# ORIGINAL PAPER EPEYNHTIKH EPΓAΣIA

# Smoking, alcohol, and drug use among adolescents in Greece – 2015 update and secular trends 1984–2015

OBJECTIVE This study depicts the current situation (2015) and 30-year trends (1984–2015) in smoking, alcohol, and drug use among 16 year-old high school pupils in Greece. METHOD The data are derived from the "Greek Nationwide School Population Survey on Substance Use and other Addictive Behaviours", a cross-sectional survey conducted quadrennially on representative samples of high-school pupils. Logistic regression analysis was used to assess recent and long-term trends (linear and quadratic) over the 30-year period 1984–2015. RESULTS In 2015, 39.2% of 16 year-old high school pupils nationwide had smoked conventional cigarettes at least once in their lifetime. About 11.1% and 2.9% were regular and heavy smokers, respectively, with a higher proportion among males than females. In addition, 19.1% reported experimentation with e-cigarettes, mostly males and smokers of conventional cigarettes. About 66.2% had consumed alcohol in the past month, 7.6% 10 times or more, nearly twice as many boys as girls. Heavy episodic drinking in the past month was reported by 38.3% of the sample, in a higher proportion by males, and 27.6% reported drunkenness in the past 12 months. About 10.6% had tried an illicit drug, half (5.8%) at least 3 times. A higher proportion of males than females reported use of "any illicit drug". Cannabis was the most commonly used drug (9.1%), with almost half of "ever" cannabis users (4.1%) reporting use within the past month, and 2.5% reported use of "new psychoactive substances" (including synthetic cannabinoids). The lifetime prevalence of use of any of the other illicit drugs did not exceed 2.0%. Short-term trends suggest a decrease in smoking and in current and frequent alcohol consumption in 2015 compared with 2011 or 2007. A decrease was also observed in heavy episodic drinking, but only between 2011 and 2015 and only in males. No significant change was observed in lifetime use of "any illicit drug" or cannabis in the period 2007-2015. The 30-year trends (1984-2015) suggest a decrease in lifetime and current smoking, similar between genders, and a decrease in heavy smoking after 1999 in females and 2003 in males, and in regular smoking after 1999 in males. A linear decrease was also observed in alcohol use, with decreases in frequent alcohol use and heavy episodic drinking observed after 2011. Following linear increases between 1984 and 1999, the rates of illicit drug use levelled off from 2003 onwards. CONCLUSIONS Despite recent decreases in substance use among 16 year-olds in Greece, interventions need to be sustained and focus more towards preventing heavy episodic drinking and the use of novel substances, such as e-cigarettes and "new psychoactive drugs".

ARCHIVES OF HELLENIC MEDICINE 2016, 33(2):249–257 APXEIA EAAHNIKH∑ IATPIKH∑ 2016, 33(2):249–257

A. Kokkevi,1

A. Fotiou,<sup>1</sup>

E. Kanavou,1

M. Stavrou,1

C. Richardson<sup>2</sup>

<sup>1</sup>University Mental Health Research Institute (UMHRI), Athens <sup>2</sup>Panteion University of Social and Political Sciences, Athens, Greece

Κάπνισμα, οινοπνευματώδη ποτά και χρήση ουσιών σε εφήβους στην Ελλάδα – Πρόσφατα στοιχεία (2015) και διαχρονικές τάσεις (1984–2015)

Περίληψη στο τέλος του άρθρου

#### **Key words**

Adolescents Alcohol Greece Illicit drugs Smoking

> Submitted 16.12.2015 Accepted 21.1.2016

Substance use is typically initiated during adolescence. <sup>1-4</sup> Monitoring the prevalence of the use of cigarettes, alcohol and other psychoactive substances among adolescents is important for public health. Substance use in adolescents is associated with negative health and psy-

chosocial outcomes. Adolescent smokers are more likely to be less physically fit and to experience more respiratory symptoms and overall weakened physical health compared with non-smokers.<sup>4,5</sup> Experimentation with cigarettes can lead to addiction to tobacco in adolescence.<sup>6</sup> Adolescent

250 A. KOKKEVI et al

drinking and the use of other psychoactive substances are documented to be associated with impaired judgment, injuries, disruptive behaviour, motor vehicle accidents and high risk sexual practices. <sup>7-9</sup> Longitudinal studies suggest correlation between adolescent substance use and poor academic performance, psychological distress, suicidal ideation and behaviour, mood, anxiety and antisocial personality disorders, reproductive morbidity, hypertension and stroke, liver damage and disease and other medical and psychosocial complications later in adulthood. <sup>4,10,11</sup>

In Greece, national estimates and patterns of substance use in the school-age population are being documented by the "Greek Nationwide School Population Survey on Substance Use and other Addictive Behaviours", a series of 7 cross-sectional surveys of representative samples of high-school pupils conducted over 30 years. The study was initiated by the Department of Psychiatry of the Athens University Medical School in 1984<sup>12</sup> and subsequently –from 1993 onwards – has been carried out by the University Mental Health Research Institute (UMHRI). Since 1999, the survey has constituted the Greek arm of the European School Project on Alcohol and other Drugs (ESPAD).

This paper presents the most recent data elicited from 3,202 16 year-old pupils in 2015, and derives trends from the 30-year period 1984–2015 based on a total of 21,108 pupils of that age.

#### **MATERIAL AND METHOD**

The data collection protocols were similar for all the surveys (1984, 1993, 1999, 2003, 2007, 2011, and 2015), using a nationwide stratified clustered probability sampling design. Stratification took into account geographical regions (NUTS II), private/public school status, and comprehensive/vocational school type. Random samples of school classes were drawn with equal probabilities from the Ministry of Education list of public schools. The school-level response rate was usually above 90% (95% in 2015). All pupils in the selected classes were invited to complete the survey, but participation was voluntary.

The data presented here were collected in the period February–April of each survey year (with the exception of 1993 when data collection took place in October–December). Grade 10 high school pupils (mean age 15.7 years) completed an anonymous questionnaire, group-administered by trained research assistants during a regular class period. The questionnaire includes comparable questions designed to measure tobacco smoking, alcohol use (including heavy episodic drinking and drunkeness), use of licit and illicit substances (including "new psychoactive substances", which pose health risks comparable to those of other controlled substances), pathological internet use, gaming, gambling, psychosocial health and risks associated with delinquent behaviour. For

further details of the survey design, and the questionnaire used in the international study, see www.espad.org.

