Project number: 710063

Project title:
ALLCOOL - Raising awareness and action-research on Heavy Episodic Drinking among low income youth and young adults in Southern Europe

Project beneficiaries: Agência Piaget para o Desenvolvimento, Spora Sinergies SCCL, Azienda Unita Sanitaria Locale di Bologna

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Research desktop guideline

Author: Spora Sinergies, SCCL

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SHORT BACKGROUND

ALLCOOL is a project where a consortium of research and collaborating stakeholders in 3 South European countries (Portugal, Spain and Italy) aim to tackle the growing trend of Heavy Episodic Drinking (HED) in the region. More research is needed to analyse the relationship between HED and lower socio-economic youth and young adults (15-30 years old).

This is particularly relevant in Southern European countries going through a socioeconomic crisis, with increasing unemployment rates especially among recently graduated students and decreasing family income.

By promoting healthy lifestyles, filling research gaps and implementing innovative and replicable local interventions focusing on prevention of heavy episodic drinking among youth this project will: 1) promote good health among EU youth population; 2) in the long-term, contribute to the sustainability of the health systems and healthy work forces.

This document is a desktop research guideline that describes the research process and offers the necessary tools and step by step guidance for the research implementation at local level. It includes a data collection guideline with the instructions for the quantitative and qualitative collection methods and a data analysis guideline including indications for the analysis and integration of qualitative and quantitative data and. Finally, it contains the research tools necessary for the research implementation (questionnaire and Focus Group and Group Interview scripts).
INTRODUCTION

1. Objectives

This research constitutes the Work package 4 of the AllCool project. It aims to increase knowledge related to Heavy Episodic Drinking in Southern European Countries. This research will be conducted in the local level, Oporto (Portugal), Tarragona (Spain) and Bologna (Italy). The research outputs will support the implementation of other two Work packages of the project (WP5. Consultative Forum and WP4. Pilot Intervention).

The objective of this research is to study Heavy Episodic Drinking, consumption patterns, consequences and effects of drinking among youth from Italy, Portugal and Spain, focusing on the sociodemographic differences. Moreover, it aims to report about intervention addressing HED. More specifically, the objectives of this research are the following:

1. **Produce knowledge** about:
   a. alcohol consumption patterns among young people and the negative effects of HED, particularly in lower income groups.
   b. the dynamics of the alcohol drinking settings and environments.
   c. local Policies addressing HED.

2. **Identify best practices** in terms of intervention, research and policies implemented to address HED.

3. **Produce recommendations** to inform best practices and cost effective public policies.

2. Target

In this research, the concept “young people”, main target of the research, is understood as young people between 18-29 years all.

The national drug surveys from Portugal, Italy and Spain, as well as European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) show that the average age of first alcohol use is around 16-17 years.

Therefore, for reasons of cost-effectiveness of public politics, it is preferable to intervene in young people after 16 years old.

More specifically, *binge drinking* practices become more common from 18 years of age and older. In fact, *binge drinking* reaches its peak between 20-24 years old and then it gradually decreases beginning at about age 30.
Thus, the age range of the target for this research will include young people from 18 to 29 years old.¹

3. Methodology

This research is based in a combination of a qualitative and quantitative methodology approach. Using both methodologies allows to obtain and produce an exhaustive knowledge about alcohol consumption and, concretely, about Heavy Episodic Drinking among youth between 18-29 years old.

The design of the data collection tools (questionnaire, FG and GI interview), as well as the theory background of the research is based in a bibliographic research. The main search terms used for this purpose are: Heavy Episodic Drinking, Protective behaviours, risky behaviours, drinking consequences, drinking effects.

Quantitative methodology

Quantitative methodology offers data exportable to all the Oporto, Bolonia and Tarragona young population between 18-29 years old who have consumed alcohol at least in the last 12 month before the survey.

The

¹ For more information on the target justification, please see Annex1 Target justification
Questionnaire\(^2\) has been designed specifically for this research. Nevertheless, some blocks of the questionnaire are based on previous studies which offer proved and valid questions that have been replicated:

- **Sociodemographic variables**: to calculate the social position of the respondents, it has been used an adaptation of the ESOMAR System (Instituto Nacional de Estadística de Chile, 2011; Office for National Statistics, 2010).

- **Protective and risky behaviours, and consequences of drinking**: the categories and behaviours used in the questionnaire are based in pre-existent scales, which have been tested and validated in different scientific studies (Vladar, Lee, Stearns, i Axelrod, 2015).

**Qualitative methodology**

This research will be carried on using two different qualitative techniques: Focus Groups and Group Interviews. These techniques are group dynamics that use debate between participants to obtain the different knowledge and experiences related to the topics.

\(^2\) Please see “Annex 1: Target justification” to find the questionnaire.
DATA COLLECTION GUIDELINE

In this section, we offer a step by step guideline to carry on the qualitative and quantitative methods (questionnaire, Focus Groups and Group Interviews).

The data collection guideline is organized in the 3 data collection methods:

1. HED Questionnaire (Q1)
2. Focus groups (FG)
3. Group interviews (GI)

1. Questionnaire

1.1 Objective of the questionnaire:

1.a. Produce knowledge about alcohol consumption patterns among young people and the negative effects of HED, particularly in lower income groups.

1.b. Produce knowledge about the dynamics of the alcohol drinking settings and environments.

2. Identify best practices in terms of intervention, research and policies implemented to address HED.

1.2 Characteristics of the questionnaire:

Target: young adults (aged 18 to 30) living in Porto, Bologna and Tarragona. The questionnaire will quote gender, age groups (18-22 and 23-30) and territory distribution of the surveys. It will include socio-economic and educational variables.

Universe: People from 18 to 29 years old that have drunk alcohol (at least one time) in the last 12 months.

Sample:

• 1,098 questionnaires must be administrated (366 per city).
• The sample will be randomly selected and stratified by age and sex.
• The different age and sex combinations must be equally represented in the sample (15-16 surveys per each age and sex combination). To make this control possible, a strata control table will be delivered to the pollsters.
• The administration must be distributed in different city areas to assure the profile diversity. The distribution areas and the number of surveys that must be done in its area will be determined with the pollster team in the briefing session.

Confidence level (for the whole sample): 95.5% (sigma=2) for an admissible error level of 3.02%.
1.3 Survey administration indications:

About the survey blocks:

- **Q1 and Q2**: Q1 questions about the number of days that the respondent has drink alcohol in the last 12 months. Q2 is a screening question: if the answer to this question is affirmative, the respondent must fill out all the survey, if it’s negative, the respondent must respond only blocks A and C.

- **Block A**: This block contains questions about contexts and places where the respondent goes out, about the specific protective behaviours when going out, about experimented consequences of their alcohol consumption and about consumption of other substances.

- **Block B**: This block must be filled out only by those respondents with an affirmative answer on Q2. This block contains questions about Heavy Episodic Drinking (HED) experience: frequency, places where it happens, and period of time and number of drinks consumed in the last HED occasion.

