SMOKING, ALCOHOL AND ILLICIT DRUG USE AMONG SCHOOL-AGED ADOLESCENTS:
PREVALENCE AND TRENDS IN UKRAINE

based on the results of the 2024 study
within the framework of the international project

«European School Survey Project on Alcohol and Other Drugs - ESPAD»

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LIST OF ABBREVIATIONS

IDP	Internally displaces people
NPS	New psychoactive substances
GSEI	General Secondary Educational Institution
VETI	Vocational Education and Training Institution
PPEI	Professional Pre-higher Educational Institution
ESPAD	Project 'The European School Survey Project in Alcohol and Other Drugs'

FOREWORD

Building a Healthy, Resilient and European Future for Ukrainian Youth

Dr Ihor Kuzin
Deputy Minister of Health of Ukraine

The Ministry of Health of Ukraine plays a key role in strengthening public health systems and advancing the health and well-being of the population — especially children and adolescents — in line with Sustainable Development Goals (SDGs) and the country's EU accession process.

Despite the ongoing war, Ukraine continues to demonstrate measurable progress:

- More than 55,000 adolescents and youth accessed mental health services at newly established Community Mental Health Centers in 2025 alone, supported by the Mental Health Program "How Are You?" launched by the First Lady of Ukraine.
- 128 medical facilities across all regions now operate youth-friendly mental health services, with over 43 million UAH reimbursed by the National Health Service of Ukraine for adolescent mental health care services.
- Since 2024, over 6.5 million childhood vaccine doses have been administered — a vital contribution to achieving SDG Target 3.3: End epidemics of communicable diseases.
- Screening and diagnosis for hepatitis B and C among youth and pregnant women has expanded through updated clinical protocols and national hepatitis strategies.

An example of improving the health and well-being of the population — especially children and adolescents, is Ukraine's continued participation in the European School Survey Project on Alcohol and Other Drugs (ESPAD), which aligns national monitoring with WHO and EU standards.

Findings from the 2024 ESPAD study, implemented in partnership with the NGO «Ukrainian Institute for Social Research after Olexander Yaremenko», Swiss Agency for Development and Cooperation (SDC), GFA Consulting Group GmbH, State institution «Public Health Center of the Ministry of Health of Ukraine» and Ministry of Education and Science of Ukraine, reveal main trends: declining cigarette smoking, increased uptake of e-cigarettes, reducing the accessibility of psychoactive substances and alcohol.

According to ESPAD 2024 trends:

- The prevalence of smoking among adolescents has decreased by almost half compared to 2019, but the use of electronic cigarettes has increased, indicating new challenges for public health. Although fewer adolescents report having ever smoked e-cigarettes in 2024 compared to 2019, the intensity of their smoking has increased - 17.1% reported smoking e-cigarettes in the past 30 days in 2024, compared to 11.7% in 2019; the experience of using tobacco heating devices has also more than doubled compared to 2019;
- The lifetime experience of alcohol use decreased in this round of the study from 85.7% in 2019 to 76.7% in 2024. However, although episodic (3 to 9 times) and frequent (10 to 39 times) alcohol consumption is declining, the percentage of adolescents who drink very frequently (40 times or more) in the past 12 months stays steady - 6.9% in 2019 and 6.8% in 2024;
- Lifetime cannabis (marijuana) use increased by one-third compared to 2019;
- There was a sharp increase in the proportion of respondents who reported using various narcotic substances during their lifetime: from 3.1% to 5.6% in 2024, in 2019, the use of various narcotic substances ranged from 0.7% to 2.2%;
- The data indicate a decrease in the accessibility of cigarettes, alcohol, and marijuana or hashish compared to 2019;
- Half of the adolescents surveyed (49.3%) reported the traumatic impact of war on their lives. These adolescents are more likely to engage in risky practices than those who do not report such an impact. This applies to smoking experience (32.5% and 24.2%, respectively); alcohol use (79.5% vs. 74.1%); lifetime cannabis use differs by almost half, while its use in the last year differs by almost three times; they are twice as addicted to gambling as their peers who have not been affected by the war.

As Ukraine moves toward EU accession, alignment with Chapter 28 (Consumer and Health Protection) and the SDGs is essential. ESPAD findings are highly valuable in this context. The Ministry's updated strategies, such as the National Drug Policy Strategy for the period up to 2030, provides for a systematic approach to the treatment of addictions. These efforts directly support global commitments, including the WHO Global Alcohol Action Plan and the WHO Mental Health Action Plan.

A trauma-informed and youth-sensitive approach underpins this work, with a focus on early prevention, school and community engagement, cross-sectoral cooperation, and expanding access to non-stigmatising services particularly in rural and conflict-affected areas. Through active collaboration with partners such as SDC and national NGOs, Ukraine is scaling proven solutions nationwide.

By combining strategic policy reform with international cooperation, Ukraine is not only meeting EU health benchmarks - it is laying the groundwork for a healthier generation that will shape the country's European future.

The 2024 European School Survey Project on Alcohol and Other Drugs (ESPAD) in Ukraine

Tetiana Bondar
Director of the NGO "Ukrainian Institute for Social Research after Olexander Yaremenko"

The European School Survey Project on Alcohol and Other Drugs (ESPAD) is the world's largest international research initiative focusing on the use of psychoactive substances among 15- to 16-year-old students. The survey is conducted every four years and aims to collect comparable data from as many European countries as possible using standardised research methodologies and tools.

A total of 37 European countries participated in the 2024 survey cycle, including 25 Member States of the European Union. Ukraine has been a committed participant in the ESPAD project since 1995, contributing to a long-term dataset on adolescent risk behaviour.

The 2024 ESPAD survey in Ukraine was conducted by the Ukrainian Institute for Social Research named after Olexander Yaremenko as part of a joint initiative with the Ukrainian Public Health Center and the Act4Health project. The survey was made possible thanks to the primary financial support of the Swiss Agency for Development and Cooperation (SDC), whose contribution was vital in ensuring its successful implementation. Additional co-funding was provided by the European Union Drug Agency (EUDA) through the EU4Monitoring Drugs II project, which is funded by the European Union.
The implementation of the survey was further supported by the Ministry of Education and Science of Ukraine, the Ministry of Health of Ukraine, and the GFA Consulting Group.
The eighth wave of the ESPAD survey conducted in 2024 further enriched the international ESPAD database, which now includes nearly 30 years of data on Ukrainian adolescents' risky behaviours.
The national phase of the survey collected data on students' experiences with and perceptions of various psychoactive substances, including tobacco, alcohol, illicit drugs, inhalants, pharmaceuticals (non-prescribed use), and new psychoactive substances. It also explored the behavioural aspects of youth, such as their use of social media, gaming habits, and gambling tendencies. The social environment was also investigated as a factor influencing adolescents' behavioural practices. The questionnaire for this wave also included several questions about displacement due to Russia's full-scale invasion of Ukraine on 24 February 2022, as well as questions about personal experiences related to the war.
The survey was conducted in 300 educational institutions in 20 territorial administrative units of Ukraine. The total number of respondents is 8,819 students (4,074 boys and 4,745 girls) aged 14-17, whose survey results were used in the preparation of this report.

A significant focus of the 2024 ESPAD survey was the mental well-being of adolescents in the context of the ongoing war in Ukraine. For the first time, the WHO-5 Well-Being Index was employed to assess the emotional and psychological health of the youth population. This addition offers crucial insights into the broader health and social environment affecting adolescents.

Alongside behavioural data, the survey continued to monitor long-term trends in tobacco, alcohol, and drug use, building on data collected since 1995. These trends allow for the evaluation of changes over time and the identification of emerging issues that require attention.

The findings of the 2024 ESPAD survey serve as a vital source of information for policymakers, educators, and public health professionals from the Ukrainian Public Health Center. The data support the development and refinement of prevention strategies, policies, and programmes aimed at reducing substance use and promoting healthier lifestyles among young people in Ukraine.

INTRODUCTION

This report has been prepared as part of the international research project 'The European School Survey Project on Alcohol and Other Drugs' (ESPAD), which aims to collect data on substance use among students of the same age group in most European countries.

The target group of the ESPAD international survey is students of the same birth year who have turned 16 or are about to turn 16 during the year of the current wave of the survey. In 2024, the target group was students born in 2008 - they were 15-16 years old at the time of the survey.

The international research project on alcohol and drug use is conducted every four years, and Ukraine has participated in all its waves, which were conducted in 1995, 1999, 2003, 2007, 2011, 2015, 2019 and 2024.

The 2024 survey was conducted in 300 educational institutions in Ukraine, including 260 general secondary education institutions (GSEIs) (surveyed students in grades 10), 20 professional pre-higher educational institutions (PPEIs) (surveyed first-year students after basic secondary education), and 20 vocational education and training (VET) institutions (surveyed first-year students after basic secondary education).

The total number of respondents is 8819 students (4074 boys and 4745 girls) aged 14-17, whose survey results were used in the preparation of this report. For the international report, the survey data of the target age group born in 2008 will be used, the number of respondents being 4538.

The survey was conducted in 20 territorial administrative units of Ukraine (Vinnytsia, Volyn, Dnipropetrovsk, Zhytomyr, Zakarpattia, Ivano-Frankivsk, Kyiv, Kirovohrad, Lviv, Mykolaiv, Odesa, Poltava, Rivne, Sumy, Ternopil, Khmelnytsky, Cherkasy, Chernivtsi, Chernihiv oblasts) and the city of Kyiv. Donetsk, Zaporizhzhia, Luhansk, Kharkiv, and Kherson regions were completely excluded (only distance learning due to martial law). According to the Order of the Ministry of Reintegration of the Temporarily Occupied Territories of Ukraine No. 309 of 22.12. 2022[1], as of August 17, 2023, the study could not be conducted in the Autonomous Republic of Crimea (temporarily occupied after russia's invasion in February 2014), Donetsk and Luhansk oblasts (part of which was temporarily occupied after russia's invasion in April 2014, and part of which was occupied after russia's large-scale invasion to Ukraine on February 24, 2022), and parts of Zaporizhzhia, Kherson, and Mykolaiv oblasts (occupied after russia's large-scale invasion to Ukraine on February 24, 2022). Donetsk, Zaporizhzhia, Luhansk, Kharkiv, and Kherson oblasts were completely excluded (only distance learning due to martial law).

The main aim of the student survey is to monitor trends and patterns of psychoactive substance use, identify factors of different behaviours, measure the prevalence of tobacco, nicotine products and alternative smoking products (electric heating tobacco products, hookah, snuff), alcohol and illicit drugs use, as well as Internet and social media addiction.

The questionnaire for this wave also included several questions about displacement due to russia's full-scale invasion of Ukraine on February 24, 2022.

The data presented here focuses on the results of the eighth wave of the student survey and includes an analysis of trends in tobacco, alcohol and drug use since 1995. In addition, the data obtained allow us to identify behavioural practices regarding the use of new psychoactive substances (NPS) among boys and girls, taking into account age-specific characteristics, as well as to find out the perception of availability and stereotypes about the health risks of various types of psychoactive substances.

The authors note that the implementation of this study in Ukraine was made possible only through the cooperation of a wide range of people. First of all, the Ministry of Education and Science of Ukraine (provided letters of support and disseminated information about the project), as well as representatives of the Public Health Centre of the Ministry of Health of Ukraine (provided expertise of the data), the NGO 'Ukrainian Institute for Social Research after Oleksandr Yaremenko' (provided data collection in the regions), the Ukrainian-Swiss project 'Reducing Risk-Factors for Non-Communicable Diseases in Ukraine' (provided the financial component and expertise of the data). We are also grateful to the heads of interviewer teams and interviewers of the permanent network of the NGO 'UISR after O.Yaremenko' in the regions, heads of educational institutions and employees of departments/divisions/offices of education and science who helped to organise and conduct the survey.

We also express our special gratitude to the Ukrainian-Swiss project 'Reducing Risk Factors for Non-Communicable Diseases (NCDs) in Ukraine' for the technical support of the project implementation in Ukraine, which supported the survey.

[1] Order of the Ministry of Reintegration of the Temporarily Occupied Territories of Ukraine of 22.12.2022 No.309 "On approval of the List of the territories on which hostilities are (were) carried out or temporarily occupied by the Russian Federation" https://zakon.rada.gov.ua/laws/show/z1668-22#Text

The research methodology received a positive opinion from Professional Ethics Committee of the Sociological Association of Ukraine (SAU) on ensuring the required level of anonymity, confidentiality of the information received, and the correctness of the questionnaire text (in terms of content and wording), which ensures respect for human dignity and moral and ethical standards, in accordance with the ethical principles of social research involving children and adolescents approved by the SAU, the principles of the Helsinki Declaration of Human Rights, the European Convention on Human Rights, the UN Convention on the Rights of the Child, and relevant laws of Ukraine.

The analytical report was prepared by a team of authors: T. Bondar, Candidate of Sociological Sciences (general management, introduction, research methodology, sections 1, 2, general conclusions), O. Nekhayenko, Candidate of Sociological Sciences (section 3), S. Shevchenko, Candidate of Sociological Sciences (section 4), A. Zinchenko, Candidate of Historical Sciences (section 5), O. Yevtovych (sections 1, 2 in co-authorship, sections 6, 7, 8).

The results presented here will be useful for all professionals working with adolescents and young people, for parents and young people themselves. The report provides a clear basis for setting priorities, developing and implementing practical measures at the national level, as well as at the level of oblasts, cities, rayons and hromadas.

METHODOLOGICAL PRINCIPLES

The methodology of the study in Ukraine is based on the protocol of the international study 'European School Survey Project on Alcohol and Other Drugs', which makes it possible to compare the behavioural orientations of young people from different European countries.

Target group: students of the same year of birth who have turned 16 or will turn 16 in the year of the current survey wave. In 2024, the target group is students born in 2008.

School-aged youth. In 2024, the target group was students born in 2008 - they were 15-16 years old at the time of the survey. In Ukraine, the survey covered students born in 2006-2010, i.e. aged 14-17. The total number of respondents was 8819 students (4074 boys and 4745 girls).

Data collection tools. The questionnaire for each wave of the survey is agreed upon by researchers from all countries participating in the project and consists of thematic blocks that contain both mandatory questions for all countries and those that a country can include at its discretion. In addition, each country can include several national questions. In this wave of the questionnaire, Ukraine included several questions on displacement in connection with russia's full-scale invasion of Ukraine on 24 February 2022.

Design and implementation of the sample population. At the preparatory stage, all educational institutions were divided into four types: rural and urban general secondary educational institutions (GSEIs), vocational technical educational institutions (VTEIs), and professional pre-higher educational institutions (PPEIs).

Lists were compiled for each of these four categories of educational institutions in accordance with the administrative-territorial structure[2]. Pupils/students living and studying in Vinnytsia, Volyn, Dnipropetrovsk, Zhytomyr, Zakarpattia, Ivano-Frankivsk, Kyiv, Kirovohrad, Lviv, Mykolaiv, Odesa, Poltava, Rivne, Sumy, Ternopil, Khmelnytsky, Cherkasy, Chernivtsi, Chernihiv oblasts and the city of Kyiv took part in this wave of the study. Thus, each educational institution received an individual digital code and an individual serial number.

Further sampling was done for each type of educational institution separately. The number of educational institutions for each type was determined in proportion to the number of pupils of the corresponding age enrolled in them.

The list of institutions did not include educational institutions where education is provided online.

Thus, the educational institutions covered by the survey were divided into four types:

1) urban GSEIs of I-III levels, where children of the required age groups study. Students in grades 9-11 took part in the survey;

2) rural GSEIs of I-III levels, where students of the required age groups study. Students in grades 9-11 took part in the survey;

3) VET institutions with study groups after basic general secondary education (9 grades). Students of the first and second years of study after basic general secondary education (9 grades) were interviewed;

4) PPE institutions with study groups after basic general secondary education (9 grades). Students of the first and second years of study after basic general secondary education (9 grades) were interviewed.

The selection of sampling units (class/group) was determined in two stages:

Stage 1 - selection of the required number of educational institutions (with a given step) for each of the four types and identification of these educational institutions.

Stage 2 - selection of classes/groups in each of the educational institutions using special tables that ensured equal probability for each class/group to be included in the sample (The study involved one 9th and one 10th grade in general secondary education institutions and one 1st year group of professional pre-higher educational institutions/vocational education and training institutions.

- The observation unit was all students in the selected classes/groups.

[2] The study could not be conducted in the Autonomous Republic of Crimea (temporarily occupied after russia's invasion in February 2014), Donetsk and Luhansk oblasts (part of which was temporarily occupied after russia's invasion in April 2014, and part of which was occupied after russia's large-scale invasion to Ukraine on February 24, 2022), and parts of Zaporizhzhia, Kherson, and Mykolaiv oblasts (occupied after russia's large-scale invasion to Ukraine on February 24, 2022). Donetsk, Zaporizhzhia, Luhansk, Kharkiv, and Kherson oblasts were completely excluded (only distance learning due to martial law).

- The survey was conducted online with the help of interviewers/assistants. In almost all surveyed educational institutions, the administration did not object to this form of survey.
- The survey was completely voluntary.
- Only those students who were involved in the educational process at the time of the survey, attended educational institutions and were present in class on the day of the survey took part in the survey.

Data collection methodology. The survey of students was conducted by self-filling online questionnaires in the presence of interviewers (no teachers or anyone from the administration of the educational institution were present in the classroom during the survey).
RatingBot (professional survey software used by sociological companies) was used to collect data. The software created an online questionnaire template and generated unique links for each educational institution on the service's web portal. For convenience, each link was assigned a QR code to make it easier for students to navigate to the survey.
Each question was opened separately on the web page. After receiving the answer, the device automatically transmitted the answer to the server. In the event of an Internet outage, it saved the answers until the next successful connection to the server. The results were exported to Google spreadsheets and SPSS format. Based on the obtained data set, tables of statistics on completed questionnaires for all educational institutions were created, and the completion of questionnaires and the quota was monitored.

Ethical issues. Before the study was conducted, a positive opinion was received from Professional Ethics Committee of the Sociological Association of Ukraine (SAU) on ensuring the required level of anonymity, confidentiality of the information received, and the correctness of the questionnaire text (in terms of content and wording), which ensures respect for human dignity and moral and ethical standards, in accordance with the ethical principles of social research involving children and adolescents approved by the SAU, the principles of the Helsinki Declaration of Human Rights, the European Convention on Human Rights, the UN Convention on the Rights of the Child, and relevant laws of Ukraine.

Data collection procedure. The field stage of the study was carried out by local research teams - members of the interviewer network of the NGO 'Ukrainian Institute for Social Research after Oleksandr Yaremenko'. In each region, interviewers were trained on technical issues, the content of the questionnaire, requirements for methodology and research technology.

Data collection process

- Preliminary telephone conversation or meeting with the director of the educational institution and with the teacher/educator to inform about the survey, its topic, the principle of selecting a given class/group in a given educational institution, sending a letter of support to the director/rector of the educational institution, familiarising with the requirements of the survey (including explaining the need for the teacher/educator to be absent from the classroom during the survey), agreeing on the day and time when the survey can be conducted.
- The arrival of the interviewer on the day and time agreed upon in advance, telling students about the purpose and objectives of the survey, the conditions of its implementation, the principles of anonymity, confidentiality and voluntary participation in the survey are guaranteed by the NGO 'Ukrainian Institute for Social Research after Oleksandr Yaremenko' as a member of the SAU in compliance with international sociological standards.
- Instructing students on the technical features of filling out the questionnaire online.
- The 2024 survey was conducted in 300 educational institutions in Ukraine, including 260 general secondary education institutions (GSEIs) (surveyed students in grades 10), 20 professional pre-higher education institutions (PPEIs) (surveyed first-year students after general secondary education), and 20 vocational education and training (VET) institutions (surveyed first-year students after general secondary education).

Table D1

Sample population implemented

OBLAST	SAMPLE IMPLEMENTED		NUMBER OF STUDENTS, PERSONS INTERVIEWED		TOTAL STUDENTS, PERSONS	INTERVIEWED		TOTAL CLASSES/GROUPS
	GSEI	VTEI/PPEI	GSEI	VTEI/PPEI		CLASSES	GROUPS	
Vinnytsia	12	7	394	120	514	24	7	31
Volyn	13	3	371	87	458	26	3	29
Dnipropetrovsk	6	3	135	54	189	12	3	15
Zhytomyr	12	1	439	24	463	24	1	25
Zakarpattia	18	0	536	0	536	36	0	36
Ivano-Frankivsk	14	1	414	20	434	28	1	29
Kyiv	18	1	628	30	658	36	2	38
the city of Kyiv	37	1	1058	18	1076	68	1	69
Kirovohrad	8	3	200	42	242	16	3	19
Lviv	24	5	954	93	1047	48	5	53
Mykolaiv	3	1	102	8	110	6	1	7
Odesa	15	3	435	69	504	30	3	33
Poltava	12	2	313	51	364	24	2	26
Rivne	16	1	500	10	510	32	1	33
Sumy	7	1	225	21	246	14	2	16
Ternopil	8	2	275	43	318	16	2	18
Khmelnytskyi	11	3	391	53	444	22	3	25
Cherkasy	9	0	256	0	256	18	0	18
Chernivtsi	11	1	262	13	275	22	1	23
Chernihiv	6	1	145	15	175	10	2	12
Total	**260**	**40**	**8033**	**786**	**8819**	**512**	**43**	**555**

General difficulties of the field stage:

- The impact of air raids on the data collection process. Students had to go to a shelter without proper Internet access and continue working on the questionnaire after the alarm, and in some educational institutions, students had to interrupt the survey several times and even postpone it to the next day. The rescheduling took place when students had not yet started working on the questionnaire.
- In some oblasts, students were allowed to go home (after school) due to the prolonged air alert, so some schools had to be visited twice to cover all classes. This meant that one class could be surveyed on one day and another on the second day, or both classes on a different day.
- Data collection was affected by the speed of the Internet, and in mountainous areas, communities bordering the frontline, etc., there were interruptions in access, which caused technical problems and extended the time to complete the questionnaire.
- Some students experienced technical problems related to the characteristics of the device used to participate in the survey. These were isolated cases that were resolved by providing a device that was available to the interviewer during each visit to each classroom.
- In some oblasts, there were difficulties with transport links between settlements.
- The planning of the visit schedule was significantly influenced by the security situation caused by the war (the format of students' education, daily changes in the security situation due to destruction caused by shelling, the threat of ballistic weapons, artillery shelling, etc.)

Quality control of the data obtained. To conduct the study, interviewers used a unique link and/or QR code created in special software that allows them to identify each unique institution, quickly obtain data during the field stage of the study, and monitor the work at all stages of its implementation.

The quality of the data obtained was monitored in several ways: logical control, recording the GPS coordinates of the interview location, and a time timer.

Logical control

Separate software solutions were used to perform logical control over compliance with the questionnaire filling technology:

- the sequence of questions was automatically monitored;
- the number of allowed answers to questions was automatically determined;

Time timer. Time timers recorded the beginning/end of the interview and allowed to control the duration of the questionnaire filling.

The data was analysed by gender, age, type of educational institution, type of settlement, and by individual questions - comparing the results with the results of the previous wave of the 2019 survey. The main analysis of the data was carried out on the basis of all age cohorts surveyed.

Tables and figures that present the dynamics of behavioural practices related to smoking, alcohol and drug use are based on data from the target age cohort of the international research project ESPAD, namely among 15-16-year-old boys and girls of a certain year of birth: in 1995 – born in 1979, in 1999 - born in 1983, in 2003 - born in 1987, in 2007 - born in 1991, in 2011 - born in 1995, in 2015 - born in 1999, in 2019 - born in 2003, in 2024 - born in 2008.

Therefore, we would like to draw our readers' attention to the fact that the text actually uses two analyses strategies to present the results of the latest wave of the 2024 survey:

- aggregate analysis for all survey participants to describe and examine the outcomes among 14-17 year old students;
- subgroup analysis of change and trends in outcomes for participants aged 15-16 years (the 2008 birth cohort).

For the purposes of the national analysis, the following independent variables were used to track trends and identify factors of youth behavioural practices:

A. Independent variables. The third year of the full-scale war is affecting all spheres of society, with its members trying to cope with the events in different ways. That is why, in order to better understand the factors associated with risky practices, this year's report adds several more independent variables to the usual analysis by gender and age groups, type of settlement and type of educational institution. We hope that this will improve the understanding of the current situation with substance use.

A1. Well-being (financial status of the family). Survey participants were asked about the financial situation of their families. This indicator is subjective but can serve as an independent variable. For example, the question 'What is the level of well-being (income) of your family compared to other families in Ukraine?' provided 7 answers, which for further analysis are grouped into 4 categories: high (answers 'Very high' and 'Much higher than average'), above average (answer 'Higher than average'), average (answer 'About average') and below average (answers 'Below average', 'Much lower than average' and 'Very low'). Although these categories seem to be skewed upwards, towards high financial status, this makes sense, as adolescents, unlike adults, tend to embellish their family's financial status, and more than half of the respondents choose the 'above average' or higher options. On the other hand, the options 'below average' and 'low' are represented by a very small number of answers.

The division into 4 categories allows us to identify fairly full groups:

- High - 22.9% (N=2023)
- Above average - 28.3% (N=2495)
- Average - 39.0% (N=3441)
- Below average - 9.8% (N=860).

Boys assess the financial status of their families more highly than girls (Table A1), with 9.5% more girls classifying themselves and their families as having an average financial status, and 9.7% more boys articulating that they belong to a high level of financial status. This difference is stable and applies to all age groups.

Table A1

Level of well-being (financial situation of the family), *by gender, %*

	Boys	Girls	Among all
High	27.6	18.9	22.9
Above average	28.7	28.0	28.3
Average	33.9	43.4	39.0
Below average	9.8	9.7	9.8

A2. Forced displacement due to war. A significant number of Ukrainian adolescents were forced to change their place of residence because of the war. The survey instrument - specifically for Ukrainian adolescents - included the question 'After the start of the full-scale invasion on February 24, 2022, did you have to change your place of residence because of the war?' with five possible answers (see Section 6.3).

Answers to these questions were grouped to obtain two indicators: experience of displacement due to war and current residence in a different place than before the war. The indicator '*Displacement experience*' refers to all adolescents, except for those who marked the option 'No, I did not change my place of residence', and the indicator '*IDP*' refers to all those who at the time of the survey resided in a different place in Ukraine than before 24.02.2022.

27.3% of adolescents (N=2411) have experience of displacement, equally in all gender and age groups, **10.1%** (N=889) are IDP, including 11.6% of boys and 8.7% of girls.

A3. Traumatic impact of the war. Forced displacement is not the only negative experience faced by Ukrainian adolescents. The survey instrument included questions about serious traumatic events and processes that respondents may have experienced personally as a result of the war. As alternatives, only the most significant traumatic events that could not but affect a young person's life were deliberately presented. A general analysis of individual events and traumatic experiences is presented in Section 6.3. The question about the experience of war, as well as about forced displacement, was added to the Ukrainian version of the questionnaire.

To the question 'Which of the following did you personally experienced since February 24, 2022?', one or more answers could be selected that describe the most traumatic war events directly for the respondent (physical injuries of the respondent or relatives; death, capture or unknown fate of someone close to them, destruction of the house, occupation of the settlement). The generalised indicator '*Traumatic impact of war*' includes those who indicated at least one of the listed war experiences and amounts to **49.3%** (N=4352), i.e. almost half of all adolescents surveyed. This figure is 51.6% for boys and 47.4% for girls. It should be noted that all the listed traumatic events were equally frequently experienced by both boys and girls; the only exception, which accounts for the four per cent difference in the generalised indicator, is the option 'I have suffered physical injuries as a result of war', which is significantly more frequently reported by boys in all age categories. Given that, theoretically, this impact, like all the others listed above, should be independent of gender, this difference can be explained, first, by boys' more risky behaviour (e.g., neglecting safety rules during air raid alert), and second, by girls' tendency to downplay their health problems compared to boys.

A4. Parental awareness. The lives and behavioural practices of adolescents are influenced not only by the situation in the country, but also by their immediate environment. This topic is analysed in detail in Chapter 6, but here we will focus only on one indicator, which will serve as an independent variable in the analysis of risky practices. It is about parents' awareness of how their children spend their free time. The question in the questionnaire reads 'Does your mother or father know where you spend your Saturday nights?' and provides answers 'always know', 'usually know', 'know sometimes', 'usually don't know'. For further analysis, the first two alternatives were grouped into the category of 'informed', and the last two into the category of 'uninformed'.

The proportion of informed parents was **82.6%** (N=7282), and **17.4%** (N=1537) of uninformed parents. Uninformed parents were reported by 21.1% of boys and 14.2% of girls. In 2019, the proportion of those who were informed was significantly higher and amounted to 88.6%, and 11.4% were uninformed (including 14.7% of boys and 8.3% of girls).

A5. Depression, stress and anxiety. The survey instrument included a set of additional questions that, using the DASS-21[3] methodology, measure negative emotional states such as depression, anxiety, and stress, namely:

- The Depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia, and inertia.

[3] Henry, J.D. and Crawford, J.R. (2005), The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. *British Journal of Clinical Psychology*, 2005. Vol. 44, P. 227-239. https://doi.org/10.1348/014466505X29657

- The Anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious effect.
- The Stress scale is sensitive to levels of chronic nonspecific arousal, assessing difficulty relaxing, nervous arousal, the ability to be easily upset/agitated, irritable/over-reactive, and impatient.

Respondents used a 4-point frequency scale to rate the extent to which they had experienced each condition in the past week. Each of these scales was determined on the basis of seven indicators of well-being over the past week and grouped into two categories by degree of severity - *'normal'* and '*high*'. *The high level*, for ease of analysis, includes mild, moderate, severe, and extremely severe levels. These two categories covered both depression, anxiety and stress.

As shown in Table A5, **32%** of adolescents have high levels of depression, **35%** have high levels of anxiety, and **21.7**% have high levels of stress, with girls having significantly higher scores in all three dimensions.

Table A5

Prevalence of high levels of depression, anxiety and stress, *by gender, %*

	Boys	Girls	Among all
Depression	27.5	36.0	32.0
Anxiety	26.9	42.0	35.0
Stress	15.2	27.3	21.7

Trends in adolescent substance use and mental health in Ukraine (2019–2024)

In the 2024 ESPAD survey, the target group was students born in 2008 - they were 15-16 years old at the time of the survey and the survey also covered students born in 2006-2010, i.e. aged 14-17. The total number of respondents was 8,819 students (4,074 boys and 4,745 girls). For the international report, the survey data of the target age group born in 2008 will be used, the number of respondents being 4,538.The survey was conducted in 20 territorial administrative units of Ukraine.

Recent data suggests changes in adolescent substance use practices and mental health problems among students. In particular:

- a shift from traditional smoking to e-cigarette use (in 2019, 50.5% of adolescents had smoking experience, in 2024 - only 28.3%, including 8.8% in the last month, while in 2019, 11.7% used e-cigarettes in the last month, in 2024 - 23.9%);
- a drop in alcohol consumption (experience of drinking alcohol during lifetime - 76.7% compared to 85.7% in 2019, the rate of heavy drinking also decreased from 46.3% in 2019 to 33.6%);
- increased drug use (the integrated lifetime prevalence of illicit drug use increased from 9.6% in 2019 to 15.8% in 2024).

Despite the war and social turmoil, or perhaps because of it, young people are increasingly engaging in risky behaviour, including experimenting with and using illicit substances more frequently.

This trend is accompanied by a deterioration in mental health, particularly among adolescent girls. This highlights the urgent need for comprehensive interventions that are sensitive to gender and trauma.

Substance use rising across all indicators

From 2019 to 2024, lifetime use of nearly all drug categories increased dramatically:

- Cannabis use increased from 8.7% to 12.8%.
- Amphetamine use increased from 2.2% to 4.3%.
- Methamphetamine use rose from 1.6% to 4.1%.
- LSD or other hallucinogens use increased from 1.5% to 3.7%.
- Ecstasy use tripled from 1.8% to 5.6%.
- Cocaine use rose from 1.5% to 4.3%.
- Heroin use increased from 1.1% to 4.2%.
- Injecting drug use increased from 0.7% to 3.2%.

An alarming fact in 2024 is that the proportion of regular users (those who have used a substance three or more times) exceeds the proportion of those who have tried a substance once or twice, which is particularly true for boys. In 2019, the prevalence of one-time use (1–2 occasions) over regular use was recorded for almost all psychoactive substances.

Policy implication: A reactive approach is no longer sufficient. Prevention, harm reduction, and treatment services must be rapidly scaled.

Gender disparities are widening

Boys show higher prevalence and faster growth in substance use, especially for:

- MDMA: from 2.4% to 7.5% (boys), 1.2% to 3.9% (girls)
- Cannabis: from 10.7% to 17.6% (boys), 6.8% to 8.7% (girls)
- Anabolic steroid use: from 1.3% to 6.2% (boys), from 0.7% to 1.9% (girls)

Girls, on the other hand, report about:

- Higher recent alcohol use - in the past 30 days, the prevalence of alcohol use among girls is 43.6%, among boys - 37.5%.
- A higher prevalence of mental health complications, with higher rates of increased depression, anxiety and stress compared to boys.

Policy implication: Tailored, gender-sensitive programming is vital. Prevention and recovery approaches should account for emotional drivers in girls and risk-seeking behaviour in boys.

Mental health and the negative impact of war on it

- A special block for measuring negative emotional states (such as depression, anxiety and stress) made it possible to assess the psycho-emotional state of adolescents using indirect questions. In the analysis, the ‘high’ level includes mild, moderate, severe and extremely severe levels of depression, anxiety and stress, respectively. High levels of depression are found in 32% of students, high levels of anxiety in 35%, and high levels of stress in 21.7%. The indicators for girls are significantly higher than for boys on all three parameters.
- High levels of depression, anxiety and stress are more common among adolescents who smoke, drink alcohol and take drugs.

- Adolescents who have been exposed to war, have experienced displacement, or are IDP demonstrate higher levels of substance use and other risky behaviours.
- Future consequences: Without early, structured psychosocial support, a generation of young people will face long-term challenges, including addiction, dropping out of school and unemployment.

Evolving patterns of risk behaviour

- Polydrug use & party culture: Increased use of LSD, mushrooms, butyrate, and alcohol mixed with pills signals that young people are seeking dangerous forms of entertainment.
- Cannabis use: Lifetime use rose to 12.8%; over 73% of users show high-risk behaviour (2+ negative outcomes).
- Academic stimulant misuse: Non-prescription stimulant use (measured in 2024 for the first time) as well as other risky practices, is shaped by gender and type of educational institution The use of substances to improve performance is reported by 9.2% of students, including 12.0% of boys and 6.8% of girls. Most often it is common for students of VETI - 14.9%.
- Youth gambling: 19% gambled in the past year; 5.5% frequently. Boys, vocational students, and urban youth are at the highest risk.

Window of opportunity amid crisis: Despite alarming trends, there are signs of resilience:

- The use of traditional cigarettes is declining, possibly due to supply chain disruptions, the effect of existing tobacco legislation and awareness campaigns on the harms of tobacco and nicotine products, and the shift of youth to e-cigarettes usage.
- Alcohol consumption continues to decline both over the lifetime and in the last year and last month. Most adolescents, especially girls, limit themselves to small doses of alcohol.

Parental awareness of their children's leisure activities continues to have a strong protective effect, reducing the likelihood of substance use (although the proportion of ‚uninformed' parents has increased from 11.4% in 2019 to 17.4%, which is an inevitable consequence of war).

Between 2019 and 2024, there was a significant shift in overall substance use patterns. While rates of traditional cigarette smoking and alcohol consumption declined, there was a notable rise in e-cigarette use, as well as in the use of prescription sedatives without medical oversight, cannabis and other illicit drugs. The increase in both single-drug and polydrug use, alongside a decline in abstinence, indicates a broader normalisation and diversification of substance use. These trends highlight evolving health and social challenges, including potential increases in dependency and mental health issues, as well as the need for targeted prevention and harm reduction strategies. Ukraine's youth are facing unprecedented challenges. This report serves as both a warning and a call to action.

The urgent need to address rising substance use, declining risk awareness and worsening mental health indicators cannot be overstated. A coordinated response involving schools, health services, families and community organisations is essential not only to reverse these trends, but also to secure the future of a generation shaped by war.

SECTION 1. AVAILABILITY AND PERCEPTION OF RISKS OF PSYCHOACTIVE SUBSTANCE USE

1.1. Perception of availability of psychoactive substances by adolescents

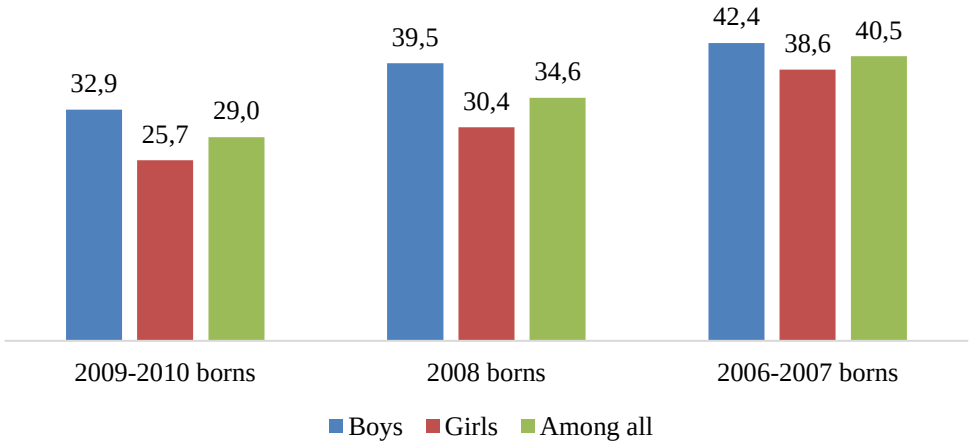
In this study, the availability of psychoactive substances refers to the ease with which adolescents can obtain tobacco, nicotine and alternative means of using tobacco, alcohol and illicit drugs, rather than the financial ability to do so. Adolescents' perceptions of the risks of substance use are assessed through their estimates of possible health harms resulting from various substance use practices and attempts.

Availability of cigarettes

According to the 2024 survey, 33.7% of respondents believe that it is 'very easy' or 'rather easy' (hereinafter 'easy') to obtain cigarettes if they want to. In the previous wave of the survey in 2019, this figure was 43.8%.

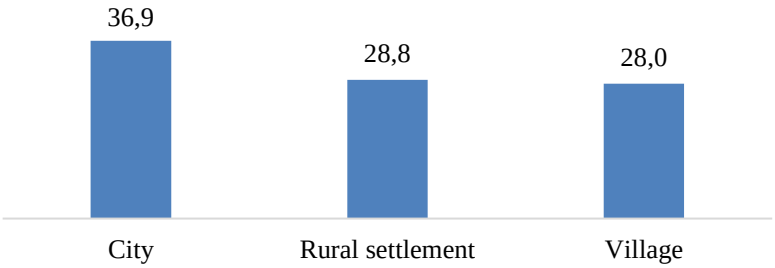
The proportion of boys who find it easy to obtain cigarettes is slightly higher (37.9%) than among girls (30%). This figure increases with the age of the respondents - for those born in 2009-2010 it is 29%, for those born in 2006-2007 it is 40.5%. At the same time, boys of all age groups are more likely than girls to believe that they can easily obtain cigarettes (Fig. 1.1.1).

Fig. 1.1.1. Assessment of cigarettes availability: sum of answers 'very easy' and 'rather easy' to get cigarettes (except for electronic cigarettes) if they wanted to, *by age group and gender*, %.



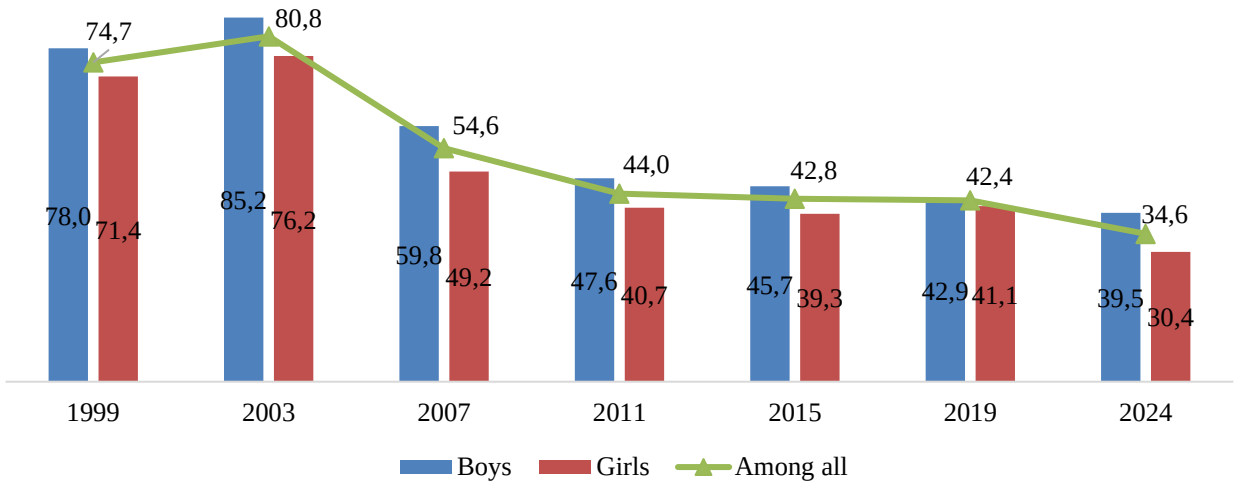
The level of cigarette availability decreases with the size of the place of residence. Thus, the highest level of cigarette availability was reported by adolescents living in cities (36.9%). In rural settlements, this figure is lower and amounts to 28.8%, and for residents of villages it is even lower and equals 28% (Fig. 1.1.2).

Figure 1.1.2. Level of cigarette availability: sum of answers 'very easy' and 'rather easy' to get cigarettes (except for electronic cigarettes) if you wanted to, *by type of settlement, %*



The dynamics of responses about the availability of cigarettes among respondents aged 15-16 years shows a gradual decrease. Since 1999, it has decreased by more than half - from 74.7% in 1999 to 34.6% in 2024. At the same time, over all years of the survey, boys are more likely than girls to believe that it is easy to get cigarettes if they want to (Fig. 1.1.3).

Fig. 1.1.3. Dynamics of cigarette availability among 15-16-year-old students (sum of answers 'very easy' and 'rather easy' to get cigarettes (except for electronic cigarettes) if they wanted to), %



Availability of electronic cigarettes and alternative smoking products

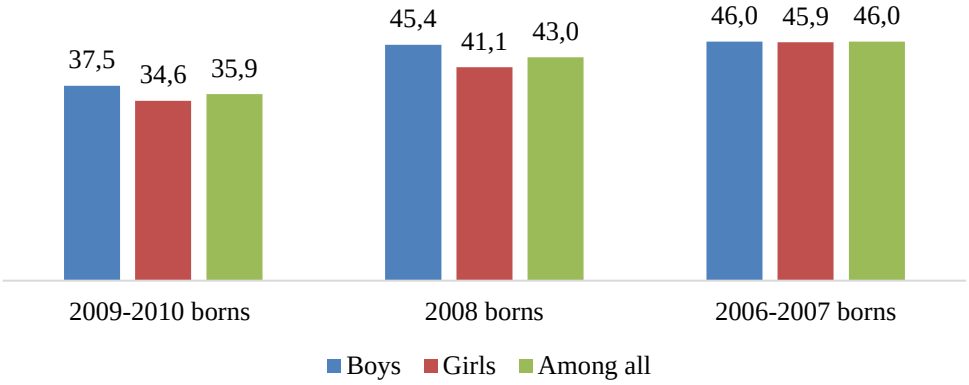
Easy availability of e-cigarettes was reported by 41.2% of respondents in 2024. There are similar trends by gender, size of settlement, and age groups as for the availability of regular cigarettes.

That is, boys are more likely to believe that it is easy to get e-cigarettes than girls (43% vs. 39.6%).

The highest level of access to e-cigarettes was reported by urban residents (45.1%), while for residents of rural settlements this figure was lower at 37.3%, and for residents of villages the level of access was 33.8%.

The ease of access to e-cigarettes increases with the age of respondents. For adolescents born in 2009-2010, the availability rate is 35.9%, and for those born in 2006-2007 - 46% (Fig. 1.1.4).

Figure 1.1.4. Level of availability of e-cigarettes: sum of answers 'very easy' and 'rather easy' to get e-cigarettes if they wanted to, *by age group and gender, %.*



The survey results show that tobacco heating systems are the most easily accessible among alternative smoking products, with the highest availability in urban areas (26.5%). The availability rate for rural settlements and villages is 20.2% and 15.5%, respectively.

The availability of tobacco heating systems is reported by 22.7% of respondents, and the availability of hookah and snuff or chewing tobacco is 22% and 12.9%, respectively. Distribution by age and gender (Table 1.1.1).

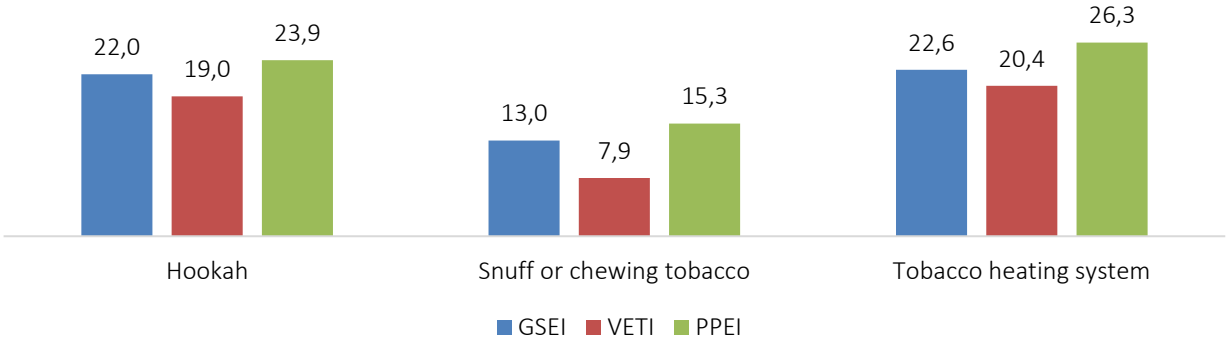
Table 1.1.1.

Assessment of the availability of alternative smoking products: sum of answers 'very easy' and 'rather easy' to get the following products if you wanted to, *by age and gender, %*

	Among all	Gender		Age groups (birth year)		
		Boys	Girls	2006/2007 borns	2008 borns	2009/2010 borns
Hookah	22.0	23.4	20.8	27.4	22.5	18.6
Snuff or chewing tobacco	12.9	16.3	9.9	15.7	12.9	11.5
Tobacco heating systems	22.7	26.7	19.3	28.8	23.0	19.2

Hookah is considered easily accessible by 23.8% of urban residents, 22.7% of residents of rural settlements, and 18.2% of residents of villages. Snuff or chewing tobacco is the least accessible among alternative smoking products, but remains so for 15.7% of urban residents, 9.7% of residents of rural settlements, and 7.7% of residents of villages. All alternative smoking products are most accessible to students of PPEIs (Fig. 1.1.5).

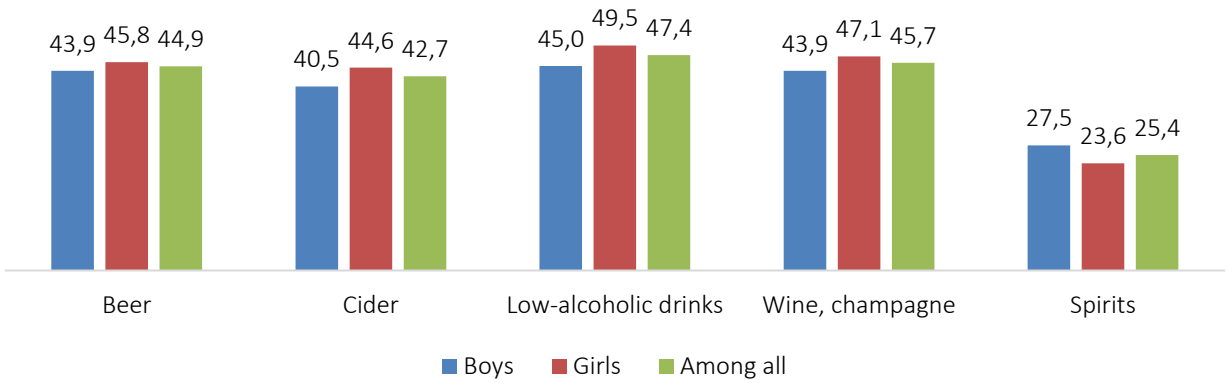
Fig. 1.1.5. Assessment of the availability of alternative smoking products: sum of answers 'very easy' and 'rather easy' to get the following products if they wanted to, *by type of educational institution, %*



Availability of alcohol

According to the respondents' self-assessment, low-alcoholic drinks are the easiest to obtain (47.4% of adolescents reported this). A significant decrease in the availability of low-alcoholic drinks compared to the previous wave of the 2019 survey, when 60.7% of respondents reported that low-alcoholic drinks were easily available, is observed. Every second respondent also considers beer (44.9%), cider (42.7%), and wine or champagne (45.7%) to be easily accessible. All of these types of alcoholic beverages are easier to get for girls than for boys. Strong alcoholic beverages are easy to get for 25.4% of respondents - this figure has also decreased from 28.6% in 2019, and they are more accessible for boys (27.5%) than for girls (23.6%) (Fig. 1.1.6).

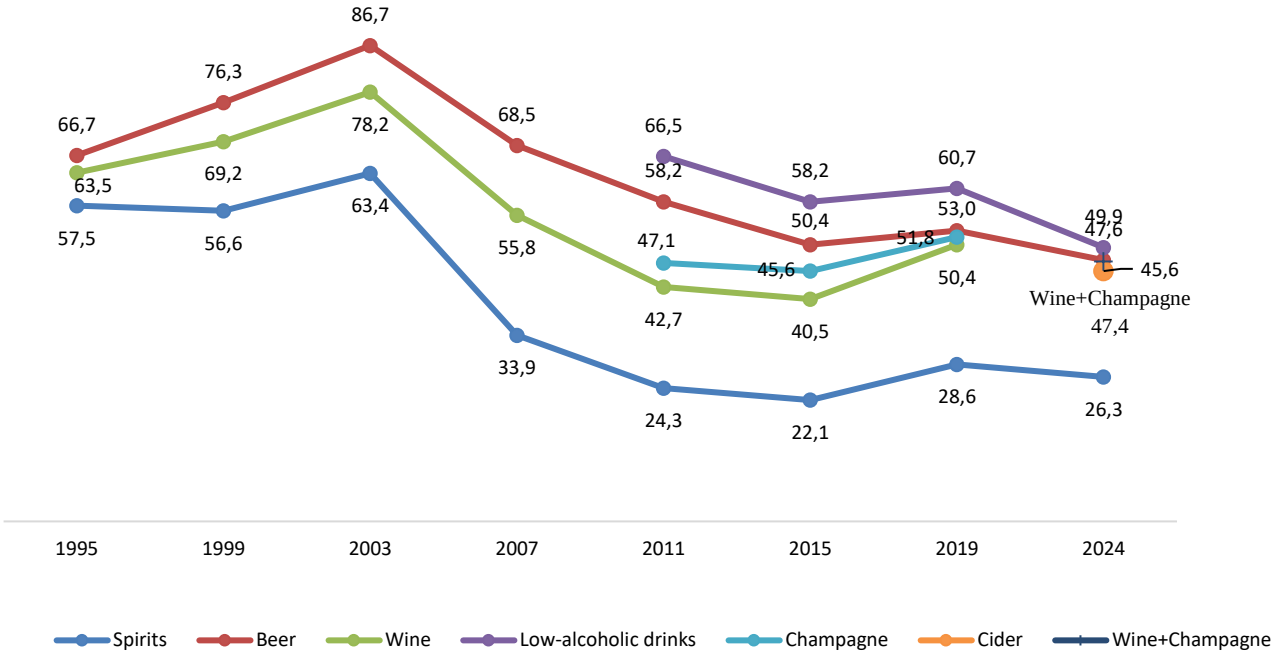
Figure 1.1.6. Level of accessibility of alcoholic beverages: sum of answers 'very easy' and 'rather easy' to get if they wanted to, *by age and gender %*



The data obtained in the period from 1995 to 2003 showed an upward trend in the proportion of those who considered different types of alcoholic beverages to be available. From 2007 to 2015, there was a gradual decline in the proportion of those who thought the same way, and the results of the 2019 survey showed that the level of availability of

alcoholic beverages was increasing again. The 2024 survey again demonstrates a downward trend in the availability of alcoholic beverages. Compared to 1995, the availability of strong alcohol has decreased by more than 2 times from 57.5% in 1995 to 28.6% in 2019, and 26.3% in 2024. The availability of beer in 1995 was 66.7%, in 2019 - 50.4%, and in 2024 - 47.6%. The level of availability of low-alcoholic beverages has been measured since 2011, when the level of availability was 66.5%, in 2019 this figure was 6 0.7%, and in 2024 it can be observed to fall to 49.9% (Fig. 1.1.7).

Figure 1.1.7. Level of accessibility of alcoholic beverages among 15-16-year-old students (sum of answers 'very easy' and 'rather easy' to get), *in dynamics, %*



The law of Ukraine prohibits the sale of alcohol to people under the age of 18[4], but 19% of respondents reported buying alcohol in a store, and another 4.5% said they bought it in pubs or bars.

A quarter of adolescents who said they buy alcohol in stores live in villages - 24.6%, 22.3% live in rural settlements, and 16% live in cities. Also, boys are more likely to buy alcohol in a store (21%) than girls (17.4%).

Some adolescents get access to alcohol with the help of third parties, including parents - 11.2% (the proportion of girls is slightly higher), brothers/sisters - 5.9%, and other adults - 8.7%. Mostly urban residents buy alcohol for their children (13.5%), with 9% of residents of rural settlements and 7% of village residents also reporting this (Table 1.1.2).

Table 1.1.2.

Distribution of answers to the question "How do you usually get alcohol?", *by age and gender, %*

	Among all	Gender		Age groups (birth year)		
		Boys	Girls	2006/2007 borns	2008 borns	2009/2010 borns
I buy in store	19.0	21.0	17.4	20.8	20.1	16.4
I buy smuggled goods or home-made alcohol	3.9	5.3	2.6	3.7	3.5	4.5
I get or buy from other young people	8.6	9.3	8.0	11.2	8.3	7.9
Parents give / buy me alcohol	11.2	8.4	13.7	12.4	11.8	9.7
Siblings buy for me / give to me	5.9	5.3	6.4	6.8	6.2	5.0
I take alcohol at home without permission	4.0	4.5	3.5	5.0	3.5	4.3
Other adults buy / give to me	8.7	9.3	8.2	10.7	9.2	7.0
I buy at pubs / bars, etc.	4.5	5.3	3.8	5.2	4.5	4.1
In other way	32.1	29.3	34.5	33.3	32.2	31.4
I buy on the Internet	3.2	4.5	2.2	3.0	3.1	3.5

[4] The Law of Ukraine 'On State Regulation of Production and Circulation of Ethyl Alcohol, Alcohol Distillates, Alcoholic Beverages, Tobacco Products, Liquids Used in Electronic Cigarettes and Fuel' of 19.12.1995 No. 481/95-BP URL: https://zakon.rada.gov.ua/laws/show/481/95-%D0%B2%D1%80#top

Availability of cannabis

In 2024, 7.7% of respondents reported that it was easy to get marijuana or hashish (cannabis) (10.1% among boys and 5.5% among girls). The proportion of those who believe that it is 'impossible', 'very difficult', and 'rather difficult' to get cannabis is 75% (77% among girls and 72.7% among boys). Compared to 2019, the level of cannabis availability has decreased to a greater extent for girls - from 11.5% in 2019 to 5.5% in 2024 (Table 1.1.3).

