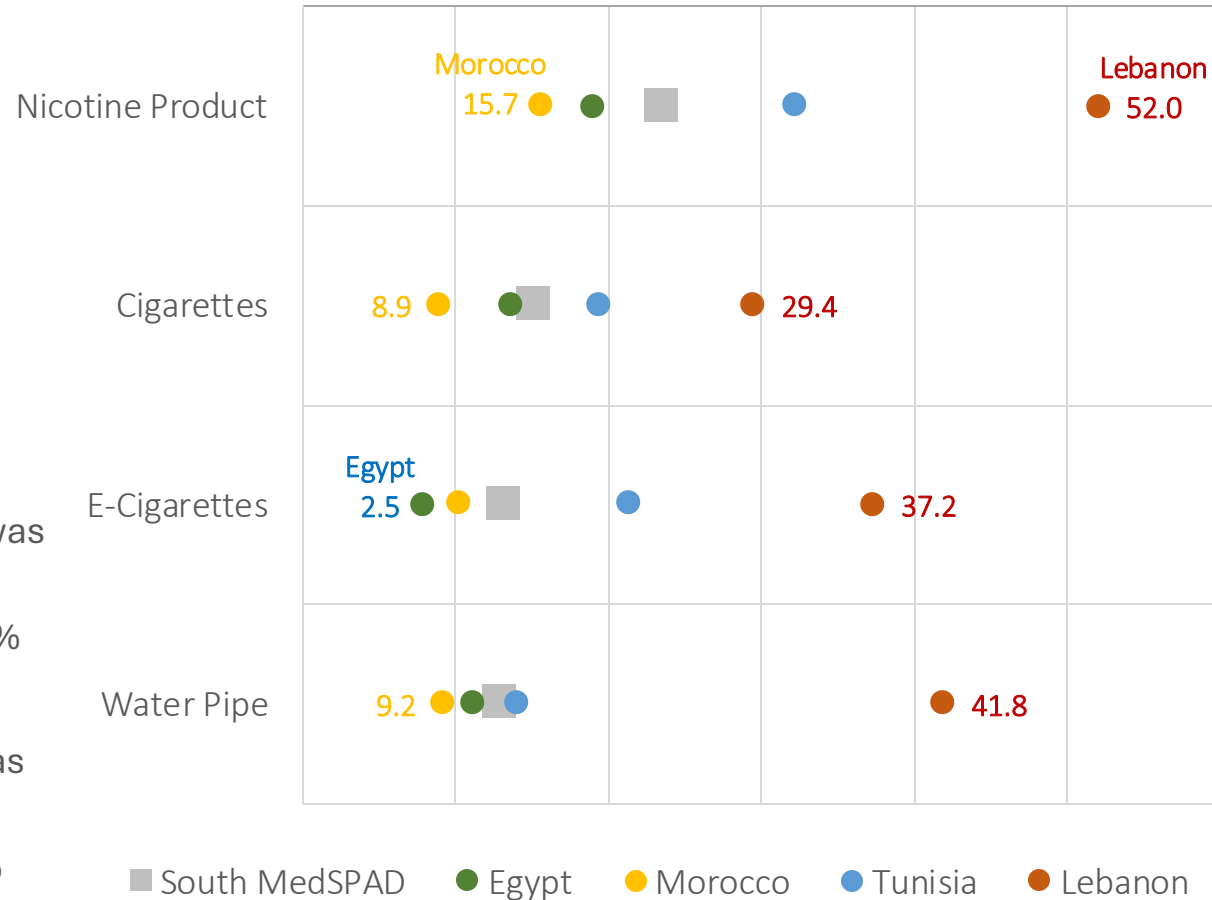
The North MedSPAD region shows **higher prevalence of cigarette and e-cigarette use**, and a marked difference with lower water-pipe use.

In the South MedSPAD region, use of these products is **lower and homogeneous**.

Among **boys** higher use of **e-cigarettes and water-pipe**

# MedSPAD Results: Tobacco and nicotine-related products

Prevalence Survey Sample (%) 0.0 10.0 20.0 30.0 40.0 50.0 60.0



Nicotine use is much **higher in Lebanon**, especially for **water-pipe use**.

20.8% of students have easy access to cigarettes, with the highest in **Lebanon (42.5%)** and lowest in **Egypt (15.1%)**.

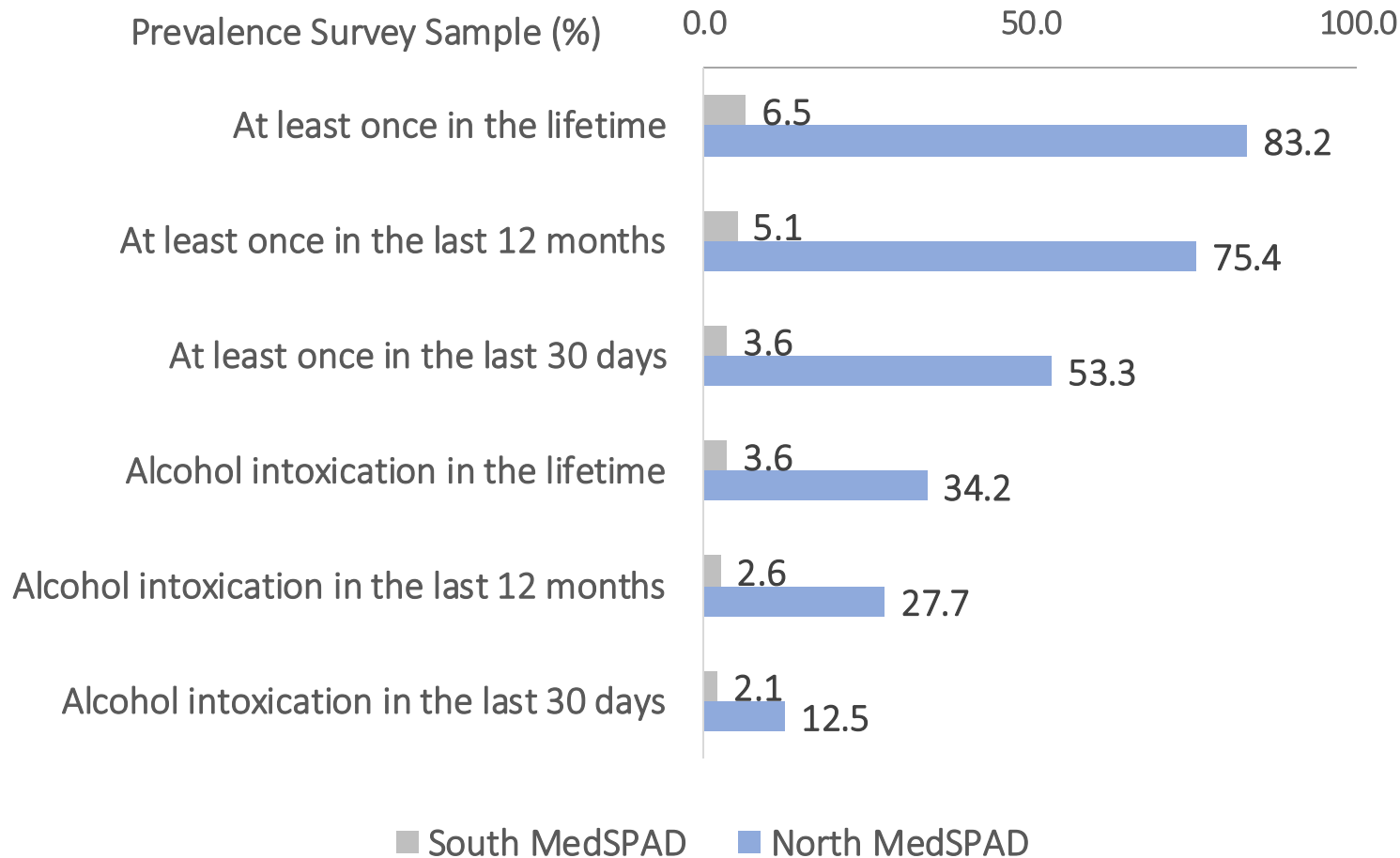
52.4% have at least one **family member** who smokes.

38.2% of students indicated having a **friend** who smokes

45.6% believe that **regular cigarette smoking is not risky**

- Lifetime **cigarette** use was reported by 15.2% of adolescents;
- Past-12-month use by 10.3%;
- Past-30-day use by 7.8%.
- Lifetime **e-cigarettes** use was reported by 13.2%
- Past-12-months use by 9.2%
- Past-30-day use by 6.4%
- Lifetime **water-pipe** use was reported by 12.9%
- Past-12-month use by 8.7%
- Past-30-day use by 6.5%

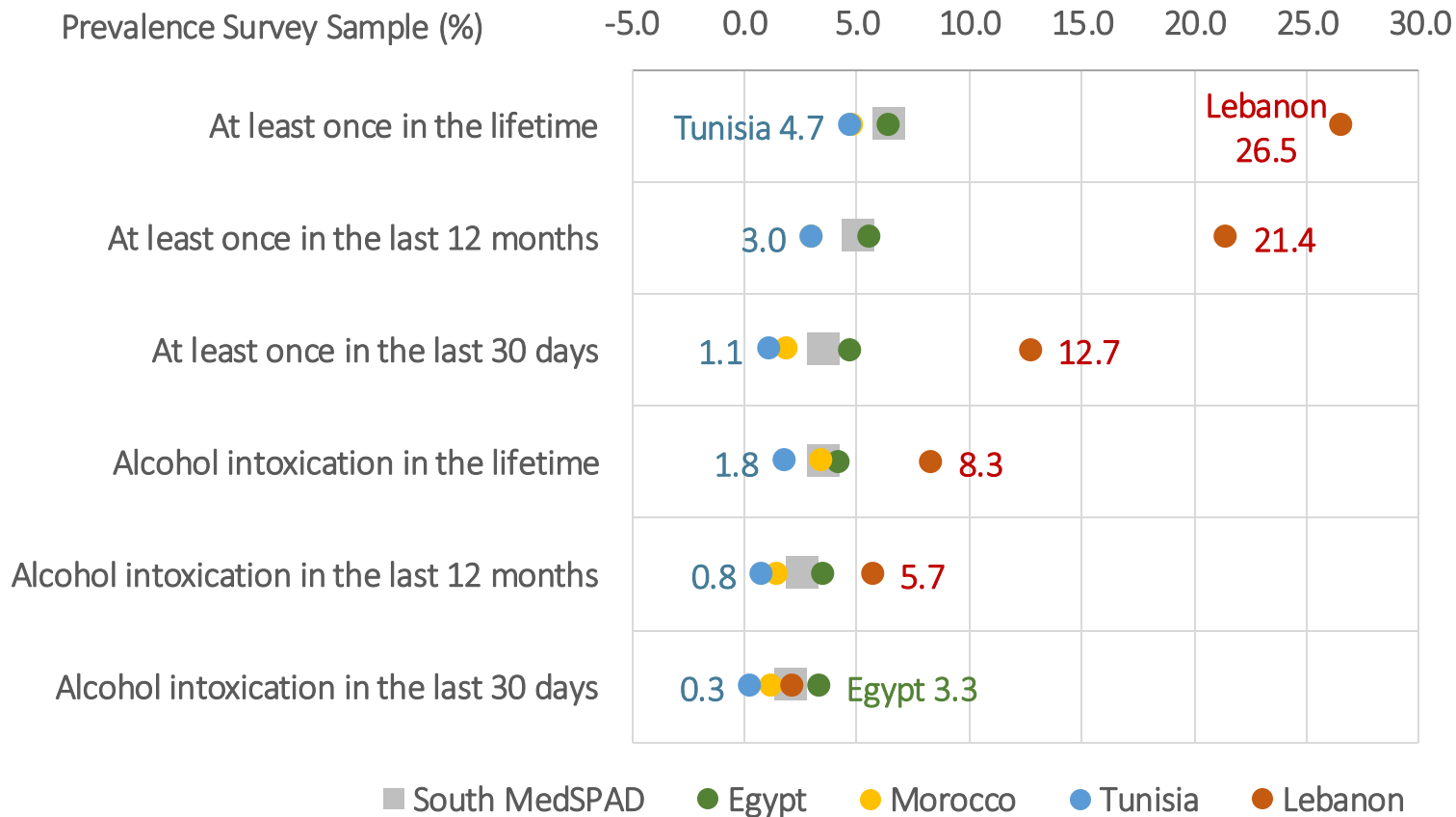
# MedSPAD Results: Alcohol



The prevalence of alcohol use in the South MedSPAD region is extremely lower than in the North MedSPAD region.

