

# Youth attitudes on drugs

## Analytical report

Fieldwork: May 2011

Report: July 2011

This survey was requested by Directorate-General Justice and coordinated by Directorate-General Communication

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The interpretations and opinions contained in it are solely those of the authors.

Flash EB Series #330

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Survey conducted by The Gallup Organization,  
Hungary upon the request of Directorate-  
General Justice



Coordinated by Directorate-General  
Communication

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**THE GALLUP ORGANIZATION**

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## Introduction

Drugs and drug-related problems are major concerns for EU citizens and pose a threat to the safety and health of European society and its citizens. The use of drugs, particularly among young people, is at a historically high level. The European Commission has been studying the drug phenomenon in EU Member States for several years. In 2002 and 2004, surveys were conducted among young people in the then 15 EU Member States (Special Eurobarometer N° 172 and Flash Eurobarometer N° 158). In 2008, a survey was conducted among a similar group in the 27 EU Member States (Flash Eurobarometer N° 233).

The current Flash Eurobarometer on “*Youth attitudes on drugs*” (N° 330), requested by Directorate-General Justice, builds on these earlier surveys in order to measure the trend in attitudes of this target group towards drugs. In response to recent developments in the EU drug market, in the current survey, young people were also asked about their experiences with and attitudes towards new substances that imitate the effects of illicit drugs, so-called new psychoactive substances or “legal highs”.

This survey’s objective was to study young EU citizens’ attitudes to – and perceptions about – drugs and related issues, such as:

- past and potential information sources about illicit drug use and the related risks and effects
- perceptions about the availability of specific drugs and self-reported use of cannabis and new psychoactive substances
- perceived health risks associated with occasional and regular use of various licit and illicit substances (i.e. cocaine, ecstasy, cannabis, alcohol and tobacco)
- attitudes towards banning or regulating illicit drugs, new psychoactive substances, alcohol and tobacco
- opinions about the effectiveness of alternative drug policies.

This survey’s fieldwork was carried out between 9 and 13 May 2011. Over 12,000 randomly selected young people (aged 15-24) were interviewed across the 27 EU Member States (= EU27). The survey was carried out by telephone, with web-based computer assisted telephone interviewing (WebCATI). To correct for sampling disparities, a post-stratification weighting of the results was implemented, based on socio-demographic variables.

The charts in the report present the results for: a) the EU27 in total and b) individually for each of the 27 EU Member States. The respondents’ results have also been broken down by socio-demographic variables, such as gender, level of education or current occupation of the interviewees. Furthermore, some additional analysis has been done on matching variables; for example, by linking perceptions of health risks of substance use and personal experiences of substance use. Where possible, and relevant, a comparison has been made with the results of the Flash Eurobarometer N° 233 “*Young People and Drugs*”, conducted in 2008.

Finally, it must be stressed that caution should be exercised when interpreting the results of questions on personal use of certain substances and questions about new substances. Despite the EU coverage, the sample sizes in each Member State were relatively small to assess actual consumption, while the perception of substances included in the category “new psychoactive substances” may have varied across countries and age groups.

## Main findings

### *Access to drugs, alcohol and tobacco within 24 hours*

- **Young people considered cannabis to be the most easily accessible of the illicit substances.** For example, 20% of interviewees said it would be *impossible* for them to get hold of ecstasy and 28% thought it would be *very difficult*. By comparison, just 11% thought it would be *impossible* to obtain cannabis and a similar number (13%) said this would be *very difficult*.
- Overall, 57% of young people participating in the survey indicated that they thought it was *easy* or *fairly easy* to obtain cannabis **within 24 hours**. Somewhat more than a fifth of respondents said the same for cocaine and ecstasy (both 22%), while 13% indicated they could obtain heroin within that time frame.
- **Having access to alcohol and tobacco** seemed to cause no problems for young people in the EU: a vast majority thought that it would be *very easy* for them to obtain alcoholic drinks (82%) or tobacco products (81%). These numbers did not significantly differ across age groups, despite the fact that access to alcohol and tobacco is restricted for younger age groups in all Member States.
- For **illicit drugs – heroin, cocaine, ecstasy and cannabis** – the results were more heterogeneous. Spanish, Italian and Danish respondents were consistently found at the lower end of the country rankings, with more respondents finding it *very* or *fairly easy* to get hold of these substances within 24 hours. Cypriot, Greek and Finnish interviewees, on the other hand, were more likely to say it would be *impossible* to obtain the aforementioned illicit drugs.
- As regards to the **use of cannabis**, roughly a quarter of young EU citizens participating in the survey said they have used cannabis; more precisely, 6% reported having used cannabis in the past 30 days, 8% in the past year and 12% had used it, although not in the past 12 months.
- As regards to the use of **new substances that imitate the effects of illicit drugs (also referred to as new psychoactive substances or “legal highs”)**, often in form of powder, tablets, pills or herbs, 5% of young people participating in the survey reported having used these substances. Ireland, Poland, Latvia and the UK were at the higher end of the country ranking, while Italy, Finland and Greece were found at the lower end. *Note: caution should be exercised when interpreting these results because this category can be understood to include a variety of different substances.*
- Of those young people who had experience with new substances that imitate the effects of illicit drugs, 54% indicated they had been offered such substances by friends, against 37% who had been offered such substances during a party or in a pub and 33% who had bought these substances in a specialised shop, e.g. a smart shop. Just 7% of interviewees had bought these substances over the Internet. These numbers vary significantly across Member States, which may be related to the availability of certain distribution channels, such as specialised shops, in some countries.

### *Preferred sources of drug-related information*

- **More than 6 in 10 (64%) respondents said they would use the Internet to get information about illicit drugs and drug use in general;** only in Cyprus, Greece and Malta did figures fall below 50%. In significant contrast, just 15% of young people would consult other mass media sources – TV, radio, newspapers and magazines – to get informed about illicit drugs and drug use in general.

- **Almost 4 in 10 (37%) respondents would turn to a friend in order to discuss issues relating to the effects and risks of using illicit drugs**, while somewhat more than a quarter (28%) preferred to talk to their parents or other relatives. A health professional, such as a doctor or nurse, was also selected by the same number of interviewees (28%) and one in five (20%) would contact a specialised drugs counsellor or someone at a drugs centre.
- The more formalised/institutionalised information sources – a drugs counsellor or health professional – had been the ones most likely to be used by young people in 2004, and, at that time, fewer respondents selected the Internet as a way of finding out about drugs. However, compared to 2002, the Internet was making headway in 2004 as a source of drug-related information. This increasing importance of the potential use of the Internet for this purpose had been confirmed in 2008 when the Internet became the most likely information source for young people.
- There was a **great similarity across Member States**, with many young people across different age groups **opting for similar sources** (the Internet, a friend). Consultation of parents/relatives and of people at school or at work diminished at a higher age, while consultation of a doctor, nurse or other health professional strongly increased. The potential contact with the police (mentioned by 9%), social workers (also 9%) and a telephone helpline (6%) was relatively stable across age groups.
- Despite the above findings, which referred to methods that young people may choose when they have questions about drugs, **the Internet was not actually the channel through which respondents were most frequently informed about the effects and risk of illicit drug use in the 12 months prior to the survey**. In the past year, 39% of interviewees had been informed about drug-related issues through the Internet, compared to 46% who said they had been informed through a media campaign and 41% who mentioned a school prevention programme.
- **Furthermore, the findings showed that the information channels through which young people were informed changed considerably from one age group to the other**. For example, 36% of 15-18 year-olds, as opposed to 55% of 22-24 year-olds, answered that they had been informed through a media campaign. Similarly, 63% of 15-18 year-olds, as opposed to 18% of the 22-24 year-olds, had been informed through a school prevention programme.
- In both 2008 and 2011, the most frequently mentioned information channel was a media campaign(s), followed by school prevention programmes and the Internet. Compared to 2008, the gap between the proportion of young people who mentioned school prevention programmes and those who referred to the Internet has lessened – this suggests that the Internet has become somewhat more important as a source for drug-related information.

### *Health risks associated with drug use*

- A high percentage of interviewees (**more than 90%**) **thought that using cocaine or ecstasy on a regular basis would pose a high risk to a person's health**. The picture was quite different for young people's perceptions about the health risks associated with *occasional use* of cocaine and ecstasy; these risks were considered to be *high* by 66% and 59%, respectively.
- In almost all EU Member States, the health risks associated with *occasional* use of ecstasy were perceived as being less serious than those associated with *occasional* use of cocaine. As in 2008, this was most noticeable in the Czech Republic, Slovakia, Hungary and Latvia.
- Although 91% of young people recognised the health risks (*medium* or *high*) associated with *regular use* of cannabis, just two-thirds (67%) thought it might pose a *high* risk to a person's health. Furthermore, **30% said that using cannabis once or twice posed only a low risk to a**

**person's health and 14% said there was *no risk* involved.** Young people in the Czech Republic, Slovakia and Spain appeared to be the least concerned about the impact of *occasional* cannabis use on a person's health.

- The 2008 survey also assessed young people's perceptions of the health risks associated with each drug under review; respondents, however, were not asked to distinguish between *regular* and *occasional use*. As in the current survey, a large majority of respondents in 2008 thought that cocaine and ecstasy posed a *high risk* to someone's health; only half as many respondents, however, had this opinion about cannabis.
- **Young people who had used cannabis also perceived the health risks associated with its use to be less serious.** Just 36% of young people who had used cannabis in the past 12 months thought that the health risks associated with *regular* use of this drug were *high*; this proportion increased to 55% for respondents who had used cannabis, but not in the past 12 months, and to 75% for respondents who had never used cannabis. Smaller differences were seen between these groups when asked about the health risks associated with regular use of cocaine, heroin or alcohol use.
- Looking at the results for alcohol, 91% of young people were aware of the health risks (*medium* or *high*) linked to *regular* consumption of alcohol; these risks were considered to be *high* by 57% of 15-24 year-olds.

#### ***Bans or regulation of drugs, new psychoactive substances, alcohol and tobacco***

- There was a **broad consensus among young people that heroin, cocaine and ecstasy should continue to be banned in EU Member States** – almost all respondents agreed with this: 96% for heroin, 94% for cocaine and 92% for ecstasy. These opinions did not significantly change compared to the results of the 2008 survey.
- **The opinions of young people in the different Member States were more diversified when they were asked if cannabis should continue to be banned;** the proportion thinking that governments should uphold such a ban ranged from 33% in the Netherlands and 39% in the Czech Republic, to 87% in Romania.
- A comparison with the results obtained in 2008 showed that, in the current survey, a lower proportion of young people thought cannabis should continue to be banned in EU Member States (59% in 2011 vs. 67% in 2008).
- A large majority of young people across all EU Member States agreed that legal substances such as alcohol and tobacco should continue to be regulated; only 16% wanted to ban tobacco and 7% would choose to prohibit alcohol. Furthermore, 19% *spontaneously* said that tobacco products should be available without restrictions and 16% wanted alcoholic drinks to be freely available.
- As regards to **new substances that imitate the effects of illicit drugs**, roughly a third (34%) of respondents thought that the best response would be to ban *all new substances* that imitate the effects of illicit drugs, while about one in two (47%) interviewees thought it would be better to ban *only those substances that posed a risk to someone's health*.

#### ***Actions to reduce drug problems in society***

- As in 2008, the largest proportion of respondents thought that **public authorities should tackle drug problems on the supply side of the drug economy**: 64% mentioned tough measures against drug dealers and traffickers as a valuable way of dealing with drug problems.

- **Young people also supported other measures to tackle drug problems**, including prevention, information and health care services. About half (49%) of interviewers preferred information and prevention campaigns and almost 4 in 10 (37%) selected the treatment and rehabilitation of drug users, as opposed to a third (33%) who opted for tough measures against drug users. This last-named measure received the lowest support in Greece (17%), Denmark and Portugal (22%-23%) and the highest support in Romania (50%) and the Czech Republic (47%).
- **Reducing one of the possible root causes of drug use** – i.e. poverty and unemployment – was mentioned by 24% of interviewees. A similar proportion (23%) thought that offering more leisure opportunities would be an effective way of dealing with drug problems.
- In almost all Member States, as with the average EU results, **a smaller group of respondents (13%) chose the legalisation of drugs** as being one of the most effective ways of fighting drug problems, with France and Ireland at the higher end of the country ranking (22%-21%), and the Czech Republic and Romania at the lower end (5%-6%).



## 1. Access and use of illicit drugs and substances that imitate the effects of illicit drugs

### 1.1 Access to illicit drugs, alcohol and tobacco

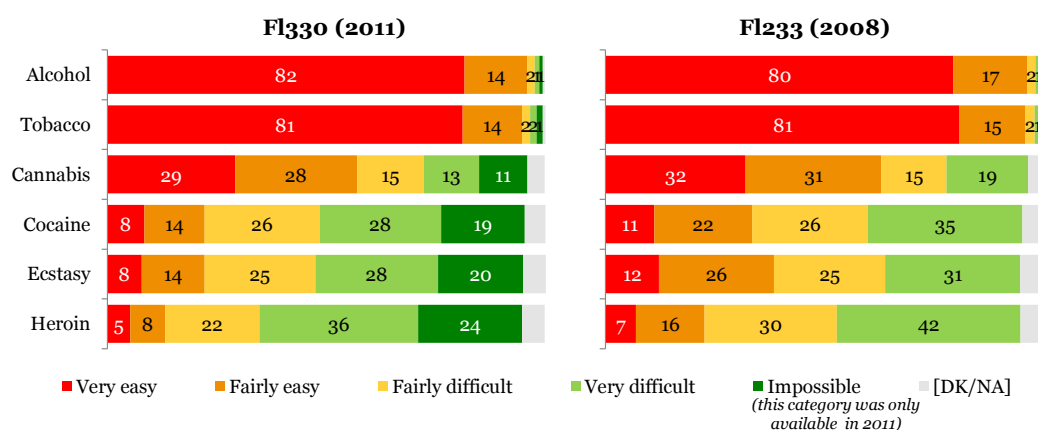
Young people were asked how difficult it would be for them to get hold of illicit drugs (heroin, cocaine, ecstasy and cannabis), alcohol and tobacco – *if they wanted to within 24 hours*. Young people participating in the survey said they would find it more difficult to get hold of banned substances, such as heroin, cocaine, ecstasy and – to a lesser extent – cannabis than the “regulated substances”: alcohol and tobacco.

**Heroin** was the substance considered to be the most difficult to get hold of: 24% said that it would be *impossible* to obtain heroin, 36% thought that it would be *very difficult* and 22% felt it would be *fairly difficult* – if desired – to get hold of this drug. Slightly less than a tenth (8%) of interviewees thought that obtaining heroin would be *fairly easy* and a few respondents (5%) said it would be *very easy*.

**Cocaine** and **ecstasy** were perceived as being somewhat easier to get hold of than heroin. For example, a fifth of interviewees said it would be *impossible* for them to get hold of ecstasy and almost 3 in 10 (28%) respondents thought it would be *very difficult*; the proportion considering it *fairly difficult* to obtain this drug was 25%. About a fifth (22%) of respondents, in total, said it would be *fairly* or *very easy* – if desired – for them to find ecstasy. The distribution of answers for ease of access to cocaine was almost identical to the one for ecstasy.

Young people considered **cannabis** to be the most easily accessible of the illicit substances: 29% thought it would be *very easy* for them to acquire cannabis and a similar number (28%) thought it would be *fairly easy*. About a tenth of respondents (11%) said it would be *impossible* for them to obtain cannabis, 13% considered it *very difficult* to obtain this drug and 15% thought it would be *fairly difficult*.

Ease of access to certain substances (if desired), 2008-2011



Q9 (2011). How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some?

Q6 (2008). How difficult would it be for you to get hold of any of the following substances if you wanted to: very difficult, fairly difficult, fairly easy or very easy?

Base: all respondents, % by EU27

Having access to **alcohol** and **tobacco** seemed to cause no problems for the group of interviewed young EU citizens: a vast majority thought that it would be *very easy* for them to obtain alcoholic drinks (82%) or tobacco products (81%); only a handful considered it to be *difficult* or *impossible* (for example, 1%-2% said it would be *very difficult* to obtain these substances). This finding is in line with the fact that for many respondents – the older ones – the purchase and consumption of alcohol and tobacco is legal<sup>1</sup>.

<sup>1</sup> The age limit for buying alcohol varied from 14 to 20 years of age and the limit for buying tobacco products ranged from 16 to 18 years of age (e.g. <http://www.emcdda.europa.eu/html.cfm/index44739EN.html>).

Nonetheless, it is still remarkable that of the 15-18 year-olds, just 6% and 9%, respectively, answered that alcohol and tobacco were *impossible*, *very difficult* or *fairly difficult* to obtain, despite legal restrictions and age limits in many EU Member States. These figures ranged from 9% for 17 year-olds to 18% for 15 year-olds for tobacco, and from 5% for 17 year-olds to 14% for 15 year-olds for alcohol (see further in this document for more details).

**A comparison with the 2008 data** appears to show that young people now considered it more difficult to obtain heroin, cocaine and ecstasy. However, it must be noted that in the current survey the reference timeframe for obtaining substances was narrowed down to 24 hours, a modification compared to the question asked in the previous survey in 2008, when no time limit was indicated.

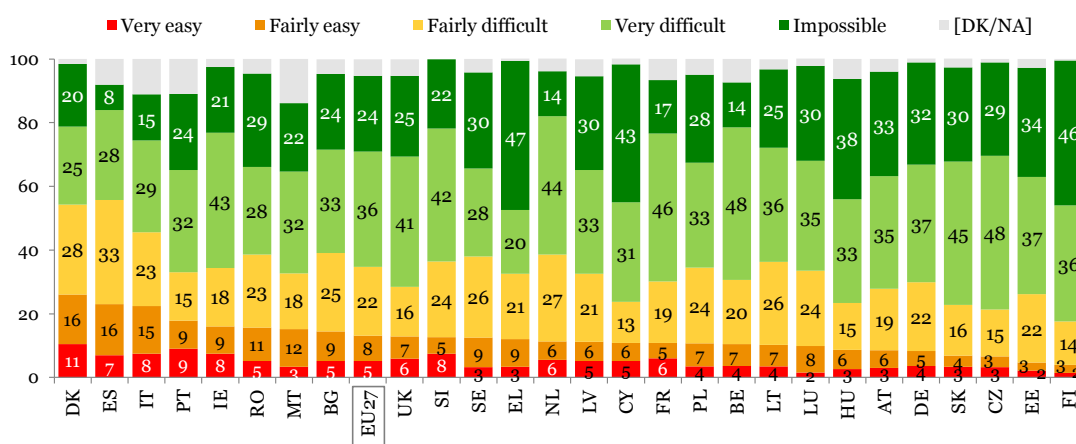
Given that most young people appear to find it *difficult* to obtain heroin, cocaine or ecstasy (this was observed both in 2008 and 2011), the change in question wording – i.e. adding a focus on the possibility to obtain these substances *within 24 hours* – might have caused that, in 2011, more respondents chose the “very difficult” or “impossible” responses. Furthermore, it is reasonable to assume that this change in question wording will have had only a minor impact on the response distribution for substances that are generally perceived as *very easy* to obtain – i.e. alcohol and tobacco (as noted before, for many respondents – the older ones – the purchase and consumption of alcohol and tobacco is legal). Finally, it should be pointed out that, in 2008, respondents were offered fewer response options (i.e. “impossible” was not included in the response scale). However, given that this response option is closest to the “very difficult” response option, it is unlikely that this change in the current survey will have influenced the proportions of “very easy” and “fairly easy” responses.

### Individual country results

In three countries –Italy, Spain and Denmark – more than a fifth of respondents said that it would be *fairly* or *very easy* for them to acquire **heroin** (between 23% and 27%). Moreover, these three countries were the only ones where less than half of 15-24 year-olds said that it would be *very difficult* or *impossible* for them to get hold of this drug: 36% in Spain, 44% in Italy and 45% in Denmark.

In Finland, on the other hand, somewhat more than 8 in 10 (82%) respondents thought it would be *very difficult* or *impossible* for them to acquire heroin; this view was also shared by approximately three-quarters of interviewees in Cyprus (74%), Slovakia (75%) and the Czech Republic (77%). Respondents in Finland (46%) and Cyprus (43%) – together with those in Greece (47%) – were the most likely to think it would be *impossible* to get hold of heroin.

Ease of access to **heroin** (if desired)



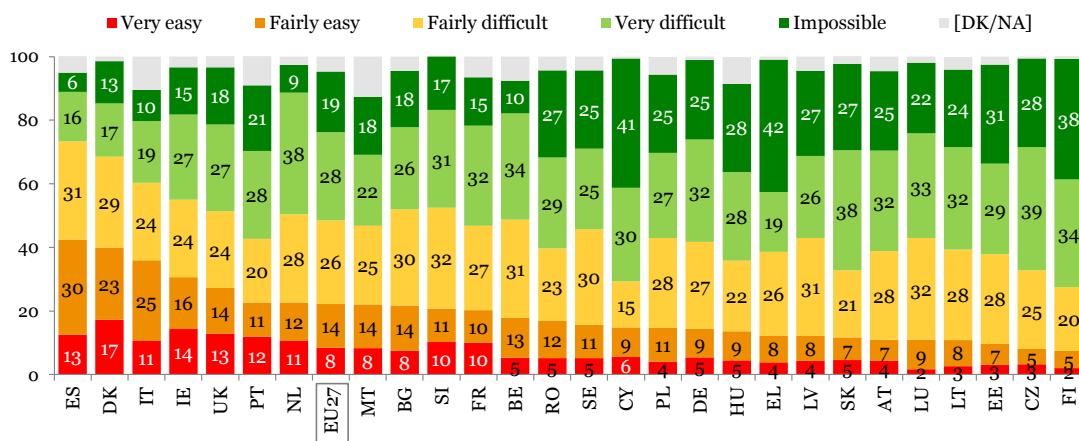
Q9. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some?  
Base: all respondents, % by country

A large variation across EU Member States was also observed in young people's opinions about how difficult, or how easy, it would be to acquire **cocaine**. Furthermore, the same countries appeared at the higher and lower ends of the country rankings for ease of access to heroin and ease of access to cocaine.

Italy, Denmark and Spain were not only found at the higher end of the country ranking for ease of access to heroin, but also for ease of access to cocaine. While less than a third of young people in these countries said it would be *very difficult* or *impossible* for them to obtain cocaine (between 24% and 30%), about 4 in 10 young people in Spain (43%) and Denmark (40%) said it would be *fairly* or *very easy* – if desired – for them to find cocaine; this figure was somewhat lower in Italy (36%). Respondents in Denmark were somewhat more likely than their counterparts to select the “very easy” response (17% compared to 11% in Italy and 13% in Spain).

In line with the findings for ease of access to heroin, Cypriot and Finnish respondents were the ones thinking they would have the most difficulty in obtaining cocaine: 71%-72% said it would be *very difficult* or *impossible*. Cocaine was also said to be difficult to obtain for young people in Estonia, Greece, Slovakia and the Czech Republic, where 60% – or more – of respondents said it would be *very difficult* or *impossible* for them to acquire this drug (between 60% in Estonia and 67% in the Czech Republic).

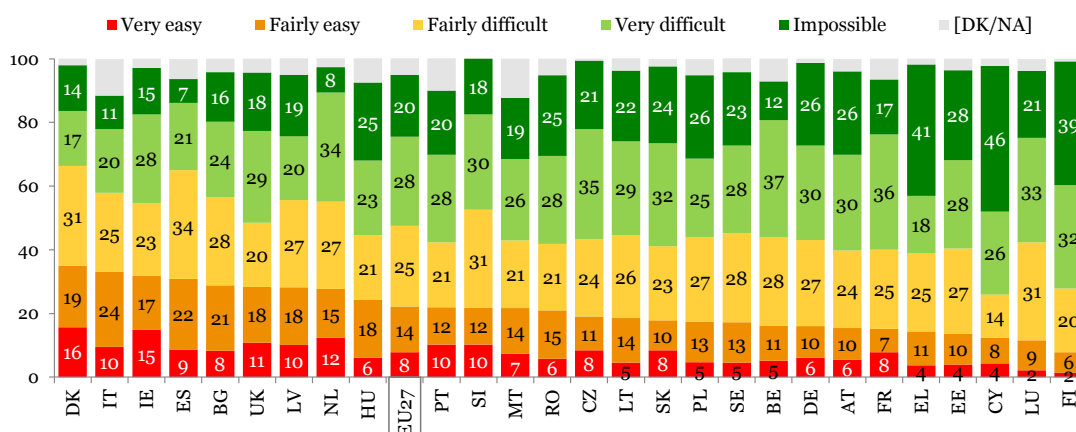
#### Ease of access to **cocaine** (if desired)



Q9. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some?  
Base: all respondents, % by country

Similarities were also seen when looking at the country ranking for young people's opinions about ease of access to the “party drug” **ecstasy**. The proportion of young people who thought it would be *fairly* or *very easy* for them to obtain ecstasy varied between roughly a tenth in Finland (8%) and Luxembourg (11%) and three times that figure in Spain (31%), Ireland (32%), Italy (34%) and Denmark (35%). Conversely, the proportion of 15-24 year-olds who said that it would be *very difficult* or *impossible* to get hold of that drug ranged from less than a third in Spain (28%), Italy and Denmark (both 31%) to somewhat more than 7 in 10 respondents in Finland (71%) and Cyprus (72%).

Looking at the most “extreme” responses (i.e. “very easy” vs. “impossible”), it was noted that, in line with the findings for ease of access to cocaine, young people in Denmark were among the most likely to think it would be *very easy* to get hold of ecstasy (16%); a figure similar to the one observed in Ireland (15%). In Finland, Greece and Cyprus, on the other hand, roughly 4 in 10 – or more – respondents considered it *impossible* to get hold of ecstasy (between 39% and 46%). Note: Greek respondents were less likely than Cypriots and Finns to select the “very difficult” response (18% vs. 26%-32%).

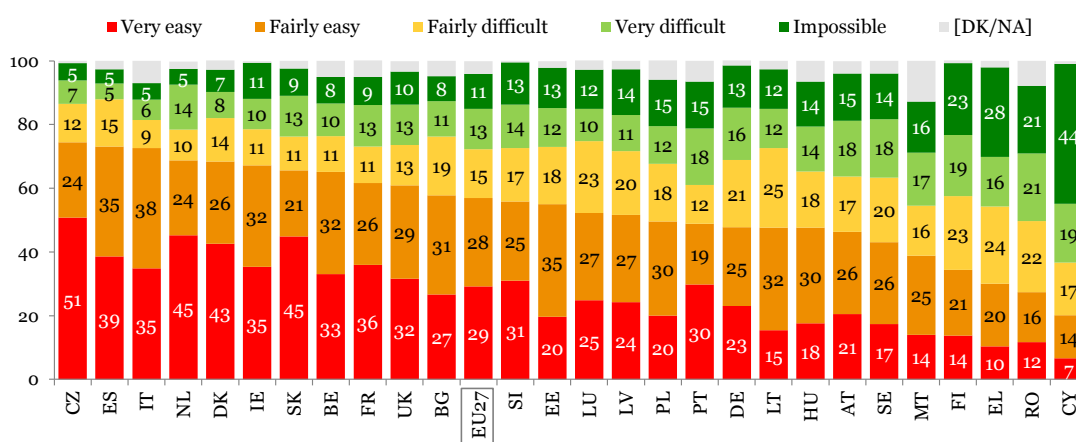
Ease of access to **ecstasy** (if desired)

Q9. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some?  
Base: all respondents, % by country

Although in almost all EU countries, a majority of young people thought it would be *very difficult* or *impossible* to get hold of heroin, cocaine or ecstasy, in only one country – Cyprus – did more than half of 15-24 year-olds say there would be a problem in acquiring **cannabis** (44% “impossible” and 19% “very difficult” responses).

The legal status of possession of cannabis for personal use and the measures adopted to control it vary considerably across EU Member States: some countries or regions tolerate certain forms of possession; other countries apply administrative sanctions or fines for offences; while a limited number of countries apply penal sanctions<sup>2</sup>. These differences in legislation and the practice of criminal conviction across Member States may have had some influence on the perceived ease of access to cannabis.

Respondents in the Czech Republic were the ones expecting to find the least amount of difficulty in obtaining cannabis: 51% thought it would be *very easy* and 24% *fairly easy* to obtain this substance, while a minority (12%) said this would be *very difficult* or *impossible*. Italy and Spain were close to the Czech Republic with 73%-74% of “very easy” and “fairly easy” responses; however, focusing only on the proportions of “very easy” responses, young people in Denmark, the Netherlands and Slovakia were more similar to the Czechs (43%-45% of “very easy” responses).

Ease of access to **cannabis** (if desired)

Q9. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some?  
Base: all respondents, % by country

<sup>2</sup> See, for example, EMCDDA website: <http://eldd.emcdda.europa.eu/html.cfm/index5769EN.html>

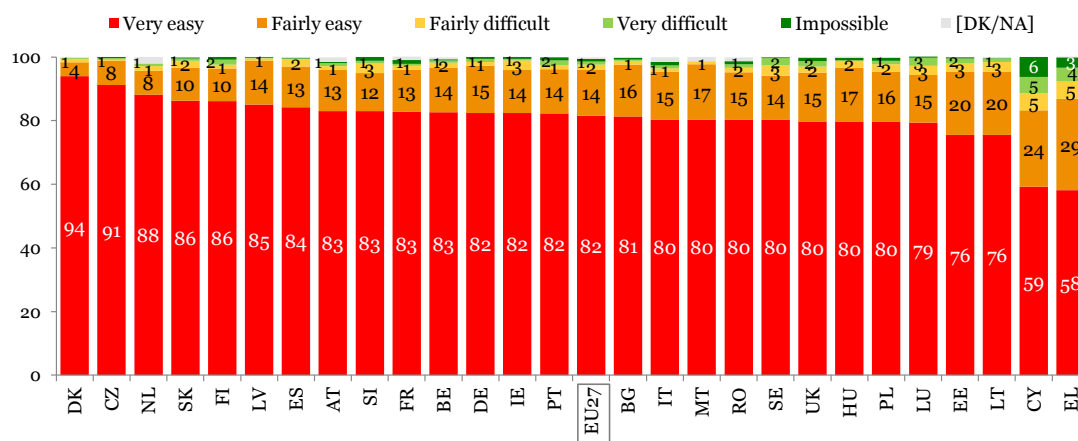
While there were large variations, across EU Member States, in young people's perceptions about how difficult it would be for them to get hold of illicit drugs, there was **significantly less variation in their assessment of the ease of access to alcohol and tobacco**. In all EU Member States, except for Greece and Cyprus (see later in this document), a vast majority, i.e. more than 90% of respondents, said it would be *fairly* or *very easy* to obtain cigarettes or other **tobacco** products; a similar picture emerged when looking at the individual country results for **alcohol**.

The current regulating systems and the enforcement of rules with respect to the purchase and consumption of tobacco products and alcohol vary across Member States. **The age limit for buying tobacco products in the EU Member States varied between 14 and 20 years of age and that for buying and consuming alcohol between 16 and 18 years of age**. As such, although almost no variation was seen in the proportions considering it *fairly* or *very easy* to obtain alcohol or tobacco products, somewhat more variation was seen, across countries, in the proportions of “very easy” responses. For example, the proportion of 15-24 year-olds who thought it would be *very easy* for them to get hold of cigarettes or other tobacco products ranged from 76% in Lithuania and Slovenia to 91% in the Czech Republic.

Greece and Cyprus stood out with a considerably lower proportion of young people who thought it would be easy for them to obtain tobacco or alcohol. For example, 55% of young Greeks thought it would be *very easy* for them to get hold of cigarettes or other tobacco products and 23% thought it would be *fairly easy*. A tenth of young people in Greece said it would be *impossible* for them to obtain tobacco products, 5% thought it would be *very difficult* to obtain these and 7% thought it would be *fairly difficult*.

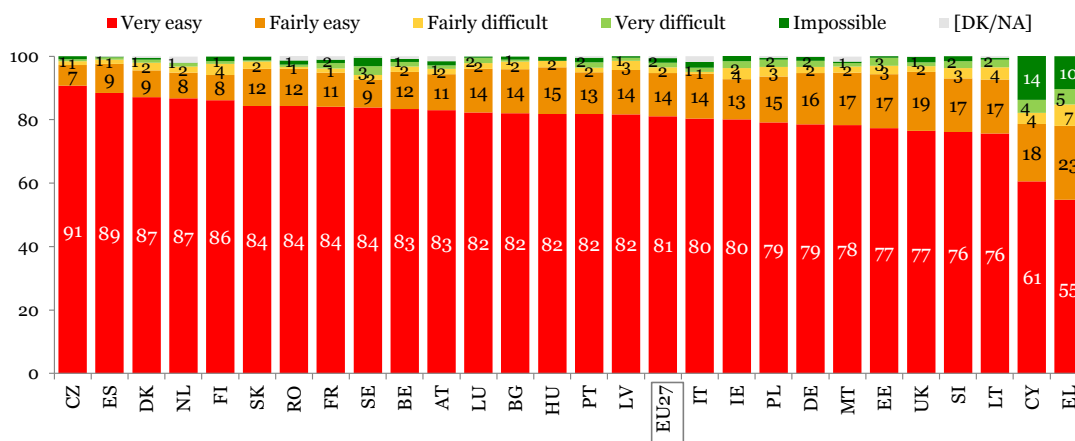
Young people in Cyprus were also at the lower end of the country ranking in 2008<sup>3</sup>; however, Greece's position has changed compared to the previous survey. A change in legislation might help to explain the current results: in December 2008, the Greek Parliament ratified Law 3730/2008 (*Protection of minors from smoke, alcoholic beverages and other regulations*); as such, Greece was no longer among the last EU Member States to pass a statute that prohibited the sale of tobacco and alcohol products to minors.

#### Ease of access to **alcohol** (if desired)



Q9. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some?  
Base: all respondents, % by country

<sup>3</sup> It was noted, in 2008, that the results of Cyprus could be linked to the country's comparatively strict youth protection laws (e.g. the supply of tobacco to a person under 18 constitutes a criminal offence).

Ease of access to **tobacco** (if desired)

Q9. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some?  
Base: all respondents, % by country

**Socio-demographic considerations**

The same proportions of **young men and women** thought that it would be difficult for them to obtain heroin, cocaine or ecstasy, and the same proportions thought it would be easy to get hold of alcohol or tobacco. For cannabis, however, it was noted that young women were more prone to say that it would be *very difficult* or *impossible* for them to acquire this substance (28% vs. 20% of young men), while more young men expected that it would be *very easy* to obtain cannabis (34% vs. 25% of young women).

Ease of access to certain types of drugs also differed between the **youngest respondents** (15-18 year-olds) and the **oldest ones** (22-24 year-olds). For example, 31% of 15-18 year-olds thought that it would be *very difficult* and 28% felt it would be *fairly difficult* to get hold of cocaine – if desired; the corresponding proportions for 22-24 year-olds were 24% and 23%, respectively. Conversely, 28% of the oldest respondents thought that obtaining cocaine would be *fairly* or *very easy*, compared to 17% of the youngest respondents. Note: across all age groups, 18%-20% thought that obtaining cocaine would be *impossible*.

For access to alcohol and tobacco, the greatest differences were seen in the proportions finding it *very easy* to access these substances. For example, 70% of 15-18 year-olds thought it would be *very easy* for them to get hold of tobacco compared to 89% of 22-24 year-olds.

Since the age limit for buying and consuming alcohol in the EU Member States varied from 14 to 20 years of age and that for buying tobacco products varies from 16 to 18 years of age (dependent on the country), differences in the ease of access to these products for 15-18 year-olds might be expected. The following table shows that, for this group, as they get older, then the access to alcohol and tobacco becomes easier. For example, while 55% of 15 year-olds said it would be *very easy* to obtain cigarettes or other tobacco products, this proportion increased to 60% of 16 year-olds, 71% of 17 year-olds and 82% of 18 year-olds. Similarly, 58% of 15 year-olds expected it would be *very easy* for them to obtain alcohol, this proportion gradually increased to 84% for 18 year-olds.



<b>Ease of access to tobacco and alcohol (if desired) for 15-18 year-olds</b>				
<b>Tobacco</b>	<b>Age of the respondent</b>			
	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>
Very easy	55%	60%	70%	82%
Fairly easy	27%	26%	20%	14%
Fairly difficult	7%	7%	5%	1%
Very difficult	6%	5%	2%	1%
Impossible	5%	1%	2%	1%
[DK/NA]	1%	1%	1%	0%
<b>Alcohol</b>				
Very easy	57%	63%	73%	84%
Fairly easy	27%	29%	21%	13%
Fairly difficult	8%	5%	3%	1%
Very difficult	5%	2%	1%	1%
Impossible	2%	1%	1%	0%
[DK/NA]	1%	0%	0%	0%
	<i>n=718</i>	<i>n=942</i>	<i>n=1325</i>	<i>n=1626</i>

**Q9. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some?**

*Base: all 15-18 year-olds; % by EU27*

Similar differences were seen when comparing the ease of access to each of the substances in the survey, based on the **respondent's level of education** and whether or not they were a **full-time student**. This was to be expected, given that most 15-18 year-olds had completed primary education (but not yet secondary education) at the time of the survey, and full-time students tend to be younger than those who have completed their education.

Young people's **place of residence** also influenced the possibility of being able to obtain drugs. Those from rural areas more often than city dwellers thought it would be *very difficult* or *impossible* for them to acquire heroin, cocaine, ecstasy or cannabis. For example, 28% of rural residents said it would be *very difficult* or *impossible* to acquire cannabis if they wanted to, compared to 23% of urban residents and 19% of metropolitan residents.

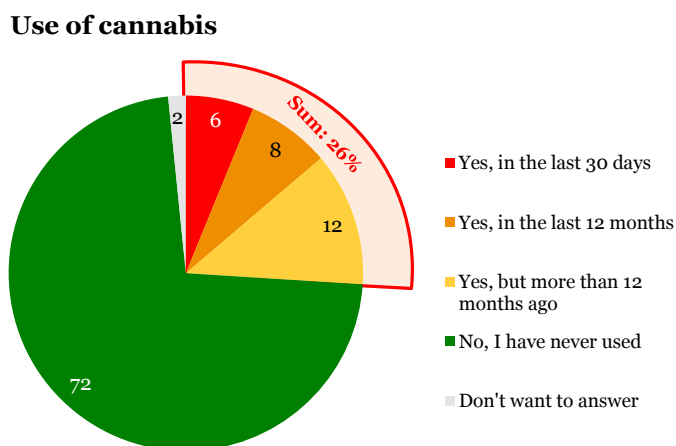
The results for alcohol and tobacco showed differences between rural residents and city dwellers in the proportions of respondents who thought it would be *very easy* rather than *fairly easy* to obtain these products. For example, 80% of rural residents thought it would be *very easy* for them to get hold of tobacco products and 16% said this would be *fairly easy*; the corresponding proportions for metropolitan residents were 87% vs. 10%, respectively.

Mostly minor differences were observed in perceptions about the ease of access to certain substances by the **occupational status** of respondents or the primary earner of the household.

For further details, see annex tables 21b through 26b.

## 1.2 Self-reported use of cannabis

Roughly a quarter of young people participating in the survey said they have used cannabis; more precisely, 6% reported having used cannabis *in the past 30 days*, 8% *in the past year* and 12% had used it, although *not in the past 12 months*. Slightly more than 7 in 10 (72%) young people answered that they had never used cannabis. Just a handful of respondents (2%) preferred not to answer this question.



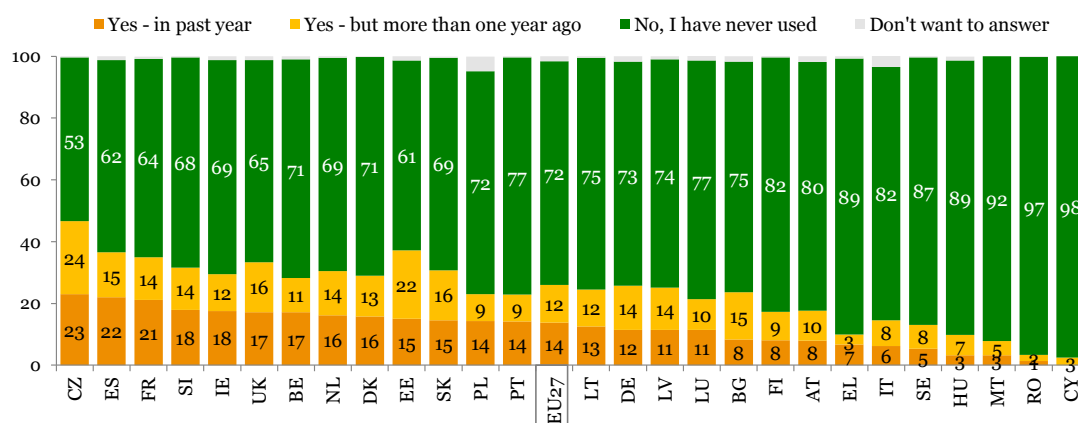
**Q10. Have you used cannabis yourself?**  
Base: all respondents, % by EU27

### Country variations

In the Czech Republic, almost half of respondents said they had used cannabis: almost a quarter (23%) had used it in the past year and a similar proportion (24%) had used cannabis, but not in the past year. France and Spain joined the Czech Republic with somewhat more than a fifth of young people who reported having used cannabis in the past year (21%-22%); the corresponding figures for having used cannabis “more than one year ago” were lower (14%-15%).

In Romania and Cyprus, on the other hand, virtually all respondents said they had never used cannabis. Other countries with roughly 90% of young people who reported never having used this substance were Malta (92%), Greece and Hungary (both 89%)<sup>4</sup>.