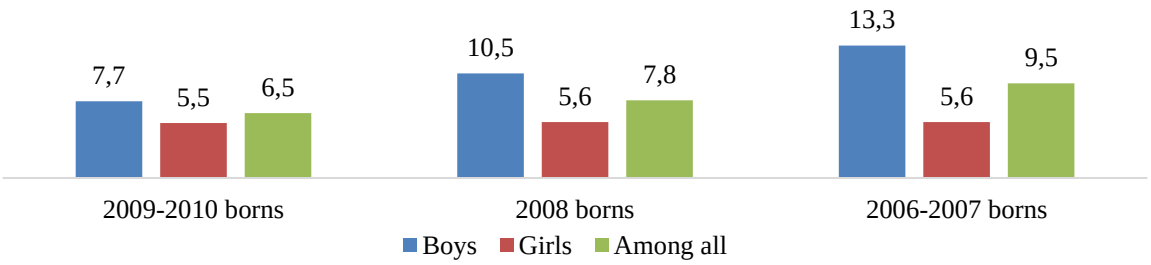
Table 1.1.3

Perception of availability of cannabis or hashish if they wanted to get it, *% by gender*

	2019			2024		
	Boys	Girls	Among all	Boys	Girls	Among all
Impossible + Very difficult + Rather difficult	67.3	70.5	69.0	72.7	77.0	75.0
Very easy + Rather easy	13.3	11.5	12.3	10.1	5.5	7.7
Don't know	19.4	18.0	18.7	17.2	17.5	17.4

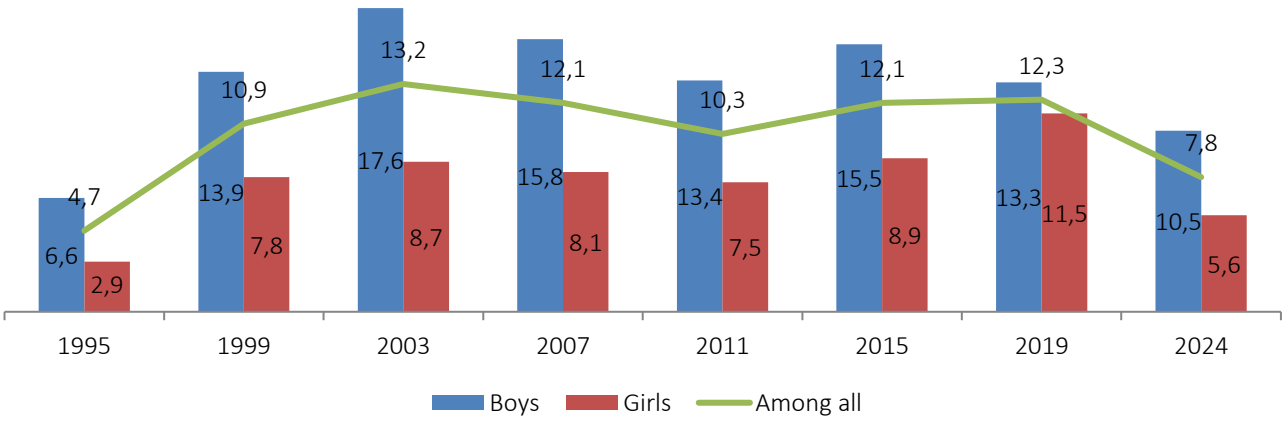
Perception of the availability of marijuana increases with the age of the respondents. Among respondents born in 2009-2010 6.5% of respondents think so, among those born in 2008 - 7.8%, and among respondents born in 2006-2007 - 9.5%. Cannabis is perceived as more accessible by boys of all age groups (Fig. 1.1.8).

Fig. 1.1.8. Level of accessibility of cannabis or hashish: sum of answers 'very easy' and 'rather easy' to get if they wanted to, *% by age and gender*



Between 1995 and 2003, there was an increase in the perceived availability of cannabis among 15-16 year olds (from 4.7% in 1995 to 13.2% in 2003). The following years (2003 to 2011) show a slight decline in this figure from 13.2% in 2003 to 10.3% in 2011, with the next wave showing a further increase to 12.3% in 2019. The 2024 study again demonstrates a one-and-a-half-fold decrease to 7.8% (the proportion of girls is half as much) (Fig. 1.1.9).

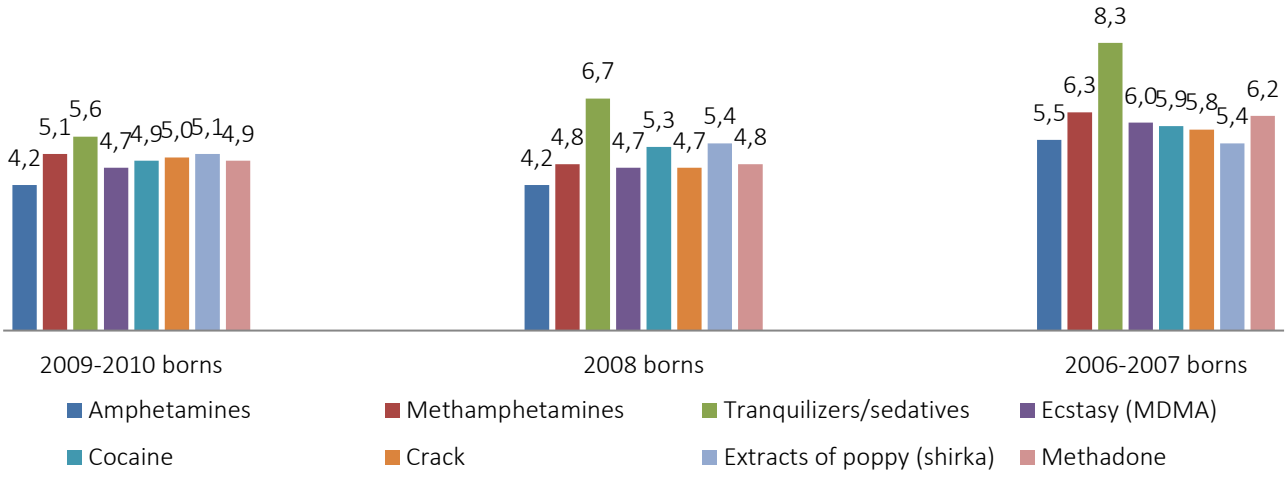
Fig. 1.1.9. Level of availability of cannabis or hashish among 15-16-year-old students: sum of answers 'very easy' and 'rather easy' to get if they wanted to, *in dynamics %*



Availability of illicit drugs

The survey instrument included questions about the availability of amphetamines, methamphetamines, tranquillisers/sedatives (without a doctor's prescription), ecstasy (MDMA), cocaine, crack, extracts of poppy, and methadone. Ease of access to all these drugs was reported by about 5% of respondents in all age groups. Tranquillisers/sedatives (without a doctor's prescription) were reported as the most accessible drug for all age groups. This was reported by 6.6% of respondents, including 5.6% of respondents born in 2009-1010; 6.7% - born in 2008; and 8.3% - born in 2006-2007. There is a tendency for the availability of different types of illicit drugs to increase with the age of the respondents (Fig. 1.1.10).

Fig. 1.1.10. Level of accessibility of illicit drugs and medicines: sum of answers 'very easy' and 'rather easy' to get if they wanted to, *by age and type of drug %*

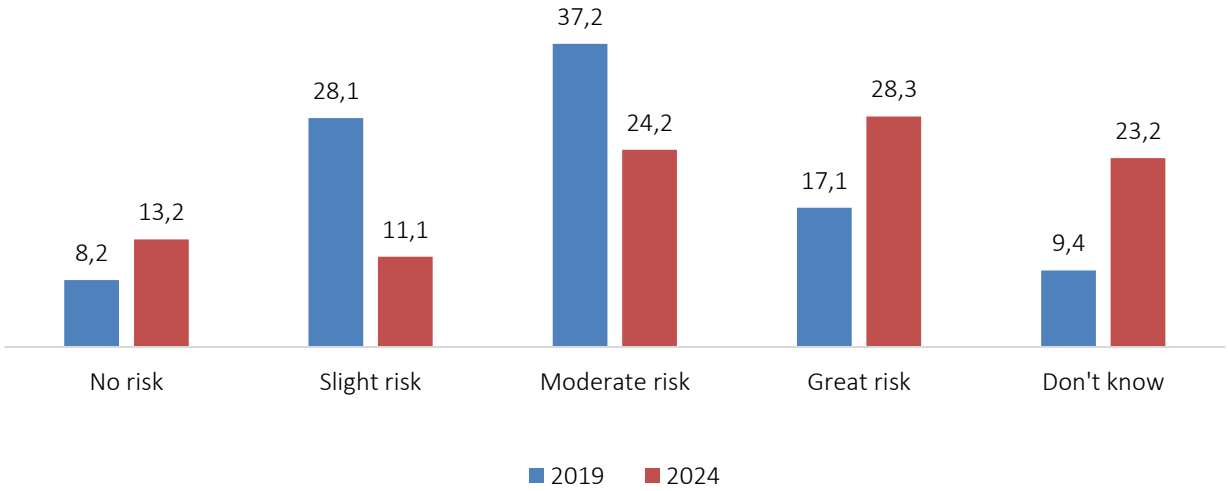


1.2. Assessments of the risks of substance use

Awareness of the risks of using tobacco and nicotine products

The overwhelming majority (63.6%) of adolescents are aware of the health risks of irregular cigarette smoking, but the drop in adolescents' awareness of the consequences of such smoking by almost 20% - from 82.4% in 2019 to 63.3% in 2024 (sum of answers "slight risk", "moderate risk", "great risk") is worrying. This risk is considered low by 11.1% of respondents, moderate by 24.2%, and more than a quarter (28.3%) believe that the risk is high. 13.2% of respondents do not see any health risk in smoking cigarettes from time to time ('sometimes') (Fig. 1.2.1.).

Fig. 1.2.1. Assessment of risk from irregular cigarette use, %.

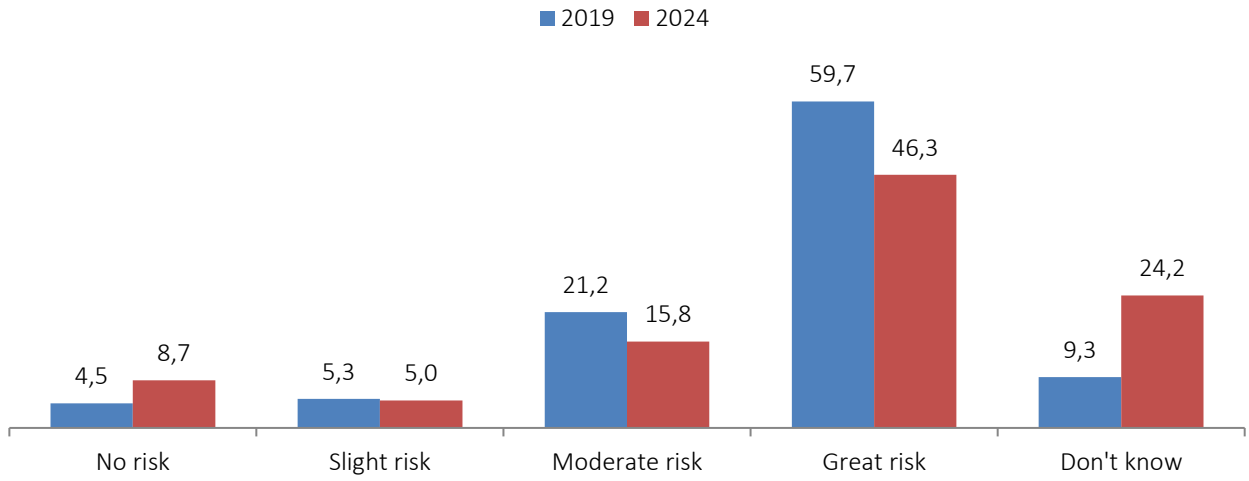


It should be noted that girls of all age groups assess the health risk of irregular tobacco use somewhat higher (68.6%) than boys (57.8%).

Regarding the negative consequences of smoking one or more packs of cigarettes a day, girls (72%) also report a higher health risk than boys (61.3%). The majority of respondents (46.3%) believe that regular use of tobacco products poses serious health risks, 15.8% of respondents consider the risk to be moderate, and 5% consider it to be low. The number of respondents who believe in risk from cigarette smoking has decreased compared to 2019 across all levels of risk perception. At the same time, there is an increase in the proportion of adolescents who are unaware of the existence of risks to their own health - according to the results of 2024, this is one in four (Fig. 1.2.2.).

Village residents are the least aware of the risks of daily use - 30.8%, residents of rural settlements - 29.7%, and the proportion urban residents who are unaware of the health risks of cigarettes is 20.5%. Students in VET institutions are the least aware of the risks of smoking - 40.5% said they were not aware of them, and 13.9% believe there is no risk at all.

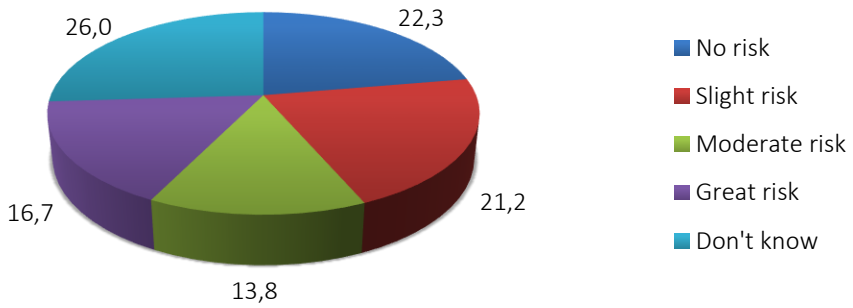
Fig. 1.2.2. Awareness of the risks of consuming a significant amount (one or more packs) of cigarettes per day, %.



Awareness of the risks of smoking e-cigarettes and alternative smoking products

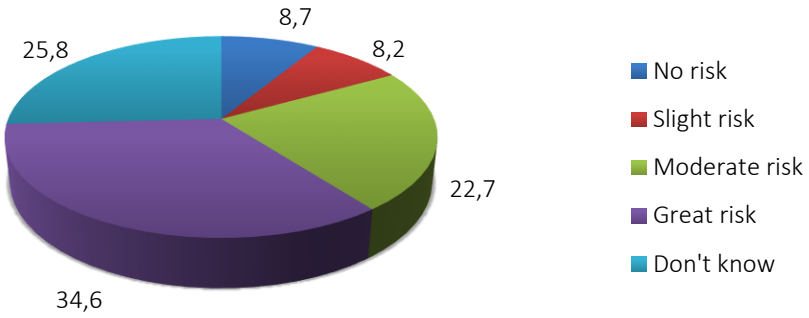
During the survey, adolescents were asked about the extent to which people risk harming themselves (physically or otherwise) if they try smoking e-cigarettes at least once or twice. The majority of respondents (51.7%) believe that there is a risk (the sum of answers 'slight' - 21.2%, 'moderate' - 13.8% and 'great' - 16.7%). At the same time, 22.3% of adolescents believe that there is no risk to health from such attempts, and another 26% do not know about it (Fig. 1.2.3).

Fig. 1.2.3. Distribution of answers to the question: 'To what extent do PEOPLE RISK harming themselves (physically or in other ways) if they try smoking e-cigarettes 1-2 times?', %.



Regarding daily smoking of e-cigarettes, 65.5% of adolescents said that there is a risk (the sum of answers 'slight risk' - 8.2%, 'moderate risk' - 22.7% and 'great risk' - 34.6%). The proportion of girls who share this opinion is significantly higher than that of boys (70.5% and 59.5% respectively), while 8.7% and 8.2% of respondents say there is no risk or a slight risk (Fig. 1.2.4).

Fig. 1.2.4. Distribution of answers to the question: 'To what extent do PEOPLE RISK harming themselves (physically or in other ways) if they smoke e-cigarettes every day?', %.



When asked to assess the risks of regular e-cigarette smoking, a quarter of adolescents said they were 'don't know'. Residents of villages are the least informed - 32.9% are unaware of the health risks of smoking e-cigarettes on a daily basis. Among residents of rural settlements 29.8% are unaware, and among urban residents - 22%.

Students in VET institutions are twice as unaware (42.9%) of the harmful effects of smoking e-cigarettes as their peers in GSEIs (25%) or PPEIs (27.8%).

Awareness of the risks of alcohol consumption

66.4% of respondents would recognise the risk to their health if they consumed 1-2 drinks of alcohol daily. In particular, 39.1% of respondents consider this risk to be high, 20% - moderate, and 7.3% - low. According to half of the respondents (55.3%), drinking 4-5 drinks of alcohol daily is a great risk. Only 10% consider it a moderate or slight risk (3.2%). 54.1% of respondents believe that there is a high risk of harm to health from drinking 5 or more drinks of alcohol on weekends, while 11.3% of respondents indicated this risk as moderate or low (2.9%). Girls recognise the risk of drinking alcohol with any frequency more often than boys (Fig. 1.2.5). In contrast to students of GSEIs and PPEIs, students of VETIs are less likely to recognise a high risk of alcohol use and are more unaware of the existence of this risk. Compared to the previous wave of the survey in 2019, the proportion of young people unaware of the risks of alcohol use has increased in all educational institutions (Table 1.2.1).

Fig. 1.2.5. Distribution of answers to the question: 'In your opinion, to what extent do PEOPLE RISK harming themselves (physically or in other ways) if they...?', *by gender, %*

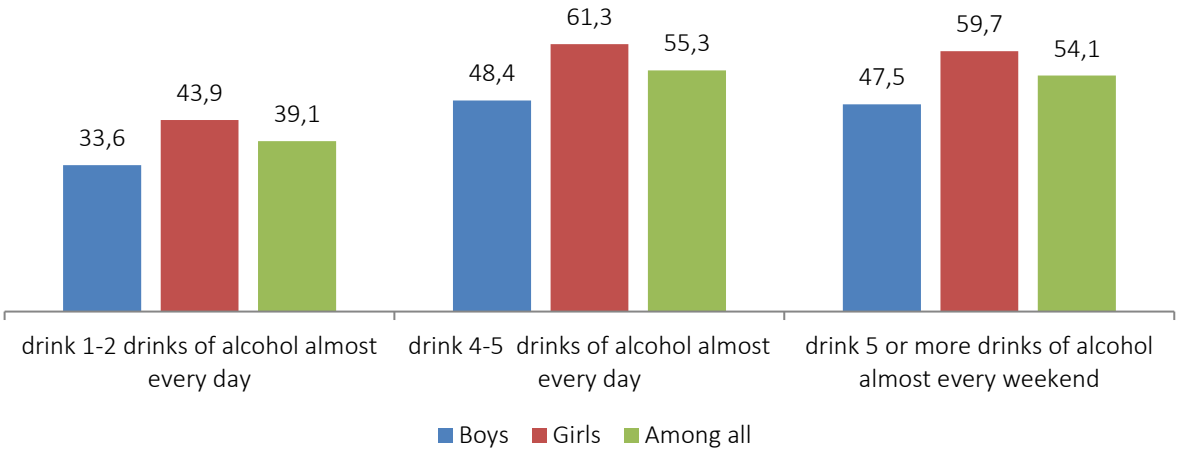


Table 1.2.1

Estimates of alcohol consumption risks, *by type of educational institution, %*

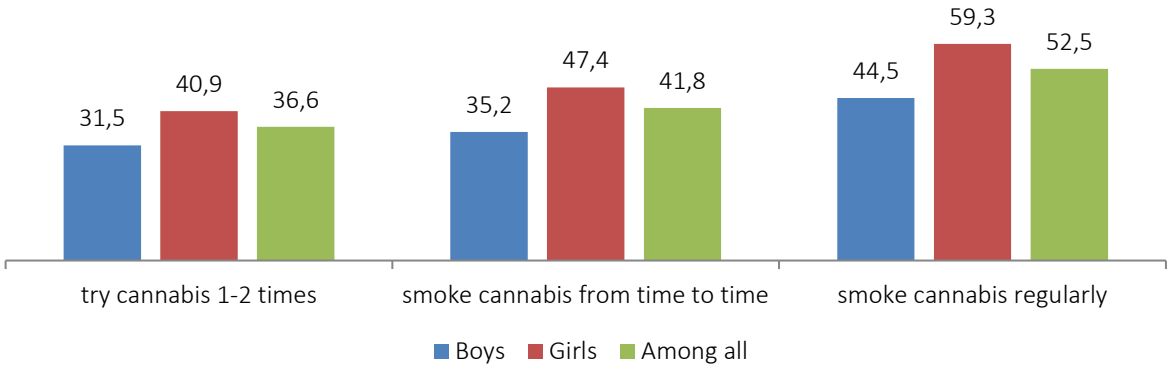
	Type of educational institution					
	GSEI	VET	PPEI	GSEI	VET	PPEI
	2019			2024		
Drink 1-2 drinks of alcohol almost every day						
No risk	4.2	9.6	5.2	7.5	13.0	5.3
Slight risk	13.0	10.7	12.4	7.1	9.2	7.9
Moderate risk	33.2	29.9	32.0	20.2	14.7	20.3
Great risk	40.0	30.8	42.9	39.9	22.0	38.0
Don't know	9.6	19.0	7.5	25.2	41.0	28.5
Drink 4-5 drinks of alcohol almost every day						
No risk	3.6	7.8	3.5	6.4	11.7	4.3
Slight risk	2.0	3.5	3.5	3.1	5.7	2.4
Moderate risk	14.7	12.8	14.5	9.9	9.0	11.7
Great risk	69.2	56.1	69.8	56.4	32.3	54.5
Don't know	10.5	19.8	8.7	24.1	41.3	27.0
Drink 5 or more drinks of alcohol every weekend						
No risk	3.6	8.1	3.9	6.3	11.1	4.5
Slight risk	3.0	4.7	3.7	2.8	5.2	1.9
Moderate risk	14.0	13.6	16.6	11.5	6.5	12.0
Great risk	67.6	52.2	65.7	54.9	35.6	53.8
Don't know	11.8	21.4	10.1	24.5	41.6	27.8

Awareness of the risks of cannabis use

Only half of those surveyed in 2024 consider regular cannabis smoking to be a major health risk. The proportion of those who share this opinion has decreased since 2019 from 65.6% to 52.5%.

According to the 2024 survey, 41.8% of respondents believe that smoking marijuana from time to time is associated with a high risk (compared to 41.1% in 2019). Once or twice trying to smoke cannabis is associated with a high risk to health for 36.6% of adolescents, compared to 27.6% in 2019. Girls are more likely to be aware of these risks compared to boys (Fig. 1.2.6). It is worth noting that about 30% of respondents studying in VET institutions are not aware of the possible health risks of smoking cannabis.

Fig. 1.2.6. Degree of recognition of the 'great' risk of cannabis use, *by gender %.*



Awareness of the risk of illicit drug use

The results of the study show that adolescents consider 1-2 times of drug use to be less risky than regular illicit drug use. About 20% of respondents identify a low and moderate risk to health from 1-2 times of drug use (the sum of answers 'low risk' and 'moderate risk'). At the same time, more than a third of respondents said that they did not know how much harm they could do to their health by using drugs (Table 1.2.2). The least informed on this issue are VET students.

Table 1.2.2

Estimates of illicit drugs use risks, *by gender, %*

	Among all	Boys	Girls
Try ecstasy/MDMA 1-2 times			
No risk	7.1	9.5	5.0
Slight risk	7.0	7.4	6.6
Moderate risk	13.0	12.0	13.9
Great risk	38.1	33.7	41.9
Don't know	34.8	37.3	32.6
Take ecstasy/MDMA regularly			
No risk	5.8	7.9	4.0
Slight risk	2.4	3.3	1.7
Moderate risk	7.6	8.4	6.8
Great risk	50.0	43.6	55.5
Don't know	34.2	36.9	31.9
Try amphetamines 1-2 times			
No risk	8.9	4.5	6.5
Slight risk	6.8	6.1	6.5
Moderate risk	11.9	14.6	13.3
Great risk	35.1	41.8	38.7
Don't know	37.2	33.0	35.0
Take amphemines regularly			
No risk	7.8	4.0	5.8
Slight risk	3.1	1.4	2.2
Moderate risk	6.5	5.0	5.7
Great risk	46.2	57.9	52.5
Don't know	36.4	31.6	33.8
Try synthetic cannabinoids (spices, mixes, salts) 1-2 times			
No risk	8.9	4.7	6.7
Slight risk	6.5	5.6	6.0
Moderate risk	11.8	14.2	13.1
Great risk	36.0	42.4	39.4
Don't know	36.9	33.1	34.9
Use synthetic cannabinoids (spices, mixes, salts) regularly			
No risk	8.1	4.1	6.0
Slight risk	2.9	1.5	2.2
Moderate risk	7.3	5.4	6.3
Great risk	45.0	57.4	51.6
Don't know	36.6	31.6	33.9

Key outcomes of the section

- 33.7% of respondents believe that it is easy for them to obtain cigarettes (boys of all surveyed age groups are more likely than girls to say that it is easy to obtain). In the previous wave of the survey in 2019, this figure was 43.8%. The highest level of cigarette availability was reported by adolescents living in urban areas (36.9%).
- There has been a drop in adolescents' awareness of the consequences of smoking by almost 20% - from 82.4% in 2019 to 63.3% in 2024.
- The easy availability of e-cigarettes was reported by 41.2% of respondents.
- Among alternative smoking products, tobacco heating systems are the most easily accessible. This was noted by 22.7% of respondents.
- 47.4% of adolescents believe that low-alcohol beverages are the easiest to get. There has been a significant decrease in the perception of the availability of low-alcoholic drinks compared to the previous wave of the survey, when 60.7% of respondents reported that low-alcoholic drinks were easily available.
- 25.4% of respondents said that they could easily get spirits. This figure has also decreased compared to 2019, when 28.6% of respondents reported the easy availability of spirits.
- 19% of respondents said they buy alcohol in a store, and another 4.5% said they buy it in pubs or bars.
- Usually, 24.6% of residents of villages buy alcohol in a store, 22.3% of residents of rural settlement and 16% of city residents do the same.
- Some adolescents get access to alcohol with the help of third parties, including parents (11.2%), siblings (5.9%), and other adults (8.7%).
- Compared to the previous wave, the proportion of young people who ‘don’t know’ of the risks of alcohol use has increased in all types of educational institutions.
- 7.7% of respondents (10.1% of boys and 5.5% of girls) indicated that they could easily get marijuana or hashish (cannabis).
- Tranquillisers/sedatives (without a doctor's prescription) are the most accessible for all age groups. This was noted by 6.6% of respondents.
- 28.3% believe that there is a great risk to health from smoking cigarettes from time to time.
- 46.3% of respondents believe that regular use of tobacco products poses serious health risks.
- One in four adolescents is not aware of the health risks of tobacco use. The least aware of the risks of daily use are residents of villages (30.8%) and students of VET institutions (40.5%).
- 51.7% of adolescents believe that there are health risks associated with single (1-2 times) attempts to smoke e-cigarettes.
- Regular smoking of e-cigarettes is assessed as a risk to some extent by 65.5% of adolescents (the sum of answers ‘slight risk’ - 8.2%, ‘moderate risk’ - 22.7% and ‘great risk’ - 34.6%).
- A quarter of respondents ‘don’t know’ of the risks of regular e-cigarette smoking. The least informed are residents of villages (32.9%) and students of VET institutions (42.9%).
- The health risk from daily consumption of 1-2 drinks of alcohol is recognised by 66.4%. This risk is considered great by 39.1% of respondents.
- According to half of adolescents (55.3%), daily consumption of 4-5 drinks of alcohol is a great risk.
- They are convinced that there is a great risk of harm to health from drinking five or more drinks of alcohol on weekends (54.1% of respondents).
- Only half of the respondents (52.5%) consider smoking cannabis on a regular basis to be a major health risk.
- About 20% of respondents identify a slight to moderate health risk in case of one or two times of illicit drug use.

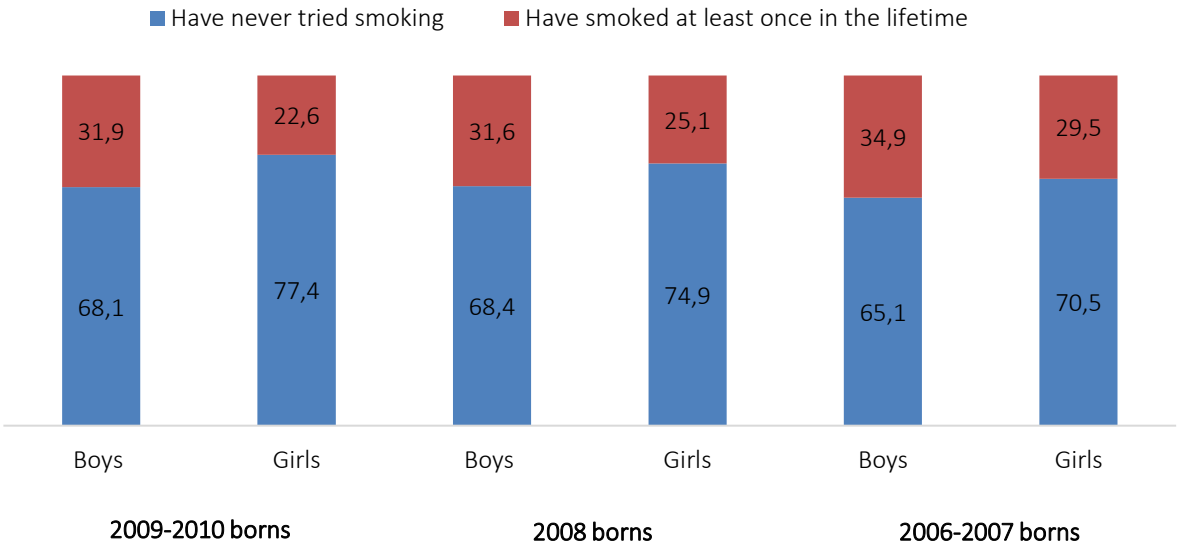
SECTION 2. USE OF TOBACCO AND NICOTINE PRODUCTS

Among adolescents and young people, cigarette smoking is the most common way to use tobacco. Adolescents make their first attempts at smoking in childhood, and the development of nicotine dependence can often occur in adolescence.

2.1. Experience of cigarette smoking

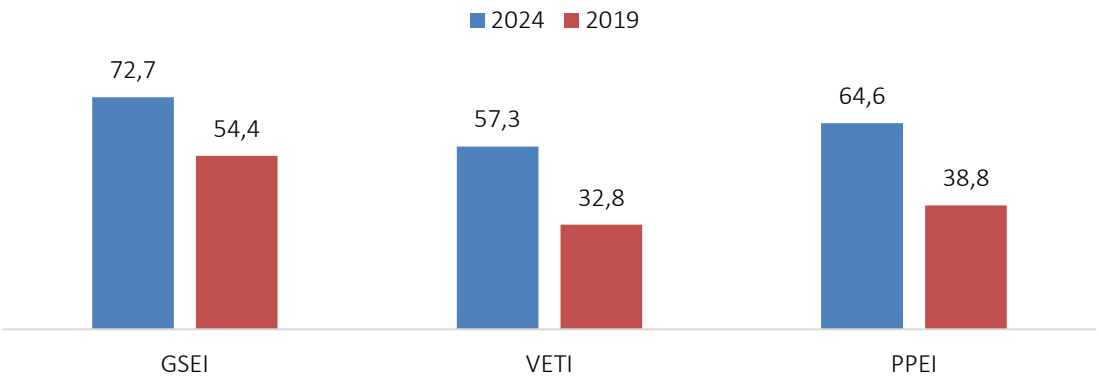
According to the results of the 2024 survey, 71.7% of respondents have no experience of cigarette smoking (compared to 49.5% in 2019). The most experienced cigarette smokers are those born in 2006-2007, with 34.9% of boys and 29.5% of girls. The prevalence of cigarette smoking experience is higher among boys (32.3%), but this figure has decreased by more than one and a half times compared to 2019 (56.2% of boys). Among girls, smoking experience also decreased by almost half (from 54.7% in 2019 to 24.9% in 2024) (Fig. 2.1.1.).

Figure 2.1.1. Prevalence of cigarette smoking among young people, *% by age, by gender*



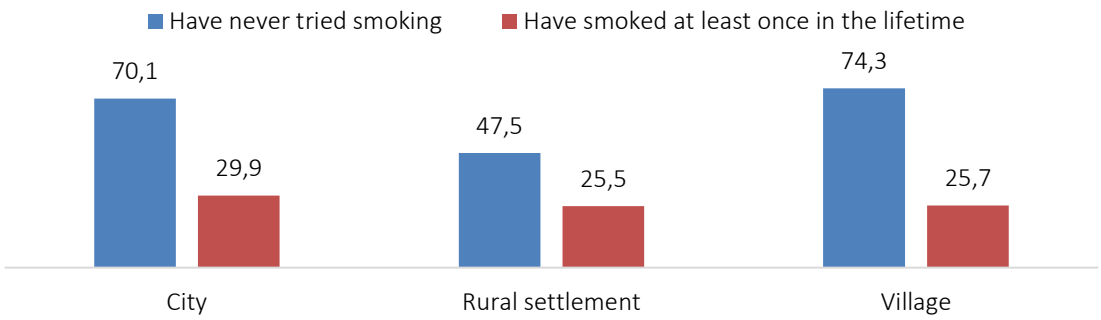
An analysis of cigarette smoking prevalence by type of educational institution shows that students in VET institutions have the most experience with cigarette smoking (42.7%). In 2024, 57.3% of students of VETIs reported that they had never smoked, while in 2019, the proportion of such students was 32.8%. Compared to 2019, the number of students of PPEIs who reported having no experience of cigarette smoking increased by almost half (from 38.8% in 2019 to 64.6% in 2024). Among students of general secondary education, there is also an increase in the number of those who have no smoking experience from 54.4% in 2019 to 72.7% in 2024 (Fig. 2.1.2).

Figure 2.1.2. Proportion of adolescents who have never smoked cigarettes, *by type of educational institution, %.*



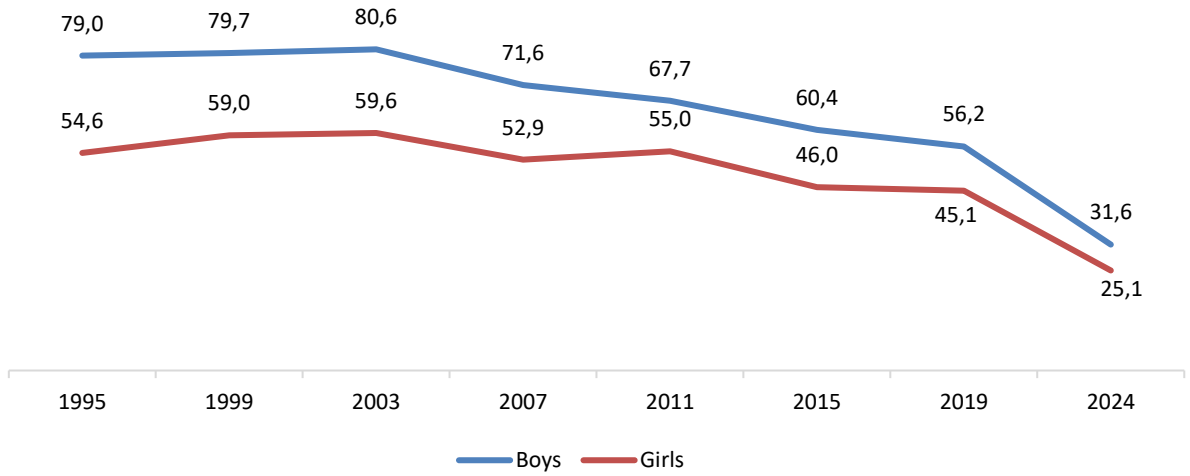
The distribution of responses by type of place of residence demonstrates that cigarette smoking experience is higher in urban areas (29.9%). The proportion of adolescents living in villages who have never tried smoking is 74.3% (Fig. 2.1.3).

Figure 2.1.3. Experience of cigarette smoking, *by type of settlement, %.*



Analysing the dynamics of smoking experience over the period of the study in Ukraine, from 1995 to 2003 there was a moderate increase in the proportion of those who had experience of cigarette smoking. Since 2007, the study has recorded a steady decrease in the proportion of those with smoking experience among adolescents aged 15-16 years, both boys and girls (Fig. 2.1.4).

Fig. 2.1.4. Proportion of young people aged 15-16 who have smoked at least once in their lives, *in dynamics %w*



Cigarette smoking in the last 30 days

84.8% of respondents (in 2019 this figure was 78.2%) reported about not smoking at all during the last 30 days. The proportion of girls among those who did not smoke at all is slightly higher than among boys (87.6% and 81.6%, respectively). In the previous wave, these proportions were 81.7% among girls and 74.4% among boys. Among those who smoked less than one cigarette per week during the last 30 days is 5.8% (in 2019 - 6.1%), 2.5% smoked less than one cigarette per day (3% in 2019), 6.8% smoked different amounts but more than one cigarette in the last month (Table 2.1.1).

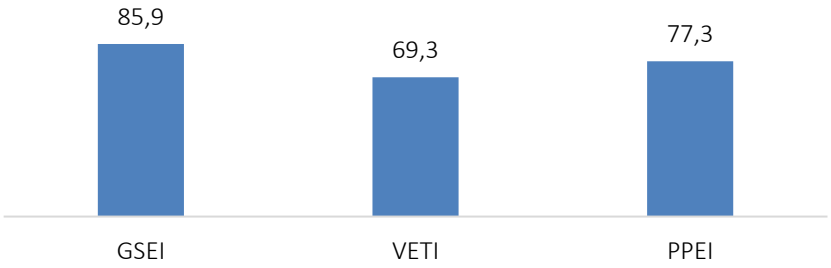
Table 2.1.1

Number of cigarettes smoked during the last 30 days, *by age and gender, %.*

	2006-2007 borns			2008 borns			2009-2010 borns			Boys	Girls	Among all
	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all			
Not at all	81.5	85.5	83.5	81.9	87.8	85.1	81.0	88.1	84.9	81.6	87.6	84.8
Less than one cigarette a week	5.5	6.0	5.7	6.7	5.6	6.1	6.4	4.8	5.5	6.4	5.4	5.8
Less than one cigarette a day	2.9	2.6	2.8	2.6	2.3	2.4	2.6	2.4	2.5	2.7	2.4	2.5
1–5 cigarettes a day	4.1	3.9	4.0	4.1	2.8	3.4	4.7	2.6	3.6	4.3	2.9	3.5
6–10 cigarettes a day	2.1	0.9	1.5	1.9	0.3	1.1	1.2	0.5	0.8	1.7	0.5	1.0
11–20 cigarettes a day	0.8	0.7	0.8	1.4	0.4	0.9	1.2	0.6	0.8	1.3	0.5	0.9
More than 20 cigarettes a day	3.1	0.3	1.7	1.4	0.7	1.0	2.9	1.1	1.9	2.1	0.8	1.4

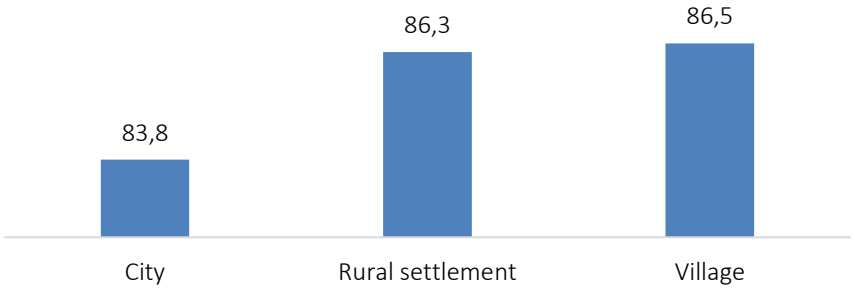
The highest proportion of adolescents who have not smoked at all during the last 30 days is among those studying in GSEIs - 85.9% (83.1% in 2019). The smallest proportion of those who have not smoked at all during the last 30 days study in VET institutions - 69.3% (56.5% in 2019) (Fig. 2.1.5).

Fig. 2.1.5. Proportion of adolescents who have not smoked cigarettes at all during the last 30 days,
by type of educational institution, %



The highest proportion of adolescents who have not smoked at all in the last 30 days lives in villages - 86.5%. The lowest proportion of those who have not smoked at all during the last 30 days live in cities - 83.8% (Fig. 2.1.6).

Figure 2.1.6. Proportion of young people who have not smoked cigarettes at all during the last 30 days,
by type of place of residence, %



Age at onset of cigarette smoking and daily smoking

The age of first smoking attempt in 2024 is 14 years - the same data was demonstrated in the 2019 survey. However, the number of 'beginners' decreased from 12.1% in 2019 to 6% in 2024. 5.8% of respondents tried their first cigarette at the age of 9 or younger (10.2% in 2019), with the proportion of those who tried their first cigarette among boys being 8.6%, among girls - 3.4%, and another 5.2% tried smoking at the age of 13 (7.3% in 2019) (Table 2.1.2).

Table 2.1.2.

Age at first cigarette smoked, *by age and gender, %*

	2006-2007 borns			2008 borns			2009-2010 borns					
	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all
Never	62.6	67.0	64.7	64.8	73.0	69.2	68.3	77.1	73.2	65.5	73.5	69.8
9 years old or younger	8.6	2.6	5.7	8.4	3.2	5.6	9.1	4.1	6.3	8.6	3.4	5.8
10 years old	2.7	1.5	2.1	2.9	1.3	2.0	3.5	1.8	2.5	3.0	1.5	2.2
11 years old	1.7	2.2	1.9	2.5	2.1	2.3	3.2	1.8	2.4	2.6	2.0	2.3
12 years old	3.6	3.5	3.6	4.0	3.8	3.9	3.9	4.5	4.2	3.9	4.0	3.9
13 years old	3.6	6.1	4.9	5.2	5.4	5.3	5.5	4.8	5.1	5.0	5.3	5.2
14 years old	6.0	5.6	5.8	6.5	6.2	6.4	5.7	5.1	5.4	6.2	5.8	6.0
15 years old	7.0	8.3	7.7	5.1	4.7	4.9	0.8	0.9	0.8	4.1	4.0	4.0
16 years or older	4.2	3.2	3.7	0.7	0.3	0.5	0.0	0.0	0.0	1.1	0.6	0.8

2.9% of respondents started smoking daily at the age of 14, and 2.6% at the age of 15. Another proportion of respondents started smoking at the age of 13 - 2.3% and at the age of 9 or younger - 2.1%. Boys are more likely to smoke cigarettes daily than girls (Table 2.1.3).

Table 2.1.3.

Age of onset of daily smoking, *by age and sex*, %

	2006-2007 borns			2008 borns			2009-2010 borns					
	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all
Never	80.9	84.8	82.8	82.4	88.8	85.9	86.4	91.4	89.2	83.4	89.1	86.5
9 years old or younger	3.6	0.4	2.1	2.9	1.1	1.9	3.4	1.4	2.3	3.2	1.1	2.1
10 years old	1.3	0.7	1.0	1.5	0.4	0.9	0.9	1.0	1.0	1.3	0.7	1.0
11 years old	0.8	1.0	0.9	1.1	0.7	0.9	1.6	0.8	1.1	1.2	0.8	1.0
12 years old	1.8	0.9	1.4	1.2	0.7	0.9	1.7	1.1	1.4	1.4	0.9	1.1
13 years old	1.4	2.3	1.9	2.4	2.4	2.4	2.6	2.1	2.3	2.3	2.3	2.3
14 years old	2.7	2.9	2.8	3.8	3.3	3.5	2.6	1.6	2.0	3.2	2.7	2.9
15 years old	4.6	4.7	4.7	4.1	2.4	3.2	0.7	0.6	0.7	3.1	2.1	2.6
16 years or older	2.8	2.2	2.5	0.7	0.1	0.4	0.0	0.0	0.0	0.8	0.4	0.6

2.2. Experience of smoking e-cigarettes and using alternative tobacco products

Experience of smoking electronic cigarettes

38.1% of respondents had smoked e-cigarettes at least once in their lives. In the last 30 days, 17.1% of adolescents smoked e-cigarettes, 8.8% smoked at least one e-cigarette in the last year, and 12.1% of respondents had experience of smoking e-cigarettes more than a year ago. Adolescents born in 2006-2007 were more likely to smoke during the last month, almost equally among boys (20.2%) and girls (19.2%) (Table 2.2.1). Experience of e-cigarette smoking is higher among respondents studying in VETIs and GSEIs and living in urban areas.

Table 2.2.1

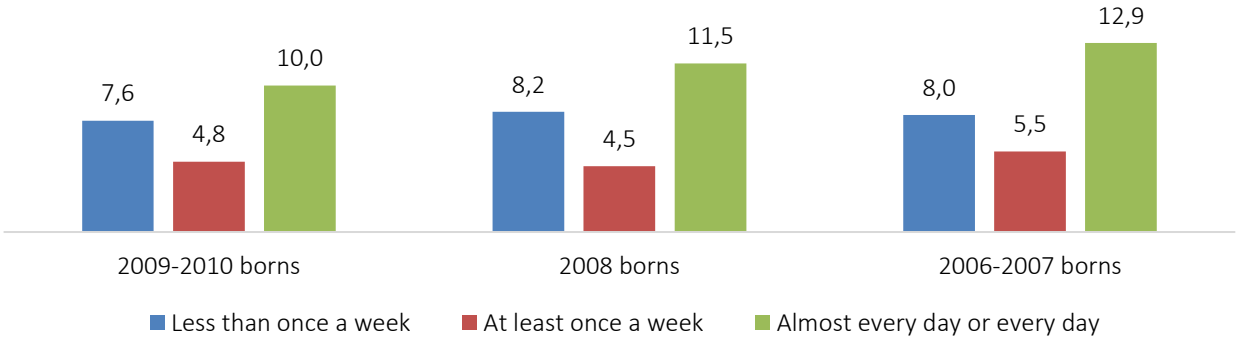
Experience of smoking e-cigarettes, *by age and gender, %*

	2006-2007 borns			2008 borns			2009-2010 borns					
	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all
Yes, in the last 30 days	20.2	19.2	19.7	17.5	18.0	17.8	14.8	14.6	14.7	17.1	17.0	17.1
Yes, in the last 12 months	8.4	10.1	9.2	8.2	8.7	8.4	8.5	9.9	9.3	8.3	9.3	8.8
Yes, more than 12 months ago	12.3	12.6	12.5	13.6	10.4	11.8	13.0	12.1	12.5	13.2	11.3	12.1
No, never	59.0	58.2	58.6	60.7	62.9	61.9	63.7	63.5	63.6	61.4	62.4	61.9

Smoking e-cigarettes during the last 30 days

According to the data, one in four (23.9%) adolescents has smoked e-cigarettes in the last 30 days (in 2019, one in five adolescents had such experience and the prevalence was 19.2%). The prevalence of e-cigarette smoking was almost the same among boys and girls. Thus, 8.3% of boys (14.8% in 2019) and 7.7% of girls (10.3% in 2019) had experience of smoking e-cigarettes less than once a week. At least once a week, 4.9% of boys (6% in 2019) and 4.7% of girls (2.6% in 2019) smoked e-cigarettes. Almost every day, 12% of boys (3.7% in 2019) and 10.5% (1.3% in 2019) of girls smoked e-cigarettes. Mostly adolescents in the older age group had smoked e-cigarettes during the last 30 days (Fig. 2.2.1).

Fig. 2.2.1. Experience of smoking e-cigarettes during the last 30 days, *by age, %*



The survey results demonstrate that most adolescents have smoked nicotine (18.4%) and flavoured (16%) e-cigarettes in the last 30 days.

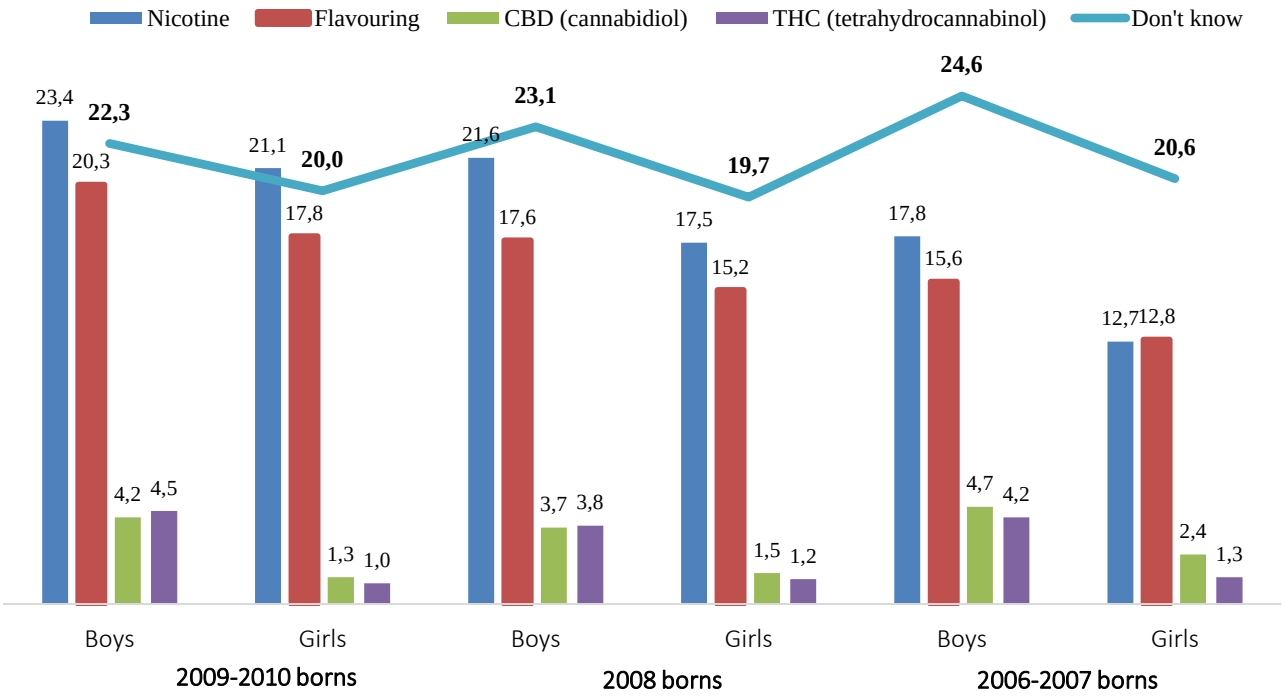
Respondents living in cities or rural settlements smoked more nicotine-containing e-cigarettes (19.2% and 19%, respectively) than village residents (16.7%), and residents of rural settlements smoked slightly more flavoured e-cigarettes (16.3%) than their urban (16.3%) or village (15.3%) peers.

Students in VET institutions smoked more both nicotine e-cigarettes (32.9%) and flavoured e-cigarettes (28.3%) than students in GSEIs (17.2% - nicotine; 15.1% - flavoured) and students in PPEIs (28.9% - nicotine; 23.4% - flavoured).

The proportion of boys who smoked e-cigarettes was higher (20.7% - nicotine; 17.4% - flavouring) than girls (16.4% - nicotine; 14.8% - flavouring).

The proportion of boys who do not know what exactly was in the e-cigarettes they smoked is higher in all age groups (Fig. 2.2.2).

Fig. 2.2.2. Distribution of answers to the question: 'If you have used e-cigarettes in the last 30 days, what exactly did they contain?', *by gender and age*, %*



*****respondents could choose all options that apply*

Age at onset of e-cigarettes smoking and daily smoking

According to the survey results, almost one in nine (11.3%) first tried smoking e-cigarettes at the age of 14, and for 10.4% of respondents the age of first attempt at e-cigarettes was 13 years old(Table 2.2.2).

Table 2.2.2.

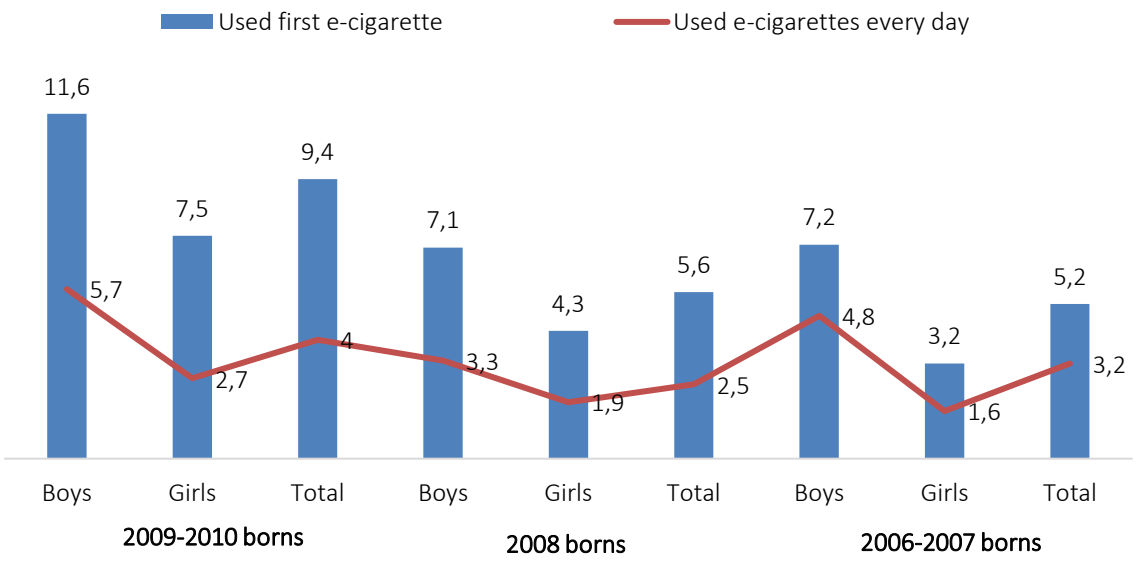
Age (if any) at which the first e-cigarette was used, *by age and gender, %*

	2006-2007 borns			2008 borns			2009-2010 borns					
	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all
Never	53.3	51.2	52.3	56.7	57.9	57.3	58.2	61.8	60.2	56.6	58.2	57.5
9 years old or younger	4.3	1.0	2.7	3.4	1.5	2.4	5.3	2.4	3.7	4.1	1.7	2.8
10 years old	1.7	0.7	1.2	1.5	1.1	1.3	1.6	1.7	1.7	1.6	1.2	1.4
11 years old	1.1	1.5	1.3	2.2	1.7	1.9	4.7	3.5	4.0	2.8	2.2	2.5
12 years old	3.9	3.7	3.8	5.8	5.5	5.6	9.2	8.2	8.7	6.6	6.1	6.3
13 years old	7.6	8.6	8.1	9.6	11.5	10.6	10.5	11.6	11.1	9.5	11.1	10.4
14 years old	10.2	15.5	12.8	11.7	12.5	12.1	9.3	9.4	9.4	10.7	11.9	11.3
15 years old	10.4	13.5	11.9	8.0	7.9	7.9	1.2	1.5	1.4	6.3	6.5	6.4
16 years or older	7.4	4.4	5.9	1.1	0.6	0.8	0.0	0.0	0.0	1.8	0.9	1.3

Among the majority of students of VETIs, as well as students of GSEIs, the age of first e-cigarette attempt is 15 years old - 15.8% and 14.4%, respectively, have tried e-cigarettes for the first time. The majority (11%) of students of GSEIs made their first attempt at the age of 14. Residents of rural settlements tried e-cigarettes for the first time at the age of 13, while urban and village residents did so at the age of 14 (11% and 12%, respectively).

The majority (6.8%) of adolescents developed the habit of daily e-cigarette smoking at the age of 14 and 15 (5.3%).

Fig. 2.2.3. First try and formation of daily e-cigarette smoking habit at the age of 11 years and younger, *by age and gender, %*



When they first used e-cigarettes, one in eleven adolescents (9.1%) smoked traditional cigarettes from time to time (in 2019, this proportion was 24.7%), and 2.9% (5.2% in 2019) used them regularly. For 28.3% of respondents, e-cigarettes were their first attempt at smoking. The majority of girls of all age groups had no experience of smoking classic cigarettes before trying their first e-cigarette (Table 2.2.3).