Furthermore, while in the North the behaviour is prevalent among girls and boys regardless of gender, in the **South region boys use alcohol more than girls.**

# MedSPAD Results: Alcohol



- Lifetime alcohol use was reported by 6.5% of 16-year-olds,
- past-12-month use by 5.1%,
- and past-30-day use by just 3,6%

**Lebanon** has the **highest rates** of alcohol use, while **Tunisia** shows the **lowest** prevalence across all measures of use.

3,6% of students have experienced **alcohol intoxication** at least once in their lifetime, and one in fifty in the past 30 days.

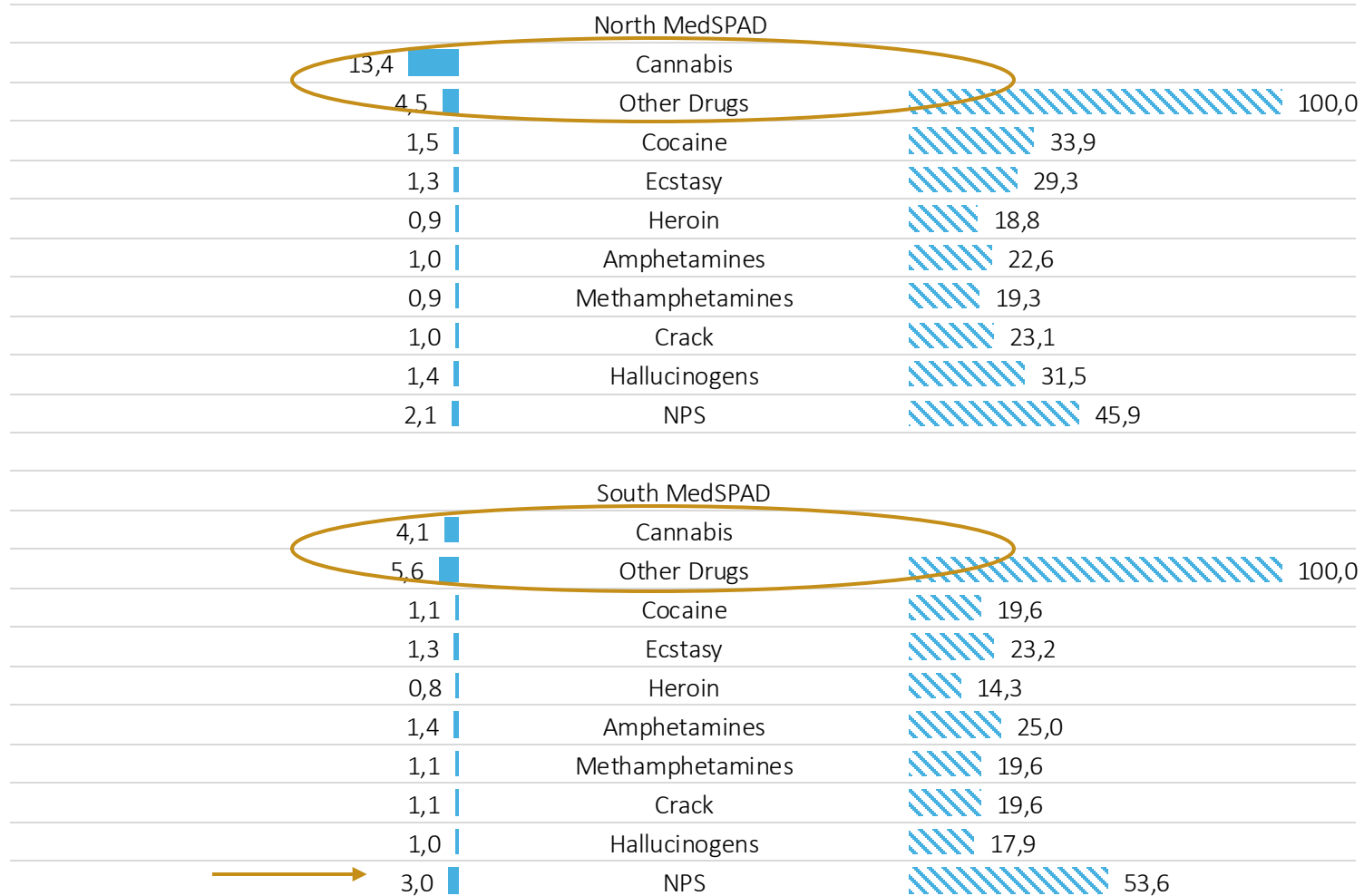
17.5% of 16-year-olds reported **easy access to alcoholic beverages**, with notable variations among countries, ranging from 45.6% in Lebanon to 10.1% in Egypt.

Half of MedSPAD students believed that **alcohol use—whether occasional, regular, or heavy episodic — is not risky**

# MedSPAD Results: Cannabis and Other drugs

Prevalence Survey Sample

Share among Other Drugs users



**Cannabis use** among adolescents in the South MedSPAD region is more than **three times lower** compared to the North MedSPAD area.

On average, **other drugs** show **higher prevalence** in South MedSPAD area than in Northern.

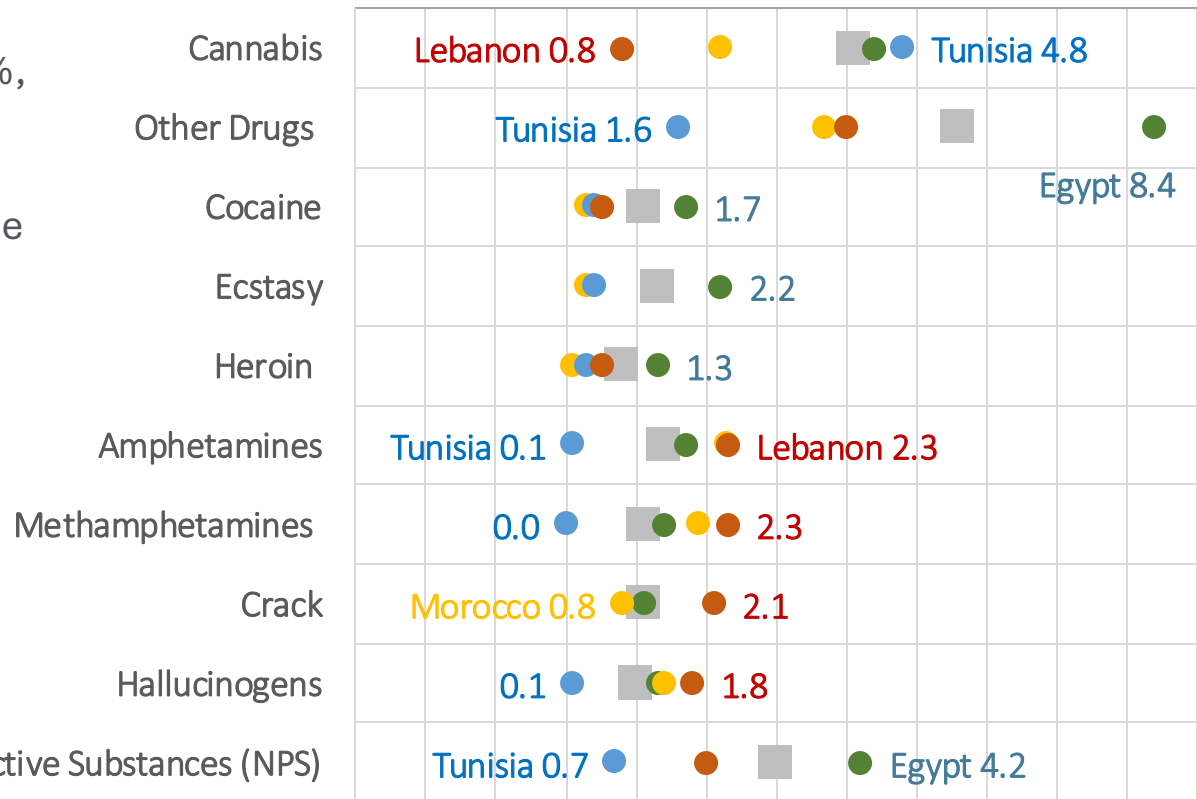
This, especially for **NPS use**

**1.0% of adolescents in the South MedSPAD region are at risk of cannabis-related problems (4% in North)**

# MedSPAD Results: Cannabis and Other drugs

Prevalence Survey Sample (%) -3.0 -1.0 1.0 3.0 5.0 7.0 9.0

- **Cannabis**
- lifetime prevalence of 4.7%,
- past-year prevalence of 4.1%,
- and past-month prevalence of 2.8%.
- **Other drugs**
- 5.6% of adolescents used at least one illicit substance other than cannabis in the past year (7.2% of males versus 3.2% of females)



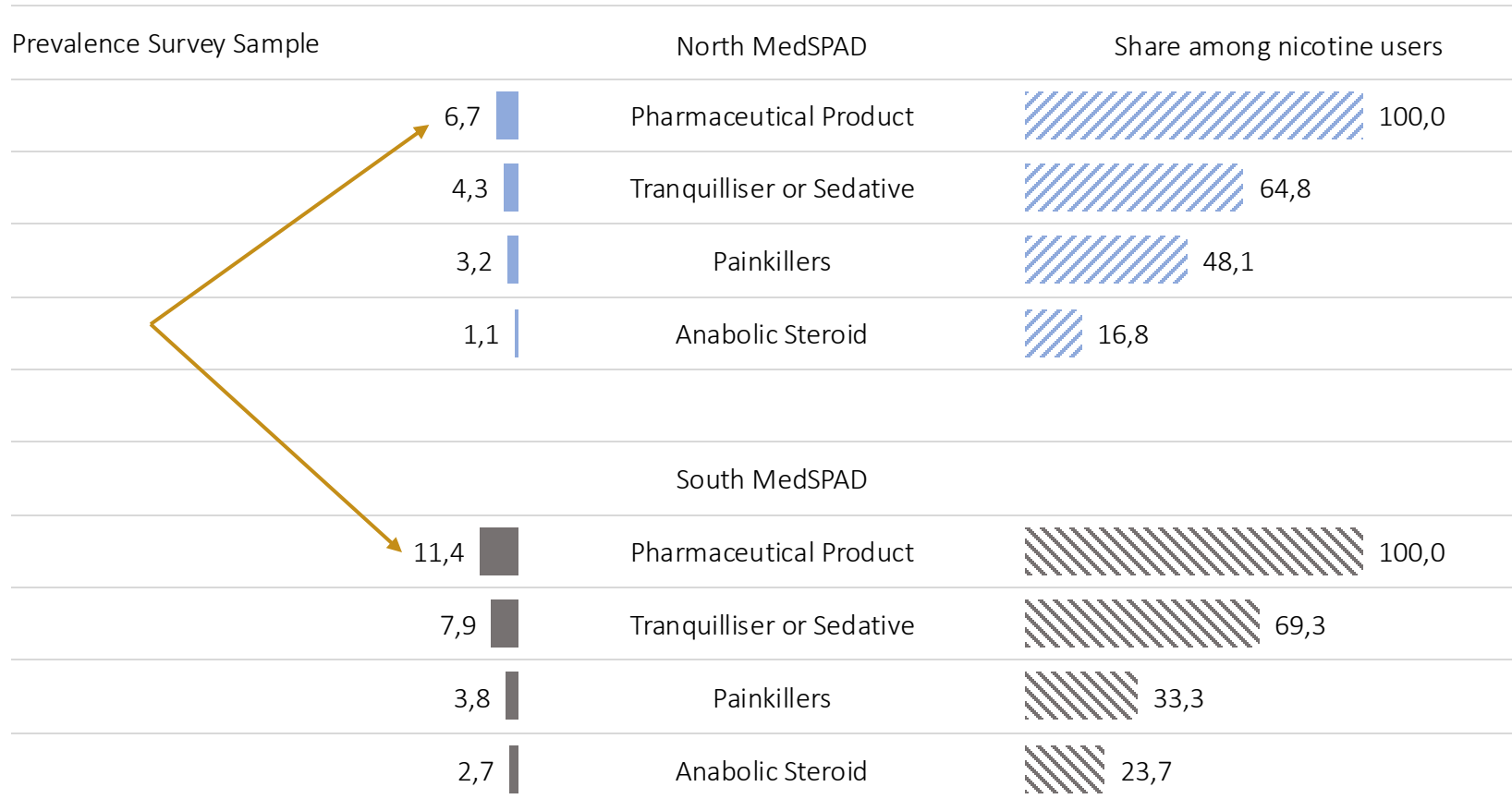
■ South MedSPAD ● Egypt ● Morocco ● Tunisia ● Lebanon

Boys consistently report higher **cannabis use** than girls across all timeframes.