### Use of cannabis



**Q10. Have you used cannabis yourself?**  
“in the past year” = “in the past 30 days” + “in the past 12 months”  
Base: all respondents, % by country

<sup>4</sup> The validity of self-reported cannabis use is sometimes questioned because of the widespread belief that young people would underreport cannabis use or deny it completely. Since social norms do not view cannabis use as a desirable behaviour, a social desirability bias would result in underestimates of actual cannabis use.



### ***Socio-demographic considerations***

**Young men were more likely than young women to have used cannabis.** For example, 18% of young men, as opposed to 9% of young women, reported having used cannabis in the past year (i.e. sum of “in the past 30 days” and “in the past 12 months”). Similarly, while 19% of metropolitan residents said they had used cannabis in the past year, this proportion decreased to 11% for rural residents.

Younger respondents – i.e. 15-18 year-olds, full-time students and those who had not (yet) completed more than primary education – were more likely to say that they had never used cannabis (for example, 82% of 15-18 year-olds vs. 63% of 22-24 year-olds). Conversely, **older respondents** somewhat more frequently answered that they had used cannabis in the past year; nonetheless, the largest differences across age groups were seen when looking at the proportions who said they had used cannabis, but not in the past 12 months (for example, 18% of respondents who were no longer full-time students selected this response, compared to 9% of full-time students).

Finally, 66% of respondents in “**non-working**” households said they had never used cannabis, compared to 72%-75% in other households. Among these respondents in “non-working” households, 17% had used cannabis in the past year (compared to 13% in “employee” and “manual worker” households; the figure for respondents in “self-employed” households was 16%) and a similar proportion (16%) had used cannabis, but not in the past year (compared to 10%-12% in other households).

Respondents in “non-working” households are (1) respondents who were not full-time students and who did not have a professional activity (e.g. they were unemployed or a homemaker), or (2) they were a full-time student and they lived in a household where the head of the household was not working – i.e. they answered that the person who contributed most to the household income was, for example, unemployed, a full-time student or a homemaker.

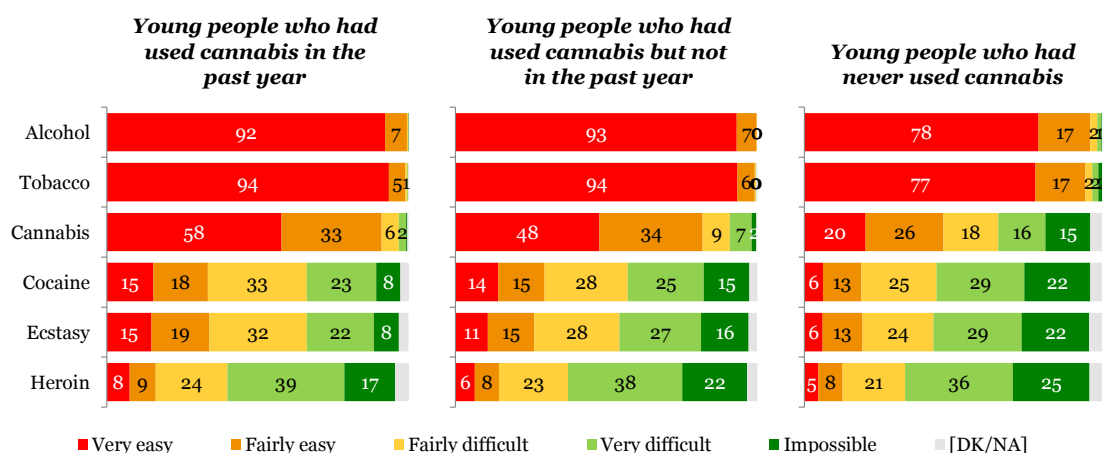
For further details, see annex table 27b.

### ***The relationship between ease of access to certain drugs and self-reported cannabis use***

Young people who had used cannabis were more likely than their counterparts who had not used this substance to say that cannabis was easily accessible. For example, 58% of respondents who reported having used cannabis in the past year said it would be *very easy* for them to get hold of cannabis; this proportion dropped to 20% for those who had never used cannabis.

Young people who had used cannabis were also more likely to consider it less difficult to obtain other illicit drugs – such as heroin, cocaine and ecstasy. For example, focusing on the proportions selecting the “impossible” response when asked about access to cocaine, this proportion was 8% for respondents who had used cannabis in the past year, 15% for those who had used cannabis, but not in the past year, and 22% for young people who had never used cannabis.

Finally, the results for alcohol and tobacco showed differences in the proportions of respondents who thought it would be *very easy* rather than *fairly easy* to obtain these products. For example, 92%-93% of respondents who had used cannabis (either in the past year or before that time) thought it would be *very easy* for them to get hold of alcohol and 7% said this would be *fairly easy*; the corresponding proportions for interviewees who had never used cannabis (and who tended to be younger – see above) were 78% vs. 17%, respectively.

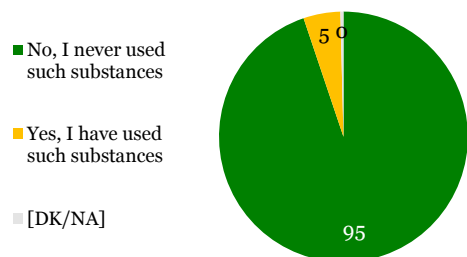
**Ease of access to certain substances (if desired)**

**Q9. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some?**  
Base: all respondents, % by EU27

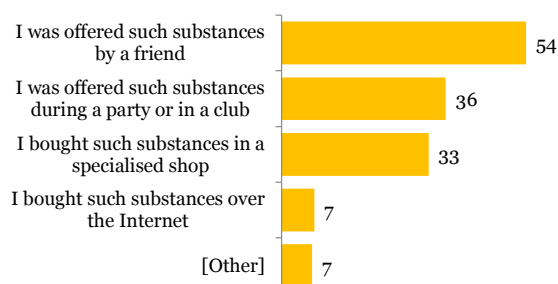
**1.3 Experience with new substances that imitate the effects of illicit drugs**

A large number of new unregulated compounds that imitate the effects of illicit drugs (so-called new psychoactive substances or “legal highs”) have appeared in recent years. This is the first time that a question on the use of these substances was included in a Flash Eurobarometer survey. Young people’s responses to this question should be interpreted with caution as this category of substances could be understood to encompass a great variety of substances.

Overall, 5% of young EU citizens participating in the survey reported having used new substances that imitate the effects of illicit drugs.

**Experience with psychoactive substances**

**Q5. In certain countries some new substances that imitate the effects of illicit drugs are being sold as legal substances in the form of - for example - powders, tablets/pills or herbs. Have you ever used such substances?**  
Base: all respondents, % by EU27

**Where were young people offered such substances?**

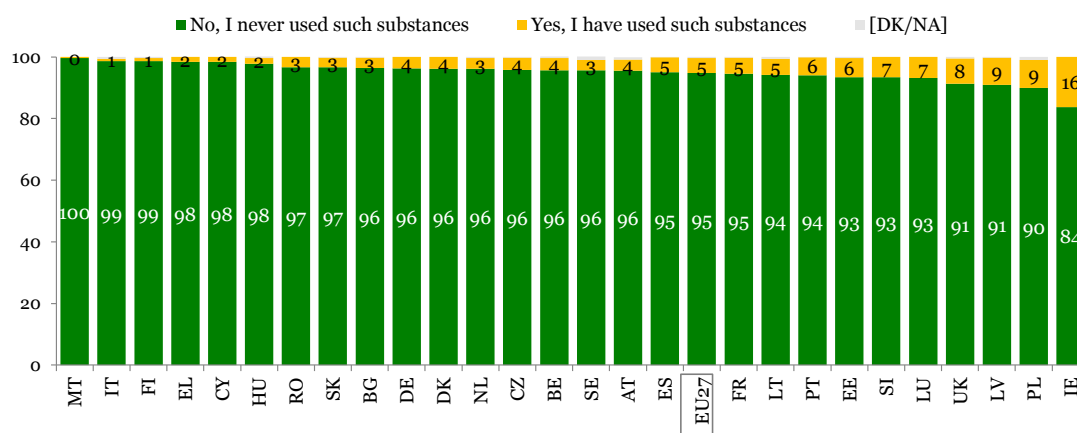
**Q6. Where were you offered such substances?**  
Base: those who had used new psychoactive substances  
% of mentions by EU27

A slim majority (54%) of respondents – who had used legal substances that imitate the effects of illicit drugs – said a friend had offered them such substances and more than a third (36%) were offered such substances at a party or in a club. A third of these respondents had bought such substances in a specialised shop and less than a tenth (7%) had bought these via the Internet.

### Country variations

In most EU countries, not more than 1 in 20 young people reported having used legal substances that imitate the effects of illicit drugs. In the UK, Latvia and Poland, self-reported use of these substances was close to 10%. Respondents in Ireland were by far the most likely to say they have used new substances that imitate the effects of illicit drugs (16%).

#### Experience with legal substances that imitate the effects of illicit drugs



Q5. In certain countries some new substances that imitate the effects of illicit drugs are being sold as legal substances in the form of - for example - powders, tablets/pills or herbs. Have you ever used such substances?

Base: all respondents, % by country

### Socio-demographic considerations

Across all socio-demographic groups, a small proportion, between 3% and 7% of interviewees, said they have used legal substances that imitate the effects of illicit drugs. Furthermore, across all groups, the largest proportion of young people – who had used such substances – said they had been offered them by a friend; for example, the proportion selecting this response varied between 43% for respondents living in metropolitan areas and 60% for respondents in rural areas and for 19-21 year-olds.

Other differences seen across socio-demographic groups were, for example, that older respondents were more likely than their younger counterparts to have been offered such substances at a party or in a club (41% of 22-24 year-olds vs. 32% of 15-18 year-olds) and that specialised shops were more popular – as a way of obtaining such new psychoactive substances – among respondents who had completed their higher education (41% vs. 27% among those who had only completed their primary education at the time of the survey).

For further details, see annex tables 12b and 13b.

## 2. Becoming better informed about illicit drugs and drug use

### 2.1 Potential sources of information

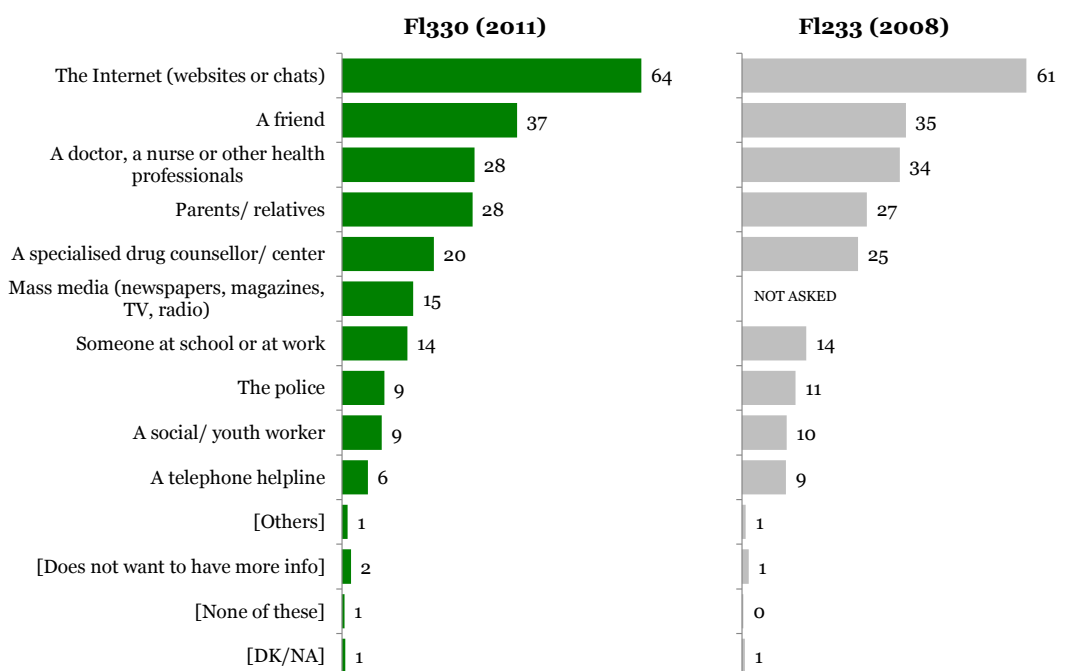
Young EU citizens participating in this survey were presented with a list of potential sources they could turn to when looking for general information about illicit drugs and drug use; they were asked to select up to three sources.

As in the 2008 Flash Eurobarometer on this subject, **the Internet** was the most popular source of information: 64% of 15-24 year-olds said they would use the Internet when looking for general information about illicit drugs and drug use. In sharp contrast, just 15% of respondents would consult mass media sources – e.g. TV, radio, newspapers or magazines – to learn more about drug-related issues.

Almost 4 in 10 (37%) respondents would turn to **a friend** in order to discuss issues relating to illicit drugs and drug use, while somewhat more than a quarter (28%) preferred to talk to **their parents or other relatives**. A **health professional, such as a doctor or nurse**, was also selected by 28% of interviewees and a fifth of young people would contact a **specialised drugs counsellor** or someone at a drugs centre.

The more formalised/institutionalised information sources – a drugs counsellor or health professional – had been the ones most likely to be used by young people in 2004, and, at that time, fewer respondents selected the Internet as a way of finding out about drugs. However, compared to 2002, the Internet was making headway in 2004 as a source of drug-related information. This increasing importance of the potential use of the Internet for this purpose had been confirmed in 2008 when the Internet became the most likely information source for young people<sup>5</sup>.

#### Potential sources of information about illicit drugs and drug use, 2008-2011



Q1 (2011). If you wanted to have information about illicit drugs and drug use in general, who would you turn to? Please choose up to three.

Q1 (2008). If you wanted to have more information about illicit drugs and drug use in general, who would you turn to? Please choose up to three.

Base: all respondents, % of mentions by EU27

<sup>5</sup> In the 2002 and 2004 surveys, young people were asked who they would turn to when wanting to know more about “drugs”, while young people in 2008 and 2011 were asked who they would turn to when they wanted to have (more) information about “illicit drugs and drug use in general”.

Other sources of information listed in the survey were less popular with young people. About one in seven (14%) respondents would talk to someone at school or at work (e.g. a teacher, classmate or colleague). Small groups of respondents selected **the police** (9%), **a social or youth worker** (9%) or **a telephone helpline** (6%) to discuss drug-related issues. Getting information from someone at school or at work, a social or youth worker, a police officer or by calling a telephone helpline were all less popular than other sources in earlier surveys.

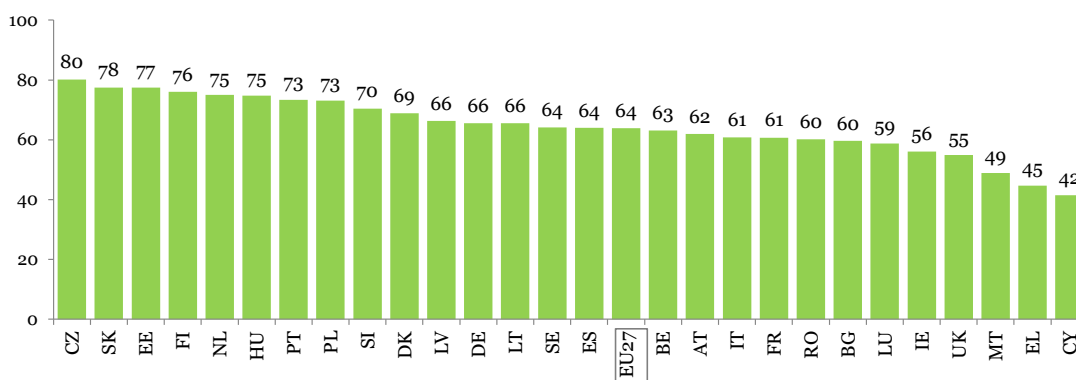
### Individual country results

In almost all EU Member States, a majority of respondents selected **the Internet** as a potential source of general information about illicit drugs and drug use; the countries with the highest proportions were the Czech Republic (80%), Slovakia (78%), Estonia (77%) and Finland (76%).

In the UK and Ireland, a slim majority of young people said they would use the Internet when looking for general information about drug-related issues (55%-56%), while this figure dropped below 50% in Cyprus (42%), Greece (45%) and Malta (49%). In 2008, young people in the three last-named countries were also the least likely to search the Internet for information.

### Potential sources of information about illicit drugs and drug use

#### *The Internet (websites or chats)*



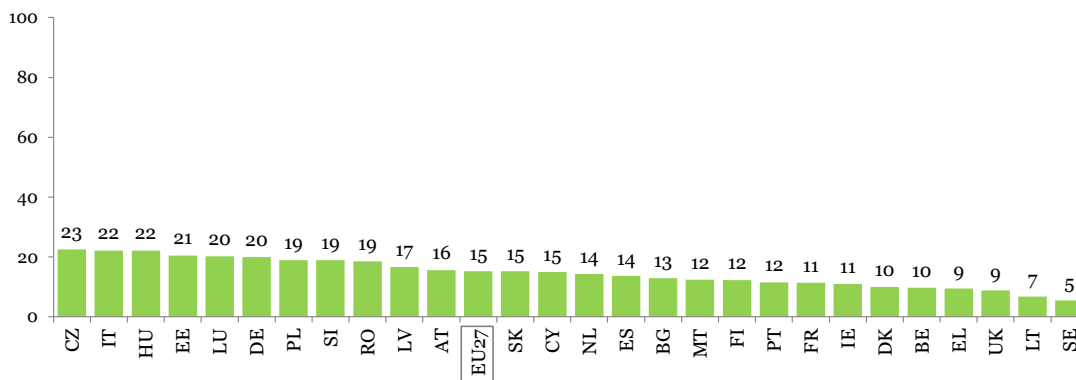
Q1. If you wanted to have information about illicit drugs and drug use in general, who would you turn to?  
Please choose up to three.

Base: all respondents, % of mentions by country

The proportion of young people who would consult **mass media sources** – e.g. TV, radio, newspapers or magazines – when looking for information about illicit drugs and drug use in general ranged from less than a tenth in Sweden (5%), Lithuania (7%), the UK and Greece (both 9%) to more than a fifth in Estonia (21%), Hungary and Italy (both 22%), and the Czech Republic (23%).

### Potential sources of information about illicit drugs and drug use

#### *Mass media (newspapers, magazines, TV, radio)*



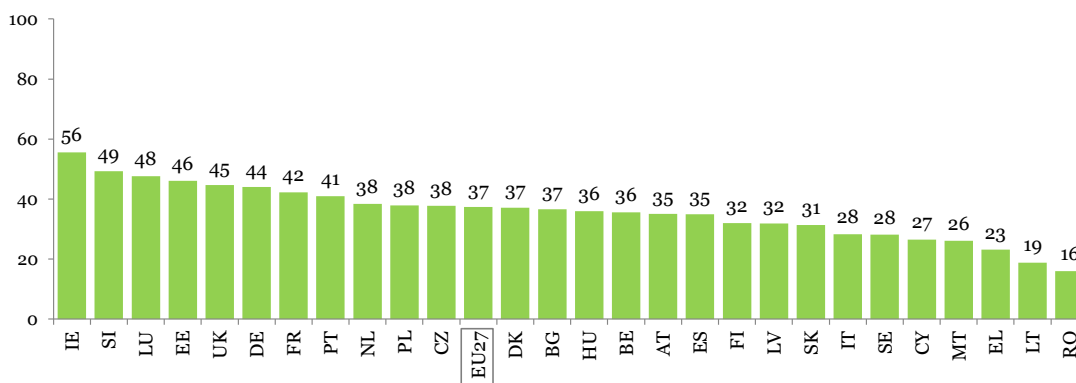
Q1. If you wanted to have information about illicit drugs and drug use in general, who would you turn to?  
Please choose up to three.

Base: all respondents, % of mentions by country

Respondents in Ireland were the most likely to say they would talk to **a friend** when looking for information about illicit drugs and drug use in general: a slim majority (56%) selected this answer from the listed information sources. In an additional seven countries, more than 4 in 10 respondents would talk to a friend about this issue (from 41% in Portugal to 49% in Slovenia); in Romania and Lithuania, on the other hand, less than one-fifth of interviewees gave a similar response (16% and 19%, respectively).

### Potential sources of information about illicit drugs and drug use

#### *A friend*



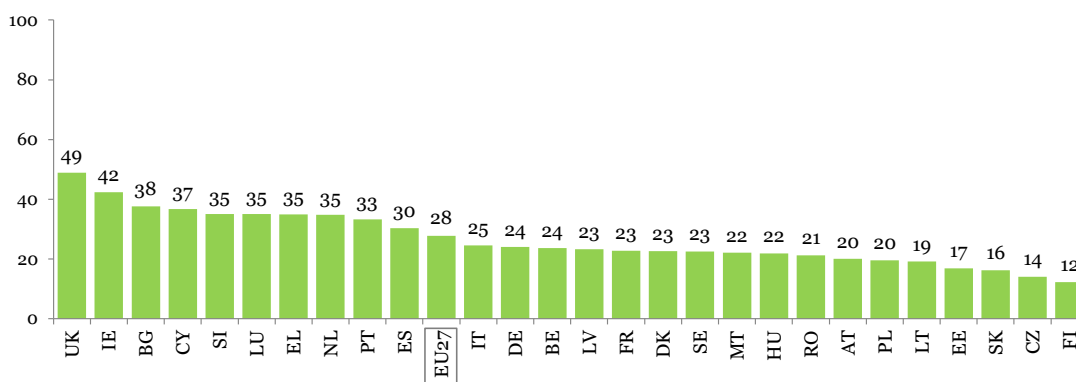
Q1. If you wanted to have information about illicit drugs and drug use in general, who would you turn to?  
Please choose up to three.

Base: all respondents, % of mentions by country

Young people in Ireland were also among the ones most likely to talk to their **parents or relatives** about drugs and drug use (42%); those in the UK, however, were overall the most likely to select this response (49%). The smallest proportions of young people who would turn to their parents or relatives in order to discuss issues relating to illicit drugs and drug use were observed in Finland (12%), the Czech Republic (14%), Slovakia (16%) and Estonia (17%). Once again, similarities could be seen in the ranking of countries across the two survey waves (2008 and 2011).

### Potential sources of information about illicit drugs and drug use

#### *Parents or relatives*



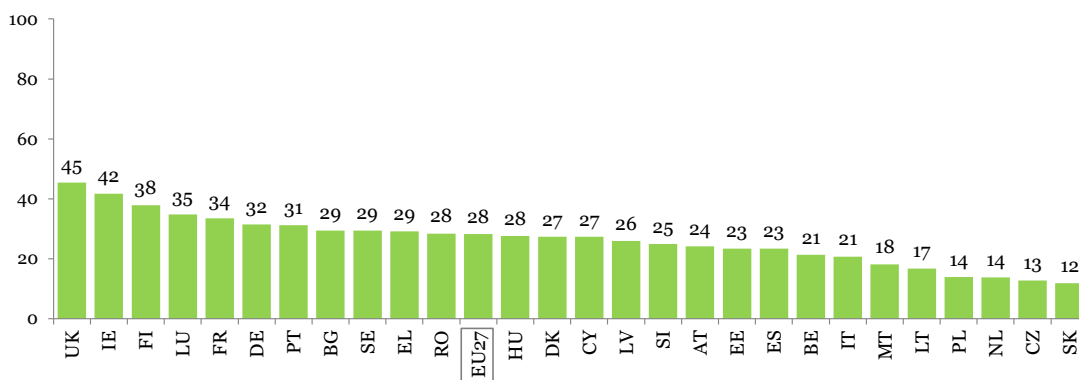
Q1. If you wanted to have information about illicit drugs and drug use in general, who would you turn to?  
Please choose up to three.

Base: all respondents, % of mentions by country

In Slovakia, the Czech Republic, the Netherlands and Poland, not more than one in seven (12%-14%) respondents would go to a **health professional, such as a nurse or a doctor**, in order to discuss issues relating to illicit drugs and drug use. In the UK and Ireland, however, three times as many respondents would refer to such a health professional (45% and 42%, respectively).

### Potential sources of information about illicit drugs and drug use

#### *A doctor, a nurse or another health professional*



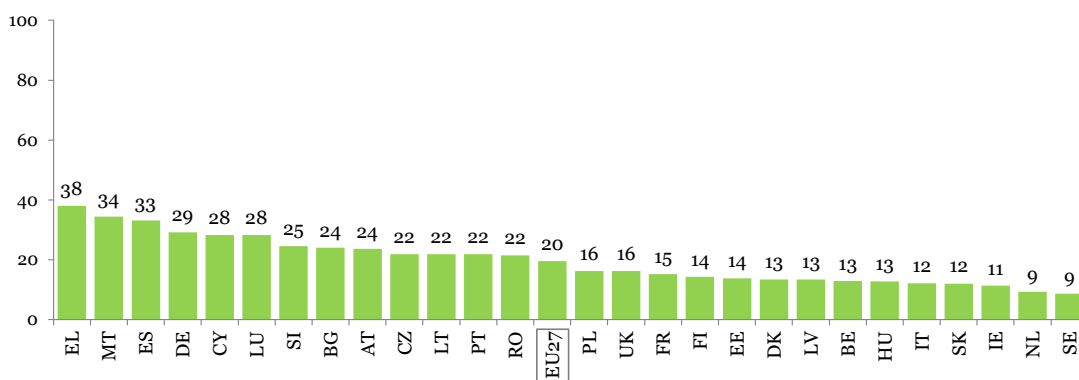
Q1. If you wanted to have information about illicit drugs and drug use in general, who would you turn to?  
Please choose up to three.

Base: all respondents, % of mentions by country

Young people in the Netherlands and Slovakia (9% and 12%, respectively) were also among the least likely to say that they would talk to a **specialised drugs counsellor or someone at a specialised drugs centre** to get general information about illicit drugs and drug use. Other countries where respondents were less disposed to select this more formalised/institutionalised source of information included Sweden (9%), Ireland (11%) and Italy (12%). As in the 2008 Flash Eurobarometer, a specialised drugs counsellor or someone at a specialised drugs centre was mentioned most often in southern European countries: Greece (38%), Malta (34%) and Spain (33%).

### Potential sources of information about illicit drugs and drug use

#### *A specialised drug counsellor or drugs centre*



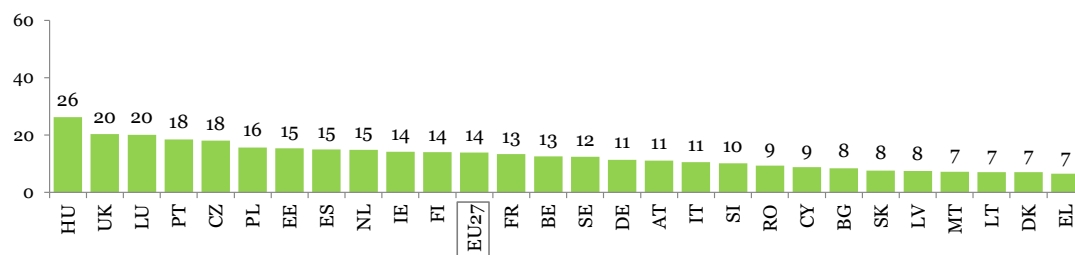
Q1. If you wanted to have information about illicit drugs and drug use in general, who would you turn to?  
Please choose up to three.

Base: all respondents, % of mentions by country

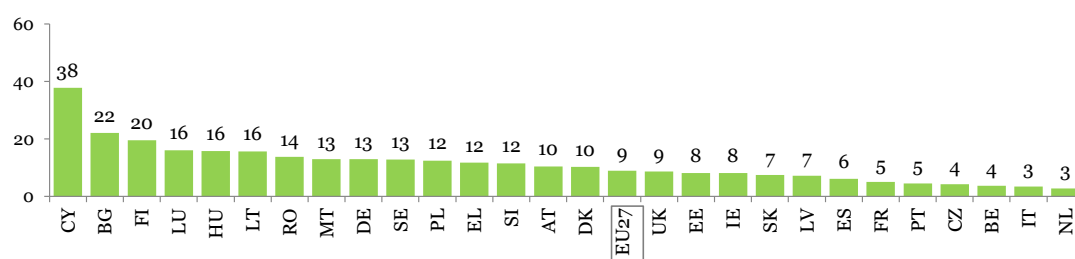
The following set of charts shows that all other sources of information – **someone at school or at work, the police, a social or youth worker** and **a telephone helpline** – were selected by less than one in five respondents in almost all Member States. Notable exceptions were Hungary, with roughly a quarter (26%) of respondents who would prefer to talk to someone at school or at work, and Cyprus, where almost 4 in 10 (38%) respondents said they would go to the police to find out more about illicit drugs and drug use.

### Potential sources of information about illicit drugs and drug use

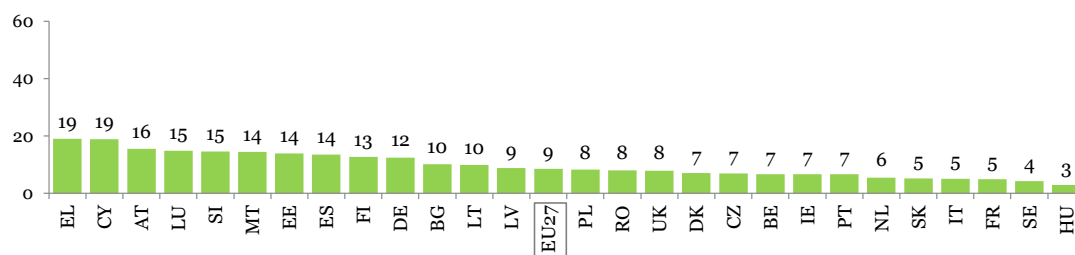
#### Someone at school or at work



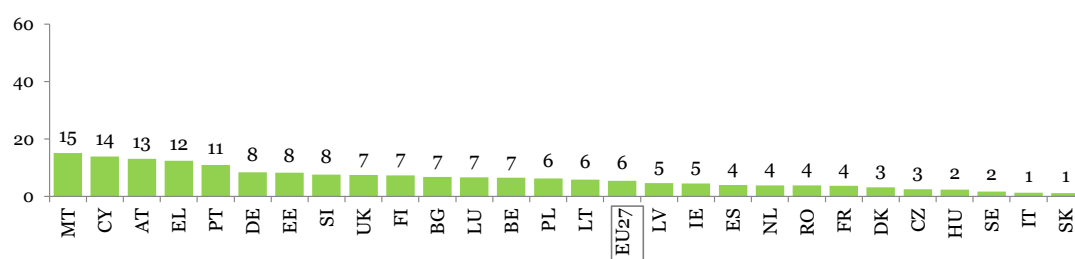
#### The police



#### A social or youth worker



#### A telephone helpline



Q1. If you wanted to have information about illicit drugs and drug use in general, who would you turn to?  
Please choose up to three.

Base: all respondents, % of mentions by country



The table on the following page shows the three most popular choices of information sources, used to find out more about illicit drugs, per country. A first glance shows that respondents in all of the EU Member States most frequently selected similar information sources, i.e. the Internet, a friend, parents and relatives and a health professional.

In all Member States, **the Internet** was the most popular source of information; this response was selected by the largest group of respondents. For example, in Sweden, 64% of respondents selected the Internet, while the second and third most mentioned sources, a health professional and a friend, were selected by less than half as many respondents (28%-29%). In other countries, the difference between the most frequently selected information source and the second one was smaller: for example, in the UK, 55% of respondents said they would search the Internet (in first position) compared to 49% who preferred talking to parents or relatives (in second position) and 45% who would refer to a health professional (in third position).

Talking to **a friend** was also one of the preferred methods of finding out more about drugs in almost all EU Member States – this information source appeared among the three most popular (listed) information sources in 22 countries. Although **parents or relatives** were generally less frequently mentioned than a friend as someone to talk to about drugs and drug use, they were the second most popular way to find information about the topic in two Member States (Bulgaria and the UK) and they came in third position in another 10 Member States. For example, 78% of respondents in Slovakia would search the Internet (in first position), followed by 31% who preferred talking to a friend (second position) and 16% to their parents or a relative (third position).

In Finland, Sweden and Romania, **a doctor or nurse**, or any other health professional, were more frequently mentioned than a friend, parents or relatives as someone young people would turn to when looking for information about drug-related issues. For example, 38% of young people in Finland would contact a health professional (in second position), followed by 32% who preferred talking to a friend (third position). Respondents in Greece, Malta and Lithuania, in turn, were more disposed to select a **specialised drugs counsellor** or someone at a drugs centre than they were to answer that they would talk to a friend, parents or relatives. Finally, in Cyprus, **the police** was selected by the second largest group of young people: 42% of Cypriots would search the Internet for drug-related information, followed by 38% who would contact the police.

**Potential sources of information about illicit drugs and drug use**  
(three most popular choices)

<b>BE</b>	<b>%</b>	<b>BG</b>	<b>%</b>	<b>CZ</b>	<b>%</b>
The Internet	63	The Internet	60	The Internet	80
A friend	36	Parents/relatives	38	A friend	38
Parents/relatives	24	A friend	37	Mass media	23
<b>DK</b>	<b>%</b>	<b>DE</b>	<b>%</b>	<b>EE</b>	<b>%</b>
The Internet	69	The Internet	66	The Internet	77
A friend	37	A friend	44	A friend	46
Health professionals	27	Health professionals	32	Health professionals	23
<b>EL</b>	<b>%</b>	<b>ES</b>	<b>%</b>	<b>FR</b>	<b>%</b>
The Internet	45	The Internet	64	The Internet	61
A specialised drug counsellor/centre	38	A friend	35	A friend	42
Parents/relatives	35	A specialised drug counsellor/centre	33	Health professionals	34
<b>IE</b>	<b>%</b>	<b>IT</b>	<b>%</b>	<b>CY</b>	<b>%</b>
The Internet	56	The Internet	61	The Internet	42
A friend	56	A friend	28	The police	38
Parents/relatives	42	Parents relatives	25	Parents/relatives	37
<b>LV</b>	<b>%</b>	<b>LT</b>	<b>%</b>	<b>LU</b>	<b>%</b>
The Internet	66	The Internet	66	The Internet	59
A friend	32	A specialised drug counsellor/centre	22	A friend	48
Health professionals	26	Parents/relatives	19	Health professionals	35
<b>HU</b>	<b>%</b>	<b>MT</b>	<b>%</b>	<b>NL</b>	<b>%</b>
The Internet	75	The Internet	49	The Internet	75
A friend	36	A specialised drug counsellor/centre	34	A friend	38
Health professionals	28	A friend	26	Parents/relatives	35
<b>AT</b>	<b>%</b>	<b>PL</b>	<b>%</b>	<b>PT</b>	<b>%</b>
The Internet	62	The Internet	73	The Internet	73
A friend	35	A friend	38	A friend	41
Health professionals	24	Parents/relatives	20	Parents/relatives	33
<b>RO</b>	<b>%</b>	<b>SI</b>	<b>%</b>	<b>SK</b>	<b>%</b>
The Internet	60	The Internet	70	The Internet	78
Health professionals	28	A friend	49	A friend	31
A specialised drug counsellor/centre	22	Parents/relatives	35	Parents/relatives	16
<b>FI</b>	<b>%</b>	<b>SE</b>	<b>%</b>	<b>UK</b>	<b>%</b>
The Internet	76	The Internet	64	The Internet	55
Health professionals	38	Health professionals	29	Parents/relatives	49
A friend	32	A friend	28	Health professionals	45

**Q1. If you wanted to have information about illicit drugs and drug use in general, who would you turn to? Please choose up to three.**

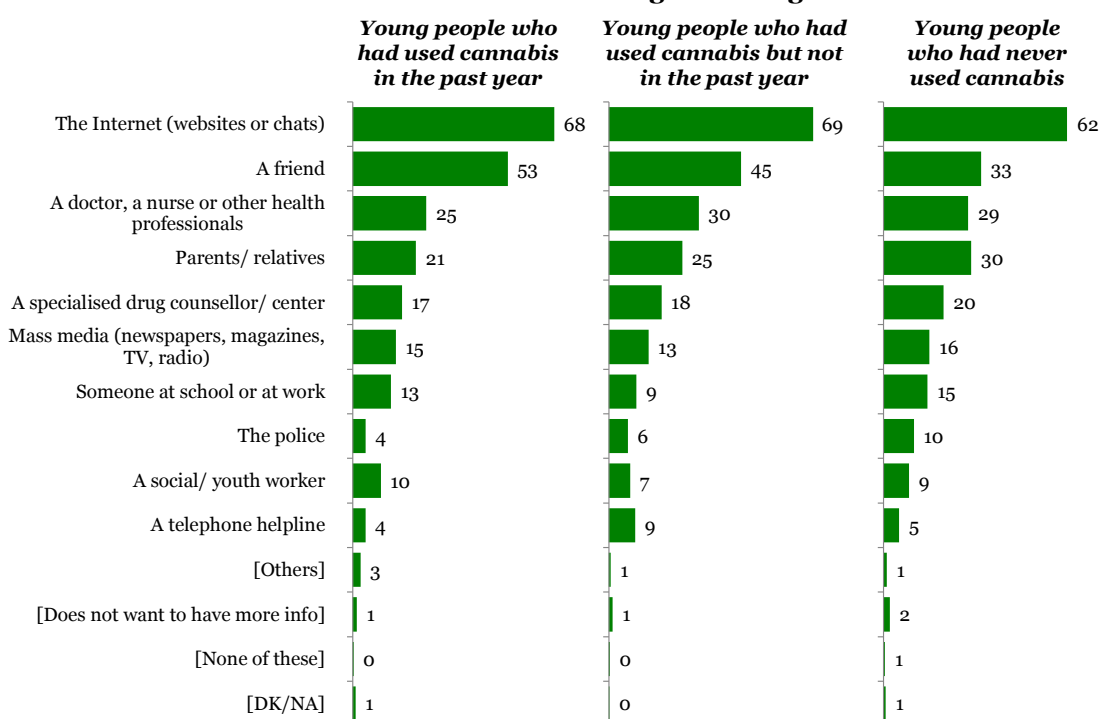
Base: all respondents, % of mentions by country

### *The relationship between potential sources of information about illicit drugs and self-reported use of cannabis and new psychoactive substances*

In accordance with the findings discussed so far, across all groups of respondents, the Internet was the most popular source for general information about the effects and risks of illicit drug use; this source was selected by 62% of young people who had never used cannabis and 68%-69% of respondents who had used cannabis, either in the past year or before that time.

Among young people who had never used cannabis, similar proportions selected a friend (33%), a health professional (29%) or a parent (30%) as potential sources they could turn to when looking for general information about illicit drugs and drug use. For young people who had used cannabis, however, friends appeared to be a more important source for information about drug-related issues than a parent or a health professional. For example, 53% of respondents who had used cannabis in the past year would talk to a friend (in first position), followed by 25% who preferred talking to a doctor or a nurse (second position) and 21% to their parents or another relative (third position).

#### Potential sources of information about illicit drugs and drug use

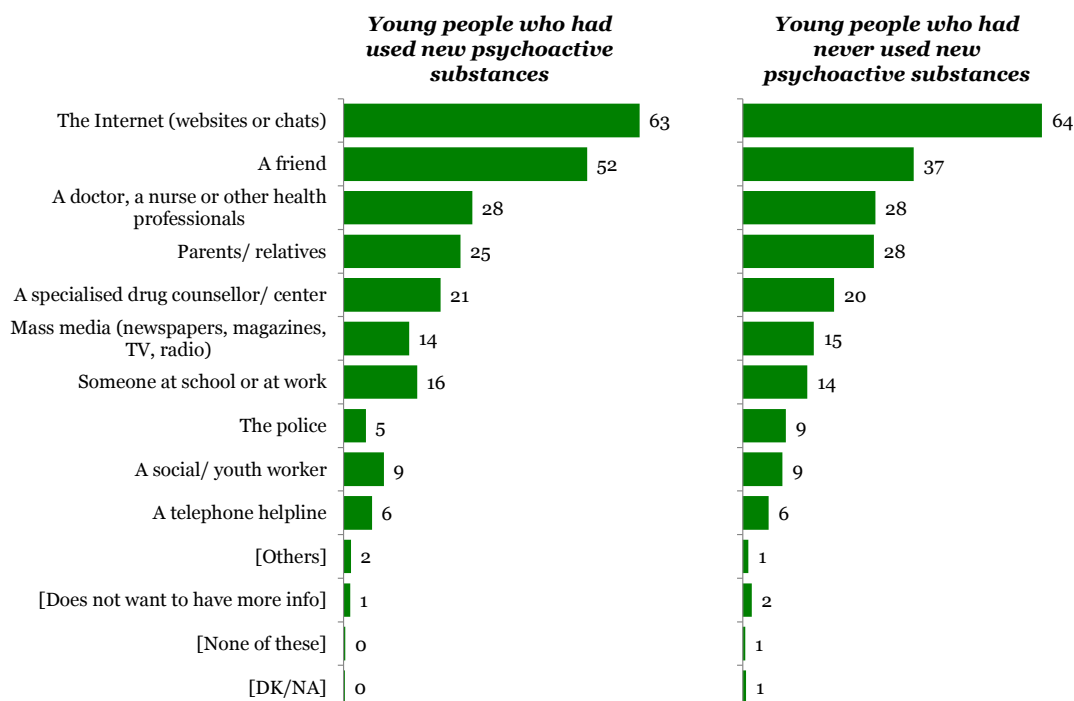


Q1. If you wanted to have information about illicit drugs and drug use in general, who would you turn to?  
Please choose up to three.

Base: all respondents, % of mentions by EU27

In accordance with the findings for self-reported cannabis use, respondents who reported having used legal substances that imitate the effects of illicit drugs were more likely than their counterparts who had not used such substances to say they would talk to a friend when looking for information about illicit drugs and drug use in general (52% vs. 37%).