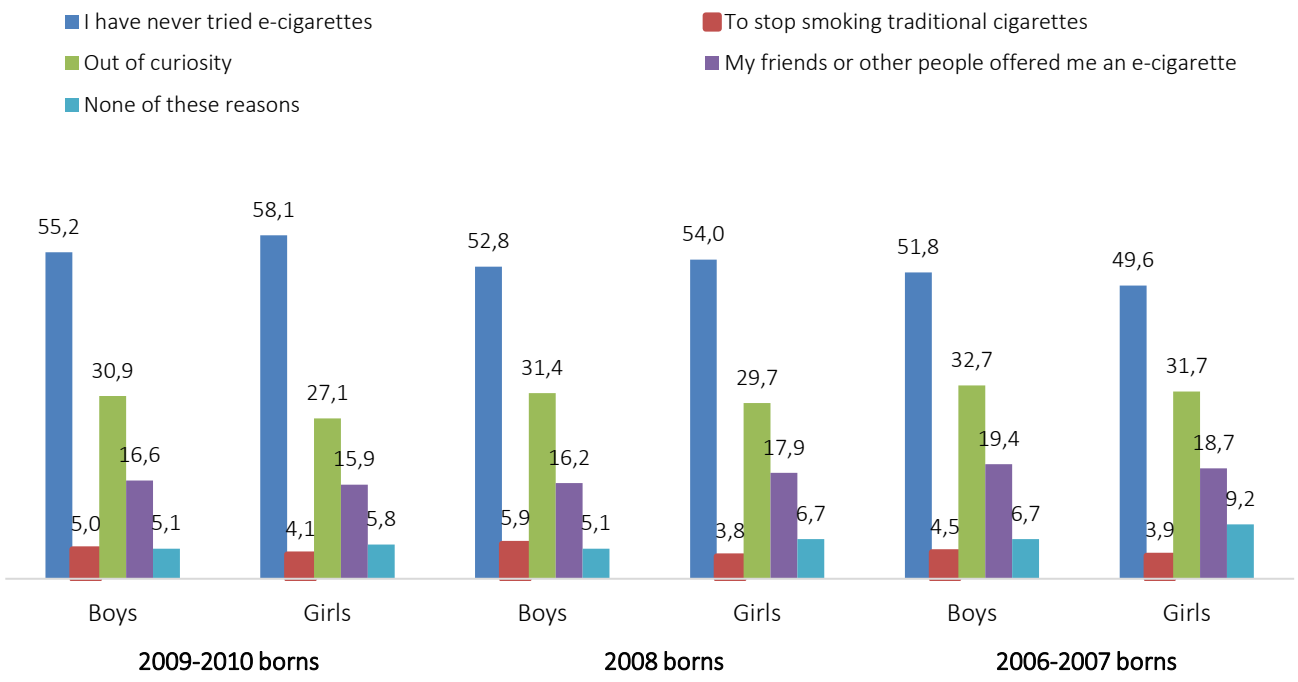
Table 2.2.3

Distribution of answers to the question: "When you first tried an e-cigarette (if ever), what was your experience with traditional cigarettes at that time?", *by age and gender, %*

	2006-2007 borns			2008 borns			2009-2010 borns					
	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all
I have never tried e-cigarettes	55.5	53.4	54.4	60.7	58.4	59.5	62.2	63.3	62.9	60.3	59.2	59.7
I have never used traditional cigarettes	28.5	32.0	30.2	25.7	30.8	28.4	25.2	28.7	27.1	26.0	30.3	28.3
I have occasionally used traditional cigarettes	11.1	12.3	11.7	9.6	8.5	9.0	9.4	6.7	7.9	9.8	8.5	9.1
I regularly used traditional cigarettes	4.9	2.3	3.7	4.0	2.3	3.1	3.2	1.3	2.1	3.9	2.0	2.9

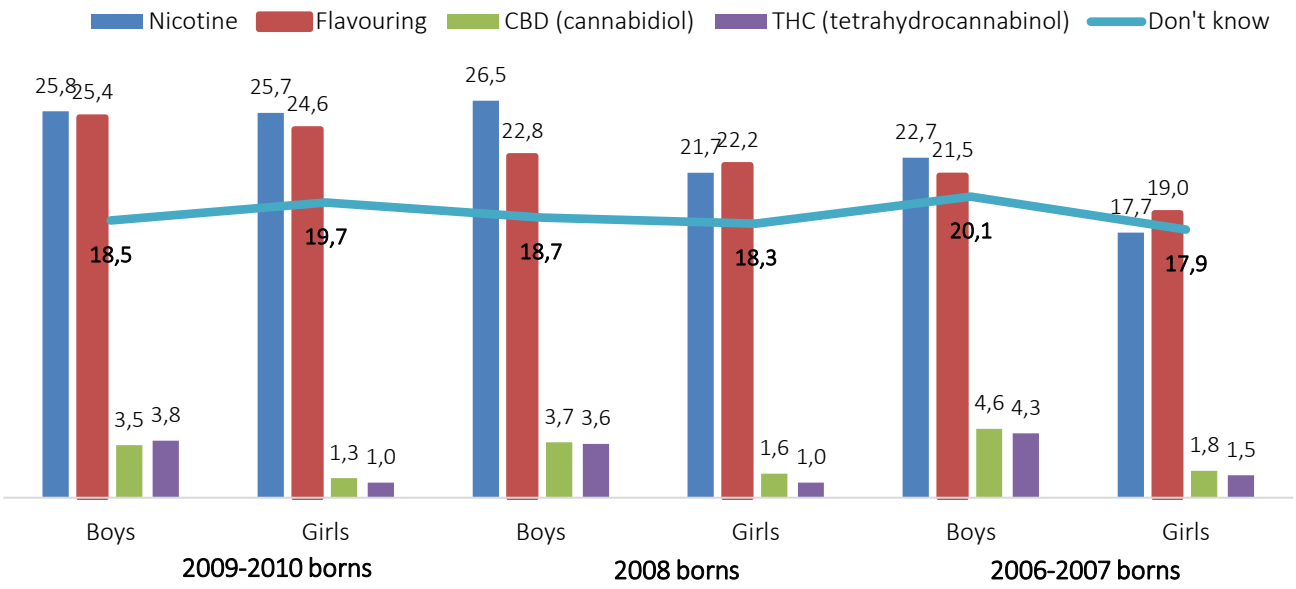
30.2% of respondents tried their first e-cigarette out of curiosity. At the suggestion of friends or other people, 17.1% of adolescents, regardless of gender, did so. For 4.6% of respondents, the motive for trying an e-cigarette was the desire to stop smoking traditional cigarettes (also almost the same proportion among boys and girls) (Fig. 2.2.4).

Fig. 2.2.4. Distribution of answers to the question: 'Why did you first try e-cigarettes?', *by age and gender, %*



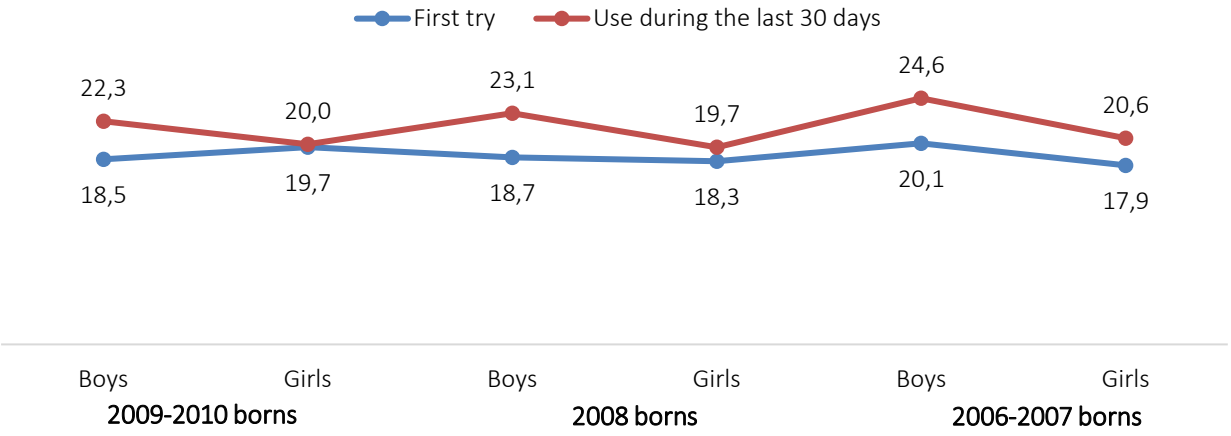
For all age groups, the first e-cigarette in most cases contained nicotine or flavouring (Fig. 2.2.5).

Fig. 2.2.5. Distribution of answers to the question: 'When you first tried e-cigarettes, what exactly did they contain?', *by gender and age, %*



The level of awareness about the content of substances in e-cigarettes at the first smoking attempt is somewhat higher. In general, 18.7% of respondents did not know what exactly a cigarette contained when they first tried it, while 21.6% of those who had smoked e-cigarettes in the last 30 days did not know. Among adolescents born in 2009-2010, 18.5% of boys and 19.7% of girls did not know what the contents of an e-cigarette were when they first tried it, while among other age groups, mostly boys did not know what was in a cigarette when they first tried it. Regarding smoking e-cigarettes during the last 30 days, most boys of all age groups did not know what was in a cigarette (Fig. 2.2.6).

Fig. 2.2.6. Distribution of answers of respondents who 'did not know' the content of an e-cigarette during the first try and use within 30 days, *by gender and age, %*

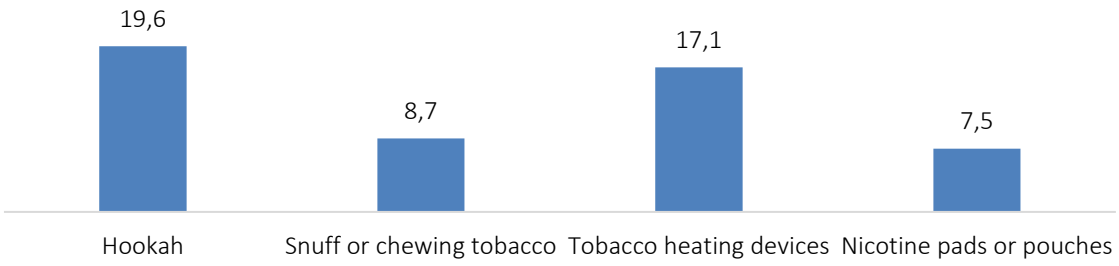


Experience with hookah, snuff, chewing tobacco and tobacco heating devices use

Among alternative smoking products, hookah and tobacco heating devices are the most popular. The proportion of respondents with experience of using these products is 19.6% (32.2% in 2019) and 17.1% (7.4%), respectively.

The use of snuff or chewing tobacco and nicotine pads or pouches is not popular among young people, and the proportion of those who have ever used them is 8.7% and 7.5%, respectively (Fig. 2.2.7).

Fig. 2.2.7. Experience of using hookah, snuff, chewing tobacco, nicotine pads, and tobacco heating devices (if ever), %.



Boys (21.6%) have more experience of hookah use than girls (17.9%). The lowest proportion of respondents with hookah smoking experience lives in villages (17.4%). The experience of hookah smoking was reported by 18.3% of residents of rural settlements and 20.8% of urban residents. Hookah smoking is more common among students of PPEIs (21.1%). Among students of GSEIs, this proportion is 19.6%, and among those studying in VET institutions - 19%.

Tobacco heating devices are more popular in urban areas (18.9%) than in rural settlements (15.8%) or villages (13.6%), and among boys (19.2%) than among girls (15.3%). Also, most students of PPEIs have experience of using them - 21.1%. The level of use of heating devices increases with the age of the respondents. For adolescents born in 2009-2010, it is 15.7%, for those born in 2008 - 17.3%, and for those born in 2006-2007 - 19.5%.

The use of snuff, chewing tobacco, and nicotine pads or pouches is not widespread among adolescents, but the data obtained demonstrate their presence. So, more boys than girls have experience of using snuff or chewing tobacco - 11.8% and 6%, respectively. They are more commonly used by students of VET institutions (9.8%) and urban residents (9.8%).

Nicotine pads or pouches are much more popular among boys (10.7%) than among girls (4.7%). They are more commonly used by urban residents (8.6%) than by those living in rural settlements (5.2%) or villages (5.6%).

Adolescents noted that 5.4% of respondents made their first try to smoke hookah at the age of 14, and another 5% of respondents - at the age of 15. For the first time, 5% and 3.6% tried to use tobacco heating devices at the age of 14 and 15, respectively. The age of the first attempt to use snuff or chewing tobacco, as well as nicotine pads or pouches, was 9 years and younger - 1.7% and 1.5% of respondents respectively (Table 2.2.4).

Table 2.2.4

Age at first attempt of alternative tobacco and nicotine products, %

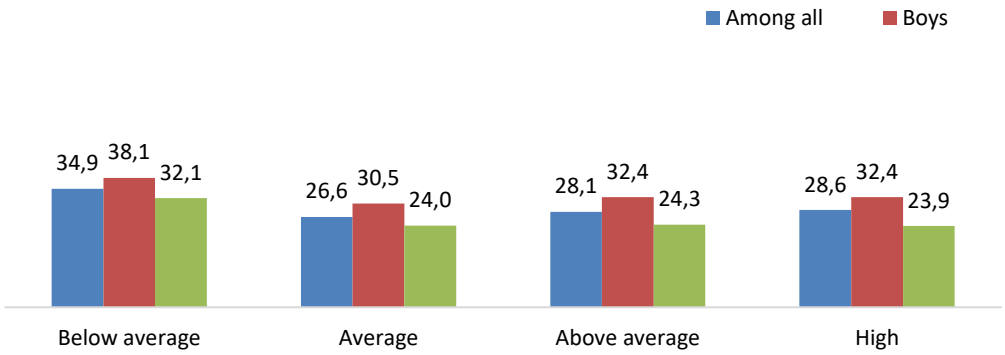
	Hookah	Snuff or chewing tobacco	Tobacco heating devices	Nicotine pads or pouches
Never	76.3	91.6	84.1	93.2
9 years old or younger	2.7	1.7	1.5	1.5
10 years old	1.0	0.4	0.5	0.4
11 years old	3.0	1.1	0.9	0.6
12 years old	1.8	0.7	0.9	0.6
13 years old	3.5	1.2	2.6	0.9
14 years old	5.4	1.3	5.0	1.1
15 years old	5.0	1.5	3.6	1.3
16 years or older	1.4	0.5	1.0	0.4

2.3. Factors influencing adolescent smoking

Smoking and well-being (family financial status)

In terms of family financial status, there is a higher prevalence of smoking among adolescents whose family financial status was defined as 'below average' (34.9%). At the same time, more boys (38.1%) have smoking experience than girls (32.1%) from this category of families. Smoking is the least common among adolescents from families with an 'average' level of well-being - 26.6% have smoked at least once in their lives (30.5% of boys and 24% of girls) (Fig. 2.3.1).

Fig. 2.3.1. Proportion of adolescents with lifetime smoking experience, *by family financial status, %*

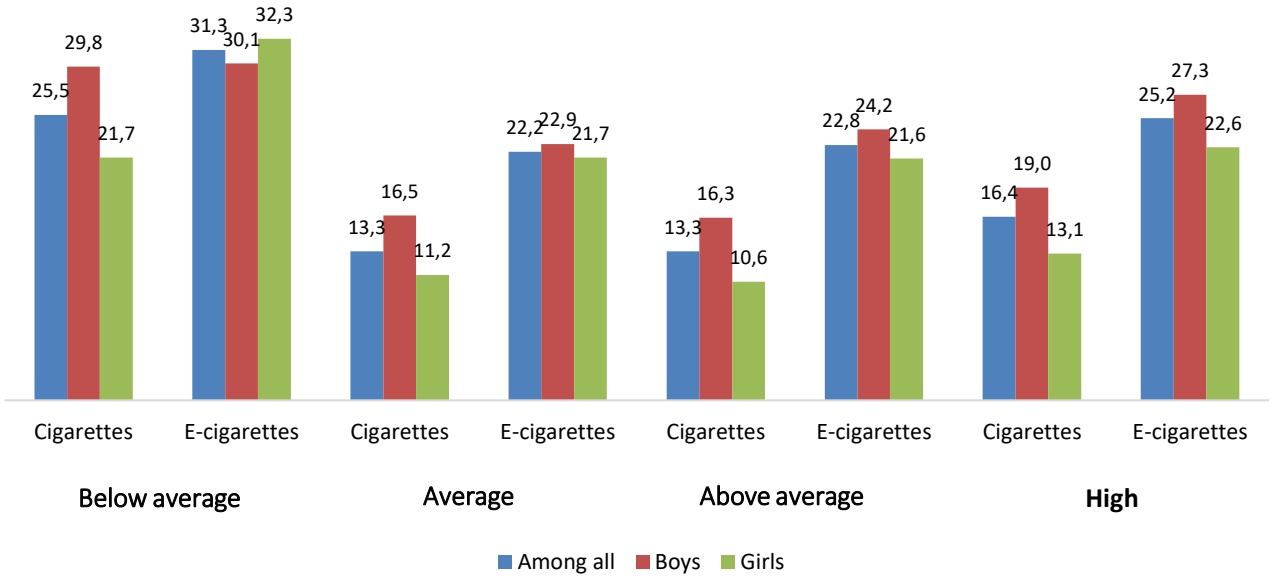


The distribution of smoking experience in the last month is similar to lifetime smoking experience - the largest proportion of those who smoked cigarettes or e-cigarettes in the last 30 days live in a family with 'below average' income level - 25.5% and 31.3%, respectively.

Adolescents raised in a family with a different level of well-being than 'below average' smoked cigarettes and e-cigarettes in the last 30 days to almost the same extent. Cigarettes were smoked to a slightly higher extent (16.4%) by young people from families with high income (compared to adolescents from families with 'average' and 'above average' income - 13.3%, respectively). Also, adolescents from this category of families smoked e-cigarettes to a greater extent (25.2%).

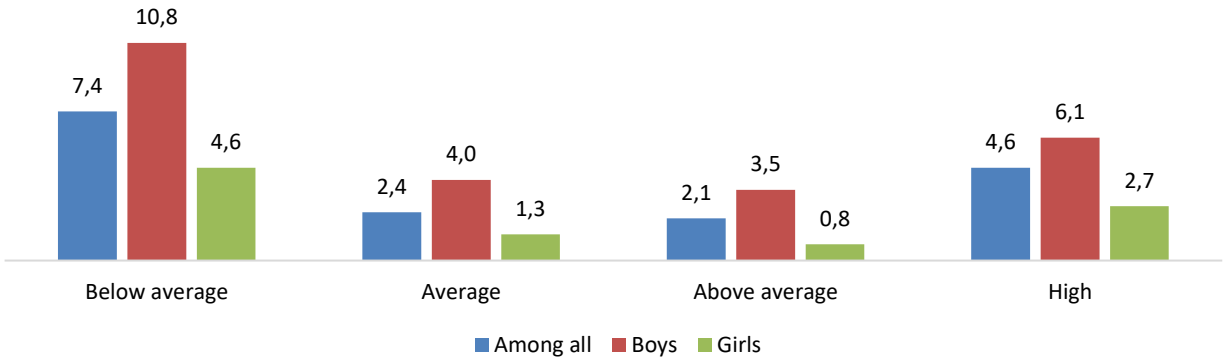
E-cigarettes are generally more popular among adolescents of all financial statuses. In general, boys smoked cigarettes and e-cigarettes more than girls in the last 30 days. Only in the category of families with 'below average' income, girls smoked e-cigarettes more than boys (32.3% and 30.1%, respectively) (Fig. 2.3.2).

Figure 2.3.2. Proportion of young people who smoked cigarettes and e-cigarettes during the last 30 days, *by family financial status, %*



The intensity of smoking is also higher among adolescents raised in families with 'below average' income level. Thus, 7.4% (10.8% of boys and 4.6% of girls) smoked more than 5 cigarettes per day in the last month. Young people from families with 'high' financial status smoked more than 5 cigarettes per day slightly more (4.6%) than their peers from families with 'average' - 2.4% and 'above average' - 2.1% financial status (Fig. 2.3.3).

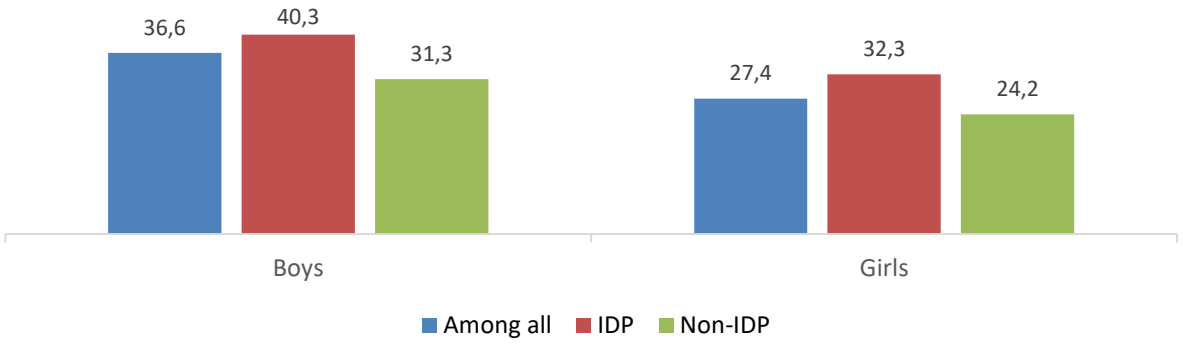
Fig. 2.3.3. Proportion of young people who smoked more than 5 cigarettes per day during the last 30 days, *by family financial status, %*



Smoking and forced displacement as a result of war

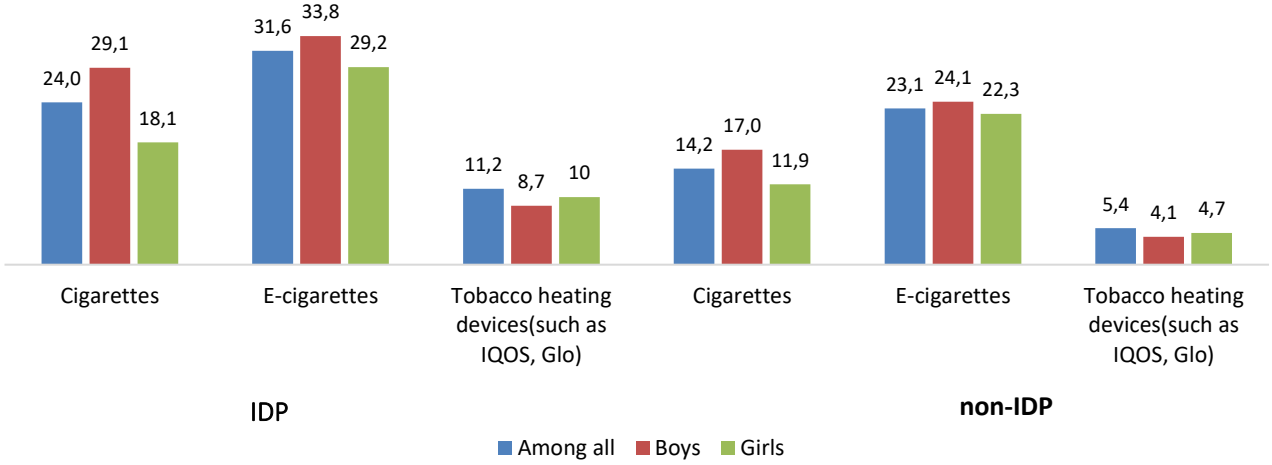
Data analysis demonstrates that lifetime smoking experience is somewhat higher among adolescents who are IDP. Among IDP boys, the proportion of those with smoking experience is 40.3%, among girls - 32.3%, while among non-IDP these figures are 31.3% and 24.2%, respectively (Fig. 2.3.4).

Fig. 2.3.4. Proportion of adolescents with lifetime smoking experience, *by IDP status, %*



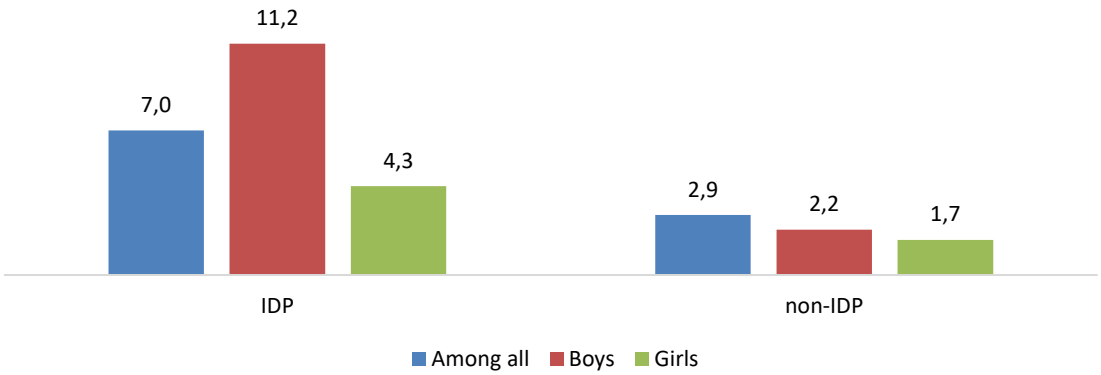
In the last month, IDP adolescents smoked both cigarettes and e-cigarettes to a greater extent than their non-IDP peers. Thus, 24% of IDP respondents smoked cigarettes and 31.6% smoked e-cigarettes, while among non-IDP youth, 14.2% smoked cigarettes and 23.1% smoked e-cigarettes. Regardless of their IDP status, boys smoked both cigarettes and e-cigarettes to a greater extent (Fig. 2.3.5).

Fig. 2.3.5. Proportion of young people who smoked during the last 30 days, *by IDP status, %*



Smoking intensity is higher among IDP adolescents - 7% smoked more than 5 cigarettes per day in the last month, while the proportion of their peers who smoked the same amount of cigarettes but were not IDPs was 2.9% (Fig. 2.3.6).

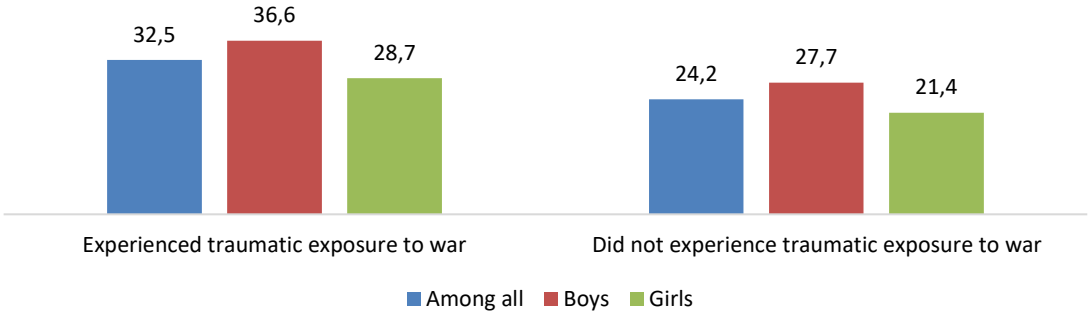
Figure 2.3.6. Proportion of young people who smoked more than 5 cigarettes per day during the last 30 days, *by IDP status, %*



Smoking and the traumatic exposure to war

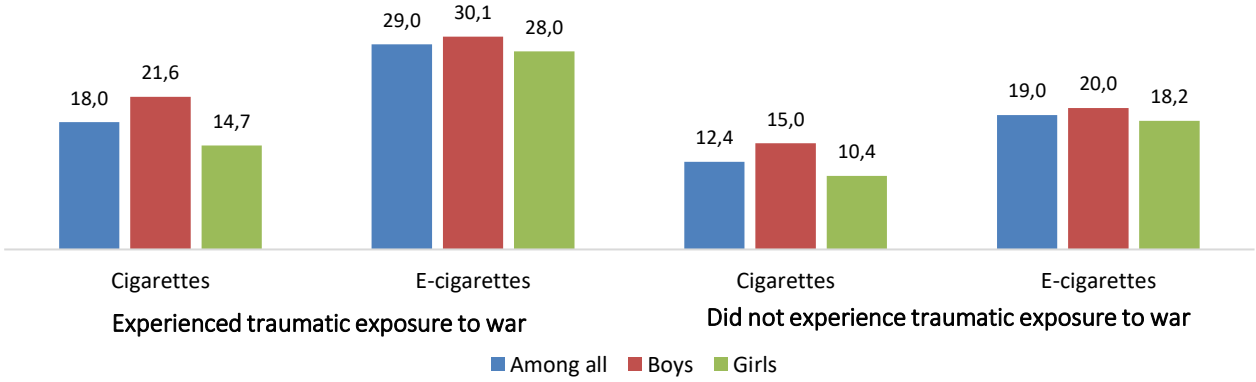
Smoking experience among adolescents who report traumatic exposure to war on their lives is somewhat higher than among their peers who do not report such impact (32.5% and 24.2%, respectively). Fig. 2.3.7 demonstrates that lifetime smoking experience in the group of respondents who were exposed to war is higher among both boys (36.6%) and girls (28.7%) than among boys and girls who were not exposed to war (27.7% and 21.4%, respectively).

Figure 2.3.7. Proportion of adolescents with lifetime smoking experience, *by traumatic exposure to war, %*



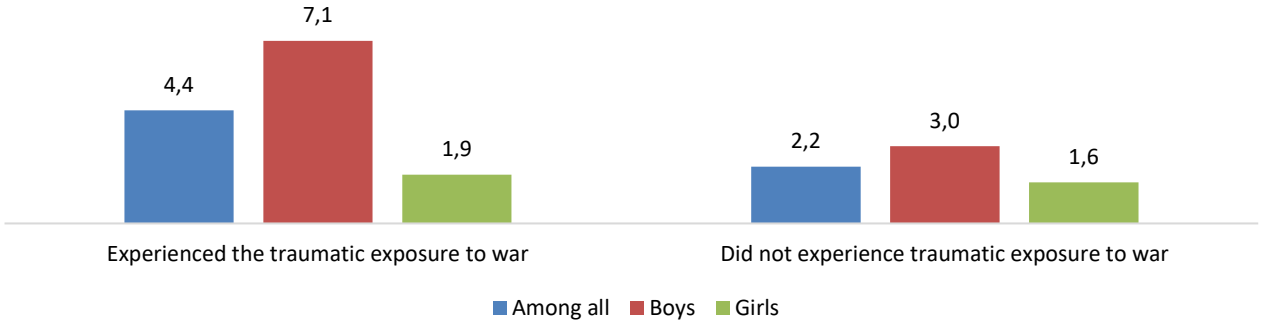
In the last month, respondents who reported a negative impact of the war smoked more cigarettes (18%) and e-cigarettes (29%) than their peers who did not report such an exposure (12.4% and 19%, respectively). Regardless of the factor of exposure to war or gender, respondents smoked mostly e-cigarettes in the last month (Fig. 2.3.8).

Fig. 2.3.8. Proportion of young people who smoked during the last 30 days, *by traumatic exposure to war, %*



The traumatic exposure to the war also affected adolescents' smoking intensity. Thus, the proportion of respondents who smoked more than 5 cigarettes per day was twice as high among young people who had been exposed to war (4.4%) than among those who had not been exposed to war (2.2%) (Fig. 2.3.9).

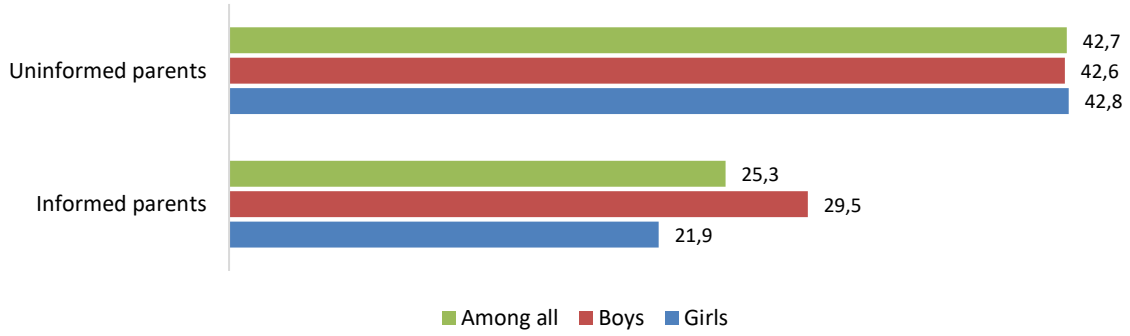
Figure 2.3.9. Proportion of adolescents who smoked more than 5 cigarettes per day during the last 30 days, *by traumatic exposure to war, %*



Smoking and parental awareness

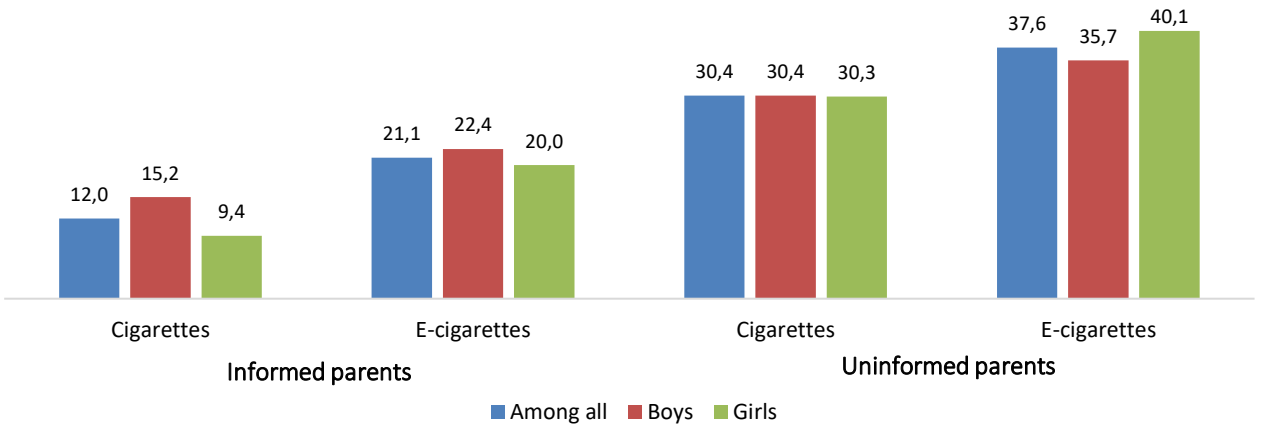
There is a link between parents' awareness of their children's leisure activities and smoking. Smoking experience is much higher among adolescents whose parents are unaware of their leisure time activities (42.7%) than among those whose parents are aware (25.3%). At the same time, there is no difference in the availability of experience by gender among those whose parents are uninformed. Among respondents whose parents are informed, the proportion of boys with smoking experience is higher (29.5%) than girls (21.9%) (Fig. 2.3.10).

Fig. 2.3.10. Proportion of adolescents with lifetime smoking experience, *by parental awareness, %*



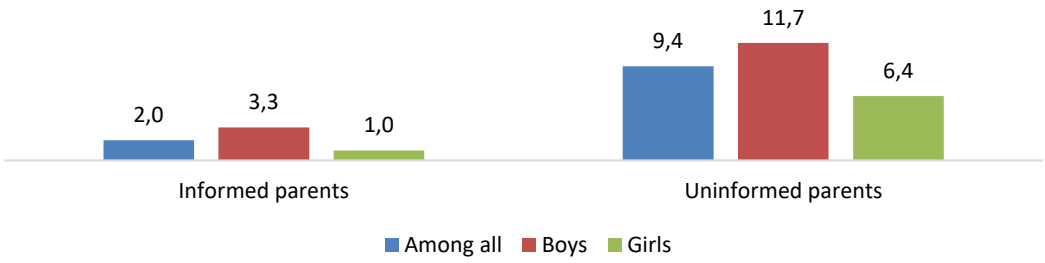
Parental awareness has a direct impact on smoking in the last month. Thus, among respondents whose parents were informed, 12% of respondents smoked cigarettes or e-cigarettes (21.1%). Among those whose parents were not informed, 30.4% of adolescents smoked cigarettes (equally boys and girls), and 37.6% of respondents smoked e-cigarettes, with girls smoking e-cigarettes more often (40.1%) than boys (35.7%) (Fig. 2.3.11).

Fig. 2.3.11. Proportion of young people who smoked during the last 30 days, *by parental awareness, %*



There is also a link between parental awareness and smoking intensity. Only 2% of respondents smoked more than 5 cigarettes per day among those whose parents were aware of how they spent their free time. Among uninformed parents, the proportion of adolescents who smoked more than five cigarettes was 9.4% (Fig. 2.3.12).

Fig. 2.3.12. Proportion of adolescents who smoked more than 5 cigarettes per day in the last 30 days, *by parental awareness, %*



Depression, stress, and anxiety in relation to smoking

The results of the study demonstrate that adolescents with smoking experience have about 10% higher levels of depression, anxiety and stress compared to their peers who do not have such experience. The increase in all indicators is somewhat higher among girls (Table 2.3.1).

Table 2.3.1.

Prevalence of high levels of depression, anxiety and stress, *by smoking, by gender, %*

	No smoking experience			Lifetime smoking		
	Boys	Girls	Among all	Boys	Girls	Among all
Depression	23.7	32.7	28.8	35.4	45.7	40.3
Anxiety	22.6	38.4	31.5	36.0	52.9	44.0
Stress	12.1	24.6	19.2	21.6	35.4	28.1

There is a link between smoking tobacco and e-cigarettes during the last month and levels of depression, anxiety, and stress in both boys and girls. Table 2.3.2 demonstrates a slightly larger increase in these indicators among boys and among those who smoked tobacco than among those who smoked e-cigarettes.

The highest increase among both boys and girls is in anxiety. Among boys, it increases from 23.2% of those who did not smoke during the month to 43.4% of those who smoked. For girls, this figure increases from 40% among those who did not smoke to 56.2% among those who smoked tobacco in the last month. Among those who smoked e-cigarettes, anxiety levels also increase the most among all indicators, but the increase is somewhat less for both boys and girls. Thus, for boys who have not smoked e-cigarettes in the last month, the level of anxiety is 22.7%, and among those who have smoked it is 39.4%. For girls, this figure is 38.6% among those who did not smoke and 53.7% among those who smoked.

Table 2.3.2

Indicators of high levels of depression, anxiety, and stress among those who smoked during the last 30 days, *by gender, %*

	Did not smoke tobacco during the month			Smoked tobacco during the month			Did not smoke e-cigarettes during the month			Smoked e-cigarettes during the month		
	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all
Depression	24.3	34.1	29.3	41.3	49.1	44.7	23.9	32.9	28.8	38.0	46.4	42.3
Anxiety	23.2	40.0	32.5	43.4	56.2	49.0	22.7	38.6	31.4	39.4	53.7	46.8
Stress	12.2	25.6	19.7	28.6	38.7	33.1	11.8	24.9	19.0	25.2	35.2	30.4

The rates of high levels of depression, anxiety and stress increase by almost 25% when smoking more than 5 cigarettes a day. Moreover, among boys, these indicators increase to a greater extent than among girls. Fluctuations in indicators among girls are observed within 20%, and among boys - within 30%. For example, the difference between the level of anxiety among boys who did not smoke for a month (25.2%) and those who smoked 5 cigarettes or more daily

(57.7%) is 32.5%. Among girls, the largest fluctuation in depression is observed - it increases from 26% among those who did not smoke to 57.8% among those who smoked more than 5 cigarettes daily (Table 2.3.3).

Table 2.3.3

Indicators of high levels of depression, anxiety, and stress among those who smoked more than 5 cigarettes per day during the last 30 days, *by gender, %*

	Did not smoke during the month			Smoked more than 5 cigarettes per day during the month		
	Boys	Girls	Among all	Boys	Girls	Among all
Depression	26.0	35.6	31.2	54.8	57.8	55.7
Anxiety	25.2	41.7	34.2	57.7	61.4	58.8
Stress	13.6	26.9	20.9	45.2	45.8	45.4

Key outcomes of the section

- There is a downward trend in the prevalence of smoking among students.
- 71.7% of respondents have never smoked cigarettes. In the previous wave of the survey in 2019, 49.5% of respondents said they had never smoked cigarettes.
- The experience of cigarette smoking is more common among boys (32.3%) and has decreased compared to 2019 - 56.2% of boys reported having smoked cigarettes then. Among girls, smoking experience also decreased from 54.7% in 2019 to 24.9% in 2024.
- There is a higher prevalence of smoking among adolescents who defined their family's material well-being as 'below average' - 34.9%.
- The lowest prevalence of smoking is among adolescents from families with 'average' income - 26.6%.
- Adolescents who belong to IDP smoked both cigarettes and e-cigarettes to a greater extent than their non-IDP peers.
- The prevalence of cigarette smoking experience decreased compared to 2019 in all types of educational institutions.
- The age of first cigarette smoking try is 14 years. Some also start trying cigarettes at the age of 9 or younger.
- Most respondents started smoking daily at the age of 14 and 15. Another proportion of respondents started smoking daily at the age of 9.
- Boys are more likely to smoke daily than girls.
- The most experienced smokers are students of VET institutions (42.7%).
- 38.1% of respondents have smoked e-cigarettes, at least once in their lives.
- Every fourth (23.9%) adolescent has smoked e-cigarettes in the last 30 days.
- Girls from families with 'below average' income are more likely to smoke e-cigarettes than boys (32.3% and 30.1%, respectively).
- One in six (16.1%) first tried smoking e-cigarettes at the age of 14 years old.
- For 28.3% of respondents, the use of e-cigarettes was their first attempt at smoking.
- 18.7% of respondents did not know what substances e-cigarettes contained when they first tried smoking.
- Among alternative tobacco products, hookah and tobacco heating devices are the most popular.
- Hookah use is experienced by 19.6% of respondents.
- Most adolescents made their first try to smoke hookah at the age of 14 and 15 years old.
- Tobacco heating devices are gaining popularity. The proportion of respondents with experience of using them increased from 7.4% in 2019 to 17.1% in 2024.
- The age of the first attempt to use a tobacco heating device is 14-15 years old.
- Snuff, chewing tobacco, and nicotine pads or pouches are not popular among young people, and the percentage of those who have ever used them is 8.7% and 7.5%, respectively.
- Respondents who reported a negative exposure to the war smoked more cigarettes (18%) and e-cigarettes (29%) in the last month than their peers who did not report such an impact (12.4% and 19%, respectively).
- The proportion of respondents who smoked more than 5 cigarettes per day is twice as high among young people who reported being affected by the war (4.4%) than among those who did not (2.2%).
- Smoking experience is much higher among adolescents whose parents are uninformed about their leisure activities (42.7%) than among those whose parents are informed (25.3%).

- There is a connection between parental awareness and smoking intensity. Only 2% of respondents smoked more than 5 cigarettes per day among those whose parents were informed about how they spent their free time. Among uninformed parents, the proportion of adolescents who smoked more than five cigarettes a day was 9.4%.
- Adolescents who smoke have higher levels of depression, anxiety and stress compared to their non-smoking peers.
- Smoking tobacco and e-cigarettes during the last month increases depression, anxiety, and stress in both boys and girls. A slightly larger increase in these indicators is observed among boys and among those who smoked tobacco than among those who smoked e-cigarettes.
- The highest increase among both boys and girls due to smoking is in anxiety.
- The rates of high depression, anxiety, and stress increase by almost 25% when smoking more than 5 cigarettes per day. Among boys, these indicators increase to a greater extent than among girls. Fluctuations in indicators among girls are observed within 20%, and among boys - within 30%. For example, the difference between the level of anxiety in boys who did not smoke for a month (25.2%) and those who smoked 5 cigarettes or more daily (57.7%) is 32.5%. Among girls, the largest fluctuation in depression is observed - it increases from 26% among those who did not smoke to 57.8% among those who smoke more than 5 cigarettes daily.

SECTION 3. ALCOHOL

3.1. Prevalence and causes of alcohol consumption

Lifetime alcohol consumption

According to the survey, 76.7% of all adolescents surveyed had consumed alcohol at least once in their lifetime. 17.1% of respondents have drunk alcohol once or twice. This is a 'precedent of familiarisation' with alcohol, the first tasting. Alcoholic beverages were consumed three to nine times by 26.1% of respondents. In this case, we can already talk about a 'certain' experience of drinking alcohol. Ten to 19 times alcohol was consumed by 12.4% of respondents. This experience should be qualified as 'considerable'. 'Extensive' experience of alcohol consumption (20 to 39 times) is reported by 7.4% of adolescents. 13.8% of the surveyed adolescents have consumed alcoholic beverages 40 times or more. This is 'very extensive' experience of alcohol consumption (Table 3.1.1).

Based on the results, one in three adolescents surveyed had consumed alcohol more than ten times in their lifetime. Compared to the previous survey, the proportion of adolescents who have had experience of alcohol use has decreased significantly: from 46.3% in the 2019 survey to 33.6% in 2024 (Table 3.1.1).

Another influential factor is the lower availability of alcoholic beverages under martial law (limited sales hours, higher prices for excisable goods). These factors are unlikely to be exhaustive, but they can largely explain the current dynamics.

Table 3.1.1

Proportion of respondents with lifetime experience of alcohol consumption, %.

	2019	2024
No experience (never consumed alcohol)	14.3	23.3
Precedent of familiarization (once or twice)	13.6	17.1
Certain experience (three to nine times)	25.8	26.1
Considerable experience (10 to 19 times)	16.4	12.4
Extensive experience (20 to 39 times)	11.5	7.4
Very extensive experience (40 times and more)	18.4	13.8

When comparing the general trends in the gender and age structure of alcohol consumption, they remain the same as in 2019: the proportion of adolescents who have consumed alcohol increases with age, and girls try alcohol for the first time slightly earlier than boys. Data from the 2024 survey (Table 3.1.2).

Table 3.1.2

Proportion of respondents with relevant experience of alcohol consumption

by gender and age, %

	2006-2007 borns		2008 borns		2009-2010 borns	
	Boys	Girls	Boys	Girls	Boys	Girls
No experience (never consumed alcohol)	23.7	16.5	26.2	17.7	29.4	25.8
Precedent of familiarization (once or twice)	16.4	14.8	16.9	16.9	18.0	17.9
Certain experience (three to nine times)	24.8	28.1	24.7	28.7	23.3	25.8
Considerable experience (10 to 19 times)	11.9	15.1	10.6	14.4	9.3	13.0
Extensive experience (20 to 39 times)	6.0	9.6	6.4	8.3	7.1	7.3
Very extensive experience (40 times and more)	17.1	15.9	15.1	14.0	12.8	10.1

The following conclusions can be drawn from the table demonstrating the consumption of alcoholic beverages among boys and girls born in 2006-2007, 2008, 2009-2010.

Girls more often than boys reported significant experience of alcohol consumption in all age groups.

Boys are more likely to not drink alcohol at all. In each age group, boys have a higher percentage of those who have never drunk alcohol (29.4% among the youngest boys vs. 25.8% among girls born in 2009-2010).

In the youngest group (born in 2009-2010), the percentage of those who have never drunk alcohol is expectedly the highest: 29.4% among boys and 25.8% among girls. With age, the proportion of those who have never drunk alcohol decreases, while the proportion of those with some experience (three to nine times) or more experience (10 times or more)

increases. For example, among boys born in 2006-2007, 17.1% had 40 or more occasions of alcohol consumption, while among boys born in 2009-2010 this figure decreased to 12.8%.

With age, both boys and girls drink alcohol more often and increase their experience, which can be seen in the decrease in the percentage of people with no experience and the increase in the proportion of those with more experience. These data indicate a general trend: alcohol consumption becomes more common with age, and girls are more likely to drink alcohol more often than boys. With age, the proportion of people with no experience of alcohol consumption decreases among both boys and girls, while the percentage of those with considerable and extensive experience increases, respectively.

At the same time, the analysis revealed that adolescents' alcohol consumption practices are influenced by the geographical factor. Among the surveyed adolescents living in rural settlements, the proportion of those who do not drink alcohol is the lowest - 18.2%, while in the city this figure is 23.5%, and in the village - 24.0%. Also, residents of rural settlements have a slightly higher rate of 'extensive' and 'very extensive' experience of drinking alcohol - 22.9%. Among respondents living in cities of oblast subordination and villages, the same figure is 21.0%.

Alcohol consumption in the last 12 months

There is a positive trend towards a decrease in alcohol consumption compared to 2019; in 2024, more adolescents have never drunk alcohol. Occasional and frequent alcohol consumption is decreasing, which may indicate an overall decrease in consumption. In the group of those who drink alcohol very often, there were almost no changes.

The data in the table below indicate changes in social trends related to alcohol consumption, with an increasing number of adolescents giving up alcohol altogether.

In the last 12 months, 63.7% of adolescents surveyed had consumed alcoholic beverages. Over the last year, 24.7% of respondents drank alcohol once or twice, 21.9% 'occasionally' (three to nine times), and 17.7% of respondents drank alcohol often (10 times or more) (Table 3.1.3).

Table 3.1.3

Proportion of respondents who have consumed alcohol during the last 12 months with the specified frequency, *%*

	2019	2024
Never	25.3	36.3
Once or twice	22.7	24.1
Occasionally (3 to 9 times)	27.6	21.9
Quite often (10 to 19 times)	11.6	7.2
Often (20 to 39 times)	5.9	3.7
Very often (40 times and more)	6.9	6.8

Trends in the age and gender distribution in this regard remain. The amount of alcohol consumed increases with age. Boys in 43.6% of responses indicated that they had never drunk alcohol during the last year, while the percentage of girls is significantly lower: 33.5% of girls surveyed indicated that they had not drunk alcohol in the last 12 months. As for the other items ('once or twice', 'occasionally' (3 to 9 times), 'quite often' (10 to 19 times), and 'often' (20 to 39 times)), the percentage of girls is slightly higher than that of boys. The trend deviates only among those who drink alcohol 'very often': 8.4% of boys, compared to 5.3% of girls.

As for the geographical factor, there is a slight connection: in cities, 37.7% of adolescents have not consumed alcohol in the last 12 months, in villages this percentage is 34.4%, and in rural settlements - 31.5%. At the same time, the differences in the group that consumes alcohol often and very often are insignificant: in all types of settlements, it is approximately 10.5%.

Alcohol consumption in the last 30 days

More than a third (39.1%) of adolescents surveyed had consumed alcohol at least once during the last month (Table 3.1.4). A significant proportion of adolescents (18.1% of respondents) had consumed alcohol more than twice.

Table 3.1.4

Frequency of alcohol consumption during the last 30 days, %

	2019	2024
None	53.5	60.9
1-2 times	24.4	21.0
3-9 times	16.6	11.9
10 times and more	5.5	6.2

The analysis of adolescents' alcohol consumption during the last 30 days revealed the following features:

- Girls consumed more alcoholic beverages than boys. During the last month, 43.6% of girls and 37.5% of boys have consumed alcohol at least once.
- Gender differences are most noticeable in the younger age group (born in 2009-2010), and are almost levelled in the age group born in 2006-2007.
- As for the influence of place of residence on the frequency of alcohol consumption in the last month, adolescents living in rural settlements were slightly more likely to consume alcohol compared to their peers living in cities and villages, namely 46.6% of respondents drank alcohol at least once in the last 30 days, while there was almost no difference between the residents of cities and villages (38.2% and 39.5%, respectively).

The most popular drinks among adolescents are primarily wine and low-alcoholic beverages. Table 3.1.5 presents data on boys and girls who have consumed different types of alcoholic beverages at least once during the last 30 days.

Table 3.1.5

Proportion of respondents who have consumed different types of alcoholic beverages at least once during the last 30 days, %*

	Boys	Girls	Among all
Beer (except non-alcoholic)	31.7	26.8	28.8
Cider	17.9	19.2	18.6
Champagne, wine	29.6	39.9	35.1
Low-alcoholic drinks/cocktails	23.6	31.0	27.6
Sperits (vodka, whiskey, cognac, rum, liqueur, moonshine, etc.)	19.3	14.6	16.8

** The sum of answers does not equal 100%, as respondents answered for each drink separately*

Beer is the most popular alcoholic beverage among boys in the middle and older age group (born in 2006-2008): every third person has drunk beer at least once during the last 30 days. Among girls, this drink is less popular - girls are 4.9% less likely to drink beer. However, there is also a higher popularity of this drink among older girls: 28.9% of girls born in 2006-2008 have drunk beer at least once in the last month, while the figure for girls born in 2009-2010 is 23.3%.

Cider has a slight difference in consumption between girls (19.2%) and boys (17.9%), which indicates that it is almost equally popular among both sexes.

Adolescents born in 2006-2007 show interest in this drink, and there is no significant difference by gender: boys in this age group have drunk cider at least once in the last month in 21.5% of cases, while the figure for girls is 21.2%. The middle and younger age groups show roughly the same results: about 16.5% of boys and girls born in 2008-2010 have drunk cider during the last 30 days. In general, cider is the least popular among adolescents among soft drinks.

In turn, grape drinks, such as sparkling wine and wine, are among the most popular. Champagne and wine are more popular among girls than among boys. In the last 30 days, 39.9% of girls and 29.6% of boys have drunk champagne at least once.

In the younger age group (born in 2009-2010), more than a third (35.5%) of girls had drunk wine or champagne during the last month. In the age group born in 2006-2007, this figure among girls was slightly higher (38.7%).

Low-alcoholic drinks and cocktails are also more popular among girls (31%) compared to boys (23.6%). It is also worth noting that in the older age group (born in 2008), the number of girls who have consumed low-alcoholic drinks in the last month is significantly higher than that of boys (31.7% and 23.6%, respectively).

Spirits have been consumed at least once during the last 30 days by 16.8% of adolescents surveyed. Already in the younger age group (born in 2009-2010), we see that boys prefer strong alcohol, and in older age cohorts this gender feature is clearly expressed. In the age group born in 2006-2007, 21.6% of boys had consumed spirits at least once in the last month; among girls, this figure is 14.9%.

Comparative analysis of the data obtained with the previous wave of the survey showed that there have been some changes in the choice of alcohol by adolescents: consumption of low-alcohol cocktails produced industrially has decreased (by almost 10%), consumption of beer among boys has slightly decreased (3%), and among girls the figures remained unchanged. There was also a slight decrease in the consumption of strong alcohol among both sexes (about 3% in each group). However, the general trends in alcohol consumption remained unchanged. The most popular drinks among all respondents are champagne and wine (35.1%) and beer (28.8%). Spirits are the least popular among adolescents (16.8%). Although this figure is lower compared to other types of alcohol, it is still high, indicating that there is a problem with strong alcohol consumption among young people.

Reasons for alcohol consumption

During the survey, respondents were asked to indicate how often a particular reason was the motive for drinking alcohol during the last 12 months. The indicators 'sometimes', 'often' or 'always' were summed up for analysis (Table 3.1.6).

Table 3.1.6

Proportion of respondents who indicated that the respective factor 'rarely', 'sometimes', 'often' or 'always' was the reason for their drinking alcohol during the past 12 months, %

Reason for alcohol consumption	2006-2007 borns		2008 borns		2009-2010 borns		Among all
	Boys	Girls	Boys	Girls	Boys	Girls	
Because it helps you enjoy the party	36.5	38.2	32.3	35.6	26.1	25.5	31.9
because it makes events more fun	29.6	30.8	25.9	30.0	21.2	23.0	26.5
because it makes parties and celebrations better	28.6	30.4	26.4	29.6	22.7	22.0	26.4
because it's fun	23.8	25.7	20.9	24.5	18.7	18.6	21.8
because you like the feeling	25.1	26.6	21.5	23.3	20.1	17.5	21.8
to get high	24.3	22.2	20.0	20.9	18.7	15.1	19.7
to cheer up when you're in a bad mood	20.9	24.6	18.7	20.3	17.1	14.5	18.8
to forget about your problems	17.4	24.1	16.4	21.3	14.8	15.0	18.0
because it helps you when you feel depressed or nervous	21.7	24.3	20.2	21.4	16.3	16.5	19.7
to fit into a group you like	15.0	12.9	13.1	13.0	12.9	11.3	12.9
to not feel left out	13.9	11.1	12.0	11.1	12.2	9.3	11.4
to be liked by others	10.2	7.9	10.6	7.5	11.1	6.9	8.9

Analysing the motives for alcohol consumption among adolescents, we can identify several main groups of motives and make comparisons by age and gender.

We have grouped the motives into three groups: social motives (the desire to fit in with the group, to be part of the team and not feel left out, to make parties more fun); emotional motives (the desire to relieve stress, overcome a bad mood or forget about problems); hedonistic motives (to get high, enjoy the feeling and cheer up).