- **Block C**: This block contains questions to determine the socioeconomic status of the respondents. Questions are about composition of the respondents’ home or habitual residence, parents’ occupation and education level, total income of the home or habitual residence, and sociodemographic profile of the respondent (sex, age, and completed education level).

Presentation to the potential respondent:

*Hello,*

*We’re doing a European research about alcohol drinking experience in young people. The aim is to improve alcohol abuse prevention policies in the city.*

- **Have you drink alcohol (at least one time) in the last 12 months?**
  - No → doesn't continue responding
  - Yes → continues responding

- **Are you between 18 and 29 years old?**
  - No → doesn't continue responding
  - Yes → continues responding

- **I would want to ask you to fill out a brief survey about your habits and experience when you drink alcohol. It is totally anonymous and confidential. Your experience and opinion is very important for the research.**

→ The respondent starts filling out the survey. The pollster helps the respondent to answer the first two questions (see next section).

Orientation about questionnaire sections:

- **Top of the page:**
- The shaded section is to be **filled out by the pollster**. Date, moment of the day, and city area are referred to the survey administration moment. It may be more comfortable for the pollsters filling out this section at the beginning or at the end of the workday. The questionnaire number can be marked as well at the end of the workday or even later, anyway, it is very important that the different pollsters **don't overlap the numbers**. For this purpose, it is highly recommended that **pollsters and surveys are together when enumerating** the surveys.

- To avoid overlapping of questionnaire numbering in the 3 cities, **we recommend its city starting the enumeration from**:
  - **Bolonia**: starting from number 1.
  - **Porto**: starting from number 500.
  - **Tarragona**: starting from number 1000.

- **Q1 and Q2**: Although the survey is auto-administrated, the pollster **must help the respondent answering the first two questions**. This help will make the respondent go quicker and avoiding having to read and understand the written explanations. Therefore, the pollster must have this explanations in mind to help the respondent making the calculations easier. In any case, the survey is prepared so **it can be filled out completely independently** by the respondent (this fact is important when a group of people is doing the survey simultaneously and we can't help each one on the first 2 questions).

- **Q2**:
  - In this question, we speak about drinking a certain amount of alcohol in a “single occasion”. We do not associate the concept of "single occasion" to a specific period of time, but to the fact that this period has been uninterrupted. For example, drinking at a party, at a dinner, playing a drinking game, etc. represents drinking in a single occasion. However, if that period is interrupted (for example, the person drinks 3 beers, goes to sleep, and then drinks another 3 beers), this case won't be considered a “single occasion”, and wouldn't be a Heavy Episodic Drinking experience for our research.

- Depending on the answer of Q2, the pollster will indicate the respondent which blocks has to respond. From here on, the respondent continues responding by his/her own all the survey and the pollster will only help the respondent when receives a concrete request.

- **Block C**: Some questions on this block (Q11, Q12, Q13 AND Q16) are referred to the home or habitual residence of the respondent. At the beginning of the block there's an explanation about what we understand as home or habitual residence for this survey. Basically, what we want to avoid with the explanation is the respondents to answer referring to other residences as
holiday residences, a house of a friend, etc. If the respondent lives in a student residence or a place where he or she doesn’t contribute with income to cover expenses and/or doesn’t get benefited from others income, the answer should be that the respondent lives alone. However, if the respondent lives with other students or flat mates in a house where the expenses are shared, the respondent must consider this flat mates as members of the house to respond the questions on this block.

Other recommendations:

• Ideally, the survey must be administrated in the street, controlling that it’s administrated in different zones, places, hours and days of the week. This distribution method provides a profile variability of the respondent.

• The administration of the survey can be done in places like universities or other educational centres, but the pollster must highly limit the number of surveys done in specific institutions as it would produce a bias in the profile. It’s not recommended administrating the survey in party places or contexts.

• In this sense, when administrating the survey to a group of people at the same time, it is important that the pollster reminds the respondents that the survey is individual and ensures that the atmosphere of the group is appropriate.

• When the respondent finishes the survey, the pollster must ask if it’s totally finished, especially it is important to ensure they have reached the end and they have completed the final sociodemographic questions (age and sex), that are very important for the analysis. A quick look of the survey should help to check there are not important errors.

• For an estimated one month fieldwork, approximately 92 surveys must be done every week (92 surveys X 4 weeks = 368). The fieldwork team must coordinate and create daily and weekly objectives, depending on the number of people composing the fieldwork team.

Needed equipment:

• Each partner needs to translate the original questionnaire (in English) into his language, review it, test that it is correct and understandable by a common young person (ideally, run the questionnaire to 4 young people).

• Each partner needs to print 400 copies of the questionnaire (print double-page black and white).

• Each partner needs to build a field work team of 4 people ideally. They will receive a training from Spora and will have 1 month to collect 366 questionnaires. This means 92 questionnaires a week, divided by 4 people: 23 questionnaires a week per person.

• Each field work team needs pens and binders.
• Each partner needs a strata control table.
• Each partner needs a zoning map.

1.4 Calendar and partner responsible for Q1 tasks:
• Translation into Italian and Portuguese and language review: 1st to 30 of August. Each partner
• Printing of 400 copies (just in case): September 1st. Each partner.
• Field work team training (skype): 5th to 9th of September. Spora trains (and offers 2 dates for the training). Each partner organises the meeting with their field work team.
• Data collection in each city: from September 12th to November 12th 2016 (M5-M7).
• Data gathering: each partner will send SPSS coded data to Spora (M9).

2. Focus groups (FG) 3

2.1 Objectives of the FG:
1.a. Produce knowledge about alcohol consumption patterns among young people and the negative effects of HED, particularly in lower income groups.
1.b. Produce knowledge about the dynamics of the alcohol drinking settings and environments.
2. Identify best practices in terms of intervention, research and policies implemented to address HED.

2.2 Characteristics of the FG:
Target: young adults (aged 18 to 30) living in Porto, Bologna and Tarragona.
Number of FG: 8 in total. 2 per city.
Composition of the 2 FG of each city:
• Age composition:
  - 1: 8-10 young adults 18-23 years
  - 2: 8-10 young adults 24-29
• Gender balance: Each group will be composed by 4 girls & 4 boys.
• Socioeconomic balance:
  - Participants will come from different neighbourhoods with different economic situation.

3 See “Annex 2: Research tolos” to find the FG script.
Each group will be composed, approximately, by 5 unemployed young adults and 5 employed young adults.

- **Education situation balance:**
  - 18-22: each group will be composed, approximately, by 3 University students, 3 students of Vocational Education and Training or Certificate of Higher Education, 3 young people who are not studying post obligatory education.
  - 23-30: each group will be composed, approximately, by 3 University students (or who have completed university studies), 3 students of Vocational Education and Training or Certificate of Higher Education (or who have completed them), 3 young people are not studying post obligatory education (or who haven't completed post obligatory education).