### Potential sources of information about illicit drugs and drug use



Q1. If you wanted to have information about illicit drugs and drug use in general, who would you turn to?  
Please choose up to three.

Base: all respondents, % of mentions by EU27

### Socio-demographic considerations

Higher proportions of **older respondents** said they would turn to more **formalised/institutionalised information sources** in order to discuss issues relating to illicit drugs and drug use – i.e. a health professional or a specialised drugs counsellor. For example, while 34% of 22-24 year-olds said they would go to a health professional, such as a nurse or a doctor, only 23% of 15-18 year-olds would do this. Furthermore, older respondents were more likely to search the Internet for drug-related information (67% of 22-24 year-olds and 65% of 19-21 year-olds vs. 61% of 15-18 year-olds). Younger respondents, on the other hand, were more likely to prefer to get information from their friends, families or someone at school or at work. For example, 36% of 15-18 year-olds said they would talk to their parents or other relatives, compared to 25% of 19-21 year-olds and 21% of 22-24 year-olds.

The higher the respondents' level of **educational attainment**, the more they considered that a **health professional, mass media sources or the Internet** could provide information about illicit drugs and drug use in general. For example, 67% of respondents who had completed their higher education said they would search the Internet for such information compared to 60% of respondents who had (only) completed primary education, at the time of the interview. Conversely, the shorter the time spent by respondents in education, the more inclined they were to talk to a relative (e.g. a parent), someone at school/work or the police about such issues. For example, while 8% of respondents who had completed higher education said they would talk to someone at school or at work, more than twice as many respondents who had (so far) only completed primary education said so (22%). Similar observations could be made when comparing respondents who were currently a full-time student and those who were not.

The results for the variable “occupational status” showed that **employees and the self-employed, or respondents where the head of the household was self-employed or an employee, were more liable than their counterparts to say they would talk about drug-related issues to a friend, their parents or someone at school or at work.** Respondents in “non-working” households<sup>6</sup>, on the other hand, were more disposed to talk to a health professional (34% compared to 25%-28% across other occupational groups), while manual workers, or respondents from a household where the main contributor to the household income was a manual worker, were less likely to prefer searching the Internet (59% vs. 63%-66% across other groups).

Compared to the other demographic characteristics, respondents’ **gender and place of residence seemed to have a smaller impact** on their views about potential information sources about illicit drugs and drugs use in general. Nonetheless, it was noted, for example, that young men were somewhat more likely than young women to select the police as a potential source of general information (11% vs. 7%) and respondents in rural and urban areas were more inclined than those in metropolitan areas to want to talk to their parents or other relatives about this topic (28%-29% vs. 23%).

For further details, see annex tables 1b.

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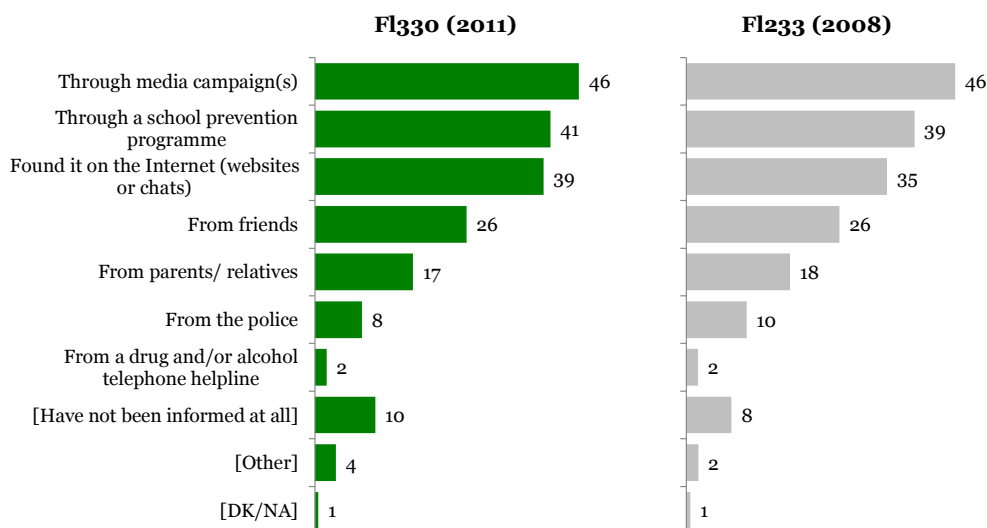
<sup>6</sup> Respondents in “non-working” households are (1) respondents who were not full-time students and who did not have a professional activity (e.g. they were unemployed or a homemaker), or (2) they were a full-time student and they lived in a household where the head of the household was not working – i.e. they answered that the person who contributed most to the household income was, for example, unemployed, a full-time student or a homemaker.

## 2.2 Information channels used in the past year

The results in the previous section – potential sources of information about illicit drugs – showed that the Internet was a more popular information source for young EU citizens than someone at school or the mass media. When asked through which information channels young people had actually been informed about the effects and risks of illicit drug use during the past year, however, roughly 4 in 10 (39%) interviewees said they had found information on **the Internet**, compared to 46% who said they had been informed about drug-related issues through a **media campaign** and 41% who mentioned a **school prevention programme**.

About a quarter (26%) said they had discussed these issues with a **friend** in the past year, and roughly a sixth (17%) of respondents had been informed by their **parents or other relatives**. A minority of respondents said they had received information about the effects and risks of drug use from **the police** (8%) or by calling a **drug and/or alcohol helpline** (2%); this corresponds to the low proportions of respondents who selected these information channels as potential information sources. Finally, 10% of respondents spontaneously said they had **not been informed at all** about the effects and risks of illicit drug use in the 12 months prior to the survey.

**Channels through which young people were informed about the effects and risks of illicit drug use, 2008-2011**



**Q2 (2011).** Through which channels - if any - have you been informed over the past year about the effects and risks of the use of illicit drugs? Please choose up to three.

**Q2 (2008).** Through which of the following channels - if any - have you been informed about the effects and risks of illicit drug use over the past year? Please choose up to three.

Base: all respondents, % of mentions by EU27

In both 2008 and 2011, the most frequently mentioned information channel was a media campaign(s), followed by school prevention programmes and the Internet. Compared to 2008, the gap between the proportion of young people who mentioned school prevention programmes and those who referred to the Internet has lessened – this suggests that the Internet has become somewhat more important as a source for drug-related information<sup>7</sup>.

<sup>7</sup> In 2008, respondents were presented with a list of eight information channels, rather than seven (“information issued by specialised counselling centres” was no longer included in 2011). As such, caution should be exercised when comparing the results of the two surveys.

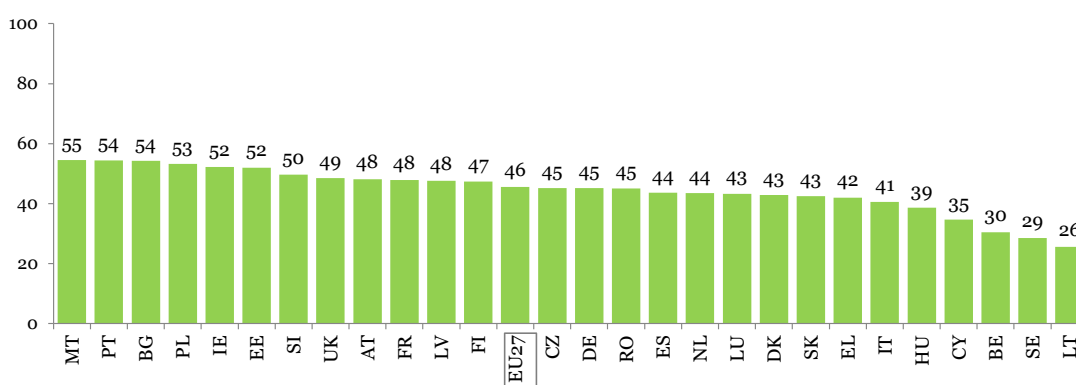
### Individual country results

In more than 20 EU countries, in the 12 months prior to the survey, 4 in 10 – or more – of respondents had received information about the risks and effects of illicit drug use through **a media campaign**. As in 2008, young people in Malta and Portugal were among the most likely to have been informed in this way (54%-55%). In a further four countries, a slim majority of respondents mentioned a media campaign: Bulgaria (54%), Poland (53%), Ireland and Estonia (both 52%).

Respondents in Lithuania were the least likely to have received information about the risks and effects of illicit drug use through a media campaign organised in the past year (26%); they were followed by respondents in Sweden (29%), Belgium (30%) and Cyprus (35%).

### Channels through which young people were informed about the effects and risks of illicit drug use

#### Through media campaign(s)

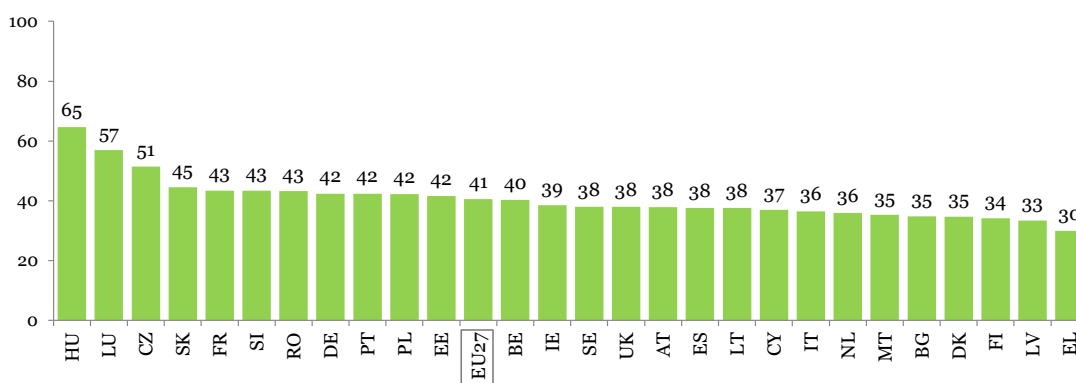


Q2. Through which channels - if any - have you been informed over the past year about the effects and risks of the use of illicit drugs? Please choose up to three.  
Base: all respondents, % of mentions by country

As in 2008, Hungary stood out with 65% of respondents who answered that they had been informed about the risks and effects of illicit drug use through **a school prevention programme** organised during the course of the past year. In the Czech Republic and Luxembourg, a slim majority of respondents had been informed in this way (51% and 57%, respectively). In the remaining 24 countries, the proportion of 15-24 year-olds who had learned about the risks of illicit drugs during such a school programme ranged from 30% in Greece to 45% in Slovakia.

### Channels through which young people were informed about the effects and risks of illicit drug use

#### Through a school prevention programme



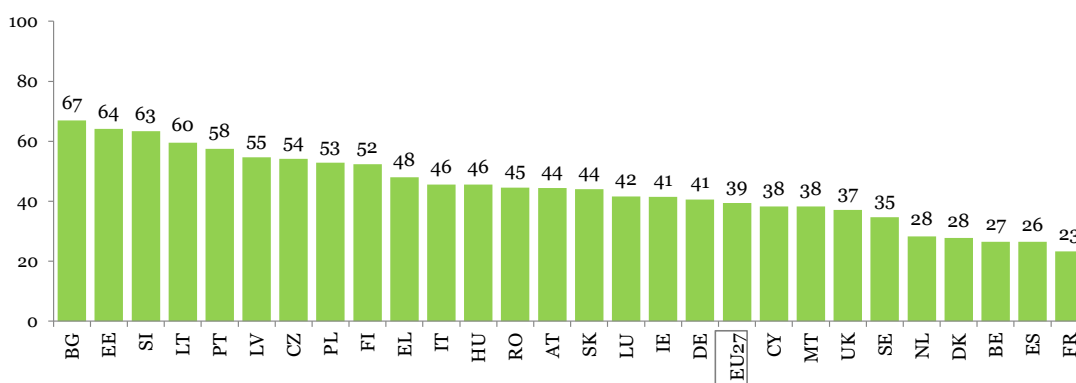
Q2. Through which channels - if any - have you been informed over the past year about the effects and risks of the use of illicit drugs? Please choose up to three.  
Base: all respondents, % of mentions by country

More than 6 in 10 young people in Slovenia (63%), Estonia (64%) and Bulgaria (67%) answered that, in the past year, they had found information about illicit drug use on **the Internet**. In a further six countries, about 5 or 6 in 10 respondents had made use of the Internet to get such information (for example, 53% in Poland and 58% in Portugal).

Although young people in Cyprus, Greece and Malta were the least likely to say they would use the Internet when looking for drug-related information (see section 2.1.), they were not the least apt to have found such information on the Internet in the past year. As in 2008, respondents in Belgium and Spain were among the least likely to say they had found information about drug-related issues on the Internet (26%-27%); other countries at the lower end of the country ranking were France (23%), Denmark and the Netherlands (both 28%).

### Channels through which young people were informed about the effects and risks of illicit drug use

*Found it on the Internet (websites or chats)*



Q2. Through which channels - if any - have you been informed over the past year about the effects and risks of the use of illicit drugs? Please choose up to three.  
Base: all respondents, % of mentions by country

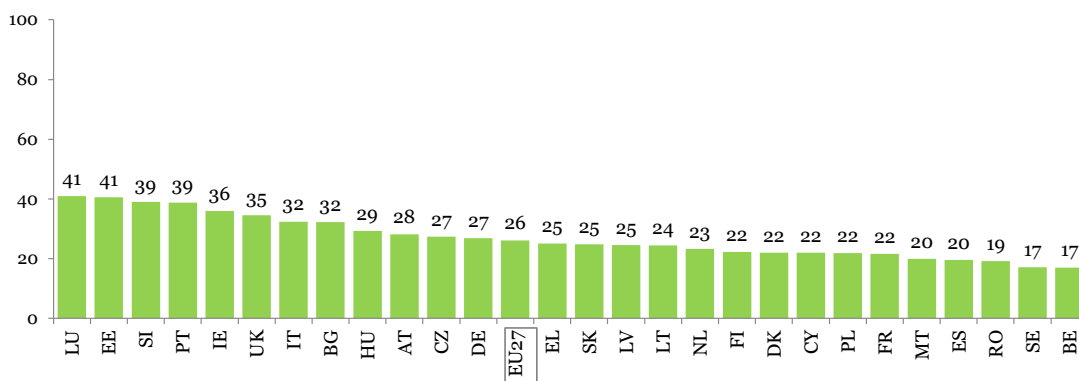
In Portugal, Slovenia, Estonia and Luxembourg, about 4 in 10 young people said that, in the past year, they had discussed the risks and effects of drug use with their **friends** (39%-41%). The UK and Ireland followed with just over a third of respondents selecting this response (35%-36%). This finding is consistent with that fact that young people in these six countries were the most liable to say they would trust their friends or relatives when wanting more information about illicit drugs (see section 2.1).

In Belgium and Sweden, not even half as many respondents had been informed about the effects and risks associated with drug use in the past year by their friends (both 17%); other countries where young people were less likely to have talked about this topic with their friends were Romania (19%), Spain and Malta (both 20%).



## Channels through which young people were informed about the effects and risks of illicit drug use

### From friends

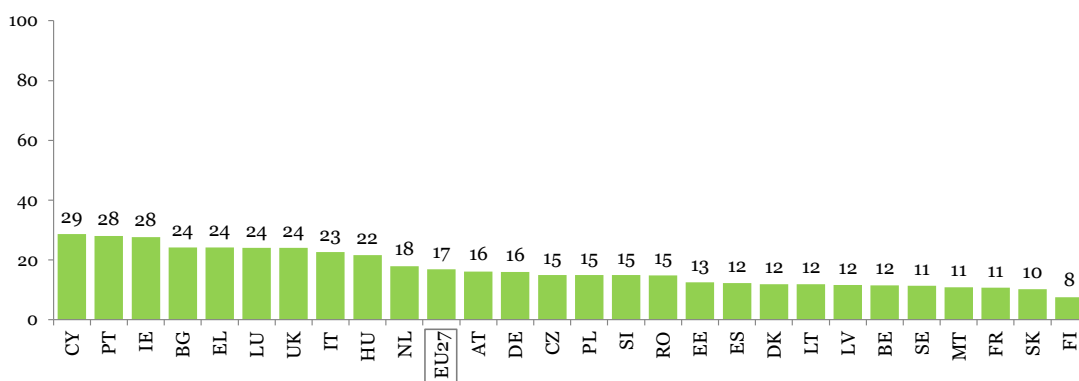


Q2. Through which channels - if any - have you been informed over the past year about the effects and risks of the use of illicit drugs? Please choose up to three.  
Base: all respondents, % of mentions by country

In Ireland, Portugal and Cyprus, almost 3 in 10 respondents mentioned that, during the past year, they had received information about the risks and effects of drug use from their **parents** or **relatives** (28%-29%). By comparison, just 8% of 15-24 year-olds in Finland and 10% in Slovakia said they had learned more about the risks of illicit drug use after having talked to their parents or other relatives.

## Channels through which young people were informed about the effects and risks of illicit drug use

### From parents or relatives



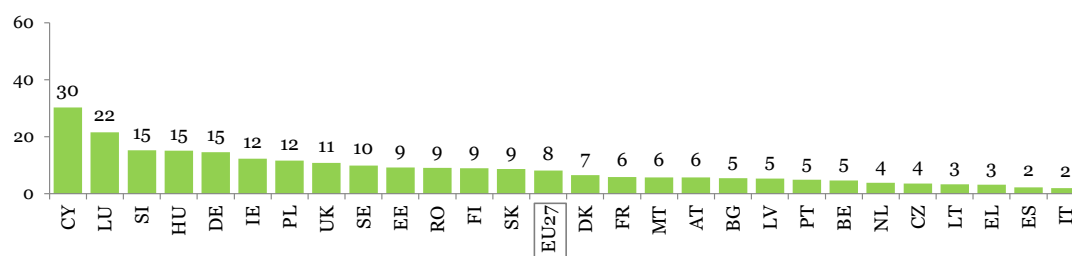
Q2. Through which channels - if any - have you been informed over the past year about the effects and risks of the use of illicit drugs? Please choose up to three.  
Base: all respondents, % of mentions by country

In almost all EU countries, less than one-fifth of 15-24 year-olds had been informed about the effects and risks of illicit drug use, in the past year, by **the police**. As in 2008, Luxembourg and Cyprus were exceptions. In Luxembourg, 22% of interviewees said they had been informed about such issues by the police, and in Cyprus, 30% mentioned this source. Young people in Cyprus were the ones actually making most use of the police to get information about the risks of drug use and the ones most likely to say that they would turn to the police if necessary (see section 2.1).

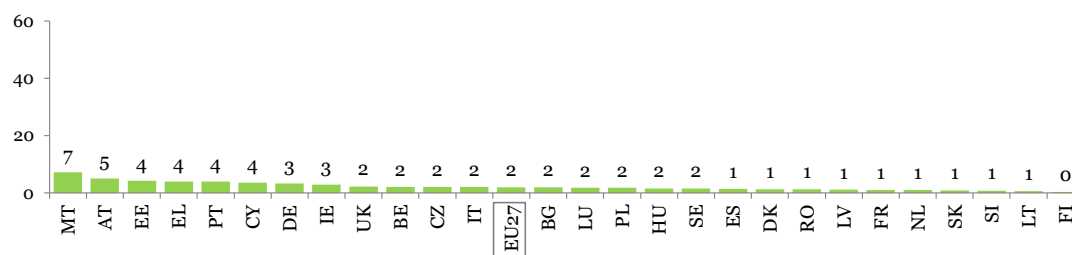
The proportion of interviewees who said they had called a **telephone helpline** to get information about the risks and effects of illicit drug use was insignificant in almost all EU Member States. Only in Austria and Malta, 1 in 20 – or more – respondents reported having called such a helpline for this purpose in the past year (5% and 7%, respectively). However, this may reflect the practice that telephone help lines provide specialised information on substances and are often contacted for specific questions about drug use, effects and risks.

## Channels through which young people were informed about the effects and risks of illicit drug use

*From the police*



*From a drug and/or alcohol telephone helpline*

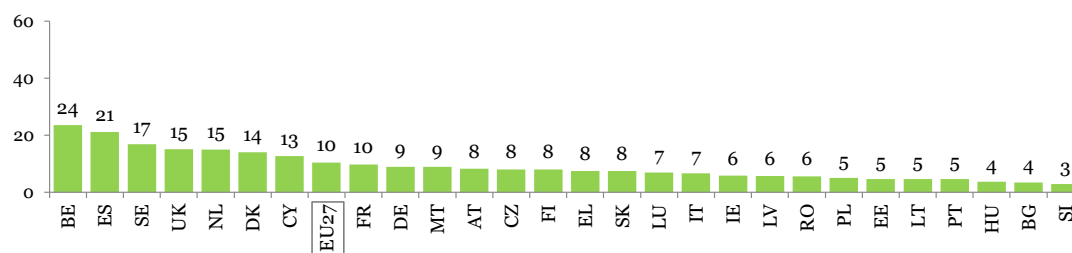


Q2. Through which channels - if any - have you been informed over the past year about the effects and risks of the use of illicit drugs? Please choose up to three.  
Base: all respondents, % of mentions by country

Young people in Belgium (24%) and Spain (21%) were the most likely to say they had **not been informed** about the risks and effects of drug use in the past year. In Slovenia, Bulgaria and Hungary, however, this proportion was below 5%.

## Channels through which young people were informed about the effects and risks of illicit drug use

*I have not been informed at all*



Q2. Through which channels - if any - have you been informed over the past year about the effects and risks of the use of illicit drugs? Please choose up to three.  
Base: all respondents, % of mentions by country

The table on the next page shows – for each country – the three information channels that respondents were the most likely to select. Of the seven potential channels listed in the survey, in all EU Member States, three were mentioned most frequently as young people's source for information about the effects and risks of illicit drug use: (1) **media campaigns**, (2) the **Internet** and (3) **school prevention programmes**.

**The Internet** was selected by the largest proportion of respondents in 11 Member States. As noted previously, respondents in Slovenia, Estonia and Bulgaria were the ones making most use of the Internet (more than 60% selected this response). However, the Internet was also the most popular information source in, for example, Cyprus, even though just 38% of 15-24 year-olds had used this channel.

In another 11 EU countries, **media campaigns** were the most frequently used information channel; in these countries, between 43% (in Denmark) and 55% (in Malta) of young people answered that they

had received information about the risks and effects of illicit drug use through a media campaign organised during the course of the past year.

Although **school prevention programmes** also appeared among the three most popular methods for young people to learn more about illicit drugs in all EU Member States, it was the most popular information channel in just five countries: Hungary (65%), Luxembourg (57%), Slovakia (45%), Belgium (40%) and Sweden (38%).

### Channels through which young people were informed about the effects and risks of illicit drug use

(three most popular choices)

BE	%	BG	%	CZ	%
School prevention programme	40	The Internet	67	The Internet	54
Media campaign(s)	30	Media campaign(s)	54	School prevention programme	51
The Internet	27	School prevention programme	35	Media campaign(s)	45
DK	%	DE	%	EE	%
Media campaign(s)	43	Media campaign(s)	45	The Internet	64
School prevention programme	35	School prevention programme	42	Media campaign(s)	52
The Internet	28	The Internet	41	School prevention programme	42
EL	%	ES	%	FR	%
The Internet	48	Media campaign(s)	44	Media campaign(s)	48
Media campaign(s)	42	School prevention programme	38	School prevention programme	43
School prevention programme	30	The Internet	26	The Internet	23
IE	%	IT	%	CY	%
Media campaign(s)	52	The Internet	46	The Internet	38
The Internet	41	Media campaign(s)	41	School prevention programme	37
School prevention programme	39	School prevention programme	36	Media campaign(s)	35
LV	%	LT	%	LU	%
The Internet	55	The Internet	60	School prevention programme	57
Media campaign(s)	48	School prevention programme	38	Media campaign(s)	43
School prevention programme	33	Media campaign(s)	26	The Internet	42
HU	%	MT	%	NL	%
School prevention programme	65	Media campaign(s)	55	Media campaign(s)	44
The Internet	46	The Internet	38	School prevention programme	36
Media campaign(s)	39	School prevention programme	35	The Internet	28
AT	%	PL	%	PT	%
Media campaign(s)	48	Media campaign(s)	53	The Internet	58
The Internet	44	The Internet	53	Media campaign(s)	54
School prevention programme	38	School prevention programme	42	School prevention programme	42
RO	%	SI	%	SK	%
Media campaign(s)	45	The Internet	63	School prevention programme	45
The Internet	45	Media campaign(s)	50	The Internet	44
School prevention programme	43	School prevention programme	43	Media campaign(s)	43
FI	%	SE	%	UK	%
The Internet	52	School prevention programme	38	Media campaign(s)	49
Media campaign(s)	47	The Internet	35	School prevention programme	38
School prevention programme	34	Media campaign(s)	29	The Internet	37

**Q2. Through which channels - if any - have you been informed over the past year about the effects and risks of the use of illicit drugs? Please choose up to three.**

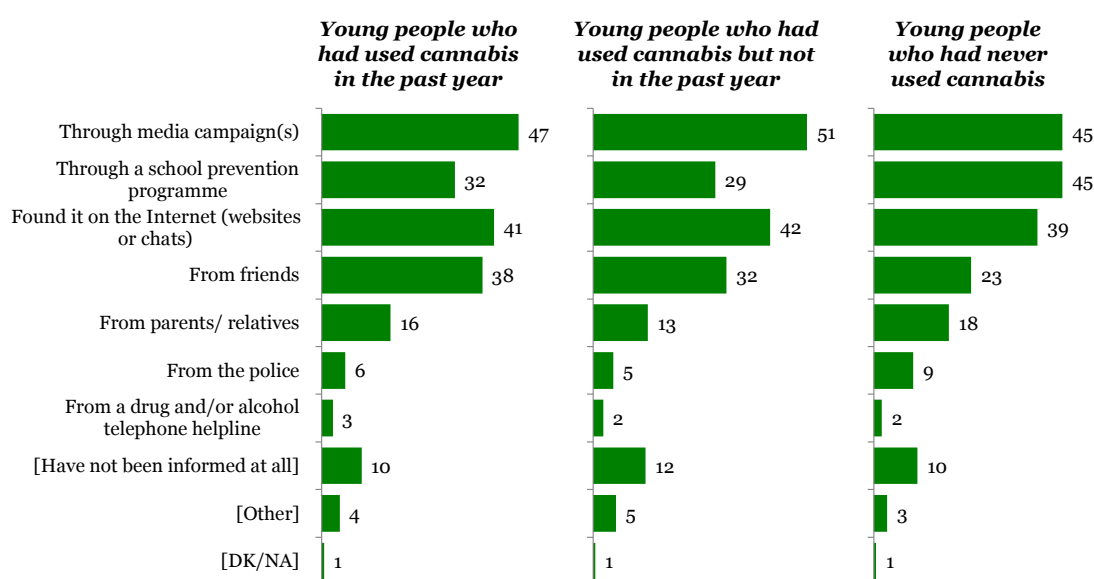
Base: all respondents, % of mentions by country

### *The relationship between information channels used in the past year and self-reported cannabis use*

Young people who had used cannabis, in the past year or before that time, were not only more likely to say that they would turn to a friend to discuss drug-related issues (see section 2.1), they were also the ones most likely to answer that they had actually discussed these issues with a friend in the past year. Less than a quarter (23%) of young people who had never used cannabis said that, in the past year, they had discussed the risks and effects of drug use with their friends; this figure increased to 38% for young people who reported having used cannabis in the past year.

Furthermore, respondents who had never used cannabis (and who tended to be younger) were more likely than their counterparts who had used this drug to have been informed about the risks and effects of illicit drug use through a school prevention programme organised during the course of the past year (45% vs. 29%-32%).

#### **Channels through which young people were informed about the effects and risks of illicit drug use**



**Q2. Through which channels - if any - have you been informed over the past year about the effects and risks of the use of illicit drugs? Please choose up to three.**  
Base: all respondents, % of mentions by EU27

### *Socio-demographic considerations*

Not surprisingly, **younger respondents**, those who had not (yet) completed more than primary education and full-time students were significantly more likely to say they had been informed about the risks and effects of illicit drug use during a **school prevention programme** in the past year. For example, 61% of respondents who had not (yet) completed more than primary education chose such a programme from the list of information channels compared to 39% of respondents who had completed secondary education and 23% who had completed higher education.

Younger respondents, and those still in full-time education, were also more liable to have turned to a parent or another relative to discuss the risks of drug use during the past year. For example, just 12% of 22-24 year-olds said they had been informed by their parents compared to almost twice as many 15-18 year-olds (22%). The youngest respondents – and those who had not (yet) completed more than primary education – were also somewhat more likely to mention the police in this regard.

While 28% of respondents who had completed higher education said they had discussed the risks and effects of drug use with their friends during the past year, this proportion decreased to 24% for respondents who had not (yet) completed more than primary education. Respondents who had completed secondary education, and those in the **oldest age categories**, were more likely to have

found information about illicit drug use on **the Internet** (for example, 43% of 19-24 year-olds vs. 34% of 15-18 year-olds).

Finally, **older respondents**, those who were no longer full-time students and more highly educated respondents were more likely to say they had been informed about illicit drugs through **a media campaign**. These three groups of young people were, however, also more inclined to claim they had not been informed at all in the past year about the effects and risks of illicit drugs (for example, 8% of full-time students vs. 15% of respondents who were no longer full-time students).

In accordance with the results of the previous question on potential sources of information about illicit drugs, the respondents' **gender and their place of residence seemed to have a smaller impact** when compared to the other demographic characteristics. The largest difference was seen when looking at the proportions of young people who said they had been informed about the effects and risks of illicit drug use through a school prevention programme: 35% of metropolitan residents selected such a programme, compared to 41% of young people from urban areas and 44% of those in rural areas.

Finally, some differences were found by the occupational status of the respondent or, alternatively, of the main contributor to the household income. Firstly, respondents in "self-employed" households were more likely to have learned about the risks and effects of drug use from their parents or other relatives (22% vs. 14% in "non-working" households). Respondents in "self-employed" households – together with those in "manual worker" households – were also more prone to say they had learned about the risks of drug use during a school prevention programme (47% and 45%, respectively, compared to 33% of respondents in "non-working" households). Finally, respondents in "non-working" households were the ones most inclined to say they had not been informed at all in the past year about drug use (14% vs. 7% in "self-employed" households).

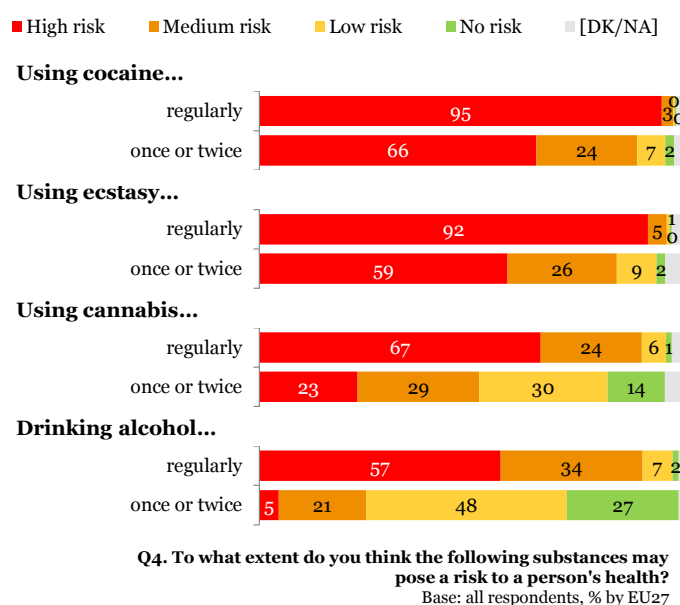
For further details, see annex table 2b.

### 3. Perceived health risks of using drugs

This chapter assesses young people's perceptions of the health risks associated with the various illicit and licit substances; respondents were asked to estimate the health risks associated with *regular use* and *occasional use* of these substances.

For **cocaine** and **ecstasy**, the health risk of *regular use* was seen to be a certainty by almost all respondents; 95% and 92%, respectively, of them thought that using these substances on a regular basis would pose a *high* risk to a person's health. The picture was quite different for young people's perceptions about the health risks associated with *occasional use* of cocaine and ecstasy (i.e. using these substances *once or twice*); these risks were considered to be *high* by 66% and 59%, respectively, of young people. Roughly a quarter of 15-24 year-olds said that using cocaine (24%) or ecstasy (26%) *once or twice* posed a *medium* risk to a person's health.

#### Perceived health risks of using drugs



Although a vast majority, that is to say 91% of young people recognised the health risks (*medium* or *high*) associated with *regular use* of **cannabis**, just two-thirds (67%) thought it might pose a *high* risk to a person's health. Furthermore, when asked to assess the health risks associated with *occasional use* of **cannabis**, only 23% thought this posed a *high* risk to a person's health and 29% considered the risks to be *medium*. Finally, 30% of 15-24 year-olds said that using cannabis *once or twice* posed a *low* risk to a person's health and 14% said there was *no risk* involved.

Lastly, looking at the results for **alcohol**, 91% of young people knew the health risks (*medium* or *high*) linked to *regular* consumption of alcohol; these risks were considered to be *high* by 57% of 15-24 year-olds. A handful of respondents also thought that drinking alcohol *once or twice* posed a *high* risk a person's health; nonetheless, a majority of young people thought this posed a *low* risk of *no risk* at all (48% "low risk" and 27% "no risk").

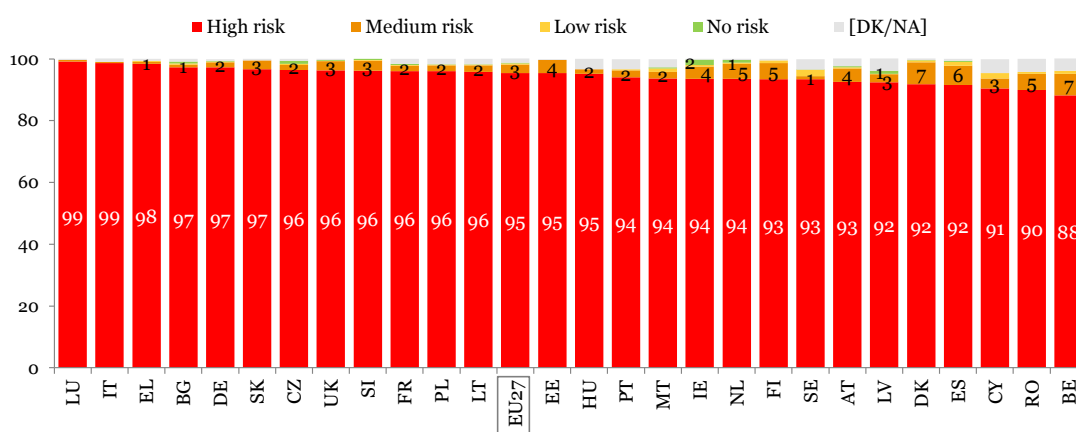
The 2008 survey also assessed young people's perceptions of the health risks associated with each drug under review; respondents, however, were not asked to distinguish between *regular* and *occasional use*. As in the current survey, a large majority of respondents in 2008 thought that cocaine and ecstasy posed a *high risk* to someone's health; only half as many respondents, however, had this opinion about cannabis.

### Individual country results

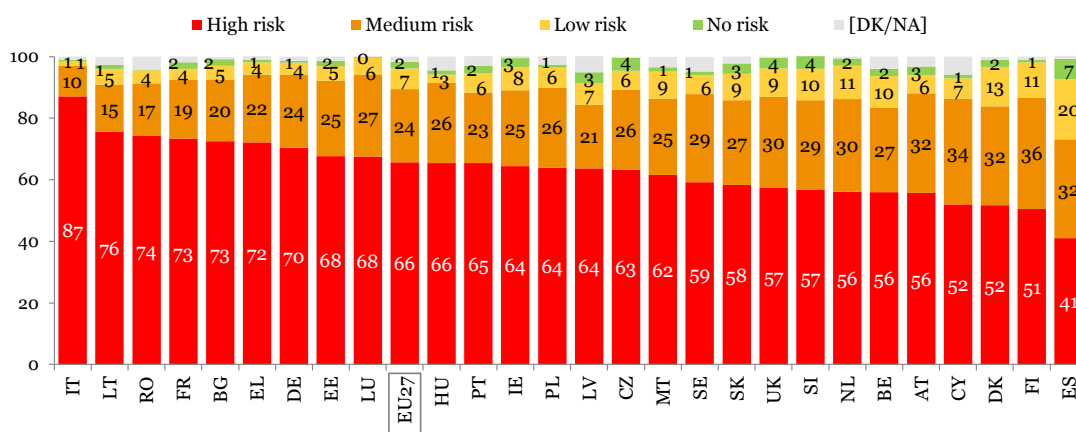
Not much variation was seen between EU Member States in regard to the proportion of 15-24 year-olds who knew that *regularly* using **cocaine** posed a high risk to someone's health: this proportion ranged from 88% in Belgium to 99% in Italy and Luxembourg. However, looking at young people's perceptions about the health risks associated with *occasional* use of cocaine, there were more variations across the different countries. While 41% of respondents in Spain said that using cocaine *once or twice* posed a *high* risk to someone's health, more than twice as many respondents (87%) in Italy were of the same opinion. Furthermore, 20% of young Spaniards considered the risks of *occasional* cocaine use to be *low* and 7% said there was *no risk* involved; in Italy, virtually none of the respondents selected these responses (1% each).

### Perceived health risks of using drugs

#### Using cocaine regularly



#### Using cocaine once or twice



Q4. To what extent do you think the following substances may pose a risk to a person's health?

Base: all respondents, % by country

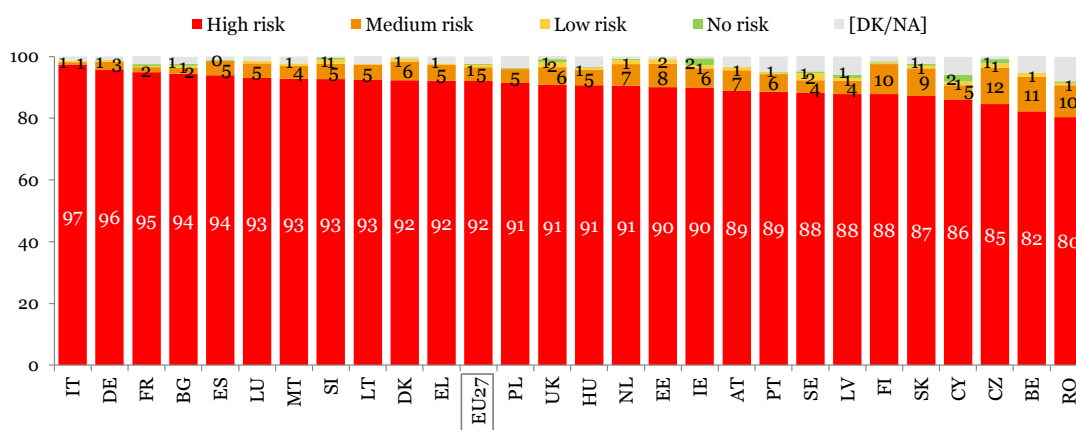
The individual country results for *regular* use of **ecstasy** also showed little variation in the proportions of respondents who thought that this substance posed a *high* risk to a person's health: the figures ranged from 80% in Romania to 97% in Italy. The proportion of young people who thought that using ecstasy *once or twice* might pose a *high* risk to a person's health, on the other hand, ranged from about a third in the Czech Republic (32%) and Slovakia (34%) to twice that number in Ireland (65%), Germany (66%) and France (70%). Just as with the perceptions about health risks associated with cocaine, young Italians stood out with 88% who believed that using ecstasy *once or twice* would entail a *high* risk to a person's health.

In almost all EU Member States, the health risks associated with *occasional* use of ecstasy were perceived as being less serious than those associated with *occasional* use of cocaine. As in 2008, this was most noticeable in the Czech Republic, Slovakia, Hungary and Latvia. For example, 32% of 15-24 year-olds in the Czech Republic thought that using ecstasy *once or twice* might pose a *high* risk to a person's health compared to 63% who thought the same about using cocaine *once or twice*.

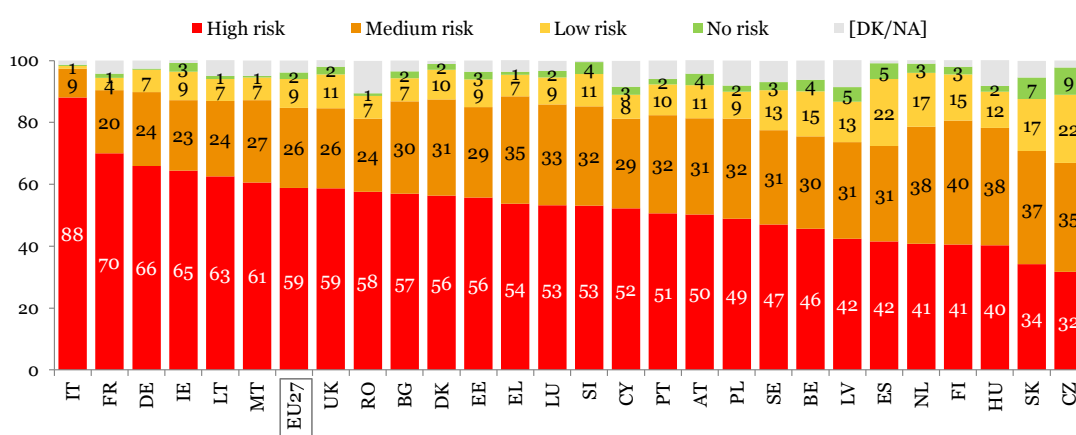
Nonetheless, the negative effects of *occasional* use of ecstasy on a person's health were not underestimated in any of the Member States: *medium* or *high* risks were foreseen by two-thirds – or more – of 15-24 year-olds and less than a tenth of respondents thought that using ecstasy *once or twice* posed *no risk* at all to a person's health. For example, 67% of Czech respondents knew the health risks (*medium* or *high*) of using ecstasy occasionally and just 9% thought that this posed *no risk* at all.