#### Statistical analysis

For the purposes of this paper, the prevalence of tobacco smoking, alcohol, and other substance use in each survey was estimated overall and separately for males and females (see tables 1-3 for the indicators used in the analysis). Logistic regression was used to compare the prevalence rates between males and females in the 2015 survey, and to compare the prevalence rates in the total sample and in both genders between the most recent survey (2015) and previous surveys, with year as a categorical variable. To identify possible trends in the changes in the proportions across survey years, linear and quadratic orthogonal coding was used for year treated as a numerical variable. Linear trends indicate a statistically significant (p<0.01) steady increase or decrease. Significant quadratic terms indicate nonlinear trends in the data over time (such as a change in direction or levelling-off). If a significant quadratic trend was met, the time-point of change or levelling off was investigated using Joinpoint 4.2.0.2. 13,14 All analyses took into account case weights, stratified sampling and cluster effect for school classes via the Complex Samples add-on of the Statistical Package for Social Sciences (IBM SPSS), v. 20.0 (IBM Corporation, Armonk, NY).

#### **RESULTS**

### **Smoking**

In 2015, 39.2% of 16 year-old high school pupils nation-wide had tried smoking at least once (tab. 1), in a similar proportion for males and females (p=0.074). Roughly half of "ever" smokers (18.9%) had smoked in the past 30 days, males (20.9%) in a higher proportion than females (16.9%) (p=0.020). In 2015, 11.1% and 2.9% of 16 year-olds were regular and heavy smokers, respectively. Males were more likely than females to smoke regularly (p<0.001) and to smoke  $\geq$ 11 cigarettes per day (p=0.004). In 2015, 19.1% of 16 year-old pupils reported experimentation with e-cigarettes, with the vast majority of the experimenters being males (26.3% vs 12.0% among females, p<0.001) and smokers of conventional cigarettes (not shown in table).

*Short-term trends:* Lower proportions of 16 year-olds reported smoking conventional cigarettes in 2015 than in 2011 or 2007. The decreases were significantly for lifetime, and heavy smoking (Table 1).

Long-term trends: A significant linear trend in lifetime and recent smoking indicates a decrease over time, similar between genders. Quadratic trends over the period 1984–2015 reflect the increased prevalence in regular and heavy smoking in the total sample and in males in 1999 and

**Table 1.** Trends in smoking behaviour among 16 year-old high school pupils in Greece, in the total sample and by gender. Proportions and 99% confidence intervals (CI), and results of logistic regression models (a) comparing 2015 with any other survey year, and (b) identifying linear and quadratic trends 1984–2015.

	19	1984	1	1993	_	1999	2003		2007	.,	2011	2015	2		
<b>-</b>	Z ā	All: 2,629 lales: 1,277 nales: 1,352	All: Males Female	All: 2,617 Males: 1,205 Females: 1,412	All: Mal Femal	All: 2,205 Males: 924 Females: 1,281	All: 1,906 Males: 886 Females: 1,020	 	All: 2,637 Males: 1,240 Females: 1,397	All Mak Fema	All: 5,912 Males: 2,927 Females: 2,985	All: 3,202 Males: 1,576 Females: 1,626	202 1,576 :1,626	1984–2015¹	20151
	%	ID %66	%	ID %66	%	ID %66	ID %66 %	%	ID %66	%	ID %66	66	ID %66	Linear Q β	Quadratic $\beta$
All															
Lifetime smoking²	68.7***† (1	68.7***† (65.6, 71.7)	47.3***	47.3*** (43.5, 51.1)	59.1***	(55.6, 62.4)	50.3*** (46.4, 54.1)		45.7*** (42.3, 49.2)	45.2***	45.2*** (42.7, 47.8)	39.2 (35.	(35.8, 42.7)	-0.789	0.112
Current smoking³	42.0*** (;	42.0*** (38.3, 45.9)	23.5***	23.5*** (20.7, 26.5)	35.2***	(31.4, 39.1)	28.5*** (25.0, 32.4)	4) 22.2*	(19.2, 25.6)	21.4	(19.2, 23.8)	18.9 (16.	(16.3, 21.8)	-0.817	0.074
Regular smoking⁴	14.6* (1	(12.2, 17.3)	*9.8	(6.8, 10.8)	23.4**	(20.1, 27.0)	19.2*** (16.3, 22.5)	5) 13.4	(11.2, 16.0)	13.5	(11.6, 15.6)	11.1 (9.0	(9.0, 13.7)	-0.165	-0.487
Heavy smoking <sup>5</sup>	3.1	(2.3, 4.3)	1.9	(1.2, 2.9)	10.5**	(8.4, 12.9)	9.3*** (7.4, 11.7)	,) 6.5***	(5.1, 8.2)	*0.4	(3.3, 5.0)	2.9 (2.	(2.0, 4.1)	-0.060	-1.422
Males															
Lifetime smoking²	70.0*** ((	70.0*** (65.6, 74.1)	47.8**	47.8** (43.5, 52.2)	29.0***	(54.2, 63.7)	48.8** (43.9, 53.6)	5) 47.0*	(42.4, 51.6)	47.0*	(43.3, 50.7)	41.2 (36.	(36.6, 46.0)	-0.744	0.195
Current smoking³	42.5*** (;	42.5*** (37.6, 47.6)	22.7	(18.9, 27.1)	34.1***	(29.2, 39.3)	26.8* (22.3, 31.8)	8) 23.7	(19.7, 28.3)	22.2	(19.0, 25.8)	20.9 (17.	(17.3, 25.1)	-0.707	0.190
Regular smoking⁴	18.3* (1	(15.0, 22.1)	*6.9	(7.3, 13.4)	23.5**	(19.5, 28.0)	18.4* (14.7, 22.8)	8) 15.6	(12.4, 19.6)	14.5	(11.8, 17.6)	13.7 (10.	(10.5, 17.7)	-0.182	-0.207
Heavy smoking <sup>5</sup>	4.2	(2.8, 6.2)	2.7	(1.6, 4.6)	12.5**	(9.3, 16.5)	10.9*** (8.2, 14.3)		8.6*** (6.2, 11.9)	5.1	(3.9, 6.6)	3.9 (2.	(2.7, 5.5)	-0.043	-1.263
Females															
Lifetime smoking²	67.5*** (1	67.5*** (63.6, 71.1)	46.9**	46.9*** (41.6, 52.2)	59.1***	(54.7, 63.3)	51.6*** (46.1, 57.0)		44.6** (40.2, 49.2)	43.6**	43.6** (40.3, 46.9)	37.2 (32.	(32.9, 41.7)	-0.835	0.031
Current smoking³	41.6*** (;	41.6*** (37.3, 46.0)	24.2**	24.2*** (20.4, 28.4)	35.9***	(31.3, 40.8)	30.1*** (25.1, 35.6)	5) 20.9*	(17.4, 24.9)	20.6*	(17.9, 23.7)	16.9 (13.	(13.8, 20.5)	-0.927	-0.039
Regular smoking⁴	11.1	(8.8, 14.1)	7.4	(5.3, 10.3)	23.3**	(19.2, 27.9)	19.9*** (16.0, 24.5)	5) 11.5*	(9.0, 14.5)	12.5**	(10.4, 15.0)	8.6 (6.5	(6.5, 11.3)	-0.156	-0.824
Heavy smoking <sup>5</sup> 2.1	2.1	(1.2, 3.7)	1.2	(1.2, 3.7) 1.2 (0.6, 2.3)		(6.8, 11.8)	9.0*** (6.8, 11.8) 8.0*** (5.7, 11.1) 4.6*** (3.3, 6.4) 3.0 (2.1, 4.3) 1.9 (1.0, 3.5) -0.141 -1.737	4.6***	(3.3, 6.4)	3.0	(2.1, 4.3)	1.9 (1.	(1.0, 3.5)	-0.141	-1.737