### 2.3 FG administration indications:

**Presentation to the participants:**

We have called you because we are conducting a research on nightlife in Bologna/Lisboa/Tarragona. As you will see, we are going to ask you about different topics related to what you usually do when going out: when do you usually go out, where do you go, how do you have fun, etc. We are also going to ask you about alcohol consumption: who do you drink with, where do you drink, etc.

There are no right or wrong answers to our questions. We just want to know your opinion on these topics, so if you have different points of view you may discuss them and exchange views.

Finally, the participation in this focus group is anonymous. That is, your name or any other personal information that may appear during the focus group (peoples’ name, etc.) won’t be revealed. All these data will be deleted from the transcription.

This Focus Group will be recorded so that it can transcribed later.

### 2.4 Calendar and partner responsible for FG tasks:

- **Translation into italian and portuguese and language review:** 1st to 30 of August. Each partner.

- **FG skype meeting (skype):** 5th to 9th of September. Spora will meet the persons that will run the FG in each city. Spora will offer 2 dates for the meeting. Each partner will organise the meeting with their FG responsible.

- **Data collection in each city:** from September 12th to November 12th 2016 (M5-M7).

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4 In Italy: Diploma o maturità. In Portugal: Bacharelato, Ciclo Formativo de Grado Medio ou Grau Superior.
3. Group interviews (GI)  

3.1 Objectives of the GI:

1.a. Produce knowledge about alcohol consumption patterns among young people and the negative effects of HED, particularly in lower income groups.

1.b. Produce knowledge about the dynamics of the alcohol drinking settings and environments.

2. Identify best practices in terms of intervention, research and policies implemented to address HED.

3. Produce recommendations to inform best practices and cost effective public policies.

3.2 Characteristics of the GI:

Number of GI: 3 in total. 1 per city.

Composition of the 2 FG of each city: each group interview must include:

- 2 Policy makers related to public health of the City Council (Head of Health Department and of the alcohol area).
- 2 Field workers intervening with young people (youth professional / social educator / health educator).
- 1 Police / law enforcement professional.

3.3 Calendar and partner responsible for GI tasks:

- Translation into italian and portuguese and language review: 1st to 30 of August. Each partner
- GI skype meeting (skype): same as FG meeting (see above). We will discuss FG and GI in the same meeting.
- Data collection in each city: from September 12th to November 12th 2016 (M5-M7)

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5 See “Annex 2: Research tolos” to find the GI script.
DATA ANALYSIS GUIDELINE

In this section, we offer a step by step guideline to carry on the qualitative and quantitative analysis, as well as the integration of both types of data.

1. Quantitative data analysis indications

1.1 Coding indications

- **Questionnaire numbering to avoid overlapping:**
  - Bolonia: starting from number 1.
  - Porto: starting from number 500.
  - Tarragona: starting from number 1000.

- **Date format:** dd.mm.yy

- **Zone:** each city has to fill up with the number associated to each zone.

- **Single answer questions:** must be filled up with the number next to the selected category on the questionnaire.

- **Multiple choice questions** (Q8 & Q13): the selected categories must be filled up with the number 1. The non-selected categories must be left empty.

- **Q12:** must be filled up with the number the respondent has indicated.

- **Other indications:**
  - The non-responded questions must be left empty.
  - Although a survey could have contradictions between the answers of different questions, the encoder must be faithful to the real responses, as the matrix will be validated later.
  - If a single answer question has more than one category selected, it should be left empty as it's invalid. The encoder can only correct specific mistakes if the correction is very obvious. For example: if in Q6 someone marks that has consumed tobacco in last 12 months and in last 30 days as well, it can be corrected by marking the option 1: last 30 days.

1.2 SPSS database analysis indications

About the database cleaning and validation:

- No cases have been deleted.
- Out of category range values have been corrected or deleted for all the database.
• Missing values:
  - All not responded categories will remain empty and considered as missing values, so they will not count when exploiting the variables. Only in the multichoice questions (Q8 and Q13) the empty values have been recoded as '0' and labelled as 'Not ticked'.
  - Not responded/Don't know categories (NR/DK): these categories will be as well considered as missing values as their presence is residual. This has been done with Q6, Q14, Q15 and Q16, so they are already labelled as missing values in the databases.
  - Sex: category 3 (others) has been labelled as missing value, as its presence is residual (2 cases), so it doesn’t create issues when making crossings.
• All responses from Block B (Q7 to Q10) have been deleted when Q2=2. In the same way, responses to Q12 and Q13 have been deleted when Q11=1.
• Q12: in those cases where Q12_under_18 category was empty and Q12_18_and_more ≥ 1, Q12_under_18 category has been filled up with a '0', so we understand that those were mainly left empty voluntarily because there are cero people under 18yo in the household. Outlier values (>20) have been deleted as they may be filling up errors of the respondents. In this particular cases, Household_income_€ variable data has been deleted. Anyway, these variables shouldn’t be used on the analysis, as they are variables used for social class calculation.
• To avoid differences in the main data between National Reports and Final Report you can use as a support the SPSS.spv file ‘Descriptive results per city’. From here, each city can feel free to analyse data in the way they want, freely making crossings, recodes, multivariable analysis, etc.

New introduced variables:
• WEIGHT: cases have been weight balanced for each age/sex combination having the same weight in the 3 cities integrated database, as Tarragona and Porto databases had some balance issues. It means that it is VERY IMPORTANT THAT ALL 3 CITIES, INCLUDING BOLOGNA, ACTIVATE THE WEIGHT VARIABLE EACH TIME THEY OPEN THEIR OWN SPSS DATABASE, as shown in the image below.
• **City**: categorized as 1- Bologna/2- Porto/3- Tarragona.
• **Q19_2age_groups**: categorized as 1- 18 to 23/2- 24 to 29. It is recommended using this variable when crossing age with other variables.
• **Q19_3age_groups**: categorized as 1- 18 to 21/2- 22 to 25/3- 26 to 29.
• **SocioEco_Class2groups**: categorized as 1- Mid-high class/2- Mid-low class
• **SocioEco_Class3groups**: categorized as 1- High class/2- Mid class/3- Low class
• **Total_household_members**: calculation method has been:
  - When Q11_household_composition = 1, Total_household_members = 1
  - When Q11_household_composition = 2, Total_household_members = Q12_under_18 + Q12_18_and_more.
  - **Household_income €**: this variable is a recode of variable Q16_household_income to convert it to euro values as seen below:

<table>
<thead>
<tr>
<th>Q16_household_income (codes)</th>
<th>Household_income_€</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>250 €</td>
</tr>
<tr>
<td>2</td>
<td>650 €</td>
</tr>
<tr>
<td>3</td>
<td>900 €</td>
</tr>
<tr>
<td>4</td>
<td>1.250 €</td>
</tr>
<tr>
<td>5</td>
<td>1.750 €</td>
</tr>
<tr>
<td>6</td>
<td>2.250 €</td>
</tr>
<tr>
<td>7</td>
<td>2.750 €</td>
</tr>
<tr>
<td>8</td>
<td>4.000 €</td>
</tr>
<tr>
<td>9</td>
<td>6.000 €</td>
</tr>
<tr>
<td>10</td>
<td>8.000 €</td>
</tr>
</tbody>
</table>

• **Per_capita_income**: calculation method:
Household_income_\(\text{€} \) / Total_household_members

**Socioeconomic class calculation:**

Two variables have been created regarding to socioeconomic class, one with two categories and the second one with three. It is recommended using the variable that divides the socio-economic class in two groups (SocioEco_Class2groups), as each category on this variable is bigger in number and it makes the results more robust. Anyway, as each city’s reality is different, both social class variables can be tested.