Social motives.

- The desire to enjoy the party. In general, this motive is the most popular (31.9%), and girls are more likely to cite it as a reason (38.2% of older girls). Younger adolescents born in 2009-2010 are less likely to use this motive (26.1% of boys and 25.5% of girls).
- To make events more fun. In age groups, this motive is also quite common (26.5%), again more often among girls (especially among those born in 2006-2007 - 30.8%). Girls generally associate alcohol consumption with having fun at events a little more than boys.
- To fit into the group. This motive is less common among adolescents (12.9%), but it is more often mentioned by older boys (15% of boys born in 2006-2007), which may indicate a greater need for social recognition.
- Not to feel left out. Overall, 11.4% of adolescents identify this motive as significant. Boys are more often motivated to drink alcohol because of the need to feel part of a team (13.9% of older boys choose this answer) than girls (11.1% in the older group).

- To be liked by others. Overall, this motive is chosen by 8.9% of adolescents. Boys are more likely to choose this motive (10.2% among older adolescents) than girls (7.9% in the older group). Younger adolescents choose this motive less often - boys (11.1%) and girls (6.9%).

Emotional motives.

- Stress relief or overcoming depression. The motive 'it helps when you feel depressed or nervous' is quite significant (19.7%), especially among girls (24.3% in the older age group). Girls are more likely to cite emotional reasons for drinking alcohol compared to boys, especially when it comes to relieving stress or bad mood.
- To forget about their problems. This motive is common among 18% of respondents. Again, girls are more likely to choose this motive (especially among older ones - 24.1%), which may indicate a more emotional approach to alcohol consumption.
- Cheering up in a bad mood. Girls are more likely to use alcohol to improve their mood (24.6% in the older age group) than boys (20.9% among boys born in 2006-2007).

Hedonistic motives.

- Getting high and enjoying the feeling of alcohol consumption. These motives are moderately spread (19.7% for getting high and 21.8% for enjoying the feeling). Boys are a little more likely to prefer these motives, especially in the older age group (24.3%). In general, boys emphasise the hedonistic aspects of alcohol consumption more than girls.
- Because it's fun. 21.8% of adolescents choose this answer. Girls are more likely to indicate this motive (25.7% in the older group), while boys choose it somewhat less often (23.8%). In terms of age differences, younger adolescents born in 2009-2010 are less likely to use this motive (18.7% of boys and 18.6% of girls).

When comparing by age and gender, we can see the following:

- older adolescents (born in 2006-2007) are more likely to use alcohol for social integration and fun, in particular to enhance parties and get high;
- younger adolescents (born in 2009-2010) are less likely to drink alcohol for social reasons, but the emotional component is more prominent: adolescents drink alcohol to relieve stress or bad mood;
- girls are more likely to drink alcohol for emotional reasons (relieving stress, depression) and for social purposes (having fun at parties); boys are more focused on hedonistic aspects, such as getting high and similar feelings.

Social motives (enjoying the party, fitting into the group) are among the key reasons for alcohol consumption among adolescents, especially among older age groups.

Emotional motivations are more important for girls, who are more likely to use alcohol as a means of coping with stress or depression.

Hedonic motives, such as getting high, are more common among boys.

These motivations point to the need for targeted prevention efforts that take into account gender and age specificities.

Age at first try of different drinks

In the survey, respondents reported when they first tried (drank) alcoholic beverages (at least one glass). It turned out that 17% of respondents had tried alcohol for the first time at the age of ten or earlier (Table 3.1.7); in 2019, the proportion of those who had tried alcohol before the age of 10 was 13.4% of respondents. When it comes to very early exposure to alcohol (aged nine or earlier), more cases are among boys than girls, but in the age group born in 2009-2010 this figure is almost equal, with a slight advantage for girls.

- 34.8% of adolescents stated that they had never drunk alcohol. This figure differs between boys and girls. The highest percentage of boys who have never consumed alcohol is observed among the younger group (born in 2009-2010) - 47.1%. In the older age group (born in 2006-2007), this figure is lower - 34.9%. Girls in all age groups were more likely to drink alcohol than boys. In the older group (born in 2006-2007), only 24.6% of girls reported that they had never drunk alcohol. In the younger group, this figure is slightly higher - 35.5%. With age, the percentage of those who have never drunk alcohol decreases significantly. Boys are more likely to say they have no experience of drinking alcohol compared to girls.
- 12.2% of respondents stated that they had tried alcohol at the age of 9 or younger. In all age groups, approximately the same percentage of boys reported having tried alcohol before the age of 9 (from 13.2% to 13.9%). Girls

are slightly less likely to have tried alcohol at such an early age. However, this figure is higher in the youngest group (14.2%) compared to older girls (8%). The age of 9 years and younger is the age when a significant proportion of adolescents, especially boys, are exposed to alcohol for the first time.

- 4.8% of adolescents reported having tried alcohol at the age of 10. The proportion of adolescents who have tried alcohol at this age is approximately the same between boys and girls in all age groups (from 4.2% to 5.3%). Onset of alcohol consumption at age of 10 does not show significant gender or age differences.
- 3.9% of adolescents surveyed said they had tried alcohol at the age of 11. Among boys this figure is slightly lower (from 2.2% to 3.6%) than among girls. Girls are more likely to start trying alcohol at the age of 11 than boys. This is especially noticeable in the older group (5.4%). At the age of 11, girls are more likely to be exposed to alcohol than boys, especially in older age groups.
- 7.6% of respondents indicated that they had tried alcohol at the age of 12. Among boys, the proportion of adolescents who have tried alcohol at this age increases with age (from 5.8% to 7.5%). Girls are more likely to have tried alcohol at age 12 (7.7% to 8.6%) compared to boys. The age of 12 is a crucial age when a significant proportion of adolescents, especially girls, are exposed to alcohol for the first time.
- 9.7% of adolescents said they had tried alcohol at the age of 13. The proportion of boys who tried alcohol at this age increases with age (from 6.2% to 8.5%). Girls in all age groups are more likely to have tried alcohol at the age of 13 than boys. In the oldest group, this figure reaches 10.4%, and in the youngest group - 12.3%. At the age of 13, girls are more likely to try alcohol, and this age is popular for the first experience.
- 14.8% of respondents said they had tried alcohol at the age of 14. This age is also popular among boys (11.4% to 12.9%). Girls are even more likely to try alcohol at the age of 14, especially in the older group (18.3%).
- 10.0% of adolescents said they had tried alcohol at the age of 15. Among boys, the proportion of those who have tried alcohol at the age of 15 remains stable (from 10.8% to 11.2%). Girls in the older group are more likely to have tried alcohol at this age (17.3%), but in the younger group this figure is much lower (3.6%).
- Only 2.3% of respondents stated that they had tried alcohol at the age of 16 or older. In the older age groups, 10.7% of boys and 7.7% of girls indicated this age. In younger groups, this figure is almost absent. Most adolescents start drinking alcohol before the age of 16.

Table 3.1.7.

Proportion of respondents who have ever had an alcoholic drink (at least one glass) at the appropriate age, *%*

Age at which you drank an alcoholic beverage	2006-2007 borns		2008 borns		2009-2010 borns		Among all
	Boys	Girls	Boys	Girls	Boys	Girls	
Never	34.9	24.6	39.6	26.7	47.1	35.5	34.8
9 years old or younger	13.5	8.0	13.2	9.8	13.9	14.2	12.2
10 years old	4.2	4.5	4.6	4.5	5.2	5.3	4.8
11 years old	2.2	5.4	3.4	4.3	3.6	4.5	3.9
12 years old	5.8	7.7	6.4	8.6	7.5	8.4	7.6
13 years old	6.2	10.4	7.3	11.5	8.5	12.3	9.7
14 years old	11.8	14.3	12.9	18.3	11.4	16.1	14.8
15 years old	10.8	17.3	11.2	14.6	2.7	3.6	10.0
16 years or older	10.7	7.7	1.4	1.7			2.3

Summarising the data, it is worth noting that the age of first alcohol consumption for many adolescents is quite early - starting at 9 years and younger (12.2% of respondents).

Girls are more likely to start trying alcohol at an earlier age (9-13 years), while boys of this age are more likely to say that they have not tried alcohol at all.

The peak of the onset of alcohol consumption is at the age of 13-15 years. At this age, a significant percentage of adolescents start experimenting with alcohol.

With age, the number of those who have not consumed alcohol decreases. In older age groups, more adolescents already have experience of drinking alcohol.

An analysis of the indicators of different age groups revealed the following feature: the younger the respondent, the more frequent the cases of first alcohol consumption at the age of 9 or earlier. Based on the data obtained in 2024, it can be concluded that the age of debut drinking is decreasing and children are trying alcohol earlier.

3.2. Structure and volume of alcohol consumption

Last day of alcohol consumption

More than a quarter of respondents (27.1%) reported drinking alcohol less than two weeks ago, of whom 19.9% had drunk alcohol in the last 7 days (Table 3.2.1). The number of such respondents was especially high in the older age group (born in 2006-2007); girls were more likely to report recent alcohol use than boys (21.5% and 24.9%, respectively).

Table 3.2.1.

Proportion of respondents who drank an alcoholic beverage for the last time some time ago, %

Time since last drink	2006-2007 borns		2008 borns		2009-2010 borns		Among all
	Boys	Girls	Boys	Girls	Boys	Girls	
I never drink alcohol	34.6	26.2	40.2	28.5	44.9	37.2	35.6
1-7 days ago	21.5	24.9	18.9	23.1	15.3	17.1	19.9
8-14 days ago	5.3	7.5	5.8	9.0	5.9	8.2	7.2
15-30 days ago	6.2	8.6	7.1	9.6	8.1	8.6	8.3
1 month - 1 year ago	19.8	21.9	17.5	21.7	15.2	20.2	19.4
More than 1 year ago	12.6	11.0	10.5	8.0	10.7	8.6	9.7

The table demonstrates the following trends in alcohol consumption among adolescents of different age groups.

With increasing age, the percentage of adolescents who have never consumed alcohol decreases. As expected, the highest percentage of adolescents who do not drink alcohol is observed in the youngest group (born in 2009-2010): 44.9% of boys and 37.2% of girls. In the older age groups, this figure is much lower (34.6% of boys and 26.2% of girls in the group born in 2006-2007).

Girls are more likely than boys to report recent alcohol consumption. This is observed in all age groups. The highest level of recent alcohol consumption is observed among girls born in 2006-2007 (24.9%) and the lowest among boys born in 2009-2010 (15.3%).

Alcohol consumption 8-14 days ago. Again, girls in all age groups are more likely to report recent alcohol consumption (especially in the group born in 2008 - 9.0% of girls vs. 5.8% of boys).

Alcohol consumption 15-30 days ago. In all age groups, the percentage of boys and girls who consumed alcohol 15-30 days ago is similar (6.2-8.6%).

Alcohol consumption more than a month ago. A significant proportion of adolescents (15-20%) drink alcohol periodically (from one month to one year ago). This indicates moderate or irregular alcohol consumption among this age group.

Only about 9-12% of adolescents indicated that they had consumed alcohol more than a year ago. This figure suggests that some adolescents have had a single experience of alcohol consumption but have stopped it.

Thus, it can be noted that the number of adolescents who drink alcohol increases with age, especially among girls, who are more likely than boys to have consumed alcohol recently (in the last 1-30 days).

Structure of alcohol consumption

During the survey, respondents indicated what kind of alcoholic beverages they drank during their last alcohol consumption. The most frequently mentioned were wine and champagne (32.1% of respondents), beer (20.1%), and low-alcoholic drinks (15.5%) (Table 3.2.2).

Table 3.2.2

Proportion of respondents by the type of alcoholic beverage consumed during the last alcohol consumption, %

	2006-2007 borns		2008 borns		2009-2010 borns		Among all
	Boys	Girls	Boys	Girls	Boys	Girls	
I never drink alcohol	35.6	26.9	42.7	29.0	46.3	40.6	37.2
Beer (except non-alcoholic)	29.2	18.6	24.5	15.7	24.2	14.4	20.1
Cider	11.9	14.0	10.3	10.8	8.8	9.0	10.4
Wine, champagne	27.9	38.2	23.7	40.8	24.5	35.0	32.1
Low-alcoholic drinks	14.0	18.7	12.4	18.5	13.5	15.4	15.4
Spirits	12.3	6.7	11.7	7.7	9.5	8.0	8.6

**The sum of the percentages in the columns exceeds 100% because the respondent had the opportunity toto choose several answers*

The analysis of data on alcohol choice among adolescents of different age groups and genders leads to the following conclusions.

The highest number of adolescents who did not try alcohol is traditionally observed among the younger group (born in 2009-2010): 46.3% of boys and 40.6% of girls. In the older age groups (born in 2006-2007), this proportion decreases to 35.6% of boys and 26.9% of girls. In general, girls drink alcohol more often than boys in all age groups.

Beer is the most popular drink among boys, especially in the older group (born in 2006-2007), where 29.2% of boys drink beer and only 18.6% of girls drink it. Beer's popularity decreases with the age of the surveyed teenagers. In the youngest group (born in 2009-2010), 24.2% of boys and 14.4% of girls drink beer. Boys are more likely to choose beer than girls in all age groups.

Cider is more popular among girls than boys. In all age groups, the proportion of girls drinking cider exceeds the proportion of boys. In the group born in 2006-2007, 14.0% of girls drink cider and only 11.9% of boys do so. However, overall, the popularity of cider is relatively low among adolescents (about 10% on average).

Champagne and wine are the most popular drinks among girls in all age groups. In the oldest group (born in 2006-2007), 38.2% of girls drink this beverage and only 27.9% of boys do so. In the youngest group (born in 2009-2010), 35% of girls and 24.5% of boys choose champagne or wine. With age, the popularity of champagne and wine increases among girls, while among boys it remains stable or decreases.

Low-alcoholic drinks are also more often chosen by girls in all age groups. In the older group (born in 2006-2007), 18.7% of girls drink this drink and only 14% of boys. Among younger adolescents (born in 2009-2010), this percentage decreases to 15.4% for girls and 13.5% for boys. However, in general, the proportion of those who choose low-alcoholic drinks is lower than the proportion of those who drink beer or wine.

Spirits are more often consumed by boys, although the difference between the sexes is not as significant as in the case of beer or champagne. In the older group (born in 2006-2007), 12.3% of boys drink spirits and only 6.7% of girls drink it. With age, the proportion of adolescents who drink spirits decreases slightly. In the youngest group (born in 2009-2010), this figure is 9.5% of boys and 8% of girls.

If we talk about the relationship between the choice of drink, age and gender, it becomes obvious that girls are more likely to choose wine, champagne and low-alcoholic drinks, while boys prefer beer and spirits.

As adolescents get older, they start drinking alcohol more often. In older age groups, there is a decline in the proportion of those who have never drunk alcohol and an increase in the popularity of various drinks, especially beer among boys and champagne/wine among girls.

Beer is the most popular drink among boys, while wine and champagne are the most popular among girls. In general, we can say that the choice of alcohol among adolescents has gender-specific characteristics, and with age, adolescents are more active in experimenting with different types of alcoholic beverages.

Volume of alcohol consumed

Among the respondents who drank beer during their last alcohol consumption, 21.2% consumed less than 500 ml of the drink. 5.7% of respondents drank between 500 and 1000 ml of beer, i.e. one or two half-litre bottles. More than one litre of beer was consumed by 3.6% of respondents (Table 3.2.3).

Table 3.2.3

Proportion of respondents who drank a certain amount of beer during their last alcohol consumption, %*

	2006-2007 borns		2008 borns		2009-2010 borns		Among all
	Boys	Girls	Boys	Girls	Boys	Girls	
I never drink beer	48.5	55.8	52.3	56.7	58.1	62.2	56.1
I didn't drink beer on the last day I drank alcohol	12.2	13.7	10.3	15.8	10.9	15.6	13.3
Less than 500 ml	23.4	24.4	22.9	21.6	19.9	17.0	21.2
500–1000 ml	8.1	4.4	8.7	4.2	6.3	3.3	5.7
1010–2000 ml	2.1	1.2	2.5	0.9	1.4	0.8	1.4
More than 2000 ml	5.6	0.4	3.3	0.7	3.4	1.1	2.2

*****among respondents who drank beer*

The highest proportion of adolescents who do not drink beer is observed among the youngest respondents (born in 2009-2010): 58.1% of boys and 62.2% of girls.

This proportion decreases with age. Among older adolescents (born in 2006-2007), 48.5% of boys and 55.8% of girls do not drink beer.

Volume of beer consumed. Less than 500 ml is the most common amount of beer consumed by adolescents during their last drinking session. Among older boys (born in 2006-2007), this figure is 23.4%, and among girls - 24.4%. In the younger group (born in 2009-2010), these figures drop to 19.9% for boys and 17% for girls.

Adolescents drink 500-1000 ml of beer less often. In the older group, this volume of beer is consumed by 8.1% of boys and 4.4% of girls. In the youngest group, 6.3% of boys and 3.3% of girls said they drank 500 to 1000 ml of beer.

1010-2000 ml and more is rather an exception for most adolescents. Only a small percentage of respondents drink more than 1 litre of beer. For example, 2.1% of boys in the older group (born in 2006-2007) drank between 1010 and 2000 ml, while 5.6% of boys drank more than 2000 ml.

The consumption of large volumes of beer (over 2000 ml) is typical for boys. In the older group (born in 2006-2007), 5.6% of boys reported drinking more than 2 litres of beer, while among girls this figure is only 0.4%. In the younger groups, the proportion of those who drink more than 2 litres of beer is also insignificant: 3.4% of boys and 1.1% of girls in the youngest group (born in 2009-2010).

Beer consumption increases with age, especially among boys. In the older age groups (born in 2006-2007), a higher proportion of boys drink beer compared to younger respondents.

Girls in all age groups consume less beer than boys and are more likely to not drink beer at all. They are also less likely to drink large volumes of beer.

Boys are more likely to consume large volumes of beer (more than 1 litre), which indicates more risky consumption patterns among boys compared to girls. In general, there is a tendency for beer consumption among adolescents to increase with age, with boys tending to drink larger volumes of beer than girls.

The largest proportion of adolescents do not drink cider at all, regardless of age group and gender. In the group born in 2006-2007, 68.4% of boys and 61.5% of girls do not drink cider. In the younger group born in 2009-2010, the proportion of those who do not drink cider increases: 76.1% of boys and 72.4% of girls.

Table 3.2.4

Proportion of respondents who drank a certain amount of *cider* during their last alcohol consumption, %

	2006-2007 borns		2008 borns		2009-2010 borns		Among all
	Boys	Girls	Boys	Girls	Boys	Girls	
I never drink cider	68.4	61.5	72.1	67.1	76.1	72.4	70.2
I didn't drink cider on the last day I drank alcohol	10.5	18.0	10.1	14.9	7.8	13.1	12.3
Less than 500 ml	10.8	15.6	9.6	13.8	8.1	10.4	11.3
500–1000 ml	4.5	3.9	4.3	3.1	3.8	2.3	3.5
1010–2000 ml	1.4	0.4	1.1	0.4	0.7	0.7	0.7
More than 2000 ml	4.3	0.4	2.8	0.7	3.4	1.1	1.9

**among respondents who drank cider*

Volume of cider consumed. It is noticeable that the proportion of adolescents who drank less than 500 ml of cider decreases with age. The lowest proportion is among younger adolescents (born in 2009-2010): 8.1% of boys and 10.4% of

girls. For older adolescents (born in 2006-2007), these figures are slightly higher (10.8% among boys and 15.6% among girls). This may indicate that older adolescents are more likely to experiment.

Consumption of large volumes of cider is rare among girls in all age groups. For example, in the group born in 2006-2007, 4.3% of boys drank more than 2000 ml of cider, while only 0.4% of girls did. A similar situation is observed in younger groups.

Refusal to drink cider is most common among adolescents, with the proportion of those who do not drink cider increasing among younger respondents. Boys are more likely to cancel cider than girls.

Moderate consumption (less than 500 ml) is more typical for older adolescents than for younger ones. Girls more often consume smaller volumes of cider than boys.

Consumption of large volumes of cider (over 2000 ml) is rare among adolescents, but boys are more likely to do so than girls.

The general trend is that adolescents are less likely to drink large volumes of cider with age, with girls generally drinking less or refusing from cider altogether.

Among respondents who drank wine or champagne during their last alcohol consumption, slightly less than a third (28.3%) drank less than one glass of the drink, i.e. less than 200 ml (Table 3.2.5). 8.3% of respondents drank two to three glasses of champagne (200 to 400 ml). There were also those who drank a whole bottle of the grape drink or more (over 750 ml) at one time.

Table 3.2.5

Proportion of respondents who drank a certain amount of champagne and wine during their last alcohol consumption, %

	2006-2007 borns		2008 borns		2009-2010 borns		Among all
	Boys	Girls	Boys	Girls	Boys	Girls	
I never drink wine, champagne	50.2	34.8	51.4	36.2	55.8	44.7	45.2
I did not drink wine, champagne on the last day when I drank alcohol	12.1	17.0	13.6	16.0	12.0	13.6	14.2
Less than 200 ml - 1 glass	22.7	34.8	22.9	34.8	20.9	31.3	28.3
200–400 ml – 2–3 glasses	8.1	10.5	7.3	10.2	6.5	7.4	8.3
410–740 ml – 4–5 glasses	1.7	2.0	2.0	1.9	1.8	1.4	1.8
More than 740 ml - more than 5 glasses	5.2	0.9	2.8	0.9	2.9	1.6	2.1

**among respondents who drank champagne or wine*

The largest proportion of those who do not drink wine and champagne at all is observed among younger respondents (born in 2009-2010): 55.8% of boys and 44.7% of girls.

The proportion of those who do not drink these drinks decreases with age. Among older adolescents (born in 2006-2007), this figure is 50.2% for boys and 34.8% for girls.

Girls are less likely to abstain from drinking wine and champagne compared to boys in all age groups.

A significant proportion of adolescents report that they did not drink wine or champagne during their last alcohol consumption. This figure varies slightly between age groups. For example, among boys in the older group (born in 2006-2007), 12.1% did not drink wine or champagne, while among girls, 17% didn't. In the younger groups, the proportion of those who did not drink these beverages during their last drinking session remains at a similar level: 12% of boys and 13.6% of girls among the youngest group (born in 2009-2010).

Volume of wine and champagne consumed. Less than 200 ml (1 glass) is the most common amount of wine and champagne consumed by adolescents. Among girls in the older group (born in 2006-2007), this figure is 34.8%, and among boys - 22.7%. A similar trend is observed in the younger groups, although with age the proportion of those who consume 1 glass of wine decreases slightly among boys.

A smaller proportion of adolescents drink 200-400 ml (2-3 glasses). Among older boys, this amount is consumed by 8.1%, and among girls - 10.5%. In the youngest group (born in 2009-2010), these figures are even lower: 6.5% of boys and 7.4% of girls.

Consumption of more than 740 ml (more than 5 glasses) is very rare. Only 5.2% of boys and 0.9% of girls in the older group reported drinking more than 5 glasses of wine or champagne. In younger groups, these figures are even lower.

Consumption of more than 200 ml of wine and champagne (from 2 to more than 5 glasses) is more typical for boys. For example, 5.2% of boys in the older group (born in 2006-2007) drank more than 5 glasses of wine, while among girls this figure is only 0.9%.

In the younger groups, the proportion of those who drink more than 5 glasses is also small, especially among girls (1.6% among girls born in 2009-2010 and 2.9% among boys of the same age group).

Girls drink wine and champagne more often than boys. Among girls in all age groups, there is a higher percentage of those who drink 1-2 glasses, and a smaller percentage of girls abstain from drinking these beverages.

Boys are more likely to abstain from drinking wine and champagne.

The number of adolescents who drink wine and champagne increases with age, especially among girls. At the same time, there is a tendency for consumption of smaller volumes of these drinks to increase with age (1-2 glasses).

Consequently, wine and champagne are more popular among girls, especially in moderate amounts (1-2 glasses). Boys drink these beverages less frequently, but among those who do, they are more likely to drink larger volumes (more than 3 glasses).

Analysis of data on the consumption of low-alcoholic beverages among adolescents reveals several important trends.

Volume of low-alcoholic beverage consumption. Among those who have consumed low-alcoholic beverages, the majority of them limit themselves to small volumes - up to 500 ml (20.8% of respondents consumed up to 500 ml during their last alcohol consumption). Girls are more likely to consume such volumes than boys (the average rate among girls is 24.9% compared to 15.9% among boys). 6.9% of adolescents consumed more than 500 ml of low-alcoholic beverages during their last drinking session.

Table 3.2.6

Proportion of respondents who drank a certain amount of low-alcoholic beverages during their last alcohol consumption, %*

	2006-2007 borns		2008 borns		2009-2010 borns		Among all
	Boys	Girls	Boys	Girls	Boys	Girls	
I never drink low-alcohol drinks	58.1	46.9	60.8	48.9	65.2	56.7	56.1
I did not drink low-alcohol drinks on the last day that I drank alcohol	15.4	20.3	13.3	19.7	12.2	16.8	16.3
Less than 500 ml	15.4	27.2	18.0	25.9	14.5	21.5	20.8
500–1000 ml	5.3	4.2	4.4	4.2	4.3	3.1	4.2
1010–2000 ml	2.4	0.6	1.0	0.7	0.9	0.8	1.0
More than 2000 ml	3.4	0.7	2.4	0.7	2.9	1.0	1.7

**among respondents who consumed low-alcoholic beverages*

Boys predominate among those who consumed more than 2000 ml of low-alcoholic drinks.

In general, it can be concluded that most adolescents either abstain from drinking low-alcoholic beverages or consume them in small quantities (up to 500 ml). Consumption of larger volumes of alcohol (more than 1000 ml) is much less common among adolescents, indicating that they are more likely to choose moderate doses when drinking alcohol.

In the cohort born in 2006-2007, boys are less likely to refuse to drink low-alcoholic beverages at all (58.1%) than girls (46.9%). Accordingly, among those who drink low-alcoholic beverages, boys are more likely to consume less than 500 ml (15.4%), and girls are more likely to consume more - 27.2%.

Adolescents born in 2008 support the trend - a larger percentage of girls do not drink low-alcoholic beverages (48.9%), but those who do, do so in larger quantities than boys. For example, 25.9% of girls drink less than 500 ml, while among boys this figure is 18.0%. The youngest group shows similar trends: boys drink low-alcoholic beverages less often (65.2% compared to 56.7% of girls), but when they do, they drink less (14.5% of boys drink less than 500 ml, compared to 21.5% of girls).

Boys are more likely to completely abstain from drinking low-alcohol beverages (on average, 61.4% of boys in different age groups do not drink at all), but those who do drink, do so in smaller quantities. Only a small proportion of boys consumed more than 1000 ml of low-alcohol beverages during their last drink (about 5.8%).

Girls are more likely to consume low-alcoholic drinks, but in smaller quantities. Among girls, there is a higher proportion of those who consume less than 500 ml (on average, 25% of girls by age group).

The largest percentage of adolescents, regardless of gender and age, do not drink low-alcohol beverages at all (the average for all respondents is 56.1%).

There is a certain correlation between age and alcohol consumption: with age, boys are more likely to abstain from low-alcoholic drinks, while girls, on the contrary, start drinking them more often, although in small quantities.

The proportion of respondents who drank strong drinks (vodka, whiskey, cognac, liqueur, moonshine, etc.) during their last drinking session is 15.2% (Table 3.2.7).

Table 3.2.7

Proportion of respondents who drank a certain amount of spirits during their last alcohol consumption, *%*

	2006-2007 borns		2008 borns		2009-2010 borns		Among all
	Boys	Girls	Boys	Girls	Boys	Girls	
I never drink spirits	66.1	70.0	69.2	72.8	76.0	78.4	72.7
I didn't drink spirits the last day I drank alcohol	12.5	17.3	11.4	13.8	9.7	10.4	12.2
Less than 80 ml - 1 glass	9.1	6.0	7.9	6.3	5.9	6.2	6.8
80–150 ml – 2–3 glasses	4.5	3.2	4.0	3.5	2.8	2.5	3.4
160–240 ml – 4–5 glasses	2.1	2.3	2.7	1.6	2.2	0.9	1.9
More than 240 ml - more than 5 glasses	5.8	1.2	4.8	2.1	3.5	1.6	3.1

**among respondents who consumed spirits*

Among all respondents, 72.7% of adolescents do not drink strong drinks at all. This trend increases with age: among adolescents born in 2009-2010, this figure is 76.0% among boys and 78.4% among girls. Girls are slightly more likely to abstain from drinking strong drinks than boys in all age groups. In particular, among girls born in 2006-2007, 70.0% do not drink strong drinks, and among boys - 66.1%.

Girls are more likely to drink other types of alcohol without consuming strong drinks (on average, 13.8% for girls in different age groups).

Volume of spirits consumption. An average of 6.8% of respondents consumed up to 80 ml (1 glass) of spirits. The proportion of such adolescents is approximately the same for boys and girls, with a slight prevalence of boys (9.1% for boys born in 2006-2007, 5.9% for boys born in 2009-2010).

The volume of 80 to 150 ml (2-3 glasses) of spirits is consumed less frequently. The average number of such adolescents is 3.4%, with boys consuming such volumes slightly more often than girls.

Only 1.9% of adolescents consumed 160 to 240 ml (4-5 glasses), and this figure is higher among boys. For example, in the group born in 2009-2010, 2.2% of boys drank this amount, while among girls this figure is much lower - 0.9%.

Consumption of more than 240 ml (more than 5 glasses) is even less common - on average, in 3.1% of adolescents surveyed. Boys are much more likely to drink such large volumes (5.8% of boys born in 2006-2007 vs. 1.2% of girls).

As adolescents get older, they are more likely to abstain from drinking spirits. The youngest group (born in 2009-2010) has the highest percentage of those who do not consume spirits - 76% among boys and 78.4% among girls. Consumption of large volumes of strong drinks (over 240 ml) is decreasing among younger adolescents. In the group born in 2009-2010, only 3.5% of boys and 1.6% of girls do so.

Boys are more likely to consume large volumes of spirits than girls. For example, among those who drank more than 240 ml, boys are significantly ahead of girls (5.8% vs. 1.2% in the group born in 2006-2007). Girls more often do not drink spirits or limit themselves to small volumes (up to 80 ml). Consumption of more than 240 ml is rare among girls.

The majority of adolescents, especially girls, abstain from drinking strong drinks or limit themselves to small amounts. Heavy drinking is rare and more common among boys. With age, adolescents demonstrate greater abstinence from spirits.

3.3 Drinking alcohol in large quantities (intoxication)

During the survey, respondents were asked to estimate the degree of intoxication during their last drink. The degree of intoxication had to be assessed on a 10-point scale, where a score of 1 meant 'did not feel intoxicated at all' and a score of 10 meant 'was so drunk that I could not remember what happened'. It turned out that the average intoxication score was 2.2, which can be interpreted as 'slight intoxication'. A significant number (9.4%) of respondents rated their level of intoxication during their last drink at 5 to 10 points, which can be described as 'significant' intoxication (Table 3.3.1).

Table 3.3.1

Proportion of respondents who rated their intoxication during their last drink at 5 points or higher on a 10-point scale, %

	2006-2007 borns		2008 borns		2009-2010 borns		Among all
	Boys	Girls	Boys	Girls	Boys	Girls	
I have never drunk alcohol	15.3	10.5	16.3	11.1	17.9	17.1	14.7
From 1 to 4 points ('slight' intoxication)	72.1	80.1	72.2	79.9	72.6	77.0	75.9
From 5 to 10 points ('significant' intoxication)	12.6	9.4	11.5	8.9	9.5	5.8	9.4
Average score of intoxication on a 10-point scale (among those who had consumed alcohol)	2.43	2.03	2.30	1.99	2.11	1.95	2.17

The youngest age group (born in 2009-2010) shows lower rates of heavy intoxication. In this group, 9.5% of boys and 5.8% of girls experienced severe intoxication. Older adolescents (born in 2006-2007) show slightly higher levels of intoxication. In this group, 12.6% of boys and 9.4% of girls felt very intoxicated, indicating that older adolescents are more likely to experience severe consequences from drinking alcohol.

Boys are more likely to rate their intoxication as significant. Across all age groups, boys show higher average intoxication scores (average 2.17) compared to girls (average 1.95).

Girls were more likely to rate their degree of intoxication in the range of 1-4 points ('slight' intoxication). On average, 77.0% of girls felt slightly intoxicated, compared to 72.6% of boys in the youngest group (born in 2009-2010).

With age, adolescents are more likely to experience more pronounced intoxication. Older adolescents (born in 2006-2007) are more likely to rate their intoxication at 5-10 points compared to younger groups. This may be due to more experience with alcohol and an increase in the amount of alcohol consumed with age. Younger adolescents (born in 2009-2010) are less likely to feel very intoxicated, which may indicate less experience or less alcohol consumption.

Boys are generally more likely to feel more intoxicated than girls. Across all age groups, they were more likely to rate their intoxication at 5-10.

Girls usually feel less intoxicated or do not drink alcohol at all. Their average score of intoxication is lower compared to boys, and the proportion of those who felt very intoxicated is lower.

Most adolescents feel slightly or moderately intoxicated after drinking alcohol. Severe intoxication is rare, especially among girls and younger respondents.

Older adolescents and boys are more likely to rate their intoxication as significant, which may indicate more experience with alcohol or consumption of larger volumes.

Table 3.3.1

Proportion of respondents who drank five or more drinks in a row in the last 30 days, %

	2006-2007 borns		2008 borns		2009-2010 borns		Among all
	Boys	Girls	Boys	Girls	Boys	Girls	
Never	75.3	78.2	79.1	79.2	83.2	84.0	80.2
Once or twice	14.7	16.4	13.8	15.8	11.1	12.5	14.0
Three times and more	10.0	5.4	7.1	5.0	5.7	3.5	5.8

The majority of adolescents say that they have never had a history of excessive alcohol consumption.

14% of respondents reported that they had consumed five or more drinks once or twice in the last month. This indicates that some adolescents sometimes resort to more intensive alcohol consumption. 5.8% of adolescents reported that this had happened three or more times.

In the youngest group (born in 2009-2010), 83.2% of boys and 84% of girls have never drunk more than five drinks in a row in the last 30 days. Older adolescents (born in 2006-2007) are more likely to drink large amounts of alcohol. 14.7% of boys and 16.4% of girls in this age group drank five or more drinks of alcohol once or twice during the last month, and 10% of boys reported three or more such occasions.

Boys are more likely than girls to drink five or more drinks. Among boys in the 2006-2007 age group, 10% have drunk a large amount of alcohol three or more times, while among girls this figure is only 5.4%. In all age groups, boys are more likely to report heavy drinking.

Girls are more likely to abstain from excessive drinking: in each age group, the proportion of girls who have not had five or more drinks is higher than that of boys. For example, in the group born in 2009-2010, 84% of girls did not have such cases, compared to 83.2% of boys.

Younger adolescents, especially in the 2009-2010 age group, are much less likely to drink large volumes of alcohol.

In older age groups, adolescents are more likely to drink large volumes of alcohol, although even in these groups, the majority of respondents refrain from frequent or excessive consumption.

Boys are more prone to excessive alcohol consumption. Across all age groups, the proportion of boys who drink five or more drinks on three or more occasions is higher than that of girls. This indicates gender differences in alcohol consumption patterns.

Girls tend to abstain from excessive drinking more often than boys. Abstinence rates are higher among girls in all age groups (e.g., 78.2% of girls born in 2006-2007 did not drink heavy alcohol during the last 30 days, compared to 75.3% of boys).

The majority of adolescents abstain from excessive drinking, although older age groups and boys are more likely to drink five or more drinks. Younger adolescents and girls generally show higher levels of abstinence, while boys are more likely to drink more alcohol, which may be related to both age and gendered behaviour patterns.

As part of the survey, respondents were asked how many times they had experienced alcohol intoxication, including such manifestations as unsteady walking, inability to speak, vomiting, and inability to remember what happened. It turned out that almost a third (31.7%) of the surveyed adolescents had experienced alcohol intoxication at least once in their lives, 23.5% - over the last year, and 13.0% of respondents - over the last month (Table 3.3.2).

Table 3.3.2

Proportion of respondents who have experienced alcohol intoxication at least once during a certain period of life, %

	2006-2007 borns		2008 borns		2009-2010 borns		Among all
	Boys	Girls	Boys	Girls	Boys	Girls	
In the lifetime	34.8	36.7	35.7	33.1	28.1	25.7	31.7
In the last 12 months	26.8	25.7	25.8	23.9	21.2	19.1	23.5
In the last 30 days	15.6	11.1	15.3	12.7	12.9	9.9	13.0

For all temporal periods ('lifetime', 'last year', 'last month'), there is a trend: more adolescents experience intoxication with age.

The highest proportion of respondents who have experienced alcohol intoxication at least once in their lifetime belongs to the category of those born in 2006-2007 (34.8% of boys and 36.7% of girls). For respondents born in 2008, the proportion of boys is slightly higher (35.7%) than that of girls (33.1%). In the younger age group (born in 2009-2010), the proportion is much lower: 28.1% of boys and 25.7% of girls. Overall, 31.7% of all respondents have experienced alcohol intoxication at least once in their lifetime.

The highest proportion of respondents again belongs to the group born in 2006-2007: 26.8% of boys and 25.7% of girls. In the group born in 2008, the figures are similar: 25.8% of boys and 23.9% of girls.

In the youngest group (born in 2009-2010), these figures are even lower: 21.2% of boys and 19.1% of girls. The overall figure for all respondents is 23.5%.

Frequency of intoxication in the last 30 days. In the group born in 2006-2007, 15.6% of boys and 11.1% of girls have experienced alcohol intoxication. In the group born in 2008, these figures are 15.3% of boys and 12.7% of girls. The lowest rates are in the group born in 2009/2010: 12.9% of boys and 9.9% of girls. Overall, 13% of all respondents have experienced alcohol intoxication in the last 30 days.

The older the respondents, the higher the frequency of feeling intoxicated. This is natural, as older adolescents may have more opportunities and access to alcohol, as well as more social pressure or temptation to try it.

In general, there is little difference between boys and girls. In some age groups, boys were more likely to drink alcohol (especially in the last 30 days), but in older age groups, the proportion of girls who had been intoxicated at least once (e.g., in their lifetime) was higher than that of boys.

There is a clear trend that the number of adolescents who have experienced alcohol intoxication increases with age. This is noticeable in all periods (lifetime, last 12 months, last 30 days).

Thus, it can be said that age has a significant impact on the frequency of alcohol consumption, while the difference between boys and girls is less significant and varies by age group.

Data on the age at which adolescents first drank alcohol are presented in the table below.

Table 3.3.3

Proportion of respondents who got drunk for the first time (felt intoxicated) at the certain age, %.

	2006-2007 borns		2008 borns		2009-2010 borns		Among all
	Boys	Girls	Boys	Girls	Boys	Girls	
Never	67.3	66.7	71.3	70.1	77.6	79.0	72.6
14 years old and younger	16.5	15.2	18.7	17.8	20.5	19.2	18.4
15 years old	7.9	11.0	8.6	10.6	1.9	1.8	7.1
16 years old and older	8.3	7.2	1.3	1.5			2.0

The highest percentage of adolescents who have never experienced intoxication is in the youngest group (born in 2009-2010): 77.6% of boys and 79.0% of girls. For respondents born in 2008, the figures are slightly lower: 71.3% of boys and 70.1% of girls. The lowest proportion of respondents who have never been intoxicated is among the older group (born in 2006-2007): 67.3% of boys and 66.7% of girls. In general, 72.6% of all respondents say that they have never felt intoxicated according to their self-assessment.

The proportion of respondents who first felt intoxicated when they were 14 years old or younger: in this category, the proportion increases with the age of the respondents. The highest percentage is among the youngest group (born in 2009-2010): 20.5% of boys and 19.2% of girls. In the group born in 2008, this figure is 18.7% of boys and 17.8% of girls. In the older group (born in 2006-2007), 16.5% of boys and 15.2% of girls had their first drink at the age of 14 or earlier. The overall figure for all respondents is 18.4%.

Proportion of respondents who first experienced intoxication at the age of 15: in the group born in 2006-2007, 7.9% of boys and 11.0% of girls experienced intoxication at the age of 15; in the group born in 2008, this figure is almost the same: 8.6% of boys and 10.6% of girls; In the group born in 2009-2010, the proportion of those who got drunk at the age of 15 is minimal: 1.9% of boys and 1.8% of girls. Overall, 7.1% of all respondents experienced intoxication for the first time at the age of 15.

The highest proportion of respondents who first experienced intoxication at the age of 16 and older among boys and girls was in the 2006-2007 cohort: 8.3% of boys and 7.2% of girls. In the 2008 cohort, this figure is much lower: 1.3% of boys and 1.5% of girls. Among the youngest (born in 2009-2010) respondents, there are no those who got drunk at the age of 16 or older. The overall figure for all respondents is 2.0%.

Most adolescents say they have never felt intoxicated. This figure is higher among younger age groups, indicating that the proportion of adolescents who try alcohol for the first time increases with age.

In general, there is no significant difference between boys and girls in the age of first intoxication. In the age groups born in 2006-2007 and 2008, girls were more likely to feel intoxicated at the age of 15, but in other age groups the differences between the sexes are minimal.

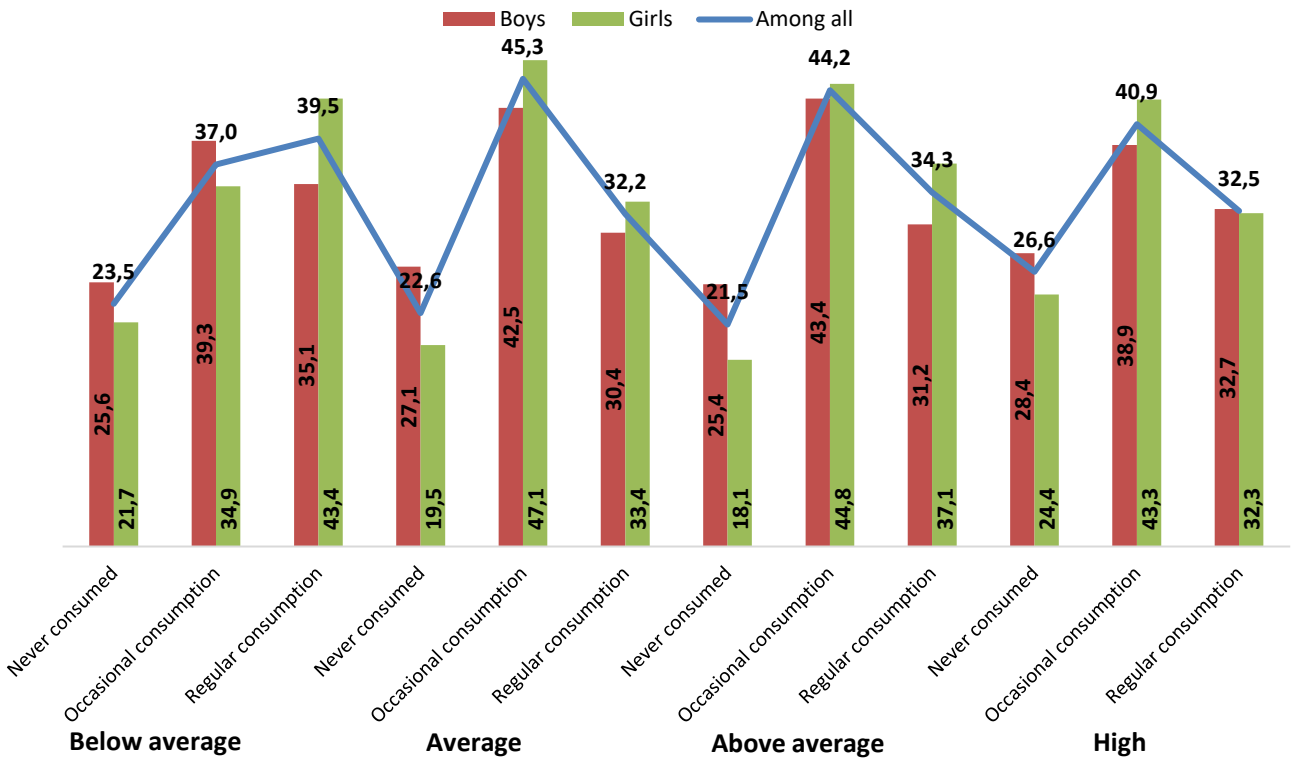
The older the respondents, the higher the proportion of those who felt intoxicated. In older age groups, there are more adolescents who have already tried alcohol compared to younger ones.

3.4. Factors influencing alcohol consumption

Alcohol consumption and well-being (family financial status)

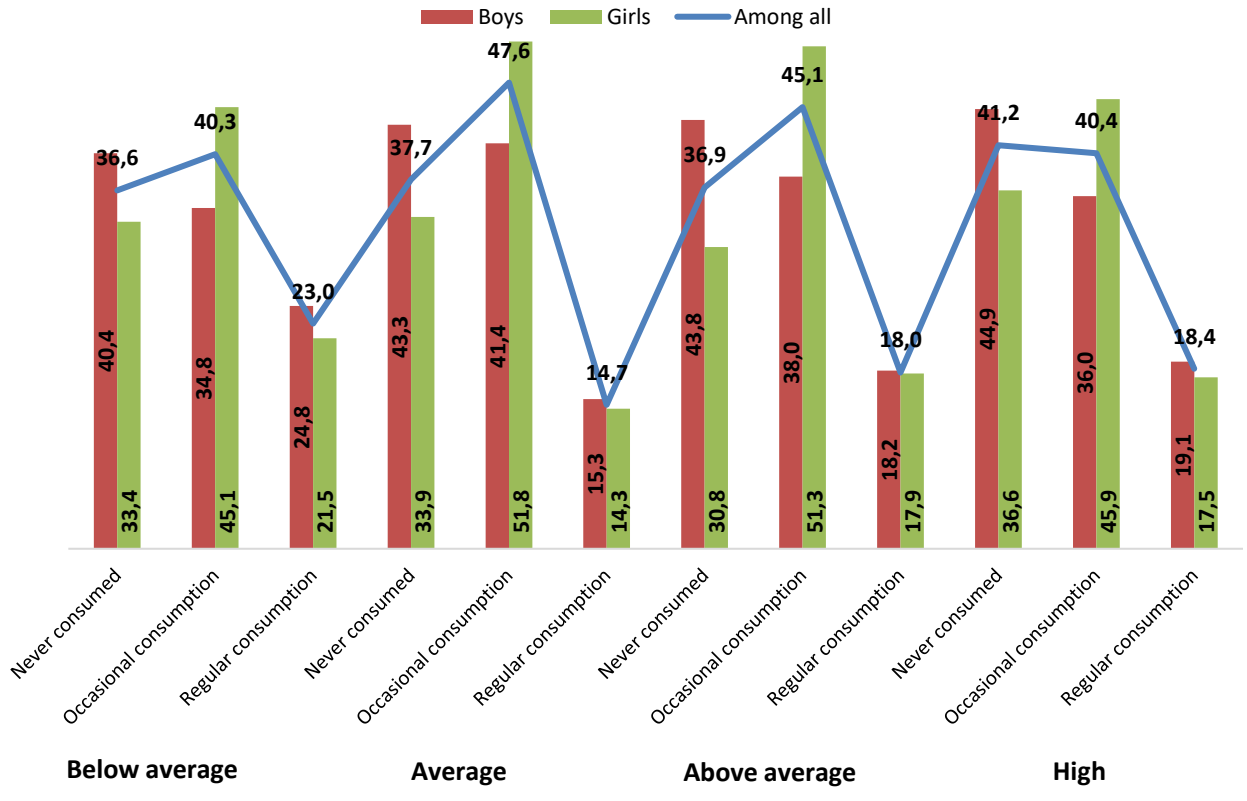
In terms of family financial status, the largest proportion of adolescents with no experience of alcohol consumption live in families with a 'high' level of income (26.6%). The highest proportion of adolescents with occasional alcohol consumption (from 1 to 9 times) is among young people from families with 'average' income (45.3%); the proportion of girls with occasional alcohol consumption is higher (47.1%) than among boys (42.5%). Regular (more than 10 times) alcohol use is most common among adolescents raised in families with 'below average' income (39.5%), more so among girls (43.4%) than boys (35.1%) (Fig. 3.4.1).

Fig. 3.4.1. Lifetime experience of alcohol consumption, *by family financial status, %*



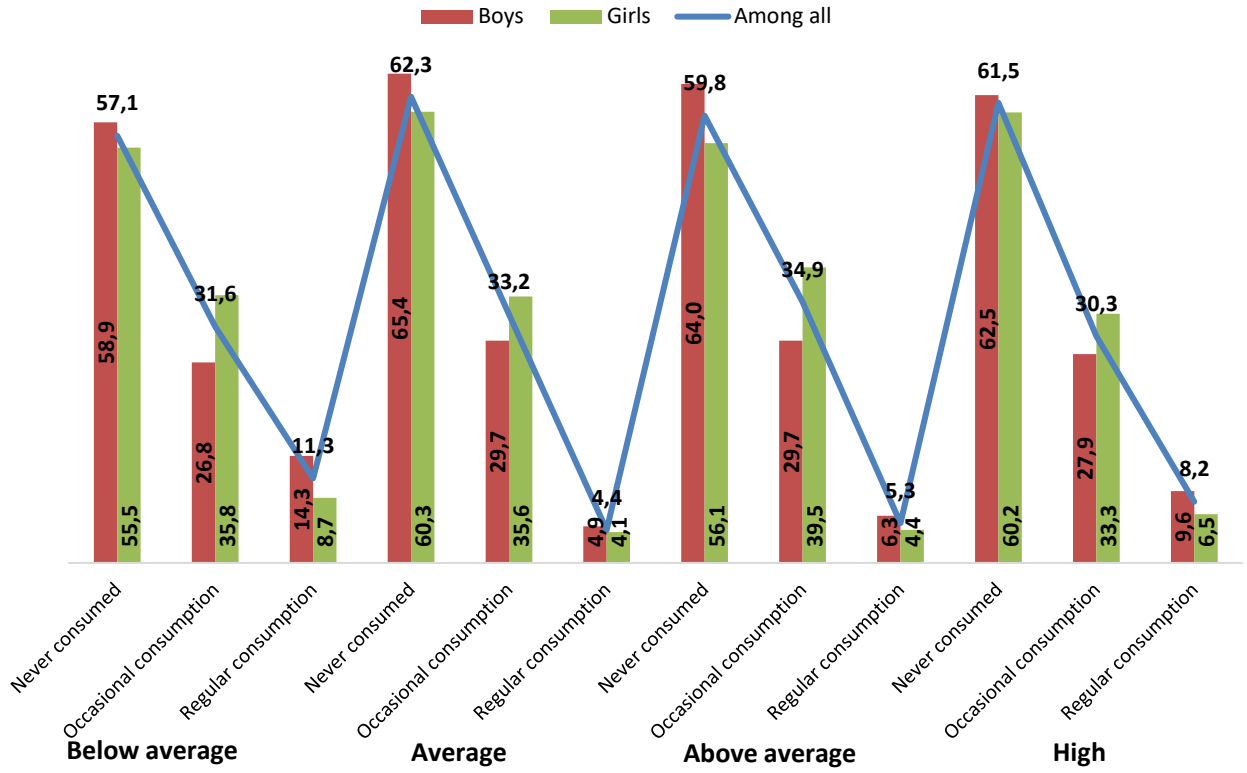
About a third of respondents in any category of family financial status did not drink alcohol at all during the year. The largest proportion of respondents who did not drink alcohol at all lived in families with 'high' income (41.2%). Adolescents from families with 'average' income were more likely to drink alcohol occasionally (47.6%). Occasional drinking is more typical for girls, regardless of the financial status of the family, while regular drinking is more typical for boys. Boys from families with 'below average' income were the most likely to drink alcohol regularly (24.8%) (Fig. 3.4.2).

Fig. 3.4.2. Experience of alcohol consumption in the last 12 months, *by family financial status, %*



The overwhelming majority of adolescents did not drink alcohol during the last month, regardless of family income or gender differences. Respondents from families with 'above average' income were more likely to drink alcohol occasionally (34.9%), mostly girls - 39.5% (29.7% of boys). In general, girls were more likely than boys to drink alcohol occasionally during the month, regardless of family income, while boys of all family income categories were more likely to drink alcohol regularly. The largest proportion of those who regularly drank alcohol in the last month lived in families with 'below average' income (11.3%) and 'high' income (8.2%) (Fig. 3.4.2).

Fig. 3.4.3. Experience of drinking alcohol in the last 30 days, *by family financial status, %*



Alcohol consumption and forced displacement as a result of war

The data demonstrate that among IDP adolescents, 18.7% have never consumed alcohol in their lifetime, while among non-IDP adolescents, 23.8% have never consumed alcohol. Occasional drinking is more common among those who have not experienced displacement (43.5%) than among those who have (40.4%). However, regular use is more common among displaced young people (40.9%) than among non-IDP (32.7%) (Table 3.4.1).

Table 3.4.1.

Lifetime alcohol consumption, *by IDP status and gender, %*

	IDP			non-IDP		
	Boys	Girls	Among all	Boys	Girls	Among all
Never consumed	19.4	17.8	18.7	27.8	20.5	23.8
Occasional consumption	38.6	42.4	40.4	41.9	44.8	43.5
Regular consumption	42.0	39.8	40.9	30.4	34.7	32.7

Regarding alcohol consumption during the year, we can note a similar ratio of results as when considering lifetime alcohol consumption. That is, the proportion of those who did not drink or drank alcohol occasionally is higher among respondents who are not IDP, while more IDP have regular drinking experience - 24.6% (among non-IDP this figure is 16.5%) (Table 3.4.2).

Table 3.4.2

Alcohol consumption in the last 12 months, *by IDP status, by gender, %*

	IDP			non-IDP		
	Boys	Girls	Among all	Boys	Girls	Among all
Never consumed	35.0	29.6	32.5	44.7	33.9	38.8
Occasional consumption	38.2	48.2	42.9	38.8	50.1	44.7
Regular consumption	26.8	22.2	24.6	17.0	16.1	16.5

Regarding the use of alcohol products during the last month, the highest rates of both occasional (35.2%) and regular (11.4%) alcohol consumption are observed in the group of IDP adolescents (Table 3.4.3).

Table 3.4.3

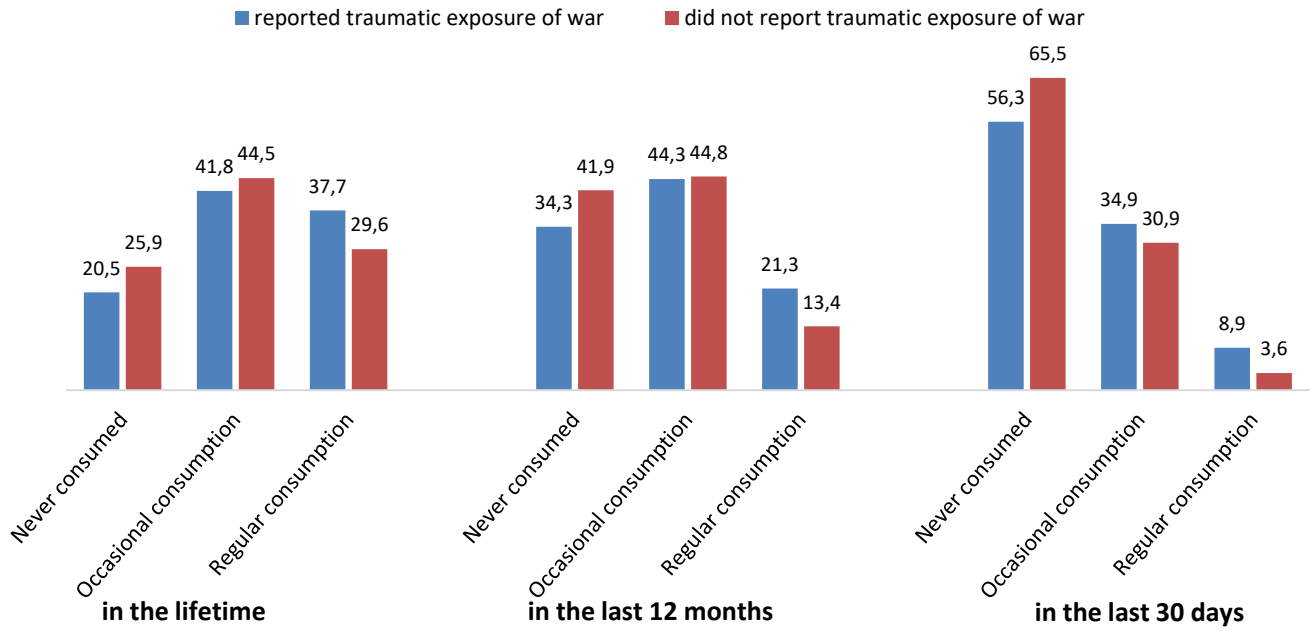
Alcohol consumption in the last 30 days, *by IDP status, by gender, %*

	IDP			non-IDP		
	Boys	Girls	Among all	Boys	Girls	Among all
Never consumed	53.4	53.5	53.4	64.9	59.1	61.8
Occasional consumption	32.7	38.1	35.2	28.4	36.1	32.6
Regular consumption	13.9	8.4	11.4	6.7	4.8	5.6

Alcohol consumption and the traumatic exposure to war

The results of the study demonstrate that the presence of traumatic war experience has an impact on regular alcohol consumption. The rate of regular drinking for those who reported traumatic experience is: during life - 37.7% (those who did not report such experience - 29.6%), during the year - 21.3% (for those who did not report such experience - 13.4%), during the month - 8.9% (those who reported such experience - 3.6%) (Fig. 3.4.4).