Notes: (1) Orthogonal contrasts. "Survey year" as continuous variable. (2) Smoked at least one cigarette in their lifetime. (3) Smoked at least one cigarette per day. (5) Smoke at least one cigarette per day. (5) Smoke at least one cigarette per day. Boldface indicate significant linear or quadratic trends (p<0.0.1) across all available years +All p values for the variable "survey year", p<0.001, \*\*\*p<0.001, \*\*p<0.01, \*p<0.1 compared to 2015 ("survey year" as categorical variable)

**Table 2.** Trends in alcohol use among 16 year-old high school pupils in Greece, in the total sample and by gender. Proportions and 99% confidence intervals (CI), and results of logistic regression models (a) comparing 2015 with any other survey year and (b) identifying linear and quadratic trends 1984–2015.

		1001		1000	,	0001	-	2000	•	7000		2011	3000		
		704		282		666		2002		7007	1		CIOZ		
c		All: 2,629 Males: 1,277 Females: 1,352	Mal Fema	All: 2,617 Males: 1,205 Females: 1,412	A Mg	All: 2,205 Males: 924 Females: 1,281	A M Femi	All: 1,906 Males: 886 Females: 1,020	All Mak Fema	All: 2,637 Males: 1,240 Females: 1,397	All Male Femal	AII: 5,912 Males: 2,927 Females: 2,985	All: 3,202 Males: 1,576 Females: 1,626	1984	1984–2015¹
	%	ID %66	%	ID %66	%	ID %66	%	ID %66	%	ID %66	%	ID %66	ID %66 %	Linear β	Quadratic $eta$
AII															
Current alcohol use²	82.2***†	82.2***† (80.0, 84.2)	74.1**	74.1*** (71.4, 76.7)	76.8**	76.8*** (73.9, 79.4)	74.8***	74.8*** (71.6, 77.8)	70.7**	(67.5, 73.6)	71.7**	71.7*** (69.2, 74.0)	66.2 (63.2, 69.1)	-0.554	0.025
Frequent alcohol use³	13.7***	(11.8, 15.9)	12.2**	12.2*** (10.5, 14.2)	13.8**	(11.6, 16.3)	13.3***	(11.1, 15.8)	11.4**	(9.5, 13.6)	12.1**	12.1*** (10.6, 13.9)	7.6 (6.1, 9.4)	-0.349	-0.263
Heavy episodic 34.6* drinking⁴	34.6*	(31.7, 37.6)	33.3**	(30.4, 36.2)	30.9***	(27.5, 34.5)	38.9	(35.4, 42.5)	40.6	(37.3, 44.1)	44.6**	44.6*** (41.9, 47.3)	38.3 (34.9, 41.9)	0.391	-0.065
Recent drunkenness <sup>5</sup>	NA	NA	33.5**	33.5*** (30.4, 36.8)	41.5***	41.5*** (37.7, 45.4)	35.6***	35.6*** (32.2, 39.2)	26.2	(23.5, 29.1)	29.8	(27.8, 32.0)	27.6 (24.9, 30.6)	-0.378	-0.051
Males															
Current alcohol use²	84.8**	(81.8, 87.5)	79.5**	79.5*** (76.2, 82.5)	82.0***	(77.9, 85.6)	78.1***	(73.8, 81.8)	75.7**	75.7*** (71.8, 79.2)	75.7**	75.7*** (72.8, 78.5)	67.6 (64.0, 71.1)	-0.674	-0.127
Frequent alcohol use³	17.4**	(14.3, 20.9)	16.8**	16.8*** (14.1, 20.1)	18.9**	(15.5, 23.0)	17.7***	17.7*** (14.0, 22.0)	15.6**	15.6*** (12.7, 19.0)	17.1**	17.1*** (14.6, 19.9)	9.6 (7.4, 12.3)	-0.332	-0.365
Heavy episodic drinking <sup>4</sup>	40.3	(36.2, 44.5)	39.1	(35.3, 43.1)	40.9	(36.0, 45.9)	45.2	(40.4, 50.1)	50.2**	(45.7, 54.8)	52.1***	52.1*** (48.5, 55.6)	43.3 (38.7, 47.9)	0.374	-0.216
Recent drunkenness⁵	NA	Ν	33.8*	(30.1, 37.7)	44.5***	44.5*** (39.4, 49.8)	36.0***	36.0*** (31.3, 41.1)	27.5	(23.7, 31.5)	31.8*	(28.9, 34.9)	27.7 (24.1,31.5)	-0.370	-0.108
Females															
Current alcohol use²	79.7***	(76.7, 82.5)	*5.69	(65.8, 73.0)	72.9***	72.9*** (69.2, 76.4)	71.9**	(67.3, 76.1)	66.2	(62.2, 70.1)	67.7	(64.1, 71.1)	64.9 (60.9, 68.6)	-0.487	0.120
Frequent alcohol use³	10.2**	(8.4, 12.3)	*C.3	(6.6, 10.4)	10.1**	(7.7, 13.1)	9.5**	(7.0, 12.6)	7.7	(5.8, 10.2)	7.3	(5.9, 9.1)	5.6 (4.1, 7.7)	-0.455	-0.194
Heavy episodic drinking⁴	29.1*	(25.9, 32.7)	28.3*	(24.9, 31.9)	23.7***	23.7*** (20.1, 27.8)	33.4	(29.1, 38.0)	32.1	(28.1, 36.5)	37.2	(33.8, 40.8)	33.5 (29.4, 37.9)	0.386	0.042
Recent drunkenness <sup>5</sup>	NA	NA	33.3*	(29.1, 37.8)	39.3**	39.3*** (34.9, 43.9)	35.2***	35.2*** (31.0, 39.8)	25.1	(21.9, 28.6)	28.0	(25.0, 31.1)	27.6 (23.9, 31.7)	-0.393	-0.002