To maintain an intercity coherence, the social class calculation pattern is the same for the three cities. This fact makes that the sample for each category is different depending on the city, for instance, high class is more numerous in Bologna than in Porto and Tarragona. The criterion for establishing the cut-off point between class categories has been that each class category has a relatively similar sample size on the integrated database of the three cities. In any case, the size of each group should be big enough in each city to make robust comparisons.

For the socio-economic class calculation, the father occupation/education level has been crossed, as the father is traditionally the main holder of the family (for further information, see excel document ‘Socioeconomic class’). On those few cases where we don’t have father’s occupation or education level data, it has been used the *per capita* income of the the household. On those cases where we hadn’t data of father’s occupation/education level and either per capita income data, socio-economic position has not been calculated. Below, we can see the syntax used on the SPSS for this calculation.

- **Variable SocioEco_Class2groups:** categorized as 1-Mid-high class/2-Mid-low class
  - Mid-high class calculation syntax:
    
    \[
    \begin{align*}
    \text{Q15\_occupation\_father} & \leq 2 \quad \text{or} \\
    \text{Q14\_education\_father} & \geq 7 \\
    \text{Q14\_education\_father} & \geq 8 \\
    \text{Q14\_education\_father} & = 9 \\
    \text{Q15\_occupation\_father} & = 3 \\
    \end{align*}
    \]

    On those cases where there wasn’t father’s occupation/education level data:
    
    - For Bologna: Mid-high class = Per\_capita\_income\_\(\text{household}\) \(>583\text{€}\)
    - For Porto: Mid-high class = Per\_capita\_income\_\(\text{household}\) \(>450\text{€}\)
    - For Tarragona: Mid-high class = Per\_capita\_income\_\(\text{household}\) \(>1000\text{€}\)

  - Mid-low class calculation syntax:
    
    \[
    \begin{align*}
    \text{Q15\_occupation\_father} & \geq 6 \\
    \text{Q14\_education\_father} & \leq 8 \\
    \end{align*}
    \]

    \[
    \begin{align*}
    \text{Q15\_occupation\_father} & = 5 \\
    \text{Q15\_occupation\_father} & = 4 \\
    \end{align*}
    \]
Q14_education_father <= 7) | (Q15_occupation_father = 3 & Q14_education_father <= 6)

On those cases where there wasn’t father’s occupation/education level data:

For Bologna: Mid-low class = Per_capita_income (household) <583€
For Porto: Mid-low class = Per_capita_income (household) <450€
For Tarragona: Mid-low class = Per_capita_income (household) <1000€

• Variable SocioEco_Class3groups: categorized as 1-High class/2-Mid class/3-Low class
  - High class calculation syntax:
    Q15_occupation_father = 1 | (Q15_occupation_father = 2 & Q14_education_father >= 6) | (Q15_occupation_father = 3 & Q14_education_father = 9)

On those cases where there wasn’t father’s occupation/education level data:

For Bologna: High class = Per_capita_income (household) >750€
For Porto: High class = Per_capita_income (household) >650€
For Tarragona: High class = Per_capita_income (household) >1250€

- Mid class calculation syntax:

(Q15_occupation_father = 2 & Q14_education_father <= 5) | (Q15_occupation_father = 3 & Q14_education_father <= 6) | (Q15_occupation_father = 4 & Q14_education_father <= 7) | (Q15_occupation_father = 5 & Q14_education_father <= 8) | (Q15_occupation_father = 6 & Q14_education_father = 9)

On those cases where there wasn’t father’s occupation/education level data:

For Bologna: Mid class = Per_capita_income (household) between 750€ and 437€
For Porto: Mid class = Per_capita_income (household) between 650€ and 325€
For Tarragona: Mid class = Per_capita_income (household) between 1250€ and 750€

- Low-class calculation syntax:

Q15_occupation_father = 8 | Q15_occupation_father = 7 | Q15_occupation_father = 6 | (Q15_occupation_father = 5 & Q14_education_father <= 6) | (Q15_occupation_father = 6 & Q14_education_father <= 5) | (Q15_occupation_father = 7 & Q14_education_father <= 4) | (Q15_occupation_father = 8 & Q14_education_father <= 3)
Q14_education_father <= 6) \mid (Q15_occupation_father = 4 \&
Q14_education_father <= 4) \mid (Q15_occupation_father = 3 \&
Q14_education_father <= 3)

On those cases where there wasn’t father’s occupation/education level data:

For Bologna: Low class = Per_capita_income (household) < 437€
For Porto: Low class = Per_capita_income (household) < 325€
For Tarragona: Low class = Per_capita_income (household) < 750€

1.3 Other analysis recommendations

- Feel free to do any multivariable analysis, variable recode and to cross any variables you want.
- Regarding to the age groups and social position, we recommend you prioritize the use of the dichotomic variables for the analysis (on SPSS, Q19_2age_groups and SocioEco_Class2groups), although you can also test the three-category version of this variables.
- There is not a specific qualitative dimension related to question 6 (drugs consumption). Instead, we suggest crossing this question with those you consider relevant and comment it in its subsection. For instance, we recommend to cross drugs consumption (q6) with HED (q7).

2. Qualitative data analysis indications

We propose a common categorisation for the qualitative data to facilitate the comparison between the data from the three different countries. We offer a guidance to organize and analyse the results, but each partner can adapt the schema to their own data analysis. Therefore, the topics addressed in each dimension can differ and new dimensions can be incorporated if required by the analysis.

2.1 Categories of analysis

The categories to organize the qualitative data are the following:

1. Drinking patterns: this dimension refers to the young people usual drinking patterns. It is divided in 3 subcategories:

   1.1 Drinking tour: this dimension refers to the tour, both geographical and alcoholic, that young people usually do when going out. It includes the following information:
   - Where do they go? (settings and environments where drinking takes place, the nature of the events, if they go to different places
in the same occasion, if they consume different drinks depending on the place...

- **What** do they drink? (what kind of drinks, if they mix different drinks or drugs, how much do they drink...)
- **When** do they drink? (during the week or the weekend, at what time of the day, if they consume different drinks depending on the time...

If there have been any differences regarding the “drinking tour” between the 2 age groups (18-23 and 24-29), comment it in the space reserved for it.