### Perceived health risks of using drugs

#### Using ecstasy regularly



#### Using ecstasy once or twice



Q4. To what extent do you think the following substances may pose a risk to a person's health?  
Base: all respondents, % by country



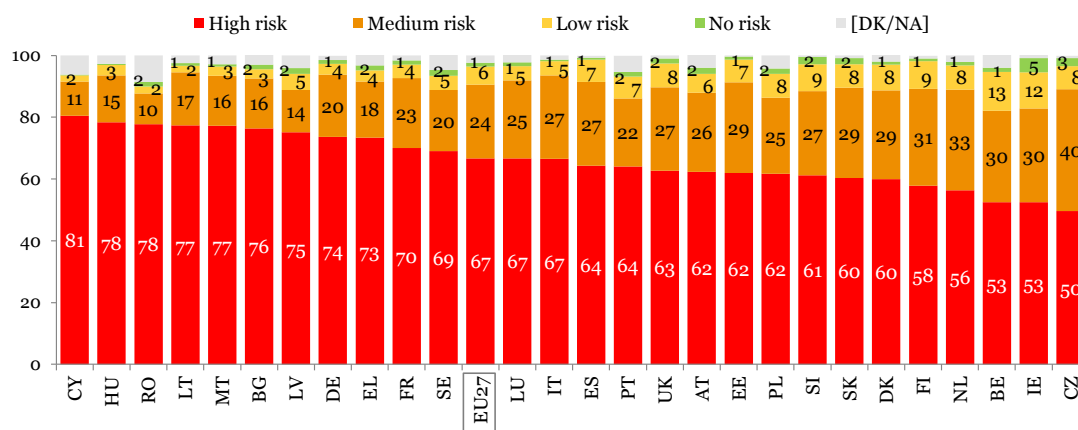
The proportions of young people who thought that *regular* use of **cannabis** would pose a *high* risk to a person's health were the largest in Malta, Lithuania, Romania, Hungary and Cyprus (77%-81%). Furthermore, in two of these countries – Romania and Cyprus – similar proportions accepted the high risks of cannabis and ecstasy (Romania: 78% and 80%, respectively; Cyprus: 81% and 86%, respectively). Similar to the results obtained for the EU27 overall, in all other Member States, the proportion of respondents who said that *regular* cannabis use might pose a *high* risk to a person's health was significantly smaller than the proportion thinking that about ecstasy.

Furthermore, looking at young people's perceptions about the health risks associated with *occasional* use of cannabis, in most EU countries, respondents who thought there was a *low* health risk or *no risk* when using cannabis *once or twice* outnumbered those saying this involved a *high* risk to someone's health. The only exceptions were Romania (55% "high risk"), Cyprus and Greece (both 38% "high risk").

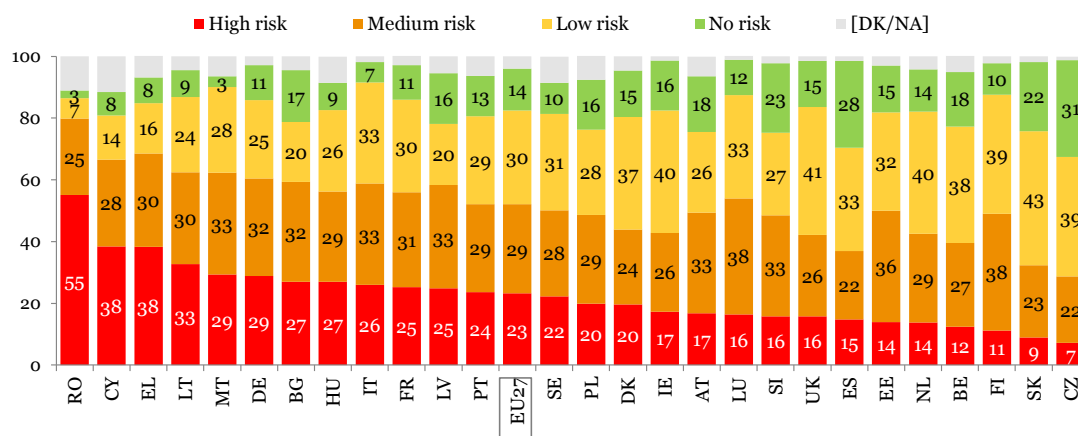
Czech respondents were the ones with the least concern about the impact of *occasional* cannabis use on a person's health: just 7% thought the latter might pose a *high* health risk compared to 39% who thought this would pose a *low* risk and 31% who said there were *no risks* when using cannabis *once or twice*. Other countries where more than half of young people selected the "low risk" or "no risk" responses were Slovakia (65%), Spain (61%), Belgium, the UK and Ireland (all 56%), the Netherlands (54%) and Denmark (52%).

### Perceived health risks of using drugs

#### Using cannabis regularly



#### Using cannabis once or twice



Q4. To what extent do you think the following substances may pose a risk to a person's health?

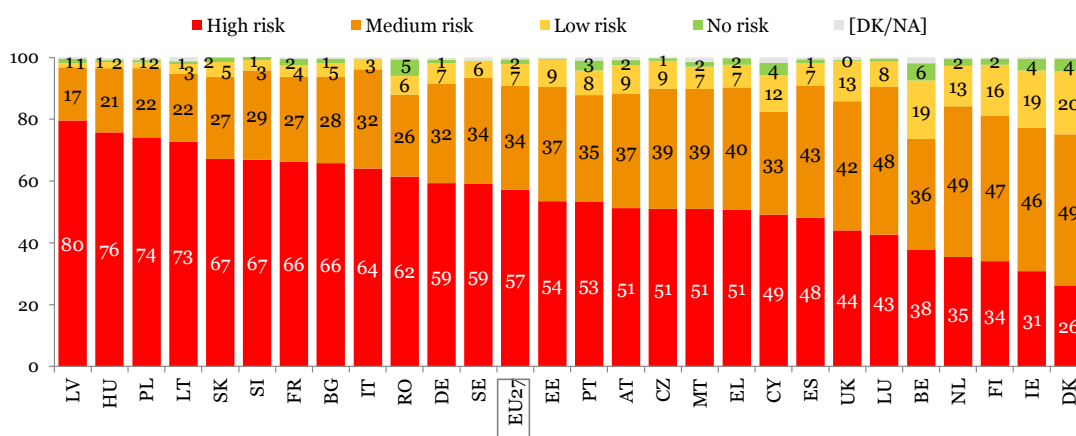
Base: all respondents, % by country

The results about the perceived health risks linked to *regular alcohol use* showed the largest variation between Member States. The proportion of respondents who reasoned that *regular* alcohol use might pose a *high* risk to a person's health ranged from 26% in Denmark to 80% in Latvia. Furthermore, even when the Danish responses for “high risk” and “medium risk” were accumulated (giving a total of 75%), this was lower than the “high risk” category in Latvia (80%).

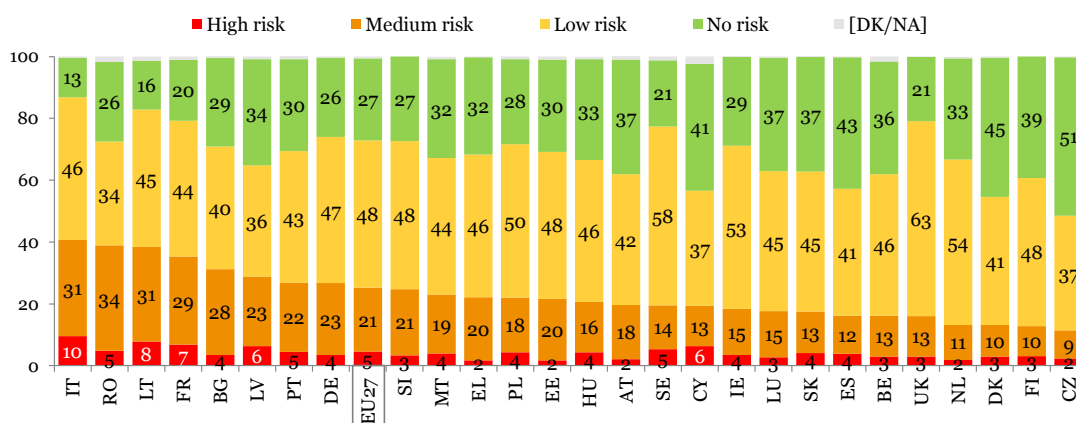
The proportion of 15-24 year-olds who said that drinking alcohol *once or twice* posed a *high* or *medium* risk to a person's health ranged from 11% in the Czech Republic to 41% in Italy. Furthermore, while 51% of young Czechs said that occasional alcohol use posed *no risks* to a person's health, just 13% of Italians shared this view. In a further three countries, a relative majority of respondents selected the “high risk” response: Cyprus (41%), Spain (43%) and Denmark (45%). In all other countries (except Romania), the largest proportion of young people selected the “low risk” response. Finally, in Romania, equal shares of 15-24 year-olds said that consuming alcohol *once or twice* entailed either a *low* or *medium* risk to a person's health (both 34%).

### Perceived health risks of using drugs

#### Drinking alcohol regularly



#### Drinking alcohol once or twice



Q4. To what extent do you think the following substances may pose a risk to a person's health?

Base: all respondents, % by country

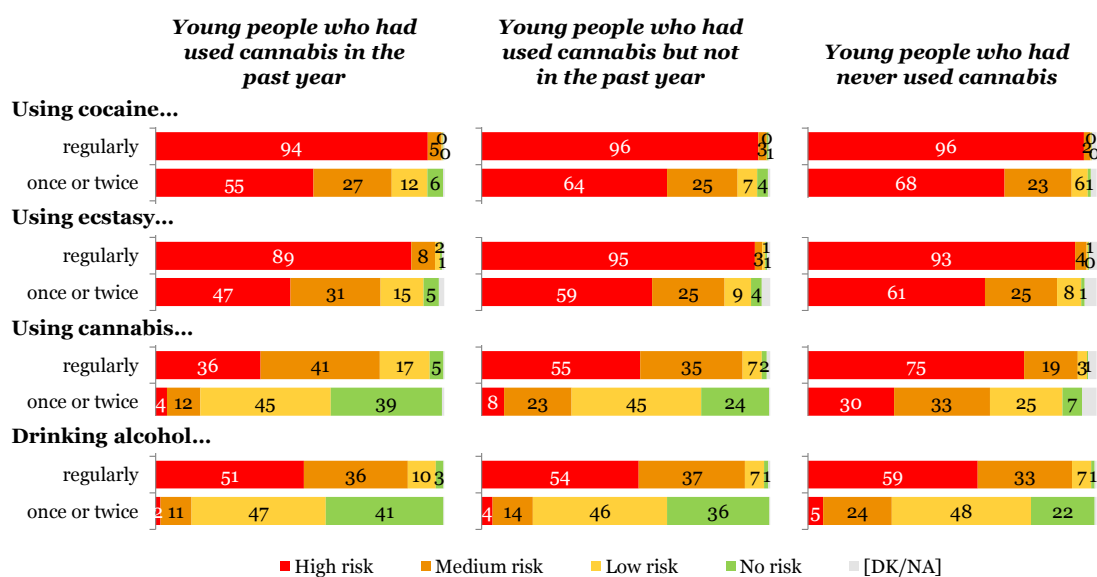
### *The relationship between the perceived health risks associated with certain drugs and self-reported use of cannabis and new psychoactive substances*

Young people who had used cannabis also perceived the health risks associated with its use to be less serious. For example, just 36% of young people who had used cannabis in the past 12 months thought that the health risks associated with *regular* use of this drug were *high*; this proportion increased to 55% for respondents who had used cannabis, but not in the past 12 months, and to 75% for respondents who had never used cannabis.

Furthermore, young people who had used cannabis *in the past year* were also less likely to perceive the health risks associated with *occasional* use of cocaine or ecstasy to be serious. For example, 47% of young people who had used cannabis in the past year said that using ecstasy *once or twice* might pose a *high* risk to a person's health; this proportion was 59% for respondents who had used cannabis, but not in the past year, and 61% for those who had never used cannabis.

Finally, young people who had used cannabis (either in the past year or before that time) were more likely to consider the risks of *occasional* or *regular* use of alcohol to be low or negligible. For example, 41% of respondents who reported having used cannabis in the past 12 months, as opposed to 22% of those who had never used this drug, believed that drinking alcohol *once or twice* did not pose *any risk* to a person's health.

#### Perceived health risks of using drugs

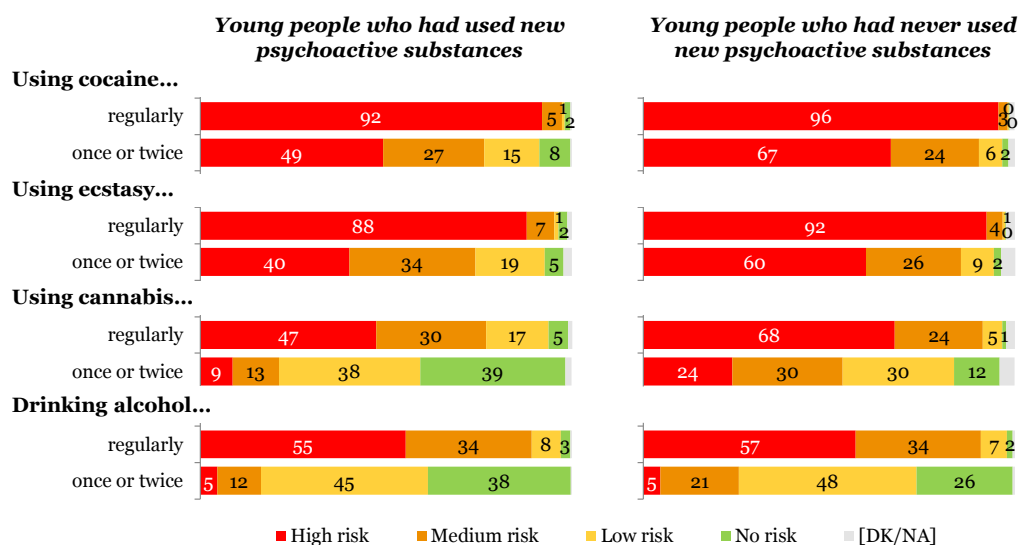


Q4. To what extent do you think the following substances may pose a risk to a person's health?

Base: all respondents, % by EU27

Young people who reported having used legal substances that imitate the effects of illicit drugs were also less likely to recognise the seriousness of the risks associated with *regular* and *occasional* use of various illicit and licit substances. For example, 60% of young people who had never used new psychoactive substances thought that using ecstasy *occasionally* posed a *high* risk to a person's health and 26% saw a *medium* risk. By comparison, 40% of respondents who had used such substances perceived the health risks caused by *occasional* ecstasy use as *high* and 34% as *medium*. Similarly, 68% of the former, as opposed to 47% of the latter, thought that *regular* use of cannabis posed a *high* risk to someone's health (note: the corresponding figure for respondents who had used cannabis was 36%).

### Perceived health risks of using drugs



Q4. To what extent do you think the following substances may pose a risk to a person's health?

Base: all respondents, % by EU27

### Socio-demographic considerations

For *regular* use of **cocaine** and **ecstasy**, only minor differences were seen in the answering patterns of the different socio-demographic segments. Although similar proportions of respondents answered that *occasional* use of cocaine or ecstasy would pose a *medium* or *high* risk to a person's health, older respondents and those who had completed their higher education were more likely to recognise the seriousness of the risks associated with these drugs, i.e. they were more likely to select the "high risk" versus the "medium risk" response. For example, 65% of the most highly educated respondents thought that using ecstasy *occasionally* posed a *high* risk to a person's health and 21% saw a *medium* risk. By comparison, 50% of respondents who had not (yet) completed more than primary education at the time of the interview perceived the health risks caused by *occasional* ecstasy use as *high* and 31% as *medium*.

Similarly, looking at perceptions about the health risks associated with **regular cannabis** use and **regular alcohol** use, across all socio-demographic groups, there were only minor differences when summing the "high" or "medium risk" responses. As noted above, young women were more prone to say that using these substances *regularly* posed a *high* risk to a person's health, while young men more frequently selected the "medium risk" response. For example, 73% of young women thought that *regular* use of cannabis posed a *high* risk compared to 61% of young men who had that opinion. Other groups that were more likely to see a *high* rather than *medium* health risk of using cannabis *regularly* were 15-18 year-olds, full-time students and those who had not (yet) completed more than primary education. Older respondents (19-24 year-olds) were more likely than their younger counterparts to say that *regular* use of alcohol would pose a *high* risk rather than a *medium* risk.

Across most socio-demographic segments, between a fifth and a quarter of respondents answered that using **cannabis** *once or twice* might pose a *high* risk to someone's health; women, respondents who had not (yet) completed more than primary education and those in "manual worker" households were somewhat more prone to associate the "high risk" category with *occasional* cannabis use (all 27%). Looking at the proportions selecting the remaining response options, it was noted that the "no risk" response was most frequently selected by young men (18% vs. 9% of young women) and metropolitan residents (17% vs. 13% of urban and rural residents). Furthermore, the older the respondents were, the more likely they were to think there were only *low* or *no* health risks when using cannabis *once or twice* (40% of 15-18 year-olds vs. 48% of 22-24 year-olds). Finally, respondents who had completed their higher education were most likely to select the "low risk" response (35% vs. 25% of respondents who had only completed their primary education at the time of the interview).

Lastly, looking at the results for *occasional alcohol* use, the largest differences across socio-demographic groups were observed for the response options “low risk” and “no risk”. For example, young men were more prone to say that drinking alcohol *once or twice* posed *no risk* to a person’s health (31% vs. 22% for women), while women were more likely to say that this posed a *low* health risk (50% vs. 46% of men).

For further details, see annex tables 4b through 11b.

## 4. To ban or regulate illicit drugs and new substances that imitate the effects of illicit drugs?

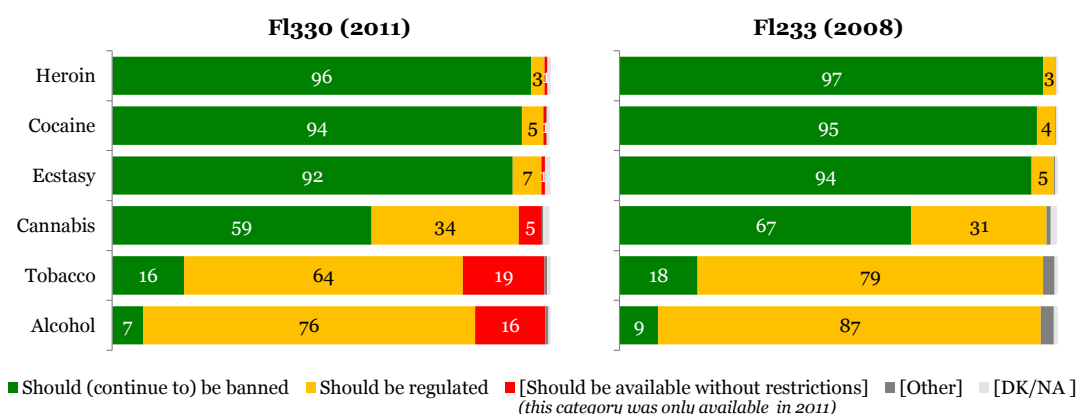
### 4.1 To ban or regulate illicit drugs, alcohol and tobacco?

Drugs, such as heroin, cocaine, ecstasy and cannabis are banned in all EU Member States. The sale and consumption of legally-available substances, such as alcohol and tobacco, on the other hand, is regulated in most countries. Examples of such regulation are minimum age limits for the consumption of alcohol and tobacco and licensed sales of associated products through specialised shops.

Respondents were asked if they thought heroin, cocaine, ecstasy and cannabis should continue to be banned or if they preferred that the sale and consumption of these illicit drugs would be regulated. For the legal substances – alcohol and tobacco – they were asked if they favoured a continuation of the regulation system currently in place or if they advocated a ban on alcohol and/or tobacco.

There was a broad consensus among young people that **heroin, cocaine and ecstasy** should continue to be banned in EU Member States – almost all respondents agreed with this: 96% for heroin, 94% for cocaine and 92% for ecstasy. Only a minority of respondents would prefer to regulate one or more of these substances: 3% for heroin, 5% for cocaine and 7% for ecstasy.

#### To ban or regulate certain substances? (2008-2011)



**Q7 (2011).** The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated?

**Q5 (2008).** Drugs such as cannabis, cocaine, ecstasy and heroin are banned in all EU Member States. The sale and consumption of legal substances such as alcohol and tobacco is not prohibited but regulated in most countries. Do you think the following substances should (continue to) be banned or regulated?

Base: all respondents, % by EU27

Young people also regard cannabis differently from the other illicit substances in terms of whether it should be banned or if its sale and consumption should be regulated: 59% said the sale and consumption of cannabis should continue to be banned in EU Member States, compared to 34% who wanted the introduction of a system that regulated the sale and use of cannabis. It is also worth noting that 5% of interviewees *spontaneously* answered that cannabis should be available without restrictions. Furthermore, a comparison with the results obtained in 2008 showed that, in the current survey, a lower proportion of young people thought cannabis should continue to be banned in EU Member States (59% in 2011 vs. 67% in 2008).

In 2011, a spontaneous response option “should be available without restrictions” was introduced. This option was not read out by the interviewers; only when respondents *spontaneously* gave this response, interviewers coded their response in this category. In 2008, if respondents *spontaneously* answered that cannabis (or another substance) *should have been available without restrictions*, these responses were coded as “other” responses.

When asked about **tobacco**, 64% agreed that its sale should continue to be regulated, 19% *spontaneously* said that tobacco products should be available without restrictions and 16% thought that the government should actually ban the product. An even smaller group of respondents (7%) said that **alcohol** should be prohibited instead of simply regulated, while about three-quarters (76%) of respondents preferred to continue regulating the sale and consumption of alcohol and almost a sixth (16%) *spontaneously* said that alcoholic drinks should be available without any restrictions.

### Individual country results

The individual country results showed a broad consensus concerning the continuation of a ban on heroin, cocaine and ecstasy. In almost all EU countries, 90% – or more – of respondents were in favour of keeping a ban on these substances and less than 10% wanted the government to adopt regulations to control the sale and consumption instead of continuing to prohibit them.

The most notable exception was the Netherlands: 10% of Dutch interviewees wanted heroin to be regulated, 12% said the same about cocaine and 18% about ecstasy; a few respondents *spontaneously* said these substances should be available without restrictions. In addition to young people in the Netherlands, more than a tenth of the surveyed age group in Portugal (11%) and the Czech Republic (12%) said that ecstasy should be regulated or freely available.

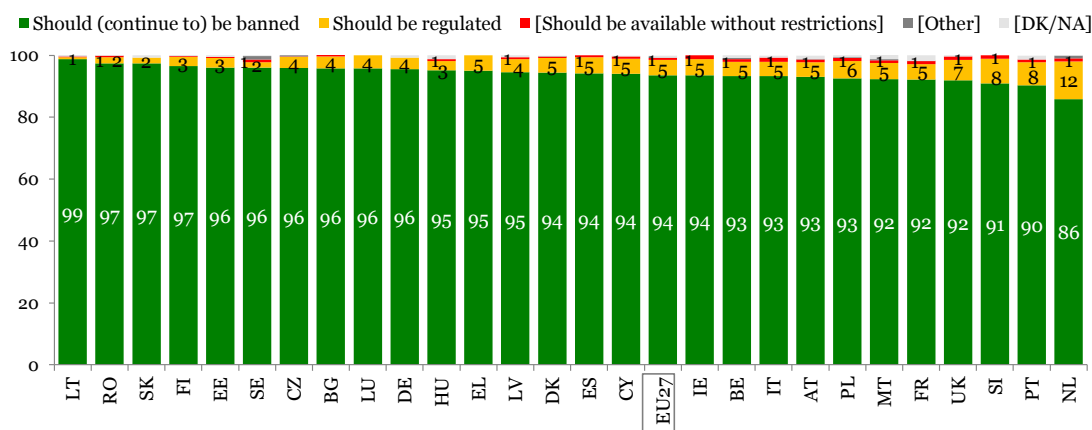
#### Heroin should (continue to) be banned or regulated



Q7. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated?

Base: all respondents, % by country

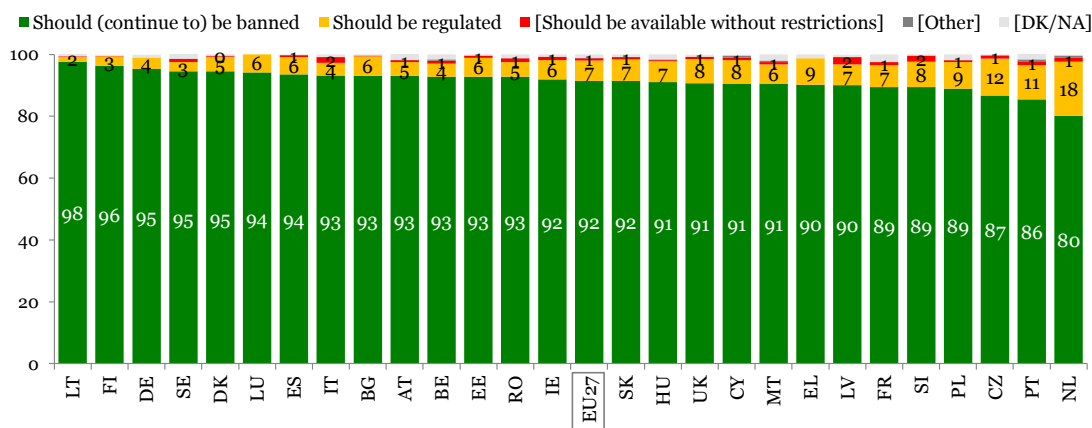
#### Cocaine should (continue to) be banned or regulated



Q7. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated?

Base: all respondents, % by country



**Ecstasy should (continue to) be banned or regulated**

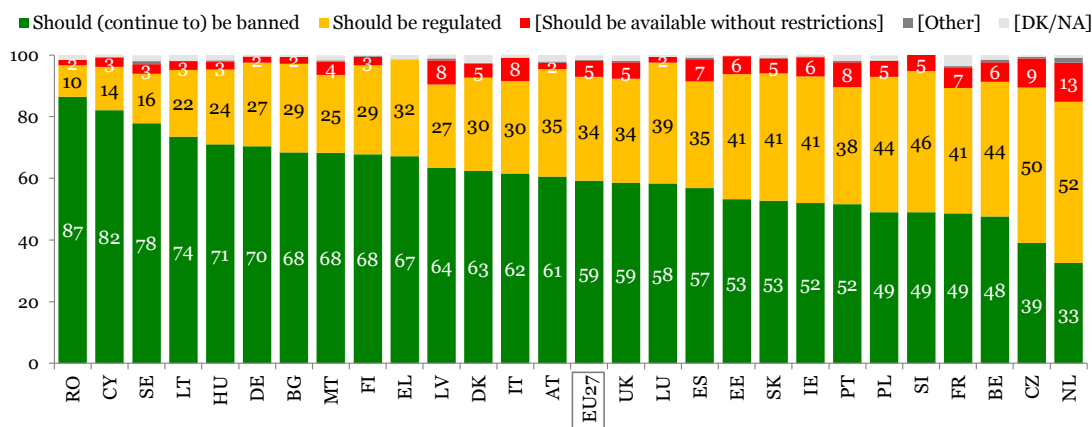
**Q7. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated?**

Base: all respondents, % by country

The opinions of young people in the different Member States were more diversified when they were asked if **cannabis** should continue to be banned; the proportion thinking that governments should uphold such a ban ranged from 33% in the Netherlands to 87% in Romania.

As in 2008, the Czech Republic was close to the Netherlands with just 39% of respondents wanting to ban cannabis. About half of Dutch and Czech respondents (52% and 50%, respectively) said the sale and consumption of cannabis should be regulated, while roughly a tenth *spontaneously* said that cannabis should be available without restrictions (13% and 9%, respectively). The openness of Dutch youth towards regulating cannabis might be explained by the country's long-standing "relaxed" policy towards the drug. The explanation for the Czech Republic might be found in the widespread use of cannabis in that country – see section 1.2.

Sweden and Cyprus, on the other hand, joined Romania with more respondents who supported a ban on cannabis (78% and 82%, respectively). Only 10% of Romanians, 14% of Cypriots and 16% of Swedes said that governments should relax the ban on cannabis and instead adopt a set of rules to regulate the sale and consumption of this illicit drug; 2%-3% of young people in these countries *spontaneously* said that cannabis should be freely available. The 2008 survey also found the highest levels of opposition to the legalisation of cannabis in Romania, Sweden and Cyprus.

**Cannabis should (continue to) be banned or regulated**

**Q7. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated?**

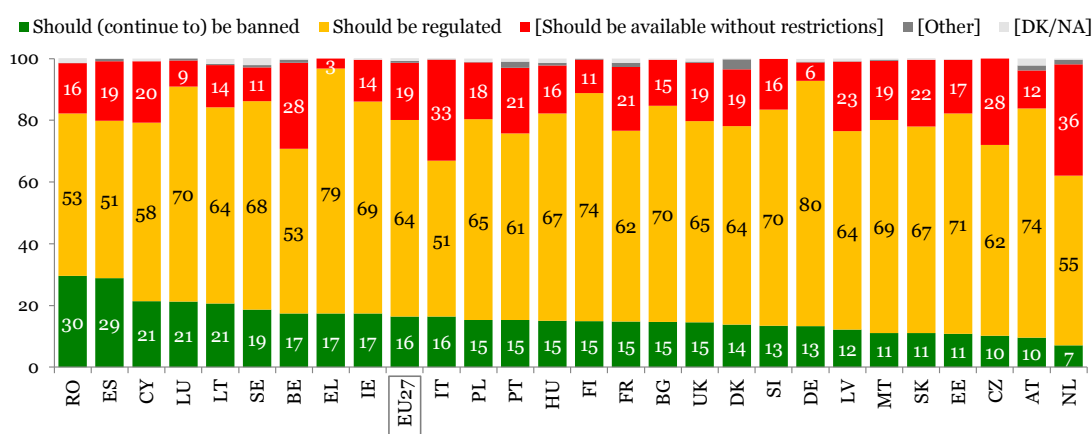
Base: all respondents, % by country



Roughly 3 in 10 young people in Spain and Romania (29%-30%) were in favour of banning **tobacco**; in the Netherlands, however, just 7% thought that tobacco products should be banned. More than a third (36%) of interviewees in the Netherlands *spontaneously* said that tobacco products should be available without restrictions – a figure similar to the one observed in Italy (33%). By comparison, in Romania and Spain, less than a fifth of respondents would make tobacco freely available (16% and 19%, respectively).

Romania's and Spain's figures, nonetheless, remained considerably above the ones observed in Greece (3% "tobacco should be freely available") and Germany (6%); these countries had the largest proportions of supporters of a continuation of a system that regulated tobacco sales (79%-80% compared to, for example, 51%-53% in Spain and Romania and 55% in the Netherlands).

### Tobacco should (continue to) be banned or regulated



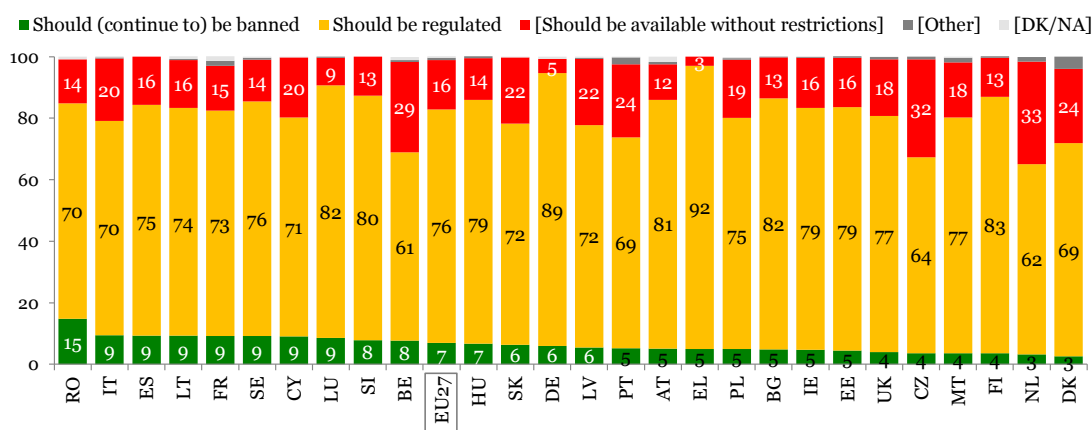
Q7. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated?

Base: all respondents, % by country

Young people in Romania were also the strongest advocates of banning **alcohol**: 15% were in favour of such a ban. In fact, Romania was the only country with more than 10% of young people who thought alcohol should be banned.

The largest proportions of respondents who supported a continuation of a system that regulated the sale of alcoholic drinks were found in Germany and Greece (89%-92%), while the lowest such proportions were observed in Belgium, the Netherlands and the Czech Republic (61%-64%). In the latter countries, 3 in 10 – or more – young people spontaneously said that alcoholic drinks should be available without restrictions, rather than be banned or regulated (29%-33%).

### Alcohol should (continue to) be banned or regulated



Q7. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated?

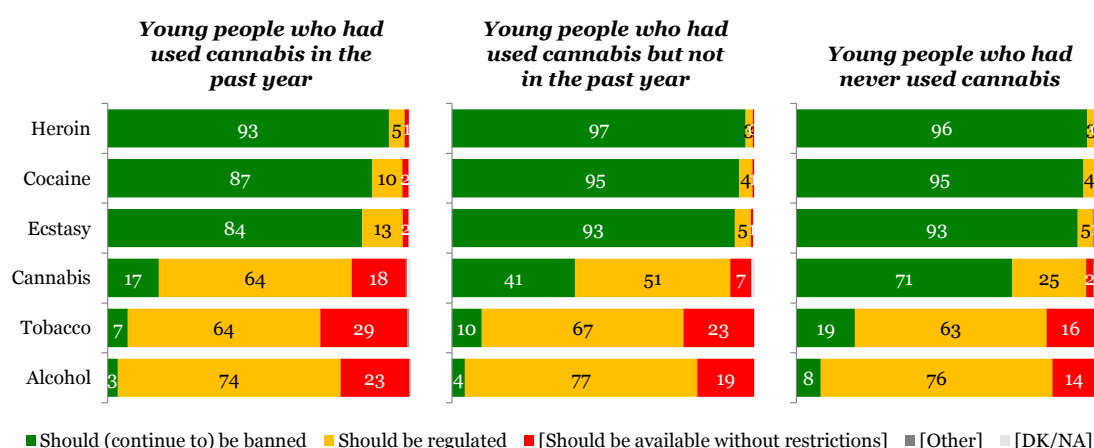
Base: all respondents, % by country

### *The relationship between self-reported cannabis use and opinions about whether certain illegal drugs should be regulated*

Young people who had used cannabis, and those who had not, differed in their views as to whether the sale and consumption of that substance should continue to be banned in EU Member States. About 7 in 10 (71%) young people who had never used cannabis said that this drug should continue to be banned, while a quarter wanted the introduction of a system that regulated its sale and use. By comparison, just 17% of respondents who had used cannabis in the past year advocated a ban on cannabis, compared to 64% who wanted the government to adopt regulations to control its sale and consumption; furthermore, 18% of these respondents *spontaneously* answered that cannabis should be available without restrictions. The corresponding figures for respondents who had used cannabis, but not in the past year, were 41% for “a ban”, 51% for “regulation” and 7% for “no restrictions”.

Additionally, although large majorities across all groups were in favour of a continuation of a ban on heroin, cocaine and ecstasy, respondents who had used cannabis *in the past year* were somewhat more likely to think that governments should adopt regulations to control the sale and consumption of cocaine (10% for respondents who had used cannabis in the past year vs. 4% for those who had never used cannabis or who had used cannabis, but not in the past year) and ecstasy (13% vs. 5%, respectively).

#### **To ban or regulate certain substances?**



Q7. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated?

Base: all respondents, % by EU27

### *Socio-demographic considerations*

An analysis in terms of socio-demographic characteristics showed only minor differences in the various segments' opinions about whether heroin, cocaine and ecstasy should continue to be banned. For example, across all socio-demographic segments, between 90% and 93% of respondents were in favour of keeping a ban on ecstasy, while 6% and 9% wanted the government to adopt regulations to control its sale and consumption instead of continuing to prohibit it.

Roughly 4 in 10 **young men and metropolitan residents** (38%-39%) would **support a system that regulated the sale of cannabis**, compared to 29% of women and 30% of rural residents. Roughly two-thirds of women (66%) and rural residents (64%) thought that governments should uphold the ban on cannabis; this figure was also higher than 60% for 15-18 year-olds (61% vs. 58% of 19-21 year-olds), respondents who had only completed their primary education at the time of the interview (64% vs. 58%-59% of more highly educated respondents), manual workers and respondents from a household where the main contributor to the household income was a manual worker (63% vs. 56% of respondents in “self-employed” households).

Finally, mostly small differences were observed when looking at young people's opinions whether they favoured a continuation of the regulation system currently in place or if they advocated a ban on alcohol and/or tobacco. For example, across all socio-demographic segments, between 15% and 18% of respondents were in favour of banning tobacco products. The largest differences were found when comparing young men and young women; for example, while 19% of young men *spontaneously* said that alcoholic drinks should be available without any restrictions, just 13% of young women shared this view.

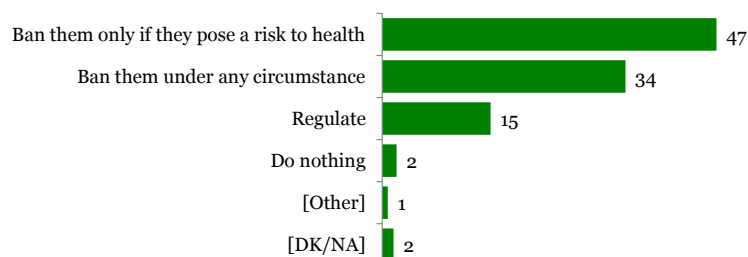
For further details, see annex tables 14b through 19b.

#### 4.2 To ban or regulate new substances that imitate the effects of illicit drugs?

With a large number of new unregulated psychoactive substances emerging frequently, many governments are introducing laws to ban or regulate the sale of such substances<sup>8</sup>. For example, the ecstasy-like drug “mephedrone”, which had gained popularity in recent years in numerous EU countries<sup>9</sup>, was submitted to control measures at EU level at the end of 2010.

Young EU citizens were asked what would be an appropriate response to legislation on new psychoactive substances. Roughly a third (34%) of respondents thought that the best response would be to ban *all substances* that imitate the effects of illicit drugs, while about one in two (47%) interviewees thought it would be better to ban *only those substances that posed a risk to someone's health*. About one in seven (15%) respondents said the sale and consumption of new psychoactive substances should be regulated. Finally, only a handful (2%) of respondents thought that nothing needed to be done regarding these substances.

##### Appropriate way to handle legal substances that imitate the effects of illicit drugs



Q8. What would be an appropriate way to handle new substances that imitate the effects of illicit drugs and that are sold as legal substances?

Base: all respondents, % by EU27

#### Country variations

Across all 27 EU Member States, a large majority of 15-24 year-olds were in favour of a ban on new substances that imitate the effects of illicit drugs. Nonetheless, in only five countries, respondents who wanted to ban all new substances that imitate the effects of illicit drugs outnumbered those who thought it would be better to ban only those new psychoactive substances that posed a risk to someone's health: Romania (63% vs. 31%), Sweden (49% vs. 35%), Cyprus (48% vs. 38%), Hungary (46% vs. 35%) and Austria (36% vs. 32%).

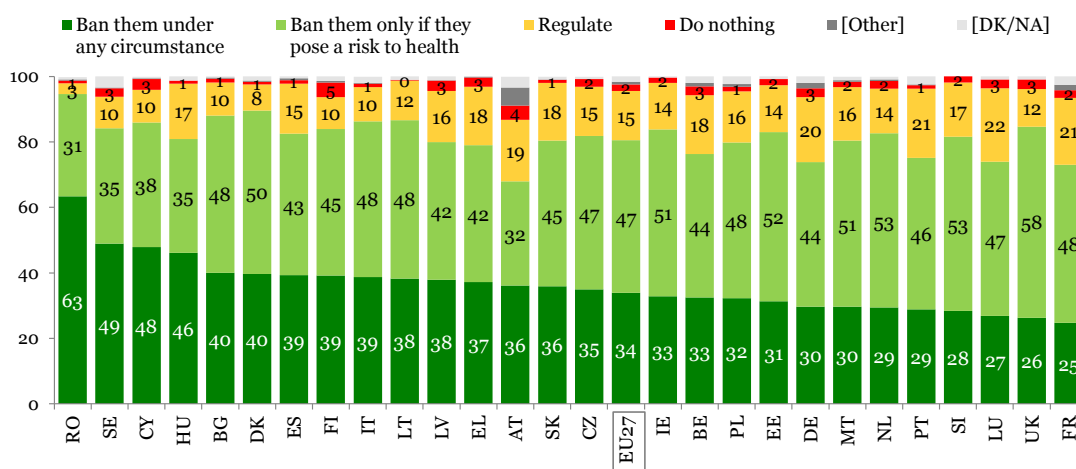
The proportions of young people who preferred to look at the risk to someone's health when deciding which new substances to ban were the highest in the UK (58%), Malta, Ireland, Estonia, the Netherlands and Slovenia (all 51%-53%). Respondents in Germany, Portugal, France and

<sup>8</sup> See, for example: <http://www.emcdda.europa.eu/online/annual-report/2010/new-drugs-and-trends/2>

<sup>9</sup> See, for example: [http://www.emcdda.europa.eu/attachements.cfm/att\\_102496\\_EN\\_Europol-EMCDDA\\_Joint\\_Report\\_Mephedrone.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_102496_EN_Europol-EMCDDA_Joint_Report_Mephedrone.pdf)

Luxembourg (all 20%-22%) were somewhat more likely than their counterparts to think that the best way to deal with new psychoactive substances was to regulate them. Finally, in all countries, very few respondents suggested that no action was needed (1%-4%).