**Tunisia** has the highest prevalence of lifetime cannabis use, **Egypt** has the highest prevalence of current use, with significant gender disparities (boys higher than females) **Lebanon** reports the lowest rates of cannabis use overall

The **highest** prevalence of other drug use in the past year was found in **Egypt**, with New Psychoactive Substances (NPS) being the most reported (4.2%).

# MedSPAD Results: Pharmaceuticals without medical prescription



Pharmaceutical products are **more used by students of South MedSPAD region than Northern area.**

While gender differences are the same between North and South with girls using more painkillers and boys using more anabolic steroids, there are **no gender differences in the South as opposed to the North** with respect to the use of **tranquilisers and sedatives.**



# MedSPAD Results: Pharmaceuticals without medical prescription

## Tranquillisers and sedative

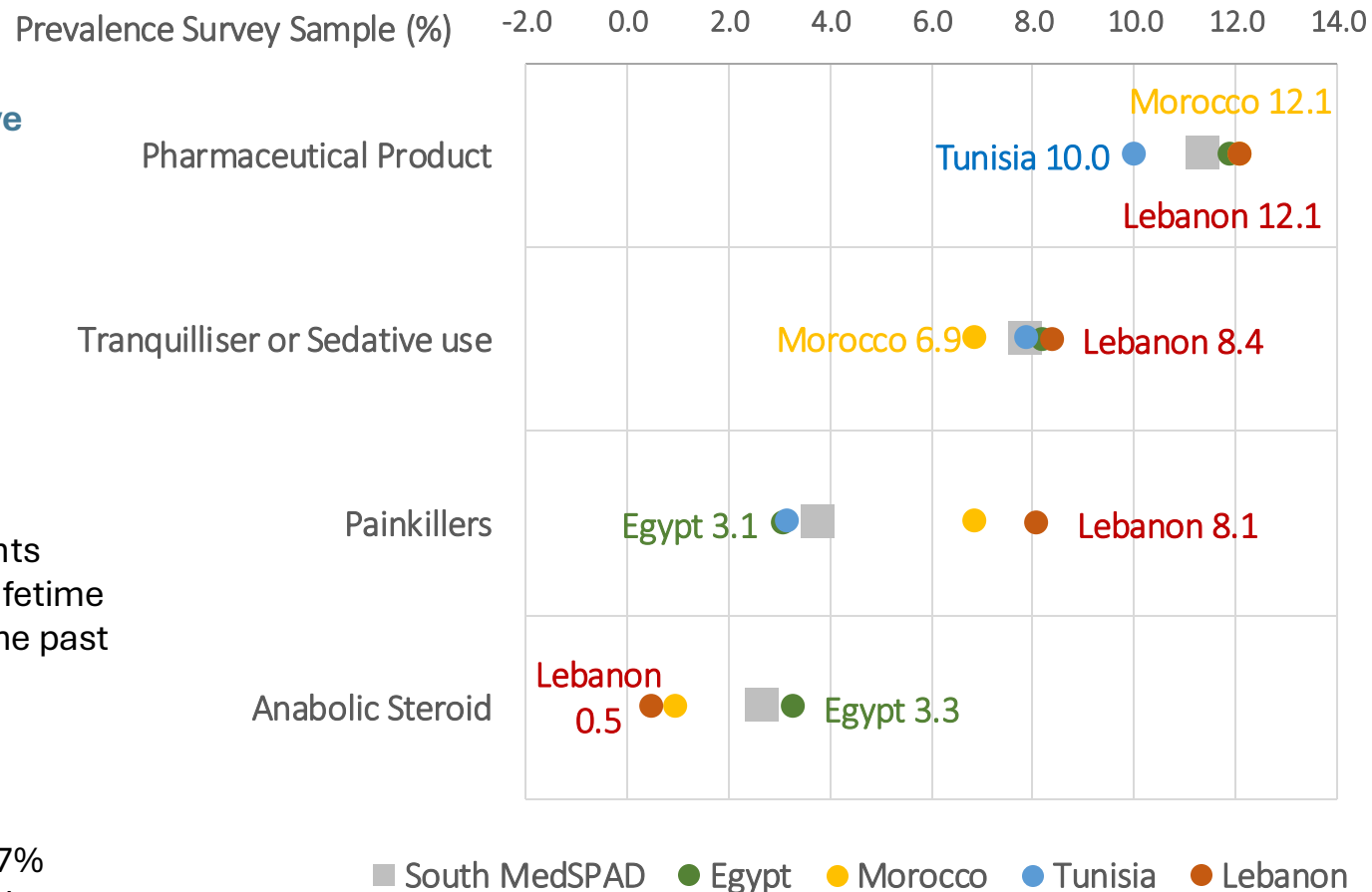
- Lifetime prevalence is 7.9%,
- 6.2% in the past 12 months,
- and 5.1% in the last 30 days:

## Painkillers

- 3.8% of MedSPAD students used painkillers in their lifetime
- and 2.8% used them in the past 12 months

## Anabolic steroid use

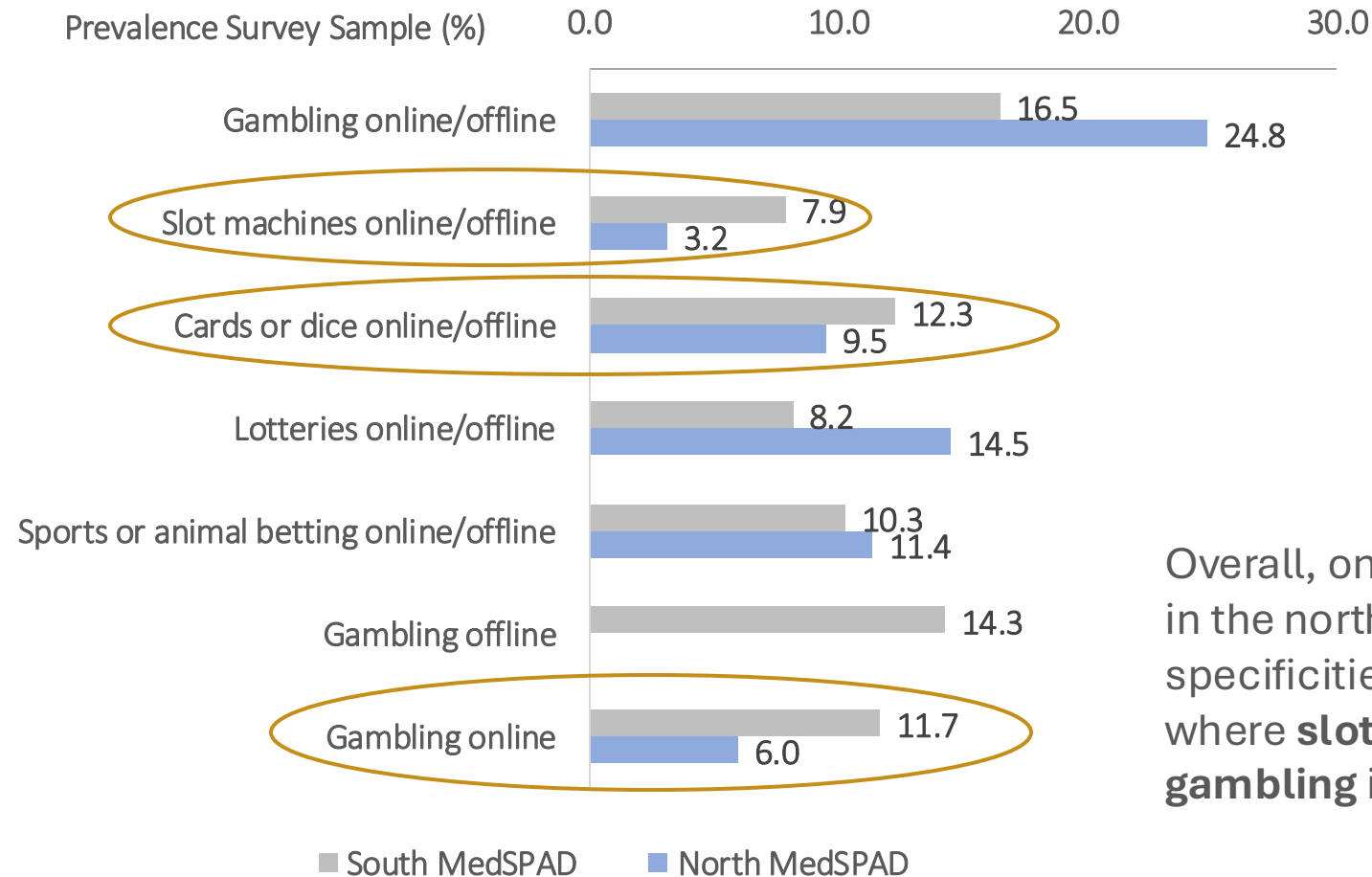
- Lifetime prevalence is 2.7%
- the prevalence of use in the past 12 months is 2.6%.



The **highest** prevalence was reported in **Egypt** concerning tranquillisers and anabolic steroids for almost all measures, while for painkillers highest prevalence was reported from **Lebanon**.

The lowest prevalence was registered **Morocco** for **tranquillisers and sedatives use**, in **Egypt** and **Tunisia** for **painkillers** use, and **Lebanon** for **anabolic steroids** use.

# MedSPAD Results: Gambling



**Gambling is not only forbidden for minors but for all citizens!**

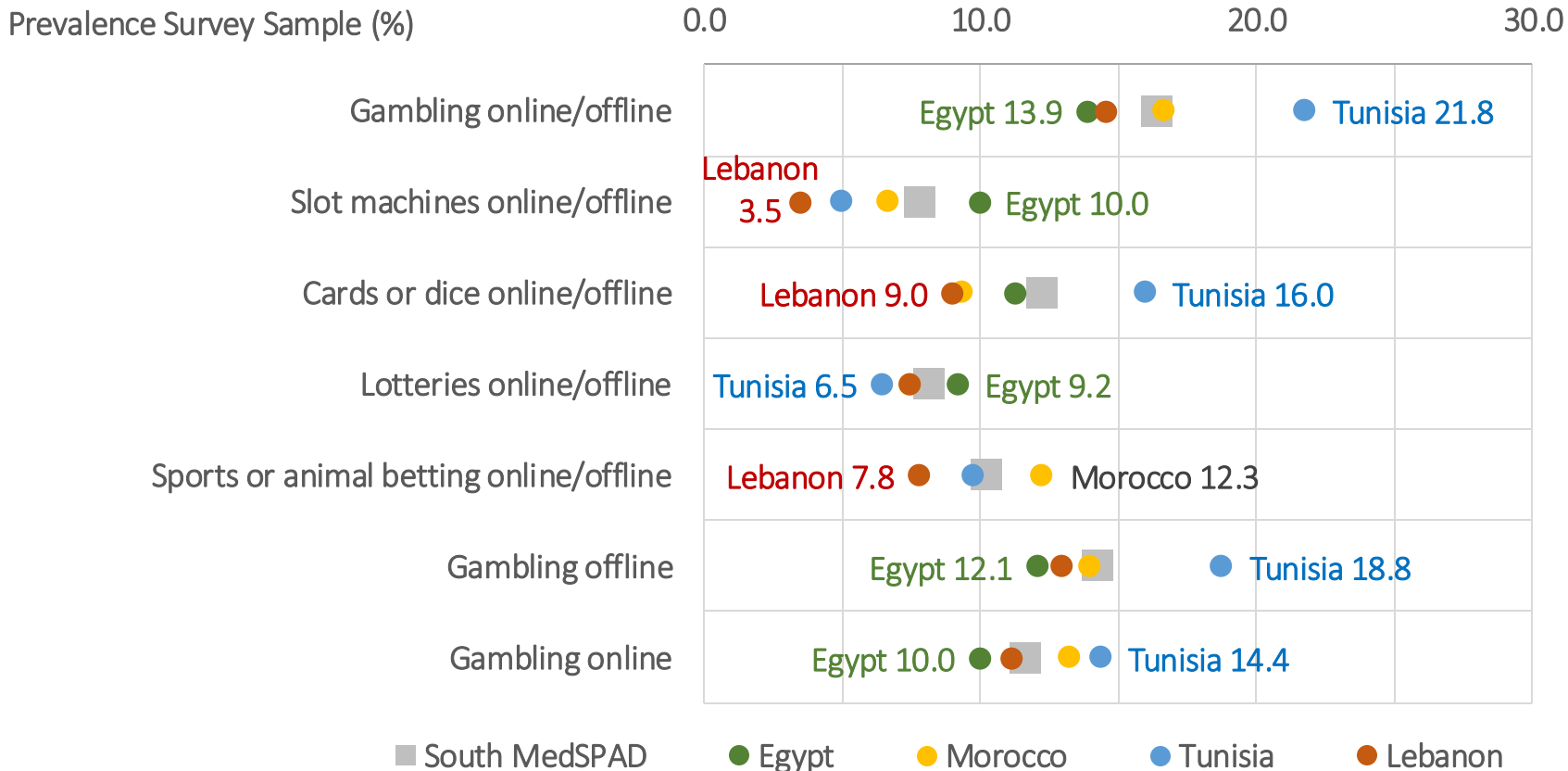
Overall, online/offline gambling is more prevalent in the northern MedSPAD region, with some specificities compared to the **southern region** where **slot machines, cards or dice and online gambling** in general seem to be more widespread.