1.2 **Sociodemographic consumption patterns:** it refers to the participants’ explanations and discourses about the different consumption patterns young people have depending on their sociodemographic characteristics. It includes differences regarding to **gender, socioeconomic level, age**, or any other relevant feature. *i.e. participants consider that girls and boys have different consumption patterns.*

1.3 **Other drinking practices:** it refers to any other relevant practices that had appeared in the data collection not included in the previous categories (such as Heavy Episodic Drinking, collective or individual consumption, etc.).

2. **Heavy Episodic Drinking:** this dimension includes the information regarding Heavy Episodic Drinking pattern, specifically, participants’ explanations and discourses about HED, for instance:

- Do they usually do HED?
- Do they consider 4-5 drinks to be HED or too much drink?
- Are there any specificities regarding consumption practices when they do HED? (where they go, what they drink, when they drink...)
- Sociodemographic differences (gender, social position, age)?
- Any other explanations regarding HED.

3. **Risky drinking behaviours:** this category refers to any drinking behaviour (both individual and collective) explained by the participants that is potentially dangerous or harmful or may provoke health or social negative consequences to the individual or to those related to him/her. *i.e. play drinking games.* That is, participants’ explanations and discourses about protective and risky behaviours, for instance:

- Which kind of risky drinking behaviours do they do?
- Are there any sociodemographic differences (gender, social position, age groups)?
- Any other relevant information.
4. **Protective and harm reduction drinking behaviours:** it refers to any drinking behaviour (both individual and collective) that limits alcohol consumption or minimizes related health or social negative consequences. *i.e. plan the time to return home, ask a friend you trust to let you know when you have drunk too much.*

- Which kind of drinking protective behaviours do they do or know?
- Are there any sociodemographic differences (gender, social position, age groups)?
- Any other relevant information.

5. **Consequences and effects of drinking:** it refers to any health, social, sexual or relationship consequence of alcohol consumption. *i.e. get angry with friends, regret having sexual relations.* That is, it refers to any participants’ explanations and discourses about consequences and effects of drinking, for instance:

- Which kind of consequences and effects have they suffered?
- Are there any sociodemographic differences (gender, social position, age)?
- Any other relevant information.

6. **Intervention:** this dimension refers to the interventions addressing alcohol consumption. It includes two subcategories:

   a. **Actual situation / current intervention:** those interventions that are currently being implemented.

   b. **Recommendations:** those interventions addressing alcohol or recommendations related to interventions that are proposed.

2.2 **Other recommendations:**

- There is not a specific section for sociodemographic differences (gender, social position, age). Instead, we suggest commenting any sociodemographic difference in every subsection.

- The qualitative analysis of sociodemographic difference refers to two different analysis, and both should be analysed:
  - It refers to the participants’ explanations and discourses about the different consumption patterns young people have depending on their sociodemographic characteristics. It includes differences regarding to gender, social position, age, or any other relevant feature.
  - It also refers to the sociodemographic differences between the 2 age groups (18-23 and 24-29) separated in the 2 focus groups.
• Each partner can use the tool named “Qualitative data analysis summary”\(^6\) to organize the qualitative data. This tool offers a table with the analysis dimensions in order to summarize the main results of the qualitative data. This summary will be used to monitor the data analysis, as well as to have a summary to start working on the Final Report.

3. Qualitative and quantitative data integrated analysis

• We suggest to organize the results following the qualitative categories proposed previously. Nevertheless, it is just a guidance of the subsections the results should include, but each partner can adapt the schema to their own data analysis. Therefore, the results organization may differ depending on the country. Following, we offer two examples that may require a change of the schema:

  i.e. while subsection 2 addresses “Heavy Episodic Drinking” and subsection 5 addresses “consequences and effects of drinking”, if there is a significant result when HED and consequences variables are crossed, it may be interesting to create a new subsection addressing this topic called, for example, Relationship between HED and consequences of drinking.

  i.e. if a multivariable analysis is applied, it may be necessary to add a new subsection to include its results.

• We suggest to avoid writing the chapters exposing separately quantitative and qualitative data; that is, first writing the quantitative results, and second, the qualitative data. In this sense, we suggest to integrate the quantitative and qualitative data in the writing. The analysis should be an integration of all the data regarding the same topic, regardless of the data source (quantitative or qualitative). Here is an extract form another research as an example of an analysis that integrates qualitative and quantitative data:

  “If I see someone on the street I can’t tell what kind of illness they have, but I can see that they have some sort of mental health disorder, that they have some kind of a problem. The prejudice just activates suddenly, and I don’t even get close to the sidewalk. I mean, I don’t even look at them; if I see that they’re acting weird, I don’t even get close.” (0.c)

  The behaviour that was most often mentioned in our discussion groups was the avoidance or rejection of individuals with mental health problems (MHPs). 50.7% of individuals with MHPs have suffered from avoidance or rejection, or state that the individuals around them have distanced themselves in some aspect of their lives because of their MHP.

  As we have seen, it’s common for people to react fearfully to a mental disorder. The most normal reaction to fear is to distance oneself from whatever provokes it. Avoidance of mental disorders and the individuals that experience them contribute to the perpetuation of ignorance about this phenomenon, which reinforces the sense of fear. The circle of “ignorance-fear-avoidance-ignorance” results, fuelling stigma and discrimination against those with MHPs.

\(^6\) See “Annex 2: Research tools” to find the Qualitative data analysis summary table.
Even though the most habitual response is to avoid individuals with MHPs by distancing oneself from them, when this is not possible, rejection results: by not speaking to them, not making eye contact, acting as if the individual wasn’t there, or not inviting individuals with MHPs to participate in social activities.

**Qualitative data (Literal verbatim)**

**Quantitative data analysis**

**Qualitative data analysis**

4. Calendar and partner responsible for data analysis tasks:

- **Quantitative data codification**: 4th to 14th of November (M7). Each partner
- **FG and GI transcription**: 4th to 14th of November (M7). Each partner
- **Quantitative data validation**: Spora cleans and validates the three integrated matrixes and send back to each city their national matrix. A document with basic analysis recommendations will be sent. 28th of November (M7). Spora
- **Qualitative data analysis summary**: each partner fills the table with the main results of the qualitative data. from 1st to 9th of December 2016 (M8). Each partner
- **National Report Schema**: Spora elaborates and sends a schema for the National Reports to share a similar structure. 20th of January (M9). Spora
- **Data analysis and National Report writing**: each partner writes the National Report. From January 20th to March 24th (M9-M12). Each partner
- **Final Report writing**: Spora elaborates the Final Report. From March 24th to June 1st (M14). Spora
WP4 RESEARCH GENERAL CALENDAR

The temporal research period goes from July (M2) until xxx (Mx). The calendar of the tasks included in the research is the following:

- Data collection: M5-M7
- Data codification & transcription: M7
- Research meeting (categorization code book): M8
- Data analysis: M8-M9
- **Preliminary data & Main results: M10 (at the 3rd consultative forum)**
- 4.2. National report writing: M11-M12
- 4.3. **Comparative final report: M14**

This calendar moves forward one or two months the initial calendar. An amendment will be justified by Spora.
Bibliographic references


Annex1: Target justification

The target has been defined based on the data from the national drug surveys from Portugal, Italy and Spain, as well as European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), among other studies. On the basis of these studies, the target will include young people from 18 to 30 years old, both in a low-income and a standard economic situation. 