### Appropriate way to handle legal substances that imitate the effects of illicit drugs



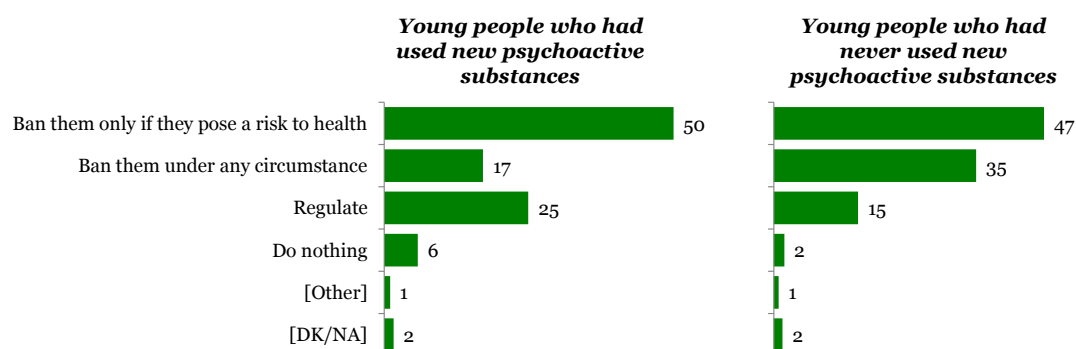
Q8. What would be an appropriate way to handle new substances that imitate the effects of illicit drugs and that are sold as legal substances?  
Base: all respondents, % by country

### The relationship between self-reported use of new psychoactive substances and opinions whether such substances should be regulated

In accordance with the results discussed in the previous section, respondents who reported having used cannabis were more likely to think that the best way to deal with new psychoactive substances was to regulate them (24% of respondents who had used cannabis in the past year vs. 12% of respondents who had never used cannabis). Similarly, a quarter of respondents who reported having used new substances that imitate the effects of illicit drugs said the sale and consumption of such substances should be regulated, compared to 15% among respondents who had never used such substances.

Furthermore, among respondents who had not used new psychoactive substances, 35% thought that *all substances* that imitate the effects of illicit drugs should be banned, while nearly one in two (47%) said it would be better to ban *only those new psychoactive substances that posed a risk to someone's health*; the corresponding figures among those who had used such substances were 17% and 50%, respectively. In other words, young people who had used new substances that imitate the effect of illicit drugs and were in favour of a ban on such substances were considerably more likely to prefer a ban on specific psychoactive substances, rather than on all of them.

### Appropriate way to handle legal substances that imitate the effects of illicit drugs



Q8. What would be an appropriate way to handle new substances that imitate the effects of illicit drugs and that are sold as legal substances?  
Base: all respondents, % by EU27

***Socio-demographic considerations***

Across all socio-demographic groups, the largest group of respondents was in favour of a ban on at least some of the new substances that imitate the effects of illicit drugs. Nonetheless, 15-18 year-olds, full-time students, respondents who had not (yet) completed more than primary education and respondents in “employee” and “manual worker” households overall the most likely to think that it would be best to ban only those new psychoactive substances that posed a risk to someone’s health. For example, this view was shared by 49% of full-time students, as opposed to 42% of respondents who had completed their education.

The oldest respondents (aged 22 to 24) were not only somewhat more likely than their younger counterparts to support a complete ban of new psychoactive substances (36% vs. 32% of 15-18 year-olds), they were also more likely to think that these substances should be regulated (18% vs. 12% of 15-18 year-olds). Others groups that were more apt to answer that the best way to deal with new psychoactive substances was to regulate them were the more highly educated ones and respondents in “non-working” and “self-employed” households.

For further details, see annex tables 20b.

## 5. How should society's drug problems be tackled?

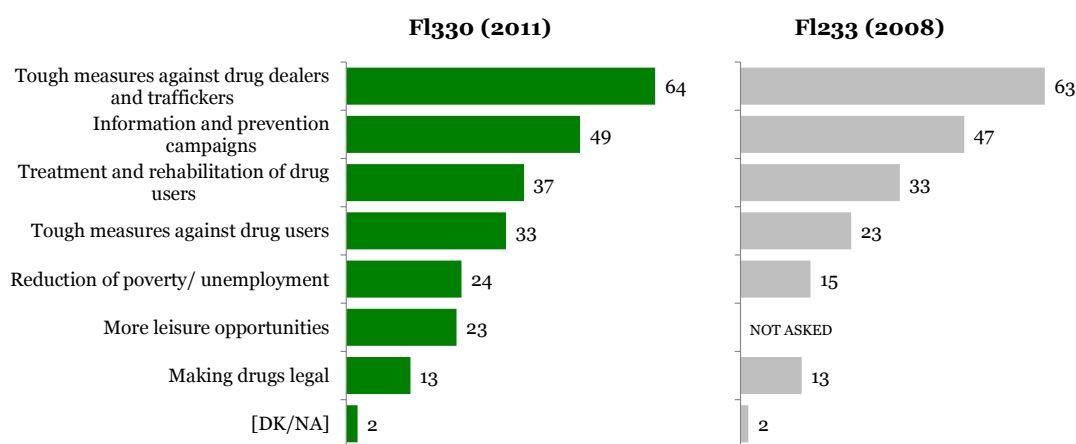
Young EU citizens were also presented with a list of possible actions that public authorities could take to reduce drug problems; they were asked to choose the three actions they considered to be the most effective ways of combating these problems.

As in the 2008 Flash Eurobarometer<sup>10</sup>, the largest proportion of respondents thought that public authorities should tackle problems on the supply side of the drug economy: 64% mentioned **tough measures against drug dealers and traffickers** as one of the most effective ways that public authorities could reduce drug problems.

When it came to dealing with the demand side – the drug users – young people thought that other measures, such as prevention or treatment and rehabilitation of drug users, would be more effective than tough measures against drug users. Nearly half of respondents (49%) chose **information and prevention campaigns** as one of the most effective ways of reducing drug problems; the **treatment and rehabilitation of drug users** followed, with 37% of respondents choosing this as an effective measure. By comparison, **tough measures against drug users** were considered to be a valuable way of dealing with drug problems by a third of respondents.

Reducing one of the possible root causes of drug abuse – i.e. **poverty and unemployment** – was mentioned by 24% of interviewees. A similar proportion (23%) thought that offering **more leisure opportunities** would be an effective way of dealing with drug problems. As in 2008, the **legalisation of drugs** was judged to be the least effective way of fighting drug problems: 13% of young people, however, did select this measure as one of the most helpful ones.

### Most effective ways for public authorities to reduce drug problems, 2008-2011



Q3 (2011). What do you think are the three most effective ways for public authorities to reduce drugs problems?

Base: all respondents, % of mentions by EU27

Q4a (2008). What do you think is the most effective way for public authorities to deal with drug problems in society?

Q4b (2008). What would be the second most effective way?

Base: all respondents, % of total mentions by EU27

<sup>10</sup> Although respondents in 2008 were asked to select the *most effective* and *second most effective measures* (instead of three measures), and although a new measure was introduced (i.e. “more leisure opportunities”) and the wording of the question changed between the two surveys (e.g. “*deal with drug problems*” vs. “*reduce drug problems*”) in 2011, it was still possible to compare the relative perceived effectiveness of the different measures.

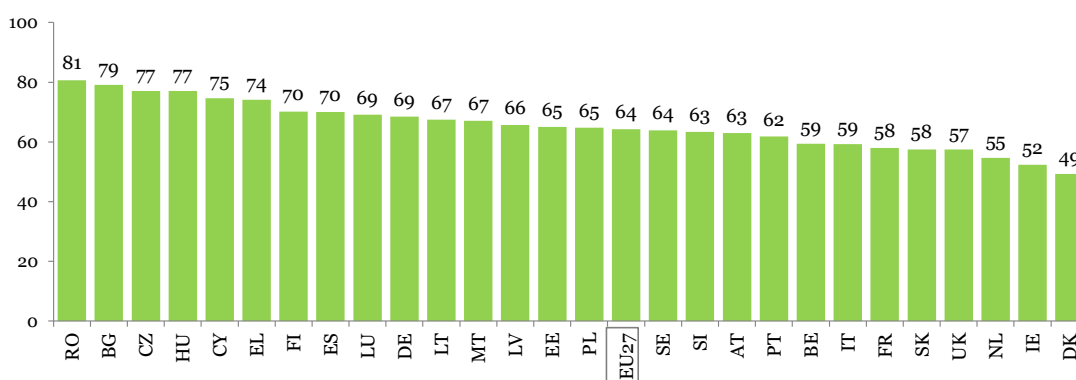
### Individual country results

Across all but one of the EU Member States (the exception being Denmark), a majority of young people mentioned **tough measures against drug dealers and traffickers** as one of the most effective ways that public authorities could reduce drug problems; the proportion selecting this measure ranged from 49% in Denmark to 81% in Romania. Furthermore, across all countries (the exception being Denmark – see further), this measure was selected by the largest proportion of respondents.

In Romania, and also in Hungary, the Czech Republic and Bulgaria, more than three-quarters of respondents considered tough measures against drug dealers to be an effective response to drug problems (between 77% and 81%). Ireland and the Netherlands joined Denmark at the lower end of the country ranking; in these countries, between 49% and 55% of young people thought that the clampdown against drug dealers and traffickers was an effective strategy to reduce drug problems.

#### Most effective ways for public authorities to reduce drug problems

##### *Tough measures against drug dealers and traffickers*



Q3. What do you think are the three most effective ways for public authorities to reduce drugs problems?

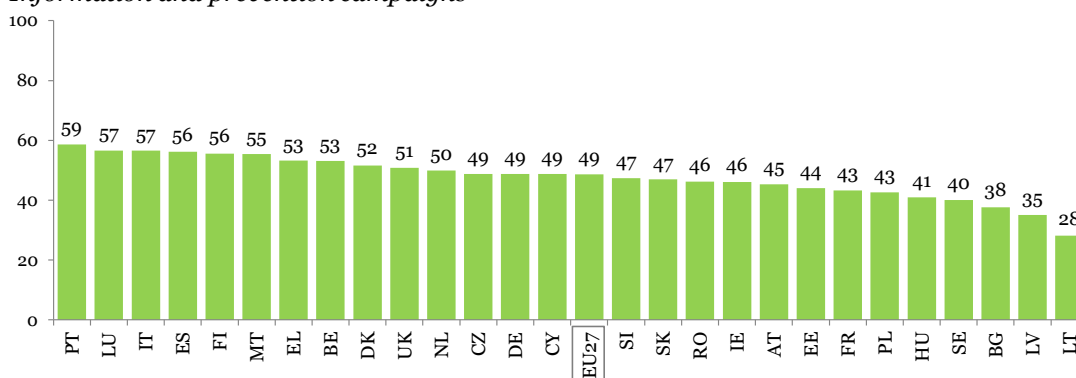
Base: all respondents, % of mentions by country

Contrary to young people in other countries, the largest proportion of young Danes did not select tough measures against drug dealers and traffickers, but preferred to reduce drug problems by **organising information and prevention campaigns** (selected by 52%). Respondents in Malta, Finland, Spain, Italy, Luxembourg and Portugal were overall the most likely to select this measure (55%-59%).

In Lithuania, on the other hand, half as many (28%) young people thought that information and prevention campaigns were one of the most effective ways for public authorities to reduce drug problems. As in 2008, Latvia and Bulgaria were also found at the lower end of the country ranking – with 35% and 38%, respectively, of respondents mentioning this measure.

#### Most effective ways for public authorities to reduce drug problems

##### *Information and prevention campaigns*



Q3. What do you think are the three most effective ways for public authorities to reduce drugs problems?

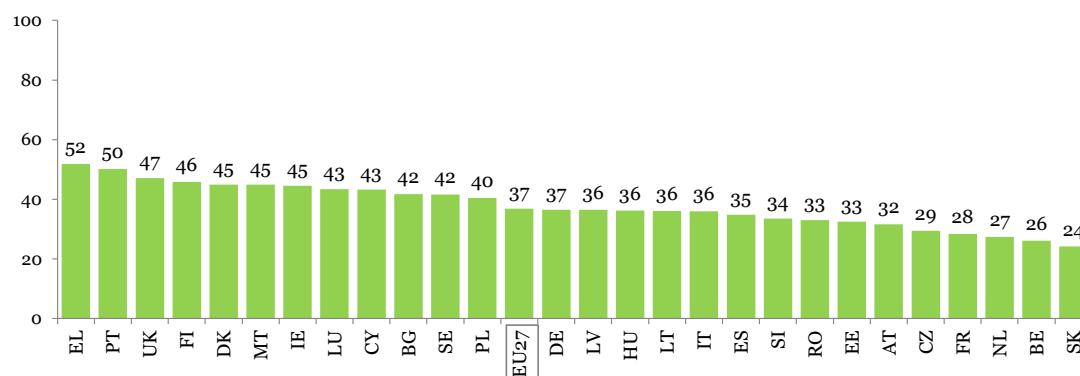
Base: all respondents, % of mentions by country



The proportion of respondents who thought that the **treatment and rehabilitation of drug users** was one of the most effective ways for public authorities to reduce drug problems ranged from less than a third in Slovakia (24%), Belgium (26%), the Netherlands (27%), France (28%), the Czech Republic (29%) and Austria (32%) to about half of respondents in Portugal (50%) and Greece (52%).

### Most effective ways for public authorities to reduce drug problems

#### *Treatment and rehabilitation of drug users*



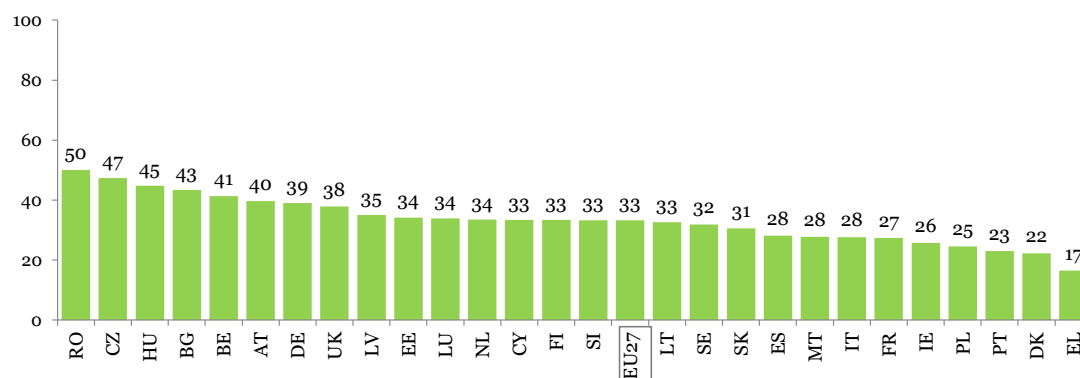
Q3. What do you think are the three most effective ways for public authorities to reduce drugs problems?  
Base: all respondents, % of mentions by country

In a majority of EU Member States, the proportions listing “tough measures against drug dealers and traffickers”, “information and prevention campaigns” and “the treatment and rehabilitation of drug users” as effective ways of reducing drug problems were larger than the proportion selecting “**tough measures against drug users**”. This last-named measure received the lowest support in Greece (17%), followed by Denmark and Portugal (22%-23%).

Young people in Hungary (45%), the Czech Republic (47%) and Romania (50%) were the most likely in the EU to choose tough measures against drug users as one of the most effective ways of reducing drug problems. In eight countries, “tough measures against drug users” were considered to be a useful way of reducing drug problems by a larger proportion of respondents than the “treatment and rehabilitation of drug users”. For example, 40% of respondents in Austria thought that the former would be an effective way of reducing drug problems compared to 32% who opted for the latter.

### Most effective ways for public authorities to reduce drug problems

#### *Tough measures against drug users*



Q3. What do you think are the three most effective ways for public authorities to reduce drugs problems?  
Base: all respondents, % of mentions by country

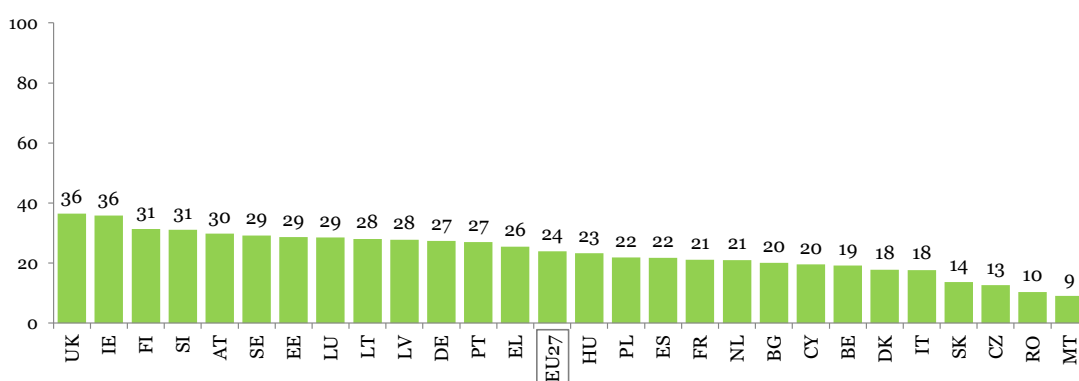


Reducing drug problems by trying to **reduce poverty and unemployment** was selected by 36% of respondents in both Ireland and the UK. Luxembourg, Estonia, Sweden, Austria, Slovenia and Finland followed with approximately 3 in 10 respondents who thought that this would be one of the most effective ways of reducing drug problems (29%-31%).

In Malta and Romania, on the other hand, just 9%-10% of young people thought that reducing one of the possible root causes of drug abuse – i.e. poverty and unemployment – was one of the most effective ways for public authorities to reduce drug problems. The low perception of the effectiveness of such a measure by young people in Malta and Romania was shared by Czech and Slovak respondents: only about one in seven said that such rehabilitation measures were effective (13%-14%).

### Most effective ways for public authorities to reduce drug problems

#### *Reduction of poverty and unemployment*



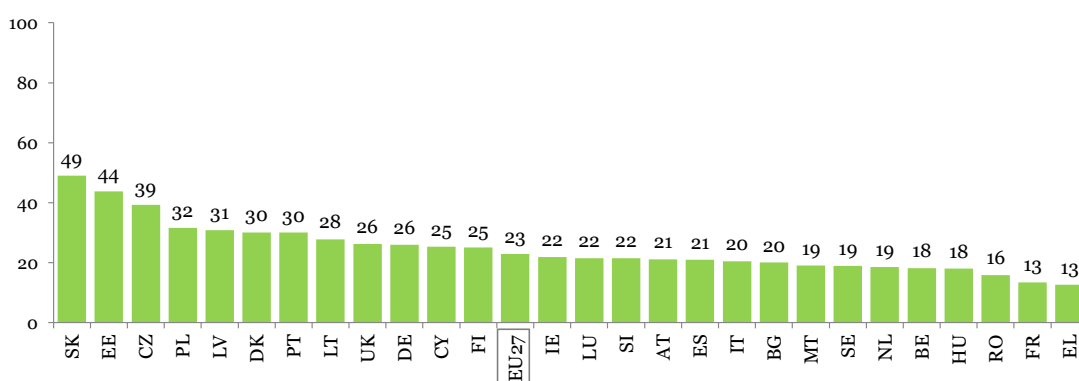
Q3. What do you think are the three most effective ways for public authorities to reduce drugs problems?

Base: all respondents, % of mentions by country

The proportion of young people who thought that offering **more leisure opportunities** would be one of the most effective ways for public authorities to reduce drug problems remained below a third in almost all countries (ranging from 13% in Greece and France to 32% in Poland). In the Czech Republic, Estonia and Slovakia, on the other hand, a larger number of respondents believed in the effectiveness of providing more leisure opportunities (39%, 44%, and 49%, respectively).

### Most effective ways for public authorities to reduce drug problems

#### *More leisure opportunities*



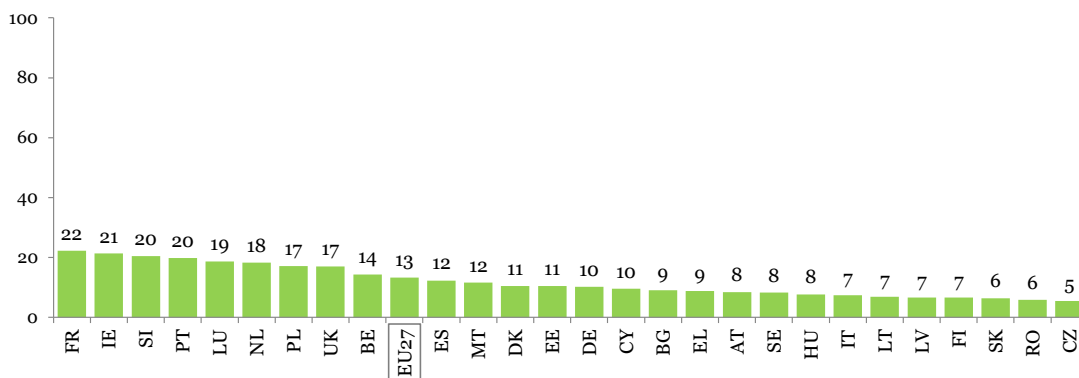
Q3. What do you think are the three most effective ways for public authorities to reduce drugs problems?

Base: all respondents, % of mentions by country

In almost all Member States, as with the average EU results, a smaller group of respondents chose the **legalisation of drugs** as being one of the most effective ways of fighting drug problems. Young people in Portugal, Slovenia, Ireland and France were the ones who most favoured the legalisation of drugs as a way of reducing the various problems: about one in five (20%-22%) respondents in these countries thought that this would be beneficial.

### Most effective ways for public authorities to reduce drug problems

#### *Making drugs legal*



Q3. What do you think are the three most effective ways for public authorities to reduce drugs problems?

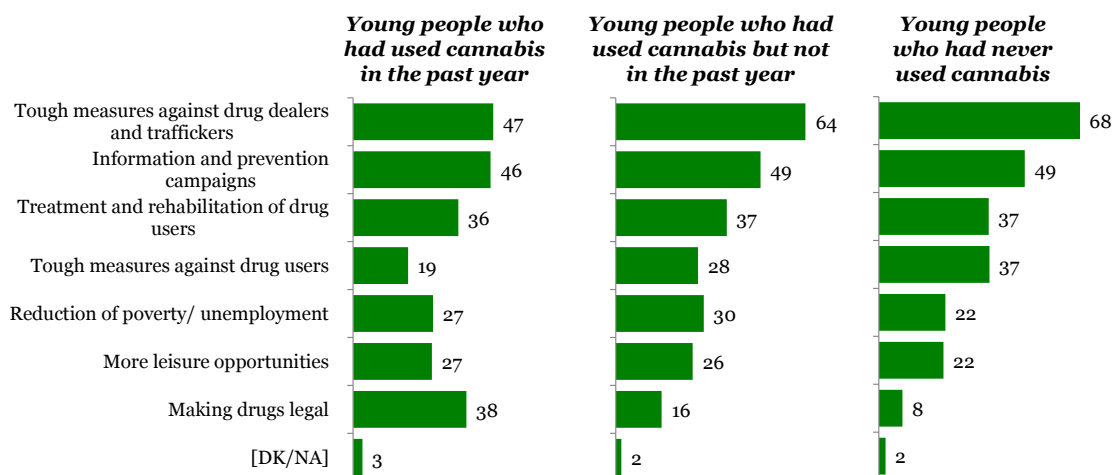
Base: all respondents, % of mentions by country

### *The relationship between cannabis use and opinions about effective ways to reduce drug problems*

Young people who had used cannabis were more likely to choose the legalisation of drugs as being one of the most effective ways of fighting drug problems: this measure was selected by 38% of interviewees who reported having used cannabis in the past year, compared to 16% of respondents who had used cannabis, but not in the past year, and 8% of those who had never used cannabis.

Young people who had used cannabis (either in the past year or before that time) were also more likely to think that offering more leisure opportunities and reducing poverty and unemployment were effective ways for public authorities to lessen drug problems. Tough measures against drug users and drug dealers, on the other hand, were judged to be less effective by cannabis users (especially by those who had used it in the past year). For example, 19% of respondents who had used cannabis in the past 12 months selected tough measures against drug users, compared to 37% of young people who had never used cannabis.

### Most effective ways for public authorities to reduce drug problems



Q3. What do you think are the three most effective ways for public authorities to reduce drugs problems?

Base: all respondents, % of mentions by EU27

*Socio-demographic considerations*

Women were more likely than men to judge other measures than law enforcement, such as information and prevention campaigns (52% vs. 45%) and the treatment and rehabilitation of drug users (41% vs. 33%), as the most effective ways of reducing drug problems. Men were twice as likely as women to opt for the **legalisation of drugs** as an effective measure (18% vs. 9%).

In accordance with the findings discussed in the previous section, metropolitan residents were also more likely to choose the legalisation of drugs as being one of the most effective ways of fighting drug problems (17% vs. 11% in rural areas). Rural residents, on the other hand, were more likely to prefer tough measures against drug dealers or traffickers (67% vs. 62% of metropolitan residents) or against drug users (37% vs. 32%, respectively).

Looking at respondents' age and level of education, the largest differences were seen for opinions about the effectiveness of **reducing poverty and unemployment** as a strategy to reduce drug problems: 22% of 15-18 year-olds and 20% of respondents who had only completed their primary education at the time of the interview selected this measure as one of the most helpful ones, this proportion increased to 27% for 22-24 year-olds and 25% for more highly educated respondents.

Respondents who were no longer full-time students were also more likely than full-time students to think that reducing poverty and unemployment was an effective way for public authorities to lessen drug problems (27% vs. 22%). Full-time students, on the other hand, were more prone to opt for information and prevention campaigns as an effective measure (51% vs. 45% of those who were no longer in full-time education).

“Information and prevention campaigns” were most frequently supported by respondents from “employee” households; respondents in “manual worker” households were the least likely to select this measure as one of the most helpful ones (52% vs. 44%). Respondents in “manual worker” households were, however, also less likely than their counterparts to expect that treatment and rehabilitation of drug users and reducing poverty and unemployment would be effective ways of reducing drug problems.

For further details, see annex table 3b.

Flash EB Series #330

Youth attitudes on drugs

# Annex Tables and Survey Details

THE GALLUP ORGANIZATION

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Table 1a. Potential sources of information about illicit drugs and drug use –  
*by country*

QUESTION: Q1. If you wanted to have information about illicit drugs and drug use in general, who would you turn to? Please choose up to three.

% of mentions shown





























	Total N	A friend	Parents/ relatives	Someone at school or at work	A doctor, a nurse or another health professional	A social/ youth worker	A specialised drug counsellor/ centre	The police	A telephone helpline	The Internet (websites or chats)	Mass media (newspapers, magazines, TV, radio)	Others	Does not want to have more info	It depends	None of these	DK/NA
 <b>EU27</b>	12313	37.3	27.8	13.9	28.2	8.5	19.6	9	5.5	63.8	15.2	1.2	1.9	0.1	0.5	0.7
<b>COUNTRY</b>																
 Belgium	502	35.6	23.6	12.6	21.3	6.7	12.9	3.7	6.5	63.1	9.7	1	5.5	0	0.2	0.2
 Bulgaria	508	36.6	37.6	8.4	29.4	10.2	24	22.1	6.8	59.6	12.9	0	1.4	0	0.2	0.7
 Czech Rep.	503	37.7	14.1	18	12.7	6.9	21.8	4.3	2.5	80.1	22.5	0.6	1.7	0	0.6	0
 Denmark	509	37.1	22.6	7	27.3	7.1	13.4	10.3	3.2	68.8	9.9	1	1.4	0.1	0	2.5
 Germany	503	44	24	11.4	31.5	12.4	29.1	12.9	8.4	65.5	19.9	0.3	0.7	0.3	0.5	0.1
 Estonia	253	46	16.9	15.4	23.4	13.9	13.8	8.1	8.2	77.4	20.5	0	0.9	0.4	0.3	0.8
 Greece	504	23.1	34.9	6.5	29.1	19	38	11.7	12.4	44.7	9.4	1	1.1	0.2	0.7	0.5
 Spain	503	34.9	30.3	15	23.4	13.5	33.1	6.1	4	64	13.6	1.5	2.9	0	0.2	0.2
 France	501	42.2	22.8	13.3	33.5	4.9	15.2	5	3.7	60.7	11.3	2.1	2.5	0	0.5	0.4
 Ireland	500	55.5	42.4	14.2	41.7	6.7	11.3	8.1	4.5	56.1	11	0.7	0.2	0	0.4	1.6
 Italy	501	28.3	24.6	10.6	20.7	5.1	12.1	3.4	1.3	60.8	22.1	0.5	1.8	0	0.7	0.4
 Cyprus	250	26.5	36.7	8.8	27.3	18.9	28.2	37.7	13.9	41.5	15	0	0.3	0	1	1
 Latvia	501	31.8	23.3	7.5	26	8.8	13.4	7.2	4.7	66.3	16.6	1.2	2.8	0	0.3	0
 Lithuania	501	18.8	19.1	7.1	16.7	9.9	21.8	15.7	5.9	65.5	6.8	0.3	0.5	0.4	0.2	0.8
 Luxembourg	250	47.6	35	20.1	34.8	14.9	28.2	16.1	6.6	58.8	20.2	1.9	1.4	0.5	0.7	0
 Hungary	500	36	21.8	26.2	27.6	2.9	12.7	15.8	2.3	74.8	22.1	0.4	1.3	0.2	0.2	0.8
 Malta	257	26.1	22.1	7.2	18.2	14.4	34.4	13	15.1	48.9	12.4	2.6	0.4	0.5	0.3	3.1
 Netherlands	502	38.4	34.8	14.9	13.8	5.5	9.3	2.8	3.9	75	14.3	1.1	2.3	0.2	0.8	0.5
 Austria	501	35	20.1	11.1	24.1	15.5	23.6	10.4	13.1	62	15.6	1.8	2.3	0.8	1	0.9
 Poland	503	37.9	19.6	15.7	13.9	8.2	16.2	12.4	6.3	73.1	18.9	0.2	1	0	0.9	1
 Portugal	502	41	33.2	18.4	31.2	6.7	21.8	4.5	10.9	73.4	11.5	0.2	0.9	0	0.3	0.4
 Romania	500	15.9	21.2	9.4	28.4	8	21.5	13.7	3.9	60.2	18.5	0.6	7.3	0	0.8	0.4
 Slovenia	253	49.3	35.1	10.1	24.9	14.6	24.6	11.5	7.6	70.4	18.9	0	0	0	0.3	0
 Slovakia	502	31.3	16.2	7.6	11.9	5.2	12	7.4	1.1	77.5	15.2	0.8	2.4	0.2	0.7	0.4
 Finland	502	32	12.2	14	37.8	12.7	14.3	19.5	7.3	76	12.2	1.5	0.1	0.1	0.2	0
 Sweden	502	28.1	22.5	12.4	29.4	4.2	8.6	12.8	1.7	64.1	5.4	0.3	2.4	0	0.1	2.4
 United Kingdom	500	44.6	48.9	20.3	45.4	7.9	16.2	8.6	7.4	54.9	8.8	3.6	0.4	0	0	1.6

Table 1b. Potential sources of information about illicit drugs and drug use – *by segments*

**QUESTION: Q1. If you wanted to have information about illicit drugs and drug use in general, who would you turn to? Please choose up to three.**

% of mentions shown









	Total N	A friend	Parents/ relatives	Someone at school or at work	A doctor, a nurse or another health professional	A social/ youth worker	A specialised drug counsellor/ centre	The police	A telephone helpline	The Internet (websites or chats)	Mass media (newspapers, magazines, TV, radio)	Others	Does not want to have more info	It depends	None of these	DK/NA
<b>EU27</b>	12313	37.3	27.8	13.9	28.2	8.5	19.6	9	5.5	63.8	15.2	1.2	1.9	0.1	0.5	0.7
 <b>SEX</b>																
Male	6289	38.8	27.1	14.4	27.1	7.9	17.9	10.9	4.8	61.7	13.3	1.5	2	0.1	0.5	0.8
Female	6024	35.7	28.4	13.3	29.4	9.2	21.3	6.9	6.3	66	17.1	1	1.7	0	0.4	0.5
 <b>AGE</b>																
15 - 18	4612	39.1	36	22.5	22.6	8.3	17.7	8.8	4.7	60.5	13.5	1.1	1.4	0	0.4	0.9
19 - 21	3790	38.4	25.2	10.9	29.4	8.1	19.5	8.7	4.9	64.9	15.7	1.3	2.2	0.1	0.6	0.5
22 - 24	3912	34.1	20.5	6.6	33.8	9.2	21.8	9.4	7.2	66.7	16.6	1.3	2	0.2	0.4	0.4
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>																
Primary	2555	36.6	32.6	21.6	23.2	8.2	18.5	10.8	4.3	59.9	12.3	1.2	1.8	0	0.4	0.9
Secondary	6987	37.5	26.9	12.9	27	8.8	18.8	9.1	5.2	64.4	15.5	0.9	2	0.1	0.5	0.5
Higher	2637	37.5	25.6	8.3	36.1	8.1	22.4	6.9	7.4	67.4	17.2	2.3	1.3	0.2	0.4	0.7
 <b>CURRENTLY A FULL-TIME STUDENT</b>																
Yes	7987	38.3	30.2	17.1	25.3	8.5	18.4	7.5	4.9	64.9	14.8	1.1	1.5	0	0.4	0.6
No	4320	35.6	23.4	7.9	33.7	8.5	21.7	11.7	6.6	61.8	15.8	1.4	2.5	0.2	0.6	0.7
 <b>URBANISATION</b>																
Metropolitan	2224	39.4	22.9	11.1	30.3	7.3	17.2	7.2	5.1	64.3	13.7	2.2	1.2	0.1	0.5	0.4
Urban	5810	35.9	28.4	13.8	28.3	8.6	20.7	8.6	6	64.8	16	1.2	1.8	0	0.5	0.7
Rural	4244	38	29.2	15.5	27.1	9.1	19.2	10.4	5.1	62.5	14.7	0.9	2.2	0.2	0.4	0.7
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>																
Self-employed	1649	38.7	32.4	17.4	24.9	7.9	20.7	7.5	4	63.1	14.7	1.7	1	0	0.6	0.5
Employee	6314	38.2	30.6	14.8	28.4	8.3	18.5	8.7	5.7	65.9	14.8	1	1.5	0.1	0.3	0.7
Manual worker	1907	34.3	23.2	12.8	25.9	9.7	20.7	9.4	4.6	58.7	15.8	0.8	3	0.1	0.5	0.8
Not working	2231	35.7	20.4	9.4	34	9	22	10.6	6.9	62.9	16.7	2	2.2	0	0.7	0.6
 <b>USE OF CANNABIS</b>																
Never used	8914	33	29.6	14.8	28.6	8.6	20.3	10.3	5.3	62.1	15.5	1.1	2.1	0.1	0.5	0.7
Used in the past year	1705	52.5	21.4	12.9	24.9	9.5	16.7	4.4	4.3	68.1	14.6	2.7	1.4	0	0.3	1
Used but not in the past year	1496	44.7	24.8	9.3	30.4	7.2	17.8	6.4	8.9	69.1	13.4	0.6	1.3	0	0.3	0.2
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>																
Yes	11673	36.5	28	13.8	28.3	8.5	19.5	9.2	5.5	63.9	15.2	1.2	1.9	0.1	0.5	0.7
No	597	52	25	15.7	27.5	8.6	20.7	4.8	6.1	63.2	14	1.6	1.4	0	0.4	0.3



Table 2a. Channels through which young people were informed about the effects and risks of illicit drug use – *by country*

QUESTION: Q2. Through which channels - if any - have you been informed over the past year about the effects and risks of the use of illicit drugs? Please choose up to three.

% of mentions shown





























		Total N	Through a school prevention programme	From friends	From parents/ relatives	Through media campaign(s)	From the police	Found it on the Internet (websites or chats)	From a drug and/or alcohol telephone helpline	I have not been informed at all	Other	DK/NA
	<b>EU27</b>	12313	40.6	26.1	16.9	45.5	8.1	39.4	2	10.4	3.6	0.6
	<b>COUNTRY</b>											
	Belgium	502	40.3	17	11.5	30.4	4.7	26.5	2.1	23.6	1.9	0
	Bulgaria	508	34.8	32.2	24.2	54.2	5.4	67	1.9	3.5	0.9	0.6
	Czech Rep.	503	51.4	27.3	15	45.2	3.6	54.1	2.1	8	1.1	0
	Denmark	509	34.7	22	11.9	42.8	6.5	27.8	1.3	14	5.3	1.5
	Germany	503	42.4	26.8	16	45.2	14.5	40.5	3.3	9	4.4	0
	Estonia	253	41.6	40.5	12.5	52	9.2	64.1	4.2	4.7	1.6	0
	Greece	504	29.9	25.1	24.2	42	3.2	48	4	7.5	3	0
	Spain	503	37.6	19.5	12.3	43.6	2.2	26.4	1.4	21.1	1.5	0
	France	501	43.4	21.6	10.7	47.8	5.9	23.3	1	9.7	6.5	0.4
	Ireland	500	38.5	35.9	27.6	52.2	12.3	41.4	2.9	5.8	2.8	0.6
	Italy	501	36.4	32.4	22.6	40.5	2	45.6	2.1	6.6	1.9	0.5
	Cyprus	250	37	22	28.7	34.6	30.3	38.3	3.6	12.7	1.3	0.2
	Latvia	501	33.4	24.6	11.6	47.6	5.3	54.6	1.1	5.7	0.5	0.6
	Lithuania	501	37.6	24.4	11.8	25.6	3.3	59.5	0.6	4.6	1.9	0.8
	Luxembourg	250	57	40.9	24	43.3	21.5	41.6	1.8	6.9	3.2	0
	Hungary	500	64.6	29.3	21.6	38.6	15.1	45.5	1.5	3.7	0.4	1.3
	Malta	257	35.3	19.9	10.9	54.5	5.7	38.2	7.2	8.9	3	0.3
	Netherlands	502	35.9	23.3	17.9	43.5	3.9	28.3	1	15	4.2	0.5
	Austria	501	37.9	28.1	16.1	48.1	5.7	44.4	5.1	8.2	5.9	1.2
	Poland	503	42.2	21.8	15	53.2	11.6	52.8	1.8	5.1	0.3	1.4
	Portugal	502	42.4	38.8	28	54.4	4.9	57.5	4	4.6	1.5	0.8
	Romania	500	43.3	19.1	14.8	45	9.1	44.5	1.3	5.6	0.8	0.2
	Slovenia	253	43.4	39	15	49.6	15.2	63.4	0.8	2.9	2.1	0
	Slovakia	502	44.5	24.8	10.2	42.5	8.7	44	0.9	7.5	0.6	0.2
	Finland	502	34.2	22.3	7.5	47.3	9	52.3	0.3	8	1.6	0.3
	Sweden	502	38	17.1	11.3	28.5	9.9	34.6	1.5	16.8	3	0.5
	United Kingdom	500	38	34.5	24	48.5	10.8	37.1	2.2	15.1	7.6	1.3

Table 2b. Channels through which young people were informed about the effects and risks of illicit drug use– *by segments*

**QUESTION: Q2. Through which channels - if any - have you been informed over the past year about the effects and risks of the use of illicit drugs? Please choose up to three.**

% of mentions shown









	Total N	Through a school prevention programme	From friends	From parents/ relatives	Through media campaign(s)	From the police	Found it on the Internet (websites or chats)	From a drug and/or alcohol telephone helpline	I have not been informed at all	Other	DK/NA
<b>EU27</b>	12313	40.6	26.1	16.9	45.5	8.1	39.4	2	10.4	3.6	0.6
 <b>SEX</b>											
Male	6289	38.5	27	16.5	43.1	9	39.9	2.2	10.7	3.5	0.5
Female	6024	42.7	25.3	17.4	47.9	7.3	38.8	1.8	10	3.6	0.6
 <b>AGE</b>											
15 - 18	4612	63	25.6	22.1	36	10.6	33.9	1.3	6.5	2.8	0.5
19 - 21	3790	36.9	26.1	15.6	47.5	7.1	42.7	1.9	11.4	3	0.6
22 - 24	3912	17.6	26.8	12.1	54.6	6.2	42.6	3.1	14	5	0.6
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>											
Primary	2555	61.1	23.9	18.7	36.1	10.5	35	1.7	6.9	1.9	0.5
Secondary	6987	39	26.4	17	45	8	41.7	1.6	10.3	3.5	0.6
Higher	2637	23.4	27.9	14.9	56.3	5.8	38.4	3.4	14.1	5.6	0.5
 <b>CURRENTLY A FULL-TIME STUDENT</b>											
Yes	7987	50.3	25.3	18.8	42.7	8.2	39.7	1.4	7.7	2.8	0.5
No	4320	22.6	27.7	13.6	50.5	8	38.7	3.3	15.4	4.9	0.6
 <b>URBANISATION</b>											
Metropolitan	2224	35.3	27.8	17.9	47.4	6.6	38.9	1.6	9.9	3.5	0.4
Urban	5810	40.5	27.2	16.7	46.7	8	41.1	2.3	9.6	3.4	0.5
Rural	4244	43.6	23.9	16.7	42.9	9.1	37.3	1.9	11.5	3.8	0.7
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>											
Self-employed	1649	47.2	27.3	22.2	43.7	9.1	40.3	1.6	7	4.6	0.5
Employee	6314	40.3	25.7	16.4	46.6	8.2	39.9	1.7	10.8	3.2	0.5
Manual worker	1907	44.8	27.7	18.2	42.7	7.3	38.6	2.9	7.8	3.4	0.7
Not working	2231	32.8	25.7	13.8	47	7.6	38.5	2.6	13.5	4.1	0.5
 <b>USE OF CANNABIS</b>											
Never used	8914	44.5	23	17.7	44.5	9.3	38.6	1.9	10.3	3.2	0.5
Used in the past year	1705	31.5	38	16.3	46.5	5.6	40.7	2.7	9.5	4.3	0.6
Used but not in the past year	1496	28.8	31.5	12.9	50.5	4.8	41.8	2.4	12.4	5.4	0.5
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>											
Yes	11673	41	25.5	17.1	45.8	8.2	39.1	2	10.5	3.4	0.6
No	597	31.3	39.2	14.4	39.4	6.9	44.6	2.5	8.3	7.3	0

Table 3a. Most effective ways for public authorities to reduce drug problems – *by country*

QUESTION: Q3. What do you think are the three most effective ways for public authorities to reduce drugs problems?