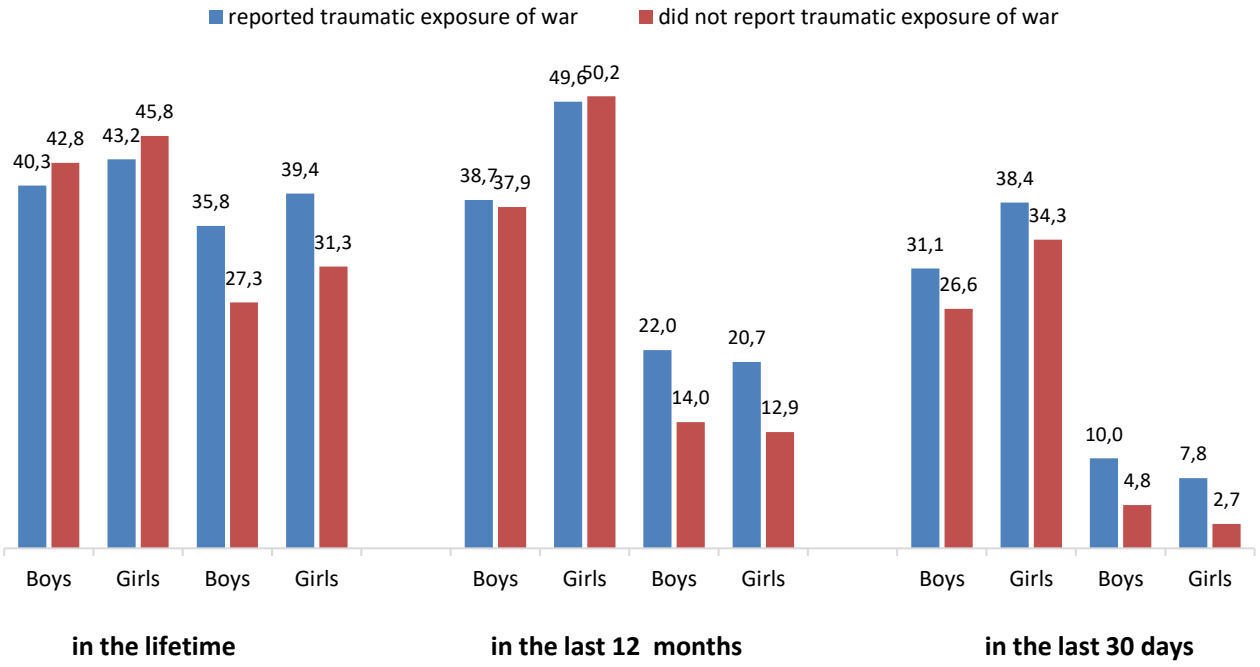
Fig. 3.4.4. Alcohol consumption *in the context of the traumatic exposure to war, %*



The results clearly demonstrate the impact of the war factor on alcohol consumption. For example, 35.8% of boys and 39.4% of girls who reported regular alcohol consumption in their lifetime noted the exposure to war on their lives. Regularly during the year, 22% of boys and 20.7% of girls in this category drink alcohol, and 10% of boys and 7.8% of girls who reported the impact of war on their lives said they had consumed alcohol in the last month. As for occasional drinking, its rate is higher among those who do not report the impact of war on their lives when considering lifetime alcohol use. However, if we look at the results of occasional drinking over a year, the difference between those who report the impact of the war and those who do not is negligible. The rate of occasional alcohol use in the last month among those who report

the impact of war on their lives, both for boys and girls, is higher than the rate of alcohol use by their peers who do not report such an exposure (Fig. 3.4.5).

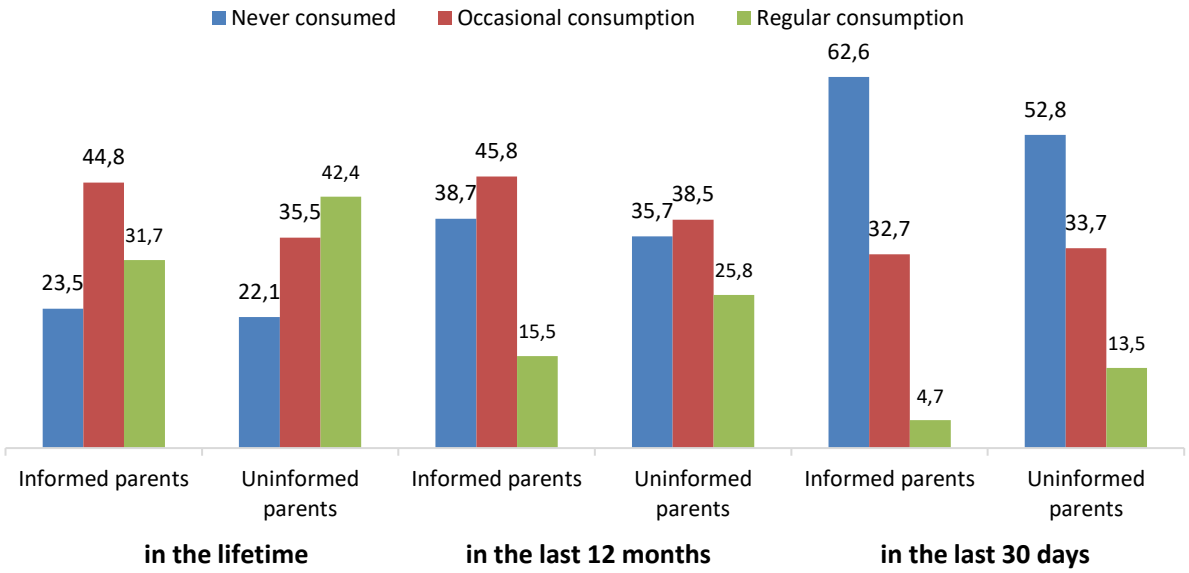
Fig. 3.4.5. Occasional and regular alcohol consumption, *in the context of traumatic exposure to war, by gender, %*



Alcohol consumption and parental awareness

According to the survey results, the proportion of adolescents who do not drink alcohol is higher in families where parents are aware of how their children spend their free time. Also, in such families, there is a higher proportion of young people who drink alcohol occasionally. As for regular alcohol consumption, the majority of those who drink alcohol on a regular basis live in families where parents are not informed about their children's leisure time (Fig. 3.4.6).

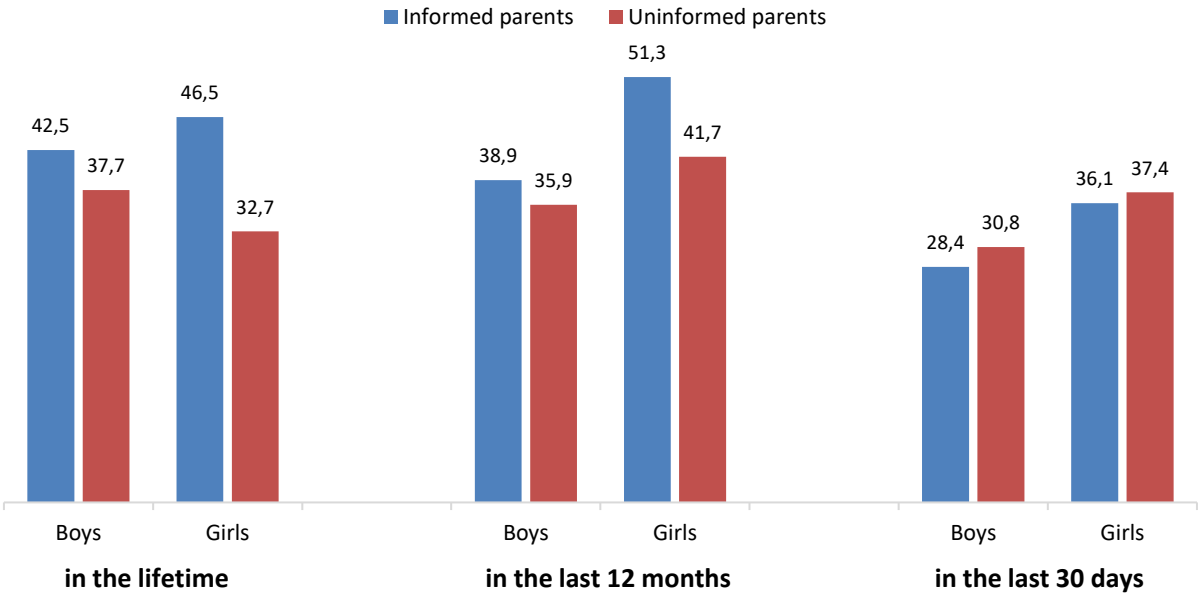
Fig. 3.4.6. Alcohol consumption, *in the context of parental awareness of their children's free time, %*



In their lifetime, 42.5% of boys and 46.5% of girls whose parents were informed about their free time had occasionally consumed alcohol, and 37.7% of boys and 32.7% of girls whose parents were not informed. In the last year, 38.9% of boys and 51.3% of girls with informed parents and 35.9% of boys and 41.7% of girls with uninformed parents have consumed alcohol.

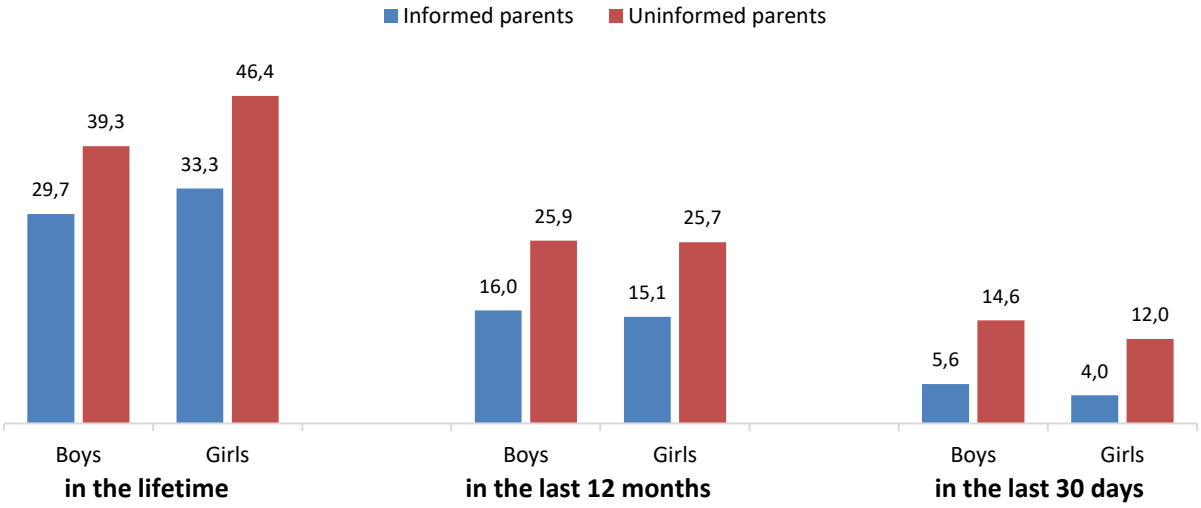
In the last month, a higher proportion of boys (30.8%) and girls (37.4%) among those who have used alcohol occasionally are brought up by parents who do not know how their children spend their free time (Fig. 3.4.7).

Fig. 3.4.7. Occasional alcohol consumption, *in the context of parental awareness, by gender, %*



In terms of regular alcohol consumption, there is a direct link between parental awareness and regular alcohol consumption by adolescents. The proportion of lifetime, yearly, and monthly drinkers is higher among those whose parents are not aware of how their child spends his or her free time (Fig. 3.4.8).

Fig. 3.4.8. Regular alcohol consumption, *in the context of parental awareness, by gender, %*



Depression, stress and anxiety in relation to alcohol consumption

The results of the study demonstrate that there is a correlation between alcohol consumption and levels of depression, anxiety and stress. For example, adolescents who have consumed alcoholic beverages in their lifetime can observe an increase in depression, anxiety and stress with an increase in alcohol consumption. For example, the level of anxiety among those who have not consumed alcohol in their lifetime is 21.1%, with occasional alcohol consumption this figure rises to 33.5% and further increases to 46.6% with regular alcohol consumption. This trend is also characteristic of depression and stress and is identical for yearly and monthly alcohol consumption (Table 3.4.4).

Table 3.4.4.

Prevalence of increased levels of depression, anxiety and stress with alcohol use, *by gender, %*

	Never consumed			Occasional consumption			Regular consumption		
	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all
	In the lifetime								
Depression	17.3	23.9	20.4	26.0	33.9	30.4	38.0	45.6	42.3
Anxiety	15.8	27.3	21.1	25.4	40.4	33.5	38.3	53.1	46.6
Stress	7.5	16.0	11.5	13.6	24.8	19.8	23.8	36.9	31.2
	In the last 12 months								
Depression	19.5	27.3	23.2	28.7	37.2	33.8	43.9	49.9	47.0
Anxiety	18.4	31.9	24.8	28.3	44.2	37.9	44.4	56.1	50.5
Stress	9.1	19.3	13.9	14.7	28.3	22.9	30.9	40.1	35.6
	In the last 30 days								
Depression	22.0	31.1	26.7	33.4	40.8	37.8	50.7	58.3	54.0
Anxiety	21.0	37.0	29.3	32.4	46.9	41.0	55.6	64.9	59.7
Stress	10.7	23.5	17.3	18.7	30.2	25.5	40.2	49.2	44.2

Key outcomes of the section

- According to the survey, the proportion of adolescents who drink alcohol demonstrated a marked decline in 2024. While in 2019, 46.3% of respondents drank alcohol ten times or more, in 2024 this figure dropped to 33.6%.
- An analysis of age and gender characteristics shows that girls are more likely to have significant and extensive experience of drinking alcohol compared to boys. They start trying alcohol earlier and have a higher percentage in the categories of significant and extensive experience. Boys, on the other hand, are more likely to abstain from drinking alcohol altogether. The youngest adolescents (born in 2009-2010) have the highest percentage of those who has no experience of alcohol consumption, but with age, the proportion of such people decreases, and the number of those with more experience increases.
- Geographical characteristics also play an important role: adolescents living in rural settlements have the lowest percentage of non-drinkers (18.2%) and the highest rate of ‘extensive’ and ‘very extensive’ alcohol consumption (22.9%). In cities and villages, these figures are somewhat lower. This indicates that the place of residence affects adolescents' drinking behaviour, with more experience of drinking alcohol in rural settlements.
- The latest data on alcohol consumption among adolescents demonstrate that the number of adolescents who drink alcohol increases with age. The youngest group (born in 2009-2010) has the highest proportion of those who have not consumed alcohol (44.9% of boys and 37.2% of girls), while the older group (born in 2006-2007) has a much lower proportion. Girls are more likely to report recent alcohol consumption, especially in the older age group. Adolescents drink alcohol mostly occasionally, but the proportion of those who drink it regularly (once a month or more) remains significant.
- As for the type of alcoholic beverages, the most popular are wine, champagne and beer. Girls are more likely to choose wine and champagne, while boys prefer beer and spirits. Cider and low-alcohol beverages are also popular among girls, although they are less commonly chosen by adolescents in general. Beer remains the most popular drink among boys, especially in older age groups. The consumption of spirits is less common, but boys are more likely to be among those who drink it.
- In terms of the amount of alcohol consumed, most adolescents limit themselves to small doses, especially girls. Consumption of more than 500 ml of alcoholic beverages is rare, and the proportion of those who consume large volume decreases with age. Girls are more likely to limit themselves to smaller doses of alcohol, while boys sometimes consume large amounts, especially of spirits. For example, more boys than girls drink more than 240 ml of spirits, but in general, most adolescents avoid large doses of alcohol.
- As adolescents get older, they experiment with different types of alcohol more often, but girls have more experience with alcohol. Boys, on the other hand, are more likely to consume large volume of alcohol, particularly beer and spirits. The general trend indicates that girls drink wine and champagne more often, while boys prefer beer. This indicates that there are some gender differences in the choice and consumption of alcohol among adolescents.
- The largest proportion of adolescents with no experience of alcohol consumption live in families with a ‘high’ level of income (26.6%).

- Regular (more than 10 times) alcohol consumption is most common among adolescents raised in families with 'below average' income (39.5%), more so among girls (43.4%) than boys (35.1%).
- Occasional drinking is more typical for girls, regardless of the financial situation of the family, while regular drinking is more typical for boys. Boys from families with 'below average' income were the most likely to drink alcohol regularly (24.8%)
- Occasional drinking is more common among those who have not experienced displacement (43.5%) than among those who have - 40.4%. However, regular consumption is more common among displaced young people (40.9%) than among those who are not IDP (32.7%).
- The presence of traumatic war experience has the exposure to regular alcohol consumption. The rate of regular drinking for those who report traumatic experiences is: in the lifetime - 37.7% (those who do not report such experiences - 29.6%), during the last 12 months - 21.3% (for those who do not report such experiences - 13.4%), during the last 30 days - 8.9%.
- 35.8% of boys and 39.4% of girls affected by war have been drinking alcohol regularly in their lifetime.
- Occasional alcohol consumption in their lifetime was reported by 42.5% of boys and 46.5% of girls whose parents were informed about their free time and 37.7% of boys and 32.7% of girls whose parents were not informed.
- In terms of regular alcohol consumption, there is a direct link between parental awareness and regular alcohol consumption by adolescents. The proportion of those who have consumed it in their lifetime, year and month is higher among those whose parents are not aware of their children's free time.
- Adolescents who have consumed alcoholic beverages in their lifetime have higher levels of depression, anxiety and stress with increasing amounts of alcohol.

4.1. Prevalence of cannabis (marijuana) use

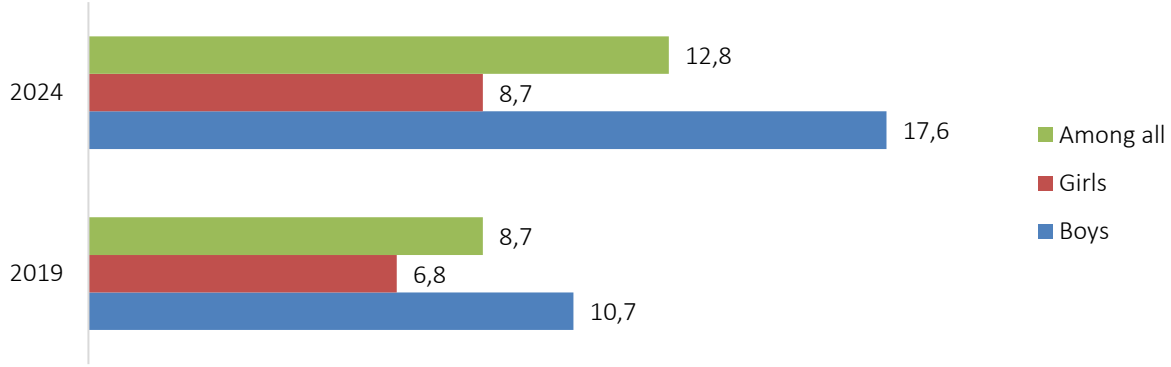
Cannabis is one of the most widely used drugs in the world. According to the European Union Drugs Agency (EUDA), an average of 21% of adults (15-64 years old) in European countries have used cannabis in their lifetime[5]. However, despite the debate in recent years about the legalisation of cannabis, its uncontrolled use by adolescents is not entirely safe.

Lifetime use of cannabis (marijuana)

According to data of 2024, 12.8% of adolescents aged 14-17 years reported lifetime experience of marijuana use, including 17.6% of boys and 8.7% of girls.

In 2019, the overall rate of lifetime use among adolescents was almost one and a half times lower (8.7%). The increase in the rate compared to 2019 is greater among boys (from 10.7% to 17.6%) than among girls (from 6.8% to 8.7%) (Fig. 4.1.1).

Fig. 4.1.1. Lifetime experience of cannabis (marijuana) use, 2019-2024, *by gender, %*



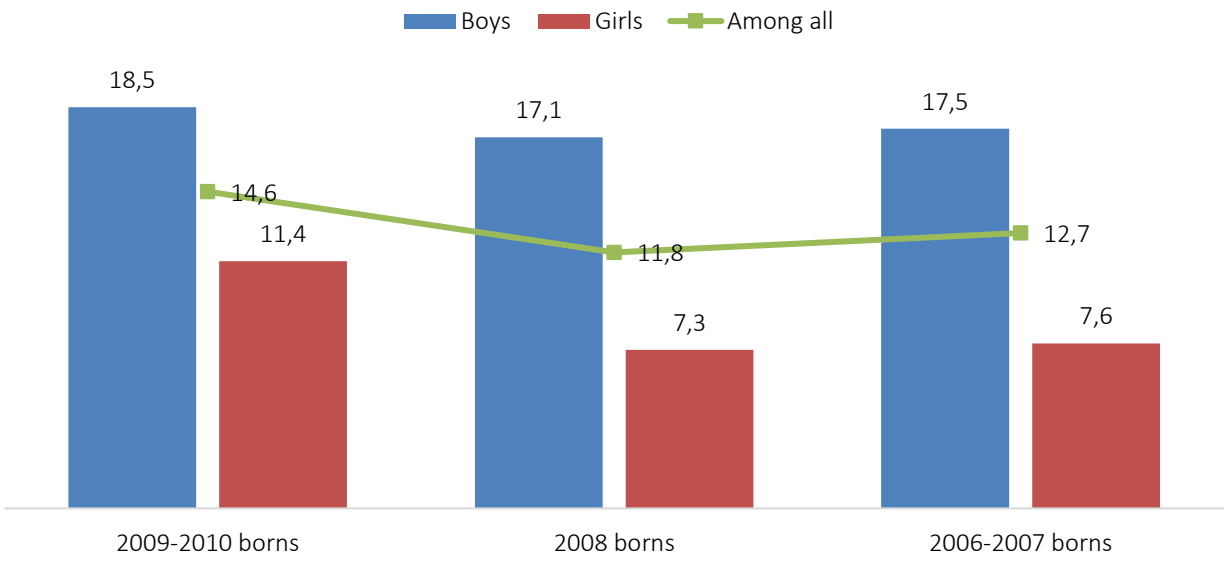
The highest level of familiarity with marijuana is reported by students of VETIs (17.4%), while among students of GSEIs and PPEIs this level is close to the average (12.6% and 12.4%), respectively.

The trend of higher rates of involvement in marijuana try and use among adolescents living in urban areas (14.4%) remains, compared to rural settlements (10.8%) and the lowest rate is in villages (10.1%).

A new alarming trend is the prevalence of use among the youngest students (born in 2009-2010), which is 14.6%, which is higher than the prevalence among the entire age cohort of 14-17 years olds (Fig. 4.1.2.). In previous waves of the survey, the prevalence of cannabis use increased with age. The higher than average level of use among the youngest is a new phenomenon that requires additional attention.

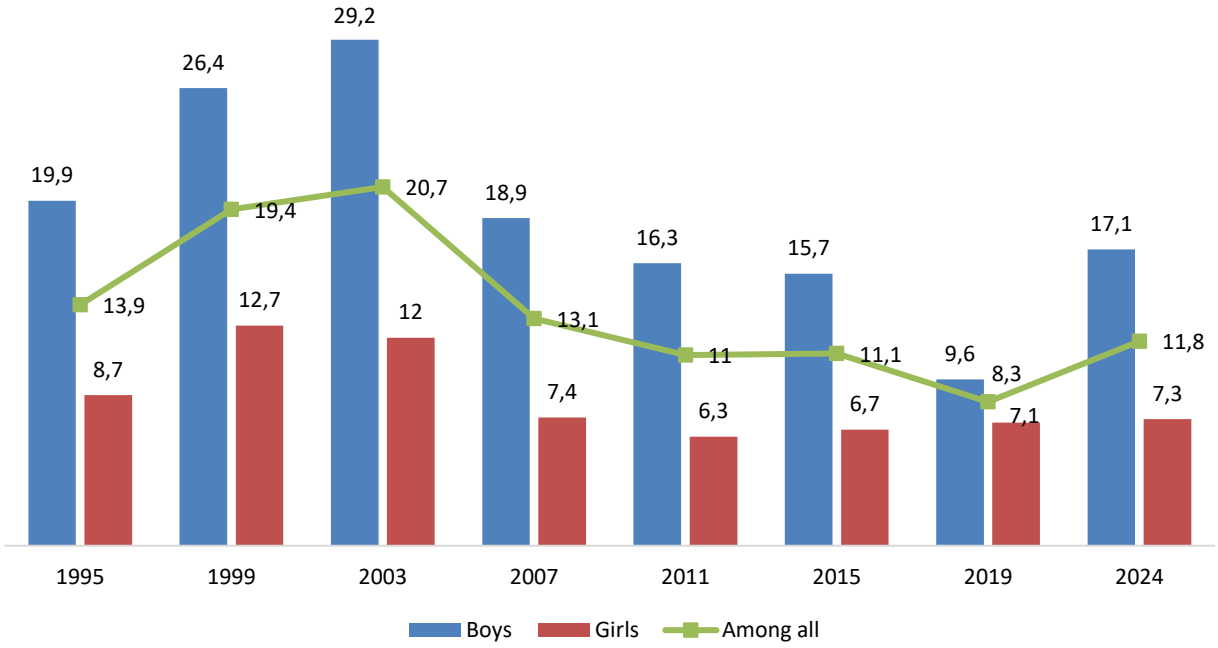
[5] Statistical Bulletin 2024 – prevalence of drug use. European Union Drugs Agency. 2024. https://www.euda.europa.eu/data/stats2024/gps_en#displayTable:GPS-1

Figure 4.1.2. Lifetime prevalence of cannabis (marijuana) use, *by gender and age (year of birth), %*



The dynamics of lifetime prevalence of cannabis use among the target group of the international study (adolescents aged 15-16 years) is characterised by an increase in the period 1995-1999-2003, a decrease in 2007, a slight decrease in 2011 and 2015, and a continuation of the downward trend in 2019. In 2024, there is a significant increase in experience of use (mainly due to an increase among boys in this age group) (Fig. 4.1.3).

Figure 4.1.3. Dynamics of lifetime use of cannabis (marijuana) among adolescents aged 15-16 years, 1995-2024
by gender, %

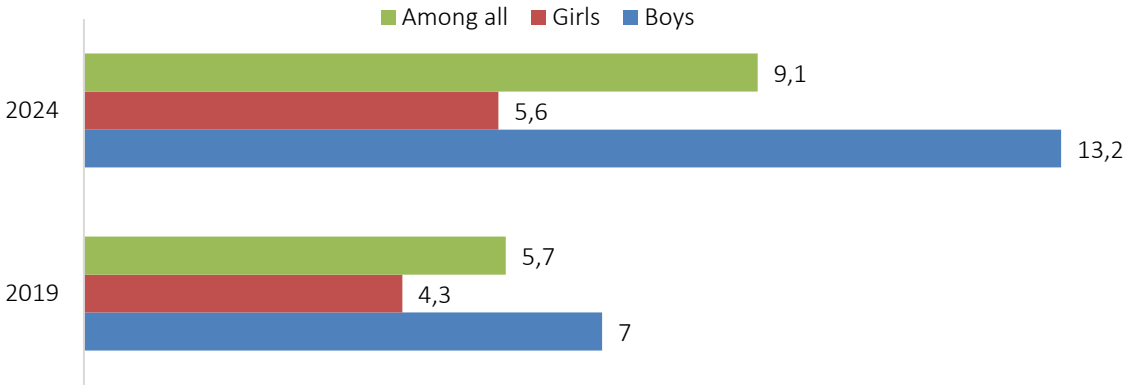


To the question 'Have you ever had the possibility to try cannabis (marijuana, hashish, hemp) but did not use it?' 12% of adolescents answered positively, including 7.8% who had the opportunity once or twice, and 4.2% who had the opportunity three times or more. Among boys, 14.3% reported that they had not taken the opportunity to try cannabis, while among girls - 10%.

Use of cannabis (marijuana) in the last 12 months

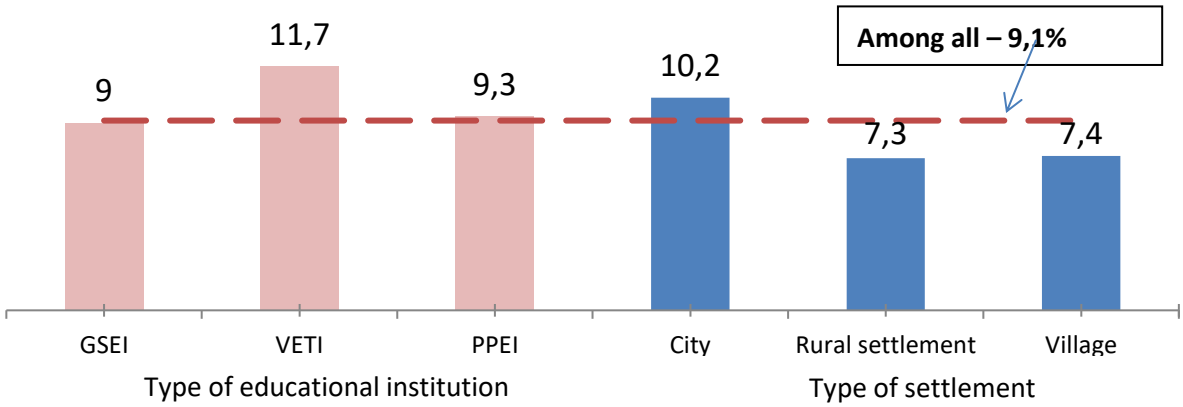
In the last 12 months preceding the survey, 9.1% of adolescents reported using marijuana (13.2% of boys and 5.6% of girls). Compared to 2019, there was a significant increase in the rate of use during the year (5.7% in 2019), including a significant increase among boys (7% in 2019) and a less intense increase among girls (4.3% in 2019) (Fig. 4.1.4).

Fig. 4.1.4. Experience of cannabis (marijuana) use in the last 12 months, 2019-2024, *by gender, %*



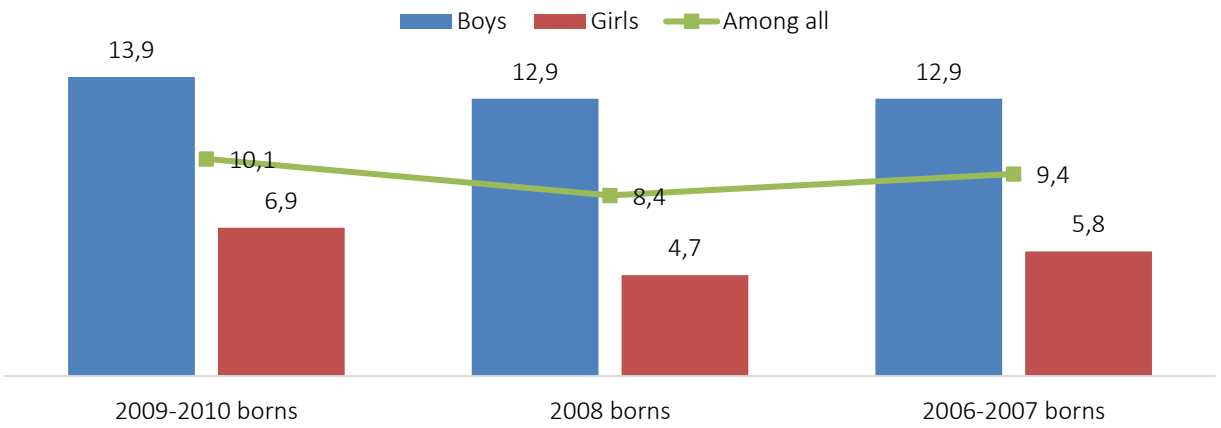
The rate of cannabis use among students of different types of educational institutions and depending on the type of settlement is shown in Fig. 4.1.5. Similarly to lifetime use, the highest rate of use during the year is among students of VET institutions and urban residents.

Fig. 4.1.5. Experience of using cannabis (marijuana) in the last 12 months,
by type of educational institution and type of settlement, %



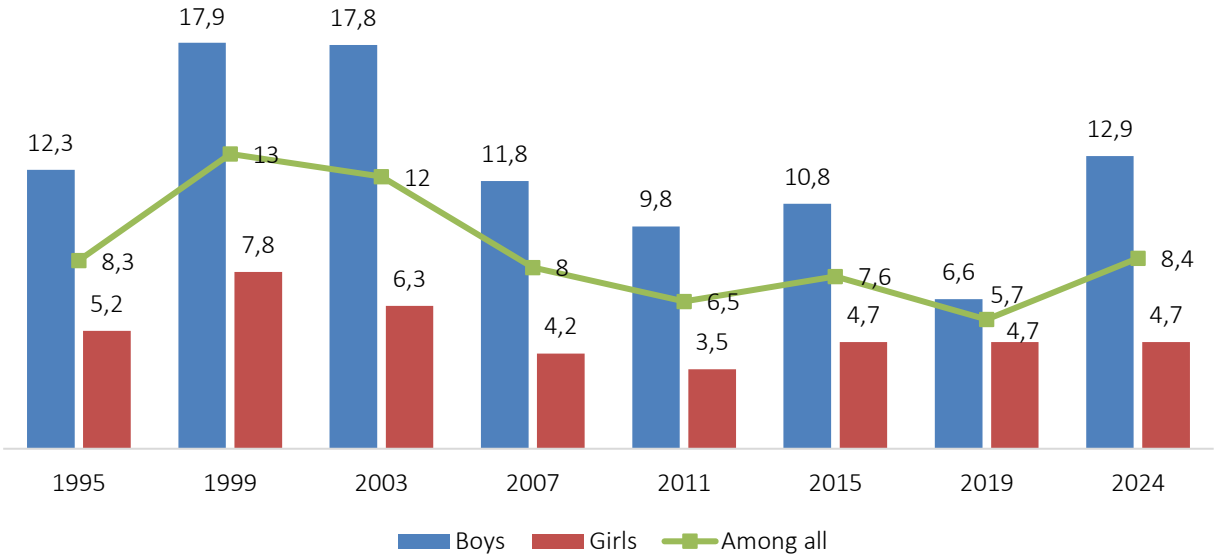
As in the case of lifetime use, the rate of annual use was highest among the youngest students (born in 2009-2010), among whom every tenth (10.1%) reported using, including 13.9% of boys and 6.9% of girls of this age (Fig. 4.1.6).

Fig. 4.1.6. Experience of using cannabis (marijuana) in the last 12 months, *by gender and age (year of birth), %*



In previous waves (from 1999 to 2019), when it comes to adolescents aged 15-16, there was a generally positive trend of decreasing proportion of those who used cannabis (marijuana) in the last 12 months, while in 2024 the prevalence of use increased, due to an increase among boys (almost doubled from 6.6% to 13%) (Fig. 4.1.7).

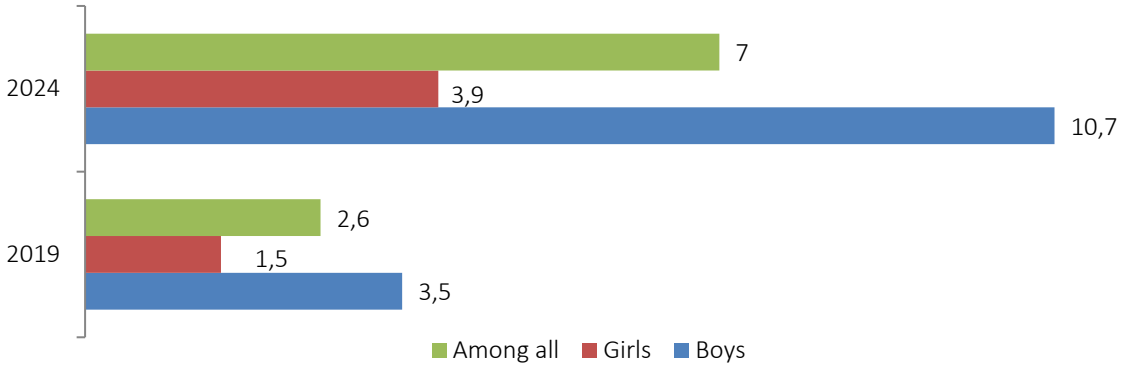
Figure 4.1.7. Trends in the use of cannabis (marijuana) among adolescents aged 15-16 years in the past 12 months, 1995-2024, *by gender, %*



Use of cannabis (marijuana) in the last 30 days

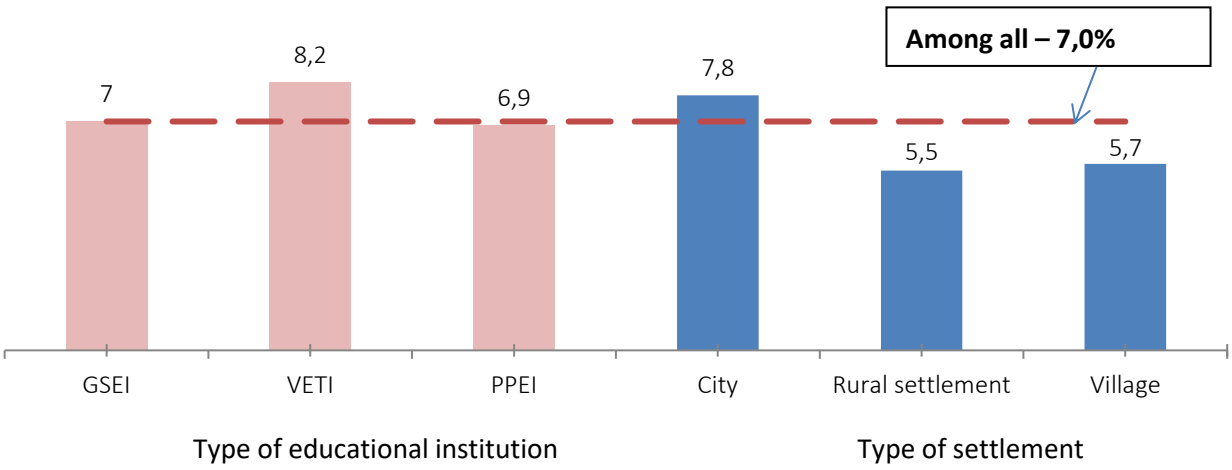
The results of the study demonstrate that 7% of adolescents surveyed had used cannabis (marijuana) in the last 30 days, including 10.7% of boys and 3.9% of girls. Compared to 2019, there has been a significant increase in this indicator (more than twofold) (Fig. 4.1.8).

Fig. 4.1.8. Experience of using cannabis (marijuana) in the past 30 days, 2019-2024, *by gender, %*



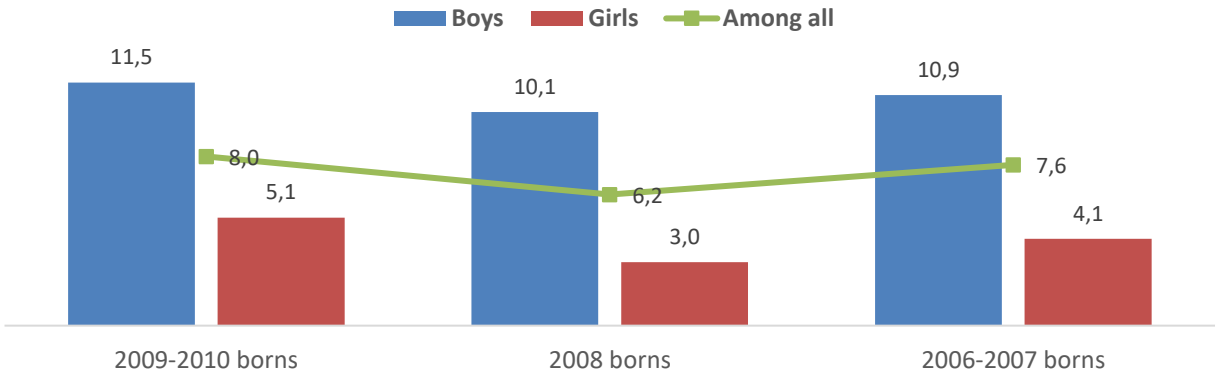
The experience of using cannabis (marijuana) in the last month among students of different types of educational institutions and different types of settlements is shown in Fig. 4.1.9.

Fig. 4.1.9. Experience of using cannabis (marijuana) in the last 30 days,
by type of educational institution and type of settlement, %.



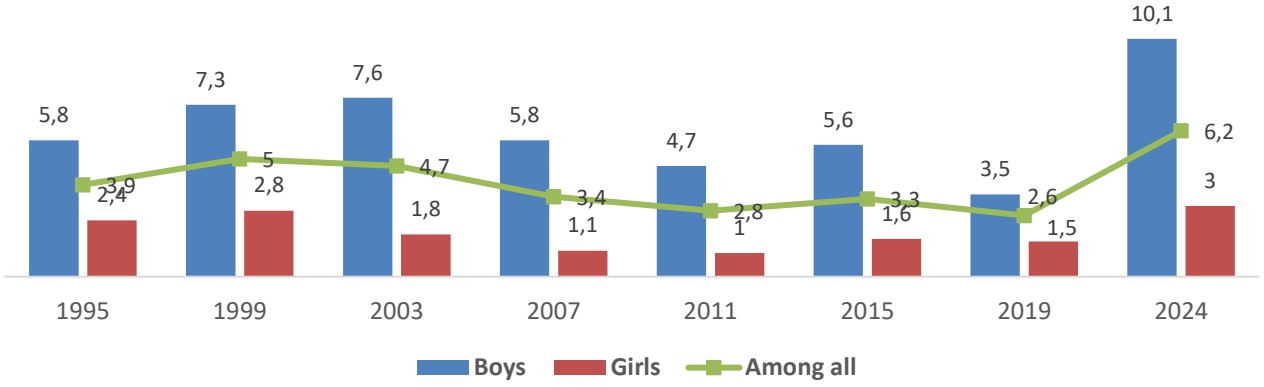
Experience of using cannabis in the last month is highest among the youngest students (born in 2009-2010), among whom it is 8% (Fig. 4.1.10).

Fig. 4.1.10. Experience of using cannabis (marijuana) in the last 30 days, *by gender and age (year of birth), %*



In 2024, the **highest** prevalence of cannabis (marijuana) use in the last 30 days among the target group of the international survey (adolescents aged 15-16 years) was recorded in the history of surveys in Ukraine (since 1995). The lowest rate of last-month use among adolescents aged 15-16 was recorded in 2019. In 2024, there was a significant increase, especially among boys. The dynamics for all waves of the survey are shown in Fig. 4.1.11.

Fig. 4.1.11. Trends in cannabis (marijuana) use among adolescents aged 15-16 years in the last 30 days, 1995-2024, *by gender, %*

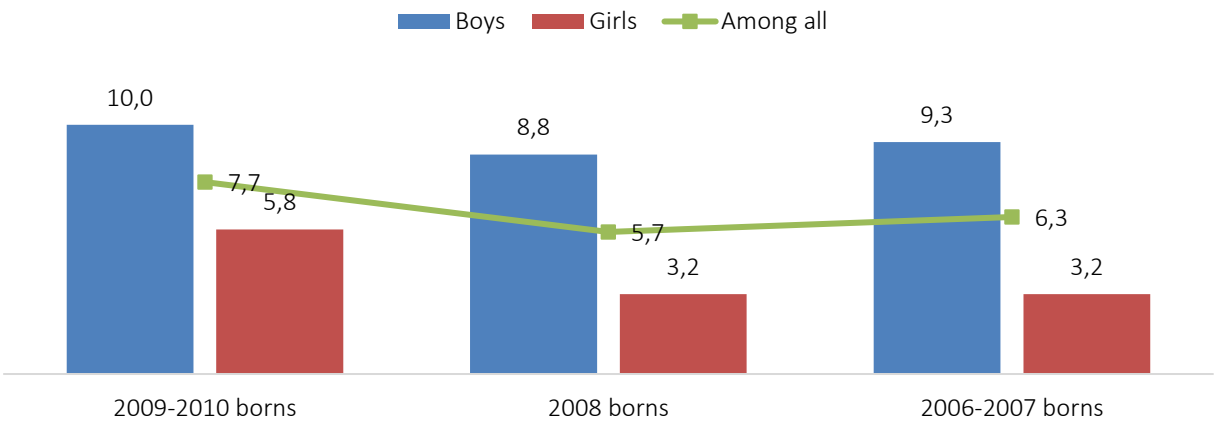


Age at first try of cannabis (marijuana)

Adolescents first use cannabis (marijuana) at a very early age - 9 years old or even earlier. Among all respondents, 6.5% had experience of using it at the age of 13 or earlier, while in 2019 this figure was 1.8%. Before the age of 14 (at 13 years or earlier), 9.3% of boys and 4.1% of girls had tried or used marijuana.

The distribution by age group also demonstrates a worrying trend of early cannabis use among younger students - one in ten boys born in 2009-2010 had tried cannabis at the age of 13 or earlier, and overall, 7.7% of students in this age group had early experience. Among adolescents born in 2008 and 2006-2007, the proportion of early attempts is lower (Fig. 4.1.12).

Fig. 4.1.12. Proportion of respondents who tried cannabis at the age of 13 or earlier,
by gender and age (year of birth), %



Different forms of cannabis (marijuana) use

The most common forms of use are smoking 'weed' and smoking cannabis mixed with tobacco (Table 4.1.1).

Table 4.1.1

Lifetime experience of using cannabis (marijuana) in different forms and in the last 12 months, *by gender, %*

	Total experience			Including frequent use (answers - 'often')		
	Boys	Girls	Among all	Boys	Girls	Among all
Cannabis mixed with tobacco	6.7	2.9	4.6	3.6	1.2	2.3
Cannabis resin/hashish	6.5	2.3	4.2	3.7	1.2	2.3
Weed	8.0	3.4	5.6	4.4	1.7	3.0

4.2. Problematic cannabis use

The research toolkit uses a number of indicators to assess problems associated with cannabis use (The Cannabis Abuse Screening Test - CAST). The indicator is calculated based on adolescents' responses to the following questions about their situation over the past 12 months[6]

- Have you smoked cannabis (marijuana) in the morning?
- Have you smoked cannabis (marijuana) alone?
- Have you had memory problems after smoking cannabis (marijuana)?
- Have friends or family members told you that you should cut down or stop using cannabis (marijuana)?
- Have you tried to reduce or stop using cannabis (marijuana) without success?
- Have you had any problems due to the use of cannabis (marijuana) (arguments, fights, accidents, bad grades in school, etc.)?

[6] Each answer is given a score of 0 or 1, depending on whether or not the situation occurred. Accordingly, the personal value of the indicator is calculated for each person. The interpretation is as follows: 0 – person has a low risk of problems caused by cannabis use; 1 – person has an average risk of problems caused by cannabis use; 2 and more – person is at high risk of problems caused by cannabis use.

Cannabis use in the morning

Cannabis use before midday is indicative of problems related to social environment, learning, and mental impairment. Only a third (34.2%) of those who have used cannabis in the past 12 months said they did not use it before midday. A quarter of users (24.8%) said that they use cannabis in the morning 'very often'. Table 4.2.1 presents the results by gender, educational institution type, and type of settlement where adolescents live, and Figure 4.2.1 demonstrates a comparison with the data from 2019. According to the Figure 4.2.1, the frequency of consumption in the morning has increased significantly.

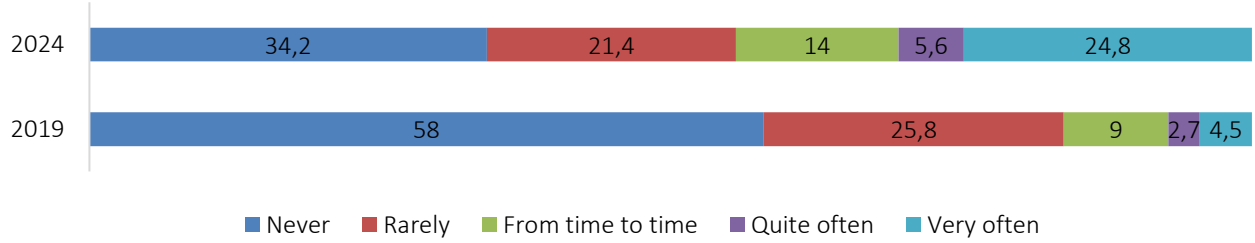
Table 4.2.1

Distribution of answers to the question 'Have you smoked cannabis (marijuana) in the morning?', %*

	Gender		Type of settlement			Type of educational institution			Among all
	Boys	Girls	City	Rural settlement	Village	GSEI	VETI	PPEI	
N=	*300*	*144*	*340*	*16*	*88*	*404*	*17*	*23*	*444*
Never	33.7	35.4	31.8	25.0	45.5	34.7	29.4	30.4	34.2
Rarely	19.7	25.0	20.6	31.3	22.7	20.5	35.3	26.1	21.4
From time to time	13.7	14.6	14.7	12.5	11.4	13.9	11.8	17.4	14.0
Quite often	5.3	6.3	6.5	12.5	1.1	5.9	0.0	4.3	5.6
Very often	27.7	18.8	26.5	18.8	19.3	25.0	23.5	21.7	24.8

**among those who used marijuana in the last 12 months and answered the question*

Fig. 4.2.1. Cannabis use in the morning, among those who used it in the last 12 months and answered the question, 2019-2024, %



Cannabis use when alone

Almost two thirds (66.2%) of users practice smoking cannabis alone, including a quarter of 25.5% doing this very often and 7.9% often. The rate of use when alone in 2024 is twice as high as in 2019 (Fig. 4.2.2). This type of use, which weakens social ties and increases the distance from others, is risky in terms of future addiction. Table 4.2.2 presents the results by gender, settlement type and type of educational institution.

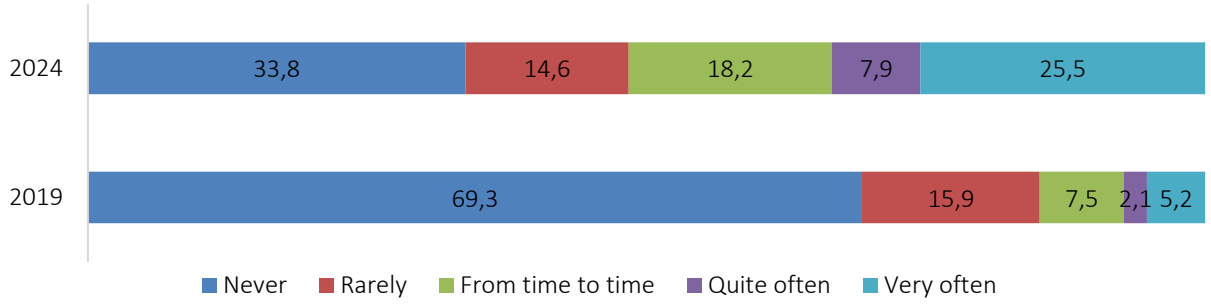
Table 4.2.2

Distribution of answers to the question 'Have you ever smoked cannabis (marijuana) when you were alone?', %*

	Gender		Type of settlement			Type of educational institution			Among all
	Boys	Girls	City	Rural settlement	Village	GSEI	VETI	PPEI	
N=	*300*	*144*	*340*	*16*	*88*	*404*	*17*	*23*	*444*
Never	33.0	35.4	32.6	12,5	42.0	34.4	23.5	30.4	33.8
Rarely	13.3	17.4	13.2	18,8	19.3	15.1	23.5	0.0	14.6
From time to time	18.7	17.4	18.2	25,0	17.0	17.6	17.6	30.4	18.2
Quite often	7.3	9.0	9.1	12,5	2.3	6.9	11.8	21.7	7.9
Very often	27.7	20.8	26.8	31,3	19.3	26.0	23.5	17.4	25.5

**among those who used marijuana in the last 12 months and answered the question*

Fig. 4.2.2. Cannabis use when alone, among those who used it in the last 12 months and answered the question, 2019-2024, %



Memory problems after using cannabis (marijuana)

Memory problems after use often occur in 22.1% of adolescents, 8.1% - quite often, and 18.2% - from time to time (Table 4.2.3). The proportion of those reporting memory problems has increased compared to 2019 (Fig. 4.2.3).

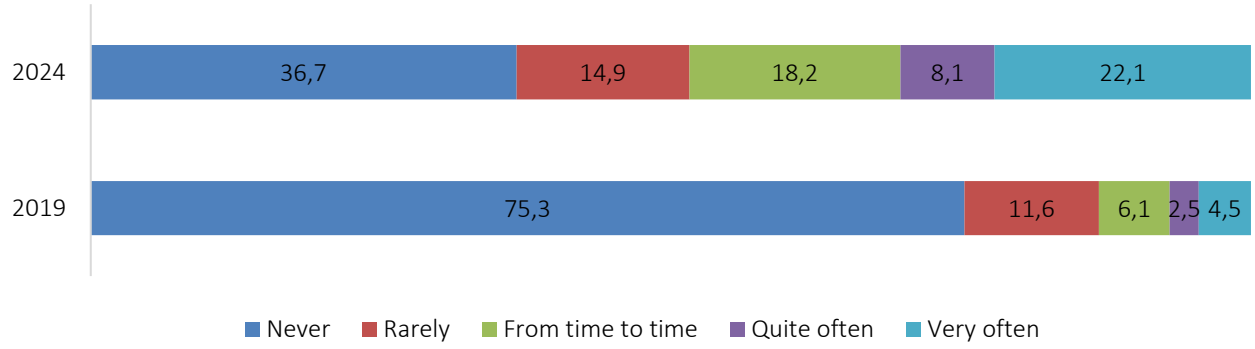
Table 4.2.3

Distribution of answers to the question 'Have you had memory problems after smoking cannabis (marijuana)?',*%**

	Gender		Type of settlement			Type of educational institution			Among all
	Boys	Girls	City	Rural settlement	Village	GSEI	VETI	PPEI	
N=	*300*	*144*	*340*	*16*	*88*	*404*	*17*	*23*	*444*
Never	35.7	38.9	35.3	25.0	44.3	36.9	35.3	34.8	36.7
Rarely	12.3	20.1	16.2	18.8	9.1	14.9	17.6	13.0	14.9
From time to time	18.7	17.4	17.1	31.3	20.5	17.6	29.4	21.7	18.2
Quite often	8.7	6.9	7.1	12.5	11.4	8.9	0.0	0.0	8.1
Very often	24.7	16.7	24.4	12.5	14.8	21.8	17.6	30.4	22.1

**among those who used marijuana in the last 12 months and answered the question*

Fig. 4.2.3. Memory problems after using cannabis among those who used it in the last 12 months and answered the question, 2019-2024, %



Intervention by friends/family to reduce cannabis use

Intervention by friends or family members to reduce cannabis use is another important indicator of the risk of addiction. More than half (compared to a quarter in 2019) of adolescent cannabis users reported such situations, while 44.4% did not experience such situations (Fig. 4.2.4). 18.5% reported that interventions occurred 'very often' (Table 4.2.4). While in the previous wave, girls were somewhat more likely to report interference from friends or family members, the difference is not significant now.