Notes: (1) Orthogonal contrasts. "Survey year" as continuous variable. (2) Consumed alcohol in the past 30 days. (3) Consumed alcohol at least 10 times in the past 30 days. (4) Consumed at least 5 drinks in a row on a single occasion in the past 30 days. (5) Drunkenness at least once in the past 12 months. Boldface indicate significant linear or quadratic trends (p<0.01) across all available years 12 days. (5) Drunkenness at least once in the past 12 months. Boldface indicate significant linear or quadratic trends (p<0.01) across all available years 12 days. (4) Consumed at 12 months. Boldface indicate indicate at 12 months. Boldface indicate indicate at 12 months. Boldface indicate indicate in the past 30 days. (4) Consumed at least 5 drinks in a row on a single. Survey year, "Survey year," p<0.001, \*\*\* p<0.001, \*\* p<0.001, \*\*\* p<0.001, \*\*\* p<0.001, \*\*\* p<0.001, \*\*\* p<0.001, \*\* p<0.001

**Table 3.** Trends in the use of illicit drugs among 16 year-old high school pupils in Greece, in the total sample and by gender. Proportions and 99% confidence intervals (CI), and results of logistic regression models (a) comparing 2015 with any other survey year and (b) identifying linear and quadratic trends 1984–2015.

		1984	1	1993		1999	2	2003		2007		2011		2015		
c		All: 2,629 Males: 1,277 Females: 1,352	All: Male: Femal	All: 2,617 Males: 1,205 Females: 1,412	Al Ma Fema	All: 2, 205 Males: 924 Females: 1, 281	All: Mal	All: 1,906 Males: 886 Females: 1,020	Mal Fem	All: 2,637 Males: 1,240 Females: 1,397	Mal Fema	All: 5,912 Males: 2,927 Females: 2,985	Ma Fem	All: 3,202 Males: 1,576 Females: 1,626	1984	1984–2015¹
	%	ID %66	%	ID %66	%	ID %66	%	ID %66	%	ID %66	%	ID %66	%	ID %66	Linear β	Quadratic $eta$
All																
Any illicit (lifetime) <sup>2</sup>	**6.9	6.9***† (5.6, 8.4)	6.2***	(5.0, 7.6)	9.6	(7.7, 11.9)	6.4***	(5.0, 8.3)	9.5	(7.7, 11.8)	10.8	(9.3, 12.6)	10.6	(8.7, 12.9)	0.530	-0.013
Any illicit (≥3 times)³	3.1	* (2.4, 3.9)	2.6***	(1.9, 3.6)	6.3	(4.8, 8.2)	*1.4	(3.0, 5.6)	5.2	(4.0, 6.8)	5.9	(4.8, 7.3)	5.8	(4.3, 7.9)	0.660	-0.229
Cannabis (lifetime) <sup>4</sup>	2.4***	* (1.7, 3.2)	2.5***	(1.8, 3.5)	8.5	(6.8, 10.4)	5.7***	(4.3, 7.5)	7.1	(5.5, 9.1)	8.3	(6.9, 10.0)	9.1	(7.2, 11.4)	1.160	-0.403
Cannabis (≥3 times)⁵	***8.0	* (0.4, 1.3)	0.7***	(0.4, 1.3)	5.4	(4.0, 7.2)	3.3	(2.3, 4.6)	3.2	(2.3, 4.5)	3.9	(2.9, 5.2)	4.6	(3.1, 6.6)	1.253	-0.634
Cannabis (recent) <sup>6</sup>	1.6***	* (1.1, 2.4)	1.9**	(1.4, 2.7)	7.0	(5.5, 9.0)	4.5**	(3.3, 6.1)	5.8	(4.3, 7.7)	6.7	(5.5, 8.2)	7.4	(5.7, 9.6)	1.230	-0.450
Cannabis (current) <sup>7</sup>	***8.0	* (0.4, 1.3)	***6.0	(0.5, 1.4)	4.3	(3.1, 5.8)	2.4*	(1.7, 3.6)	3.3	(2.3, 4.7)	3.9	(2.9, 5.2)	4.1	(2.8, 6.0)	1.348	-0.568
Males																
Any illicit (lifetime) <sup>2</sup>	7.0***	* (5.2, 9.2)	7.1***	(5.5, 9.3)	13.0	(10.0, 16.8)	7.9**	(5.7, 10.8)	15.2	(12.4, 18.5)	14.9	(12.3, 18.0)	14.8	(11.8, 18.3)	0.834	-0.204
Any illicit (≥3 times)³			3.0***		9.2	(6.7, 12.6)	5.4*	(3.7, 7.8)	8.6	(6.5, 11.3)	8.4	(6.6, 10.7)	8.3	(6.0, 11.5)	0.964	-0.457
Cannabis (lifetime)⁴	2.4**	* (1.5, 3.7)	2.8**	(1.8, 4.3)	11.1	(8.4, 14.6)	***8'9	(4.8, 9.6)	11.4	(8.9, 14.4)	11.6	(9.1, 14.6)	12.4	(9.5, 16.1)	1.490	-0.575
Cannabis (≥3 times)⁵	****	* (0.3, 1.8)	0.7***	(0.3, 1.6)	7.8	(5.5, 11.0)	4.2	(2.7, 6.5)	5.3	(3.7, 7.7)	5.7	(4.0, 8.0)	6.4	(4.2, 9.6)	1.572	-0.827
Cannabis (recent) <sup>6</sup>	1.7***	* (0.9, 3.0)	2.2***	(1.3, 3.6)	9.5	(6.9, 13.0)	2.6**	(3.8, 8.2)	9.3	(7.1, 12.2)	9.3	(7.2, 11.8)	10.2	(7.6, 13.6)	1.510	-0.623
Cannabis (current) <sup>7</sup>	***6:0	* (0.4, 1.9)	***6.0	(0.4, 1.9)	7.0	(4.8, 10.1)	2.5**	(1.4, 4.5)	5.7	(4.0, 8.0)	5.6	(4.1, 7.6)	5.9	(3.9, 8.8)	1.515	-0.710
Females																
Any illicit (lifetime) <sup>2</sup>	6.7	(5.1, 8.8)	5.3	(3.9, 7.2)	7.1	(5.3, 9.5)	5.3	(3.6, 7.6)	4.5	(3.1, 6.6)	6.9	(5.4, 8.9)	9.9	(4.7, 9.0)	0.052	0.185
Any illicit (≥3 times)³	3.1	(2.2, 4.4)	2.2	(1.5, 3.4)	4.1	(2.7, 6.2)	3.1	(1.8, 5.0)	2.3	(1.4, 3.7)	3.5	(2.5, 5.0)	3.4	(2.1, 5.5)	0.140	0.039
Cannabis (lifetime)⁴	2.4**	* (1.5, 3.8)	2.3***	(1.5, 3.6)	9.9	(4.9, 8.8)	4.8	(3.3, 7.0)	3.3*	(2.1, 5.2)	5.1	(3.8, 6.9)	5.8	(4.1, 8.3)	0.648	-0.235
Cannabis (≥3 times)⁵	***8.0	* (0.4, 1.7)	0.8***	(0.4, 1.7)	3.7	(2.4, 5.6)	2.5	(1.4, 4.3)	1.4	(0.7, 2.6)	2.1	(1.3, 3.4)	2.8	(1.6, 4.7)	0.688	-0.416
Cannabis (recent) <sup>6</sup>	1.6***	* (1.0, 2.8)	1.7***	(1.0, 2.8)	5.3	(3.7, 7.5)	3.5	(2.2, 5.5)	2.7*	(1.5, 4.5)	4.3	(3.1, 5.9)	4.7	(3.2, 6.9)	0.772	-0.259
Cannabis (current) <sup>7</sup>	****	* (0.3, 1.5)	**8:0	(0.4, 1.6)	2.3	(1.4, 3.8)	2.4	(1.4, 4.0)	1.2*	(0.6, 2.4)	2.3	(1.5, 3.6)	2.4	(1.4, 4.1)	0.977	-0.379
Notes: (1) Orthogonal contrasts. "Survey year" as continuous variable. (2) U	contrasts."	'Survey year" as	continuous	variable. (2) Us	ed any of	the following c	irugs at lea	st once in life	time (can	nabis, amphetar	mines, me	thamphetamii	nes, cocai	sed any of the following drugs at least once in lifetime (cannabis, amphetamines, methamphetamines, cocaine, crack, Ecstasy, LSD, heroin, ketamine, GHB	, LSD, heroin,	ketamine, GHB