# MedSPAD Results: Gambling

16.5% of MedSPAD students reported engaging in gambling activities at least once in the past year. Males reported to have gamble more than females.

1.6% of students fall into the at-risk gambling profile, while **3.2% exhibit a problematic gambling behaviour.** Boys are more likely than girls to display both at-risk and problem gambling profiles, with gender disparities particularly pronounced in Morocco and Tunisia.

**Estimated problem gambling in Europe is 5.0%.**



# MedSPAD risk and protective factors

	Cigarettes	E-Cigarette s	Water	Alcohol	Cannabis	Other Drugs	Tranquilize rs	Painkiller	Anabolic	Gambling	Social	Gaming
Student characteristics	Frequency of Statistically											
Gender												
Male	3	3	3	3	3	3	3	2	2	4	2	4
Leisure Activities												
Sport Actively	0	2	0	0	1	0	1	0	1	1	2	3
Read book for enjoyment	1	2	1	0	1	0	0	0	1	0	1	1
Go out in the evening	3	4	4	3	3	3	2	1	2	2	1	1
Other Hobbies	1	2	0	0	0	0	1	1	1	0	2	1
Meet up with friends	4	3	4	3	1	1	1	0	1	2	2	3
Internet for fun	0	2	0	1	1	2	0	0	2	1	4	2
Watch Television	1	2	1	1	2	2	2	0	1	1	2	2
School												
Missed school for 5 or more days in the last	3	2	3	3	2	1	3	2	3	2	4	2
School performance below the average	1	3	3	1	0	0	1	1	2	1	0	3
Family and Friends												
Live with less than 2 family members	1	1	1	1	1	1	3	1	2	1	3	2
Relationship with parents unsatisfied	4	3	4	3	3	3	3	3	3	1	1	2
Relationship with friends unsatisfied	2	2	1	2	1	1	4	0	2	2	0	0
Father education level higher	2	3	1	2	1	2	1	1	2	2	3	3
Mother education level higher	3	2	1	3	1	1	1	2	2	2	4	2
Father job fulltime / parttime	0	0	0	0	1	1	0	0	1	1	1	2
Mother job fulltime / parttime	2	3	2	3	1	1	0	2	1	0	2	0
Family wellbeing better than other families	0	2	0	0	1	1	0	0	1	0	2	1
Proximity and availability												
Perceived easy availability	4	4	4	4	3	NA	4	4	3	NA	NA	NA
Use among family members	4	4	4	4	3	4	4	NA	NA	NA	NA	NA
Use among friends	4	4	4	4	3	4	4	NA	NA	NA	NA	NA
Risk perception												
Low risk or don't know for occasional use	3	4	4	4	3	2	4	NA	NA	NA	NA	NA
Low risk or don't know for regular use	4	4	4	4	2	NA	4	NA	NA	NA	NA	NA

Note: numbers represent n. of countries where the specific factor is significantly associated with risk behaviour.

# MedSPAD risk and protective factors

While the **risk factors** appear to be **transversal** and those with the greatest impact are factors relating to the school environment (missing school and low performance), dissatisfaction in relationships, friendship or family, and high availability and low risk perception, the **protective factors** appear to be more **country- and substance/behaviour-specific**.

	Cigarettes	E-Cigarettes	Water Pipe	Alcohol	Cannabis	Other Drugs	Tranquilizers	Painkiller	Anabolic Steroid	Gambling	Social Media	Gaming
	OR <sup>P</sup>	OR <sup>P</sup>	OR <sup>P</sup>	OR <sup>P</sup>	OR <sup>P</sup>	OR <sup>P</sup>	OR <sup>P</sup>	OR <sup>P</sup>	OR <sup>P</sup>	OR <sup>P</sup>	OR <sup>P</sup>	OR <sup>P</sup>
<b>Student characteristics</b>												
<b>Gender</b>												
Male	3,3 <sup>***</sup>	2,6 <sup>***</sup>	3,9 <sup>***</sup>	2,2 <sup>***</sup>	4,1 <sup>***</sup>	2,3 <sup>***</sup>	1,2 <sup>*</sup>	0,8 <sup>ns</sup>	2,8 <sup>***</sup>	1,6 <sup>***</sup>	0,8 <sup>***</sup>	2,5 <sup>***</sup>
<b>Leisure Activities</b>												
Sport Actively	1,1 <sup>ns</sup>	1,6 <sup>***</sup>	1,2 <sup>ns</sup>	1,1 <sup>ns</sup>	0,9 <sup>ns</sup>	0,7 <sup>***</sup>	0,7 <sup>***</sup>	0,9 <sup>ns</sup>	1,0 <sup>ns</sup>	1,2 <sup>***</sup>	2,1 <sup>***</sup>	1,7 <sup>***</sup>
Read book for enjoyment	0,7 <sup>***</sup>	0,6 <sup>***</sup>	0,7 <sup>***</sup>	0,9 <sup>ns</sup>	0,5 <sup>***</sup>	1,0 <sup>ns</sup>	0,9 <sup>ns</sup>	1,0 <sup>ns</sup>	0,9 <sup>ns</sup>	0,9 <sup>ns</sup>	1,0 <sup>ns</sup>	0,9 <sup>ns</sup>
Go out in the evening	2,5 <sup>***</sup>	2,2 <sup>***</sup>	2,6 <sup>***</sup>	2,7 <sup>***</sup>	3,7 <sup>***</sup>	1,9 <sup>***</sup>	1,5 <sup>***</sup>	1,0 <sup>ns</sup>	2,2 <sup>***</sup>	1,9 <sup>***</sup>	0,9 <sup>ns</sup>	1,4 <sup>***</sup>
Other Hobbies	0,9 <sup>ns</sup>	1,2 <sup>ns</sup>	0,9 <sup>ns</sup>	1,0 <sup>ns</sup>	0,9 <sup>ns</sup>	0,8 <sup>ns</sup>	1,2 <sup>*</sup>	1,4 <sup>*</sup>	1,0 <sup>ns</sup>	1,0 <sup>ns</sup>	2,0 <sup>***</sup>	1,2 <sup>***</sup>
Meet up with friends	2,1 <sup>***</sup>	2,2 <sup>***</sup>	2,0 <sup>***</sup>	1,7 <sup>***</sup>	1,5 <sup>***</sup>	1,0 <sup>ns</sup>	1,2 <sup>ns</sup>	0,8 <sup>ns</sup>	1,1 <sup>ns</sup>	1,5 <sup>***</sup>	1,6 <sup>***</sup>	1,7 <sup>***</sup>
Internet for fun	1,2 <sup>ns</sup>	1,3 <sup>*</sup>	1,0 <sup>ns</sup>	0,9 <sup>ns</sup>	0,7 <sup>*</sup>	0,4 <sup>***</sup>	0,7 <sup>***</sup>	1,2 <sup>ns</sup>	0,9 <sup>ns</sup>	0,9 <sup>ns</sup>	6,7 <sup>***</sup>	2,4 <sup>***</sup>
Watch Television	1,1 <sup>ns</sup>	1,4 <sup>***</sup>	1,4 <sup>***</sup>	1,6 <sup>***</sup>	1,5 <sup>***</sup>	1,9 <sup>***</sup>	1,3 <sup>***</sup>	1,0 <sup>ns</sup>	1,2 <sup>ns</sup>	1,2 <sup>**</sup>	0,5 <sup>***</sup>	0,6 <sup>***</sup>
<b>School</b>												
Missed school for 5 or more days in the last month	1,8 <sup>***</sup>	1,3 <sup>***</sup>	1,7 <sup>***</sup>	1,7 <sup>***</sup>	2,1 <sup>***</sup>	1,8 <sup>***</sup>	1,7 <sup>***</sup>	1,3 <sup>ns</sup>	1,9 <sup>***</sup>	1,2 <sup>*</sup>	0,9 <sup>ns</sup>	1,2 <sup>***</sup>
School performance below the average	1,5 <sup>***</sup>	1,5 <sup>***</sup>	1,9 <sup>***</sup>	1,2 <sup>ns</sup>	1,2 <sup>ns</sup>	0,9 <sup>ns</sup>	1,3 <sup>**</sup>	1,4 <sup>*</sup>	0,6 <sup>***</sup>	1,5 <sup>***</sup>	1,3 <sup>***</sup>	1,2 <sup>***</sup>
<b>Family and Friends</b>												
Live with less than 2 family members	1,2 <sup>*</sup>	1,1 <sup>ns</sup>	1,5 <sup>***</sup>	1,5 <sup>***</sup>	1,5 <sup>***</sup>	2,3 <sup>***</sup>	1,5 <sup>***</sup>	1,9 <sup>***</sup>	2,2 <sup>***</sup>	1,2 <sup>*</sup>	0,4 <sup>***</sup>	0,6 <sup>***</sup>
Relationship with parents unsatisfied	2,9 <sup>***</sup>	2,2 <sup>***</sup>	2,4 <sup>***</sup>	2,9 <sup>***</sup>	2,5 <sup>***</sup>	1,8 <sup>***</sup>	2,5 <sup>***</sup>	2,3 <sup>***</sup>	1,8 <sup>**</sup>	1,3 <sup>**</sup>	1,5 <sup>***</sup>	1,1 <sup>ns</sup>
Relationship with friends unsatisfied	1,6 <sup>***</sup>	1,3 <sup>**</sup>	1,5 <sup>***</sup>	1,6 <sup>***</sup>	1,6 <sup>***</sup>	1,2 <sup>ns</sup>	1,9 <sup>***</sup>	1,8 <sup>***</sup>	1,5 <sup>*</sup>	1,4 <sup>***</sup>	1,2 <sup>ns</sup>	1,0 <sup>ns</sup>
Father education level higher	1,1 <sup>ns</sup>	1,0 <sup>ns</sup>	0,9 <sup>ns</sup>	1,0 <sup>ns</sup>	0,8 <sup>ns</sup>	0,8 <sup>ns</sup>	0,8 <sup>ns</sup>	0,7 <sup>ns</sup>	0,9 <sup>ns</sup>	0,7 <sup>***</sup>	1,2 <sup>***</sup>	1,3 <sup>***</sup>
Mother education level higher	1,1 <sup>ns</sup>	1,3 <sup>***</sup>	1,0 <sup>ns</sup>	1,4 <sup>***</sup>	0,9 <sup>ns</sup>	0,9 <sup>ns</sup>	0,9 <sup>ns</sup>	0,8 <sup>ns</sup>	0,8 <sup>ns</sup>	0,7 <sup>***</sup>	1,1 <sup>*</sup>	1,2 <sup>***</sup>
Father job fulltime / parttime	1,1 <sup>ns</sup>	1,0 <sup>ns</sup>	1,0 <sup>ns</sup>	1,0 <sup>ns</sup>	0,9 <sup>ns</sup>	0,8 <sup>ns</sup>	0,8 <sup>ns</sup>	0,7 <sup>ns</sup>	0,8 <sup>ns</sup>	0,8 <sup>ns</sup>	1,1 <sup>ns</sup>	1,2 <sup>*</sup>
Mother job fulltime / parttime	1,4 <sup>***</sup>	1,9 <sup>***</sup>	1,3 <sup>***</sup>	1,7 <sup>***</sup>	1,4 <sup>**</sup>	1,2 <sup>*</sup>	1,2 <sup>*</sup>	1,4 <sup>*</sup>	1,2 <sup>ns</sup>	1,1 <sup>ns</sup>	1,0 <sup>ns</sup>	1,1 <sup>ns</sup>
Family wellbeing better than other families	1,1 <sup>ns</sup>	1,0 <sup>ns</sup>	1,0 <sup>ns</sup>	1,2 <sup>ns</sup>	1,4 <sup>*</sup>	1,4 <sup>***</sup>	1,1 <sup>ns</sup>	1,0 <sup>ns</sup>	1,2 <sup>ns</sup>	0,8 <sup>***</sup>	0,6 <sup>***</sup>	0,9 <sup>ns</sup>
<b>Cigarettes Related indicators</b>												
Perceived easy availability	6,7 <sup>***</sup>	8,9 <sup>***</sup>	8,8 <sup>***</sup>	15,0 <sup>***</sup>	9,1 <sup>***</sup>	NA	11,6 <sup>***</sup>	22,1 <sup>***</sup>	9,8 <sup>***</sup>	NA	NA	NA
Use among family members	2,9 <sup>***</sup>	3,8 <sup>***</sup>	4,8 <sup>***</sup>	9,6 <sup>***</sup>	6,8 <sup>***</sup>	8,9 <sup>***</sup>	12,5 <sup>***</sup>	NA	NA	NA	NA	NA
Use among friends	7,9 <sup>***</sup>	11,4 <sup>***</sup>	11,5 <sup>***</sup>	11,9 <sup>***</sup>	13,7 <sup>***</sup>	7,7 <sup>***</sup>	8,4 <sup>***</sup>	NA	NA	NA	NA	NA
<b>Risk perception</b>												
Low risk or don't know for occasional use	2,5 <sup>***</sup>	3,2 <sup>***</sup>	2,5 <sup>***</sup>	3,7 <sup>***</sup>	3,4 <sup>***</sup>	2,9 <sup>***</sup>	3,0 <sup>***</sup>	NA	NA	NA	NA	NA
Low risk or don't know for regular use	1,6 <sup>***</sup>	2,2 <sup>***</sup>	1,7 <sup>***</sup>	3,1 <sup>***</sup>	3,0 <sup>***</sup>	NA	2,5 <sup>***</sup>	NA	NA	NA	NA	NA