The following is a brief justification of this proposal. First, we outline the reasons that justify the age range. Secondly, we comment shortly why low-income and standard-income youth are included as variables in the questionnaires.

1. Age

The HED questionnaire will quote two age groups, the first one ranges between 18 and 22 and the second one between 23 and 30. The different reasons for defining these age groups are detailed below.

1.1 The average age of first alcohol use is around 16-17 years

As the following graph shows, the average age of first alcohol use is around 16,7 years old in Spain. Even though we have no data available from the other two countries, we suppose that the average is similar, since the alcohol consumption among young people follows the same pattern in the three countries. This shows that drinking alcohol and especially heavy episodic drinking isn't statistically significant among youth under 16 compared with youth over 16. Therefore, for reasons of cost-effectiveness of public politics, it is preferable to intervene in older age groups.

![Graph 1: EDADES, 2013](image)
1.2 Binge drinking practices are common from the age of 18

The graph number 2, 3 and 4 show that binge drinking increases between 14 and 18 years old in Portugal, Italy, as well as in Spain. The alcohol use at the youngest ages responds to an experimental and initiation pattern. At these ages, binge drinking is a sporadic practice and its prevalence rate ranges from 9% to 30%, depending on the age and the country. In this regard, it is worth noting that as age increases, the prevalence rises exponentially. Finally, alcohol consumption among youth begins at the age 16-17, but binge drinking becomes a common practice at the age of 18. That’s the reason why the target includes people from 18 and older.
1.3 Binge drinking increases with age

In line with the data showed before, the graphs 4, 5 and 6 illustrate that binge drinking follows the same growing trend after 18 years old. Binge drinking practice increases starting from the age of 18 and reaches its peak between 20-24 years old. Then, it gradually decreases beginning at about age 30. Thus, the age range of the target includes young people from 18 to 30 years old.

It should be noted that the graphs contain different ages in each range. If we go back to the first graphs, there’s an increase related to the age, which is particularly dramatic during the rate 14-18. That is, the prevalence of binge drinking doubles between the ages of 14 and 18. Therefore, the prevalence of binge drinking in the range from 15 to 19 is higher than it would be if it had just included young people from 14 to 17.

Finally, the target includes young adults aged 18-30 years old because binge drinking is more common among this rate.
Graph 5: EDADDS, 2013

Graph 6: Relatório Anual. A Situação do País em Matéria de Álcool, 2014
2. Socio-economic status

The HED questionnaire will be ran to young people between 18-30. The questionnaire will have socio-economic variables that will allow us to know the effects of socio-economic status on alcohol consumption practices.

The research aims to produce knowledge about the relation between low-income status and alcohol consumption practices in young people. However, there is little literature showing the impact of socio-economic status on alcohol consumption prevalence and patterns. Hence, it is important to analyse this variable and its effects on HED.

This will allow us to compare drinking practices and patterns between low-income and standard-income youth and define the differences, if any. Furthermore, having data about the differences in consumption patterns and practices will help us to decide which interventions are adequate for each group. To this end, socio-economic variables are included in the research.
Annex 2: Research tools

1. FG SCRIPT

1.1 Leisure and free time
1. What is having fun for you? How do you like to have fun? What do you do to have fun?
2. And “partying” or going out? How is it? What do you do?
3. Where do you go when you go out? What do you usually do? Have you any kind of usual route? (e.g. you go first to a bar and to a disco afterwards).

1.2 Consumption patterns
1. When going out, do you usually drink alcohol?
2. When not going out, do you usually drink alcohol? When? In what contexts?
3. What do you usually drink? What kind of drinks do you prefer? Is it common to drink mix different types of alcohol?
4. What kind of alcohol is drunk in the different places you go to?
5. When going out, how much do you usually drink?
6. When going out, do you usually drink 4, 5 or more drinks? What kind of drinks? Do you think it is a lot or a little?
7. Is it common to mix alcohol with any other drug?
8. When drinking, are there any differences between girls and boys?
9. Does the way you drink change depending on the money you have that night? (e.g. where do you go? what kind of drinks do you buy? etc.)
10. Do you think young people who have more money drink in different places or different types of drinks? And those who have less money?

1.3 Harm reduction and safer drinking patterns
1. What do you like about drinking alcohol?
2. What do you dislike about drinking alcohol?
3. Have you ever been with a friend who has drunk too much? What happened? How much did he/she drink?
4. Have you got any strategies to avoid drinking too much alcohol or to control it?
5. Do you think drinking alcohol has any negative effects? Which ones?
6. Have you ever suffered any negative effect or consequence as a result of your alcohol consumption? (e.g. fights, do not go to school, hangover, etc.)
7. Do you have any strategy to avoid these consequences?

1.4 Intervention
1. Where have you learned what you know about alcohol? (self-experience, education institutions, public administration, friends, etc.)
2. Do you think these sources of information are reliable?
3. Do you think you have enough information?
4. How would you like to be informed about alcohol consumption?
5. What should be explained about alcohol consumption? Why?
6. What should not be explained about alcohol consumption? Why?
7. Do you know or have been involved in any preventive intervention on alcohol consumption? (talks, workshops, informative stands in parties, leaflets, etc.). Did you like the information you got? Why?

2. GI SCRIPT

2.1 Young people consumption patterns
1. What are the current alcohol consumption patterns and trends among young people (aged 18-29)?
   a. What do they usually do when going out?
   b. When do they consume alcohol? When they go out? During the week?
   c. How much do they usually drink?
   d. HED means Heavy Episodic Drinking, that is, drinking 4-5 or more drinks on one occasion. Do you think that this drinking pattern is present among young people in Bologna/Lisboa/Tarragona? In what contexts does this drinking pattern take place?
   e. Is it common to mix alcohol with other drugs? What different kind of drugs do they mix?
   f. What are the most common drinking patterns and practices? Point out those practices you think that carry a higher risk.
   g. What are the main negative effects and consequences of alcohol consumption you have identified among youth in Bologna/Lisboa/Tarragona?
   h. What are the most common harm reduction strategies and practices among youth? (e.g. alternate alcoholic and non-alcoholic drinks)

2.2 Interventions
1. Do you think young people have enough information about alcohol consumption? How do they access to this information? Through what channels?
2. What topics related to prevention do you think that should be addressed as a priority?
3. What programs/interventions related to alcohol consumption are being implemented?
4. How do you assess the existing programs/interventions?
2.3 Recommendations

1. What kind of interventions/programs do you consider to have the greatest impact and to be the most successful?
2. Where should the interventions be carried out? What kind of information should be transmitted? Who should transmit it? What form should they take?
3. What programs/interventions aren’t being implemented, but it would be interesting to implement? Where should the intervention take place? What kind of information should be transmitted? Who should transmit it? What form should they take?
4. What programs/interventions do you think would be effective to address HED?
3. Questionnaire

Please continue with the questionnaire ONLY if you are between 18 AND 29 YEARS OLD and have taken AT LEAST ONE ALCOHOLIC BEVERAGE in the last 12 months. Your answers are anonymous and confidential.