or "magic mushrooms"). (3) Used any of the abovementioned drugs at least three times in lifetime. (4) Used cannabis at least once in the past 30 days. Boldface indicate significant linear or quadratic trends (p<0.01) across all available years

12 months. (7) Used cannabis at least once in the past 30 days. Boldface indicate significant linear or quadratic trends (p<0.01) across all available years

14 points (7) Used cannabis at least once in the past 30 days. Boldface indicate significant linear or quadratic trends (p<0.01) across all available years

15 points (5) Used cannabis at least three times in fifetime and 23 times in lifetime and 23 times in lifetime and 23 times in lifetime and 20 times in lifetime

254 A. KOKKEVI et al

2003, and in heavy smoking in females in 1999, followed by decreases in both categories (tab. 1).

#### Alcohol

In 2015, 66.2% of 16 year-old pupils nationwide had consumed alcohol at least once in the past 30 days (tab. 2), males and females in similar proportions (p=0.12). Almost twice as many boys as girls reported consuming alcohol 10 times or more in the past 30 days (p=0.001). Most 16 yearolds had drunk beer the last time they consumed alcohol (49.1%), boys (58.0%) in a significantly higher proportion than girls (40.4%, p<0.001), followed by wine (43.8%) and spirits such as whisky, vodka, tequila, rum, etc. (40.0%, not shown in table). About 28.1% reported consumption of alcopops, boys and girls in similar proportions. At least one occasion of heavy episodic (binge) drinking (i.e., at least 5 drinks in a row on a single occasion in the past 30 days) was reported by 38.3% of the sample, in a higher proportion by males than females (p<0.001). At least one recent (i.e. in the past 12 months) episode of drunkenness was reported by 27.6% of the 16 year-olds, in a similar proportion in both genders (p=0.52).

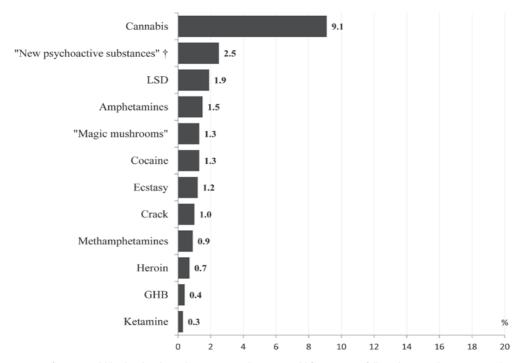
Short-term trends: Significantly lower proportions of 16 year-olds reported recent and frequent alcohol consump-

tion in 2015 compared with 2011 or 2007 (especially in boys; all p<0.01). A decrease in heavy episodic drinking was observed only from 2011 to 2015, and only in males.