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# TAKE-HOME

## Take-home messages

The MedSPAD data highlight that almost all risk behaviours are less prevalent than in Europe. However, they also show that there is a **particularly VULNERABLE SUBGROUP OF STUDENTS** who, due to individual and family frailties, already exhibit a **problematic profile in relation to several behaviours**. This is an important information, suggesting the need to focus on **SELECTIVE PREVENTION** interventions.

This must not divert from **UNIVERSAL PREVENTION**, as our data show the relevance of **low risk perception** and misinformation, as well as **descriptive norms** (peer influence and family exposure)

This study provides valuable insights into both risk and protective factors, **CONTRIBUTING TO THE DEVELOPMENT OF A PREVENTION CULTURE**. It highlights the importance of considering both common factors shared across countries and the unique, country-specific factors that can inform prevention efforts.

Based on this understanding, **we can envision the creation of SHARED PREVENTION PROGRAMMES, which could then be tailored to address the particular protective factors inherent to each country.**

**MedSPAD provides unique data, providing evidence not available before in those countries.** This makes its value and impact even bigger than in Europe.

# Recruiting new countries: MedSPAD Training course

- MedSPAD: introduction and objectives
- Preliminary steps: PI, team, ethics
- Study Protocol: guidelines, sampling, data collection mode
- Main evidence about alcohol & tobacco
- Study Instruments: questionnaire and classroom report
- Main evidence about cannabis & other drugs
- Fieldwork and Data Collection: school participation, schedule survey, fieldwork
- MedSPAD data management - National level: data entry, checks, NPP & CR
- MedSPAD data management - Central level: data quality, database, analysis
- Main evidence about gambling & other risk behaviours
- Reporting: international and national reports
- Dissemination of results: MedSPAD results in prevention, new dissemination ways