1. How many DAYS have you had an alcoholic drink during THE LAST 12 MONTHS? Please mark one answer

- □ Between 1 and 19 days (1)
- □ Between 20 and 29 days (2)
- □ Between 30 and 99 days (3)
- □ Between 100 and 149 days (4)
- □ Between 150 and 199 days (5)
- □ More than 200 days (6)

Here are some examples to help you calculate the number of days a year:

- If the LAST 12 MONTHS you have only drunk in family celebrations, like weddings and birthdays, this could amount to an average of 2 days per month throughout the year (12 months) = 24 days. In this case, you should mark the category "Between 20 and 29 days".
- If you have basically drunk on weekends during the LAST 12 MONTHS (this is Friday, Saturday and Sunday) = 3 days x 52 weeks = 156 days. In this case, you should mark the category "Between 150 and 199 days".

Now, we want to know if you’ve taken a number of drinks on a single occasion. Depending on your sex, we will refer to a number of different drinks, five or more drinks if you are a man and four or more drinks if you’re a woman.

2. In the LAST 12 MONTHS, have you had 5 or more (if you are a man) or 4 or more (if you are a woman) drinks containing alcohol on one occasion? Please mark one answer.

→ Take a look at the next equivalence table in order to calculate the number of drinks in units of drink.

If you have any doubt, please contact the survey taker.

- □ YES (1) → Answer all the questionnaire (Blocks A, B and C)
- □ NO (2) → Answer blocks A and C

BLOCK A

3. In the LAST 12 MONTHS, how often did you go to...

Please mark one answer per row.

<table>
<thead>
<tr>
<th>Event</th>
<th>Never (1)</th>
<th>Rarely (2)</th>
<th>Sometimes (3)</th>
<th>Often (4)</th>
<th>Always (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bar</td>
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<tr>
<td>Pub/Bar musical</td>
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<tr>
<td>Discotheque</td>
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<tr>
<td>Public spaces (streets, squares, parks, beaches...)</td>
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<tr>
<td>Festivals</td>
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<tr>
<td>Popular feast/Local party</td>
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<tr>
<td>Concerts</td>
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<tr>
<td>Rave</td>
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<tr>
<td>After</td>
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<tr>
<td>College party (university)</td>
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</tr>
<tr>
<td>Party at a friend’s house or at a rented place</td>
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</tbody>
</table>
Your own house or a friend’s (not in a party context, for example: meeting in a house to drink before going out)

Other spaces

### 4. In the LAST 12 MONTHS, how often did you do the following actions when going out?

<table>
<thead>
<tr>
<th>Action</th>
<th>Never (1)</th>
<th>Rarely (2)</th>
<th>Sometimes (3)</th>
<th>Often (4)</th>
<th>Always (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use a designated driver</td>
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<tr>
<td>Make sure that you go home with a friend</td>
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<tr>
<td>Know where your drink has been at all times</td>
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<tr>
<td>Refuse to ride in a car with someone who has been drinking</td>
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<tr>
<td>Only go out with people you know and trust</td>
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<tr>
<td>Avoid combining alcohol with marijuana</td>
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<tr>
<td>Make sure you drink with people who can take care of you if you drink too much</td>
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<tr>
<td>Eat before or during drinking</td>
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<tr>
<td>Determine not to exceed a set number of drinks</td>
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<tr>
<td>Alternate alcoholic and non alcoholic drinks</td>
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<tr>
<td>Have someone you trust to let you know when you have drunk too much</td>
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<tr>
<td>Leave the bar at a preset time</td>
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<tr>
<td>Stop drinking at a preset time</td>
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<tr>
<td>Drink water while drinking alcohol</td>
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<tr>
<td>Put extra ice in your drink</td>
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<tr>
<td>Avoid drinking games</td>
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<tr>
<td>Avoid drinking different types of alcohol</td>
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<tr>
<td>Drink slowly, rather than gulp or chup</td>
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<tr>
<td>Avoid trying to keep up or out-drink others</td>
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<tr>
<td>Avoid &quot;pre-gaming&quot; (i.e., drinking before going out)</td>
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</tbody>
</table>

### 5. In the LAST 12 MONTHS, how often did you experience any of the following as a result of your own alcohol use?

<table>
<thead>
<tr>
<th>Event</th>
<th>Never (1)</th>
<th>Yes, once (2)</th>
<th>Yes, more than once (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I became sick or vomited</td>
<td></td>
<td></td>
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<tr>
<td>I have done something I could not remember afterwards</td>
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<td></td>
</tr>
<tr>
<td>I physically harmed myself or another person</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I damaged property or urban furniture</td>
<td></td>
<td></td>
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<tr>
<td>I had unprotected sex</td>
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<td></td>
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<tr>
<td>I received a citation or was arrested in an alcohol check</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>I received a citation or was arrested for other reasons related to alcohol consumption (fight, public disorder, possession of drugs...)</td>
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<tr>
<td>I regretted getting sexually involved with someone</td>
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<td></td>
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<tr>
<td>I coerced another person into being sexual with me</td>
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<tr>
<td>I had a conflict with friends or family</td>
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<tr>
<td>I was late for work or school</td>
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<tr>
<td>I was ashamed by my behavior</td>
<td></td>
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<tr>
<td>I regretted losing control of my senses</td>
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<tr>
<td>I was taken to a hospital</td>
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<tr>
<td>I was robbed of thefted</td>
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<tr>
<td>I had a traffic accident</td>
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<tr>
<td>Someone has sexually harassed, assaulted or abused of me</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
6. Indicate when have you consumed the next substances. Please mark one answer per row.

<table>
<thead>
<tr>
<th>Substance</th>
<th>In the last 30 days</th>
<th>In the last 12 months</th>
<th>Sometimes in lifetime</th>
<th>Never</th>
<th>Don’t know/Not answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Cannabis</td>
<td></td>
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<tr>
<td>Ecstasy/MDMA</td>
<td></td>
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<tr>
<td>Cocaine</td>
<td></td>
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<tr>
<td>Speed/Amphetamines</td>
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</tbody>
</table>

**BLOCK B**

7. In the LAST 12 MONTHS, approximately, how frequently have you had 5 or more (if you are a man) or 4 or more (if you are a woman) drinks containing alcohol on one occasion? --> Please mark one answer.

--> This question is related to the calculation of the question 2. You can use the equivalence table of that question to help you on the calculation.

☐ Daily (1) ☐ 1 to 2 days a week (4) ☐ 6 to 11 times a year (7)
☐ 5 to 6 days a week (2) ☐ 2 to 3 days a month (5) ☐ 2 to 5 times a year (8)
☐ 3 to 4 days a week (3) ☐ One day a month (6) ☐ One time a year (9)

8. These occasion or occasions you are thinking about in the previous question, where did they happen?

--> You can mark a maximum of 3 spaces. If they are more than 3, indicate only the most usual 3 spaces.