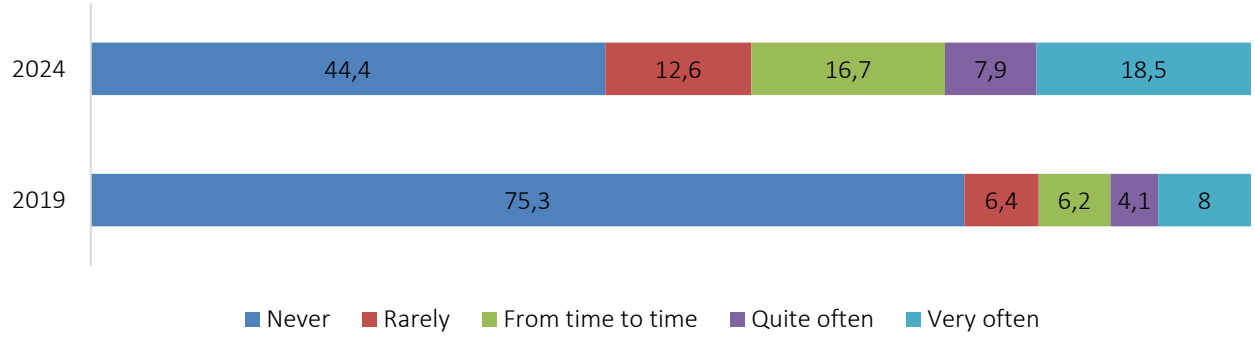
Table 4.2.4

Distribution of answers to the question 'Have friends or family members told you that you should reduce or stop using cannabis (marijuana)?', *%**

	Gender		Type of settlement			Type of educational institution			Among all
	Boys	Girls	City	Rural settlement	Village	GSEI	VETI	PPEI	
N=	*300*	*144*	*340*	*16*	*88*	*404*	*17*	*23*	*444*
Never	44.3	44.4	44.1	37.5	46.6	44.8	29.4	47.8	44.4
Rarely	11.0	16.0	12.4	25.0	11.4	12.4	29.4	4.3	12.6
From time to time	16.3	17.4	15.3	31.3	19.3	16.6	23.5	13.0	16.7
Quite often	7.7	8.3	7.6	6.3	9.1	8.2	0.0	8.7	7.9
Very often	20.7	13.9	20.6	0.0	13.6	18.1	17.6	26.1	18.5

**among those who used marijuana in the last 12 months and answered the question*

Fig. 4.2.4. Interventions by friends/family, among those who used it in the last 12 months and answered the question, 2019-2024, *%*



Unsuccessful attempts to stop using cannabis (marijuana)

Unsuccessful attempts to reduce or stop cannabis use are an important indicator of dependence. More than half of users (52%) reported having made such attempts, including 16.9% very often and 7.7% often (Table 4.2.5). In 2019, only about a quarter of users reported such attempts (Fig. 4.2.5).

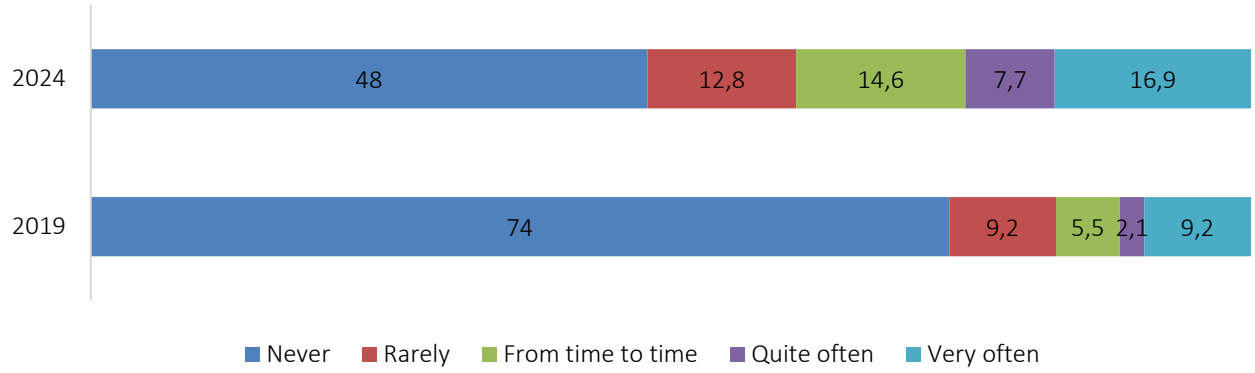
Table 4.2.5

Distribution of answers to the question 'Have you tried to reduce or stop using cannabis (marijuana) without success?', %*

	Gender		Type of settlement			Type of educational institution			Among all
	Boys	Girls	City	Rural settlement	Village	GSEI	VETI	PPEI	
N=	*300*	*144*	*340*	*16*	*88*	*404*	*17*	*23*	*444*
Never	47.0	50.0	47.6	25.0	53.4	48.5	35.3	47.8	48.0
Rarely	12.7	13.2	12.6	18.8	12.5	12.4	23.5	13.0	12.8
From time to time	15.7	12.5	13.8	37.5	13.6	15.1	17.6	4.3	14.6
Quite often	6.7	9.7	7.6	12.5	6.8	7.4	5.9	13.0	7.7
Very often	18.0	14.6	18.2	6.3	13.6	16.6	17.6	21.7	16.9

**among those who used marijuana in the last 12 months and answered the question*

Fig. 4.2.5. Unsuccessful attempts to stop/reduce use, among those who used it in the past 12 months and answered the question, 2019-2024, %



Problems because of cannabis (marijuana) use

The emergence of problems due to cannabis use, such as arguments, fights, accidents, bad grades in school, etc., did not affect 48.4% of those who admitted to using marijuana in the last 12 months. Rarely encountered - 11.5%; 15.3% - from time to time; 8.6% - quite often and 16.2% - very often (Table 4.2.6). In the 2019 survey, the vast majority (82.8%) indicated that they had not experienced any problems due to their use (Fig. 4.2.6).

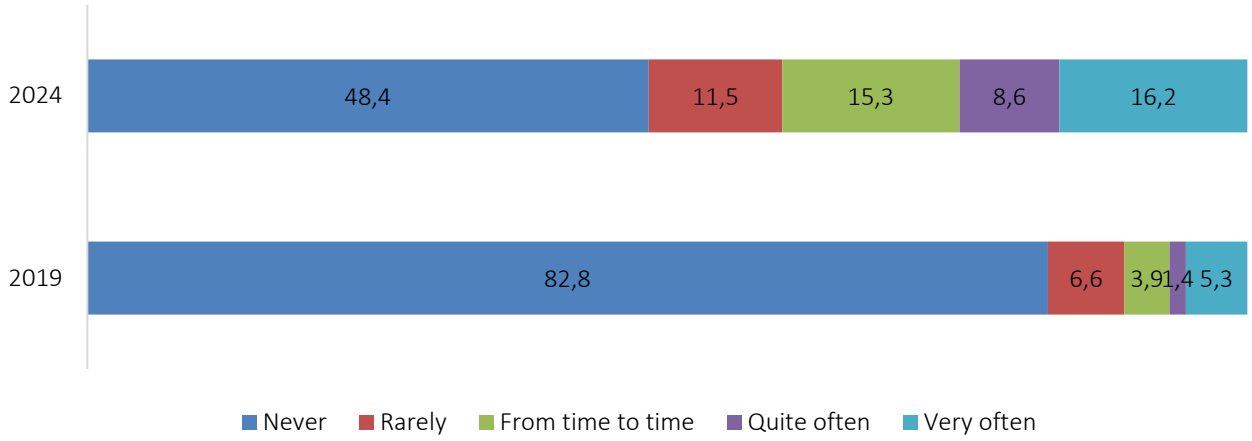
Table 4.2.6

Distribution of answers to the question 'Have you had any problems due to the use of cannabis (marijuana) (arguments, fights, accidents, bad grades in school, etc.)?'*

	Gender		Type of settlement			Type of educational institution			Among all
	Boys	Girls	City	Rural settlement	Village	GSEI	VETI	PPEI	
N=	*300*	*144*	*340*	*16*	*88*	*404*	*17*	*23*	*444*
Never	46.0	53.5	48.2	37.5	51.1	49.0	35.3	47.8	48.4
Rarely	12.0	10.4	9.4	25.0	17.0	11.4	17.6	8.7	11.5
From time to time	15.3	15.3	15.6	18.8	13.6	15.8	11.8	8.7	15.3
Quite often	8.3	9.0	8.5	18.8	6.8	7.4	17.6	21.7	8.6
Very often	18.3	11.8	18.2	0.0	11.4	16.3	17.6	13.0	16.2

**among those who used marijuana in the last 12 months and answered the question*

Fig. 4.2.6. Problems because of cannabis (marijuana) use, among those who used it in the last 12 months and answered the question, 2019-2024, %



Indicator of cannabis use-related problems

The calculated score for the Cannabis Abuse Screening Test (CAST) is presented in Table 4.2.7.

The low-risk group (0 out of 6) accounts for 15.8% (in 2019 - 31.9%) of those who used cannabis in the past year. *The moderate risk group* (1 out of 6) accounts for 11.0% (in 2019 - 16.2%) of those who have used cannabis in the last year. *The high-risk group* (2 or more problems out of 6 possible) accounts for almost three quarters (73.2%) of cannabis users (in 2019 - 51.9%) - Fig. 4.2.7.

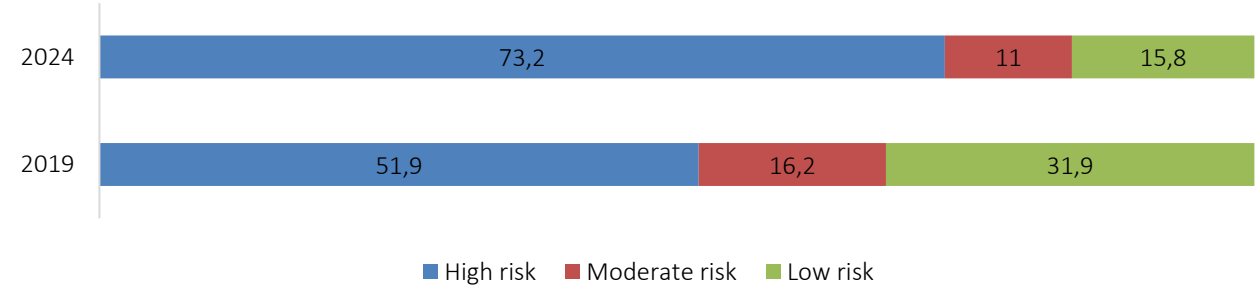
The rates among boys and girls do not differ significantly across all risk groups (Table 4.2.7), while in 2019 the representation of high-risk groups was higher among boys and lower among girls, and less risky use was more common among girls.

Table 4.2.7.

Indicator of cannabis related problems among users (among those who used cannabis (marijuana) in the last 12 months and answered the question), *by gender, %*

	Boys	Girls	Among all
Low risk: 0 out of 6	15.0	17.4	15.8
Moderate risk: 1 out of 6	11.3	10.4	11.0
High risk: 2+ out of 6	73.7	72.2	73.2
TOTAL	100.0	100.0	100.0
N, persons	*300*	*144*	*444*

Figure 4.2.7. Indicator of cannabis use-related problems (CAST) among users (among those who have used cannabis (marijuana) in the last 12 months and answered the question), 2019-2024, %



If we calculate the proportion of cannabis use-related problems among all surveyed adolescents, it is 3.7% among the entire age cohort of 14-17 years old. This means that at least 3.7% of all adolescents are at high risk of problematic use (5.4% of boys and 2.2% of girls). In 2019, this figure among all adolescents was 2.8%.

Among the target group of the international study (adolescents aged 15-16 years), the rates of risky use are practically no different from the general values. Among 15-16 year olds, 15.1% belong to the low risk group, 11.8% to the moderate risk group, and 73.1% to the high risk group. In general, 3.4% of adolescents aged 15-16 years belong to the high-risk group of cannabis use-related problems.

4.3. Use of tranquillisers and sedatives

Tranquillisers, sedatives and painkillers

6.3% of adolescents (6.0% of boys and 6.5% of girls) reported having used tranquillisers or sedatives as prescribed by a doctor. 3.6% of respondents took the drugs for no more than 3 weeks, while 2.8% took them for 3 weeks or longer. In 2019, 5.7% of adolescents reported being prescribed tranquillisers or sedatives.

Regarding the use of these types of drugs without a doctor's prescription, in 2024, 5.9% of adolescents reported using tranquillisers or sedatives, and 4.1% reported using painkillers for purposes other than medical treatment (Table 4.3.1).

Table 4.3.1.

Experience of misuse of medicines, in %

	Tranquilisers or sedatives	Painkillers to get high
Did NOT use	94.1	95.9
Used	5.9	4.1
Including:		
Once or twice	3.2	1.9
3 times or more	2.7	2.2

Stimulants (performance enhancement drugs)

The experience of using stimulants without a doctor's prescription (performance enhancement drugs) was measured this year for the first time in Ukraine. About one in eleven adolescents (9.2%) reported using such substances. As can be seen from Table 4.3.2, boys report such experiments twice as often (12.0% compared to 6.8% of girls). Among students of different types of educational institutions, students of VET institutions most often have experience of using stimulants.

Table 4.3.2

Distribution of answers to the question 'Have you ever used any stimulant in your life on your own initiative (without a doctor's prescription) in order to improve your academic performance?', %

	Gender		Type of settlement			Type of educational institution			Among all
	Boys	Girls	City	Rural settlement	Village	GSEI	VETI	PPEI	
Yes	12.0	6.8	9.5	10.0	8.3	8.8	14.9	12.7	9.2
No	88.0	93.2	90.5	90.0	91.7	91.2	85.1	87.3	90.8

In terms of the source of these substances, adolescents most often get them from friends or family members (4.1%), buy them via the Internet (3.1%), buy them from a street dealer (3.0%) or a pharmacy (2.5%) (Table 4.3.3).

Table 4.3.3

Distribution of answers to the question 'If you have taken any stimulant (without a doctor's prescription) to improve your academic performance, where did you take the substance(s)?, %*

	Gender		Type of settlement			Type of educational institution			Among all
	Boys	Girls	City	Rural settlement	Village	GSEI	VETI	PPEI	
Offered by a family member, friend or acquaintance	5.4	3.0	4.2	4.8	3.6	3.8	7.1	6.5	4.1
Through the Internet	4.2	2.0	3.2	3.8	2.6	3.0	4.3	3.3	3.1
From a street dealer	4.0	2.1	3.6	2.0	2.0	2.9	3.8	5.0	3.0
From pharmacy without a prescription	3.1	2.0	2.8	2.5	2.0	2.3	5.7	3.1	2.5

** the sum of answers does not equal the total prevalence of consumption, as the respondent could indicate more than one source of getting substances.*

4.4. Experience of using other illicit drugs

Lifetime illicit drug use

While in 2019, experience of using various drugs ranged from 0.7% (injecting drugs, methadone, hallucinogenic mushrooms) to 2.2% (amphetamine), in 2024, there was a sharp increase in the proportion of those reporting lifetime use. Most often, adolescents report having used ecstasy (MDMA) (5.6%), and sodium oxybutyrate (3.1%).

Comparison of data from 2019 and 2024, the level of tries (1-2 times and use 3 times or more) of certain drugs by gender is presented in Table 4.4.1.

For all types of substances, boys are about 2.5 times more likely than girls to admit to lifetime use.

Another disturbing fact is that for all types of substances, the proportion of those who use regularly (3 or more attempts) exceeds the proportion of those who have tried a substance once (1-2 times), which is especially typical for boys (for girls, sometimes the proportion of one-time use exceeds regular use).

By age group, the difference in consumption is not statistically significant.

Table 4.4.1

Lifetime experience of using certain drugs, 2019-2024, *%*

	2019			2024		
	Boys	Girls	Among all	Boys	Girls	Among all
Ecstasy (MDMA)						
Total	2.4	1.2	**1.8**	7.5	3.9	**5.6**
1-2 times	1.6	0.8	**1.2**	2.6	1.5	**2.0**
3 times and more	0.8	0.4	**0.6**	5.0	2.4	**3.6**
Amphetamine						
Total	2.5	1.8	**2.2**	6.2	2.7	**4.3**
1-2 times	1.5	1.1	**1.3**	1.8	1.2	**1.5**
3 times and more	1.0	0.7	**0.9**	4.3	1.5	**2.8**
Methamphetamine						
Total	2.0	1.2	**1.6**	6.1	2.4	**4.1**
1-2 times	1.0	0.8	**0.9**	2.0	1.3	**1.6**
3 times and more	0.9	0.4	**0.7**	4.1	1.1	**2.5**
Cocaine						
Total	1.9	1.2	**1.5**	6.6	2.4	**4.3**
1-2 times	1.0	0.8	**0.8**	2.2	1.2	**1.6**
3 times and more	0.9	0.4	**0.7**	4.4	1.2	**2.7**
Crack						
Total	1.8	0.7	**1.2**	6.2	2.1	**4.0**
1-2 times	1.0	0.4	**0.7**	1.7	0.9	**1.3**
3 times and more	0.8	0.3	**0.5**	4.4	1.2	**2.7**
Heroin						
Total	1.7	0.6	**1.1**	6.3	2.4	**4.2**
1-2 times	0.9	0.2	**0.5**	1.8	1.0	**1.4**
3 times and more	0.8	0.4	**0.6**	4.5	1.4	**2.8**
LSD or other hallucinogens						
Total	2.0	1.1	**1.5**	5.5	2.0	**3.7**
1-2 times	1.4	0.8	**1.1**	2.1	1.1	**1.6**
3 times and more	0.6	0.3	**0.4**	3.4	1.0	**2.1**
Hallucinogenic mushrooms						
Total	1.4	0.7	**1.1**	5.4	2.2	**3.7**
1-2 times	0.9	0.5	**0.7**	1.9	1.1	**1.5**
3 times and more	0.5	0.2	**0.4**	3.4	1.1	**2.2**
Sodium oxybutyrate (or 'butyrate', 'oxyk')						
Total	1.1	0.4	**0.8**	4.8	1.7	**3.1**
1-2 times	0.6	0.2	**0.4**	1.6	0.8	**1.2**
3 times and more	0.5	0.2	**0.4**	3.1	0.9	**1.9**

	2019			2024		
	Boys	Girls	Among all	Boys	Girls	Among all
Drugs that are injected with a needle and syringe (heroin, cocaine, shirka)						
Total	0.8	0.6	**0.7**	5.1	1.6	**3.2**
1-2 times	0.2	0.3	**0.3**	1.9	0.8	**1.3**
3 times and more	0.6	0.3	**0.4**	3.2	0.8	**1.9**
Anabolic steroids						
Total	1.3	0.7	**1.0**	6.2	1.9	**3.9**
1-2 times	0.9	0.5	**0.7**	2.2	1.1	**1.6**
3 times and more	0.4	0.2	**0.3**	4.1	0.8	**2.3**
Alcohol together with pills (medicines) to 'get high'						
Total	1.8	2.1	**1.9**	5.1	2.8	**3.9**
1-2 times	1.1	1.6	**1.3**	2.0	1.7	**1.8**
3 times and more	0.7	0.5	**0.6**	3.1	1.1	**2.0**
Methadone ('metal')						
Total	0.9	0.4	**0.7**	5.3	1.7	**3.4**
1-2 times	0.5	0.2	**0.4**	2.1	0.8	**1.4**
3 times and more	0.4	0.2	**0.3**	3.2	0.9	**2.0**

Illicit drug use in the last 12 months

For the six most commonly used drugs, this wave of the survey measured not only lifetime use but also use in the last year. Current rates of use in the last 12 months, disaggregated by gender and number of tries, are presented in Table 4.4.2.

The annual prevalence rate for all types of substances fluctuates around 3.5%, with boys using twice (sometimes three times) as much as girls.

Similarly to the analysis of lifetime use, responses about yearly use demonstrate an excess of regular use (3 or more attempts) over occasional use (1-2 times) for all types of substances, especially among boys.

By age group, the difference in consumption is not statistically significant.

Table 4.4.2

Experience of using certain drugs in the last 12 months, *by gender* %

	Boys	Girls	Among all
Ecstasy (MDMA)			
Total	5.2	2.1	3.5
1-2 times	1.8	1.1	1.4
3 times and more	3.3	1.1	2.1
Amphetamine			
Total	5.4	2.3	3.7
1-2 times	1.6	1.1	1.3
3 times and more	3.8	1.1	2.3
Methamphetamine			
Total	5.2	1.8	3.4
1-2 times	1.9	0.9	1.4
3 times and more	3.3	0.9	2.0
Cocaine			
Total	5.7	1.9	3.7
1-2 times	2.0	0.9	1.4
3 times and more	3.8	1.0	2.3
Crack			
Total	5.3	1.6	3.3
1-2 times	1.7	0.6	1.1
3 times and more	3.6	1.0	2.2
Heroin			
Total	5.5	2.0	3.6
1-2 times	1.6	0.9	1.2
3 times and more	3.9	1.1	2.4

Lifetime use of inhalants

A separate question was asked about the experience of *using inhalants* (sniffing glue, aerosols, etc.) to get high: 3.4% of all adolescents surveyed (in 2019 - 6.3%) reported 1-2 times (3.9% of boys and 2.9% of girls) use. More regular use was reported by 3.6% of adolescents (5.2% of boys and 2.2% of girls), compared to 2.9% in 2019. Thus, in total, 7% reported using inhalants, which is a decrease compared to 2019 (when it was 9.2%).

Inhalant use in the last 12 months and 30 days

In the last 12 months, 5.4% of respondents (7.2% of boys and 3.9% of girls) reported using inhalants, and 4.0% (5.7% of boys and 2.6% of girls) reported using them in the last month. And while lifetime use of inhalants was lower than in 2019, the prevalence of recent use, on the contrary, increased: in 2019, 4.0% of respondents reported using inhalants during the year, and 1.9% during the month.

By age group, the difference in consumption is not statistically significant.

The prevalence of inhalant use by gender, type of settlement, and type of educational institution is presented in Table 4.4.3.

Table 4.4.3

Distribution of answers to the question 'How many times (if any) did you sniff inhalants (glue, aerosol, etc.) to 'get high'?', *%*

	Gender		Type of settlement			Type of educational institution			Among all
	Boys	Girls	City	Rural settlement	Village	GSEI	VETI	PPEI	
In the last 12 months									
1-2 times	2.8	2.1	2.7	2.3	2.0	2.5	3.0	1.9	2.5
3 times and more	4.4	1.7	3.6	2.5	1.7	2.9	2.4	4.1	3.0
Total	**7.2**	**3.9**	**6.4**	**4.8**	**3.6**	5.4	**5.4**	**6.0**	**5.4**
In the last 30 days									
1-2 times	2.0	1.4	1.9	1.7	1.3	1.7	2.2	0.5	1.7
3 times and more	3.6	1.2	2.9	1.7	1.3	2.3	1.6	3.6	2.3
Total	**5.7**	**2.6**	**4.8**	**3.3**	**2.6**	**4.0**	**3.8**	**4.1**	**4.0**

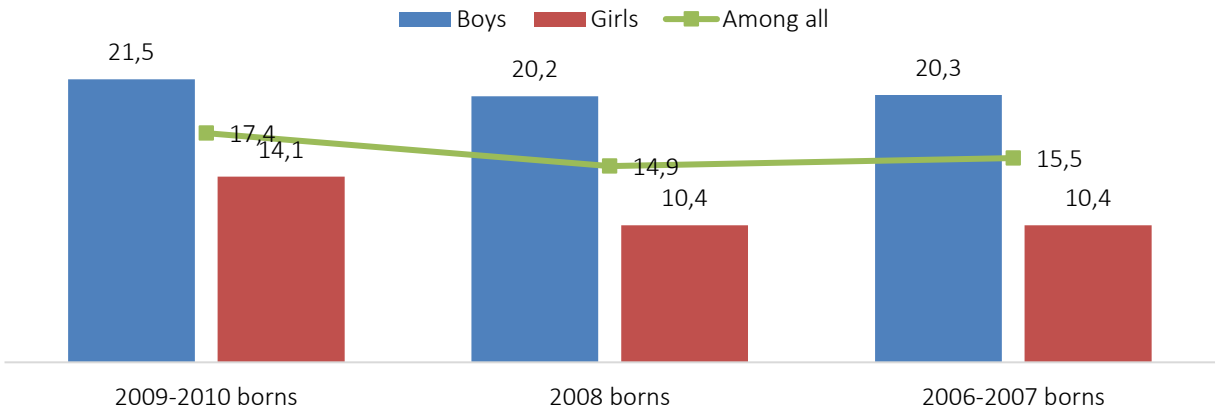
4.5. Prevalence of illicit drug use

The methodology of the international ESPAD project involves the calculation of an integrated indicator of illicit drug use (Lifetime use of illicit drugs). According to the project standards, the indicator takes into account the experience of ever using such substances as cannabis, ecstasy, amphetamine, methamphetamine, cocaine, crack, heroin, LSD, and GHB (gamma-hydroxybutyric acid, i.e. sodium oxybutyrate). It should be remembered that, given the much higher prevalence of cannabis use compared to all other substances, cannabis use accounts for a significant proportion of the integrated indicator.

The 2024 study found that among all surveyed students aged 14-17, 15.8% had experience of illicit drug use, including 20.6% of boys and 11.7% of girls.

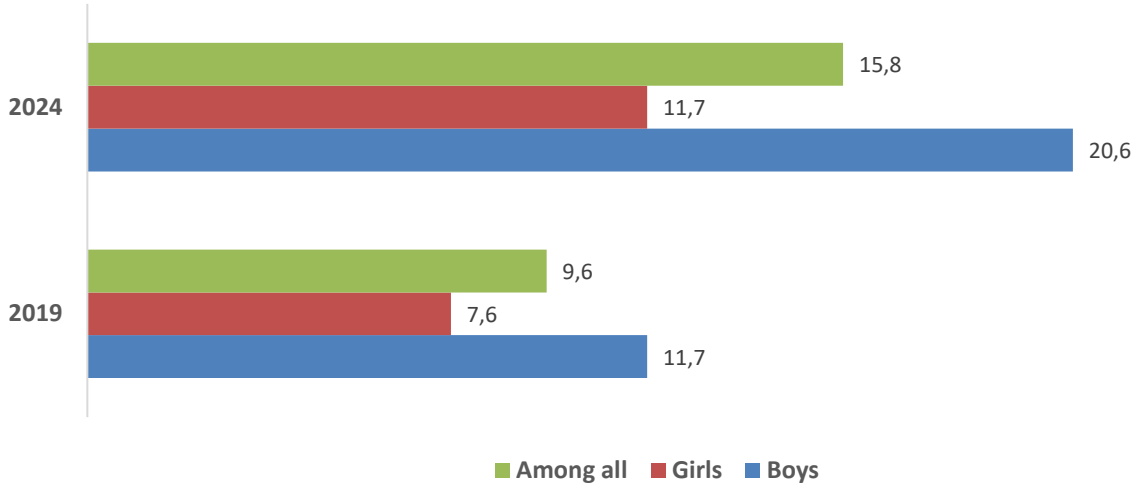
Figure 4.5.1 demonstrates the results of calculating the indicator by age and gender. As shown in the analysis of cannabis use (see Section 4.1) and other substances other than cannabis (Section 4.5), the peculiarity of this wave is the high level of use among the youngest students (born in 2009-2010). Obviously, the integrated indicator also reflects this trend - among all students born in 2009-2010, it is 17.4%, including 21.5% among boys and 14.1% among girls. While for other age groups the rate among girls is half that of boys, the difference is not so significant for the youngest.

Fig. 4.5.1. Level of lifetime use of any illicit drugs, *by gender and age (year of birth), %*



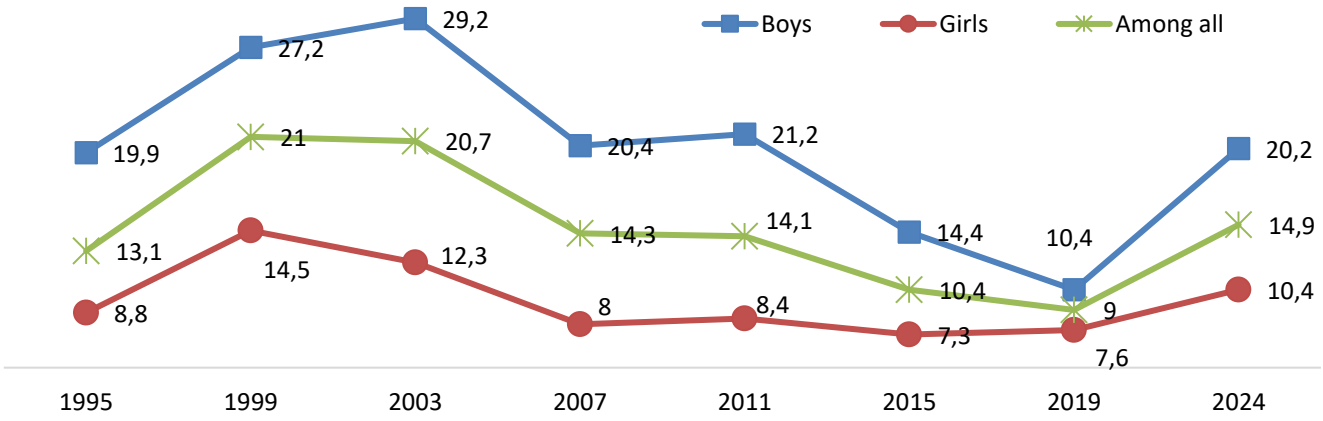
Changes in the prevalence of experience of using any illicit drug compared to the 2019 wave demonstrated that this indicator increased by one and a half times among girls (from 7.6% to 11.7%) and almost doubled among boys (from 11.7% to 20.6%). The prevalence of experience of use among all 14–17-year-olds increased from 9.6% to 15.8% (Fig. 4.5.2).

Fig. 4.5.2. Lifetime experience of using any illicit drugs, 2019-2024, *by gender, %*



An analysis of the dynamics of the prevalence of any illicit drug use over the period from 1995 to 2019 among the target group of the international study (adolescents aged 15-16 years) suggests a tendency for the rates of psychoactive substance use among boys and girls to converge. At the same time, the level of use among boys tended to decrease during 2011-2019, while among girls it remained almost unchanged. The general trend of decreasing prevalence of drug use during 1999-2019 has changed dramatically in 2024. This year, there was an increase in the prevalence of drug use among 15–16-year-old school-aged adolescents to 14.9%, including 20.2% among boys and 10.4% among girls (Fig. 4.5.3)[7].

Fig. 4.5.3. Dynamics of lifetime prevalence of any illicit drugs use among adolescents aged 15-16 years, *by gender, %*



4.6. Age at onset of illicit drug use (except for cannabis)

To assess the situation of adolescents' involvement in illicit drug use, it is important to understand at what age this occurs. For Ukrainian adolescents, early exposure to psychoactive substances is typical - before the age of 14 (at 13 or earlier).

Table 4.6.1 presents data on the proportion of adolescents who tried certain illicit drugs before the age of 14 (at 13 or earlier). In addition to the fact that the data indicate easy access to psychoactive substances (including alcohol with tablets, tranquillisers, inhalants, etc.) for adolescents, it should also be noted that the proportion of early use has increased compared to 2019. The prevalence of early use is higher among boys than among girls.

It is noteworthy that the majority of those who reported having tried illicit drugs said that they did so at an early age. Only 8% to 17% of adolescents who have tried a substance at the age of 14 years and older accounted for their first try.

[7] The report 'Smoking, alcohol and illicit drug use among school-aged adolescents: prevalence and trends in Ukraine: 2019 survey results' contains a technical error, the data on the prevalence of use for 2015 and 2019 in the similar chart are incorrect. We apologise and ask you to rely on the current calculations presented in this report https://knowledge.org.ua/zvit-kurinnja-vzhivannja-alkogolju-ta-narkotichnih-rechovin-sered-pidlitkiv-jaki-navchajutsja-poshirennja-j-tendencii-v-ukraini-2019r/

Table 4.6.1

Proportion of adolescents who first tried selected illicit drugs before the age of 14 (at 13 years of age or earlier), 2019-2024, by gender, %

	2019			2024		
	Boys	Girls	Among all	Boys	Girls	Among all
	0.8	0.5	0.6	8.0	4.2	5.9
Amphetamines or methamphetamines	0.8	0.3	0.7	8.1	2.8	5.3
Cocaine or crack	0.9	0.3	0.6	8.5	2.8	5.4
Ecstasy	0.9	0.2	0.6	7.2	2.4	4.6
Inhalants (glue, aerosol, etc.) to 'get high'	1.7	1.8	1.7	7.9	3.4	5.5
Alcohol with pills to 'get high'	0.9	0.4	0.7	6.1	2.4	4.1

4.7. New psychoactive substances use

Recent years have seen an increase in the development and use of new illicit drugs[8]. From a chemical point of view, they are synthetic or semi-synthetic substances created by modifying the chemical structure of well-known drugs. They include a wide range of substances such as synthetic cannabinoids, synthetic cathinones, hallucinogens and stimulants. Mechanistically, they mimic traditional illicit substances, causing similar or even more pronounced psychoactive effects.

The basis for their promotion is the development of new compounds that are not yet classified as illegal, which allows them to circumvent existing drug laws. Obviously, as these particular substances gain popularity, the authorities update the rules for controlling their distribution and use. The length of time required to prove harm and to be included in the list of prohibited drugs creates a window of opportunity for the uncontrolled spread of new psychoactive substances.

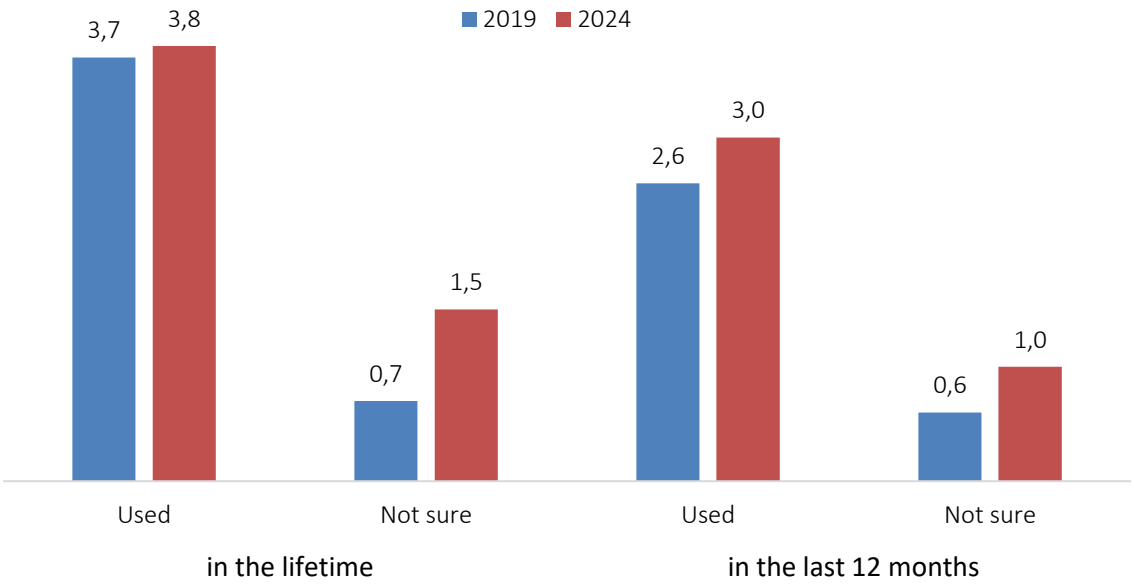
Despite all the regulatory mechanisms, NPS are often advertised as a legal alternative to traditional illicit drugs, which creates new risks for adolescents' health. Another aspect of the risk is the uncertainty about the safety profile of these substances, as the development of new compounds is faster than research into their pharmacological/toxicological effects. As a result, users may be exposed to unexpected health risks, including serious physical and psychological reactions.

New substances are most often presented in the form of smoking mixtures, powder, crystals, pills, and liquids.

In their lifetime, 3.8% of adolescents surveyed reported having tried the use of so-called 'new substances' that mimic the effects of drugs; in the last 12 months, 3% had tried them. 1.5% are not sure about their use of such substances. Compared to 2019, changes in the use of new psychoactive substances are not very significant (Fig. 4.7.1), especially when compared to the increase in the use of other drugs.

[8] Santos I.C., Maia D., Dinis-Oliveira R.J., Barbosa D.J. New Psychoactive Substances: Health and Legal Challenges. *Psychoactives*. 2024; Vol. 3(2). P. 285-302. https://doi.org/10.3390/psychoactives3020018

Fig. 4.7.1. Lifetime use of new psychoactive substances (NPS) and use in the last 12 months, 2019-2024, %.



Peculiarities of NPS use by gender, type of settlement and type of educational institution are presented in Table 4.7.1.

Table 4.7.1

Experience of using NPS, *by gender, type of educational institution and type of settlement, %*

	Gender		Type of settlement			Type of educational institution			Among all
	Boys	Girls	City	Rural settlement	Village	GSEI	VETI	PPEI	
In the lifetime									
Have not used	92.8	96.4	93.7	95.7	96.5	94.8	93.8	94.0	94.7
Have used, including:	5.2	2.6	4.5	2.7	2.6	3.7	3.5	5.5	3.8
1-2 times	2.4	1.6	2.2	1.7	1.5	1.9	3.0	2.6	2.0
3 times and more	2.8	1.0	2.3	1.0	1.1	1.8	0.5	2.9	1.8
Don't know/not sure	2.1	1.0	1.7	1.7	0.9	1.5	2.7	0.5	1.5
In the last 12 months									
Have not used	94.4	97.3	95.1	96.7	97.5	96.0	94.6	95.7	96.0
Have used, including:	4.2	1.9	3.6	2.3	1.8	2.9	3.5	3.8	3.0
1-2 times	1.8	1.2	1.7	1.8	1.0	1.5	2.4	1.7	1.5
3 times and more	2.3	0.7	1.9	0.5	0.9	1.4	1.1	2.2	1.5
Don't know/not sure	1.4	0.8	1.3	1.0	0.6	1.1	1.9	0.5	1.1

In the last 12 months, 3.3% of adolescents (boys - 4.7%, girls - 2.0%) smoked herbal mixtures with drug-like effects. 2.7% said they had used powder, crystals or pills (tablets) with a drug-like effect (Table 4.7.2). Most of the users were urban residents. There were no significant differences in the type of educational institution (Table 4.7.3).

Table 4.7.2

Distribution of affirmative answers to the question "What was the appearance / in what form were the new substances that you used during the LAST 12 MONTHS?", *by gender, %*

	Boys	Girls	Among all
I have not used such substances in the last 12 months	71.5	77.6	74.8
Herbal smoking mixtures with a drug-like effect	4.7	2.0	3.3
Powder, crystals or pills (tablets) with a drug-like effect	4.0	1.6	2.7
Liquids with a drug-like effect	3.0	1.2	2.0
Other	2.0	1.1	1.5

**respondents could choose several answers*

Table 4.7.3

Distribution of affirmative answers to the question "What was the appearance / in what form were the new substances that you used during the LAST 12 MONTHS?", *by type of settlement and type of educational institution, %*

	Type of settlement			Type of educational institution			Among all
	City	Rural settlement	Village	GSEI	VETI	PPEI	
I have not used such substances in the last 12 months	76.3	72.2	72.2	75.5	62.8	71.8	74.8
Herbal smoking mixtures with a drug-like effect	3.9	2.3	2.2	3.2	3.8	4.1	3.3
Powder, crystals or pills (tablets) with a drug-like effect	3.4	1.8	1.4	2.7	3.0	2.9	2.7
Liquids with a drug-like effect	2.4	1.5	1.4	2.0	2.7	1.9	2.0
Other	1.8	1.3	1.1	1.6	1.1	1.7	1.5

**respondents could choose several answers*

The fact that some adolescents who have used NPS did not answer the question about their form may be a sign of the presence of new variations of psychoactive substances in circulation, as well as a sign of uncritical and inattentive attitudes of students towards the use of psychoactive drugs, which may lead to risky use in the future.

4.8. Factors influencing illicit drug use

Illicit drug use and well-being (family financial status)

The sharp increase in illicit drug use by adolescents compared to the previous round of the survey in 2019 is quite alarming and requires in-depth analysis. In Ukraine, adolescents have been experiencing the devastating exposure to a full-scale war for three years now, which cannot but affect the spread of risky practices. This prompts us to analyse the data on consumption obtained in Ukraine in more detail, while keeping in mind that the international report that will be released later may make adjustments to this analysis, as the COVID-19 pandemic and related restrictions on face-to-face education, communication, etc. have also affected adolescents in Ukraine. At the time of preparation of the current national report, there is no international report with data from all countries participating in the 2024 wave, and therefore no data on whether the increase in drug use has affected other countries (which could be explained by the impact of the COVID pandemic). In any case, the rise in drug use in Ukraine should not be ignored.

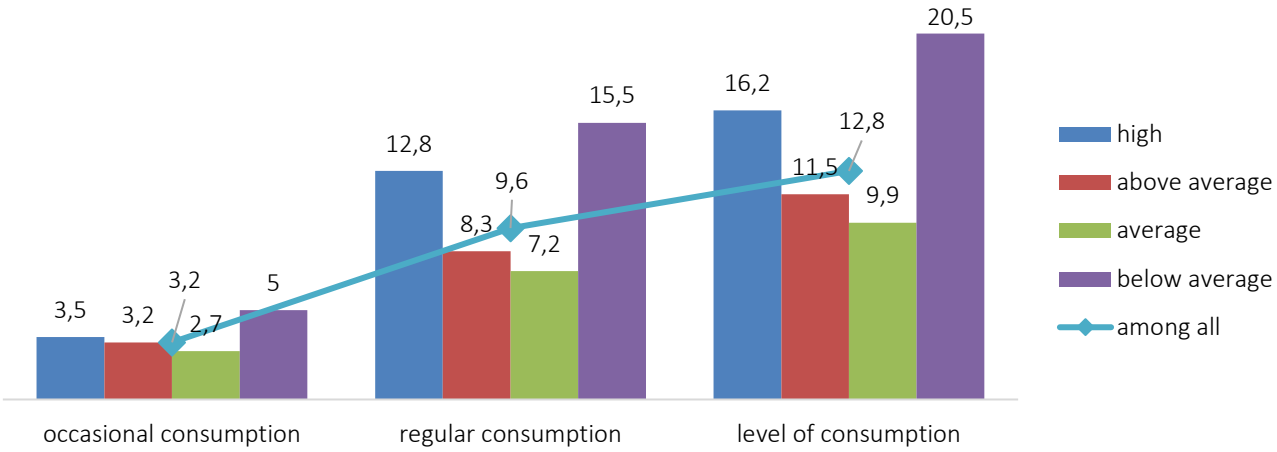
Cannabis consumption

If we analyse cannabis consumption in terms of family financial status, we find that it is lower in middle-income groups and higher in groups with high and low financial status.

Lifetime consumption (experience of using at any time in life), as shown in subsection 4.1, is 12.8%, including 17.6% among boys and 8.7% among girls. If we separate occasional use (1-2 times) and regular use (3 or more times), the occasional one is 3.2%, and regular use is 9.6%.

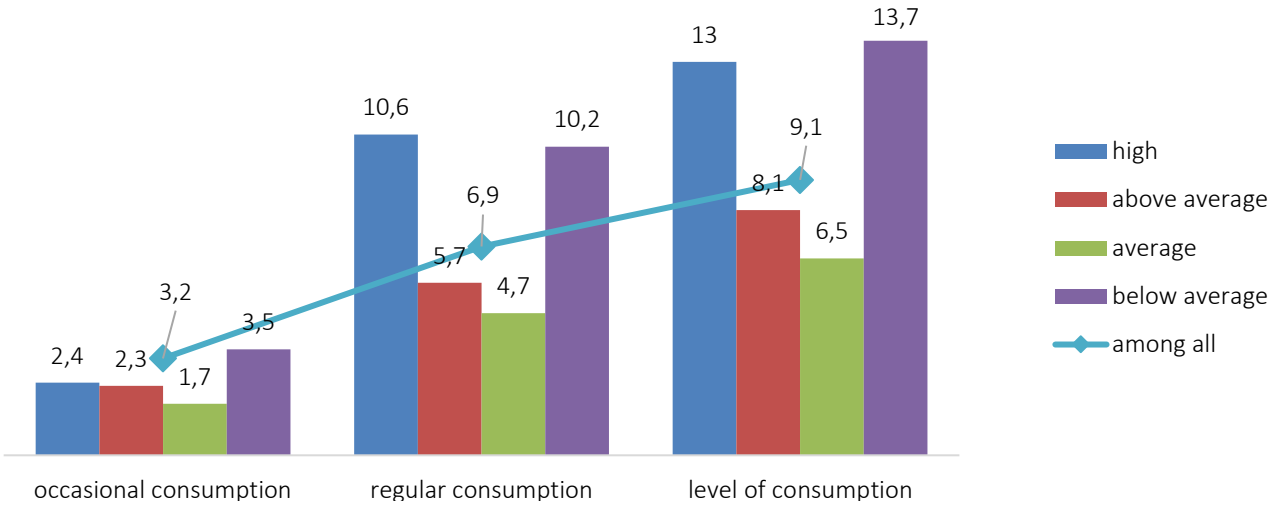
In terms of financial status, there is a higher rate of use in the richest and least wealthy strata (Fig. 4.8.1) - 16.2% in the high financial status and 20.5% in the low financial status, while in the middle strata ('above average' and 'average') the level of use is lower (11.5% and 9.9%). While for the richest people one might think about the influence of gender (boys are more likely to describe their financial status as high), boys and girls equally consider themselves poor, so there is no gender influence here. The higher proportion of use in the extreme strata is also present in case of one-time tries, and even more pronounced in case of more regular use.

Figure 4.8.1. Lifetime cannabis use, *by family financial status, %*



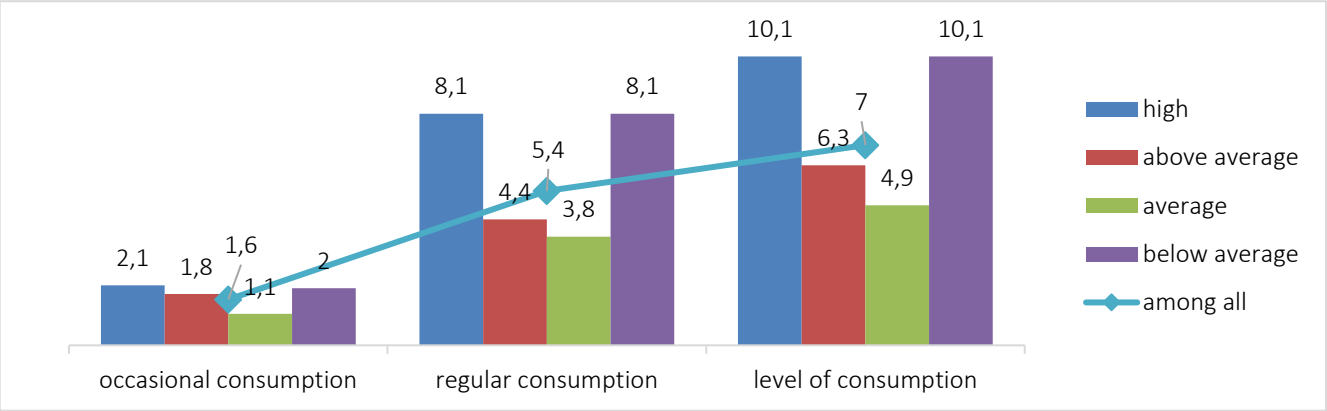
Use in the last year (last 12 months) has the same features when it comes to the financial situation of the family (Fig. 4.8.2). In general, 9.1% reported using during the year, including 3.2% who reported occasional use and 6.9% who reported regular use (3 times or more). Higher levels of use are typical for the most and least affluent groups, while adolescents from families with average and above average income levels have lower consumption. This difference is particularly pronounced for regular use.

Figure 4.8.2. Cannabis use in the past 12 months, *by family financial status,*



Finally, use in the last month (last 30 days) also has a similar profile in terms of the financial situation of the family (Fig. 4.8.3). Overall, 7% reported using during the month, including 1.6% who reported occasional use and 5.4% who reported regular use (3 times or more). Higher levels of use (about twice as high) are typical for the highest and lowest income groups.

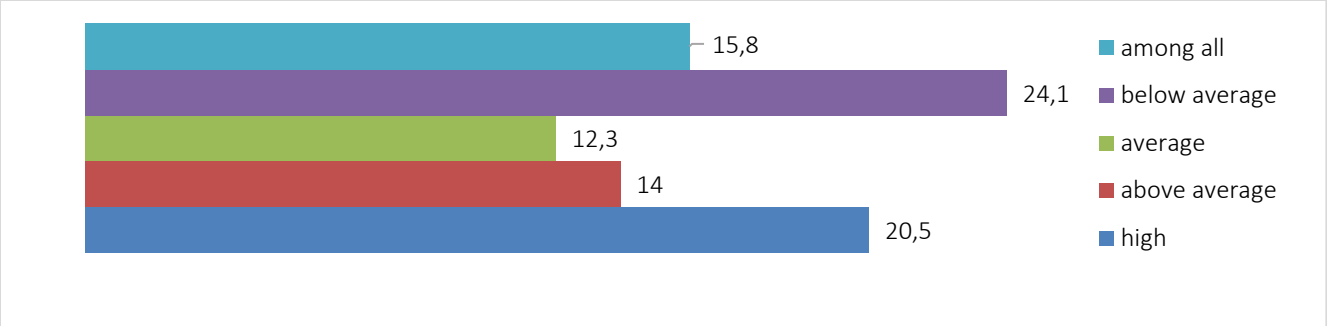
Figure 4.8.3. Cannabis use in the last 30 days, *by family financial status, %*



Illicit drug use - an integrated indicator

Subsection 4.5 describes the integrated indicator of illicit drug use (Lifetime use of illicit drugs) based on the ESPAD project methodology. The calculation takes into account the experience of ever using such substances as cannabis, ecstasy, amphetamine, methamphetamine, cocaine, crack, heroin, LSD, and GHB (gamma-hydroxybutyric acid, sodium oxybutyrate). In 2024, the figure was 15.8%, among boys - 20.6%, among girls - 11.7%. Due to the higher prevalence of cannabis use compared to other substances, cannabis consumption accounts for a significant proportion of the integrated indicator, which means that the profile of cannabis consumption and integrated consumption will be similar. This can be seen in Fig. 4.8.4 - the highest levels of consumption are observed among those who consider their family's financial status to be high (20.5%) or low (24.1%), while middle strata declare lower levels of consumption.

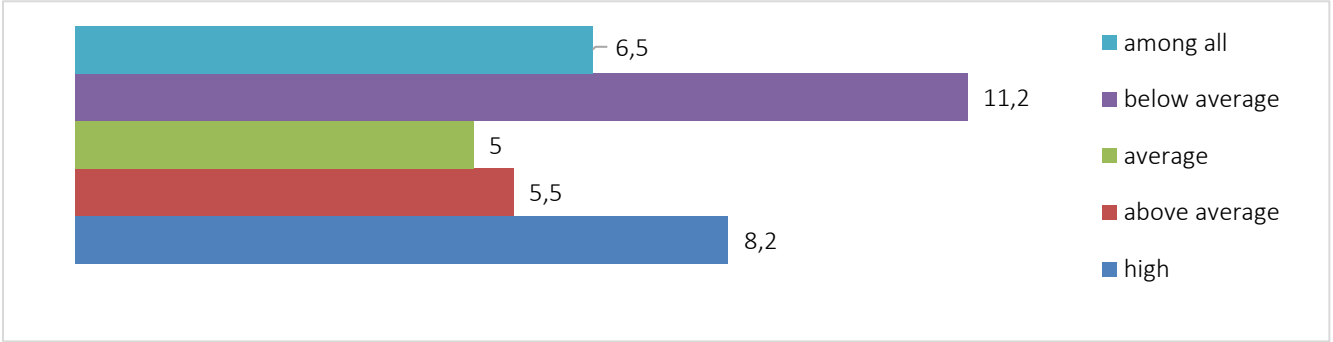
Fig. 4.8.4. Lifetime use of any illicit drug, *by family financial status, %*



Early onset of cannabis use

Among all respondents, 6.5% had experience of using cannabis at the age of 13 or earlier (9.3% among boys and 4.1% among girls), among the least financially prosperous families this proportion is 11.2%, among the most prosperous - 8.2%, among the middle - 5.5% (Fig. 4.8.5).

Fig. 4.8.5. Proportion of those who tried cannabis at the age of 13 and earlier, *by family financial status, %*



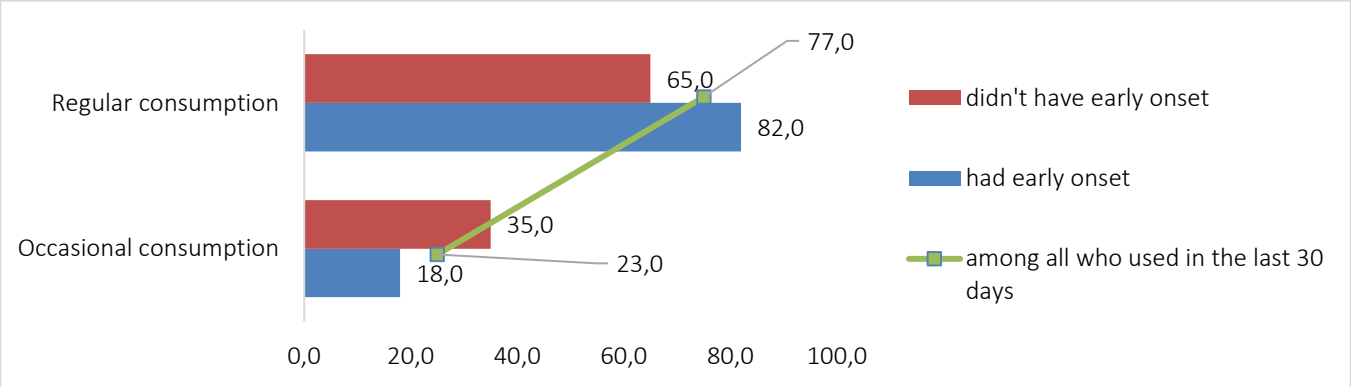
Age of first cannabis use and subsequent use

As for early onset, it is the most dangerous in terms of regular use of psychoactive substances in the future. This is clearly evidenced by the comparison of the rate of early onset and use within a month[9].

Thus, among all cannabis users in the last 30 days (N=618), 69% had early experience of using cannabis, while 31% had not.

In turn, current regular use (3 times or more in the last 30 days) is more common among adolescents who have tried cannabis before (82%), while adolescents who have not tried cannabis before are less likely to report regular use (65%) - Fig. 4.8.6.