% of mentions shown





























		Total N	Information and prevention campaigns	Treatment and rehabilitation of drug users	Tough measures against drug dealers and traffickers	Making drugs legal	Reduction of poverty/unemployment	Tough measures against drug users	More leisure opportunities	DK/NA
	<b>EU27</b>	12313	48.6	36.9	64.2	13.3	23.9	33.2	22.9	2.3
	<b>COUNTRY</b>									
	Belgium	502	53.1	26.1	59.4	14.3	19.1	41.3	18.2	3.7
	Bulgaria	508	37.6	41.7	79.1	9	20.1	43.4	20	1.5
	Czech Rep.	503	48.8	29.4	77.1	5.4	12.6	47.3	39.3	0.6
	Denmark	509	51.6	44.9	49.3	10.5	17.8	22.3	30.1	3.2
	Germany	503	48.7	36.5	68.5	10.2	27.3	39	26	1.5
	Estonia	253	44	32.5	65	10.5	28.7	34.2	43.8	0.3
	Greece	504	53.2	51.8	74.1	8.8	25.5	16.5	12.6	0.7
	Spain	503	56.2	34.8	70	12.3	21.7	28.1	21	0.5
	France	501	43.3	28.4	58	22.2	21.1	27.3	13.4	7.1
	Ireland	500	46.1	44.5	52.4	21.3	35.8	25.7	21.9	2.9
	Italy	501	56.5	36	59.3	7.4	17.6	27.6	20.4	1
	Cyprus	250	48.7	43.2	74.6	9.5	19.5	33.4	25.3	0.9
	Latvia	501	35.1	36.4	65.7	6.6	27.8	35	30.8	2.4
	Lithuania	501	28.1	36.1	67.4	6.9	28	32.6	27.8	1.3
	Luxembourg	250	56.6	43.4	69.1	18.7	28.5	33.9	21.5	0.9
	Hungary	500	40.9	36.2	77.1	7.7	23.2	44.8	18	0.8
	Malta	257	55.4	44.9	67.1	11.6	9.1	27.8	19	2.5
	Netherlands	502	49.9	27.4	54.6	18.3	20.9	33.5	18.5	3.5
	Austria	501	45.3	31.6	63	8.4	29.8	39.7	21.1	1.7
	Poland	503	42.6	40.4	64.7	17.1	21.8	24.6	31.6	1.2
	Portugal	502	58.6	50.1	61.8	19.8	27	23	30	1
	Romania	500	46.2	33	80.6	5.8	10.3	50	15.8	1.1
	Slovenia	253	47.4	33.5	63.3	20.4	31.1	33.3	21.5	1
	Slovakia	502	46.9	24.1	57.5	6.3	13.6	30.6	49	2
	Finland	502	55.6	45.8	70.2	6.6	31.3	33.4	25	0.6
	Sweden	502	40	41.6	63.9	8.3	29.2	31.9	18.9	3.5
	United Kingdom	500	50.8	47.1	57.4	17	36.4	37.8	26.2	2.6

Table 3b. Most effective ways for public authorities to reduce drug problems – *by segments*

**QUESTION: Q3. What do you think are the three most effective ways for public authorities to reduce drugs problems?**

% of mentions shown









	Total N	Information and prevention campaigns	Treatment and rehabilitation of drug users	Tough measures against drug dealers and traffickers	Making drugs legal	Reduction of poverty/unemployment	Tough measures against drug users	More leisure opportunities	DK/NA
<b>EU27</b>	12313	48.6	36.9	64.2	13.3	23.9	33.2	22.9	2.3
 <b>SEX</b>									
Male	6289	45.3	32.8	63.7	17.5	23.3	32.8	22.4	2.9
Female	6024	52.1	41.3	64.6	9	24.5	33.7	23.5	1.7
 <b>AGE</b>									
15 - 18	4612	47.2	36.6	63.3	12.2	22	33.3	22.5	2.9
19 - 21	3790	49.1	38.2	62.5	14.8	23.6	33.3	24	2.1
22 - 24	3912	49.8	36.1	66.7	13.2	26.5	33.1	22.4	1.9
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>									
Primary	2555	42.2	37.9	66.1	12.9	19.8	34.1	23.5	2.6
Secondary	6987	49.3	36	63.1	13.4	24.9	32.9	22.8	2.2
Higher	2637	53.6	39.4	64.9	13.3	25.1	33.4	23.2	2.5
 <b>CURRENTLY A FULL-TIME STUDENT</b>									
Yes	7987	50.8	37.8	64	12.8	22.2	32.2	23.1	2.2
No	4320	44.6	35.4	64.5	14.2	27	35.1	22.6	2.7
 <b>URBANISATION</b>									
Metropolitan	2224	48.2	37.3	61.7	17.4	23.9	31.9	20.5	2.7
Urban	5810	50.9	37.4	63.4	13.3	23.9	31.2	24.6	2.1
Rural	4244	45.8	36.2	66.7	11.1	23.9	36.9	21.8	2.3
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>									
Self-employed	1649	46.3	38.3	65.2	12.9	22.1	32.5	22.1	2.4
Employee	6314	51.5	37.3	64	13.7	24.6	33.7	24	2
Manual worker	1907	44	33	65.6	14.5	19.4	34.4	21.6	2.5
Not working	2231	46.5	38.9	64	11.7	27.2	31.9	22.5	2.6
 <b>USE OF CANNABIS</b>									
Never used	8914	49.2	37.1	67.8	7.9	22.4	37.3	21.8	2.2
Used in the past year	1705	46.4	35.5	47.3	38.2	27	18.5	26.6	3.1
Used but not in the past year	1496	48.8	37.4	64	15.5	29.7	27.8	25.9	1.8
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>									
Yes	11673	49.2	37	65.1	12	23.7	33.9	22.7	2.3
No	597	38.8	34.8	46.2	38.7	28.1	21.5	27.4	2.5

Table 4a. Perceived health risks of using cannabis once or twice – *by country*

QUESTION: Q4\_A. To what extent do you think the following substances may pose a risk to a person's health? - Use cannabis once or twice



























		Total N	% High risk	% Medium risk	% Low risk	% No risk	% DK/NA
	<b>EU27</b>	12313	23.3	28.8	30.4	13.6	3.9
	<b>COUNTRY</b>						
	Belgium	502	12.4	27.2	37.7	17.6	5.2
	Bulgaria	508	27	32.3	19.5	16.7	4.5
	Czech Rep.	503	7.2	21.5	38.7	31.4	1.1
	Denmark	509	19.7	24.2	36.5	15	4.6
	Germany	503	28.8	31.7	25.4	11.3	2.8
	Estonia	253	13.9	36.1	31.9	15.1	3
	Greece	504	38.3	30.3	16.3	8.3	6.9
	Spain	503	14.8	22.2	33.4	28.1	1.5
	France	501	25.3	30.7	30	11.2	2.9
	Ireland	500	17.3	25.5	39.7	16.1	1.4
	Italy	501	26	32.8	32.8	6.5	1.9
	Cyprus	250	38.4	28.2	14.3	7.5	11.6
	Latvia	501	24.9	33.4	19.8	16.4	5.5
	Lithuania	501	32.7	29.7	24.4	8.7	4.5
	Luxembourg	250	16.4	37.6	33.4	11.5	1.2
	Hungary	500	27	29.2	26.4	8.9	8.4
	Malta	257	29.4	32.9	27.8	3.4	6.5
	Netherlands	502	13.8	28.7	39.6	13.7	4.2
	Austria	501	16.8	32.6	26.1	18	6.4
	Poland	503	19.9	28.7	27.7	16.1	7.7
	Portugal	502	23.6	28.5	28.5	13.1	6.3
	Romania	500	55.1	24.8	6.6	2.5	11
	Slovenia	253	15.8	32.7	26.8	22.5	2.2
	Slovakia	502	9	23.4	43.4	22.4	1.8
	Finland	502	11.2	37.8	38.6	10.2	2.2
	Sweden	502	22.3	27.8	31.3	10	8.5
	United Kingdom	500	15.8	26.4	41.4	14.9	1.5

Table 4b. Perceived health risks of using cannabis once or twice – *by segments*

QUESTION: Q4\_A. To what extent do you think the following substances may pose a risk to a person's health? - Use cannabis once or twice



	Total N	% High risk	% Medium risk	% Low risk	% No risk	% DK/NA
<b>EU27</b>	12313	23.3	28.8	30.4	13.6	3.9
 <b>SEX</b>						
Male	6289	20.1	25.9	32.1	18.3	3.7
Female	6024	26.7	31.8	28.7	8.8	4.1
 <b>AGE</b>						
15 - 18	4612	24	32.4	27.9	11.6	4.1
19 - 21	3790	24	27.4	30.7	14.4	3.6
22 - 24	3912	21.8	26	33.1	15.3	3.8
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>						
Primary	2555	27.1	29.7	25.4	12.8	5
Secondary	6987	22.5	29.5	30.6	13.7	3.7
Higher	2637	21.4	25.9	35.3	14.5	3
 <b>CURRENTLY A FULL-TIME STUDENT</b>						
Yes	7987	23.4	30.6	29.5	12.7	3.8
No	4320	23.1	25.4	32.2	15.4	3.9
 <b>URBANISATION</b>						
Metropolitan	2224	22.2	26.2	31.3	17.3	3
Urban	5810	22.5	29.4	31.3	12.9	3.8
Rural	4244	25	29.3	28.8	12.7	4.3
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>						
Self-employed	1649	22.9	28.8	31.1	12.9	4.4
Employee	6314	21.4	30.3	31.8	13.5	3.1
Manual worker	1907	27.4	27.8	26.1	14.5	4.3
Not working	2231	25	26.3	29.5	14	5.2
 <b>USE OF CANNABIS</b>						
Never used	8914	29.8	33.2	25.1	6.8	5.1
Used in the past year	1705	3.9	11.6	45.1	38.6	0.8
Used but not in the past year	1496	7.8	23.4	44.8	23.6	0.4
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>						
Yes	11673	24	29.6	30	12.3	4
No	597	8.7	12.5	38	39.1	1.6



Table 5a. Perceived health risks of using cannabis regularly – *by country*

QUESTION: Q4\_B. To what extent do you think the following substances may pose a risk to a person's health? - Use cannabis regularly





























		Total N	% High risk	% Medium risk	% Low risk	% No risk	% DK/NA
	<b>EU27</b>	12313	66.7	23.9	5.8	1.3	2.3
	<b>COUNTRY</b>						
	Belgium	502	52.5	29.6	12.6	1.3	4.1
	Bulgaria	508	76.4	16.2	2.9	1.6	3
	Czech Rep.	503	49.6	39.5	7.5	2.5	0.8
	Denmark	509	60	28.7	8.4	0.9	2.1
	Germany	503	73.7	20.1	3.5	1.2	1.4
	Estonia	253	62	29.3	7.4	1	0.3
	Greece	504	73.4	18.2	3.6	1.6	3.3
	Spain	503	64.3	27.2	7.1	0.7	0.6
	France	501	70	22.7	4.4	1.3	1.6
	Ireland	500	52.5	30.3	11.7	4.6	1
	Italy	501	66.5	27.1	4.6	0.5	1.3
	Cyprus	250	80.5	11.1	2	0.2	6.2
	Latvia	501	75.1	13.7	5.3	1.8	4.1
	Lithuania	501	77.4	17.2	2.1	0.8	2.5
	Luxembourg	250	66.7	25.2	4.6	1.3	2.3
	Hungary	500	78.4	15.1	3.4	0.4	2.7
	Malta	257	77.3	16.1	3	0.8	2.8
	Netherlands	502	56.3	32.7	7.8	1.1	2.1
	Austria	501	62.3	25.7	6	2	4.1
	Poland	503	61.7	24.6	7.8	1.7	4.2
	Portugal	502	64.1	22	7.1	1.5	5.2
	Romania	500	77.7	10	2.3	1.5	8.5
	Slovenia	253	61.2	27.3	8.7	2.3	0.5
	Slovakia	502	60.3	29.3	7.6	1.9	0.9
	Finland	502	57.8	31.4	8.9	0.9	0.9
	Sweden	502	69	19.8	4.6	1.9	4.8
	United Kingdom	500	62.7	27	7.7	1.6	1

Table 5b. Perceived health risks of using cannabis regularly – *by segments*

QUESTION: Q4\_B. To what extent do you think the following substances may pose a risk to a person's health? - Use cannabis regularly



	Total N	% High risk	% Medium risk	% Low risk	% No risk	% DK/NA
<b>EU27</b>	12313	66.7	23.9	5.8	1.3	2.3
 <b>SEX</b>						
Male	6289	60.7	27.2	7.8	2	2.4
Female	6024	73	20.6	3.7	0.6	2.1
 <b>AGE</b>						
15 - 18	4612	69.4	22.5	4.8	1.2	2.1
19 - 21	3790	67.2	23.4	5.9	1.3	2.2
22 - 24	3912	63.1	26.1	6.8	1.4	2.6
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>						
Primary	2555	70.8	20.3	4.8	1.5	2.6
Secondary	6987	66.4	24.1	6.1	1.3	2.2
Higher	2637	63	27.8	6	1.1	2.1
 <b>CURRENTLY A FULL-TIME STUDENT</b>						
Yes	7987	68.3	23.6	5.2	1	1.9
No	4320	63.8	24.7	6.7	1.9	2.9
 <b>URBANISATION</b>						
Metropolitan	2224	65.9	23.4	7.1	1.8	1.8
Urban	5810	65.7	25.2	5.8	1	2.3
Rural	4244	68.8	22.6	5	1.3	2.4
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>						
Self-employed	1649	66.5	24.2	5.8	1.3	2.1
Employee	6314	67	24.5	5.6	0.9	2
Manual worker	1907	67.7	22.5	5.1	1.9	2.8
Not working	2231	64.8	24.1	6.9	1.6	2.6
 <b>USE OF CANNABIS</b>						
Never used	8914	74.9	18.5	3.2	0.5	2.8
Used in the past year	1705	36.3	41.4	17.2	4.8	0.4
Used but not in the past year	1496	55	35.4	6.7	1.7	1.2
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>						
Yes	11673	67.7	23.7	5.2	1.1	2.3
No	597	47.4	29.5	16.8	5.3	1.1



Table 6a. Perceived health risks of using ecstasy once or twice – *by country*

QUESTION: Q4\_C. To what extent do you think the following substances may pose a risk to a person's health? - Use ecstasy once or twice





























		Total N	% High risk	% Medium risk	% Low risk	% No risk	% DK/NA
	<b>EU27</b>	12313	58.8	25.9	9.4	2.1	3.8
	<b>COUNTRY</b>						
	Belgium	502	45.7	29.8	14.6	3.7	6.2
	Bulgaria	508	57	29.9	7.4	2.3	3.4
	Czech Rep.	503	31.7	35.2	22.1	8.8	2.2
	Denmark	509	56.4	31.1	9.6	1.8	1
	Germany	503	65.9	23.9	7.2	0.4	2.6
	Estonia	253	55.7	29.3	8.9	2.5	3.6
	Greece	504	53.8	34.7	6.9	1	3.7
	Spain	503	41.6	30.8	21.6	5.1	0.9
	France	501	70	20.4	4	1.4	4.2
	Ireland	500	64.5	22.7	9.2	2.9	0.8
	Italy	501	88.1	9.3	0.9	0.3	1.4
	Cyprus	250	52.3	29	7.6	2.7	8.3
	Latvia	501	42.4	31.3	13	4.7	8.7
	Lithuania	501	62.6	24.4	7	1.1	5
	Luxembourg	250	53.2	32.6	8.8	2.1	3.2
	Hungary	500	40.3	38	11.7	1.8	8.3
	Malta	257	60.6	26.6	7.3	0.5	5
	Netherlands	502	40.8	37.8	17.4	3	1.1
	Austria	501	50.3	31.1	10.7	3.7	4.3
	Poland	503	48.9	32.4	8.6	2.1	8
	Portugal	502	50.6	31.8	9.9	1.7	6
	Romania	500	57.6	23.7	7.3	0.9	10.4
	Slovenia	253	53.1	32.1	10.5	3.8	0.4
	Slovakia	502	34.2	36.6	16.8	6.9	5.4
	Finland	502	40.6	40	14.9	2.5	2.1
	Sweden	502	47	30.5	13	2.6	6.8
	United Kingdom	500	58.7	25.9	11	2.4	2.1

Table 6b. Perceived health risks of using ecstasy once or twice – *by segments*

QUESTION: Q4\_C. To what extent do you think the following substances may pose a risk to a person's health? - Use ecstasy once or twice








	Total N	% High risk	% Medium risk	% Low risk	% No risk	% DK/NA
<b>EU27</b>	12313	58.8	25.9	9.4	2.1	3.8
 <b>SEX</b>						
Male	6289	57	25.8	9.8	2.9	4.5
Female	6024	60.8	26	9	1.2	3
 <b>AGE</b>						
15 - 18	4612	55.8	28.4	9.9	1.8	4.2
19 - 21	3790	60.2	25.3	9.2	2.2	3
22 - 24	3912	61.1	23.6	8.9	2.4	4
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>						
Primary	2555	49.9	31.4	11.1	2.2	5.4
Secondary	6987	59.8	25.6	9.2	2.1	3.4
Higher	2637	65	21.4	8.6	1.9	3.1
 <b>CURRENTLY A FULL-TIME STUDENT</b>						
Yes	7987	57.4	27.2	9.8	1.8	3.8
No	4320	61.5	23.6	8.6	2.6	3.6
 <b>URBANISATION</b>						
Metropolitan	2224	58.6	25.8	9.9	2.5	3.1
Urban	5810	59.8	24.9	9.8	2	3.5
Rural	4244	57.7	27.5	8.5	2	4.3
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>						
Self-employed	1649	60.7	24.4	9.3	2.1	3.4
Employee	6314	58.1	26.8	9.7	2.2	3.2
Manual worker	1907	59.3	25.2	8.9	1.4	5.2
Not working	2231	59.4	25.7	8.9	2.2	3.8
 <b>USE OF CANNABIS</b>						
Never used	8914	61.3	25	8.4	1.1	4.2
Used in the past year	1705	46.7	31.2	14.9	5.3	1.9
Used but not in the past year	1496	59.1	25	9.2	3.8	2.9
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>						
Yes	11673	59.9	25.6	8.9	1.9	3.8
No	597	40.1	33.9	18.7	5.1	2.2

Table 7a. Perceived health risks of using ecstasy regularly – *by country*

QUESTION: Q4\_D. To what extent do you think the following substances may pose a risk to a person's health? - Use ecstasy regularly





























		Total N	% High risk	% Medium risk	% Low risk	% No risk	% DK/NA
	<b>EU27</b>	12313	92.1	4.5	0.7	0.4	2.3
	<b>COUNTRY</b>						
	Belgium	502	82.2	11.2	1.3	0	5.4
	Bulgaria	508	94.4	2	0.7	0.6	2.2
	Czech Rep.	503	84.6	11.8	1.4	1.4	0.8
	Denmark	509	92.3	6.1	0.8	0.2	0.6
	Germany	503	95.8	2.5	0.6	0	1.1
	Estonia	253	90.1	7.6	1.5	0	0.8
	Greece	504	92.2	5.1	0.5	0	2.2
	Spain	503	93.9	4.6	0.2	0.2	1.1
	France	501	94.9	1.6	0.4	0.7	2.5
	Ireland	500	89.9	6.3	1	2.2	0.6
	Italy	501	97.4	0.8	0.5	0	1.3
	Cyprus	250	86.1	4.6	1.3	2.1	5.8
	Latvia	501	87.8	4.4	0.9	1	5.9
	Lithuania	501	92.5	4.8	0.4	0	2.4
	Luxembourg	250	93.1	4.7	0.9	0	1.3
	Hungary	500	90.7	5	0.6	0.2	3.5
	Malta	257	92.8	4.1	0.9	0	2.2
	Netherlands	502	90.6	7	1.3	0.4	0.7
	Austria	501	88.9	6.6	1	0.2	3.3
	Poland	503	91.4	4.5	0.2	0.2	3.8
	Portugal	502	88.6	5.7	0.5	0.2	5
	Romania	500	80.4	10.3	0.8	0.4	8
	Slovenia	253	92.7	5	1.3	0.6	0.4
	Slovakia	502	87.2	9	0.8	0.7	2.3
	Finland	502	87.8	9.8	0.4	0.4	1.6
	Sweden	502	88.2	4.1	2.2	0.7	4.9
	United Kingdom	500	90.8	5.8	1.5	1.1	0.9

Table 7b. Perceived health risks of using ecstasy regularly – *by segments*

QUESTION: Q4\_D. To what extent do you think the following substances may pose a risk to a person's health? - Use ecstasy regularly









	Total N	% High risk	% Medium risk	% Low risk	% No risk	% DK/NA
<b>EU27</b>	12313	92.1	4.5	0.7	0.4	2.3
 <b>SEX</b>						
Male	6289	90.8	5.2	1	0.6	2.3
Female	6024	93.4	3.8	0.4	0.2	2.2
 <b>AGE</b>						
15 - 18	4612	91.2	5	0.7	0.5	2.5
19 - 21	3790	93	4.1	0.8	0.5	1.6
22 - 24	3912	92.3	4.2	0.7	0.3	2.6
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>						
Primary	2555	90.1	5.5	0.7	0.5	3.2
Secondary	6987	92.7	4.2	0.7	0.4	2.1
Higher	2637	92.7	4.5	0.9	0.3	1.6
 <b>CURRENTLY A FULL-TIME STUDENT</b>						
Yes	7987	92	4.6	0.7	0.4	2.2
No	4320	92.3	4.2	0.7	0.4	2.4
 <b>URBANISATION</b>						
Metropolitan	2224	92.3	4.2	1.3	0.6	1.6
Urban	5810	92.5	4.5	0.6	0.4	2
Rural	4244	91.6	4.7	0.6	0.4	2.7
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>						
Self-employed	1649	92.7	4.8	0.4	0.2	1.8
Employee	6314	92.4	4.5	0.9	0.5	1.7
Manual worker	1907	92.3	3.7	0.4	0.1	3.5
Not working	2231	91.5	4.9	0.7	0.3	2.6
 <b>USE OF CANNABIS</b>						
Never used	8914	92.5	4	0.5	0.4	2.7
Used in the past year	1705	88.6	8.2	1.7	0.6	0.9
Used but not in the past year	1496	94.7	2.5	1	0.7	1
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>						
Yes	11673	92.4	4.3	0.7	0.3	2.3
No	597	87.9	7.4	1.1	2.4	1.2

Table 8a. Perceived health risks of drinking alcohol once or twice – *by country*

QUESTION: Q4\_E. To what extent do you think the following substances may pose a risk to a person's health? -  
 Drink alcohol once or twice

























		Total N	% High risk	% Medium risk	% Low risk	% No risk	% DK/NA
	<b>EU27</b>	12313	4.6	20.7	47.6	26.5	0.6
	<b>COUNTRY</b>						
	Belgium	502	3	13.2	45.8	36.4	1.6
	Bulgaria	508	3.5	27.7	39.7	28.6	0.6
	Czech Rep.	503	2.4	9.1	37	51.3	0.2
	Denmark	509	3	10.2	41.4	45.1	0.3
	Germany	503	3.5	23.2	47.3	25.7	0.3
	Estonia	253	1.8	19.8	47.6	29.8	1
	Greece	504	1.8	20.3	46.2	31.5	0.2
	Spain	503	3.8	12.4	41	42.6	0.2
	France	501	6.8	28.5	44	19.6	1.1
	Ireland	500	3.5	14.9	52.8	28.7	0.2
	Italy	501	9.6	31.1	46.2	12.8	0.3
	Cyprus	250	6.4	13	37.2	41.1	2.3
	Latvia	501	6.4	22.5	35.9	34.4	0.8
	Lithuania	501	7.8	30.6	44.5	15.7	1.4
	Luxembourg	250	2.7	15	45.2	36.8	0.3
	Hungary	500	4.4	16.3	45.8	32.6	0.8
	Malta	257	4	19	44.2	31.9	0.8
	Netherlands	502	1.9	11.3	53.5	32.7	0.5
	Austria	501	2.1	17.5	42.3	37.1	1.1
	Poland	503	4.3	17.7	49.7	27.5	0.8
	Portugal	502	4.5	22.4	42.5	29.7	1.1
	Romania	500	4.8	34.2	33.5	25.8	1.7
	Slovenia	253	3.3	21.4	47.9	27.4	0
	Slovakia	502	4.1	13.4	45.3	37.1	0.2
	Finland	502	3.1	9.7	47.9	39.3	0
	Sweden	502	5.3	14.2	57.9	21.4	1.2
	United Kingdom	500	3	13	63.1	20.8	0.1

Table 8b. Perceived health risks of drinking alcohol once or twice – *by segments*

QUESTION: Q4\_E. To what extent do you think the following substances may pose a risk to a person's health? -  
 Drink alcohol once or twice


	Total N	% High risk	% Medium risk	% Low risk	% No risk	% DK/NA
<b>EU27</b>	12313	4.6	20.7	47.6	26.5	0.6
 <b>SEX</b>						
Male	6289	3.9	18.9	45.5	31.1	0.6
Female	6024	5.4	22.4	49.8	21.8	0.6
 <b>AGE</b>						
15 - 18	4612	4.1	21.6	49.8	23.8	0.8
19 - 21	3790	4.4	20.1	46.9	28.4	0.2
22 - 24	3912	5.5	20.1	45.7	27.9	0.7
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>						
Primary	2555	4	21	48.2	25.8	1.1
Secondary	6987	4.9	20.2	47.4	27	0.5
Higher	2637	4.2	21	48	26.5	0.4
 <b>CURRENTLY A FULL-TIME STUDENT</b>						
Yes	7987	4.1	20.6	48.1	26.5	0.6
No	4320	5.6	20.7	46.6	26.6	0.5
 <b>URBANISATION</b>						
Metropolitan	2224	5.4	18.6	46.3	29.1	0.7
Urban	5810	4.4	21.1	46.9	27.1	0.5
Rural	4244	4.4	21.2	49.4	24.4	0.6
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>						
Self-employed	1649	4.7	22.4	47.5	24.7	0.6
Employee	6314	3.9	18.9	49.8	26.9	0.4
Manual worker	1907	5.8	23.7	42.5	27.2	0.8
Not working	2231	5.4	21.3	45.8	26.5	0.9
 <b>USE OF CANNABIS</b>						
Never used	8914	5.3	23.7	48.3	22	0.7
Used in the past year	1705	1.7	10.7	46.5	40.8	0.3
Used but not in the past year	1496	3.8	14	46.4	35.5	0.2
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>						
Yes	11673	4.6	21.1	47.8	25.9	0.6
No	597	4.6	11.7	45	38.4	0.3

Table 9a. Perceived health risks of drinking alcohol regularly – *by country*

QUESTION: Q4\_F. To what extent do you think the following substances may pose a risk to a person's health? -  
 Drink alcohol regularly





























		Total N	% High risk	% Medium risk	% Low risk	% No risk	% DK/NA
	<b>EU27</b>	12313	57.2	33.6	7.1	1.5	0.6
	<b>COUNTRY</b>						
	Belgium	502	37.7	36	18.9	5.5	1.9
	Bulgaria	508	65.8	27.9	4.5	1.4	0.4
	Czech Rep.	503	51	39	8.9	0.9	0.2
	Denmark	509	26.3	48.8	20.4	4.2	0.3
	Germany	503	59.3	32.2	6.7	1.1	0.6
	Estonia	253	53.5	36.9	8.9	0.4	0.3
	Greece	504	50.8	39.5	7.4	2.1	0.2
	Spain	503	48.1	42.9	7.2	1.2	0.6
	France	501	66.3	27.4	3.7	2.1	0.5
	Ireland	500	30.8	46.4	18.6	3.8	0.5
	Italy	501	64.1	32.1	3.2	0.2	0.4
	Cyprus	250	49.2	33.3	11.8	4	1.7
	Latvia	501	79.6	17.2	1.3	1.4	0.6
	Lithuania	501	72.8	21.9	3.2	0.9	1.3
	Luxembourg	250	42.7	47.8	8.2	1	0.3
	Hungary	500	75.8	20.7	2	0.7	0.7
	Malta	257	51	38.8	7.2	1.5	1.5
	Netherlands	502	35.4	48.8	13.1	2.4	0.3
	Austria	501	51.3	36.9	9.2	1.7	1
	Poland	503	74.1	22.4	1.9	0.8	0.8
	Portugal	502	53.2	34.6	8	3.2	1
	Romania	500	61.5	26.4	6.1	5.4	0.6
	Slovenia	253	66.9	28.9	3.3	1	0
	Slovakia	502	67.2	26.5	4.8	1.5	0
	Finland	502	34.1	47.2	16.4	2	0.3
	Sweden	502	59.2	34.2	5.5	0.1	1
	United Kingdom	500	44.1	41.8	12.9	0.4	0.9

Table 9b. Perceived health risks of drinking alcohol regularly – *by segments*

QUESTION: Q4\_F. To what extent do you think the following substances may pose a risk to a person's health? -  
 Drink alcohol regularly


	Total N	% High risk	% Medium risk	% Low risk	% No risk	% DK/NA
<b>EU27</b>	12313	57.2	33.6	7.1	1.5	0.6
 <b>SEX</b>						
Male	6289	52	36.7	8.7	2	0.7
Female	6024	62.6	30.4	5.4	1	0.6
 <b>AGE</b>						
15 - 18	4612	54.1	37.1	6.6	1.6	0.6
19 - 21	3790	58.2	32.8	6.9	1.6	0.4
22 - 24	3912	59.7	30.2	7.9	1.4	0.9
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>						
Primary	2555	57.4	34.5	5.8	1.9	0.4
Secondary	6987	57.2	33.7	7.2	1.3	0.6
Higher	2637	56.5	32.7	8.3	1.7	0.7
 <b>CURRENTLY A FULL-TIME STUDENT</b>						
Yes	7987	56.6	34.3	7	1.5	0.6
No	4320	58.2	32.4	7.2	1.6	0.7
 <b>URBANISATION</b>						
Metropolitan	2224	55.7	35.4	6.4	1.4	1.1
Urban	5810	57.8	33.1	7.2	1.6	0.3
Rural	4244	57.3	33.4	7.3	1.4	0.6
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>						
Self-employed	1649	59.3	31.2	7.1	2.1	0.4
Employee	6314	54.3	36.2	7.8	1.1	0.6
Manual worker	1907	61	30.4	5.8	2.1	0.6
Not working	2231	59.3	31.9	6.5	1.7	0.6
 <b>USE OF CANNABIS</b>						
Never used	8914	58.8	32.7	6.6	1.2	0.7
Used in the past year	1705	51.4	36	9.7	2.6	0.2
Used but not in the past year	1496	54.4	36.8	6.7	1.4	0.6
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>						
Yes	11673	57.2	33.6	7.1	1.5	0.6
No	597	55.3	33.9	7.8	2.6	0.4



Table 10a. Perceived health risks of using cocaine once or twice – *by country*

QUESTION: Q4\_G. To what extent do you think the following substances may pose a risk to a person's health? - Use cocaine once or twice





























		Total N	% High risk	% Medium risk	% Low risk	% No risk	% DK/NA
	<b>EU27</b>	12313	65.7	23.8	6.7	2.1	1.7
	<b>COUNTRY</b>						
	Belgium	502	56	27.4	10.3	2.4	3.9
	Bulgaria	508	72.5	20	4.6	2.1	0.7
	Czech Rep.	503	63.3	25.9	6.2	4.3	0.2
	Denmark	509	51.8	32.1	12.8	2.2	1
	Germany	503	70.4	23.6	4	0.7	1.3
	Estonia	253	67.7	24.5	4.7	1.8	1.3
	Greece	504	72.2	22	4	0.7	1.2
	Spain	503	41.1	32.1	19.5	6.6	0.8
	France	501	73.4	19.1	3.6	2.1	1.8
	Ireland	500	64.4	24.7	7.6	2.8	0.7
	Italy	501	87.1	9.9	1.4	0.5	1.1
	Cyprus	250	52	34.3	6.6	1.3	5.8
	Latvia	501	63.7	20.7	7.1	3.4	5.2
	Lithuania	501	75.7	15.1	5.2	1.3	2.6
	Luxembourg	250	67.5	26.5	5.6	0.3	0.3
	Hungary	500	65.5	26	2.7	1.3	4.5
	Malta	257	61.6	24.7	8.9	1.4	3.3
	Netherlands	502	56.1	30.1	10.8	2.4	0.6
	Austria	501	55.7	32.4	5.9	2.8	3.2
	Poland	503	64	26	6.4	1	2.7
	Portugal	502	65.4	22.9	6.3	2.4	3.1
	Romania	500	74.4	16.9	4.2	0.2	4.3
	Slovenia	253	56.8	29.1	10.2	4	0
	Slovakia	502	58.4	27.4	8.6	3.4	2.2
	Finland	502	50.5	36.2	11.4	0.8	1.1
	Sweden	502	59.2	28.6	6.3	1.1	4.7
	United Kingdom	500	57.4	29.6	9.2	3.5	0.3

Table 10b. Perceived health risks of using cocaine once or twice – *by segments*

QUESTION: Q4\_G. To what extent do you think the following substances may pose a risk to a person's health? - Use cocaine once or twice



	Total N	% High risk	% Medium risk	% Low risk	% No risk	% DK/NA
<b>EU27</b>	12313	65.7	23.8	6.7	2.1	1.7
 <b>SEX</b>						
Male	6289	65.5	22.8	6.9	2.9	1.8
Female	6024	65.9	24.8	6.5	1.3	1.5
 <b>AGE</b>						
15 - 18	4612	63.4	25.9	7.3	1.2	2.2
19 - 21	3790	66.5	23.7	6.1	2.3	1.3
22 - 24	3912	67.6	21.4	6.6	2.9	1.5
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>						
Primary	2555	63.1	25.7	7	1.7	2.5
Secondary	6987	65.9	24	6.5	2	1.6
Higher	2637	68.1	21.2	7	2.4	1.3
 <b>CURRENTLY A FULL-TIME STUDENT</b>						
Yes	7987	65.1	24.7	7.1	1.5	1.7
No	4320	66.9	22.1	6.1	3.3	1.7
 <b>URBANISATION</b>						
Metropolitan	2224	63.7	23.8	8	2.9	1.6
Urban	5810	67.9	22.5	6	1.9	1.7
Rural	4244	63.7	25.5	7.1	1.9	1.8
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>						
Self-employed	1649	64.8	23.9	7.5	2.1	1.7
Employee	6314	65.2	24.5	6.7	2.2	1.4
Manual worker	1907	67.5	22.8	6	1.5	2.2
Not working	2231	66.3	22.8	6.8	2.1	2
 <b>USE OF CANNABIS</b>						
Never used	8914	68.1	23.2	5.6	1.1	2
Used in the past year	1705	54.7	27.1	12.3	5.5	0.5
Used but not in the past year	1496	64.2	24.5	6.8	3.7	0.8
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>						
Yes	11673	66.6	23.7	6.3	1.7	1.7
No	597	49.2	27.2	14.9	8.3	0.4

Table 11a. Perceived health risks of using cocaine regularly – *by country*

QUESTION: Q4\_H. To what extent do you think the following substances may pose a risk to a person's health? - Use cocaine regularly





























		Total N	% High risk	% Medium risk	% Low risk	% No risk	% DK/NA
	<b>EU27</b>	12313	95.4	2.7	0.4	0.3	1.3
	<b>COUNTRY</b>						
	Belgium	502	88.2	7	1	0	3.9
	Bulgaria	508	97.3	0.8	0.4	0.6	0.9
	Czech Rep.	503	96.4	1.6	0.4	1	0.6
	Denmark	509	91.8	7.1	0.6	0.1	0.5
	Germany	503	97.3	1.6	0.2	0.3	0.5
	Estonia	253	95.4	4.2	0	0	0.3
	Greece	504	98.4	0.6	0.4	0	0.6
	Spain	503	91.6	6.2	1.2	0.4	0.6
	France	501	96.1	1.7	0.2	0.4	1.6
	Ireland	500	93.6	4	0.4	1.8	0.2
	Italy	501	98.7	0.3	0	0	1.1
	Cyprus	250	90.5	3.2	1.7	0	4.5
	Latvia	501	92.4	2.6	0.2	1	3.9
	Lithuania	501	95.8	2.1	0.2	0.2	1.7
	Luxembourg	250	99.1	0.6	0	0	0.3
	Hungary	500	95.2	1.5	0	0	3.3
	Malta	257	93.7	2.1	1.1	0.4	2.6
	Netherlands	502	93.6	4.8	0.4	0.8	0.4
	Austria	501	92.6	4.3	0.4	0.4	2.4
	Poland	503	96.1	1.8	0.2	0.2	1.7
	Portugal	502	94.1	2.2	0.4	0	3.2
	Romania	500	89.9	5.3	0.6	0	4.2
	Slovenia	253	96.2	3.2	0.3	0.3	0
	Slovakia	502	96.7	2.8	0	0	0.5
	Finland	502	93.4	5.3	0.8	0	0.5
	Sweden	502	93.4	1	2.1	0.1	3.3
	United Kingdom	500	96.3	3	0.1	0.2	0.4

Table 11b. Perceived health risks of using cocaine regularly – *by segments*

QUESTION: Q4\_H. To what extent do you think the following substances may pose a risk to a person's health? - Use cocaine regularly


	Total N	% High risk	% Medium risk	% Low risk	% No risk	% DK/NA
<b>EU27</b>	12313	95.4	2.7	0.4	0.3	1.3
 <b>SEX</b>						
Male	6289	95	2.8	0.4	0.4	1.4
Female	6024	95.8	2.5	0.4	0.2	1.2
 <b>AGE</b>						
15 - 18	4612	94.6	2.8	0.5	0.3	1.8
19 - 21	3790	95.8	2.6	0.4	0.3	0.9
22 - 24	3912	95.9	2.6	0.1	0.2	1.2
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>						
Primary	2555	94.6	2.6	0.5	0.3	2
Secondary	6987	95.5	2.7	0.3	0.2	1.2
Higher	2637	96.1	2.6	0.3	0.2	0.8
 <b>CURRENTLY A FULL-TIME STUDENT</b>						
Yes	7987	95.4	2.6	0.5	0.3	1.3
No	4320	95.5	2.8	0.2	0.3	1.2
 <b>URBANISATION</b>						
Metropolitan	2224	95.8	2.7	0.4	0.3	0.8
Urban	5810	95.5	2.7	0.3	0.2	1.3
Rural	4244	95.2	2.5	0.4	0.4	1.5
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>						
Self-employed	1649	95.9	2	0.5	0.3	1.3
Employee	6314	95.8	2.7	0.3	0.2	1
Manual worker	1907	95.4	2.4	0.2	0.2	1.8
Not working	2231	94.5	3.2	0.3	0.3	1.7
 <b>USE OF CANNABIS</b>						
Never used	8914	95.6	2.2	0.4	0.2	1.6
Used in the past year	1705	94.2	4.8	0.4	0.3	0.4
Used but not in the past year	1496	95.8	2.9	0.1	0.6	0.5
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>						
Yes	11673	95.6	2.5	0.3	0.2	1.3
No	597	92	5.3	0.8	1.5	0.4

Table 12a. Experience with new substances that imitate the effects of illicit drugs – *by country*

QUESTION: Q5. In certain countries some new substances that imitate the effects of illicit drugs are being sold as legal substances in the form of - for example - powders, tablets/pills or herbs. Have you ever used such substances?





