Long-term trends: Apart from heavy episodic drinking, which increased overall in the period 1984–2015, significant linear trends were observed in all the other alcohol indicators, suggesting a decrease in alcohol consumption in both genders. In addition, significant quadratic trends were observed in frequent alcohol use and heavy episodic drinking in males only, suggesting levelling off and an increase, respectively, up until 2011, followed by a decrease (tab. 2).

#### Illicit drugs

In 2015, 10.6% of 16 year-olds nationwide had tried an illicit drug at least once in their lifetime, half of whom had repeated their use at least 3 times (5.8%) (tab. 3). Cannabis was the most commonly used illicit drug (9.1%), with almost half of "ever" cannabis users reporting current use of the drug (i.e., within the past 30 days). About 2.5% reported lifetime use of "new psychoactive substances", mostly synthetic cannabinoids. The lifetime prevalence of any one of the other illicit drugs examined in the survey did not exceed 2% (fig. 1). Where differences were significant (p<0.05), higher proportions of males than females



**Figure 1.** Proportion of 16 year-old high school pupils in Greece who reported lifetime use of illicit drugs in the 2015 "Greek Nationwide School Population Survey on Substance Use and other Addictive Behaviours", by drug. (*Note:* †The drug category "new psychoactive substances" refers mainly to synthetic cannabinoids (e.g., "Head Trip", "Lemon Haze", "Pot Pourri", and "Spice") and cathinones (examples: Mephedrone, methylone, butylone, methylenedioxypyrovalerone [MDPV], and 4-methylethcathinone [4-MEC]).

reported lifetime use of Ecstasy, amphetamines, cocaine, crack, LSD, and magic mushrooms.

Short-term trends: No significant changes were observed in the proportion of 16 year-olds reporting lifetime use of "any illicit drug" or of cannabis alone from 2007 or 2011 to 2015.

Long-term trends: Significant linear trends were observed in all drug use behaviours examined here, in both genders (although, in the case of girls only in cannabis), with increases over the period 1984–2015. Significant quadratic trends in most drug use behaviours (especially in boys) suggest increases up until 1999, followed by levelling-off (tab. 3).

#### **DISCUSSION**

Conducted by UMHRI almost quadrennially since 1984, the "Greek Nationwide School Population Survey on Substance Use and other Addictive Behaviours" is among the few studies in Europe monitoring substance use behaviour in adolescents. The study uses consistent methodology and large-scale nationally representative samples which ensure accurate measurement of relatively infrequent behaviours such as heavy episodic drinking, heavy smoking and the use of illicit drugs, and reliable assessment of changes over time.

Based on the data from this survey, Greece appears to have undergone an overall decline in smoking and, especially among males, in alcohol consumption among 16 year-olds in recent years, while the rate of use of the most popular illicit drug, cannabis, has plateaued since 1999.

The trends in smoking, alcohol, and illicit drug use observed in Greece match the trends noted in many other countries during the past decade. <sup>15–17</sup> The international ESPAD report with the 2015 data had not been published at the time of writing of this report (end 2015). Based on the 2011 data, <sup>15</sup> the rates of smoking and of illicit drug use among 16 year-olds in Greece were below the European average, while those of alcohol use –with the exception of drunkenness– were higher than in most European countries.

Changes in trends and emerging patterns of substance use are affected by multiple factors.<sup>4,18</sup> In the case of adolescent smoking in particular, the decrease observed in Greece coincided with a decrease in smoking in the adult population, an increase in tobacco prices, a general lowering of income, restrictions in tobacco-related advertising and intensification of health promotion, targeting both the schools and the general population.<sup>19,20</sup>

Special attention should be given to the fact that almost 3% of adolescents reported use of "new psychoactive substances" (mostly synthetic cannabinoids) – a pattern of drug use that concerns an increasing number of countries worldwide.<sup>21</sup> Novel practices also characterise smoking behaviour in adolescents in Greece, as both the present and previous studies<sup>22</sup> revealed that a substantial proportion of adolescent smokers experiment with e-cigarettes. This pattern of nicotine consumption poses additional health risks for adolescent users.<sup>23</sup>

The data presented here should be viewed in the light of at least two limitations. First, the data are representative of 16 year-olds attending school, but not of all adolescents of this age. School drop-outs and retainers –a population which is more likely to smoke, drink, and use drugs<sup>24</sup>– were excluded from all the surveys. According to the 2014 Hellenic Statistical Authority data, school dropouts and retainers in Greece account for about 9% of the 16 year-old age cohort.<sup>25</sup> Second, although the surveys rely on best practice available for eliciting honest reporting,<sup>15</sup> possible misreporting of substance use behaviour cannot be ruled out.<sup>26</sup>

Despite these limitations, these data highlight the importance of continued monitoring of the trends of substance use in adolescents. Furthermore, they indicate the necessity of maintaining and further expanding control measures and health promotion interventions to curb the use of traditional substances while also planning interventions aimed at discouraging experimentation with novel tobacco products, such as e-cigarettes, and emerging uncontrolled psychoactive substances.

## **ACKNOWLEDGMENTS**

The authors gratefully acknowledge the support of OKANA and the contribution of the OKANA Local Prevention Centres and their personnel and collaborators, who managed the initial contact with schools and administered the questionnaires in many of the schools in the 1999, 2011 and 2015 surveys. The Greek Nationwide School Population Survey on Substance Use has been supported in the past by OKANA (2003, 2011, and 2015), The Alexander S. Onassis Public Benefit Foundation (2007) and The Stavros Niarchos Foundation (2007), the General Secretariat for Youth (1993), and the General Secretariat for Research and Technology (1984). The authors would like to thank all the schools and the pupils who took part in the studies for their cooperation.