Fig. 4.8.6. Occasional and regular use of cannabis, *by early onset at the age of 13 years or less, among those who used cannabis in the last 30 days, %.*



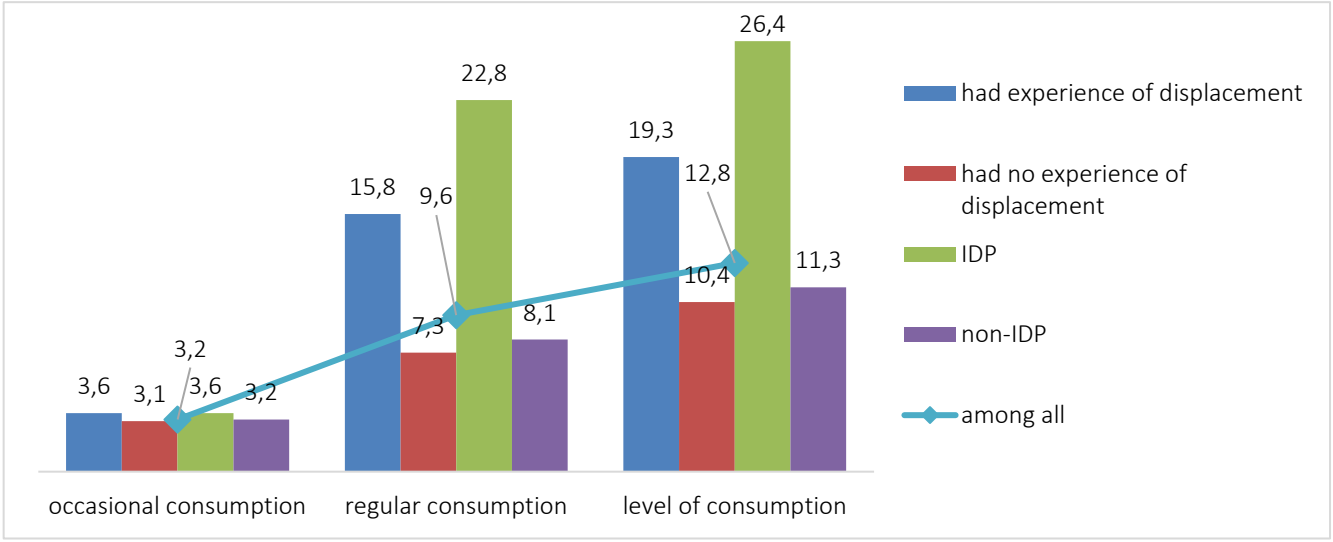
Thus, the youngest cohort of boys (born in 2009-2010) is currently in the most risky situation, with the highest proportion of early onset (10%) among all gender and age groups (see subsection 4.1), which means that the risk of further problematic use is also increasing. Considering indicators of financial situation, it can be notified that boys of this age with low or high family income are at risk in terms of use.

Illicit drug use and forced displacement due to war

The data analysis shows that cannabis use, early onset and use of any illicit drug are significantly higher among adolescents with displacement experience and among those who are IDP.

As shown in Fig.4.8.7, lifetime cannabis use among adolescents with displacement experience is 19.3%, among IDP - 26.4%, while among those without such experience - 10.4% and 11.3% among non-IDP.

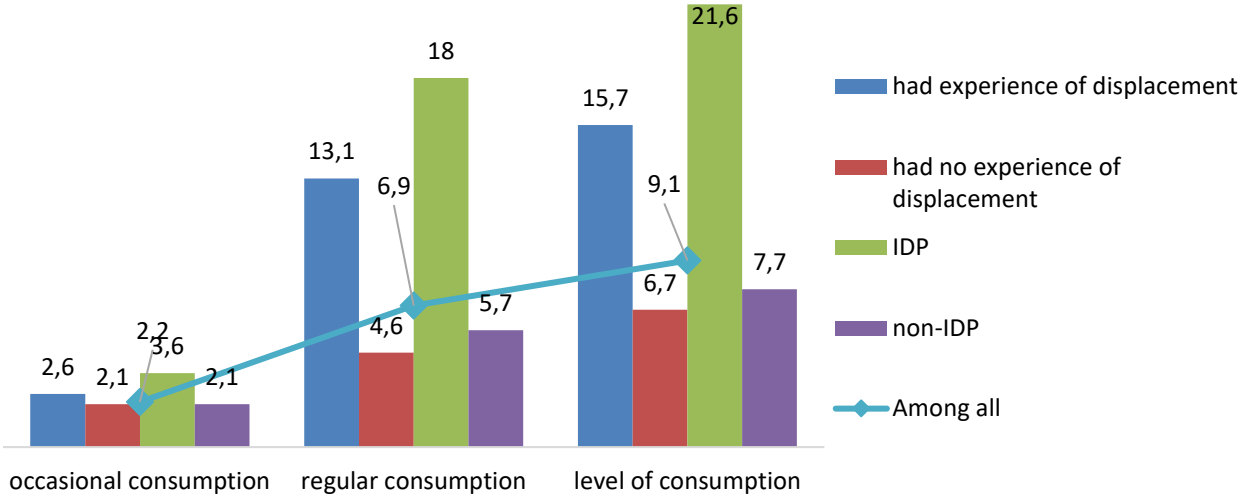
Fig. 4.8.7. Lifetime cannabis use, *by forced displacement and IDP status, %*



[9] Since the study included adolescents aged 14-17, early use (at age 13 or earlier) may not be the same as first use if it occurred within the last 30 days (lifetime or annual use is less reliable for comparison, as these may be the same tries).

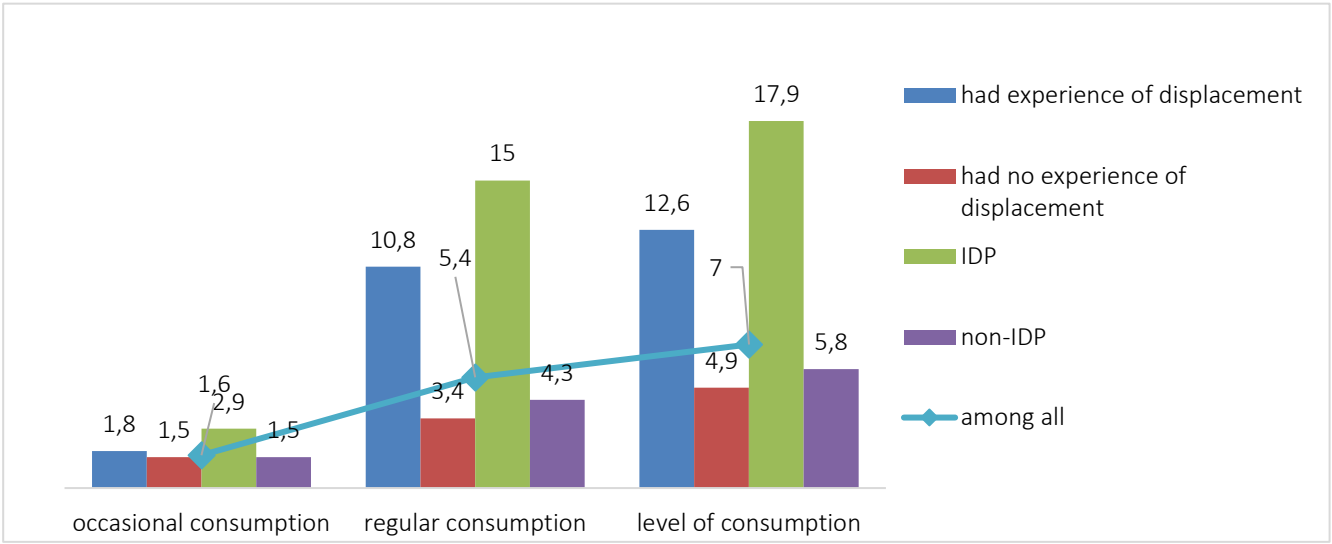
Cannabis use during the year has a similar profile - Fig.4.8.8. Among those who have experience of displacement, annual use is 15.7%, among IDPs - 21.6%, which is almost three times higher than the level of consumption among those who have not been displaced and those who are not currently IDP.

Figure 4.8.8. Cannabis use in the last 12 months, *by forced displacement and IDP status, %*



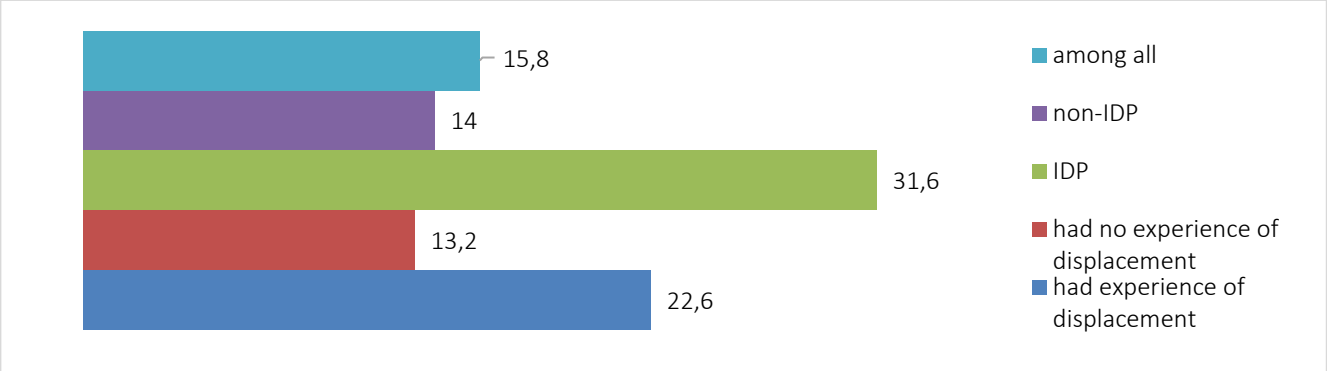
Monthly cannabis use is also significantly higher among adolescents who have changed their place of residence and those who are IDP - Fig. 4.8.9. Among those with displacement experience, monthly use is 12.6%, among IDP - 17.9%, and the differences are even more noticeable in terms of regular use.

Fig. 4.8.9. Cannabis use in the last 30 days, *by forced displacement and IDP status, %*



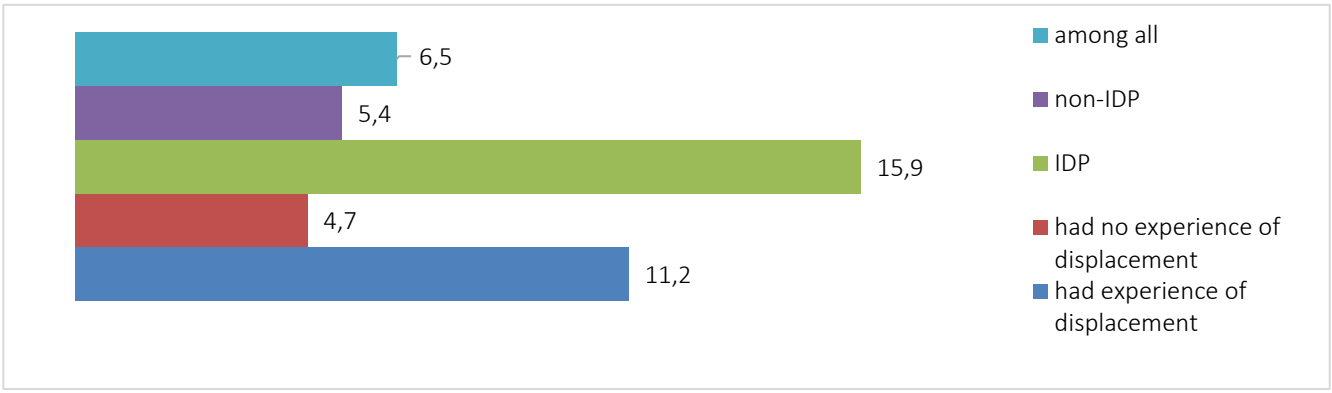
If we look at the integrated indicator of illicit drug use, which is 15.8% among all adolescents, similarly to cannabis use, the highest value is observed in the group of IDP adolescents and those who have been displaced - Fig. 4.8.10. It should be noted that the integrated indicator largely consists of cannabis use, and the use of other (less accessible) substances has a lesser impact on it.

Fig. 4.8.10. Lifetime use of any illicit drugs, *by forced displacement and IDP status, %*



The proportion of those with early onset of cannabis use (at the age of 13 or earlier) is 6.5% among all adolescents, 11.2% among those with displacement experience, and 15.9% among IDP (Fig. 4.8.11). As shown above in subsection 9.2, early attempts are the most risky in terms of subsequent use, and therefore the group of IDP adolescents can be considered a risk group from this perspective.

Fig. 4.8.11. Proportion of those who tried cannabis at the age of 13 or earlier,
by forced displacement and IDP status, %

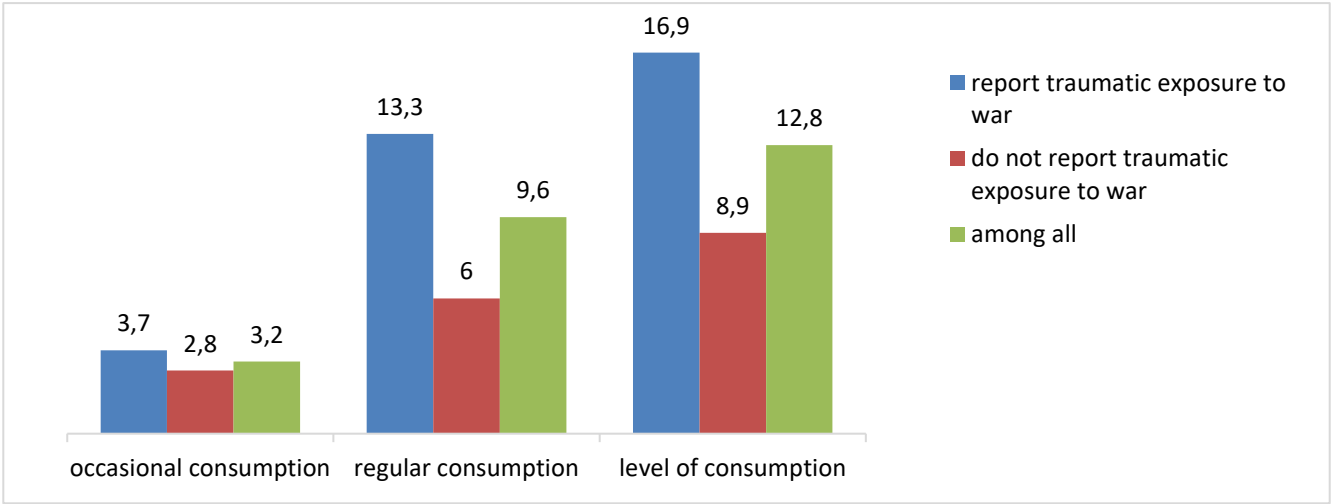


Illicit drug use and traumatic exposure to war

Cannabis use, early onset of use, and use of any illicit drug are significantly higher among adolescents who report a traumatic exposure to war on their lives.

As shown in Fig. 4.8.12., lifetime cannabis use among adolescents who report traumatic exposure to war is 16.9%, while among those who do not report such impact it is 8.9%, i.e. almost twice as low.

Fig. 4.8.12. Lifetime use of cannabis, *by traumatic exposure to war, %*



Cannabis use in the last year and in the last month has similar profiles - Figs. 4.8.13 and 4.8.14. Among those who report traumatic exposure to the war, the use during the year is 13.5%, among those who do not - 4.9%. Consumption in the last month is 10.8% and 3.3%, respectively.

Fig. 4.8.13. Use of cannabis in the last 12 months, *by traumatic exposure to war, %*

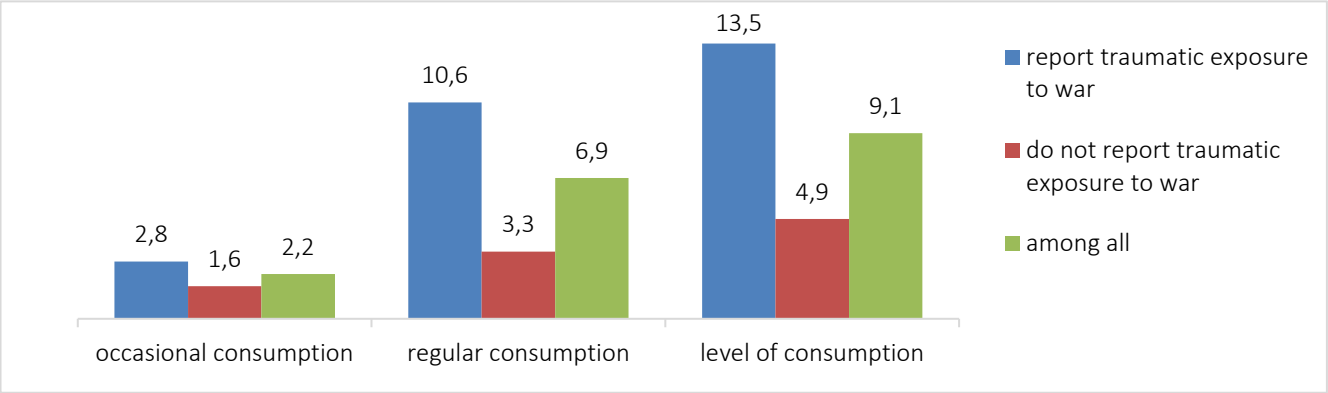
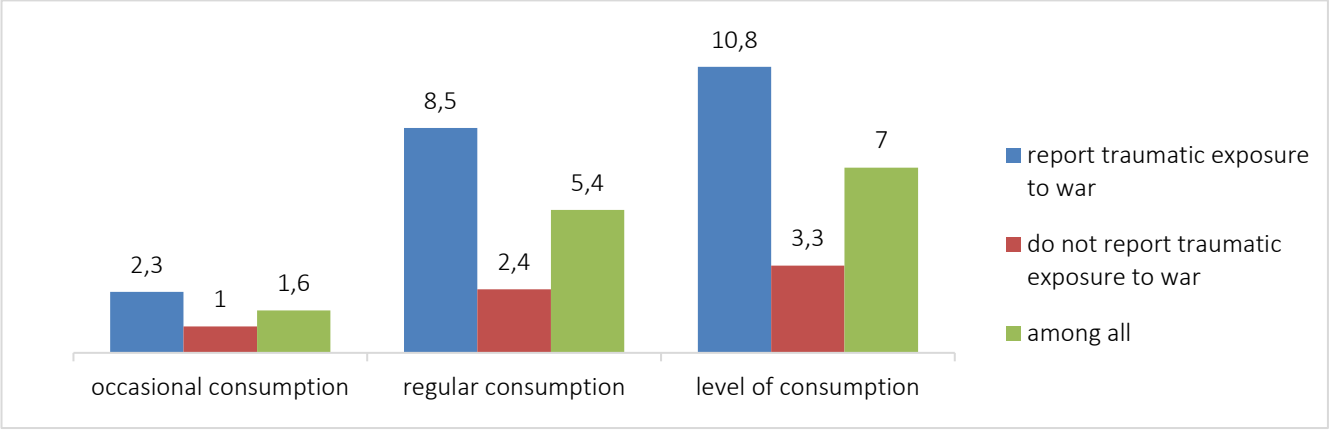
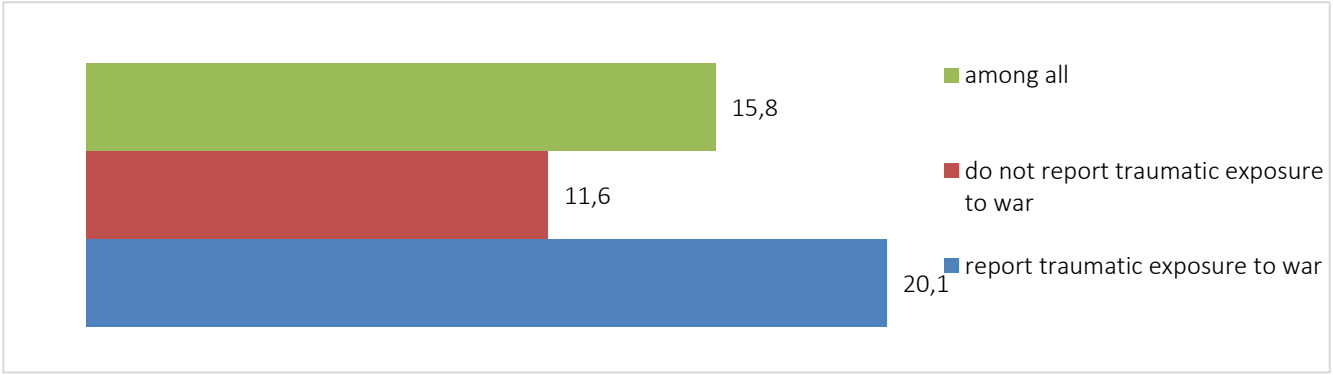


Fig. 4.8.14. Cannabis use in the last 30 days, *by traumatic exposure to war, %*



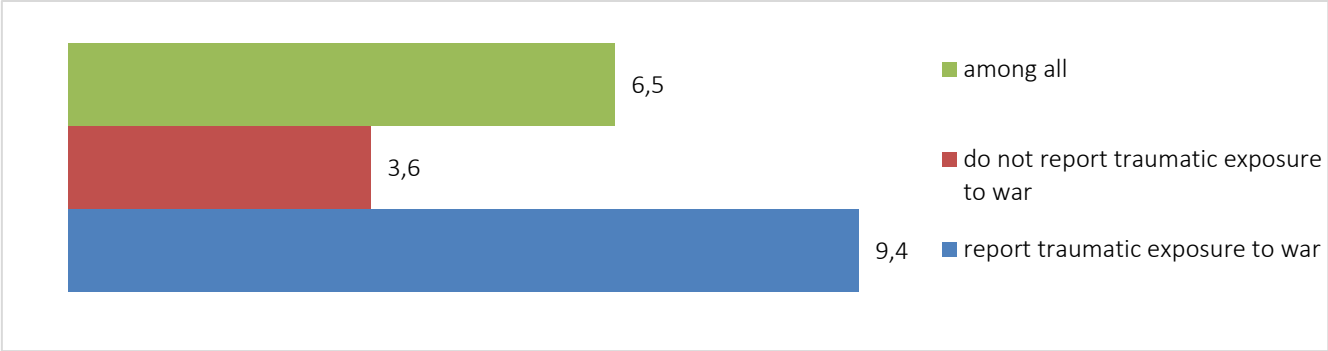
The integrated indicator of illicit drug use (15.8% of all adolescents) is also higher among those who report traumatic exposure to war (Fig. 4.8.15). The difference between those who report the exposure (20.1%) and those who do not (11.6%) is quite significant.

Fig. 4.8.15. Lifetime use of any illicit drugs, *by traumatic exposure to war, %*



The proportion of those who had early onset of cannabis use (at the age of 13 or earlier) is 6.5% among all respondents and is almost three times higher among those who report the exposure to war on their lives (9.4%) than among those who do not (3.6%) - Fig.4.8.16.

Fig. 4.8.16. Proportion of those who tried cannabis at the age of 13 or earlier, *by traumatic exposure to war, %*



Polydrug use

The ESPAD research methodology involves distinguishing the phenomenon of so-called *polydrug use*, which is the use of two or more substances at the same time. The indicator considers the fact that alcohol and smoking are more common among adolescents than drug use itself, and therefore cut-off points are set for the frequency of smoking and alcohol use, which exclude so-called 'normalised' practices and allow us to focus on risky practices[10].

ESPAD researchers consider polydrug use as the combined abuse of two or more substances and include the following use practices: 'smoking' is smoking of more than 5 cigarettes per day in the last 30 days, 'alcohol use' is drinking 10 or more times in the last 30 days, 'cannabis use' is any use in the last 30 days, 'use of other illicit drugs' is any lifetime use, and 'use of tranquilisers/sedatives without a doctor's prescription' is any lifetime use[11].

The prevalence of polydrug use (2+ substances) among all respondents is 6.9%, including 9.8% among boys and 4.5% among girls. In 2019, this figure was 4.2%.

From 2007 to 2019, the rate of combined substance abuse in Ukraine decreased, and in 2024 it increased again.

As can be seen from Table 4.8.1, there was an increase in the use of cannabis, tranquilisers/sedatives without a doctor's prescription, and other drugs, while the increase in alcohol abuse was insignificant, and smoking abuse was halved.

Table 4.8.1.

Use of individual substances and polydrug use, 2019-2024, %.

	2019	2024
Smoking*	6.8	3.3
Alcohol**	5.5	6.2
Tranquilisers/sedatives without a doctor's prescription***	2.2	5.9
Cannabis****	2.6	7.0
Other illicit drugs other than cannabis	3.3	8.7
0 substance	86.7	81.7
1 substance	9.1	11.4
2+ substances	**4.2**	**6.9**

*Smoking: 5 or more cigarettes in the last 30 days
**Alcohol: 10 or more times in the last 30 days
***Tranquillisers/sedatives without a doctor's prescription: any lifetime use without a doctor's prescription
****Cannabis: any use in the last 30 days

Other illicit drugs other than cannabis: any lifetime use

International studies, including the ESPAD project, are increasingly concerned about the use of new psychoactive substances by adolescents, and it is possible that in the future the prevalence rate will include new substances. However, in Ukraine in 2024, the increase in the use of NPS is very small (see Section 4.7), compared to the increase in the use of cannabis, tranquillisers and other drugs.

[10] Hibell B., Guttormsson U., Ahlström S., Balakireva O., Bjarnason T., Kokkevi A., Kraus L. The 2011 ESPAD report—Substance use among students in 36 European Countries. (2012) http://www.antoniocasella.eu/archila/ESPAD_Report_2011.pdf
[11] Ibid, p.166.

Polydrug use is closely associated with early onset of substance use: among those who reported early onset of cannabis use, **64.6%** (almost two-thirds) were classified as polydrug users at the time of the survey. Among those who had no early onset of cannabis use, only 2.9% were classified as polydrug users.

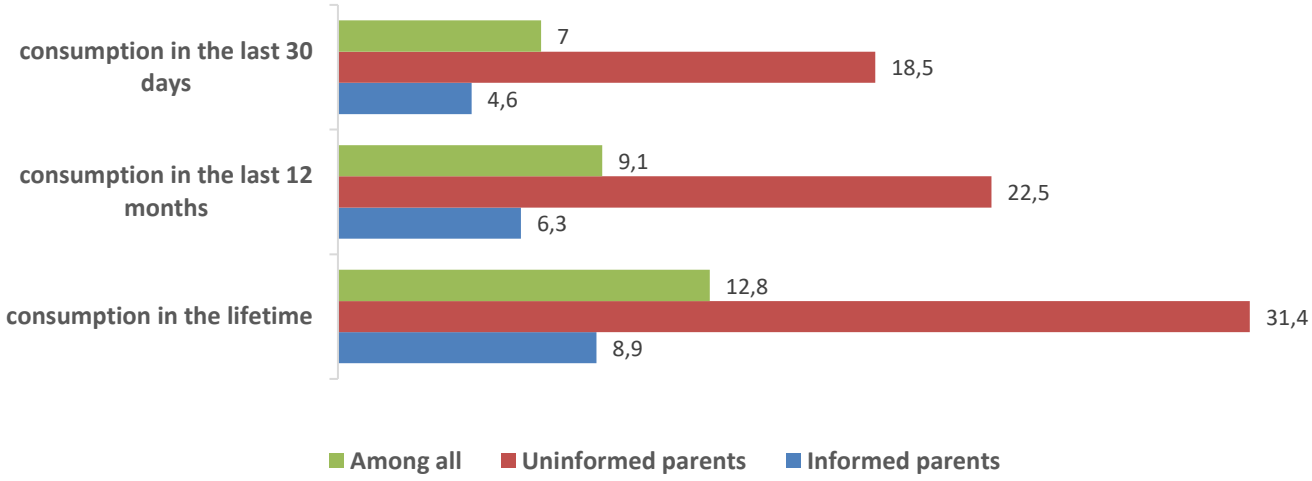
This data confirms the particular danger of early use and indicates the need to focus efforts on preventing early (under 14 years of age) onset of psychoactive substances use.

As with all other types of illicit drug use, polydrug use is more common among adolescents from the IDP category (18.2% vs. 5.7% of non-IDP); among those who have experienced displacement (13.1% vs. 4.6% of those who had no such experience); and among those who have experienced traumatic exposure to war (10.6% vs. 3.3% of those who had no such experience). Family financial status and polydrug use have the same relationship as other types of use - in low- and high-income groups, this phenomenon is more prevalent than in those with average or above average income.

Substance use and parental awareness

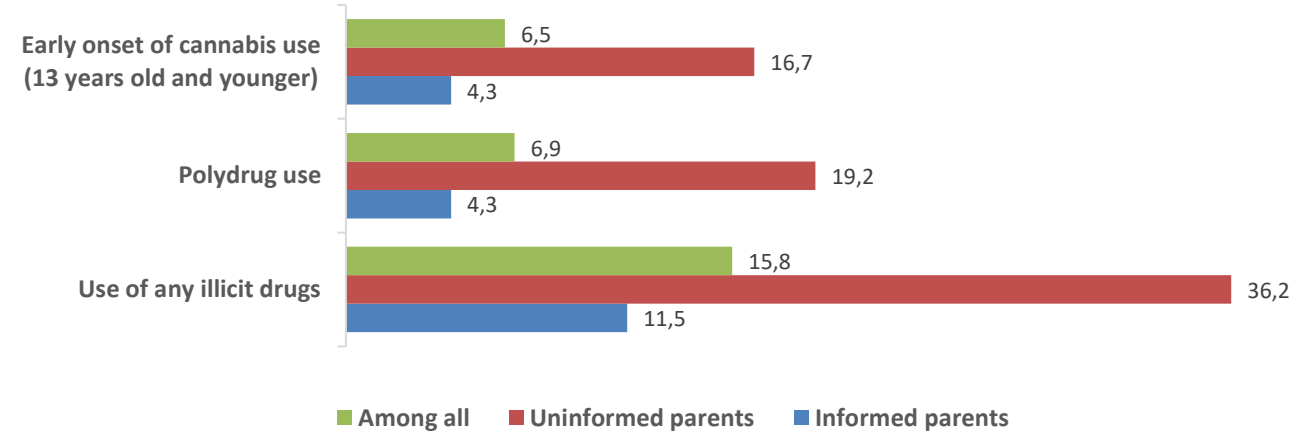
Cannabis use is much higher among adolescents whose parents are uninformed, both in terms of lifetime use and use in the last 12 months or 30 days - see Figure 4.8.17.

Fig. 4.8.17. Prevalence of lifetime, annual and monthly cannabis use, *by parental awareness, %*



Other indicators related to illicit drug use, in terms of parental awareness, have a similar ratio - see Fig. 4.8.18. Early onset of use occur in every sixth (16.7%) child of uninformed parents, polydrug use (see description of this indicator in Subsection 4.8) - in almost every fifth (19.2%), and experience of using any illicit drug - in one third (36.2%) of children whose parents are uninformed.

Fig. 4.8.18. Prevalence of early onset of cannabis use, polydrug use and use of any illicit drugs, *by parental awareness, %*



Thus, among those students who report traumatic exposure to the war, the level of parental unawareness is 19.4%, among those who do not - 15.5% (the difference in this sample is statistically significant). The level of parental unawareness is significantly higher among internally displaced people - it is 27.9% compared to 16.3% among non-IDP. As shown in the section on drug use and forced displacement as a result of war, the level of drug use is significantly higher among IDP pupils/students.

There is a connection between the level of financial status of the family and parental awareness - the lowest level of unawareness is in families with average and above average income (15.5% and 15.6%), slightly higher is in families with high income (17.6%), and in families with low income it is 29.8%. These data are consistent with the data on the relationship between financial status and use - the highest level of use is present among the least affluent students whose parents do not know how their child spends his/her free time. The same is true for the richest students, while respondents who report their financial situation as average or above average have the highest parental awareness and the lowest level of drug use.

Depression, stress and anxiety in relation to drug use

The analysis demonstrates that risky substance use practices are associated with high levels of depression, anxiety and stress among adolescents.

More than half of those who have had early onset (at the age of 13 or younger) of cannabis use have high levels of depression (53.7%) and anxiety (58.4%), and 40% have high levels of stress. The prevalence of these conditions is especially high among boys. Table 4.8.2 demonstrates the association of risky practices, such as early onset, with high levels of depression, anxiety and stress in both boys and girls.

Among all those respondents who do not engage in risky behaviours, girls are more likely to have background levels of depression, anxiety and stress not related to drug use.

Table 4.8.2.

Prevalence of high levels of depression, anxiety and stress, *in the context of early onset of cannabis use, by gender, %*

	No early (at the age of 13 and younger) onset of cannabis use			Early (at the age of 13 and younger) onset of cannabis use		
	Boys	Girls	Among all	Boys	Girls	Among all
Depression	24.8	35.2	30.5	53.6	53.9	53.7
Anxiety	23.7	41.4	33.4	58.6	58.0	58.4
Stress	12.6	26.8	20.4	40.3	39.4	40.0

When it comes to lifetime use of other drugs (Ecstasy/MDMA, Amphetamine, Methamphetamine, Cocaine, Crack, Heroin, LSD or other hallucinogens, GHB), the situation is completely similar to early onset of cannabis use - Table 4.8.3. For both sexes, use of illicit drugs other than cannabis is associated with high depression, anxiety, and stress, with a more pronounced effect for boys, as girls have higher rates of these conditions in the background.

Table 4.8.3.

Prevalence of high levels of depression, anxiety and stress, *in the context of other illicit drug use, by gender, %*

	No lifetime other illicit drug use			Other illicit drug use in the lifetime		
	Boys	Girls	Among all	Boys	Girls	Among all
Depression	24.3	34.6	30.0	52.5	55.4	53.7
Anxiety	22.9	40.9	32.8	58.2	59.0	58.5
Stress	11.9	26.0	19.7	41.0	45.2	42.7

The integrated indicator of drug use[12], which is 15.8% among all surveyed students, has the same relationship with depression, anxiety and stress - for both boys and girls, experience of using any illicit drugs is associated with the growth of complex psychological conditions, for boys more clearly, because in the category of non-users, girls already have more stressful conditions than boys - Table 4.8.4.

Table 4.8.4

[12] Includes experience of lifetime using substances such as cannabis, ecstasy, amphetamine, methamphetamine, cocaine, crack, heroin, LSD and GHB, see subsection 4.5.

Prevalence of high levels of depression, anxiety and stress, *in the context of use of any illicit drugs, by gender, %*

	No lifetime use of any illicit drugs			Any illicit drug use in the lifetime		
	Boys	Girls	Among all	Boys	Girls	Among all
Depression	23.5	34.5	29.7	42.7	47.2	44.5
Anxiety	21.7	40.7	32.4	46.7	52.3	48.9
Stress	11.5	26.3	19.9	29.3	34.9	31.5

For less risky practices, such as occasional cannabis use, the high levels of depression, anxiety and stress are not as high, while regular use shows a sharper increase in these indicators (Table 4.8.5). Again, within each of these groups, girls are more likely to have high depression, anxiety and stress.

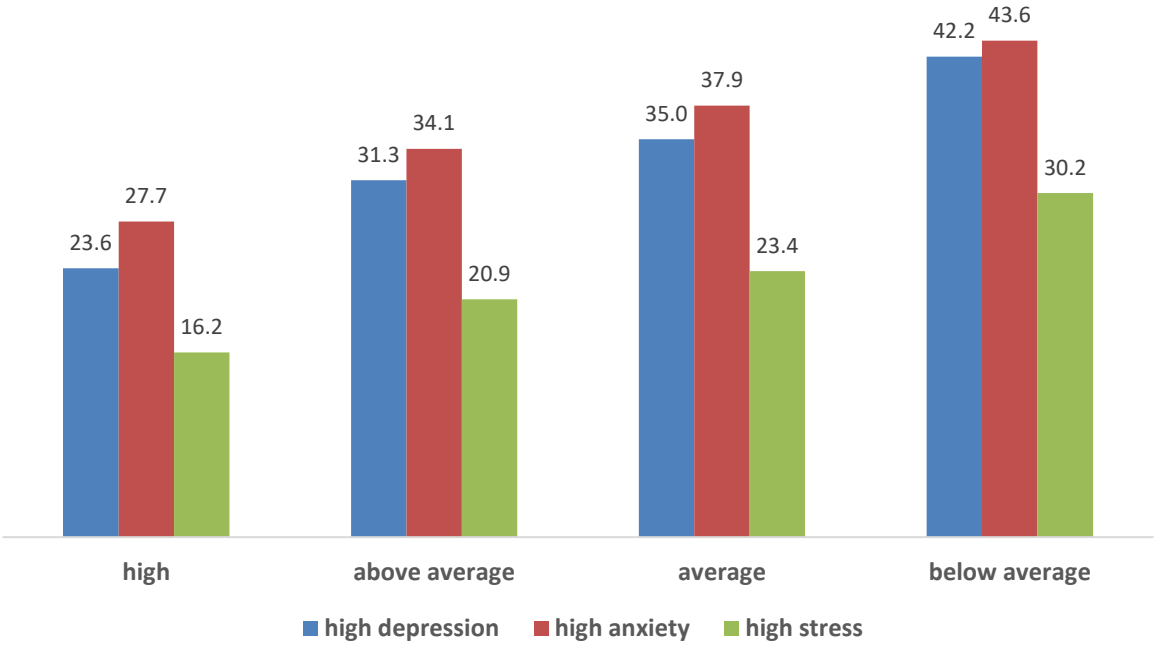
Table 4.8.5.

Prevalence of high levels of depression, anxiety and stress, *by lifetime, annual, monthly cannabis use, %*

Prevalence of …	Cannabis use	In the lifetime	In the last 12 months	In the last 30 days
…high depression	not used	29.8	29.9	30.3
	occasional consumption	36.7	41.8	41.3
	regular consumption	50.5	56.5	59.4
…high anxiety	not used	32.7	32.9	33.2
	occasional consumption	39.5	45.4	46.9
	regular consumption	55.3	60.3	63.6
…high stress	not used	20.0	19.8	20.1
	occasional consumption	21.7	27.0	23.8
	regular consumption	36.9	44.7	49.1

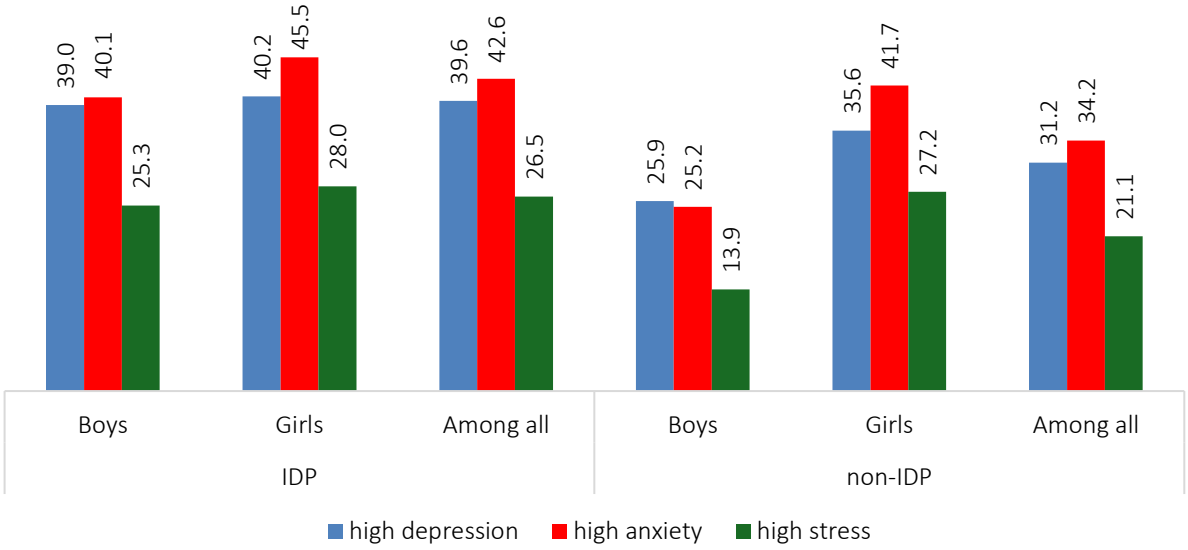
As shown above, girls are more likely to have high levels of depression, anxiety and stress, regardless of illicit drug use. The increase in this level can also be seen in the context of the financial status of the respondents' family. The better the financial situation, the less often respondents show signs of high levels of depression, anxiety and stress - Fig. 4.8.19. Within each income category, high levels of depression, anxiety, and stress are also more common among girls.

Fig. 4.8.19. Prevalence of high levels of depression, anxiety and stress, *by family financial status, %*



High levels of depression, anxiety and stress are much more common among those students who have had to change their place of residence, i.e. those who are IDP. Among IDP, high levels of depression, anxiety and stress are common among both boys and girls. Among adolescents who are not IDP, difficult psychological conditions are less common, while the difference between boys and girls is much greater - boys are less likely to demonstrate such conditions (Fig. 4.9.20).

Fig. 4.8.20. Prevalence of high levels of depression, anxiety and stress, *by IDP status, by gender, %*



As shown in subsection 9.2, IDP have higher rates of substance use, which is consistent with the evidence that high levels of depression, anxiety and stress can be observed in this group. Based on the available data, it is not possible to draw an unambiguous conclusion about causation (that, for example, early cannabis use causes depression, or vice versa, existing depressive conditions make adolescents resort to drug use), but there is no doubt that the category of IDP adolescents can be classified as a risk group both in terms of illicit drug use and in terms of complex psychological conditions.

Key outcomes of the section

- The highest level of lifetime use of any drug is observed among those who consider their family's financial status to be high (20.5%) or low (24.1%), while middle strata report lower levels of use (average level - 12.3%, above average - 14.0%).
- Onset of illicit drug use at an early age (under 14) is dangerous in terms of regular consumption of psychoactive substances in the future. For example, among all cannabis users in the last month, 69% had early experience of using cannabis.
- The cohort of the youngest boys (born in 2009-2010), with the highest proportion of early onset (10%) among all gender and age groups, is at the highest risk of further problematic use. Considering the indicators of financial situation, it can be added that boys of this age with low or high family income are at risk in terms of use.
- Cannabis use, early onset of use, and use of any illicit drug are significantly higher among adolescents with displacement experience and among those who are IDP. The proportion of those with early experience of cannabis use (at the age of 13 or earlier) is 6.5% among all adolescents, 11.2% among those with displacement experience, and 15.9% among IDP. Since early onset is the most dangerous in terms of further use, the group of IDP adolescents can be considered at risk from this perspective.
- From 2007 to 2019, the rate of combined substance abuse in Ukraine (the so-called polydrug use, i.e. the abuse of two or more substances, including cigarettes or alcohol, cannabis, tranquillisers and other drugs) was declining, and in 2024 it increased again to 6.9%. The increase was in the use of cannabis, tranquillisers and other drugs, while the increase in alcohol use was insignificant, and smoking was halved.
- Polydrug use is strongly associated with early onset of substance use: among those who reported early cannabis use experiences, 64.6% are now classified as polydrug users. Among those who did not have early onset, only 2.9% are classified as polydrug users. This confirms the particular danger of early initiation and indicates the need to focus efforts on preventing early (under 14 years of age) experience of trying psychoactive substances.
- The indicator of parental awareness is convenient for analysis; the proportion of informed parents decreased compared to 2019 and is 82.6%, while the proportion of uninformed parents increased to 17.4%. Early onset of use is found in 16.7% of children whose parents are uninformed, in 19.2% of children who use polydrugs, and in 36.2% who have experience of using any illicit drugs.

- There is a link between the level of financial status of the family and parental awareness - the lowest level of unawareness is in families with middle and upper middle income (15.5% and 15.6%), 17.6% - in families with high income, and 29.8% in families with low income. This is consistent with the data on the correlation between financial status and substance use: the highest level of use is present among the poorest students whose parents do not know how their child spends his/her free time. The same applies to the richest students, while respondents who report their financial situation as average or above average have the highest parental awareness and the lowest level of illicit drug use.
- Risky substance use practices are associated with increased prevalence of depression, anxiety and stress among adolescents. Of those who reported early onset of cannabis use, 53.7% had high levels of depression, 58.4% had high levels of anxiety, and 40% had high levels of stress.
- Risky practices, such as early onset, result in equally high levels of depression, anxiety and stress in both boys and girls. In contrast, among all those students who do not engage in risky behaviours, girls are more likely to have high levels of depression, anxiety and non-drug-related stress. For boys, risky use is likely to *increase the risk* of complex psychological conditions. Girls, however, have background levels of depression, anxiety and stress, and the increase in the proportion of these conditions among girls with early onset of use is less than among boys.
- Similarly, use of illicit drugs other than cannabis is associated with high depression, anxiety and stress for both sexes, with a more pronounced effect in boys, as girls have higher prevalence rates of these conditions.
- Increased levels of depression, anxiety and stress are much more common among those students who are IDP. Among IDP, high levels of depression, anxiety and stress are common among both boys and girls. The category of IDP adolescents can be classified as a risk group both in terms of substance use and complex psychological conditions.

5.1. Social media

Digital communications are becoming an integral part of teenagers' lives. COVID-19 pandemic and russia's full-scale war have strengthened the trend of using the Internet for learning, communication and leisure.

The self-assessment of the level of addiction to social media by the surveyed adolescents demonstrates that they are aware of this problem. More than half (54.6%) of the respondents believe that they spend too much time on social media. Almost one third of adolescents (31.1%) said that they feel bad when they cannot spend time on social media and 39.4% of adolescents said that their parents say that they spend too much time on social media (Table 5.1.1).

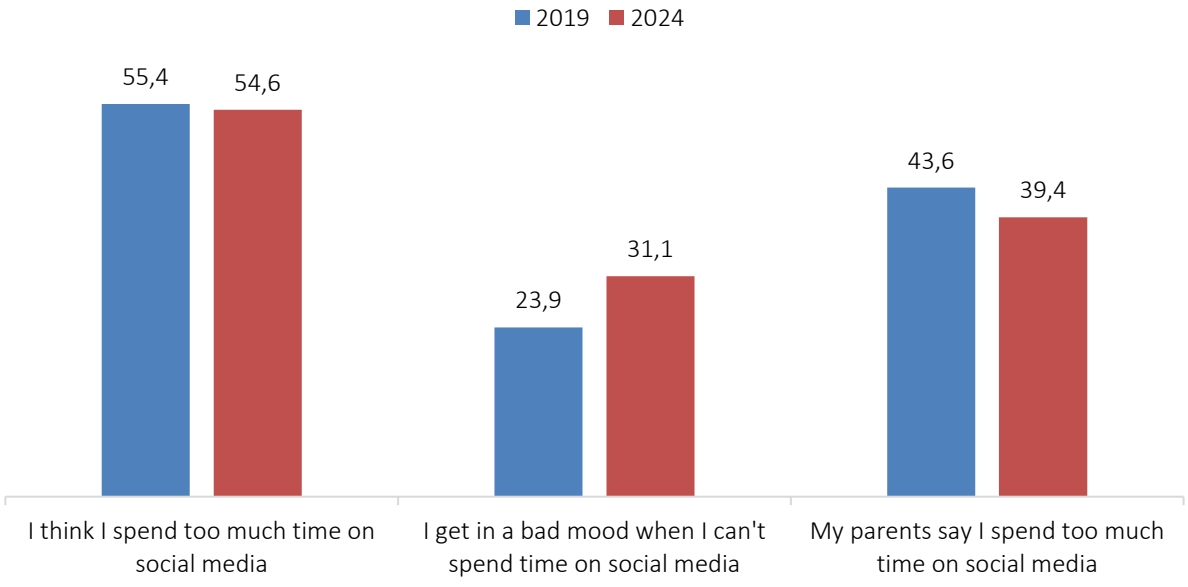
Table 5.1.1.

Distribution of answers to the question: "To what extent do you agree or disagree with such statements about communicating with others using social networks (Instagram, Telegram, TikTok, Facebook, Viber, WhatsApp, X (Twitter), YouTube etc.)?", %

	Completely agree	Partly agree	Both agree and disagree	Partly disagree	Completely disagree
I think I spend too much time on social media	27.5	27.1	18.8	12.5	14.0
I get in a bad mood when I can't spend time on social media	15.3	15.8	18.3	20.1	30.5
My parents say I spend too much time on social media	19.3	20.1	18.1	16.6	25.9

Compared to 2019, the proportion of respondents who say that they feel bad when they cannot spend time on social media has increased and the proportion of those whose parents say that respondents spend too much time on social media has slightly decreased (Fig. 5.1.1).

Fig. 5.1.1. Proportion of respondents who agree (sum of answers 'completely agree' and 'partly agree') with statements about communicating with others using social media (Instagram, Telegram, TikTok, Facebook, Viber, WhatsApp, X (Twitter), YouTube, etc.



While in 2019, girls were much more likely to report problems with social media use, in 2024, there was virtually no difference in self-assessment of the level of social media addiction between girls and boys, except for a more critical approach of girls to assessing time spent on social media (Table 5.1.2).

Table 5.1.2.

Distribution of respondents who agree (sum of answers 'completely agree' and 'partly agree') with statements about communicating with others using social media (Instagram, Telegram, TikTok, Facebook, Viber, WhatsApp, X (Twitter), YouTube, etc., *by gender, %*

	2019			2024		
	Boys	Girls	Among all	Boys	Girls	Among all
I think I spend too much time on social media	46.8	63.3	55.4	52.2	56.8	54.6
I get in a bad mood when I can't spend time on social media	19.6	27.9	23.9	31.4	30.8	31.1
My parents say I spend too much time on social media	37.7	50.9	43.6	39.7	39.2	39.4

There were no significant differences in self-assessment of the level of addiction to social media depending on the age of the surveyed adolescents (Table 5.1.3).

Таблиця 5.1.3

Distribution of respondents who agree (sum of answers 'completely agree' and 'partly agree') with statements about communicating with others using social media (Instagram, Telegram, TikTok, Facebook, Viber, WhatsApp, X (Twitter), YouTube, etc., *by age and gender, %*

	2006-2007 borns			2008 borns			2009-2010 borns			Boys	Girls	Among all
	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all			
I think I spend too much time on social media	48.6	58.8	**53.5**	52.7	58.9	**56.1**	53.4	52.7	**53.1**	52.2	56.8	**54.6**
I get in a bad mood when I can't spend time on social media	28.9	28.0	**28.5**	31.4	31.4	**31.5**	32.8	30.9	**31.8**	31.4	30.8	**31.1**
My parents say I spend too much time on social media	35.5	35.4	**35.5**	39.9	40.3	**40.1**	41.4	39.2	**40.3**	39.7	39.2	**39.4**

However, there is a greater addiction on social media among students of VETIs and residents of rural settlements or villages (Table 5.1.4). A smaller proportion of students of VETIs (49.7%) than the overall sample believes that they spend too much time on social media, and the majority of students of VETIs (40.8%) said that they feel bad when they cannot spend time on social media. The majority of students of VETIs(47.7%) also reported that their parents say they spend too much time on social media. Respondents living in rural settlements and villages more than in the sample as a whole also report feeling bad when they cannot spend time on social media and parents' comments about the length of time spent on social media.

Table 5.1.4.

Distribution of respondents who agree (sum of answers 'completely agree' and 'partly agree') with statements about communicating with others using social media (Instagram, Telegram, TikTok, Facebook, Viber, WhatsApp, X (Twitter), YouTube, etc., *by type of educational institution, by type of settlement, %*

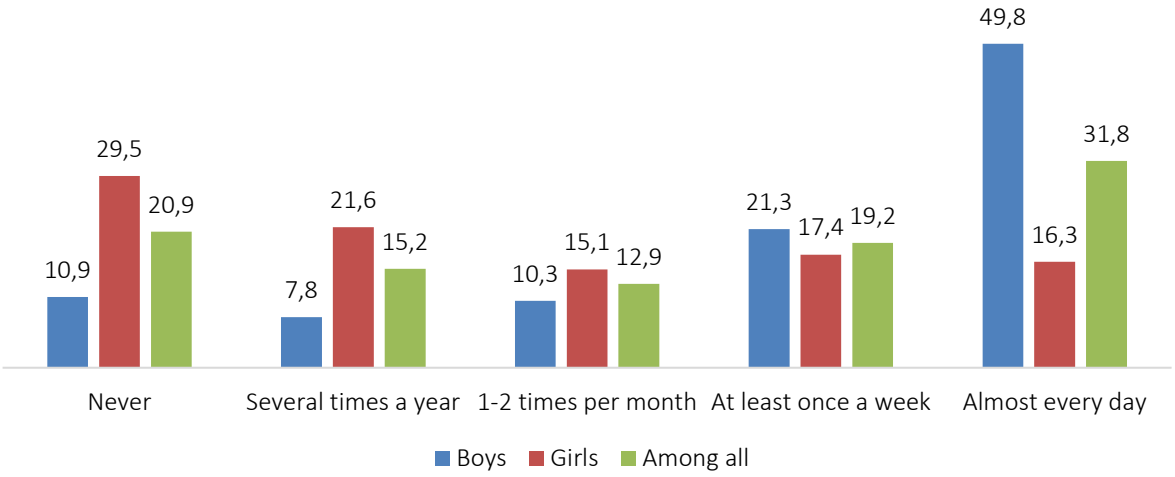
	Type of educational institution			Type of settlement			Among all
	GSEI	VETI	PPEI	City	Rural settlement	Village	
I think I spend too much time on social media	55.0	49.7	52.4	55.2	56.0	53.2	**54.6**
I get in a bad mood when I can't spend time on social media	30.7	40.8	30.2	29.7	34.3	33.3	**31.1**
My parents say I spend too much time on social media	39.2	47.0	36.2	37.9	42.0	41.9	**39.4**

5.2. Computer and online gaming

The study found that 20.9% of adolescents never play computer games (Fig. 5.2.1). Almost every fifth adolescent said that they play at least once a week, and almost a third (31.8%) play almost every day. The frequency of playing

computer games is higher among boys than among girls. Urban residents also play more often (34.2% play daily). In terms of age distribution, the largest proportion of adolescents, compared to the whole sample, who played at least once a week, were those born in 2006-2007 (22.5%), and those born in 2009-2010 (34.1%) played every day. There are no other significant differences.

Fig. 5.2.1. Frequency of playing computer games, *%*



A quarter of surveyed adolescents (25.7% on weekdays and 26.5% on weekends and holidays) did not spend any time playing games on a computer, tablet, console, smartphone, or other electronic device. However, almost one in five adolescents (17.3% on weekdays and 18.4% on weekends or holidays) spend 6 hours or more playing games. Compared to 2019, the proportion of adolescents who spend more than 4 hours a day playing games on weekdays has almost doubled (Fig. 5.2.2) The study found that the time spent playing games on a computer, tablet, smartphone, etc. on weekdays or weekends in 2024 did not differ significantly, although according to the 2019 study, the time spent playing games on a computer or other gadgets increased on weekends.

The study also demonstrated that boys spend more time playing games both during weekdays and on weekends or holidays (Table 5.2.1). Thus, on weekdays, 21.2% of boys and 14.0% of girls spend 6 hours or more playing games, and on weekends or holidays - 22.7% and 14.7%, respectively. Compared to 2019, the proportion of boys who spent more than 6 hours playing online games on weekdays (from 14.2% to 21.2%) and the proportion of boys who did not spend time playing online games on weekends or holidays (13.7% and 22.7%) increased by almost a third. Compared to 2019, the proportion of girls who spend 6 hours or more playing games has increased significantly. On weekdays, the proportion of girls who spend more than 6 hours or more per day gaming has almost tripled (from 4.9% in 2019 to 14.0% in 2024), and on weekends or holidays it has doubled (from 7.6% in 2019 to 14.7% in 2024). Accordingly, the proportion of girls who did not spend a single hour playing games decreased significantly - from 41.7% in 2019 to 28.6% in 2024 on weekdays and from 37.6% in 2019 to 28.7% in 2024 on weekends and holidays.