☐ Bar ☐ Popular feast/Local party ☐ Party at a friend’s house or at a rented place
☐ Pub/Bar musical ☐ Concerts ☐ Your own house or a friend’s (not in a party context, for example: meeting in a house to drink before going out)
☐ Discotheque ☐ Rave ☐ Other spaces
☐ Public spaces (streets, squares, parks, beaches...)
☐ After ☐ College party (university)

Now, we will ask you about the LAST TIME you had 5 or more (if you are a man) or 4 or more (if you are a woman) drinks containing alcohol on one occasion.

9. The LAST TIME you had 5 or more (if you are a man) or 4 or more (if you are a woman) drinks containing alcohol on one occasion, what was the time period you drunk them approximately? --> Please mark one answer.

☐ Less than one our (1) ☐ 3 to 4 hours (3) ☐ 7 to 8 hours (5)
☐ 1 to 2 hours (2) ☐ 5 to 6 hours (4) ☐ 9 or more hours (6)

10. The LAST TIME you had 5 or more (if you are a man) or 4 or more (if you are a woman) drinks containing alcohol on one occasion, how many of them you had approximately? --> Please mark one answer.

☐ 4 drinks (1) ☐ 6 drinks (3) ☐ 8 drinks (5) ☐ 10 or more drinks (7)
☐ 5 drinks (2) ☐ 7 drinks (4) ☐ 9 drinks (6)
Now, we will ask you about some characteristics of your **HOUSEHOLD or usual residence**.

In this block, you have to calculate the components of your home. We understand household as the place where you usually live and where you contribute regularly with money to cover expenses and/or you benefit from the income of others. If you have any doubt, please consult the survey taker.

11. How many people does your **HOUSEHOLD** or regular residence have? --> Please mark one answer.
   - [ ] Just me (1) --> Please go to question 14
   - [ ] It has other people besides me (2) --> Please go to next question

12. What is the number of people of your **HOUSEHOLD** or regular residence?
   - Number of people less than 18 years old: _____
   - Number of people of 18 or more years old (including you): _____

13. Who do you share your **HOME** or regular residence with? Mark all the people you live with.
   - [ ] My mother (or stepmother)
   - [ ] My couple
   - [ ] My father (or stepfather)
   - [ ] My son(s) or daughter(s)
   - [ ] Other relatives
   - [ ] Other people (non relatives)

14. What is the highest degree or level of education of your father (or stepfather) and you mother (or stepmother)? --> Please mark one answer per column.

<table>
<thead>
<tr>
<th></th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>No education or incomplete primary education (1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete primary education (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incomplete secondary education (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete secondary education (4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incomplete bachelor or Medium Grade Training Cycle (5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete bachelor or Medium Grade Training Cycle (6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incomplete university or Higher Level Middle Cycle (7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete university or Higher Level Middle Cycle (8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master or postgraduate (9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know (10)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. What is the main occupation of your father (or stepfather) and you mother (or stepmother)?
   --> Please mark one answer per column.
   --> If any of both is not currently working, indicate the job or situation in which they have usually been.
   - [ ] Company or public administration managers (1)
   - [ ] Technicians, professionals, scientists and intellectuals.
   - [ ] Armed Forces (officers and higher ranks) (2)
   - [ ] Small entrepreneurs. Technicians and support professionals.
   - [ ] Administrative employees (3)
   - [ ] Restaurant service workers, personal, security and sellers.
   - [ ] Armed Forces (non-commissioned officers and lower ranks) (4)
   - [ ] Skilled workers on farming, fishery, manufacturing industries, construction and mining. Artisans. (5)
   - [ ] Unskilled workers (6)
   - [ ] Dedicated to housework at home (7)
   - [ ] Inactive or unemployed (8)
   - [ ] Don’t know (9)
16. **Approximately, what is the MONTHLY TOTAL INCOME of your HOUSEHOLD or regular residence?**

   --> Please mark one answer

   --> A HOUSEHOLD can have one or more people that provide income. Note that income can come from both people living at household and people that help from outside the household. Calculate the approximate total amount of income that comes to your household.

   - □ Less than 500 € (1)
   - □ 500 to 799 € (2)
   - □ 800 to 999 € (3)
   - □ 1.000 to 1.499 € (4)
   - □ 1.500 to 1.999 € (5)
   - □ 2.000 to 2.499 € (6)
   - □ 2.500 to 2.999 € (7)
   - □ 3.000 to 4.999 € (8)
   - □ 5.000 to 6.999 € (9)
   - □ 7.000 to 8.999 € (10)
   - □ More than 6.999 € (10)
   - □ Don’t know (11)

17. **Indicate the highest degree or level of education you have achieved.** --> Please mark one answer.

   - □ No education (1)
   - □ Primary education (2)
   - □ Secondary education (3)
   - □ Bachelor or Medium Grade Training Cycle (4)
   - □ University or Higher Level Middle Cycle (5)
   - □ Master or postgraduate (6)

18. **Indicate your sex**

   - □ Male (1)
   - □ Female (2)
   - □ Others (3)

19. **Indicate your age**

   ________
# 4. Qualitative data analysis summary

## 1. Drinking patterns

### 1.1 Drinking tour

<table>
<thead>
<tr>
<th>Age 18-24 specificities</th>
<th>Age 24-29 Specificities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fill only if there are any substantial differences two age groups</strong></td>
<td></td>
</tr>
<tr>
<td><em>i.e. Drink at public spaces</em></td>
<td><em>Drink at home</em></td>
</tr>
</tbody>
</table>

### 1.2 Sociodemographic consumption patterns

<table>
<thead>
<tr>
<th>Age 18-24 specificities</th>
<th>Age 24-29 Specificities</th>
</tr>
</thead>
</table>
### 1.3 Other drinking practices

<table>
<thead>
<tr>
<th>Age 18-24 specificities</th>
<th>Age 24 29 Specificities</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Fill only if there are any substantial differences two age groups</em></td>
<td></td>
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</tbody>
</table>

### 1. Risky drinking behaviours

<table>
<thead>
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<th>Age 24 29 Specificities</th>
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</thead>
<tbody>
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<td><em>Fill only if there are any substantial differences two age groups</em></td>
<td></td>
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</tbody>
</table>
2. Protective drinking behaviours

<table>
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<th>Age 24-29 Specificities</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

3. Consequences and effects of drinking

<table>
<thead>
<tr>
<th>Age 18-24 specificities</th>
<th>Age 24-29 Specificities</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Fill only if there are any substantial differences two age groups</em></td>
<td></td>
</tr>
</tbody>
</table>
### 4. Intervention

<table>
<thead>
<tr>
<th>Actual situation/current interventions</th>
<th>Recommendations</th>
</tr>
</thead>
</table>

- [ ]
- [ ]
- [ ]