256 A. KOKKEVI et al

#### ΠΕΡΙΛΗΨΗ

# Κάπνισμα, οινοπνευματώδη ποτά και χρήση παράνομων ουσιών σε εφήβους στην Ελλάδα – Πρόσφατα στοιχεία (2015) και διαχρονικές τάσεις (1984–2015)

Α. ΚΟΚΚΕΒΗ,¹ Α. ΦΩΤΙΟΥ,¹ Ε. ΚΑΝΑΒΟΥ,¹ Μ. ΣΤΑΥΡΟΥ,¹ C. RICHARDSON² ¹Ερευνητικό Πανεπιστημιακό Ινστιτούτο Ψυχικής Υγιεινής (ΕΠΙΨΥ), Αθήνα, ²Πάντειο Πανεπιστήμιο Κοινωνικών και Πολιτικών Επιστημών, Αθήνα

Αρχεία Ελληνικής Ιατρικής 2016, 33(2):249-257

ΣΚΟΠΟΣ Η παρούσα μελέτη περιγράφει την τρέχουσα κατάσταση (2015) και τις διαχρονικές τάσεις 30 ετών (1984– 2015) σχετικά με το κάπνισμα, την κατανάλωση οινοπνευματωδών και τη χρήση παράνομων ουσιών ("ναρκωτικών") από 16χρονους μαθητές στην Ελλάδα. **ΥΛΙΚΟ ΚΑΙ ΜΕΘΟΔΟΣ** Τα στοιχεία προήλθαν από την «Πανελλήνια Έρευνα για τη Χρήση Εξαρτησιογόνων Ουσιών και άλλες Εξαρτητικές Συμπεριφορές», μια συγχρονική έρευνα που διεξάγεται από το Ερευνητικό Πανεπιστημιακό Ινστιτούτο Ψυχικής Υγιεινής ανά τετραετία σε αντιπροσωπευτικό δείγμα μαθητών Λυκείου. Αναλύσεις λογιστικής παλινδρόμησης εφαρμόστηκαν για την αξιολόγηση πρόσφατων και διαχρονικών τάσεων (γραμμικές και τετραγωνικές) κατά τη διάρκεια μιας περιόδου 30 ετών (1984–2015). ΑΠΟΤΕΛΕΣΜΑΤΑ Το 2015, ποσοστό 39,2% των 16χρονων μαθητών στη χώρα είχαν καπνίσει τσιγάρο τουλάχιστον μία φορά σε όλη τους τη ζωή. Ποσοστό 11,1% και 2,9% κάπνιζαν καθημερινά και ήταν «βαρείς» καπνιστές, αντίστοιχα, σε υψηλότερο ποσοστό τα αγόρια απ' ό,τι τα κορίτσια. Το 19,1% ανέφερε πειραματισμό με το ηλεκτρονικό τσιγάρο, κυρίως τα αγόρια και οι 16χρονοι που κάπνιζαν τα κλασικά τσιγάρα. Τις 30 ημέρες πριν από τη διεξαγωγή της έρευνας, είχε καταναλώσει οινοπνευματώδη ποτά έστω και μία φορά ποσοστό 66,2% και δέκα ή περισσότερες φορές το 7,6%, σε σχεδόν διπλάσιο ποσοστό τα αγόρια συγκριτικά με τα κορίτσια. Τουλάχιστον ένα περιστατικό πολύ πρόσφατης υπερβολικής κατανάλωσης οινοπνευματωδών ποτών (τουλάχιστον 5 ποτά στη σειρά σε μία περίσταση) ανέφερε το 38,2% του δείγματος, σε υψηλότερο ποσοστό τα αγόρια απ' ό,τι τα κορίτσια. Το 27,6% ανέφερε τουλάχιστον ένα περιστατικό μέθης το τελευταίο έτος. Περίπου 10,6% είχαν δοκιμάσει στη ζωή τους κάποια παράνομη ουσία, οι μισοί από τους οποίους (5,8%) τουλάχιστον 3 φορές. Υψηλότερο ποσοστό αγοριών απ' ό,τι κοριτσιών ανέφεραν χρήση «οποιασδήποτε παράνομης ουσίας». Η κάνναβη ήταν η πιο συχνά αναφερόμενη ουσία (9,1%), με σχεδόν τους μισούς από όσους είχαν χρησιμοποιήσει κάνναβη (4,1%) να καταγράφουν χρήση της ουσίας κατά τον τελευταίο μήνα. Ποσοστό 2,5% ανέφερε χρήση «νέων ψυχοδραστικών ουσιών», κυρίως συνθετικών κανναβινοειδών. Η επικράτηση της χρήσης άλλων παράνομων ουσιών –εκτός κάνναβης και «νέων ψυχοδραστικών ουσιών»– δεν υπερέβαινε το 2% (χρήση έστω και μία φορά σε ολόκληρη τη ζωή). Διαχρονικές τάσεις καταδεικνύουν μείωση στο κάπνισμα (σε όλους τους σχετικούς δείκτες) και στην πρόσφατη κατανάλωση (τον τελευταίο μήνα) οινοπνευματωδών ποτών το 2015 σε σύγκριση με το 2011 και το 2007. Μειώσεις παρατηρήθηκαν και στην υπερβολική κατανάλωση οινοπνευματωδών ποτών αλλά μόνο το 2015 σε σχέση με το 2011, και μόνο στα αγόρια. Την τελευταία 8ετία, δεν καταγράφηκαν σημαντικές μεταβολές στη χρήση «οποιασδήποτε παράνομης ουσίας» ή κάνναβης. Διαχρονικές τάσεις 30 ετών (1984–2015) καταδεικνύουν γραμμικές μειώσεις στο κάπνισμα σε ολόκληρη τη ζωή και στο πρόσφατο κάπνισμα, παρόμοιες και στα δύο φύλα, και μειώσεις στο «βαρύ» κάπνισμα μετά το 1999 στα κορίτσια και το 2003 στα αγόρια, καθώς και στο καθημερινό κάπνισμα μετά το 1999 στα αγόρια. Μειώσεις καταγράφηκαν επίσης στην κατανάλωση οινοπνευματωδών ποτών, με τη μείωση στη συχνή και τη βαριά κατανάλωση να παρατηρείται από το 2011 και μετά. Από το 2003 και ύστερα, τα ποσοστά στη χρήση παράνομων ουσιών σταθεροποιήθηκαν, ακολουθώντας αυξήσεις έως και το 1999. ΣΥΜΠΕΡΑΣ-ΜΑΤΑ Παρά τις μειώσεις στη χρήση εξαρτησιογόνων ουσιών από τους 16χρονους στην Ελλάδα τα τελευταία χρόνια, οι παρεμβάσεις οφείλουν να συνεχιστούν. Ιδιαίτερη προσοχή πρέπει να δοθεί στην πρόληψη της υπερβολικής κατανάλωσης οινοπνευματωδών ποτών και των νέων προτύπων χρήσης, που περιλαμβάνουν το ηλεκτρονικό τσιγάρο και τις «νέες ψυχοδραστικές ουσίες».