		Total N	% No, I never used such substances	% Yes, I have used such substances	% DK/NA
	<b>EU27</b>	12313	94.8	4.8	0.4
	<b>COUNTRY</b>				
	Belgium	502	95.7	4	0.4
	Bulgaria	508	96.4	3.4	0.2
	Czech Rep.	503	95.8	4	0.2
	Denmark	509	96.2	3.8	0
	Germany	503	96.3	3.7	0
	Estonia	253	93.4	6.2	0.4
	Greece	504	98.4	1.6	0
	Spain	503	95	4.9	0.1
	France	501	94.6	5.2	0.2
	Ireland	500	83.7	16.3	0
	Italy	501	98.6	0.8	0.6
	Cyprus	250	98.4	1.6	0
	Latvia	501	91	8.8	0.2
	Lithuania	501	94.2	5.2	0.6
	Luxembourg	250	93.2	6.8	0
	Hungary	500	97.8	1.9	0.4
	Malta	257	99.7	0.3	0
	Netherlands	502	96.2	3.4	0.4
	Austria	501	95.5	3.6	0.8
	Poland	503	90	9	1
	Portugal	502	94.1	5.8	0.1
	Romania	500	96.7	3.3	0
	Slovenia	253	93.4	6.6	0
	Slovakia	502	96.7	3.1	0.2
	Finland	502	98.6	1	0.4
	Sweden	502	95.7	3.3	1.1
	United Kingdom	500	91.3	8.2	0.5

Table 12b. Experience with new substances that imitate the effects of illicit drugs – *by segments*

**QUESTION: Q5. In certain countries some new substances that imitate the effects of illicit drugs are being sold as legal substances in the form of - for example - powders, tablets/pills or herbs. Have you ever used such substances?**









	Total N	% No, I never used such substances	% Yes, I have used such substances	% DK/NA
<b>EU27</b>	12313	94.8	4.8	0.4
 <b>SEX</b>				
Male	6289	93.3	6.3	0.4
Female	6024	96.4	3.3	0.3
 <b>AGE</b>				
15 - 18	4612	96	3.6	0.4
19 - 21	3790	94.3	5.6	0.1
22 - 24	3912	93.9	5.6	0.5
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>				
Primary	2555	94.4	5	0.6
Secondary	6987	95.3	4.5	0.3
Higher	2637	94.1	5.6	0.3
 <b>CURRENTLY A FULL-TIME STUDENT</b>				
Yes	7987	95.8	3.8	0.3
No	4320	92.9	6.7	0.4
 <b>URBANISATION</b>				
Metropolitan	2224	93.1	6.6	0.3
Urban	5810	95.1	4.6	0.3
Rural	4244	95.2	4.4	0.4
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>				
Self-employed	1649	94	5.4	0.6
Employee	6314	95.3	4.4	0.3
Manual worker	1907	95.2	4.6	0.2
Not working	2231	93.6	6.3	0.1
 <b>USE OF CANNABIS</b>				
Never used	8914	99	0.8	0.2
Used in the past year	1705	78	21.4	0.6
Used but not in the past year	1496	90.4	9.4	0.1
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>				
Yes	11673	100	0	0
No	597	0	100	0

Table 13a. Where were young people offered such substances? – *by country***QUESTION: Q6. Where were you offered such substances?***Base: those who had used new substances that imitate the effects of illicit drugs**% of mentions shown*



		Total N	I was offered such substances by a friend	I bought such substances in a specialised shop	I was offered such substances during a party or in a club	I bought such substances over the internet	Other	DK/NA
	<b>EU27</b>	597	54.2	32.6	36.4	7.3	6.8	0.4
	<b>COUNTRY</b>							
	Belgium	20	73.3	17.2	11	0	9.6	0
	Bulgaria	17	72.5	28.2	28.6	5.8	0	0
	Czech Rep.	20	44.4	38.5	11.9	10.7	4.7	4.1
	Denmark	19	57.4	4.4	29.7	13.9	0	0
	Germany	18	46.2	22.4	20.9	18	24.4	0
	Estonia	16	64.5	10.5	24.2	13.6	5	0
	Greece	8	60.8	24.2	26.5	0	0	0
	Spain	25	61.5	8.3	39.5	0	4.7	3.9
	France	26	56.6	32.9	30.3	7.7	4.9	0
	Ireland	81	70.6	57.2	47.9	4.6	0.9	0
	Italy	4	39.9	60.1	27.1	0	12.8	0
	Cyprus	4	66.7	33.3	0	0	0	0
	Latvia	44	55.6	26.5	9.1	8.8	3.9	0
	Lithuania	26	45	46.5	19.1	4.1	0	0
	Luxembourg	17	46.4	37.4	43.6	0	11	0
	Hungary	9	52.7	23.9	48	0	0	0
	Malta	1	0	0	100	0	0	0
	Netherlands	17	49.9	59.8	7.7	0	0	0
	Austria	18	58.5	45.9	33.8	4.7	0	0
	Poland	45	37.5	44.9	29.4	4.5	1.8	0
	Portugal	29	32.9	55.5	8.4	7.5	0	0
	Romania	16	73.5	18.4	45	6.6	0	0
	Slovenia	17	63.2	47.3	23.3	17.8	0	0
	Slovakia	15	29.3	28.6	31.9	11.8	10.2	0
	Finland	5	77.7	11.2	36.4	11.2	13.4	0
	Sweden	16	70.2	12.9	33.4	26.5	0	0
	United Kingdom	41	62.7	31.7	63.1	7.2	8.5	0

Table 13b. Where were young people offered such substances? – *by segments***QUESTION: Q6. Where were you offered such substances?***Base: those who had used new substances that imitate the effects of illicit drugs**% of mentions shown*









	Total N	I was offered such substances by a friend	I bought such substances in a specialised shop	I was offered such substances during a party or in a club	I bought such substances over the internet	Other	DK/NA
<b>EU27</b>	597	54.2	32.6	36.4	7.3	6.8	0.4
 <b>SEX</b>							
Male	396	54	34.4	35.5	7.6	4.2	0
Female	201	54.7	28.8	38.3	6.8	12	1.1
 <b>AGE</b>							
15 - 18	166	54.8	28.1	31.7	5.7	3.6	1.1
19 - 21	211	60.3	32.2	34.9	7.6	2.6	0
22 - 24	219	47.9	36.3	41.4	8.3	13.4	0.2
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>							
Primary	127	53.8	27	35.3	7.4	4.3	0
Secondary	314	56.2	30.4	37.6	7.8	8.6	0.7
Higher	147	50.5	40.9	35.8	6.6	5.5	0
 <b>CURRENTLY A FULL-TIME STUDENT</b>							
Yes	306	56.1	33.3	31.5	6.3	3.5	0.1
No	291	52.2	31.8	41.6	8.4	10.2	0.6
 <b>URBANISATION</b>							
Metropolitan	147	43.2	28.7	33.6	2.3	6.6	0.3
Urban	265	56.6	32.7	36.1	7.9	9.3	0
Rural	185	59.5	35.4	39.1	10.5	3.5	1
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>							
Self-employed	89	47.8	51.1	25.9	7.3	3.8	0
Employee	275	56.6	30.3	40.5	6.2	5.4	0.8
Manual worker	87	55.9	19.8	22.7	10.6	9.2	0
Not working	140	52.4	33.8	43.6	7.8	10.2	0
 <b>USE OF CANNABIS</b>							
Never used	75	42.9	26.5	46.4	1.6	15.7	0
Used in the past year	366	60.8	35.6	34.3	9.1	4.3	0.6
Used but not in the past year	141	45.6	27.3	36.6	6.7	9.3	0
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>							
Yes	0	0	0	0	0	0	0
No	597	54.2	32.6	36.4	7.3	6.8	0.4



Table 14a. Cannabis should (continue to) be banned or regulated – *by country*

**QUESTION: Q7\_A. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated? - Cannabis**





























		Total N	% Should (Continue to) be banned	% Should be regulated	% Should be available without restrictions	% Other	% DK/NA
	<b>EU27</b>	12313	59.2	33.7	5.2	0.3	1.5
	<b>COUNTRY</b>						
	Belgium	502	47.6	43.7	6.4	0.8	1.5
	Bulgaria	508	68.4	28.8	2.2	0	0.6
	Czech Rep.	503	39.1	50.4	9.4	0.5	0.5
	Denmark	509	62.5	30.2	4.5	0.2	2.6
	Germany	503	70.4	27.1	2	0	0.5
	Estonia	253	53.3	40.5	5.8	0	0.4
	Greece	504	67.2	31.5	0	0	1.3
	Spain	503	56.9	34.5	7.3	0.4	0.9
	France	501	48.7	40.6	6.5	0.6	3.6
	Ireland	500	52	41	6.3	0.2	0.6
	Italy	501	61.6	30	7.5	0	1
	Cyprus	250	82.1	14.1	3.1	0	0.8
	Latvia	501	63.5	27	7.8	0.6	1.2
	Lithuania	501	73.5	21.7	2.8	0.2	1.8
	Luxembourg	250	58.4	39.1	1.9	0	0.6
	Hungary	500	71.1	24.2	2.5	0.5	1.7
	Malta	257	68.3	25.2	4.4	0.4	1.6
	Netherlands	502	32.6	52.2	12.7	1.7	0.8
	Austria	501	60.6	34.8	2.1	0.4	2.1
	Poland	503	49	43.9	5.2	0.1	1.7
	Portugal	502	51.6	38	8.1	0.4	1.9
	Romania	500	86.5	10.2	1.7	0	1.6
	Slovenia	253	49	45.8	5.2	0	0
	Slovakia	502	52.8	41.3	4.8	0.2	0.9
	Finland	502	67.8	28.9	2.7	0.3	0.3
	Sweden	502	77.9	16	3.2	0.9	1.9
	United Kingdom	500	58.6	33.7	5.4	0.5	1.7

Table 14b. Cannabis should (continue to) be banned or regulated – *by segments*

**QUESTION: Q7\_A. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated? - Cannabis**


	Total N	% Should (Continue to) be banned	% Should be regulated	% Should be available without restrictions	% Other	% DK/NA
<b>EU27</b>	12313	59.2	33.7	5.2	0.3	1.5
 <b>SEX</b>						
Male	6289	52.8	38.4	6.5	0.3	1.9
Female	6024	66	28.7	3.9	0.4	1.1
 <b>AGE</b>						
15 - 18	4612	61	31.5	5.5	0.3	1.6
19 - 21	3790	57.5	35.5	5.5	0.3	1.1
22 - 24	3912	58.9	34.4	4.5	0.4	1.8
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>						
Primary	2555	63.5	30.3	4.2	0.2	1.7
Secondary	6987	57.9	34.2	5.9	0.5	1.5
Higher	2637	58.7	35.6	4.2	0	1.4
 <b>CURRENTLY A FULL-TIME STUDENT</b>						
Yes	7987	59.8	33.6	4.9	0.3	1.4
No	4320	58.2	33.7	5.7	0.5	1.8
 <b>URBANISATION</b>						
Metropolitan	2224	51.7	39.4	6.7	0.7	1.5
Urban	5810	58.8	34.3	5.5	0.3	1.1
Rural	4244	63.8	29.9	4.1	0.2	2
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>						
Self-employed	1649	56.1	35.9	6.5	0.6	0.9
Employee	6314	58.9	34.2	4.9	0.2	1.7
Manual worker	1907	63.2	30.2	4.8	0.4	1.4
Not working	2231	59.4	33.2	5.6	0.4	1.4
 <b>USE OF CANNABIS</b>						
Never used	8914	71.2	24.5	2.3	0.4	1.6
Used in the past year	1705	16.9	63.7	17.9	0.3	1.2
Used but not in the past year	1496	40.6	51.3	6.9	0.2	1
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>						
Yes	11673	61.2	32.4	4.5	0.4	1.5
No	597	21.7	58.2	17.8	0	2.3

Table 15a. Tobacco should (continue to) be banned or regulated – by country

**QUESTION: Q7\_B. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated? - Tobacco**





























		Total N	% Should (Continue to) be banned	% Should be regulated	% Should be available without restrictions	% Other	% DK/NA
	<b>EU27</b>	12313	16.4	63.7	18.6	0.6	0.8
	<b>COUNTRY</b>						
	Belgium	502	17.4	53.4	27.8	1	0.4
	Bulgaria	508	14.7	70	15	0	0.3
	Czech Rep.	503	10.2	61.8	28	0	0
	Denmark	509	13.8	64.3	18.5	3.2	0.2
	Germany	503	13.3	79.5	6	0.2	0.9
	Estonia	253	10.8	71.4	17.4	0	0.3
	Greece	504	17.4	79.4	3.2	0	0
	Spain	503	28.9	51	19.2	0.8	0.2
	France	501	14.8	61.8	20.7	1.4	1.3
	Ireland	500	17.4	68.7	13.5	0	0.5
	Italy	501	16.4	50.5	32.7	0.2	0.3
	Cyprus	250	21.4	57.9	19.9	0	0.8
	Latvia	501	12.2	64.3	22.5	0.2	0.8
	Lithuania	501	20.7	63.5	13.7	0.4	1.6
	Luxembourg	250	21.3	69.6	8.5	0.6	0
	Hungary	500	15	67.2	15.6	0.9	1.3
	Malta	257	11.1	69	19.2	0.4	0.3
	Netherlands	502	7.1	55	36	1.5	0.4
	Austria	501	9.6	74.2	12.4	1.6	2.2
	Poland	503	15.3	65.1	18.4	0.1	1.1
	Portugal	502	15.3	60.5	21.3	1.9	1
	Romania	500	29.6	52.6	16.3	0.2	1.4
	Slovenia	253	13.4	70.1	16.4	0	0
	Slovakia	502	11.1	66.9	21.7	0	0.4
	Finland	502	14.9	73.9	10.9	0.2	0.2
	Sweden	502	18.6	67.6	11	0.7	2.2
	United Kingdom	500	14.6	65.1	18.9	0.4	1

Table 15b. Tobacco should (continue to) be banned or regulated – *by segments*

**QUESTION: Q7\_B. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated? - Tobacco**

	Total N	% Should (Continue to) be banned	% Should be regulated	% Should be available without restrictions	% Other	% DK/NA
<b>EU27</b>	12313	16.4	63.7	18.6	0.6	0.8
 <b>SEX</b>						
Male	6289	16	62	20.7	0.6	0.7
Female	6024	16.7	65.4	16.4	0.6	0.9
 <b>AGE</b>						
15 - 18	4612	15.7	63.5	19.8	0.4	0.5
19 - 21	3790	15.5	63.5	19.3	0.9	0.9
22 - 24	3912	17.9	64	16.4	0.5	1.2
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>						
Primary	2555	16.8	64.9	16.9	0.5	1
Secondary	6987	15.8	62.2	20.7	0.6	0.7
Higher	2637	17.4	66.7	14.3	0.6	1
 <b>CURRENTLY A FULL-TIME STUDENT</b>						
Yes	7987	16.1	64.2	18.5	0.5	0.6
No	4320	16.7	62.6	18.6	0.7	1.3
 <b>URBANISATION</b>						
Metropolitan	2224	16.6	62.6	19.6	0.8	0.4
Urban	5810	15.5	63.8	19.7	0.5	0.6
Rural	4244	17.6	64.1	16.6	0.6	1.2
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>						
Self-employed	1649	14.9	63.4	20.1	1.2	0.4
Employee	6314	15.3	65.5	17.7	0.6	0.8
Manual worker	1907	18.2	61	19.3	0.4	1
Not working	2231	18.1	61.7	19.4	0.2	0.5
 <b>USE OF CANNABIS</b>						
Never used	8914	19.4	63.2	15.8	0.6	1
Used in the past year	1705	6.7	63.5	28.8	0.5	0.5
Used but not in the past year	1496	9.9	66.5	23.3	0.2	0.2
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>						
Yes	11673	16.7	64.1	17.8	0.6	0.8
No	597	8.5	57.1	32.7	1.2	0.4

Table 16a. Ecstasy should (continue to) be banned or regulated – *by country*

**QUESTION: Q7\_C. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated? - Ecstasy**





























		Total N	% Should (Continue to) be banned	% Should be regulated	% Should be available without restrictions	% Other	% DK/NA
	<b>EU27</b>	12313	91.5	6.5	0.8	0.1	1.1
	<b>COUNTRY</b>						
	Belgium	502	92.8	4.3	0.9	0.4	1.6
	Bulgaria	508	93	6.4	0.2	0	0.4
	Czech Rep.	503	86.7	11.9	1	0.2	0.2
	Denmark	509	94.5	4.8	0.2	0.1	0.4
	Germany	503	95.3	3.7	0	0	0.9
	Estonia	253	92.8	6.1	0.8	0	0.3
	Greece	504	90.2	8.6	0	0	1.2
	Spain	503	93.5	5.7	0.6	0	0.2
	France	501	89.4	7.1	1.1	0	2.4
	Ireland	500	92	6.2	1.1	0	0.7
	Italy	501	93.2	4.1	1.8	0	0.9
	Cyprus	250	90.6	7.6	0.8	0.7	0.2
	Latvia	501	90.1	6.7	2.3	0	0.8
	Lithuania	501	97.7	1.5	0.2	0	0.7
	Luxembourg	250	94.2	5.8	0	0	0
	Hungary	500	91.1	6.7	0.4	0.2	1.6
	Malta	257	90.6	6.2	0.8	0.4	2
	Netherlands	502	80.1	17.6	1.2	0.7	0.3
	Austria	501	93	4.5	0.6	0.2	1.8
	Poland	503	88.9	8.6	0.6	0.1	1.8
	Portugal	502	85.5	11.1	1.2	0.6	1.7
	Romania	500	92.8	4.7	1.3	0	1.2
	Slovenia	253	89.4	8.3	1.9	0	0.4
	Slovakia	502	91.5	6.9	0.8	0	0.8
	Finland	502	96.3	3.1	0.1	0	0.4
	Sweden	502	94.6	3	0.9	0.2	1.4
	United Kingdom	500	90.7	7.8	0.8	0	0.6

Table 16b. Ecstasy should (continue to) be banned or regulated – *by segments*

**QUESTION: Q7\_C. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated? - Ecstasy**


	Total N	% Should (Continue to) be banned	% Should be regulated	% Should be available without restrictions	% Other	% DK/NA
<b>EU27</b>	12313	91.5	6.5	0.8	0.1	1.1
 <b>SEX</b>						
Male	6289	90.2	7.3	1.2	0.1	1.2
Female	6024	92.8	5.7	0.4	0.1	1
 <b>AGE</b>						
15 - 18	4612	91.1	6.6	1.1	0	1.1
19 - 21	3790	91.4	6.8	0.9	0.1	0.8
22 - 24	3912	92.1	6.1	0.4	0.1	1.4
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>						
Primary	2555	91.3	6.5	0.6	0.1	1.5
Secondary	6987	92	6	1	0.1	0.9
Higher	2637	90.6	7.9	0.4	0.1	1.1
 <b>CURRENTLY A FULL-TIME STUDENT</b>						
Yes	7987	91.4	6.6	0.8	0.1	1.1
No	4320	91.6	6.3	0.8	0.1	1.1
 <b>URBANISATION</b>						
Metropolitan	2224	89.6	8.5	0.9	0.1	0.9
Urban	5810	91.9	6.2	0.9	0.1	0.9
Rural	4244	92.1	5.8	0.7	0.1	1.4
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>						
Self-employed	1649	91.4	6.5	1	0.1	0.9
Employee	6314	91.4	6.6	0.7	0	1.2
Manual worker	1907	91.6	6.8	0.2	0.2	1.2
Not working	2231	92.5	5.9	1.1	0.1	0.4
 <b>USE OF CANNABIS</b>						
Never used	8914	92.9	5.2	0.6	0.1	1.3
Used in the past year	1705	84.1	13.4	1.9	0.1	0.5
Used but not in the past year	1496	93.4	5.3	0.8	0	0.4
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>						
Yes	11673	92.2	5.9	0.7	0.1	1.1
No	597	78.6	17.5	3	0	0.9

Table 17a. Heroin should (continue to) be banned or regulated – *by country*

QUESTION: Q7\_D. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated? - Heroin





























		Total N	% Should (Continue to) be banned	% Should be regulated	% Should be available without restrictions	% Other	% DK/NA
	<b>EU27</b>	12313	95.7	3	0.6	0.1	0.7
	<b>COUNTRY</b>						
	Belgium	502	94.6	3.3	0.4	0.4	1.2
	Bulgaria	508	97.3	2.3	0.2	0	0.2
	Czech Rep.	503	97.4	2.4	0.2	0	0
	Denmark	509	94.5	4.8	0.2	0.3	0.2
	Germany	503	96.9	2.4	0	0	0.7
	Estonia	253	97.4	2.6	0	0	0
	Greece	504	97.4	2.6	0	0	0
	Spain	503	95.7	3.7	0.4	0.2	0
	France	501	94.2	2.9	0.7	0	2.2
	Ireland	500	96.9	3.1	0	0	0
	Italy	501	94.2	2.7	2.2	0	0.9
	Cyprus	250	95.6	2.9	1.3	0	0.2
	Latvia	501	96.4	2.5	0.4	0.2	0.6
	Lithuania	501	98.4	0.5	0.3	0	0.7
	Luxembourg	250	97.6	2.4	0	0	0
	Hungary	500	95.5	2.9	0.4	0	1.2
	Malta	257	92.5	5	0.3	0.4	1.8
	Netherlands	502	88.6	9.7	0.9	0.7	0
	Austria	501	94.8	3.3	0.6	0.2	1.1
	Poland	503	96.7	2.3	0.4	0.1	0.4
	Portugal	502	91.3	6.7	0.9	0	1.1
	Romania	500	98.2	0.9	0.5	0	0.4
	Slovenia	253	94.2	4.8	1	0	0
	Slovakia	502	97.3	1.9	0	0	0.9
	Finland	502	98.1	1.6	0	0	0.3
	Sweden	502	96.8	1.1	1.8	0.1	0.2
	United Kingdom	500	96.3	3	0.5	0	0.1



Table 17b. Heroin should (continue to) be banned or regulated – *by segments*

**QUESTION: Q7\_D. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated? - Heroin**


	Total N	% Should (Continue to) be banned	% Should be regulated	% Should be available without restrictions	% Other	% DK/NA
<b>EU27</b>	12313	95.7	3	0.6	0.1	0.7
 <b>SEX</b>						
Male	6289	95.2	3.2	0.8	0.1	0.8
Female	6024	96.2	2.8	0.4	0.1	0.6
 <b>AGE</b>						
15 - 18	4612	95.5	2.8	0.9	0	0.7
19 - 21	3790	95.7	3.2	0.6	0.1	0.4
22 - 24	3912	95.7	2.9	0.2	0.1	1
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>						
Primary	2555	95.9	2.7	0.4	0	0.9
Secondary	6987	96.2	2.4	0.7	0.1	0.6
Higher	2637	94.2	4.6	0.4	0.1	0.7
 <b>CURRENTLY A FULL-TIME STUDENT</b>						
Yes	7987	95.6	3.1	0.6	0.1	0.7
No	4320	95.8	2.7	0.7	0.1	0.7
 <b>URBANISATION</b>						
Metropolitan	2224	94.3	4.3	0.7	0.2	0.5
Urban	5810	96.2	2.6	0.6	0.1	0.5
Rural	4244	95.8	2.7	0.5	0	0.9
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>						
Self-employed	1649	95.6	2.9	1	0.1	0.4
Employee	6314	95.5	3.3	0.5	0	0.7
Manual worker	1907	95.9	2.7	0.2	0.3	0.9
Not working	2231	96.7	2	1	0	0.3
 <b>USE OF CANNABIS</b>						
Never used	8914	96.1	2.6	0.4	0.1	0.8
Used in the past year	1705	92.9	5.2	1.4	0.1	0.4
Used but not in the past year	1496	96.9	2.5	0.4	0	0.3
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>						
Yes	11673	95.9	2.8	0.5	0.1	0.7
No	597	90.8	6	2	0.4	0.8



Table 18a. Alcohol should (continue to) be banned or regulated – *by country*

**QUESTION: Q7\_E. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated? - Alcohol**





























		Total N	% Should (Continue to) be banned	% Should be regulated	% Should be available without restrictions	% Other	% DK/NA
	<b>EU27</b>	12313	7	75.9	16	0.7	0.5
	<b>COUNTRY</b>						
	Belgium	502	7.7	61.2	29.4	0.6	1
	Bulgaria	508	4.9	81.6	13.3	0.2	0
	Czech Rep.	503	3.6	63.7	31.9	0.8	0
	Denmark	509	2.6	69.3	24.2	3.9	0
	Germany	503	6	88.7	4.6	0	0.7
	Estonia	253	4.5	79.1	16.1	0.4	0
	Greece	504	5	92.1	2.9	0	0
	Spain	503	9.3	75.1	15.6	0	0
	France	501	9.2	73.3	14.5	1.7	1.4
	Ireland	500	4.7	78.7	16.2	0.3	0.2
	Italy	501	9.4	69.7	20.3	0.4	0.3
	Cyprus	250	9.1	71.1	19.6	0	0.2
	Latvia	501	5.5	72.2	21.6	0.4	0.3
	Lithuania	501	9.3	74.1	15.5	0.4	0.8
	Luxembourg	250	8.6	82.1	9	0.3	0
	Hungary	500	6.7	79.3	13.5	0.6	0
	Malta	257	3.6	76.7	17.9	1.4	0.4
	Netherlands	502	3.2	61.9	33.3	1.5	0
	Austria	501	5.1	80.9	11.5	0.8	1.7
	Poland	503	5	75.1	18.9	0.5	0.4
	Portugal	502	5.2	68.6	23.8	2.2	0.2
	Romania	500	14.8	70	14.3	0	0.9
	Slovenia	253	7.8	79.5	12.7	0	0
	Slovakia	502	6.4	71.8	21.6	0	0.2
	Finland	502	3.6	83.4	12.6	0.5	0
	Sweden	502	9.2	76.3	13.5	0.7	0.3
	United Kingdom	500	4	76.7	18.4	0.8	0.1

Table 18b. Alcohol should (continue to) be banned or regulated – *by segments*

**QUESTION: Q7\_E. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated? - Alcohol**



	Total N	% Should (Continue to) be banned	% Should be regulated	% Should be available without restrictions	% Other	% DK/NA
<b>EU27</b>	12313	7	75.9	16	0.7	0.5
 <b>SEX</b>						
Male	6289	6	74.1	18.8	0.5	0.6
Female	6024	8	77.8	13.1	0.8	0.4
 <b>AGE</b>						
15 - 18	4612	5.9	76.7	16.8	0.3	0.2
19 - 21	3790	7	74	17.8	0.9	0.2
22 - 24	3912	8.1	76.8	13.3	0.7	1
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>						
Primary	2555	6.8	76.8	15.2	0.6	0.6
Secondary	6987	7.8	73.8	17.4	0.6	0.4
Higher	2637	5.1	79.9	13.4	0.9	0.7
 <b>CURRENTLY A FULL-TIME STUDENT</b>						
Yes	7987	6.8	75.8	16.5	0.6	0.3
No	4320	7.3	76	15.1	0.8	0.8
 <b>URBANISATION</b>						
Metropolitan	2224	7.7	73.3	17.7	1.1	0.2
Urban	5810	6.7	75.9	16.5	0.7	0.3
Rural	4244	7	77.4	14.5	0.4	0.8
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>						
Self-employed	1649	6.3	75.7	17.6	0.4	0
Employee	6314	6	76.6	16.1	0.8	0.5
Manual worker	1907	8.4	74.4	16.2	0.3	0.7
Not working	2231	8.6	76.1	14.1	0.8	0.4
 <b>USE OF CANNABIS</b>						
Never used	8914	8.1	76.4	14.2	0.7	0.6
Used in the past year	1705	3.4	73.5	22.7	0.4	0
Used but not in the past year	1496	4.3	76.7	18.7	0.2	0.2
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>						
Yes	11673	7	76.3	15.5	0.7	0.5
No	597	5.5	68.9	25.4	0.1	0

Table 19a. Cocaine should (continue to) be banned or regulated – *by country*

QUESTION: Q7\_F. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated? - Cocaine





























		Total N	% Should (Continue to) be banned	% Should be regulated	% Should be available without restrictions	% Other	% DK/NA
	<b>EU27</b>	12313	93.6	4.9	0.7	0.1	0.6
	<b>COUNTRY</b>						
	Belgium	502	93.3	4.6	0.9	0.4	0.8
	Bulgaria	508	95.8	3.9	0.4	0	0
	Czech Rep.	503	95.9	3.6	0.2	0.3	0
	Denmark	509	94.4	4.8	0.4	0.1	0.2
	Germany	503	95.6	3.7	0	0	0.7
	Estonia	253	96.1	3	0.4	0	0.5
	Greece	504	95	5	0	0	0
	Spain	503	94.2	5.2	0.6	0	0
	France	501	92.2	5	0.9	0.1	1.8
	Ireland	500	93.6	5.2	1.2	0	0
	Italy	501	93.3	4.6	1.4	0	0.6
	Cyprus	250	94.1	4.8	0.8	0	0.2
	Latvia	501	94.5	4.3	0.6	0	0.6
	Lithuania	501	98.8	0.6	0.2	0	0.5
	Luxembourg	250	95.8	4.2	0	0	0
	Hungary	500	95.2	3	0.6	0	1.2
	Malta	257	92.3	5.3	0.8	0.4	1.3
	Netherlands	502	85.9	12.1	1	0.9	0.1
	Austria	501	93.1	4.7	0.8	0.2	1.1
	Poland	503	92.6	5.5	1	0.3	0.6
	Portugal	502	90.3	7.5	0.8	0	1.3
	Romania	500	97.4	2	0.5	0	0.2
	Slovenia	253	91	7.9	1.1	0	0
	Slovakia	502	97.4	1.9	0	0	0.7
	Finland	502	96.5	3	0.3	0	0.3
	Sweden	502	96	1.8	0.8	1.2	0.2
	United Kingdom	500	91.9	6.6	1.1	0	0.4

Table 19b. Cocaine should (continue to) be banned or regulated – *by segments*

**QUESTION: Q7\_F. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated? - Cocaine**

	Total N	% Should (Continue to) be banned	% Should be regulated	% Should be available without restrictions	% Other	% DK/NA
<b>EU27</b>	12313	93.6	4.9	0.7	0.1	0.6
 <b>SEX</b>						
Male	6289	92.7	5.4	1	0.1	0.8
Female	6024	94.5	4.5	0.4	0.1	0.5
 <b>AGE</b>						
15 - 18	4612	93.2	5.3	1	0.1	0.5
19 - 21	3790	93.4	5	0.9	0.1	0.6
22 - 24	3912	94.3	4.4	0.3	0.1	0.9
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>						
Primary	2555	93.9	4.7	0.7	0.1	0.6
Secondary	6987	93.9	4.6	0.8	0.1	0.6
Higher	2637	92.7	6	0.6	0.1	0.7
 <b>CURRENTLY A FULL-TIME STUDENT</b>						
Yes	7987	93.6	5.1	0.7	0.1	0.5
No	4320	93.6	4.6	0.8	0.2	0.8
 <b>URBANISATION</b>						
Metropolitan	2224	92.5	6.1	0.8	0.2	0.4
Urban	5810	94.3	4.5	0.7	0.1	0.4
Rural	4244	93.4	4.9	0.7	0.1	0.9
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>						
Self-employed	1649	93	4.9	1.5	0.1	0.4
Employee	6314	93.3	5.5	0.6	0	0.6
Manual worker	1907	94.1	4.7	0.3	0.2	0.7
Not working	2231	95.2	3.2	0.9	0.2	0.4
 <b>USE OF CANNABIS</b>						
Never used	8914	94.8	3.9	0.5	0.1	0.7
Used in the past year	1705	87.3	10.1	1.9	0.2	0.6
Used but not in the past year	1496	94.8	4.4	0.6	0	0.2
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>						
Yes	11673	94.2	4.5	0.6	0.1	0.6
No	597	84.1	12	2.5	0	1.4

Table 20a. Appropriate way to handle new substances that imitate the effects of illicit drugs – *by country*

QUESTION: Q8. What would be an appropriate way to handle new substances that imitate the effects of illicit drugs and that are sold as legal substances?




		Total N	% Regulate	% Ban them only if they pose a risk to health	% Ban them under any circumstance	% Do nothing	% Other	% DK/NA
	<b>EU27</b>	12313	15.1	46.6	33.9	2	0.8	1.6
	<b>COUNTRY</b>							
	Belgium	502	18	43.8	32.5	2.7	1	2
	Bulgaria	508	10.1	48.1	40	1.1	0.4	0.4
	Czech Rep.	503	15.1	46.9	34.9	2.3	0	0.7
	Denmark	509	8	50	39.6	0.8	0.4	1.3
	Germany	503	19.8	44.2	29.7	2.7	1.7	1.9
	Estonia	253	14.3	51.7	31.3	1.9	0	0.9
	Greece	504	17.9	41.8	37.2	2.8	0.2	0
	Spain	503	15.3	43.2	39.3	1.1	0.6	0.5
	France	501	20.5	48.3	24.7	2.3	1.7	2.6
	Ireland	500	14.2	50.9	32.9	1.7	0	0.3
	Italy	501	10.4	47.6	38.7	1.1	0.2	1.9
	Cyprus	250	9.9	38.1	47.9	3.3	0.3	0.4
	Latvia	501	15.6	42.1	37.9	3.1	0.2	1.1
	Lithuania	501	12.1	48.4	38.3	0.2	0	1
	Luxembourg	250	22.4	47.1	26.9	2.7	0	0.9
	Hungary	500	16.9	34.8	46.1	0.9	0	1.3
	Malta	257	16.4	50.7	29.7	1.6	0.5	1
	Netherlands	502	13.7	53.2	29.4	2.3	0.5	0.8
	Austria	501	18.8	31.9	36.1	4.3	5.5	3.3
	Poland	503	15.7	47.5	32.3	1.4	0.8	2.4
	Portugal	502	21.2	46.2	28.9	1	0.3	2.4
	Romania	500	3.3	31.2	63.4	0.8	0.4	0.7
	Slovenia	253	16.6	53.2	28.4	1.8	0	0
	Slovakia	502	17.7	44.5	35.9	0.9	0.1	0.8
	Finland	502	9.8	44.7	39.2	4.5	0.4	1.5
	Sweden	502	9.6	35.3	48.9	2.6	0.2	3.4
	United Kingdom	500	11.6	58.3	26.3	2.9	0	0.9

Table 20b. Appropriate way to handle new substances that imitate the effects of illicit drugs – *by segments*

QUESTION: Q8. What would be an appropriate way to handle new substances that imitate the effects of illicit drugs and that are sold as legal substances?


	Total N	% Regulate	% Ban them only if they pose a risk to health	% Ban them under any circumstance	% Do nothing	% Other	% DK/NA
<b>EU27</b>	12313	15.1	46.6	33.9	2	0.8	1.6
 <b>SEX</b>							
Male	6289	16	46.6	31.9	3	0.9	1.6
Female	6024	14	46.7	36	1	0.7	1.6
 <b>AGE</b>							
15 - 18	4612	12.3	51.1	32.3	2.2	0.6	1.5
19 - 21	3790	15.1	47.1	33.6	1.7	0.7	1.8
22 - 24	3912	18.2	40.9	36.1	2.1	1.2	1.6
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>							
Primary	2555	11.9	48.5	34.4	2.4	0.8	1.9
Secondary	6987	14.2	46.7	34.7	2.1	0.7	1.6
Higher	2637	20.3	44.3	31.4	1.5	1.2	1.4
 <b>CURRENTLY A FULL-TIME STUDENT</b>							
Yes	7987	14	49.1	33.2	1.5	0.7	1.6
No	4320	17.1	42	35.3	2.9	1.1	1.6
 <b>URBANISATION</b>							
Metropolitan	2224	16.9	45.7	33.6	1.6	0.8	1.4
Urban	5810	13.9	47.2	34.4	2.1	0.9	1.4
Rural	4244	15.7	46.2	33.4	2.1	0.8	1.9
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>							
Self-employed	1649	17	44.2	34.2	2.6	0.8	1.2
Employee	6314	14.9	47.9	33.4	1.7	0.6	1.5
Manual worker	1907	10.7	49.8	34.8	1.9	0.9	1.9
Not working	2231	17.7	42.2	34.3	2.6	1.5	1.7
 <b>USE OF CANNABIS</b>							
Never used	8914	12.2	45	39.2	1.5	0.7	1.4
Used in the past year	1705	24.1	51	16.4	5	0.9	2.6
Used but not in the past year	1496	20.2	52	24.1	1.6	0.9	1.3
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>							
Yes	11673	14.5	46.5	34.8	1.8	0.8	1.5
No	597	24.8	49.8	17	5.8	1	1.6

Table 21a. Ease of access to cannabis (if desired) – *by country*

QUESTION: Q9\_A. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some? - Cannabis

		Total N	% Impossible	% Very difficult	% Fairly difficult	% Fairly easy	% Very easy	% DK/NA
	<b>EU27</b>	12313	11	12.6	15.3	27.8	29.2	4
	<b>COUNTRY</b>							
	Belgium	502	8.3	10.2	11.2	32.2	33	5.1
	Bulgaria	508	7.8	11.1	18.5	31.1	26.7	4.8
	Czech Rep.	503	5.4	7.4	12.1	23.6	50.8	0.7
	Denmark	509	7	8.2	13.7	25.8	42.6	2.8
	Germany	503	13.3	16.4	21.1	24.8	23	1.5
	Estonia	253	12.7	12.2	18	35.3	19.7	2
	Greece	504	28.1	15.6	24.2	19.7	10.4	2
	Spain	503	4.5	5	14.8	34.5	38.6	2.6
	France	501	8.8	13.1	11.4	25.7	36	5.1
	Ireland	500	11.3	9.5	11.4	31.9	35.3	0.5
	Italy	501	5.2	6.3	8.9	37.7	34.9	7
	Cyprus	250	43.9	18.5	16.5	13.6	6.6	0.8
	Latvia	501	14.4	11.3	20.1	27.3	24.3	2.6
	Lithuania	501	12.4	12.4	24.9	32.3	15.4	2.6
	Luxembourg	250	12.3	10.1	22.6	27.4	24.8	2.9
	Hungary	500	14.1	14.1	17.7	30	17.6	6.5
	Malta	257	16	16.7	15.6	24.9	14	12.8
	Netherlands	502	4.9	14.2	9.6	23.5	45.3	2.3
	Austria	501	14.8	17.5	17.4	25.8	20.5	3.9
	Poland	503	14.6	11.8	18.1	29.6	20	6
	Portugal	502	14.7	17.7	12.2	19.1	29.8	6.5
	Romania	500	21.3	21.2	22.3	15.7	11.7	7.8
	Slovenia	253	13.3	13.7	16.7	24.9	31	0.4
	Slovakia	502	8.5	12.9	10.6	20.7	44.9	2.4
	Finland	502	22.6	19.2	23.1	20.7	13.7	0.8
	Sweden	502	14.4	18.3	20.3	25.7	17.4	3.9
	United Kingdom	500	10.4	12.7	12.7	29.3	31.6	3.2



Table 21b. Ease of access to cannabis (if desired) – *by segments*

QUESTION: Q9\_A. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some? - Cannabis








	Total N	% Impossible	% Very difficult	% Fairly difficult	% Fairly easy	% Very easy	% DK/NA
<b>EU27</b>	12313	11	12.6	15.3	27.8	29.2	4
 <b>SEX</b>							
Male	6289	8.8	11	14.6	27.9	33.6	4.1
Female	6024	13.3	14.4	16.1	27.6	24.6	4
 <b>AGE</b>							
15 - 18	4612	11.9	14.2	18.4	26	25.6	4
19 - 21	3790	9.8	12.7	13.7	28.1	31.9	3.8
22 - 24	3912	11.2	10.7	13.3	29.6	30.9	4.3
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>							
Primary	2555	14.5	15.5	19	22.3	24.6	4
Secondary	6987	10	12.1	14.9	28.5	30.3	4.2
Higher	2637	10.4	10.8	12.7	31.8	30.5	3.9
 <b>CURRENTLY A FULL-TIME STUDENT</b>							
Yes	7987	10.9	12.9	16.7	28.6	27	4
No	4320	11.3	12.1	12.8	26.3	33.3	4.2
 <b>URBANISATION</b>							
Metropolitan	2224	8.7	10	13.7	26.5	37.6	3.6
Urban	5810	10.5	12	15.3	29.2	28.8	4.1
Rural	4244	13.2	14.8	16.1	26.6	25.3	4
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>							
Self-employed	1649	9.2	12.4	15.2	29.9	30.2	3.1
Employee	6314	11.1	12.6	16.6	26.9	29.1	3.6
Manual worker	1907	11.4	13.3	13.6	27.2	30.3	4.3
Not working	2231	11.9	12.2	12.6	29.1	28.9	5.2
 <b>USE OF CANNABIS</b>							
Never used	8914	14.8	15.7	18.2	25.7	20.3	5.3
Used in the past year	1705	0.4	2.3	5.8	33.1	57.9	0.4
Used but not in the past year	1496	1.6	7.2	9	34.2	47.7	0.4
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>							
Yes	11673	11.5	13.1	15.7	28	27.6	4.1
No	597	2.4	4.4	8.2	23.9	60.5	0.6

Table 22a. Ease of access to alcohol (if desired) – *by country*

QUESTION: Q9\_B. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some? - Alcohol





























		Total N	% Impossible	% Very difficult	% Fairly difficult	% Fairly easy	% Very easy	% DK/NA
	<b>EU27</b>	12313	0.8	1	1.7	14.3	81.6	0.5
	<b>COUNTRY</b>							
	Belgium	502	0.3	0.8	1.5	14.1	82.6	0.6
	Bulgaria	508	0.6	0.4	1.2	16.3	81.3	0.2
	Czech Rep.	503	0.3	0.5	0.4	7.6	91.2	0
	Denmark	509	0	0.4	1.1	4.3	94	0.2
	Germany	503	0.6	0.9	1.2	14.9	82.4	0
	Estonia	253	0.3	1.6	2.7	19.8	75.5	0
	Greece	504	3.3	4.3	5.4	28.8	58.1	0.2
	Spain	503	0.2	0.2	2.4	12.8	84.2	0.2
	France	501	1.2	0.6	1.2	13.3	82.8	1
	Ireland	500	0.6	0.5	3	13.5	82.4	0
	Italy	501	1.1	1	1	15	80.4	1.4
	Cyprus	250	6.2	5.2	5.3	24.1	59.2	0
	Latvia	501	0.2	0.2	0.8	13.7	85.1	0
	Lithuania	501	0.2	1.1	3	19.9	75.5	0.3
	Luxembourg	250	0.3	2.6	2.9	14.9	79.4	0
	Hungary	500	0.8	0	2.4	16.9	79.7	0.3
	Malta	257	0	0	1	17.3	80.4	1.3
	Netherlands	502	0	0.9	1.4	7.5	88.2	2
	Austria	501	0.4	1	1	13.1	83	1.4
	Poland	503	1	1.1	2.3	15.7	79.7	0.2
	Portugal	502	0.9	1.5	1.3	13.9	82.3	0
	Romania	500	1	1	1.5	14.8	80.4	1.2
	Slovenia	253	1.2	0.8	3	12	83	0
	Slovakia	502	0.4	0.7	2.2	10.3	86.3	0.1
	Finland	502	0.8	1.6	1.2	10.2	86.2	0
	Sweden	502	0.2	2.3	3.3	13.7	80.4	0
	United Kingdom	500	1.1	1.7	1.9	15.3	79.8	0.1