Lybia

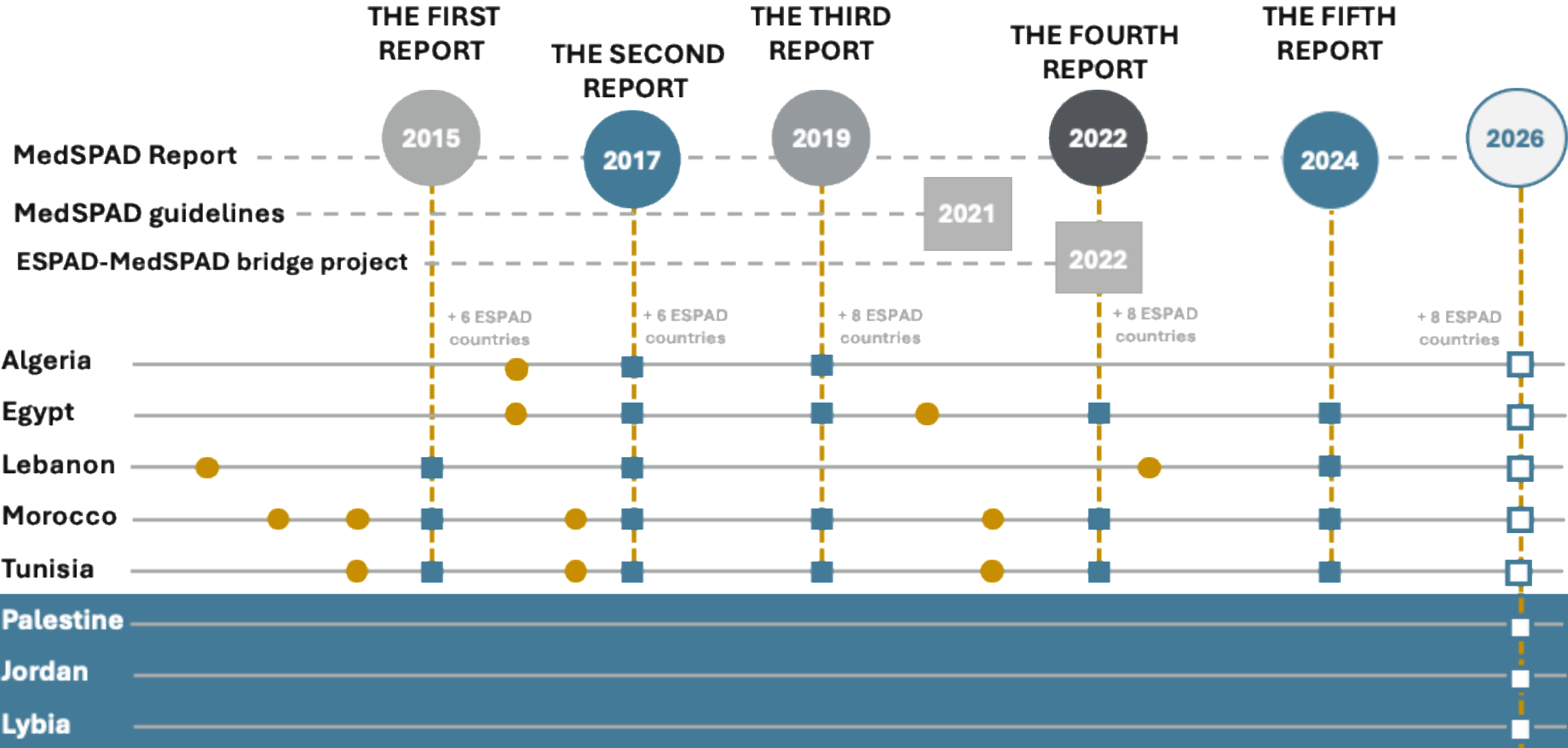
September, 2024



Jordan



# From past to future

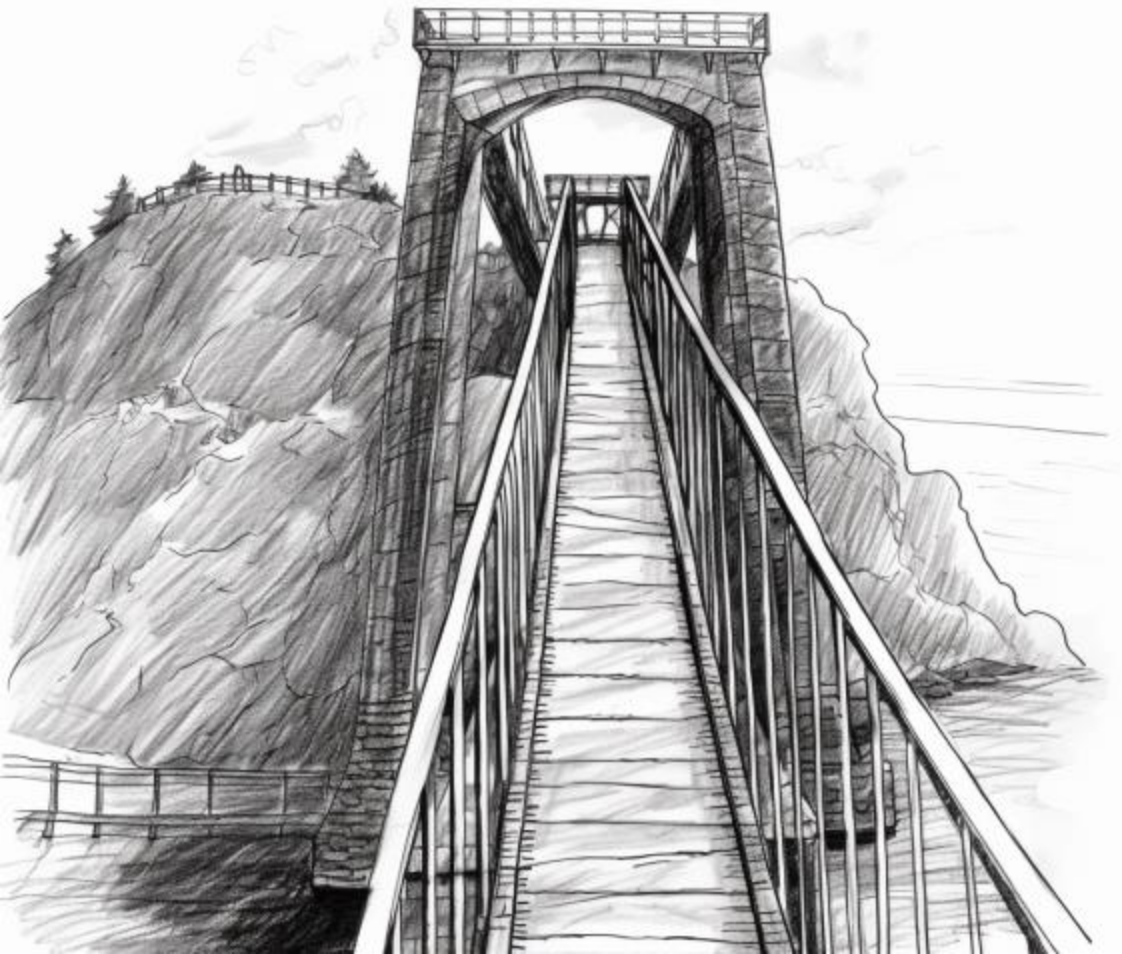


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# 3

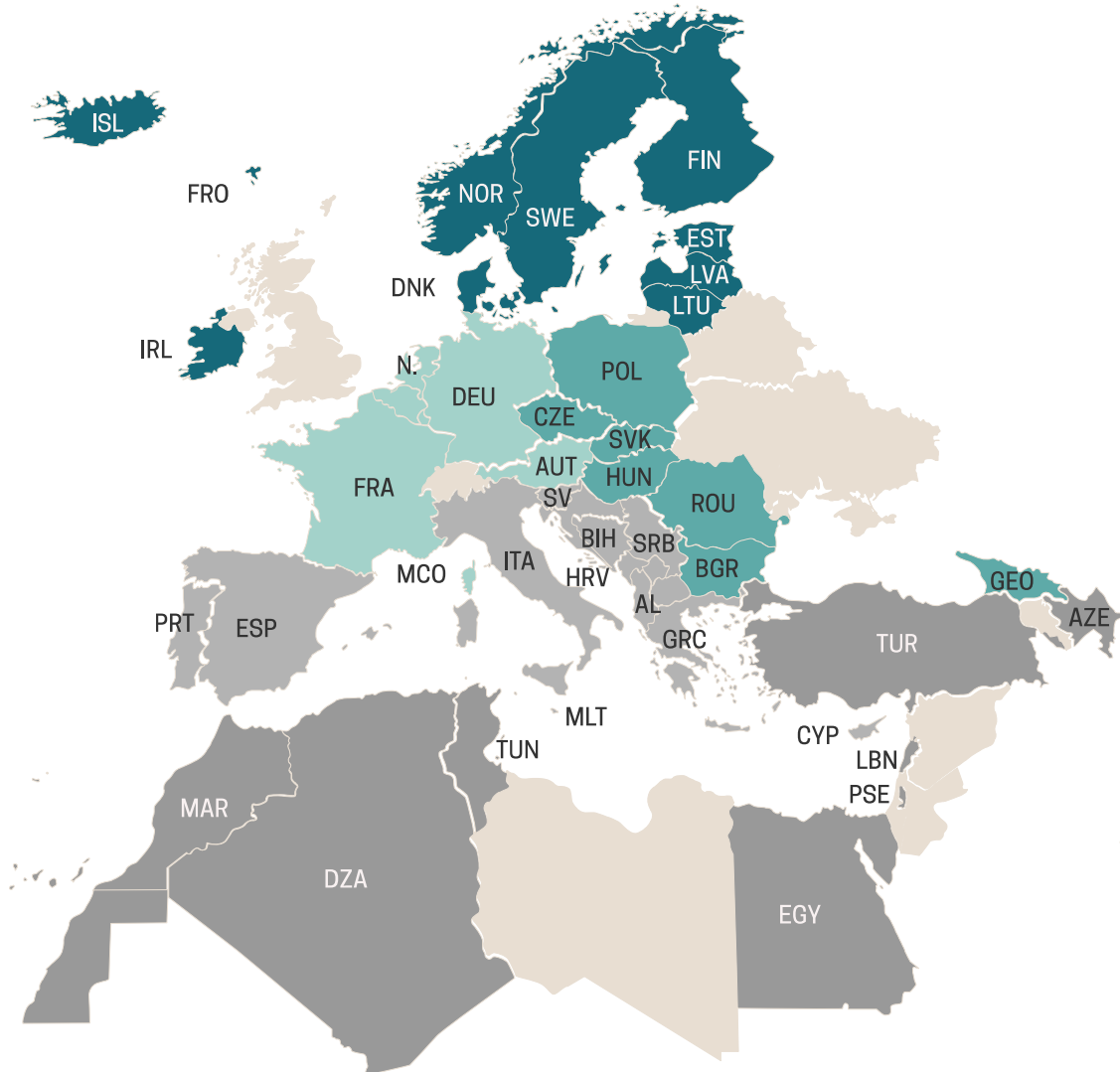
## THE USE OF SCHOOL SURVEYS IN PREVENTION

# ESPAD-MedSPAD bridge project on the use of school surveys in policy and prevention planning and evaluation



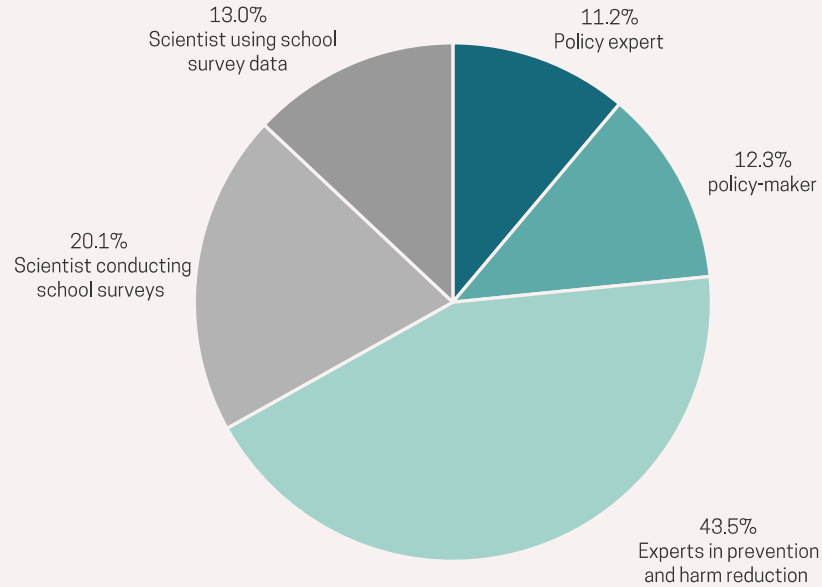
Evaluate for the first time the **current and potential use of data** produced by school surveys on health risk behaviours in the youth population for both **policy making** and **prevention**.

# Geographical coverage of the project by sub-region



IC	PC	Sub-Regions
10	10	[2.1] Europe North
8	7	[2.2] Europe East
5	7	[2.3] Europe West
12	14	[2.4] Europe South
5	8	[3.4] Asia West/Africa North
1	1	North America*
<b>41</b>	<b>47</b>	<b>Total Countries</b>

# Final sample

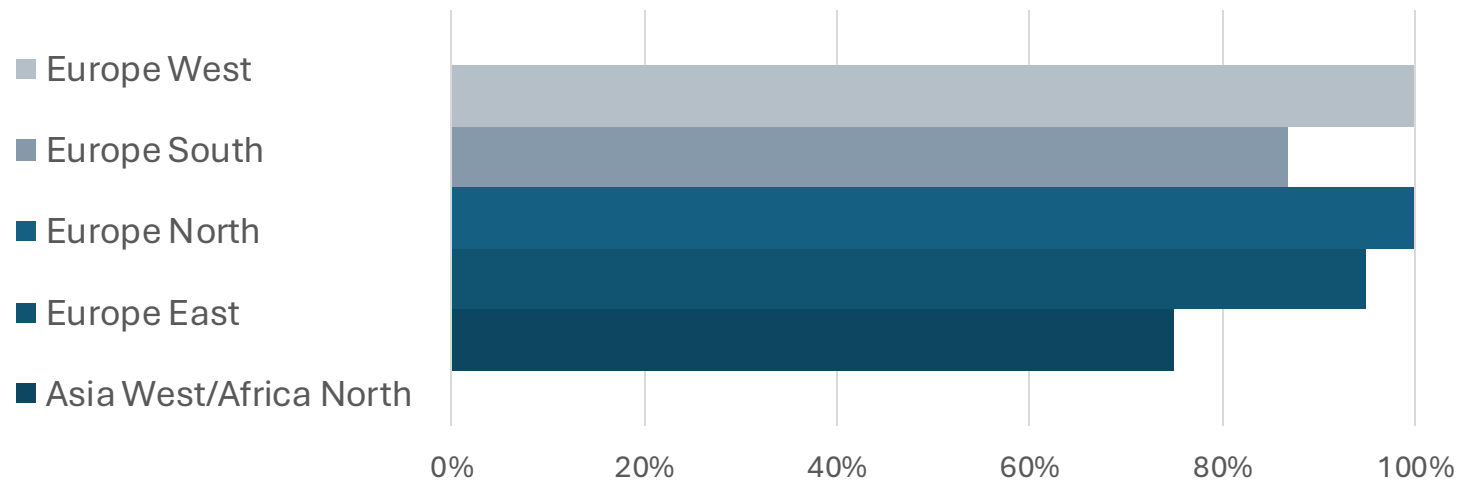


**268 stakeholders from 47 countries** participated in the online survey

	Policy	Prevention	Scientist	Total
<b>Country Regional Area</b>				
Asia West/Africa North	22.6%	16.2%	8.0%	15.0%
Europe East	9.7%	11.1%	23.9%	15.0%
Europe North	16.1%	3.4%	17.0%	10.9%
Europe South	45.2%	66.7%	43.2%	53.9%
Europe West	6.5%	2.6%	8.0%	5.2%
<b>Organization</b>				
Government	66.1%	29.9%	25.8%	36.9%
NGO	8.1%	47.0%	11.2%	26.1%
Research Institute / University	1.6%	12.0%	44.9%	20.5%
Not Specified	24.2%	11.1%	18.0%	16.4%

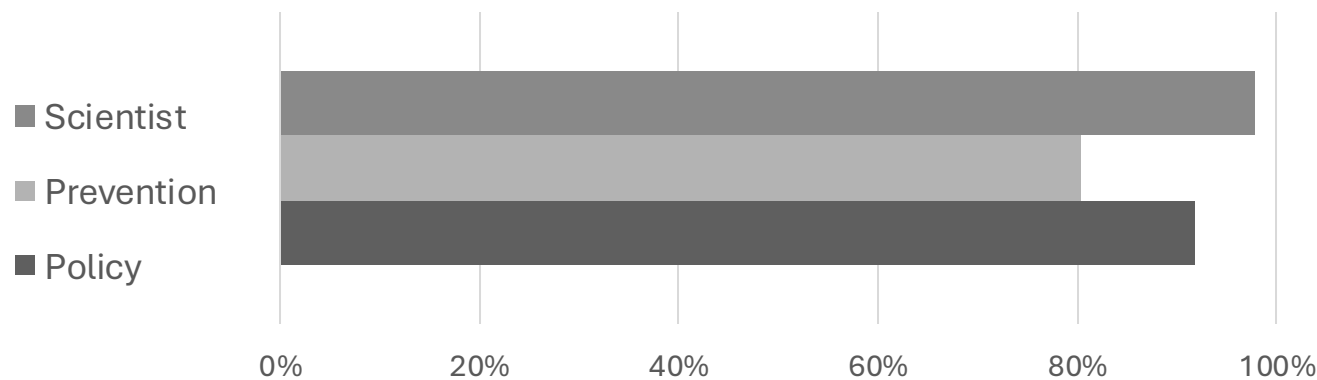
# Awareness of school surveys by stakeholder profile

“ARE YOU AWARE OF ANY SCHOOL SURVEY IMPLEMENTED IN YOUR COUNTRY?”