**Λέξεις ευρετηρίου:** Ελλάδα, Έφηβοι μαθητές, Κάπνισμα, Οινοπνευματώδη ποτά, Παράνομες ουσίες

#### References

- DAVIDSON LL, GRIGORENKO EL, BOIVIN MJ, RAPA E, STEIN A. A focus on adolescence to reduce neurological, mental health and substance-use disability. *Nature* 2015, 527:S161–S166
- 2. KOKKEVI A, FOTIOU A, KITSOS G. Substance use by adolescent students in Greece: Findings from the nationwide 2007 ESPAD survey. Papazisis Publishers, Athens, 2009 [in Greek]
- 3. KOKKEVI A, KITSOS G, FOTIOU A. *Adolescence Behaviours and psychosocial health*. BETA Medical Publishers, Athens, 2008 [in Greek]
- SIMS TH; COMMITTEE ON SUBSTANCE ABUSE. From the American Academy of Pediatrics: Technical report Tobacco as a substance of abuse. *Pediatrics* 2009, 124:e1045–e1053
- MATHERS M, TOUMBOUROU JW, CATALANO RF, WILLIAMS J, PAT-TON GC. Consequences of youth tobacco use: A review of prospective behavioural studies. *Addiction* 2006, 101:948–958
- FIDLER J, WARDLE J, BRODERSEN NH, JARVIS MJ, WEST R. Vulnerability to smoking after trying a single cigarette can lie dormant for three years or more. *Tob Control* 2006, 15:205–209
- 7. MARSHALL EJ. Adolescent alcohol use: Risks and consequences. *Alcohol Alcohol* 2014, 49:160–164
- 8. VOLKOW ND, BALER RD, COMPTON WM, WEISS SR. Adverse health effects of marijuana use. *N Engl J Med* 2014, 370:2219–2227
- KOKKEVI A, KANAVOU E, RICHARDSON C, FOTIOU A, PAPADOPOU-LOU S, MONSHOUWER K ET AL. Polydrug use by European adolescents in the context of other problem behaviours. Nordic Studies on Alcohol and Drugs 2014, 31:323–342
- SCHULTE MT, HSER YI. Substance use and associated health conditions throughout the lifespan. *Public Health Rev* 2014, 35:1–27
- 11. HALL W, DEGENHARDT L. Adverse health effects of non-medical cannabis use. *Lancet* 2009, 374:1383–1391
- 12. KOKKEVI A, STEFANIS C. The epidemiology of licit and illicit substance use among high school students in Greece. *Am J Public Health* 1991, 81:48–52
- 13. KIM HJ, FAY MP, FEUER EJ, MIDTHUNE DN. Permutation tests for joinpoint regression with applications to cancer rates. *Stat Med* 2000, 19:335–351
- Joinpoint Regression Program, version 4.2.0; Statistical Methodology and Applications Branch, Surveillance Research Program, National Cancer Institute, 2015
- HIBELL B, GUTTORMSSON U, AHLSTRÖM S, BALAKIREVA O, BJAR-NASON T, KOKKEVI A ET AL. The 2011 ESPAD report: Substance use among students in 36 European countries. Stockholm, 2012
- 16. HUBLET A, BENDTSEN P, DE LOOZE ME, FOTIOU A, DONNELLY P, VILHJALMSSON R ET AL. Trends in the co-occurrence of tobac-

- co and cannabis use in 15-year-olds from 2002 to 2010 in 28 countries of Europe and North America 2015. *Eur J Public Health* 2015, 25(Suppl 2):73–75
- 17. MIECH RA, JOHNSTON LD, O'MALLEY PM, BACHMAN JG, SCHULEN-BERG JE. Monitoring the future national survey results on drug use, 1975–2014: Volume I, Secondary school students. Institute for Social Research, The University of Michigan, Ann Arbor, Michigan, 2015:416
- VINER RM, OZER EM, DENNY S, MARMOT M, RESNICK M, FATUSI A ET AL. Adolescence and the social determinants of health. *Lancet* 2012, 379:1641–1652
- ALPERT HR, VARDAVAS CI, CHALOUPKA FJ, VOZIKIS A, ATHANASA-KIS K, KYRIOPOULOS I ET AL. The recent and projected public health and economic benefits of cigarette taxation in Greece. *Tob Control* 2014. 23:452–454
- 20. FILIPPIDIS FT, VARDAVAS CI, LOUKOPOULOU A, BEHRAKIS P, CONNOLLY GN, TOUNTAS Y. Prevalence and determinants of tobacco use among adults in Greece: 4 year trends. *Eur J Public Health* 2013, 23:772–776
- 21. MOUNTENEY J, GRIFFITHS P, SEDEFOV R, NOOR A, VICENTE J, SIMON R. The drug situation in Europe: An overview of data available on illicit drugs and new psychoactive substances from European monitoring in 2015. *Addiction* 2016, 111:34–48
- 22. FOTIOU A, KANAVOU E, STAVROU M, RICHARDSON C, KOKKEVI A. Prevalence and correlates of electronic cigarette use among adolescents in Greece: A preliminary cross-sectional analysis of nationwide survey data. *Addict Behav* 2015, 51:88–92
- HAJEK P, ETTER JF, BENOWITZ N, EISSENBERG T, McROBBIE H. Electronic cigarettes: Review of use, content, safety, effects on smokers and potential for harm and benefit. *Addiction* 2014, 109:1801–1810
- 24. TOWNSEND L, FLISHER AJ, KING G. A systematic review of the relationship between high school dropout and substance use. *Clin Child Fam Psychol Rev* 2007, 10:295–317
- 25. HELLENIC STATISTICAL AUTHORITY. Secondary education statistics 2015. Available at: http://www.statistics.gr/el/statistics/pop
- 26. RICHARDSON SC, POLITIKOU K, TERZIDOU M, MAKA Z, KOKKEVI A. The quality of data obtained from self-completed questionnaires in a survey of high school students. *Quality & Quantity* 2006, 40:121–127

#### Corresponding author:

A. Kokkevi, University Mental Health Research Institute, 3 Soranou tou Efesiou street, GR-115 27 Athens, Greece e-mail: akokkevi@med.uoa.gr