Table 22b. Ease of access to alcohol (if desired) – *by segments*

QUESTION: Q9\_B. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some? - Alcohol









	Total N	% Impossible	% Very difficult	% Fairly difficult	% Fairly easy	% Very easy	% DK/NA
<b>EU27</b>	12313	0.8	1	1.7	14.3	81.6	0.5
 <b>SEX</b>							
Male	6289	0.6	0.8	1.4	14	82.8	0.5
Female	6024	1.1	1.3	2	14.6	80.4	0.5
 <b>AGE</b>							
15 - 18	4612	1	1.8	3.6	20.8	72.3	0.4
19 - 21	3790	0.5	0.6	0.7	12.1	85.8	0.4
22 - 24	3912	1	0.6	0.4	8.8	88.5	0.7
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>							
Primary	2555	1.5	1.7	3.7	20.9	71.6	0.6
Secondary	6987	0.6	0.9	1.5	13.6	83	0.4
Higher	2637	1	0.7	0.2	9.9	87.7	0.6
 <b>CURRENTLY A FULL-TIME STUDENT</b>							
Yes	7987	0.8	1.1	2.3	16.5	78.8	0.4
No	4320	1	0.8	0.5	10.3	86.8	0.7
 <b>URBANISATION</b>							
Metropolitan	2224	0.5	1.1	1.3	9.6	86.9	0.6
Urban	5810	0.9	1	1.7	14.8	81.1	0.5
Rural	4244	0.8	1	2	16.1	79.6	0.4
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>							
Self-employed	1649	0.9	1	2.3	13.4	81.8	0.6
Employee	6314	0.6	0.9	1.6	14.3	82.1	0.5
Manual worker	1907	1	1.4	1.7	16.3	79.4	0.2
Not working	2231	0.9	0.9	1.4	12.7	83.4	0.8
 <b>USE OF CANNABIS</b>							
Never used	8914	1.1	1.4	2.3	17.1	77.6	0.7
Used in the past year	1705	0.1	0.1	0.4	7.2	92.2	0.1
Used but not in the past year	1496	0	0	0.1	6.6	93.2	0
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>							
Yes	11673	0.9	1.1	1.7	14.8	81	0.5
No	597	0.4	0	0.7	4.4	94.3	0.1

Table 23a. Ease of access to cocaine (if desired) – *by country*

QUESTION: Q9\_C. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some? - Cocaine



		Total N	% Impossible	% Very difficult	% Fairly difficult	% Fairly easy	% Very easy	% DK/NA
	<b>EU27</b>	12313	19.1	27.7	26.3	13.8	8.4	4.7
	<b>COUNTRY</b>							
	Belgium	502	10.2	33.5	30.9	12.5	5.3	7.6
	Bulgaria	508	17.8	25.8	30.3	14.2	7.5	4.4
	Czech Rep.	503	27.9	38.7	24.6	4.9	3.3	0.6
	Denmark	509	13.3	16.8	28.6	22.7	17.2	1.4
	Germany	503	25	32.3	27.2	9.1	5.4	1
	Estonia	253	31.1	28.5	28.2	6.6	3.1	2.5
	Greece	504	41.7	18.8	26.4	8.3	3.9	0.9
	Spain	503	6.1	15.5	30.9	30	12.5	5.1
	France	501	15.2	31.5	26.5	10.3	10	6.5
	Ireland	500	14.9	26.8	24.4	16.2	14.4	3.3
	Italy	501	9.8	19.4	24.4	25.2	10.7	10.5
	Cyprus	250	40.6	29.5	14.5	9.3	5.5	0.6
	Latvia	501	26.8	25.9	30.7	7.9	4.3	4.4
	Lithuania	501	24.3	32.3	28.4	8.2	2.7	4
	Luxembourg	250	22.2	32.9	32	9.3	1.7	1.9
	Hungary	500	27.7	27.9	22.2	9.1	4.5	8.5
	Malta	257	18.2	22.3	24.7	13.8	8.3	12.7
	Netherlands	502	8.7	38.3	27.7	12	10.7	2.6
	Austria	501	25	31.7	27.8	6.7	4.3	4.5
	Poland	503	24.7	26.8	28.2	10.6	4.1	5.5
	Portugal	502	20.7	27.6	20	10.8	11.9	9.1
	Romania	500	27.4	28.6	22.8	11.7	5.2	4.3
	Slovenia	253	16.7	30.8	31.7	10.6	10.2	0
	Slovakia	502	27.1	37.8	21.1	7.1	4.6	2.4
	Finland	502	37.9	33.9	20	5.4	2.1	0.8
	Sweden	502	24.6	25.4	30	10.5	5.2	4.3
	United Kingdom	500	18	27.3	24.1	14.4	12.9	3.4

Table 23b. Ease of access to cocaine (if desired) – *by segments*

QUESTION: Q9\_C. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some? - Cocaine



	Total N	% Impossible	% Very difficult	% Fairly difficult	% Fairly easy	% Very easy	% DK/NA
<b>EU27</b>	12313	19.1	27.7	26.3	13.8	8.4	4.7
 <b>SEX</b>							
Male	6289	18.1	26.4	26.8	14.3	9.2	5.1
Female	6024	20.2	28.9	25.8	13.4	7.5	4.2
 <b>AGE</b>							
15 - 18	4612	19.9	31	27.7	11.6	5.6	4.2
19 - 21	3790	17.8	27.5	27.8	14.1	8.3	4.5
22 - 24	3912	19.5	23.9	23.3	16.2	11.7	5.4
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>							
Primary	2555	23.5	31.2	26.6	9.4	5.3	4
Secondary	6987	18	27.1	26.5	14.7	9	4.8
Higher	2637	18.1	25.6	25.3	16.2	9.7	5.1
 <b>CURRENTLY A FULL-TIME STUDENT</b>							
Yes	7987	18.5	29.9	28.5	12.3	6.4	4.4
No	4320	20.3	23.5	22.4	16.6	12	5.2
 <b>URBANISATION</b>							
Metropolitan	2224	16.7	25.6	25	16.6	11.3	4.9
Urban	5810	18.3	27	27.5	13.8	8.4	5
Rural	4244	21.5	29.7	25.4	12.5	6.8	4.1
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>							
Self-employed	1649	17.6	27.8	26.1	15.6	8.3	4.6
Employee	6314	19.1	29	26.3	13.1	8.3	4.2
Manual worker	1907	21.5	25	26.1	14.1	8.2	5.2
Not working	2231	18.3	26	26.9	14.5	9.1	5.3
 <b>USE OF CANNABIS</b>							
Never used	8914	21.9	29.1	24.9	12.7	6.1	5.3
Used in the past year	1705	8.1	22.9	32.8	18.1	15.4	2.8
Used but not in the past year	1496	15.1	25.2	27.6	15.3	14.2	2.6
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>							
Yes	11673	19.7	28.2	26.2	13.6	7.6	4.8
No	597	8.8	17.5	29.7	18.1	24.3	1.7

Table 24a. Ease of access to ecstasy (if desired) – *by country*

QUESTION: Q9\_D. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some? - Ecstasy



		Total N	% Impossible	% Very difficult	% Fairly difficult	% Fairly easy	% Very easy	% DK/NA
	<b>EU27</b>	12313	19,5	28	25,3	14,4	7,8	5,1
	<b>COUNTRY</b>							
	Belgium	502	12.2	36.7	27.8	11	5.2	7.1
	Bulgaria	508	15.6	23.6	27.8	20.5	8.3	4.2
	Czech Rep.	503	21.4	34.7	24.2	10.7	8.4	0.6
	Denmark	509	14.4	17.2	31.4	19.3	15.7	2
	Germany	503	26	29.6	27	10	6.1	1.3
	Estonia	253	28.2	27.8	26.8	9.6	4	3.6
	Greece	504	41.3	18	24.5	10.7	3.7	1.8
	Spain	503	7.4	21.2	34.1	22.2	8.7	6.3
	France	501	17.2	36.3	24.8	7.3	7.9	6.5
	Ireland	500	14.6	27.9	22.8	17	14.8	2.9
	Italy	501	10.5	20.1	24.9	23.5	9.5	11.4
	Cyprus	250	45.7	26.1	13.5	8.1	4.3	2.3
	Latvia	501	19.4	20	27.4	18.1	10.1	5.1
	Lithuania	501	22.2	29.4	26.1	14	4.6	3.9
	Luxembourg	250	21	32.8	30.8	9.4	2.2	3.7
	Hungary	500	24.5	23.4	20.5	18	6.2	7.5
	Malta	257	19.2	25.6	21.2	14.4	7.3	12.3
	Netherlands	502	8	34.3	27.3	15.4	12.4	2.7
	Austria	501	26.1	30.1	24.4	9.9	5.5	3.9
	Poland	503	26.2	24.6	26.6	12.7	4.7	5.1
	Portugal	502	20.1	27.5	20.5	11.6	10.3	10.1
	Romania	500	25.3	27.6	20.9	15.2	5.8	5.2
	Slovenia	253	17.5	29.9	30.8	11.6	10.2	0
	Slovakia	502	24.1	32.3	23.3	9.5	8.4	2.3
	Finland	502	38.9	32.4	20	6.4	1.5	0.8
	Sweden	502	23	27.6	28	12.6	4.6	4.3
	United Kingdom	500	18.3	28.9	20.1	17.6	10.8	4.3

Table 24b. Ease of access to ecstasy (if desired) – *by segments*

QUESTION: Q9\_D. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some? - Ecstasy


	Total N	% Impossible	% Very difficult	% Fairly difficult	% Fairly easy	% Very easy	% DK/NA
<b>EU27</b>	12313	19.5	28	25.3	14.4	7.8	5.1
 <b>SEX</b>							
Male	6289	18.4	26.9	25.6	15.3	8.4	5.4
Female	6024	20.6	29.1	25	13.4	7.2	4.7
 <b>AGE</b>							
15 - 18	4612	21.4	31.8	25.7	11.8	5.1	4.3
19 - 21	3790	17.5	26.6	27.4	15.4	8	5.1
22 - 24	3912	19.2	24.7	22.9	16.4	11	5.9
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>							
Primary	2555	24.7	32.1	24.4	10.4	4.4	4.2
Secondary	6987	18.4	26.8	25.7	15.3	8.6	5.2
Higher	2637	17.3	27.5	24.5	16.2	9	5.5
 <b>CURRENTLY A FULL-TIME STUDENT</b>							
Yes	7987	18.7	30.1	27.2	13.3	6	4.7
No	4320	20.8	24.1	21.9	16.3	11.2	5.7
 <b>URBANISATION</b>							
Metropolitan	2224	17.1	25	25.7	16.8	10.9	4.6
Urban	5810	18.4	27.5	26.4	14.8	7.4	5.6
Rural	4244	22.2	30.2	23.8	12.5	6.9	4.6
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>							
Self-employed	1649	17.5	27.8	24.6	17.5	6.8	5.7
Employee	6314	19.6	29	25.9	13.4	7.7	4.4
Manual worker	1907	21.6	25.7	25	14.4	8	5.4
Not working	2231	18.8	26.9	24.6	14.9	9.4	5.4
 <b>USE OF CANNABIS</b>							
Never used	8914	22.3	29.3	23.5	13.2	6	5.6
Used in the past year	1705	8.3	22.3	32.2	19.2	14.8	3.1
Used but not in the past year	1496	15.7	27.1	28.2	15.4	10.7	2.8
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>							
Yes	11673	20.1	28.5	25.2	13.9	7.2	5.1
No	597	8.4	17.4	28	24.5	19.7	2



Table 25a. Ease of access to tobacco (if desired) – *by country*

QUESTION: Q9\_E. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some? - Tobacco




























		Total N	% Impossible	% Very difficult	% Fairly difficult	% Fairly easy	% Very easy	% DK/NA
	<b>EU27</b>	12313	1.4	1.5	1.8	13.6	81.1	0.6
	<b>COUNTRY</b>							
	Belgium	502	1	1.4	1.7	11.7	83.4	0.8
	Bulgaria	508	1	0.6	2.4	13.8	82.1	0
	Czech Rep.	503	0.9	0.7	1.1	6.6	90.7	0
	Denmark	509	0.5	1	2.4	8.5	87.1	0.5
	Germany	503	1.2	1.9	2	16.1	78.6	0.2
	Estonia	253	0.4	2.6	2.7	16.9	77.4	0
	Greece	504	10.3	4.9	6.7	23.3	54.8	0
	Spain	503	0.2	0.8	1.3	9.1	88.5	0.2
	France	501	1.2	1.6	1.4	10.7	84.1	1
	Ireland	500	1.7	2.1	3.5	12.7	80.1	0
	Italy	501	1.8	1.3	0.6	14.2	80.3	1.8
	Cyprus	250	13.8	4.1	3.5	18.1	60.6	0
	Latvia	501	0.5	0.9	2.9	14	81.7	0
	Lithuania	501	0.7	2.4	3.8	17.1	75.6	0.4
	Luxembourg	250	0.3	1.8	1.7	13.8	82.3	0
	Hungary	500	1.2	0	2.1	14.7	81.8	0.3
	Malta	257	0.4	1.1	2	16.5	78.3	1.6
	Netherlands	502	0.1	1.1	2	8	86.8	1.9
	Austria	501	1.3	1.1	1.7	11.3	83	1.6
	Poland	503	0.6	2.3	3	14.5	79.1	0.6
	Portugal	502	1.5	1.7	1.5	13.1	81.8	0.4
	Romania	500	1.3	0.8	0.6	11.7	84.3	1.4
	Slovenia	253	1.5	2.2	3.3	16.9	76.1	0
	Slovakia	502	1.2	0.4	2.3	11.6	84.4	0.1
	Finland	502	1.5	0.8	3.5	7.9	86.2	0
	Sweden	502	2.7	2.8	1.5	8.7	83.9	0.6
	United Kingdom	500	1.7	1.2	1.8	18.6	76.5	0.2

Table 25b. Ease of access to tobacco (if desired) – *by segments*

QUESTION: Q9\_E. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some? - Tobacco









	Total N	% Impossible	% Very difficult	% Fairly difficult	% Fairly easy	% Very easy	% DK/NA
<b>EU27</b>	12313	1.4	1.5	1.8	13.6	81.1	0.6
 <b>SEX</b>							
Male	6289	1.1	1.4	1.7	12.6	82.5	0.7
Female	6024	1.6	1.6	2	14.6	79.6	0.6
 <b>AGE</b>							
15 - 18	4612	2.1	2.8	4.1	20.2	70.2	0.6
19 - 21	3790	0.7	0.9	0.5	11	86.2	0.7
22 - 24	3912	1.1	0.5	0.5	8.2	89	0.6
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>							
Primary	2555	2.4	3.1	3.7	18.8	71.3	0.8
Secondary	6987	1.1	1.4	1.6	13.3	82	0.7
Higher	2637	1	0.3	0.4	9	88.8	0.4
 <b>CURRENTLY A FULL-TIME STUDENT</b>							
Yes	7987	1.5	1.8	2.5	16	77.6	0.6
No	4320	1.1	0.9	0.6	9.1	87.6	0.7
 <b>URBANISATION</b>							
Metropolitan	2224	0.6	1.2	1.4	9.1	86.8	0.8
Urban	5810	1.3	1.3	1.9	14.1	80.9	0.5
Rural	4244	1.7	1.9	2	15.1	78.6	0.7
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>							
Self-employed	1649	1.5	1.3	3.1	13.3	80.1	0.7
Employee	6314	1.2	1.2	1.9	14	81.2	0.5
Manual worker	1907	1.6	2.2	1.8	14.9	79.2	0.4
Not working	2231	1.1	1.6	0.8	10.9	84.6	1
 <b>USE OF CANNABIS</b>							
Never used	8914	1.8	2	2.3	16.5	76.6	0.8
Used in the past year	1705	0	0.2	0.7	5.4	93.5	0.2
Used but not in the past year	1496	0	0.2	0.3	5.7	93.5	0.2
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>							
Yes	11673	1.4	1.6	1.9	14.1	80.4	0.6
No	597	0.1	0	0.1	4.1	95.3	0.4

Table 26a. Ease of access to heroin (if desired) – *by country*

QUESTION: Q9\_F. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some? - Heroin


		Total N	% Impossible	% Very difficult	% Fairly difficult	% Fairly easy	% Very easy	% DK/NA
	<b>EU27</b>	12313	23.7	36.3	21.5	8	5.2	5.2
	<b>COUNTRY</b>							
	Belgium	502	14.2	47.9	20.1	6.9	3.6	7.3
	Bulgaria	508	23.7	32.5	24.6	9.3	5.2	4.6
	Czech Rep.	503	29.4	48.3	14.7	3.3	3.3	1
	Denmark	509	19.6	24.5	28.2	15.6	10.5	1.6
	Germany	503	32.1	37	21.6	4.7	3.6	1.1
	Estonia	253	34.2	36.8	21.5	2.5	2.2	2.8
	Greece	504	46.8	20	20.5	8.7	3.4	0.7
	Spain	503	8	28.3	32.6	16.1	7	8
	France	501	16.8	46.4	19.4	4.8	6	6.6
	Ireland	500	20.6	42.5	18.3	8.6	7.5	2.5
	Italy	501	14.5	28.8	23.2	14.9	7.5	11.1
	Cyprus	250	43.3	31.2	12.9	5.7	5.2	1.8
	Latvia	501	29.5	32.5	21.4	6	5.2	5.3
	Lithuania	501	24.7	35.8	26	6.8	3.5	3.1
	Luxembourg	250	29.7	34.5	23.7	8.3	1.6	2.3
	Hungary	500	37.7	32.6	14.7	6.1	2.6	6.3
	Malta	257	21.5	32	17.5	11.8	3.4	13.8
	Netherlands	502	14.1	43.5	27.3	5.7	5.6	3.9
	Austria	501	32.8	35.3	19.3	5.6	3	4
	Poland	503	27.7	32.9	23.8	7.2	3.5	4.9
	Portugal	502	24	32	15.3	8.8	9	10.9
	Romania	500	29.3	27.5	22.9	10.5	5.2	4.6
	Slovenia	253	21.7	41.8	23.7	5.2	7.5	0
	Slovakia	502	29.6	45	15.9	3.5	3.4	2.7
	Finland	502	45.6	36.4	13.6	2.5	1.5	0.4
	Sweden	502	30.2	27.6	25.5	9.3	3.2	4.2
	United Kingdom	500	25.3	40.9	15.6	7	5.9	5.2

Table 26b. Ease of access to heroin (if desired) – *by segments*

QUESTION: Q9\_F. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some? - Heroin






	Total N	% Impossible	% Very difficult	% Fairly difficult	% Fairly easy	% Very easy	% DK/NA
<b>EU27</b>	12313	23.7	36.3	21.5	8	5.2	5.2
 <b>SEX</b>							
Male	6289	23.2	34.8	22.4	8	5.8	5.9
Female	6024	24.2	37.9	20.6	8.1	4.6	4.6
 <b>AGE</b>							
15 - 18	4612	24.8	39.9	21.2	6.9	3.1	4.2
19 - 21	3790	22.1	35.9	22.2	8.5	5.7	5.5
22 - 24	3912	24	32.4	21.2	9	7.2	6.2
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>							
Primary	2555	27.4	39	21	5.3	3.5	3.7
Secondary	6987	22.2	35.7	21.8	9	5.8	5.6
Higher	2637	24.2	35.8	20.7	8.2	5.3	6
 <b>CURRENTLY A FULL-TIME STUDENT</b>							
Yes	7987	22.8	38.5	22.7	7.6	4	4.5
No	4320	25.4	32.2	19.4	8.8	7.6	6.6
 <b>URBANISATION</b>							
Metropolitan	2224	21.3	33.7	22.7	10.3	7.1	4.7
Urban	5810	23.3	35.3	22.3	8.3	4.9	5.9
Rural	4244	25.4	39	20	6.4	4.7	4.6
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>							
Self-employed	1649	21.8	38.6	21.8	8.5	4	5.3
Employee	6314	23.6	38	21.6	7.1	5.1	4.7
Manual worker	1907	25.2	31.5	21.9	9.6	6.1	5.7
Not working	2231	24.5	33.9	20.8	9	5.9	6
 <b>USE OF CANNABIS</b>							
Never used	8914	25.3	35.8	20.7	8	4.6	5.5
Used in the past year	1705	16.8	38.7	23.8	8.7	7.5	4.5
Used but not in the past year	1496	21.5	37.8	22.9	8	6.4	3.4
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>							
Yes	11673	23.8	36.5	21.4	8	5	5.3
No	597	22.3	32.2	25	7.5	9.4	3.5

Table 27a. Use of cannabis – *by country*

QUESTION: Q10. Have you used cannabis yourself?










		Total N	% No, I have never used	% Yes, in the last 30 days	% Yes, in the last 12 months	% Yes, but more than 12 months ago	% You don't want to answer	% Don't know
	<b>EU27</b>	12313	72.4	6.2	7.6	12.2	1.6	0
	<b>COUNTRY</b>							
	Belgium	502	70.7	8	9.2	11.1	1	0
	Bulgaria	508	74.7	2.1	6.2	15.3	1.7	0
	Czech Rep.	503	52.9	9.8	13.2	23.7	0.4	0
	Denmark	509	70.8	7.1	8.7	13.2	0	0.2
	Germany	503	72.5	5.8	5.7	14.3	1.7	0
	Estonia	253	61.4	3.3	11.7	22.2	1.4	0
	Greece	504	89.3	1.7	5	3.3	0.2	0.5
	Spain	503	62.2	11.1	10.9	14.6	1.2	0
	France	501	64.3	12.3	8.9	13.7	0.7	0
	Ireland	500	69.3	8.5	9	12	1.1	0.1
	Italy	501	82	2.8	3.4	8.4	3.5	0
	Cyprus	250	97.5	0	0	2.5	0	0
	Latvia	501	73.9	4.3	7.1	13.7	0.8	0.2
	Lithuania	501	75	2.8	9.8	11.9	0.2	0.3
	Luxembourg	250	77.2	4.3	7.1	10	1.5	0
	Hungary	500	88.8	1.2	2	6.6	1.3	0
	Malta	257	92.2	0.4	2.8	4.6	0	0
	Netherlands	502	69	5.7	10.5	14.3	0.5	0
	Austria	501	80.4	2.3	5.6	9.8	1.9	0
	Poland	503	72.2	2.6	11.7	8.7	4.5	0.2
	Portugal	502	76.7	8.4	5.8	8.7	0.2	0.2
	Romania	500	96.5	0.2	1.2	1.9	0.2	0
	Slovenia	253	68.1	5.5	12.4	13.7	0.3	0
	Slovakia	502	68.8	4.3	10.3	16.1	0.4	0
	Finland	502	82.3	3.2	4.9	9.2	0.5	0
	Sweden	502	86.6	1.8	3.5	7.7	0.3	0.1
	United Kingdom	500	65.4	7.5	9.7	16.2	1.2	0

Table 27b. Use of cannabis – *by segments*

QUESTION: Q10. Have you used cannabis yourself?

	Total N	% No, I have never used	% Yes, in the last 30 days	% Yes, in the last 12 months	% Yes, but more than 12 months ago	% You don't want to answer	% Don't know
<b>EU27</b>	12313	72.4	6.2	7.6	12.2	1.6	0
 <b>SEX</b>							
Male	6289	66.3	9	9.2	13.7	1.9	0
Female	6024	78.8	3.3	6	10.6	1.3	0.1
 <b>AGE</b>							
15 - 18	4612	81.5	5.3	5.7	5.9	1.5	0.1
19 - 21	3790	71	6.7	9.9	11	1.4	0
22 - 24	3912	63	6.8	7.7	20.6	1.8	0.1
 <b>HIGHEST LEVEL OF FULL-TIME EDUCATION</b>							
Primary	2555	80.6	5	6.7	6.4	1.3	0.1
Secondary	6987	72.7	6.2	7.4	12	1.7	0
Higher	2637	63.4	7.4	9.3	18.3	1.5	0.1
 <b>CURRENTLY A FULL-TIME STUDENT</b>							
Yes	7987	77	5.5	7.3	8.8	1.3	0.1
No	4320	64	7.5	8.3	18.3	2	0
 <b>URBANISATION</b>							
Metropolitan	2224	65.1	9.2	9.4	14.9	1.5	0
Urban	5810	72.2	5.5	8.6	12.2	1.5	0.1
Rural	4244	76.3	5.7	5.5	10.7	1.7	0
 <b>OCCUPATION OF RESPONDENT/ PRIMARY EARNER</b>							
Self-employed	1649	72.4	7	8.9	9.7	2	0
Employee	6314	73.6	5.6	7.1	12.3	1.3	0.1
Manual worker	1907	75.1	6	6.9	10.2	1.8	0
Not working	2231	65.7	7.9	8.8	15.9	1.7	0
 <b>USE OF CANNABIS</b>							
Never used	8914	100	0	0	0	0	0
Used in the past year	1705	0	44.8	55.2	0	0	0
Used but not in the past year	1496	0	0	0	100	0	0
 <b>USE OF NEW PSYCHOACTIVE SUBSTANCES</b>							
Yes	11673	75.6	4.6	6.8	11.6	1.4	0
No	597	12.5	36.6	24.7	23.6	2.6	0

## II. Survey Details

This special target survey “*Young attitudes on drugs*” (No 330) was conducted for the European Commission, DG Justice - Unit 01 - Strategic and interinstitutional matters, Communication.

### Fieldwork

Telephone interviews were conducted in each country from 9<sup>th</sup> to 13<sup>th</sup> of May, 2011 by the following institutes:

Belgium	BE	Gallup Europe	(Interviews: 09/05/2011 - 13/05/2011)
Czech Republic	CZ	Focus Agency	(Interviews: 09/05/2011 - 13/05/2011)
Denmark	DK	Norstat Denmark	(Interviews: 09/05/2011 - 13/05/2011)
Germany	DE	IFAK	(Interviews: 09/05/2011 - 13/05/2011)
Estonia	EE	Saar Poll	(Interviews: 09/05/2011 - 13/05/2011)
Greece	EL	Metroanalysis	(Interviews: 09/05/2011 - 13/05/2011)
Spain	ES	Gallup Spain	(Interviews: 09/05/2011 - 13/05/2011)
France	FR	Effience3	(Interviews: 09/05/2011 - 13/05/2011)
Ireland	IE	Gallup UK	(Interviews: 09/05/2011 - 13/05/2011)
Italy	IT	Demoskopoea	(Interviews: 09/05/2011 - 13/05/2011)
Cyprus	CY	CYMAR	(Interviews: 09/05/2011 - 13/05/2011)
Latvia	LV	Latvian Facts	(Interviews: 09/05/2011 - 13/05/2011)
Lithuania	LT	Baltic Survey	(Interviews: 09/05/2011 - 13/05/2011)
Luxembourg	LU	Gallup Europe	(Interviews: 09/05/2011 - 13/05/2011)
Hungary	HU	Gallup Hungary	(Interviews: 09/05/2011 - 13/05/2011)
Malta	MT	MISCO	(Interviews: 09/05/2011 - 13/05/2011)
Netherlands	NL	MSR	(Interviews: 09/05/2011 - 13/05/2011)
Austria	AT	Spectra	(Interviews: 09/05/2011 - 13/05/2011)
Poland	PL	Gallup Poland	(Interviews: 09/05/2011 - 13/05/2011)
Portugal	PT	Consulmark	(Interviews: 09/05/2011 - 13/05/2011)
Slovenia	SI	Cati d.o.o	(Interviews: 09/05/2011 - 13/05/2011)
Slovakia	SK	Focus Agency	(Interviews: 09/05/2011 - 13/05/2011)
Finland	FI	Norstat Finland Oy	(Interviews: 09/05/2011 - 13/05/2011)
Sweden	SE	Norstat Sweden	(Interviews: 09/05/2011 - 13/05/2011)
United Kingdom	UK	Gallup UK	(Interviews: 09/05/2011 - 13/05/2011)
Bulgaria	BG	Vitosha	(Interviews: 09/05/2011 - 13/05/2011)
Romania	RO	Gallup Romania	(Interviews: 09/05/2011 - 13/05/2011)

### Representativeness of the results

Each national sample is representative of the general population between 15 and 24 years of age (between 16 and 24 years of age in UK).

### Sample sizes

In most EU countries, the target sample size was 500 respondents. In Estonia, Cyprus, Luxembourg, Malta and Slovenia, however, the target sample size was 250 respondents. The table below shows the achieved sample size by country.

A weighting factor was applied to the national results in order to compute a marginal total where each country contributes to the European Union result in proportion to its population.

The table below presents, for each of the countries:

- (1) the number of interviews actually carried out
- (2) the population-weighted total number of interviews



	Total Interviews			
	Conducted	% of Total	EU27 weighted	% of Total (weighted)
<b>Total</b>	<b>12315</b>	<b>100</b>	<b>12315</b>	<b>100</b>
BE	502	4.1	266	2.2
BG	508	4.1	189	1.5
CZ	503	4.1	267	2.2
DK	509	4.1	137	1.1
DE	503	4.1	1878	15.2
EE	253	2.1	38	0.3
EL	504	4.1	242	2.0
ES	503	4.1	986	8.0
FR	501	4.1	1647	13.4
IE	500	4.1	113	0.9
IT	501	4.1	1235	10.0
CY	250	2.0	24	0.2
LV	501	4.1	66	0.5
LT	501	4.1	103	0.8
LU	250	2.0	12	0.1
HU	500	4.1	254	2.1
MT	257	2.1	12	0.1
NL	502	4.1	412	3.3
AT	501	4.1	207	1.7
PL	503	4.1	1114	9.0
PT	502	4.1	240	1.9
RO	500	4.1	607	4.9
SI	253	2.1	48	0.4
SK	502	4.1	160	1.3
FI	502	4.1	134	1.1
SE	502	4.1	252	2.1
UK	500	4.1	1668	13.5

## Questionnaires

1. The questionnaire prepared for this survey is reproduced at the end of this results volume, in English.
2. The institutes listed above translated the questionnaire in their respective national language(s).
3. One copy of each national questionnaire is annexed to the results (volume tables).

## Tables of results

### VOLUME A: COUNTRY BY COUNTRY

The VOLUME A tables present the European Union results country by country.

### VOLUME B: RESPONDENTS' DEMOGRAPHICS

The VOLUME B tables present the European Union results with the following socio-demographic characteristics of respondents as breakdowns:

## Volume B:

Sex (*Male, Female*)Age (*15-18, 19-21, 22-24*)Highest level of full-time education (*Primary education, Secondary education, Higher education*)Are you currently a full-time student? (*Yes, No*)Subjective urbanisation (*Metropolitan zone, Other town/urban centre, Rural zone*)Occupation of respondent/primary earner (*Self-employed, Employee, Manual worker, Not working*)**Sampling error**

Surveys are designed and conducted to provide an estimate of a true value of characteristics of a population at a given time. An estimate of a survey is unlikely to exactly equal the true population quantity of interest for a variety of reasons. One of these reasons is that data in a survey are collected from only some – a sample of – members of the population, this to make data collection cheaper and faster. The “margin of error” is a common summary of sampling error, which quantifies uncertainty about (or confidence in) a survey result.

Usually, one calculates a 95 percent confidence interval of the format: survey estimate +/- margin of error. This interval of values will contain the true population value at least 95% of time.

For example, if it was estimated that 45% of EU citizens are in favour of a single European currency and this estimate is based on a sample of 100 EU citizens, the associated margin of error is about 10 percentage points. The 95 percent confidence interval for support for a European single currency would be (45%-10%) to (45%+10%), suggesting that in the EU the support for a European single currency could range from 35% to 55%. Because of the small sample size of 100 EU citizens, there is considerable uncertainty about whether or not the citizens of the EU support a single currency.

As a general rule, the more interviews conducted (sample size), the smaller the margin of error. Larger samples are more likely to give results closer to the true population quantity and thus have smaller margins of error. For example, a sample of 500 will produce a margin of error of no more than about 4.5 percentage points, and a sample of 1,000 will produce a margin of error of no more than about 3 percentage points.

*Margin of error (95% confidence interval)*

Survey estimate	Sample size (n)									
	10	50	100	150	200	400	800	1000	2000	4000
5%	13.5%	6.0%	4.3%	3.5%	3.0%	2.1%	1.5%	1.4%	1.0%	0.7%
10%	18.6%	8.3%	5.9%	4.8%	4.2%	2.9%	2.1%	1.9%	1.3%	0.9%
25%	26.8%	12.0%	8.5%	6.9%	6.0%	4.2%	3.0%	2.7%	1.9%	1.3%
50%	31.0%	13.9%	9.8%	8.0%	6.9%	4.9%	3.5%	3.1%	2.2%	1.5%
75%	26.8%	12.0%	8.5%	6.9%	6.0%	4.2%	3.0%	2.7%	1.9%	1.3%
90%	18.6%	8.3%	5.9%	4.8%	4.2%	2.9%	2.1%	1.9%	1.3%	0.9%
95%	13.5%	6.0%	4.3%	3.5%	3.0%	2.1%	1.5%	1.4%	1.0%	0.7%

(The values in the table are the margin of error – at 95% confidence level – for a given survey estimate and sample size)

The examples show that the size of a sample is a crucial factor affecting the margin of error. Nevertheless, once past a certain point – a sample size of 800 or 1,000 – the improvement is small. For example, to reduce the margin of error to 1.5% would require a sample size of 4,000.

### III. Questionnaire

#### D1. Gender

[DO NOT ASK - MARK APPROPRIATE]

- Male..... 1
- Female ..... 2

#### D2. How old are you?

- [\_][\_] years old
- [00] [REFUSAL/NO ANSWER]

#### D3\_a. What is the last level of full time education that you completed?

- Primary education ..... 1
- Secondary education ..... 2
- Higher education ..... 3
- [NEVER BEEN IN FULL TIME EDUCATION] ..... 4
- [DK/NA]..... 9

#### D3\_b. Are you currently a full time student?

- Yes..... 1 → ASK D4A
- No ..... 2 → ASK D4B
- [DK/NA]..... 9 → ASK D4B

**D4A. What is the current occupation of the person who contributes most to the household income? Would you say he/she is self-employed, an employee, a manual worker or would you say that he/she is without a professional activity? Does it mean that he/she is a(n)...**

**D4B. As far as your current occupation is concerned, would you say you are self-employed, an employee, a manual worker or would you say that you are without a professional activity? Does it mean that you are a(n)...**

[IF A RESPONSE TO THE MAIN CATEGORY IS GIVEN, READ OUT THE RESPECTIVE SUB-CATEGORIES]

#### - Self-employed

- i.e. : - farmer, forester, fisherman ..... 11
- owner of a shop, craftsman..... 12
- professional (lawyer, medical practitioner, accountant, architect,...).... 13
- manager of a company ..... 14
- other..... 15

#### - Employee

- i.e. : - professional (employed doctor, lawyer, accountant, architect) ..... 21
- general management, director or top management..... 22
- middle management ..... 23
- civil servant ..... 24
- office clerk..... 25
- other employee (salesman, nurse, etc...)..... 26
- other..... 27

#### - Manual worker

- i.e. : - supervisor / foreman (team manager, etc...) ..... 31
- manual worker ..... 32
- unskilled manual worker ..... 33
- other..... 34

<b>- Without a professional activity</b>	
i.e. : - looking after the home.....	41
- student (full time) .....	42
- retired .....	43
- seeking a job.....	44
- other.....	45
<b>- [Refusal].....</b>	<b>99</b>

**D6. Would you say you live in a ...?**

- metropolitan zone.....	1
- other town/urban centre.....	2
- rural zone.....	3
- [Refusal] .....	9

**Q1. If you wanted to have information about illicit drugs and drug use in general, who would you turn to? Please choose up to three.**

[READ OUT - ROTATE-RECORD THREE ANSWERS]

- A friend .....	01
- Parents/ relatives .....	02
- Someone at school or at work .....	03
- A doctor, a nurse or another health professional.....	04
- A social/ youth worker .....	05
- A specialised drug counsellor/ centre.....	06
- The police.....	07
- A telephone helpline.....	08
- The Internet (websites or chats) .....	09
- Mass media (newspapers, magazines, TV, radio) .....	10
- [Others].....	11
- [Does not want to have more info] .....	12
- [It depends].....	13
- [None of these] .....	14
- [DK/NA].....	99

**Q2. Through which channels – if any - have you been informed over the past year about the effects and risks of the use of illicit drugs? Please choose up to three.**

[READ OUT - ROTATE-RECORD THREE ANSWERS]

- Through a school prevention programme.....	01
- From friends .....	02
- From parents/ relatives .....	03
- Through media campaign(s).....	04
- From the police.....	05
- Found it on the Internet (websites or chats) .....	06
- From a drug and/or alcohol telephone helpline.....	07
- [I have not been informed at all] .....	08
- [Other] .....	09
- [DK/NA].....	99

**Q3. What do you think are the three most effective ways for public authorities to reduce drugs problems?**

[READ OUT - ROTATE-RECORD THREE ANSWERS]

- Information and prevention campaigns ..... 1
- Treatment and rehabilitation of drug users ..... 2
- Tough measures against drug dealers and traffickers ..... 3
- Making drugs legal ..... 4
- Reduction of poverty/ unemployment ..... 5
- Tough measures against drug users ..... 6
- More leisure opportunities ..... 7
- [DK/NA] ..... 9

**Q4. To what extent do you think the following substances may pose a risk to a person's health?**

[READ OUT - ONE ANSWER PER LINE]

- High risk ..... 1
  - Medium risk ..... 2
  - Low risk ..... 3
  - No risk ..... 4
  - [DK/NA] ..... 9
- 
- A. Use cannabis once or twice ..... 1 2 3 4 5 9
  - B. Use cannabis regularly ..... 1 2 3 4 5 9
  - C. Use ecstasy once or twice ..... 1 2 3 4 5 9
  - D. Use ecstasy regularly ..... 1 2 3 4 5 9
  - E. Drink alcohol once or twice ..... 1 2 3 4 5 9
  - F. Drink alcohol regularly ..... 1 2 3 4 5 9
  - G. Use cocaine once or twice ..... 1 2 3 4 5 9
  - H. Use cocaine regularly ..... 1 2 3 4 5 9

**Q5. In certain countries some new substances that imitate the effects of illicit drugs are being sold as legal substances in the form of – for example - powders, tablets/pills or herbs. Have you ever used such substances?**

- No, I never used such substances ..... 1 → GO TO Q7
- Yes, I have used such substances ..... 2
- [DK/NA] ..... 9 → GO TO Q7

**Q6. Where were you offered such substances?**

[READ OUT - SEVERAL ANSWERS POSSIBLE]

- I was offered such substances by a friend ..... 1
- I bought such substances in a specialised shop ..... 2
- I was offered such substances during a party or in a club ..... 3
- I bought such substances over the internet ..... 4
- [Other] ..... 5
- [DK/NA] ..... 9

**Q7. The sale of drugs such as cannabis, cocaine, ecstasy and heroin is officially banned in all EU Member States. The sale of legal substances such as alcohol and tobacco is not prohibited but is regulated in all EU countries. Do you think the following substances should (continue to) be banned or should they be regulated?**

*Examples of regulation are: minimum age limits for buying, limits in the concentration of active components such as nicotine, licensed sales through specialised shops and pharmacies.*

[READ OUT - ONE ANSWER PER LINE]

- Should (Continue to) be banned.....1
- Should be regulated .....2
- [Should be available without restrictions].....3
- [Other].....4
- [DK/NA] .....9

- A. Cannabis..... 1 2 3 4 9
- B. Tobacco ..... 1 2 3 4 9
- C. Ecstasy..... 1 2 3 4 9
- D. Heroin..... 1 2 3 4 9
- E. Alcohol ..... 1 2 3 4 9
- F. Cocaine ..... 1 2 3 4 9

**Q8. What would be an appropriate way to handle new substances that imitate the effects of illicit drugs and that are sold as legal substances?**

[READ OUT - ONLY ONE ANSWER POSSIBLE]

- Regulate..... 1
- Ban them only if they pose a risk to health .....2
- Ban them under any circumstance.....3
- Do nothing.....4
- [Other] .....5
- [DK/NA].....9

**Q9. How difficult or easy do you think it would be for you personally to obtain the following substances within 24 hours if you wanted some?**

[READ OUT-ONE ANSWER PER LINE]

- Impossible .....1
- Very difficult.....2
- Fairly difficult .....3
- Fairly easy .....4
- Very easy .....5
- [DK/NA] .....9

- A. Cannabis..... 1 2 3 4 5 9
- B. Alcohol ..... 1 2 3 4 5 9
- C. Cocaine..... 1 2 3 4 5 9
- D. Ecstasy..... 1 2 3 4 5 9
- E. Tobacco ..... 1 2 3 4 5 9
- F. Heroin ..... 1 2 3 4 5 9

**Q10. Have you used cannabis yourself?**

[READ OUT 1 TO 5 - ONLY ONE ANSWER POSSIBLE]

- No, I have never used ..... 1
- Yes, in the last 30 days ..... 2
- Yes, in the last 12 months ..... 3
- Yes, but more than 12 months ago ..... 4
- You don't want to answer ..... 5
- [DK/NA]..... 9