**Very sound awareness overall**

Particularly in Western and Northern Europe (100%)



**Prevention experts and operators** have the lowest awareness of school surveys

(80%)

# Policy: topics and indicators

"How **IMPORTANT** do you consider school surveys for monitoring drug use in the population?". Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
Very Important	86.7%	84.9%	95.9%	89.1%
Moderately Important	13.3%	14.0%	4.1%	10.4%
Not Important	0.0%	1.1%	0.0%	0.5%

- THE IMPORTANCE OF SCHOOL SURVEYS IS RECOGNISED BY ALL RESPONDENTS, PARTICULARLY SCIENTIST

"In your opinion, over the years has the importance of this indicator for monitoring drug use in the population **CHANGED**?" Percentage distribution of responses to the question by stakeholder category/geographical subregion

	Policy	Prevention	Scientist	Total
Increased	59.1%	57.0%	48.6%	54.5%
Unchanged	27.3%	23.7%	45.8%	32.1%
Diminished	4.5%	10.8%	4.2%	7.2%
Don't know	9.1%	8.6%	1.4%	6.2%

	Asia West/ Africa North	Europe East	Europe North	Europe South	Europe West	Total
Increased	62.1%	56.7%	34.6%	57.5%	50.0%	54.8%
Unchanged	31.0%	26.7%	65.4%	24.8%	40.0%	31.7%
Diminished	0.0%	13.3%	0.0%	8.8%	10.0%	7.2%
Don't know	6.9%	3.3%	0.0%	8.8%	0.0%	6.3%

- RELEVANCE INCREASED OVER TIME

"In your country, are the results of school surveys on the following **TOPICS** used to set priorities for evidence-based policy?" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
Alcohol	67.4%	71.7%	81.7%	74.3%
Tobacco/nicotine (cigarettes, e-cigarettes)	76.7%	79.3%	86.1%	81.2%
Cannabis	79.1%	66.3%	77.8%	72.9%
Other illicit substances (cocaine, heroin, etc.)	62.8%	64.1%	62.5%	63.3%
New Psychoactive Substances (NPS)	58.1%	56.5%	43.1%	52.2%
Pharmaceuticals used for non-medical purposes	46.5%	48.9%	43.1%	46.4%
Gambling	41.9%	54.9%	50.0%	50.5%
Gaming	39.5%	45.1%	40.3%	42.2%
Social media use	51.2%	51.1%	45.8%	49.3%

- TOBACCO IS THE MOST FREQUENT TOPIC, GAMING IS THE LESS MENTIONED

"In your country, are the results of school surveys used for monitoring drug use in the population ... ?" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
in national drug strategy	81.4%	67.4%	82.2%	75.5%
in national drug monitoring system	72.1%	66.3%	75.3%	70.7%
in other strategy / planning documents	81.4%	70.0%	69.4%	72.2%
in public hearings	67.4%	62.6%	65.8%	64.7%
in policy statements	76.7%	62.6%	71.2%	68.6%
in funding proposals	66.7%	56.7%	57.5%	59.0%
in national / local reports on the drug situation	93.0%	85.7%	90.4%	88.9%
in responding to media queries	81.4%	72.2%	84.9%	78.6%

- NATIONAL AND LOCAL REPORTS ON THE DRUG SITUATION

# Prevention: main application of data

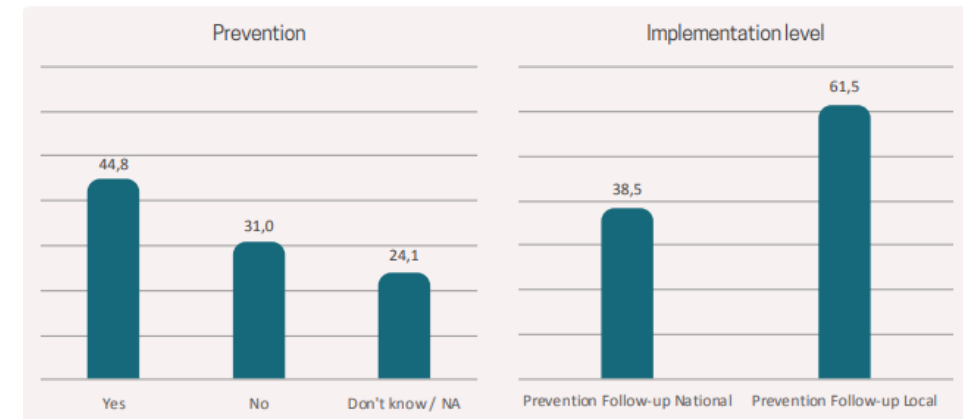
## MAIN USE OF DATA IN THE PREVENTION DOMAIN

	Policy	Prevention	Scientists	Total
Set priorities	89.7%	78.9%	82.3%	82.5%
Monitor the progress	64.1%	55.3%	56.5%	57.6%
Evaluate the outcomes	65.8%	51.3%	56.5%	56.3%

## MAIN OUTPUTS

National prevention programmes/strategies	97.4%	66.2%	82.0%	79.2%
Plan prevention interventions at local level	61.5%	69.1%	61.3%	64.5%
Prevention actions/policies within schools	71.8%	60.3%	51.6%	59.8%

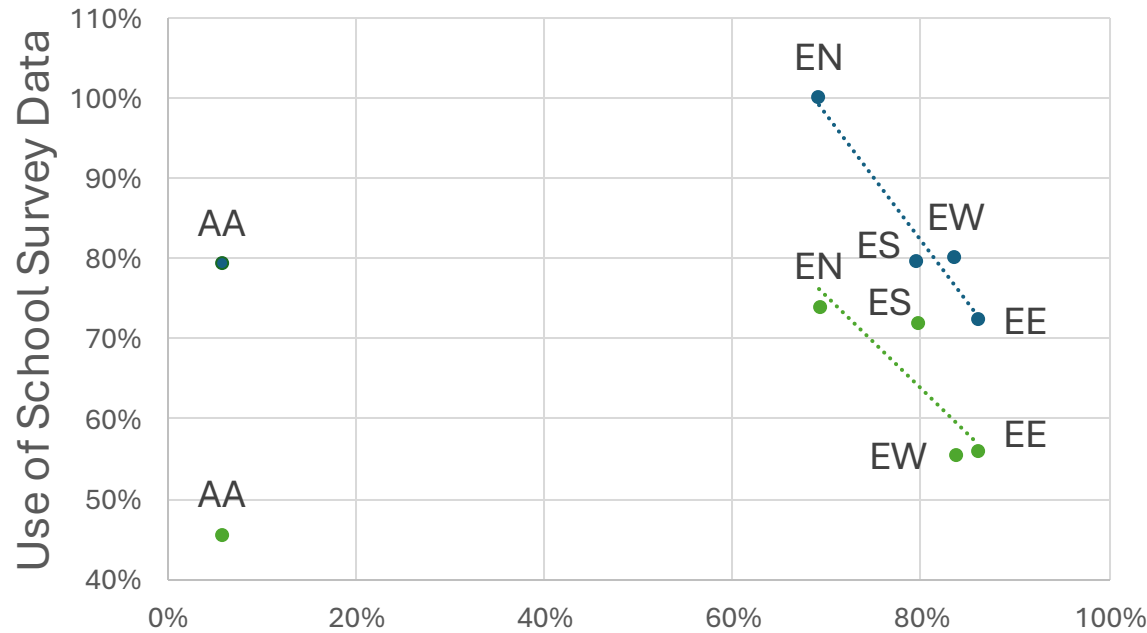
"Have PREVENTION MEASURES BEEN INTRODUCED IN SCHOOLS as a follow-up of the school surveys in your country?"





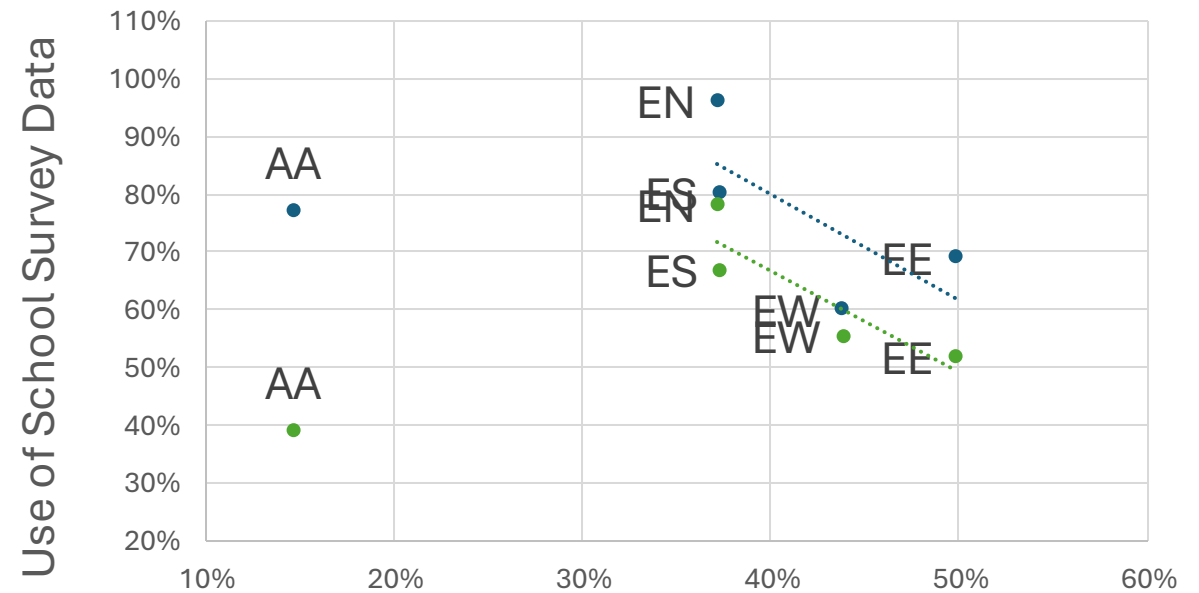
# The use of school survey data: prevalence Vs evidence-based policy & prevention efforts

## ALCOHOL



ESPAD & MedSPAD Prevalence - Lifetime use in 16 year old

## TOBACCO / NICOTINE



ESPAD & MedSPAD Prevalence - Lifetime use in 16 year old

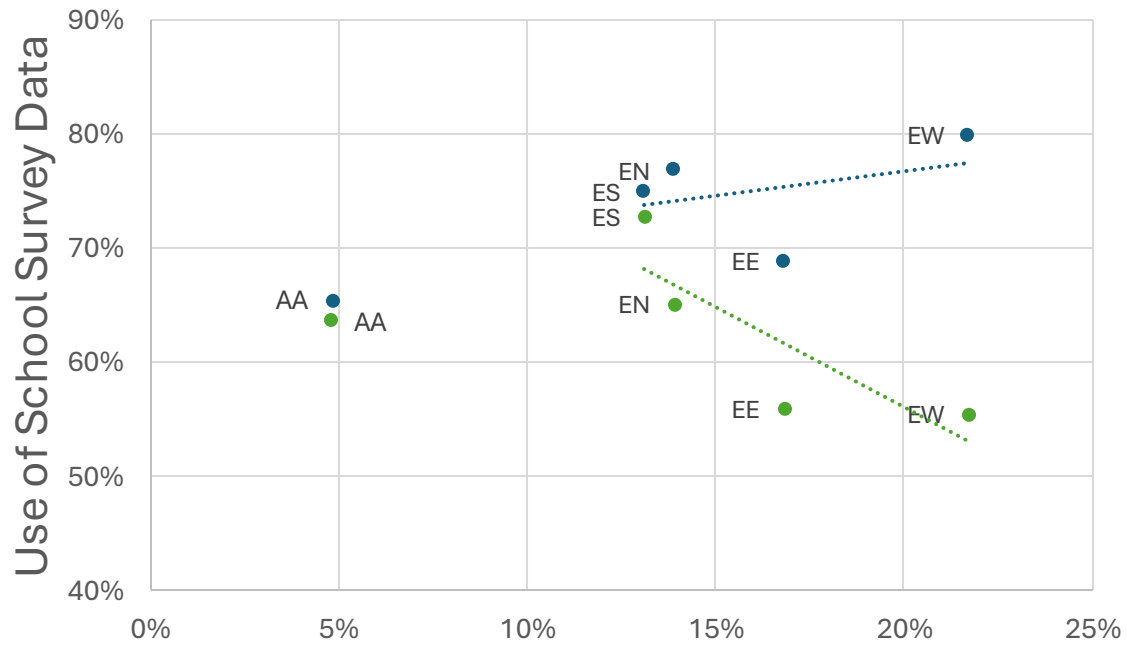
### Legend

- AA Asia West/Africa North
- EE Europe East
- EN Europe North
- ES Europe South
- EW Europe West

