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The European School Survey Project on Alcohol and Other Drugs



ISLE OF MAN
Government
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Preliminary Country Report:

Isle of Man

Research design and methodological results: Executive Summary

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The Isle of Man ESPAD 2007

The European School Survey Project for Alcohol and other Drugs is a European study led from the Institute of Research on Alcohol and other Drugs (CAN) in Sweden; it is supported by the European Council under the auspices of the Pompidou Group and by the European Commission under the auspices of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The study is assisted through its European Database coordinated by Sweden and Iceland. All details about the study and its aims can be accessed at www.espad.org.

The Isle of Man Drug and Alcohol Strategy included ESPAD in its Action Plans under 'Monitoring drug and alcohol use in the school teenage population'. Specific indicators are processed in detail from the survey; however, the government strategic plan 2007-2011 includes a selected array of indicators for alcohol and drugs which can also be indirectly monitored with other sources of data in the school population groups.

A main goal of the ESPAD project is to collect every four years comparable cross-sectional data on alcohol, tobacco, drug use and gambling among 15-16 year old students in as many European countries as possible. Benchmarking with similar jurisdictions is important for the Isle of Man; along with benchmarking against our own surveys carried every four years.

The most important goal in the long run is to monitor trends about alcohol and drug habits among students in the Island (e.g. compare 2003 with 2007 information), in an European context; and to compare trends between all participating countries and/or between groups of countries (e.g. small countries or Island nations). In this way local evidence is assisting the service planning and supports multi-departmental and multi-agency initiatives.

The Isle of Man joined ESPAD in 2003.

The 2007 survey is the second ESPAD survey. Seven-hundred and seventy-five students participated representing 82% of the target population.

Fieldwork

Questionnaires were produced in sufficient numbers to cover both school year rolls which were surveyed: years 10 and 11.

All schools agreed during February 2007 with a survey timetable and set up specific survey dates during March.

Letters were sent to parents during the first week in March from the Department of Education; the Department was also the recipient of the opt-out slip.

Surveys took place on separate days for the two school years, except for one school; a total of 12 days were accounted for in the fieldwork; the arrangements were as follows: one school carried out the survey in classes and 2 small exam halls; two schools organised the survey in classes only; and three schools organised the survey in exam halls only.

Survey leaders were on school premises during the morning sessions when the surveys took place: administering the questionnaires and collecting the envelopes after survey finished; classroom and hall reports were collected at the same time with the envelopes and all counts were done against the school rolls, to account for refusals and absentees.

Each survey leader collected and accounted for all questionnaires at the end of each day of fieldwork and the Principal Investigator (PI) received the envelopes on the same day.

Once all the envelopes were returned to DHA (last session on 20 April 2007) the PI opened envelopes and counted the 1,591 forms and retrieved 775 forms with year of birth 1991 and 797 with the year of birth 1990 and 1992. Nineteen forms had the demographics missing.

Universal ethical principles were applied throughout, in particular those related to confidentiality and anonymity.

A research protocol and methodological design was submitted to ESPAD international in May 2007. The Isle of Man data were submitted in July and a preliminary dataset for national analyses was returned in November. The final dataset has been agreed and results will make part of the 2008 international report.

Note: statistical significance is reached in differences of 6% and above in the two un-linked samples: 2003 and 2007; smaller differences are not detected as 'statistically significant' levels due to sample sizes; this report highlights the direction in which some changes take place, even if statistical significance is not reached; further analyses are pending.

Preliminary Results

Initial findings indicate some interesting and positive changes since 2003:

- The number of those who abstain from drinking or drink only occasionally is showing an increase: none and 1-2 occasions of 'last year's categories of answers have increased from 17% to 20%.
- The age of first episode of drunkenness has drifted from 13 towards 14-15 years;
- A decrease in the "last year" estimate of drunkenness from 71% to 66%;
- Cannabis remains the drug of choice but cannabis has dropped in all three categories: used during lifetime from 39% to 35%; used in last year from 34% to 27%; and used in last month from 21% to 18%; similar results were shown from the Health and Lifestyle Study in Children (HLSC), the 2005 survey.
- The perception of 'easy' availability of cannabis decreased from 55% to 46%; the Risk Thematic Group of ESPAD will fully report in relation to availability and use across Europe;
- While all other drugs have remained in small figures, cocaine and magic mushrooms have replaced ecstasy in popularity.
- A decrease from 35% to 23% in the perception of 'easy' availability of ecstasy was noted; cocaine and magic mushrooms were not measured in 2003; the 'easy' availability was measured at 16% (cocaine) and 28% (magic mushrooms);
- Tobacco use shows a drop from 30% to 26% in 'last month' or 'current' use, marking a positive change in the current smoking prevalence in this age group.
- Tobacco has remained high in the perception of 'easy' availability despite a decrease from 86% to 72%.

Challenges still remain:

- Increased frequency of binge drinking and intoxication for a small proportion of 15-16 year olds, from 9 to 14% in the 'last month' estimate of six times or more;

- There are marked changes in the places where alcohol is consumed: public unlicensed places (street, beach, park, etc.) with an increase from 11% to 23%, and at someone else's home from 37% to 45%;
- Inhalants or volatile substances show no change in use: lifetime use remains at 18% (19% in 2003);
- An increase from 54% to 68% is observed in the perception of availability of inhalants or volatile substances ('easy' or 'fairly easy' to obtain);
- In terms of perceived availability ('ease' of obtaining) the 2007 hierarchical list is: tobacco (72%), volatile substances (68%), cannabis (46%), magic mushrooms (28%), ecstasy (23%) and cocaine (16%).

Analyses of the data will enable the DHA to identify new areas for the Drugs and Alcohol Strategy to focus on in relation to the consequences of harmful drinking, including binge drinking.

For example, there is no clear cut impact on adolescent drinking at risky levels; however, some research suggests that multi-agency action creates efficient use of resources while also impacting not only on reduction of associated problems with alcohol in individuals, but also at community level.

The results complement information from other sources which the strategy uses to monitor changes in alcohol misuse and drug use in our school population aged 15 and 16 years; benchmarking against other jurisdiction and with 2003 results has shown:

- Alcohol has been consumed at same levels in all islands or 'small countries' participating in ESPAD; consumption is close to the European average level for this age group; drunkenness or intoxication is the difference; we still have to learn from southern European Islands, via perhaps an Icelandic model given that cultural transitions take a long time or may not happen at all; therefore:-
 - the Isle of Man belongs to the model I countries for alcohol consumption: 'frequent consumption and repeated intoxication' like Faroe Islands and Greenland; Iceland belongs to model III: occasional consumption repeated intoxication'; while countries such as Malta and Cyprus belong to the 'Mediterranean group of countries' of model II: 'frequent consumption and little intoxication'.

- Cannabis use has gone down, not dramatically, but the direction is right; we still have a high level of use and there is no time for complacency; efforts of reducing the availability combined with efforts of controlling inhalants (next and widely available substance) are the ways ahead; a multi-agency combined effort needs to continue in controlling both cannabis (illegal) and inhalants (licit);
- VSA or inhalants use: this is a common Island population problem and the Small Countries Thematic ESPAD Group is looking into this; reports are due at next Group's meeting during 2008.
- The average values from 35 European countries, for results illustrated in the 2003 report are informative for general comparison purposes; direct comparisons with any European country (as opposed to that of any small country) are not straightforward and sampling and sample sizes have to be considered when doing so.

References

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Figure: ESPAD Small Countries 2003; preliminary results Isle of Man 2007