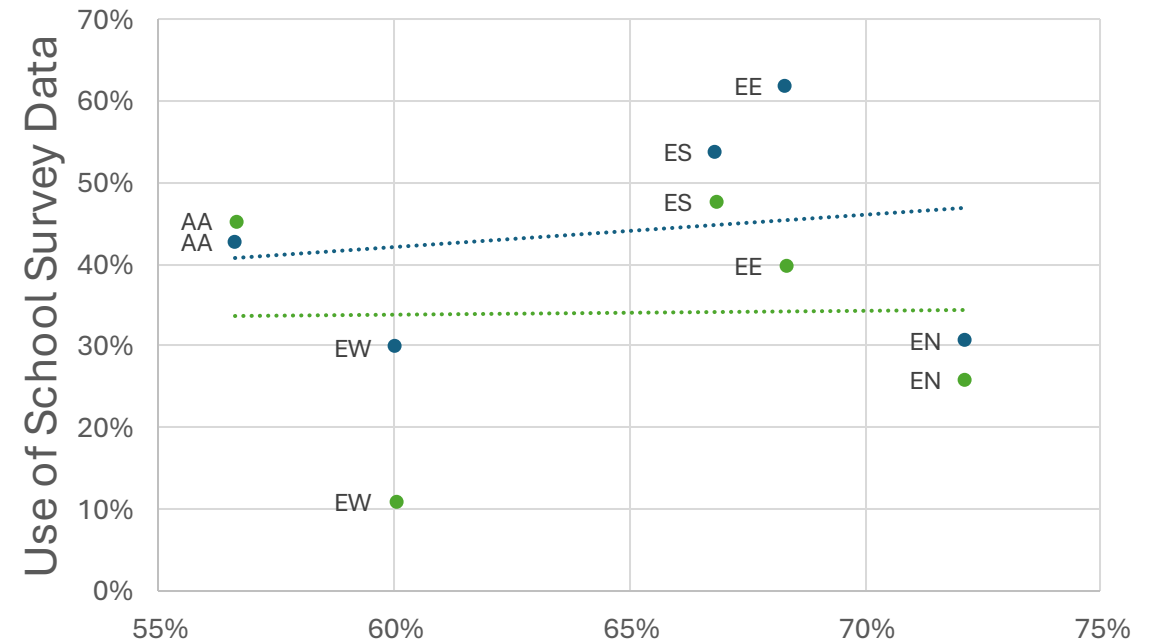
- Policy makers
- Prevention experts

# The use of school survey data: prevalence Vs evidence-based policy & prevention efforts

## CANNABIS



## GAMING



Legend

- AA Asia West/Africa North
- EE Europe East
- EN Europe North
- ES Europe South
- EW Europe West

ESPAD & MedSPAD Prevalence - Lifetime use in 16 year old

- Policy
- Prevention

# Topics to be further investigated



## RISK FACTORS

- SECOND-HAND SMOKING
- PARENTAL SUBSTANCE USE
- NIGHTLIFE BEHAVIOURS
- CHILDHOOD ABUSE
- PEER PRESSURE
- FAMILY CONFLICTS

## PROTECTIVE FACTORS

- LIFE SKILLS
- SCHOOL ENVIRONMENT
- LEISURE ACTIVITIES AMONG NON-SUBSTANCE USERS
- AVAILABILITY OF ALTERNATIVE HOBBIES

## RISK BEHAVIOURS AND BEHAVIOURAL ADDICTIONS

- EXCESSIVE INTERNET AND TECHNOLOGY USE
- GAMING AND GAMBLING
- PEER / FAMILY VIOLENCE
- BULLYING AND CYBERBULLYING
- EATING DISORDERS AND SELF-HARMING

## MENTAL WELL-BEING

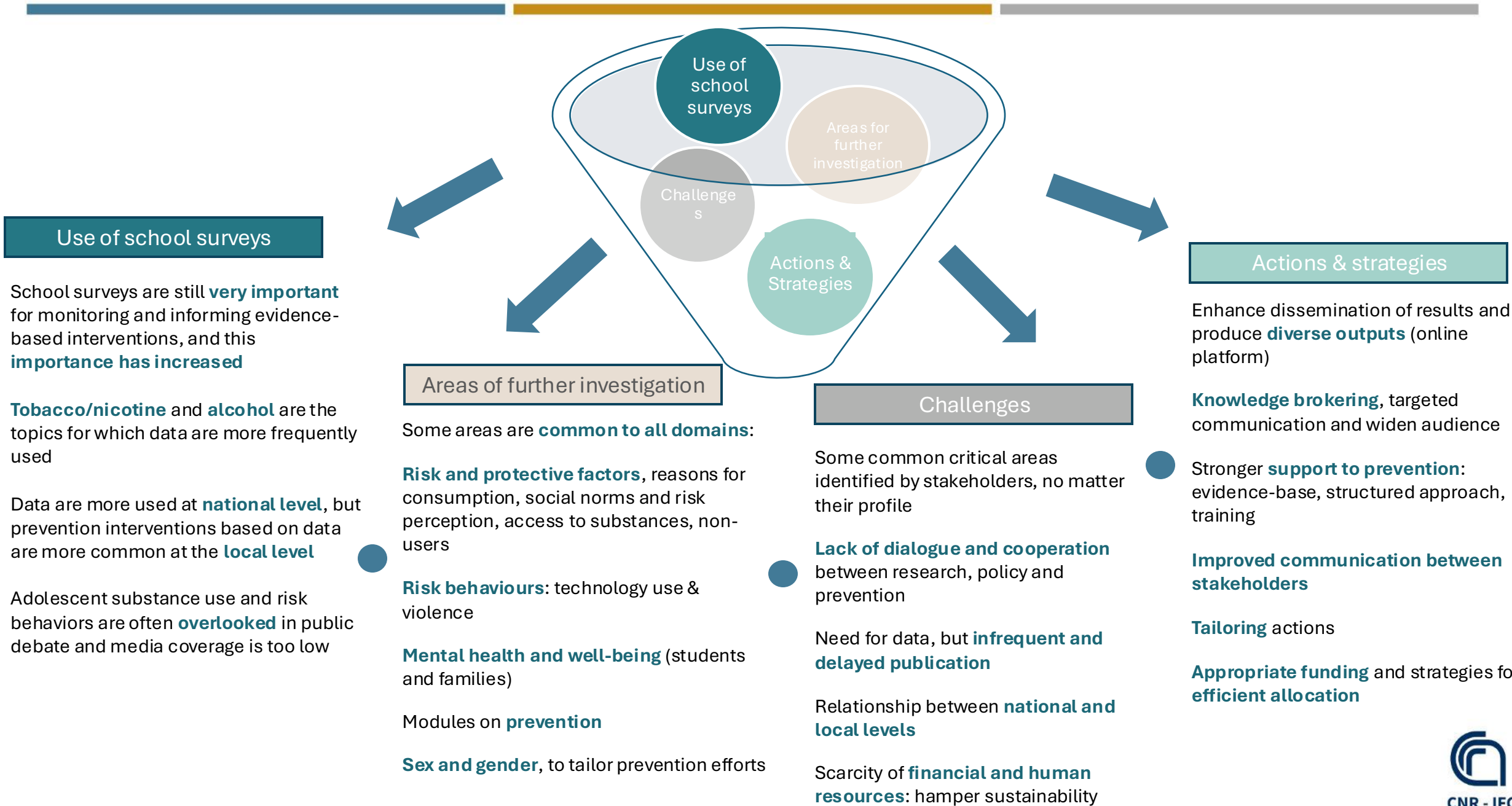
- WELL-BEING AT SCHOOL
- FAMILY MEMBERS' MENTAL HEALTH

## SUBSTANCE USE

- RISK PERCEPTION AND SOCIAL NORMS
- FOCUS ON 12-13 AGE
- CONSUMPTION MODES, HABITS AND DESIRED EFFECTS
- POLY-SUBSTANCE USE
- ACCESS TO SUBSTANCE

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# TAKE-HOME



# Challenges and Actions of using school survey for prevention purposes

This research demonstrated that there are **differences in the perceptions of knowledge producers and users**.

Stakeholders should focus on minimising the identified challenges and implementing **new knowledge transfer activities**.

## **RECOMMENDATIONS:**

- ensure the **sustainability** of school surveys,
- expand their **geographical coverage**,
- produce **rapid results**,
- raise researchers' awareness of **effective result packaging**,
- invest more in **knowledge brokering**.
- ensure **technical access** to relevant data and information.
- provide **training** for policymakers, prevention professionals, and media operators
- enhance **communication and cooperation** among stakeholder groups

# Where can I find all the information?

You are here: Pompidou Group > What we do > MedNET > MedSPAD Surveys

## MedSPAD Surveys



Following a Mediterranean conference in Malta in 1999, the magnitude of the drug problem in Algeria, Morocco and Lebanon was explored in the region as part of the *Mediterranean School Survey Project on Alcohol and Other Drugs (MedSPAD)*.

This project, which is a modified version of *ESPAD in Europe*, was launched in Rabat in 2003 and provides an overview of drug use among young people in schools in the Mediterranean region and their attitudes towards drugs.

MedSPAD school surveys have been carried out in the following countries:

- Algeria (2016)
- Egypt (2016, 2020)
- Lebanon (2008, 2022)
- Morocco (2009, 2013, 2017, 2021)
- Tunisia (2013, 2017, 2021 (French version))

### ESPAD – MedSPAD

*European School Survey Project on Alcohol and Other Drugs (ESPAD)*

ESPAD is an independent research project supported by EMCDDA and conducted by research teams in more than 40 European countries. ESPAD has the overall aim to collect comparable data on substance use and other forms of risk behaviour among 15- to 16-year-old students in order to monitor trends within, as well as between, countries. Between 1995 and 2019, seven waves of data collection were conducted across 49 European countries. ESPAD website : [www.espad.org](http://www.espad.org)

*Mediterranean School Survey Project on Alcohol and Other Drugs (MedSPAD)*

The MedSPAD project is set up designed and funded by the Pompidou Group of the Council of Europe. This project, which is an adaptation of ESPAD in Europe, was launched in Rabat in 2003 and it is aimed at building capacity and develop effective tools for monitoring youth substance use and risk behaviours in countries of the Southern Mediterranean region. MedSPAD school surveys have been carried out in the following countries: Algeria (2016); Egypt (2016, 2020); Lebanon (2008); Morocco (2009, 2013, 2017, 2021); Tunisia (2013, 2017, 2021).

### ESPAD-MedSPAD bridge project

The ESPAD-MedSPAD bridge project is an initiative aimed at assessing the use of school surveys in policy and prevention planning and evaluation across more than 40 countries in the European and Mediterranean regions.

The project was launched within the framework of MedNET in 2022. It is supported by the EMCDDA and carried out under the scientific lead of the Italian Research Council (CNR).

More than 250 experts among policymakers, policy experts in prevention and harm-reduction and scientists conducting or using school surveys gave their contribution.

The report on the use of school surveys in policy and prevention planning and evaluation: Results of the 2022 ESPAD-MedSPAD Bridge project shows that school surveys are frequently used not only for monitoring and research, but also for informing health decision making and public opinion. There is a strong demand for more, and more frequent data, as well as for increased investment in these studies, suggesting that school surveys represent an added value and yield benefits to the community, particularly in reaching the final objective of protecting and improving the health and well-being of adolescents.

The report is available [here](#).



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# 4

## Conclusions



# OUR COMMITMENT

## OUR COMMITMENT TO MONITORING

For better policies and interventions

### Understand the potential risk of new technologies

both for addiction (social media and gaming)  
and as delivery systems (nicotine and cannabis vaping)

### Investigate new substances and contextualise their use

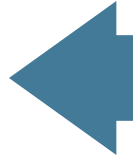
by keeping up with emergence of NPS, 'established drugs' with higher potency (cannabis) and patterns of consumption (poli-use)

### Support comprehensive actions

by deepening the study of driving factors of both substance use and behaviors, also exploiting potential of information, communication and technologies

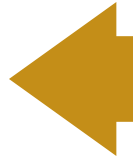
## Next steps

*Data access*



Improve access for researchers and exploration for general public

*Methodology*



Develop innovative data collection methods

*Network*



Enlarge project's coverage and stakeholders' network



IFC - Istituto di Fisiologia Clinica  
**Consiglio Nazionale delle Ricerche**  
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# ACKNOWLEDGEMENTS



ESPAD ASSEMBLY



MedSPAD COMMITTEE



...AND ALL OUR COLLEAGUES  
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THANK YOU!

Elisa Benedetti and Sabrina Molinaro

National Research Council (Italy)

ESPAD and MedSPAD Coordination



@EpidemiologiaRicercaCNR