Figure 5.2.2. Amount of time spent playing games on a computer, tablet, console, smartphone, or other electronic device on weekdays and weekends in the last 30 days, *%*

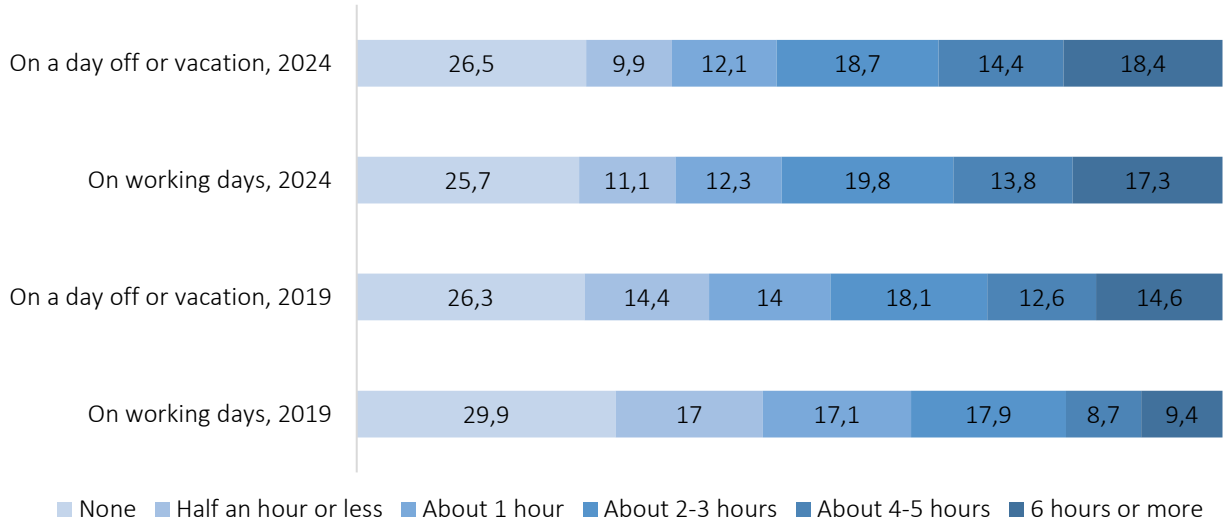


Table 5.2.1

Amount of time spent playing games on a computer, tablet, console, smartphone, or other electronic device on weekdays and weekends in the last 30 days, *by gender, %*

	Boys		Girls		Among all	
	2019	**2024**	**2019**	**2024**	**2019**	**2024**
On working days (Monday - Friday)						
None	17.4	22.3	41.7	28.6	**29.9**	**25.7**
Half an hour or less	10.8	8.6	22.7	13.2	**17.0**	**11.1**
About 1 hour	18.9	12.1	15.3	12.5	**17.1**	**12.3**
About 2-3 hours	26.2	21.3	10.2	18.6	**17.9**	**19.8**
About 4-5 hours	12.5	14.6	5.2	13.1	**8.7**	**13.8**
6 hours or more	14.2	21.2	4.9	14.0	**9.4**	**17.3**
On a day off (Saturday, Sunday) or vacation						
None	13.7	24.0	37.6	28.7	**26.3**	**26.5**
Half an hour or less	8.1	7.6	20.3	11.8	**14.4**	**9.9**
About 1 hour	13.6	11.6	14.4	12.5	**14.0**	**12.1**
About 2-3 hours	23.8	19.2	13.0	18.3	**18.1**	**18.7**
About 4-5 hours	18.5	14.9	7.1	14.0	**12.6**	**14.4**
6 hours or more	22.3	22.7	7.6	14.7	**14.6**	**18.4**

There are no significant age differences in game activity of adolescents of different age groups (Table 5.2.2).

Table 5.2.2

Amount of time spent playing games on a computer, tablet, console, smartphone, or other electronic device on weekdays and weekends in the last 30 days, *by age and gender, %*

	2006-2007 borns			2008 borns			2009-2010 borns					
	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all
On working days (Monday - Friday)												
None	21.0	30.3	25.6	22.8	28.6	25.9	22.2	27.8	25.3	22.3	28.6	25.7
Half an hour or less	8.0	13.0	10.5	8.2	12.8	10.7	9.5	13.8	11.9	8.6	13.2	11.1
About 1 hour	12.9	14.0	13.5	12.7	11.6	12.1	10.8	13.3	12.2	12.1	12.5	12.3
About 2-3 hours	23.4	16.7	20.1	20.4	18.8	19.5	21.4	19.1	20.1	21.3	18.6	19.8
About 4-5 hours	15.7	12.9	14.3	13.9	13.8	13.8	15.1	12.2	13.5	14.6	13.1	13.8
6 hours or more	18.9	13.2	16.1	22.1	14.3	17.9	21.1	13.7	17.1	21.2	14.0	17.3
On a day off (Saturday, Sunday) or vacation												
None	21.7	28.9	25.3	25.4	29.2	27.5	23.0	27.8	25.7	24.0	28.7	26.5
Half an hour or less	8.1	12.4	10.2	7.6	10.7	9.3	7.4	13.2	10.6	7.6	11.8	9.9
About 1 hour	13.3	11.4	12.4	10.5	11.7	11.2	12.4	14.3	13.5	11.6	12.5	12.1
About 2-3 hours	17.5	19.2	18.3	19.2	18.9	19.0	20.2	16.9	18.4	19.2	18.3	18.7
About 4-5 hours	16.8	14.2	15.5	13.9	14.1	14.0	15.5	13.7	14.5	14.9	14.0	14.4
6 hours or more	22.4	13.9	18.3	23.5	15.4	19.1	21.5	14.0	17.3	22.7	14.7	18.4

Analysis of adolescents' gaming activity by type of educational institution and type of settlement demonstrated that most of the time spent playing online games, especially on working days, was spent by students of GSEIs (17.6%), PPEIs (15.8%), and urban residents (18.9%) (Table 5.2.3). Students of VETIs (40.5% during working hours and 39.9% during weekends and holidays) and respondents living in villages (30.5% during working hours and 32.2% during weekends and holidays) and rural settlements (28.7% during working hours and 28.5% during weekends and holidays) did not play online games in the last 30 days.

Over the last 7 days, 38.5% of adolescents did not play games on a computer, tablet, console, smartphone, or other electronic device (Table 5.2.4). Every day, 12.5% of adolescents played online games (16.3% of boys and 9.2% of girls) (Fig. 5.2.3). Compared to 2019, the proportion of adolescents who did not play online games at all in the last 7 days increased by 4.0% - from 34.5% in 2019 to 38.5% in 2024, and the proportion of adolescents who played online games every day decreased from 18.6% in 2019 to 12.5% in 2024.

Table 5.2.3

Amount of time spent playing games on a computer, tablet, console, smartphone, or other electronic device on weekdays and weekends in the last 30 days, *by type of educational institution, by type of settlement, %*

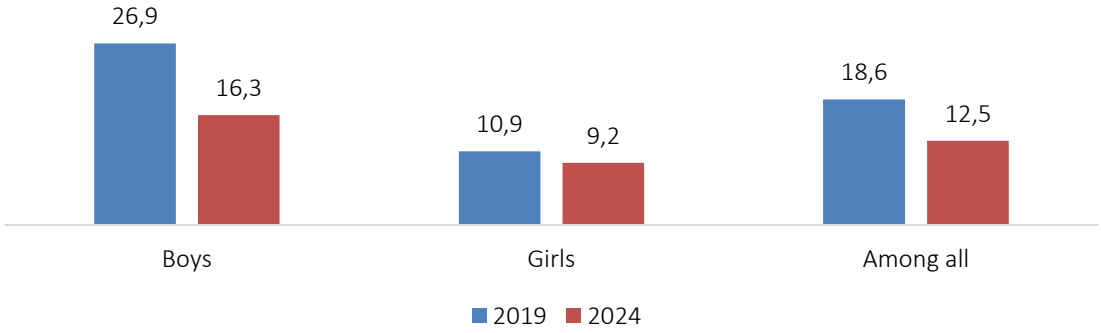
	Type of educational institution			Type of settlement			Among all
	GSEI	VETI	PPEI	City	Rural settlement	Village	
On working days (Monday - Friday)							
None	25.0	40.5	25.1	23.0	28.7	30.5	**25.7**
Half an hour or less	11.1	12.2	9.6	10.7	12.8	11.4	**11.1**
About 1 hour	12.5	9.2	12.2	12.7	9.0	12.2	**12.3**
About 2-3 hours	20.1	13.3	21.1	20.3	17.0	19.4	**19.8**
About 4-5 hours	13.7	12.2	16.3	14.3	16.8	12.0	**13.8**
6 hours or more	17.6	12.5	15.8	18.9	15.7	14.4	**17.3**
On a day off (Saturday, Sunday) or vacation							
None	25.9	39.9	27.0	23.6	28.5	32.2	**26.5**
Half an hour or less	9.8	12.5	9.1	9.4	11.7	10.5	**9.9**
About 1 hour	12.3	8.4	11.7	12.5	11.5	11.4	**12.1**
About 2-3 hours	18.9	13.3	19.6	19.3	18.7	17.5	**18.7**
About 4-5 hours	14.6	9.2	15.3	15.3	12.7	12.9	**14.4**
6 hours or more	18.5	16.6	17.2	19.9	17.0	15.4	**18.4**

Table 5.2.4

Amount of time spent playing games on a computer, tablet, console, smartphone, or other electronic device on weekdays and weekends in the last 7 days, *by gender and type of settlement, %*

	Gender		Type of settlement			Among all
	Boys	Girls	City	Rural settlement	Village	
None	31.9	44.2	35.3	40.2	44.9	**38.5**
1 day	14.7	15.4	14.7	17.0	15.6	**15.1**
2 days	8.7	8.9	9.1	9.7	7.8	**8.8**
3 days	8.7	8.2	9.2	7.2	7.1	**8.4**
4 days	7.5	5.3	6.8	5.7	5.5	**6.3**
5 days	5.8	4.4	5.5	4.2	4.5	**5.1**
6 days	6.4	4.4	5.6	4.5	4.9	**5.3**
7 days	16.3	9.2	13.9	11.7	9.7	**12.5**

Fig. 5.2.3. Proportion of respondents who played games on a computer, tablet, console, smartphone or other electronic device daily in the last 7 days, *%*



The study showed that girls play less online games. Thus, almost half of girls (44.2%) said that they had never played online games, and the proportion of girls who played daily was almost twice as low as the proportion of boys (9.2% and 16.3% respectively) (Fig. 5.2.3). Adolescents living in rural areas spend less time playing online games than adolescents living in urban areas (Table 5.2.4).

There is no significant difference in gaming behaviour of different age groups (Table 5.2.5).

Over the last 7 days, students of GSEIs spent the most time playing online games, and students of VETIs - the least (Table 5.2.6). Thus, in the last 7 days, almost half of students of VETIs (48.4%) did not play online games on any day, and the proportion of those who played daily is lower than that of students of GSEIs (8.2% and 12.7%, respectively). Compared to 2019, the proportion of students of VETIs who did not play online games on any day in the last 7 days increased significantly (from 35.0% to 48.4%), and the proportion of those who played daily decreased significantly (from 18.6% to 8.2%). Compared to 2019, the gaming activity of students of GSEIs has also decreased. Thus, the proportion of those who played online games every day decreased from 19.5% to 12.7%, and the proportion of those who did not play any games increased from 33.3% to 38.0%.

Table 5.2.5

Number of days in the last 7 days when adolescents spent time playing games on a computer, tablet, console, smartphone or other electronic device, *by age and gender, %*

	2006-2007 borns			2008 borns			2009-2010 borns			Among all		
	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all
None	29.6	45.8	37.5	32.6	44.0	38.8	32.1	43.8	38.6	31.9	44.2	38.5
1 day	16.8	14.6	15.7	15.1	15.8	15.4	13.0	15.3	14.3	14.7	15.4	15.1
2 days	8.6	10.4	9.4	8.5	8.4	8.4	9.1	9.0	9.0	8.7	8.9	8.8
3 days	8.8	7.6	8.2	8.0	7.9	7.9	9.7	8.9	9.3	8.7	8.2	8.4
4 days	8.7	3.5	6.2	7.2	5.7	6.4	7.3	5.6	6.3	7.5	5.3	6.3
5 days	5.5	5.4	5.4	5.8	4.1	4.8	6.1	4.6	5.3	5.8	4.4	5.1
6 days	5.3	4.4	4.9	6.5	4.2	5.2	6.7	4.6	5.6	6.4	4.4	5.3
7 days	16.7	8.3	12.6	16.4	10.0	12.9	16.0	8.2	11.7	16.3	9.2	12.5

Table 5.2.6

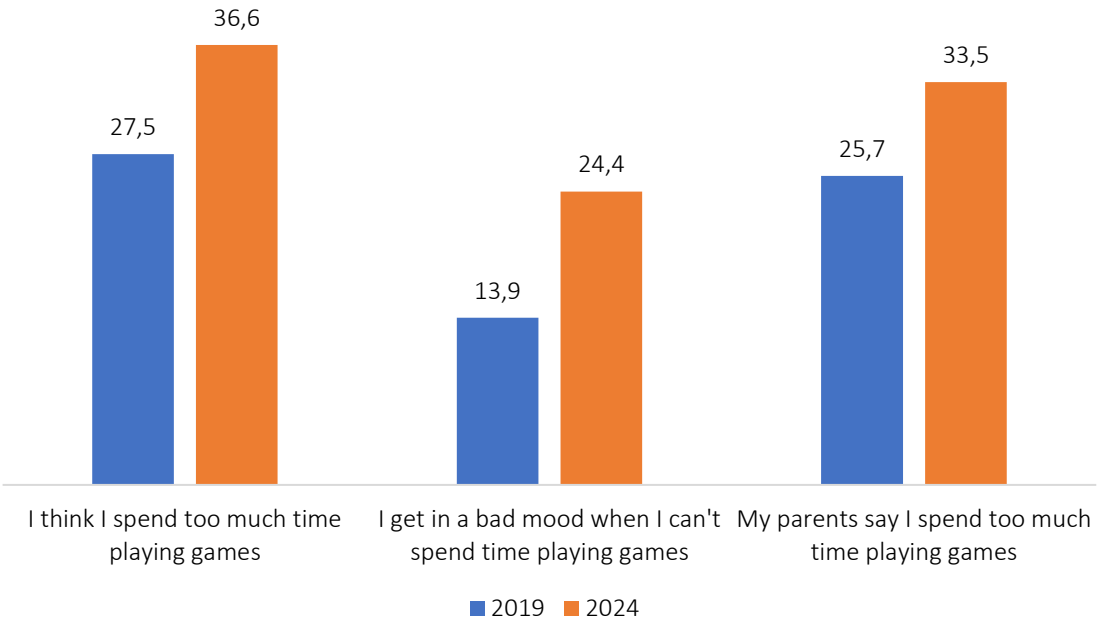
Number of days in the last 7 days when adolescents spent time playing games on a computer, tablet, console, smartphone or other electronic device, *by type of the educational institution, %*

	Type of educational institution					
	GSEI		VETI		PPEI	
	2019	2024	2019	2024	2019	2024
None	33.3	38.0	35.0	48.4	41.1	39.7
1 day	15.4	15.1	16.1	14.9	18.1	15.1
2 days	8.8	8.7	10.8	8.7	9.6	8.8
3 days	8.6	8.5	9.3	6.5	7.2	8.4
4 days	5.9	6.4	4.8	6.0	4.5	6.3
5 days	5.4	5.2	3.3	3.0	3.9	5.1
6 days	3.1	5.4	2.1	4.3	2.3	5.3
7 days	19.5	12.7	18.6	8.2	13.3	12.5

The study demonstrated that adolescents are aware of the problem of excessive time spent playing online games.

Compared to 2019, there has been a significant increase in the proportion of adolescents (from 27.5% to 36.6%) who believe they spend too much time playing online games, those who note the correlation between mood and the opportunity to play (from 13.9% to 24.4%), and those whose parents believe they spend too much time playing online games (from 25.7% to 32.5%) (Fig. 5.2.4).

Fig. 5.2.4. Distribution of respondents who agree (sum of answers 'completely agree' and 'partly agree') with the statements about playing games on a computer, tablet, console, smartphone, or other electronic device, %



Over a third of adolescents surveyed (36.6%) admit that they spend too much time playing online games (Table 5.2.7). This is more often admitted by boys than girls (45.2% of boys and 29.2% of girls), as well as by students of VETIs (40.2%) and GSEIs (39.3%).

Table 5.2.7.

Distribution of answers to the question: "To what extent do you agree or disagree with the following statements about gaming on a computer, tablet, console, smartphone or other electronic device?", %

	Completely agree	Partially agree	Both agree and disagree	Partly disagree	Completely disagree
I think I spend too much time playing games	19.6	17.0	14.8	14.5	34.1
I get in a bad mood when I can't spend time playing games	14.0	10.4	12.8	14.7	48.1
My parents say I spend too much time playing games	15.8	17.7	14.4	13.8	43.4

Almost a quarter of adolescents surveyed (24.4%) noted that their mood depends on the opportunity to spend time playing online games. This is admitted by almost a third of boys (31.1%) and 18.7% of girls. This dependence is felt mainly by students of VETIs (31.0%).

One third of adolescents (33.5%, including 37.8% of boys and 20.5% of girls) also noted that their parents say that they spend too much time playing games. Parental control is also mostly felt by students of VETIs (35.4%).

Adolescents of the younger age group (born in 2009-2010) more often than adolescents of other age groups report that they receive parental comments about their time spent playing games (30.6%) and believe that they spend too much time playing online games (38.5%).

5.3. Gambling

The overwhelming majority of adolescents (81.0%) have never gambled for money in the last 12 months (Table 5.3.1). The proportion of girls who have not gambled for money during this time is higher (85.5%) than the proportion of boys (75.8%). A higher proportion of those who have not gambled a single day live in rural settlements.

Table 5.3.1

Amount of time spent gambling for money in the last 12 months,

by gender, type of educational institution and type of settlement, %

	Gender		Type of settlement			Type of educational institution			Among all
	Boys	Girls	City	Rural settlement	Village	GSEI	VETI	PPEI	
I have not gambled for money in the last 12 months	75.8	85.5	79.7	84.7	82.9	81.1	81.8	79.2	**81.0**
1 time a month or less	11.0	7.1	9.2	7.0	8.8	9.1	9.1	7.9	**8.9**
2-4 times a month	6.0	3.3	5.0	4.0	3.8	4.5	4.5	5.5	**4.5**
2-3 times or more a week	7.2	4.1	6.1	4.3	4.5	5.4	5.4	7.4	**5.5**

Compared to 2019, the proportion of those who have never gambled in the last year has decreased (Fig. 5.3.1). The decrease was mainly due to girls.

8.9% of adolescents gamble once a month. Most of them are boys (11%) and adolescents aged 14-15 years old(9.8%) (Fig. 5.3.2).

Fig. 5.3.1. Proportion of respondents who have never gambled for money in the last 12 months, *%*

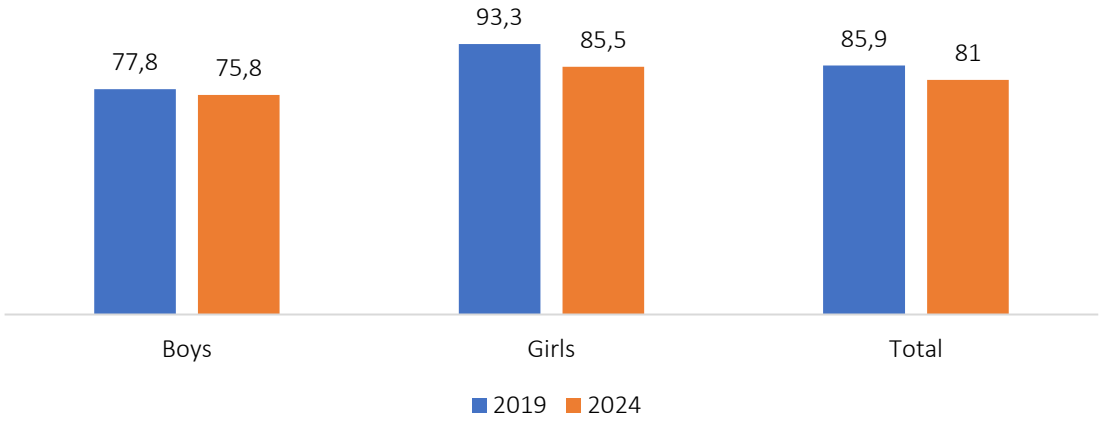
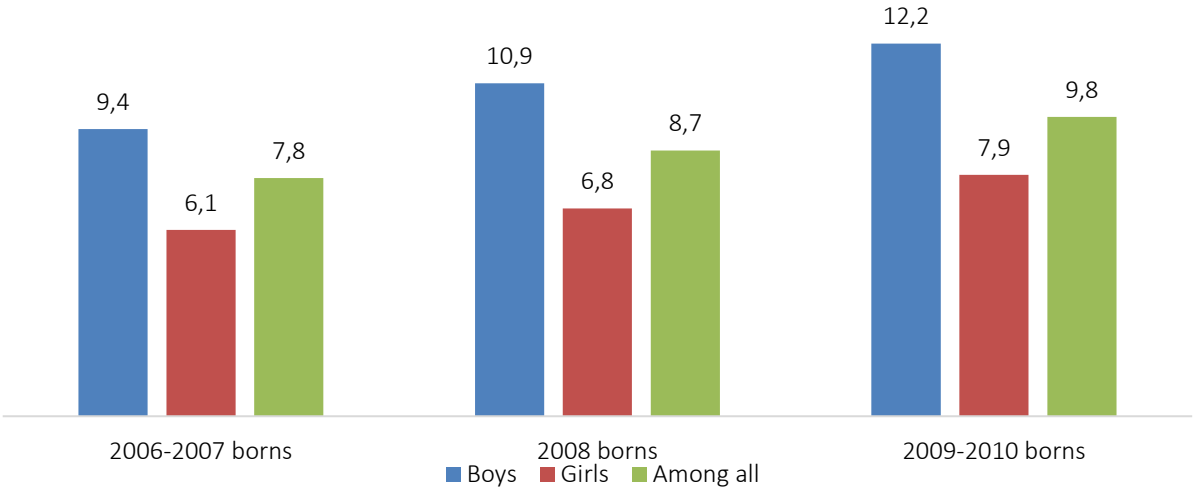


Fig. 5.3.2. Proportion of adolescents who gambled at least once in the last 12 months, *by age and gender, %*



Every twentieth adolescent (5.5%, 7.2% of girls, 4.1% of boys) gambles for money 2-3 times a week or more. Compared to 2019, the proportion of these adolescents has doubled - from 2.7% (including 4.9% of boys and 0.7% of girls). That is, the proportion of girls who gamble for money 2-3 times a week or more has increased almost 6-fold since 2019.

There are no significant differences in the amount of time adolescents spend gambling for money depending on their age, type of educational institution, or place of residence.

The overwhelming majority of adolescents (7.0%) spent from 0.5 hours to 2 hours per day gambling (Table 5.3.2). 5.8% of adolescents spent up to 30 minutes gambling, and 4.1% spent more than 2 hours per day. Boys spent most of their time gambling every day. No other significant differences were found. Compared to 2019, the proportion of adolescents who gambled for money for more than 2 hours on a typical day almost doubled - from 2.2% in 2019 to 4.1% in 2024.

9.2% of adolescents reported gambling for more than 2 hours at a time in the last 12 months. Boys (13.0% of boys and 6.0% of girls), urban residents (10.5%), and students of VETIs (10.8%) were more likely to gamble for more than 2 hours at a time. It should be noted that in 2019, only 6.2% of adolescents gambled for more than 2 hours at a time.

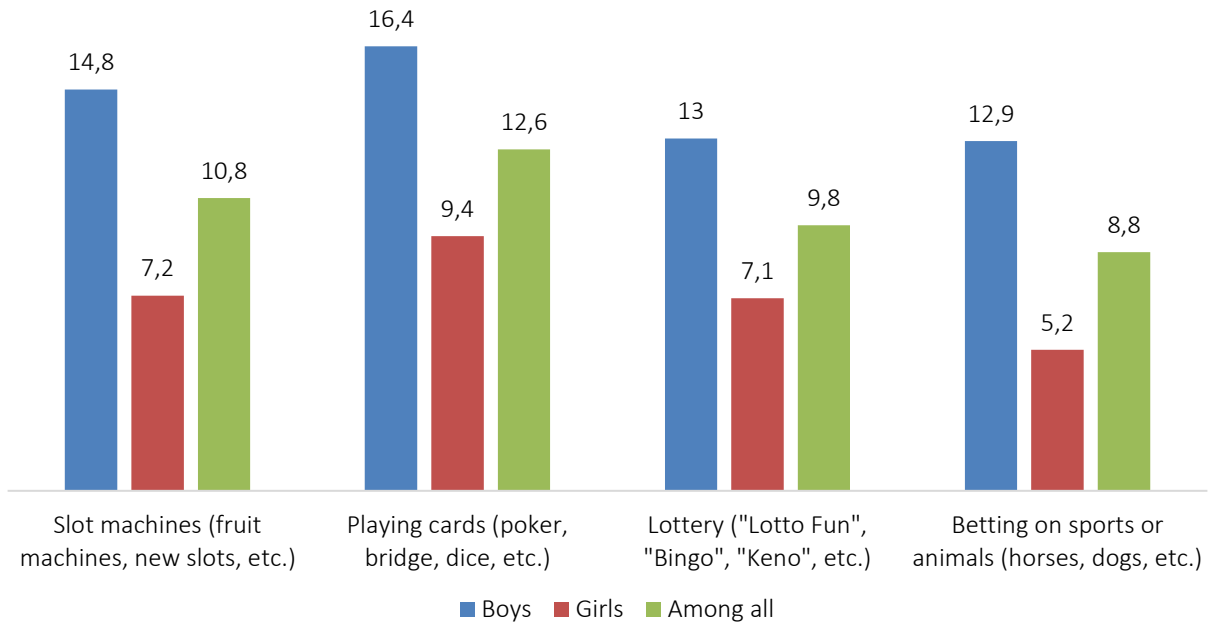
Adolescents most often played cards for money (12.6% in bars and clubs and 11.0% online) and slot machines (10.8% in bars and clubs, 9.6% online) (Figures 5.3.3 and 5.3.4). Boys are more likely than girls to gamble for money both in real life and online across all types of games. According to the age distribution, adolescents born in 2006-2007 most often play cards for money (15.1% in real life and 12.5% online). Students of VETIs most often play for money in real life (13.8% in slot machines, 14.7% in cards, 11.7% in lottery, and 10.5% place bets) and online (10.9% in slot machines, 11.2% in cards, 9.2% in lottery, and 9.8% place bets). The analysis by place of residence showed that urban residents most often gamble for money both in real life (14.2% play cards) and online (10.6% play slot machines, 12.4% play cards, 9.7% play lottery, and 9.1% place bets on sports or animals).

Table 5.3.2

Amount of time spent gambling for money on a typical day in the last 12 months, *by gender, type of educational institution, type of settlement, %*

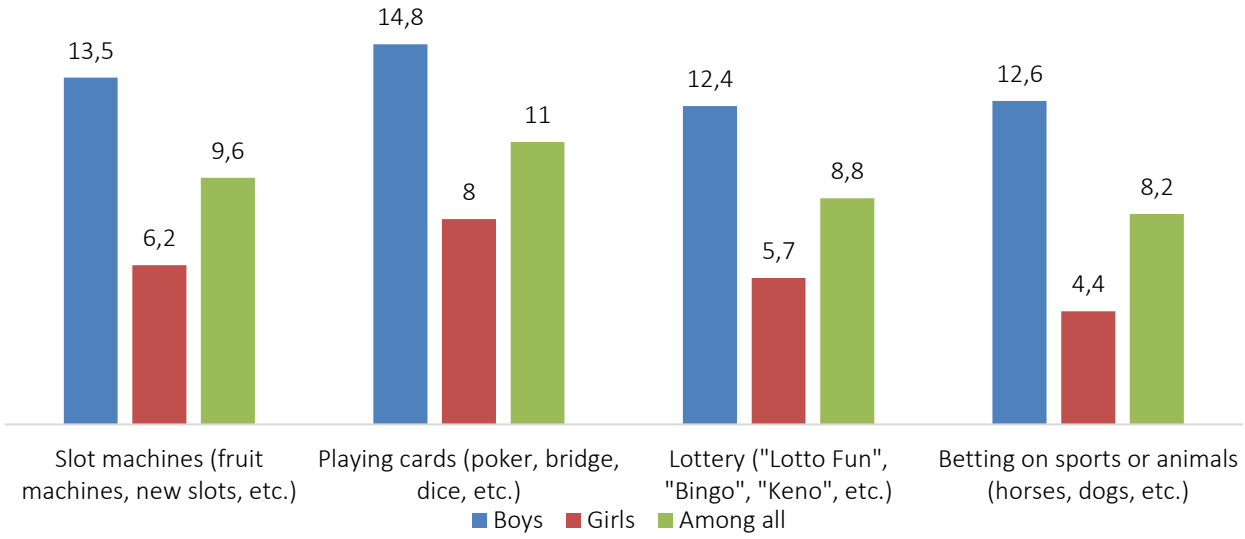
	Gender		Type of settlement			Type of educational institution			Among all
	Boys	Girls	City	Rural settlement	Village	GSEI	VETI	PPEI	
Less than 30 minutes	7.9	4.0	5.9	5.8	5.6	5.8	7.3	4.3	**5.8**
From 30 minutes to 1 hour	5.4	2.9	4.5	3.5	4.1	4.1	3.5	4.5	**4.1**
From 1 to 2 hours	3.7	2.2	3.1	1.5	2.8	2.8	3.0	4.3	**2.9**
From 2 to 3 hours	2.2	1.2	1.8	1.3	1.7	1.7	1.9	1.4	**1.7**
3 hours or more	3.6	1.3	2.8	1.3	2.4	2.4	2.2	2.6	**2.4**

Fig. 5.3.3. Proportion of adolescents who gambled with some frequency in real life (in places such as bars or clubs) in the last 12 months, *by gender, %**



**sum of answers: 'monthly or less', '2-4 times per month', '2-3 times per week or more'*

Fig. 5.3.4. Proportion of adolescents who have gambled online (on the Internet) with some frequency in the last 12 months, *by gender, %**



**sum of answers: 'monthly or less', '2-4 times per month', '2-3 times per week or more'*

13.7% of adolescents reported that they felt the need to gamble more and more money. And 9.0% of adolescents lied to their close people about how much money they spend on gambling (Table 5.3.3). The proportion of boys who felt the need to increase their gambling bets was twice as high as the proportion of girls (18.9% and 9.3%, respectively), and the proportion of boys who lied about gambling expenses was three times higher than the proportion of girls (13.5% and 5.2%). More often than in the whole sample, students of VET institutions (14.9%) and urban residents (14.8%) felt the need to gamble more and more money, and among those who lied to their relatives about gambling expenses, there were students of VET institutions (14.1%).

Table 5.3.3

Indicators of gambling addiction, *by gender, %**

	Boys		Girls		Among all	
	2019	2024	2019	2024	2019	2024
Have you ever felt the need to bet more and more money?	8.9	18.9	2.4	9.3	**5.5**	**13.7**
Have you ever had to lie to people who are important to you about how much you gambled?	4.6	13.5	1.1	5.2	**2.8**	**9.0**

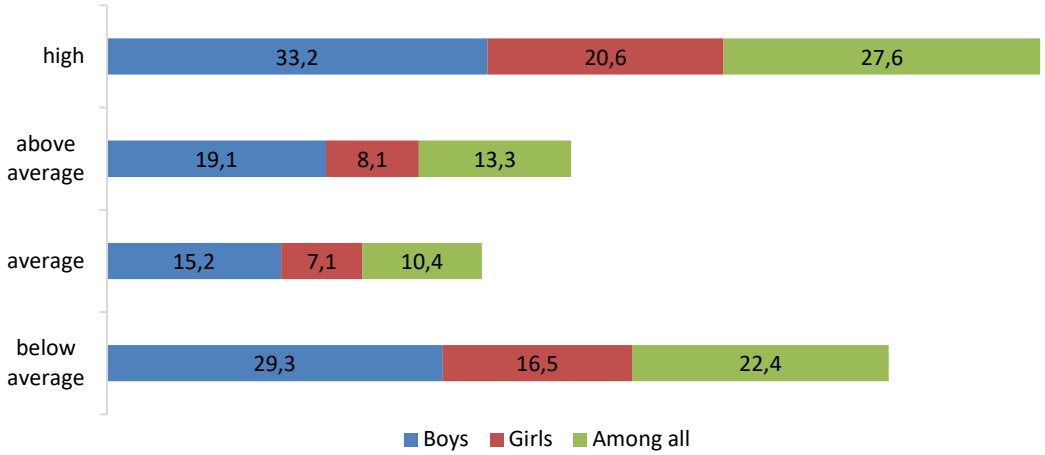
****affirmative answers of the respondents***

5.4. Factors influencing gambling addiction

Gambling addiction and well-being (financial status of the family)

The results of the study show that adolescents from wealthy families (27.6%) and families with 'below average' income are most addicted to gambling. If we look at the results by gender, we can see that the proportion of boys who are addicted to gambling is higher regardless of the level of family income (Fig. 5.4.1).

Fig. 5.4.1. Proportion of adolescents with gambling addiction, *by family financial status and gender, %*

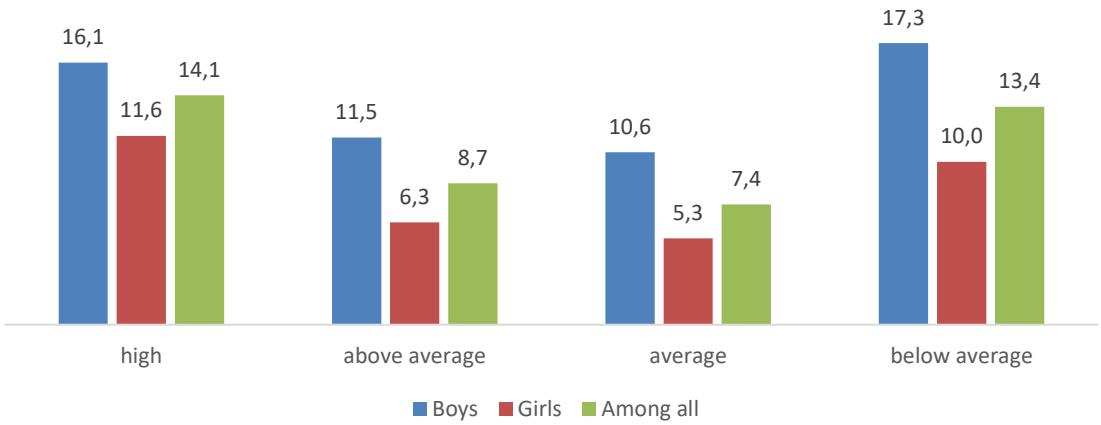


To identify problem gambling, the problem gambling indicator was calculated on the basis of two indicators. Respondents were asked whether they had ever felt the need to bet more and more money in a game of chance and whether they had ever lied to people who are important to them about the amount of money spent on gambling. If the respondent answered 'no' to both questions, this means no addiction; gambling addiction - the percentage of those who answered 'yes' to at least one question; problem gambling addiction[13] - the percentage of those who answered 'yes' to both questions. The total percentages do not add up to 100, as those who answered 'yes' to both questions are part of those who answered 'yes' to at least one question.

Thus, the data obtained show that adolescents from families with high incomes (14.1%) and those with 'below average' incomes (13.4%) are more likely to be partially addicted to gambling. Boys demonstrate partial addiction to a greater extent than girls in all income categories. The largest proportion of boys with partial addiction are brought up in families with 'below average' income (17.3%), and the largest proportion of partially addicted girls (11.6%) are brought up in families with 'high' income (Fig. 5.4.2).

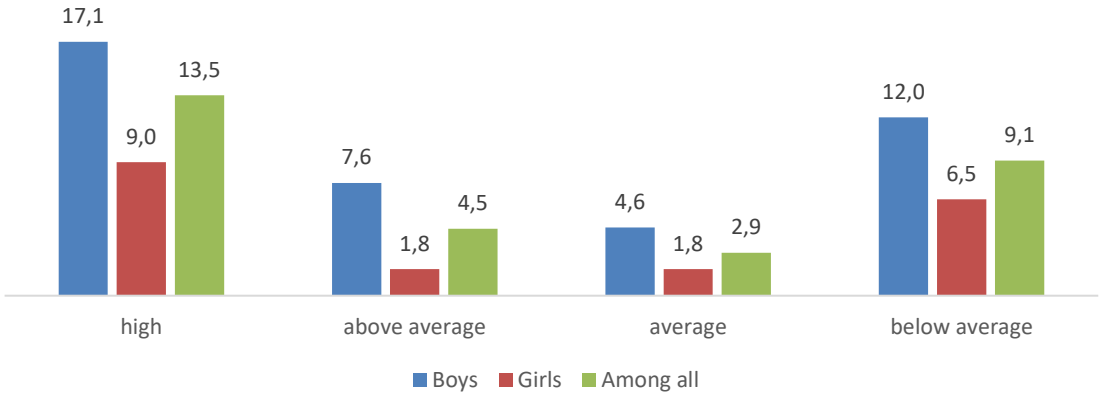
[13] Johnson E.E., Hamer R., Nora R.M., Tan B., Eistenstein N., Englehart C. The lie/bet questionnaire for screening pathological gamblers. Psychological Reports. 1988. Vol. 80, P. 83-88.

Fig. 5.4.2. Partial addiction to gambling, *by family financial status and gender, %*



Problematic addiction follows the pattern of partial addiction - we observe the highest proportion of addicts among adolescents brought up in families with 'high' (13.5%) and 'below average' income levels (9.1%). Proportion of boys with gambling addiction is 17.1% compared to girls (9%) and they live in families with a high level of financial status (Fig. 5.4.3).

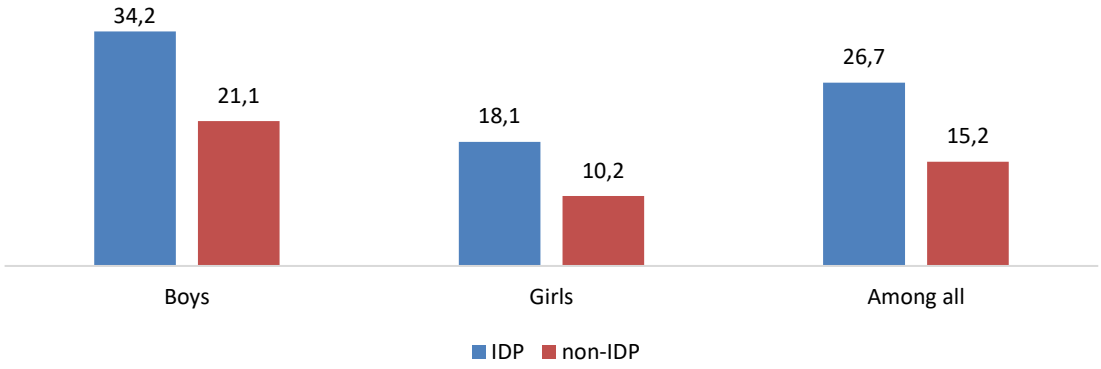
Fig. 5.4.3. Problem gambling, *by family financial status and gender, %*



Gambling addiction and forced displacement due to war

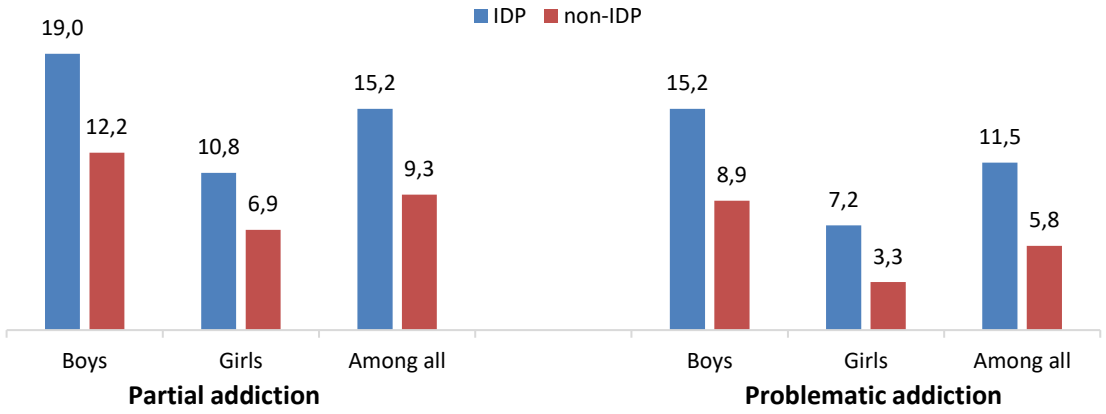
The results demonstrate the impact of the experience of forced displacement on gambling addiction. Among IDP adolescents, 26.7% of respondents are addicted to gambling, while among those who do not have such experience - 15.2% (Fig. 5.4.4).

Fig. 5.4.4. Proportion of adolescents with gambling addiction, *by gender, by IDP status, %*



The highest value of the indicator of partial gambling addiction is demonstrated by IDP boys (19%) and IDP girls (10.8%). The trend is similar for problem gambling: the highest values are reported by IDP boys (15.2%) and IDP girls (7.2%) (Fig. 5.4.5).

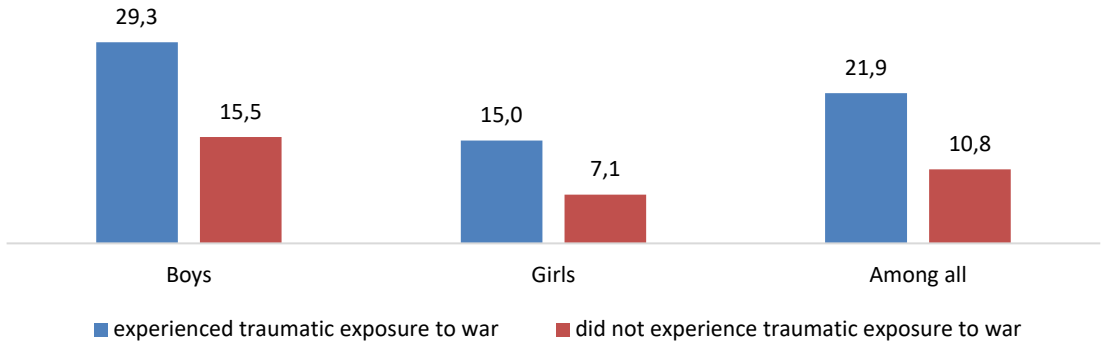
Fig. 5.4.5. Proportion of adolescents addicted to gambling, *by gender and type of addiction, %*



Gambling addiction and traumatic exposure to war

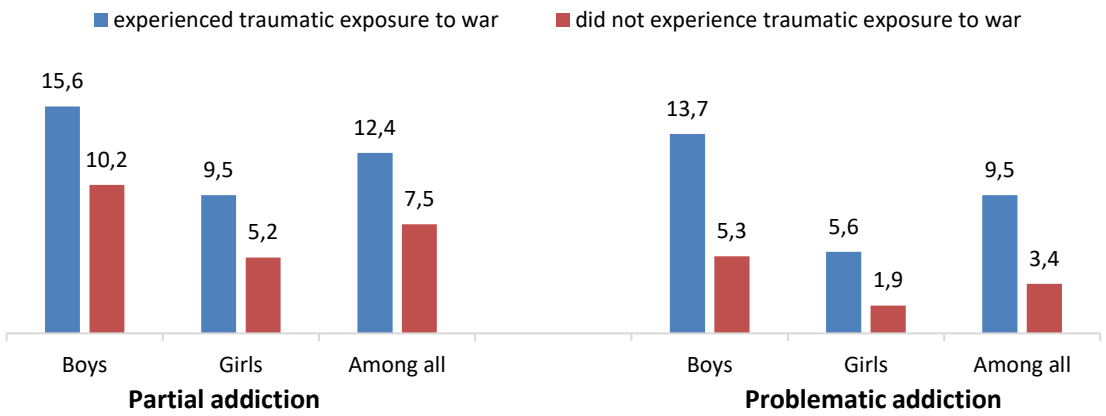
The traumatic exposure to the war on adolescent gambling addiction is clearly demonstrated in Figure 5.4.6. Young people who have been exposed to this impact have twice as much gambling addiction as their peers who have not been exposed to war (21.9% among those who have been exposed and 10.8% among those who have not).

Figure 5.4.6. Proportion of adolescents with gambling addiction, *by traumatic exposure to war, %*



Adolescents who reported traumatic experiences of war have a higher rate of both partial (12.4%) and problematic (9.5%) gambling addiction than their peers who did not report such experiences - 7.5% and 3.4%, respectively. Boys are more likely to be addicted to gambling (Fig. 5.4.7).

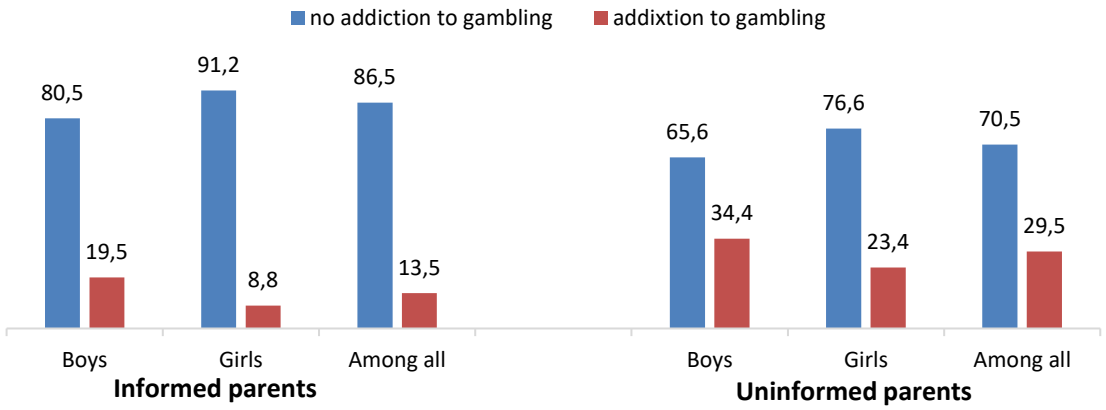
Fig. 5.4.7. Proportion of adolescents addicted to gambling, *in the context of the traumatic exposure to war, by gender, and type of addiction, %*



Gambling addiction and parental awareness

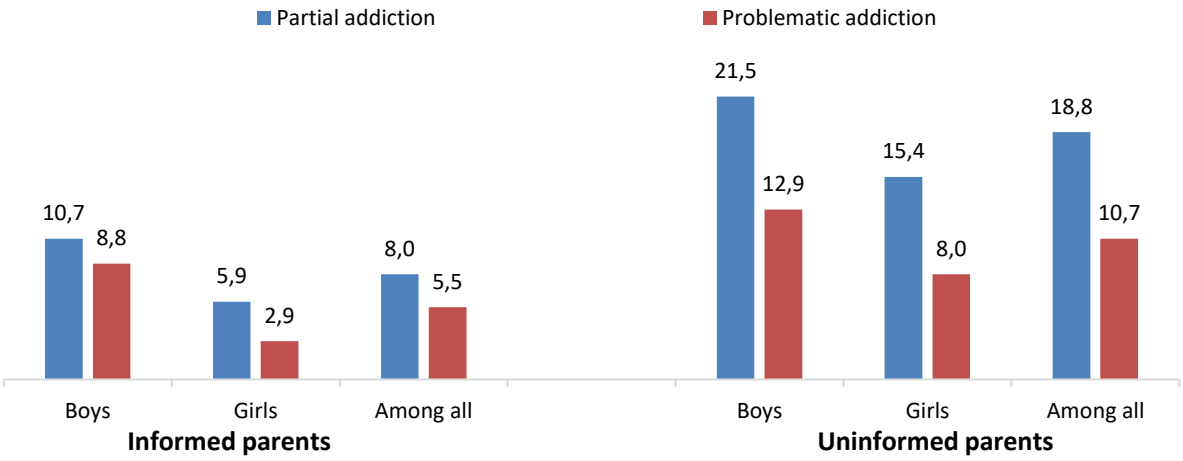
There is a clear correlation between parental awareness of their children's leisure time activities and adolescents' gambling addiction. Among adolescents whose parents are informed, the rate of addiction is 13.5%, and among those whose parents are not informed - 29.5%. Parental awareness has a somewhat lesser impact on gambling addiction among boys than among girls (Fig. 5.4.8).

Fig. 5.4.8. Prevalence of gambling addiction, *in the context of parental awareness, by gender, %*



Adolescents who are brought up by parents who are informed about their leisure time activities are less likely to develop both partial and problem gambling addiction. Only 8% of adolescents have partial gambling addiction and 5.5% have problematic gambling addiction. In 18.8% of young people whose parents are not informed about their leisure time, partial gambling addiction can be identified, and in 10.7% - problematic gambling addiction.

Fig. 5.4.9. Proportion of adolescents with gambling addiction, *in the context of parental awareness, by gender and type of addiction, %*



Depression, stress and anxiety in the context of gambling addiction

The level of depression, anxiety and stress among adolescents with gambling addiction is higher than among their peers without such addiction. Moreover, the level of depression increases to a greater extent - in respondents without addiction, it is 30.9%, and in those with addiction - 38.1%. This is typical for both boys (25.2% of boys without addiction; 35.2% of boys with gambling addiction) and girls (35.1% of girls without addiction, 43.2% of girls with gambling addiction). The lowest growth is demonstrated by the level of stress, which for respondents without addiction is 21.1%, with addiction - 24.7% (Table 5.4.1).

Table 5.4.1.

Prevalence of high levels of depression, anxiety and stress, *in the context of gambling addiction, by gender, %*

	No gambling addiction			Gambling addiction		
	Boys	Girls	Among all	Boys	Girls	Among all
Depression	25.2	35.1	30.9	35.2	43.2	38.1
Anxiety	24.5	41.5	34.2	35.2	46.3	39.2
Stress	13.6	26.7	21.1	20.7	32.0	24.7

The results of the study demonstrated that partial addiction causes a greater increase in depression, anxiety and stress than problem gambling. This can be explained by the fact that problematic addiction is the next stage of addiction after partial addiction. A surge of nervous conditions occurs during the phase of partial addiction, when a young person experiences an adrenaline rush from raising bets or remorse from lying to parents. To identify problem gambling, respondents were asked whether they had ever felt the need to bet more and more money in a game of chance and whether they had ever lied to the people who are important for them about the amount of money spent on gambling.

When analysing the levels of depression, anxiety and stress, partial gambling addiction primarily increases the level of depression - from 30.9% among those who do not have an addiction to 40.3% among those who have a partial addiction. Moreover, the increase is mostly due to boys - 25.2% of depression among boys without addiction and 37.4% among boys with partial addiction. This trend is also identical for indicators of anxiety and stress and is reproduced with lower rates for problematic addiction (Table 5.4.2).

Table 5.4.2

Prevalence of high levels of depression, anxiety, and stress, *by type of gambling addiction, by gender, %*

	No gambling addiction			Partial gambling addiction			Problematic gambling addiction		
	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all
Depression	25.2	35.1	30.9	37.4	44.8	40.3	32.3	40.1	34.7
Anxiety	24.5	41.5	34.2	36.0	46.2	40.0	34.1	46.5	37.9
Stress	13.6	26.7	21.1	20.9	32.3	25.4	20.4	31.4	23.7

Key outcomes of the section

- 54.6% of adolescents believe that they spend too much time on social media, 31.1% of adolescents say that they feel bad when they cannot spend time on social media, and 39.4% note that their parents say they spend too much time on social media.
- Almost every fifth teenager (19.2%) plays computer games at least once a week, and almost a third (31.8%) plays them every day.
- Almost one in five adolescents (17.3% on weekdays and 18.4% on weekends or holidays) spent 6 hours or more playing computer games in the last 30 days.
- Compared to 2019, the proportion of girls who play games for 6 hours or more has almost tripled on weekdays (from 4.9% in 2019 to 14.0% in 2024), and doubled on weekends or holidays (from 7.6% in 2019 to 14.7% in 2024).
- In the last 7 days, 12.5% of adolescents (16.3% of boys and 9.2% of girls) played online games daily.
- More than a third of adolescents (36.6%) admit that they spend too much time playing online games, a quarter of adolescents (24.4%) noted that their mood depends on the opportunity to spend time playing online games, and a third of adolescents (33.5%) also noted that their parents say that they spend too much time playing online games.
- Every twentieth teenager (5.5%) gambles for money 2-3 times a week or more. Compared to 2019, the proportion of these adolescents has doubled - from 2.7% (including 4.9% of boys and 0.7% of girls) to 5.5% (7.2% of boys and 4.1% of girls), and the proportion of girls has increased almost 6 times.
- 4.1% of adolescents spent more than 2 hours per day gambling for money, and 7.0% spent from 0.5 hours to 2 hours per day. Compared to 2019, the proportion of those who gambled more than 2 hours a day doubled from 2.2% in 2019 to 4.1% in 2024.
- 9.2% of adolescents (6.2% in 2019) gambled for money for more than 2 hours at a time.

- Most often, adolescents play cards for money (12.6% in bars and clubs and 11.0% online) and slot machines (10.8% in bars and clubs, 9.6% online). Mostly boys and students of VETIs gamble for money.
- 13.7% of adolescents felt the need to gamble more and more money, and 9.0% lied to the people important for them about how much money they spent on gambling. These figures have tripled compared to 2019.
- The results of the study demonstrate that adolescents from wealthy families (27.6%) and families with 'below average' income are most addicted to gambling.
- The proportion of boys who are addicted to gambling is higher.
- Adolescents from families with high income (14.1%) and those with 'below average' income (13.4%) are more likely to be partially addicted to gambling.
- The largest proportion of addicts, both boys (17.1%) and girls (9%), live in families with high incomes.
- Among IDP adolescents, 26.7% of respondents are addicted to gambling, while among those who have no such experience - 15.2%.
- Young people who have been exposed to war are twice as likely to be addicted to gambling as their peers who have not been affected by war.
- Adolescents who have had traumatic experiences of war have a higher rate of both partial (12.4%) and problem gambling (9.5%) addiction than their peers.
- There is a correlation between parental awareness of their children's leisure activities and adolescents' gambling addiction. Among adolescents whose parents are informed, the rate of addiction is 13.5%, and among those whose parents are not informed - 29.5%. Parental awareness has a slightly lower impact on gambling addiction among boys than among girls
- The level of depression, anxiety and stress among adolescents who are addicted to gambling is higher than among their peers who are not. Moreover, the level of depression increases to a greater extent: among respondents without addiction, it is 30.9%, and among those with addiction, it is 38.1%.

6.1. Parental family

According to the survey, 2.3% of adolescents do not see or have a father, and 0.6% of respondents do not see or have a mother.

The educational level of mothers is slightly higher than that of fathers. Among males, 19.7% of fathers and 28.9% of mothers have complete higher education; 19.2% of fathers and 22.5% of mothers have vocational education; 12.3% of fathers and 7.2% of mothers have incomplete secondary education; and 9.3% of fathers and 5.8% of mothers have primary education. Almost one in five adolescents does not know what kind of education their parents received - both fathers (21.8%) and mothers (19.6%).

Parents of students of VETIs have a lower level of education - the proportion of parents with primary education is 17.7% and 12.5% among fathers and mothers, respectively. 6.8% of fathers and 11.4% of mothers of students of VETIs have complete higher education.

Parents of adolescents living in cities have a higher level of education. The proportion of parents with primary education is 8.3% and 4.8% for fathers and mothers, respectively. 23.5% of fathers and 33.5% of mothers of respondents living in urban areas have completed higher education (Table 6.1.1).

Table 6.1.1

Level of education of parents, *by gender, %*

	Educational level of father			Educational level of mother		
	Boys	Girls	Among all	Boys	Girls	Among all
Primary education (incomplete 9th grade)	11.8	7.2	9.3	7.3	4.5	5.8
Basic (incomplete) secondary education	12.8	11.8	12.3	7.6	6.9	7.2
Complete general secondary education	14.9	15.9	15.5	15.7	15.0	15.4
Vocational and technical education	17.3	20.7	19.2	21.0	23.8	22.5
Complete higher education	17.8	21.3	19.7	25.9	31.5	28.9
Don't know	23.2	20.5	21.8	21.7	17.7	19.6
No father/mother (I do not see my father/mother)	2.1	2.5	2.3	0.8	0.5	0.6

The majority of respondents, regardless of gender, year of birth, or place of residence, tend to assess the financial status of their own families as about average (39%), above average (28.3%), very high (12.8%), and much higher than average (10.2%). Below average and very low well-being of their families is considered by 1.4% and 3.1% of respondents respectively (Table 6.1.2).

Table 6.1.2

Assessment by adolescents of the level of well-being (income) of their families compared to other families in Ukraine, *by gender, %*

	Among all		
	Boys	Girls	Among all
Very high	16.4	9.6	12.8
Much higher than average	11.2	9.3	10.2
Higher than average	28.7	28.0	28.3
About average	33.9	43.4	39.0
Below average	4.4	6.0	5.2
Much lower than average	1.6	1.3	1.4
Very low	3.9	2.4	3.1

Answering the question about people who they live permanently with, adolescents had the opportunity to name all family members. Thus, the most frequently mentioned were mother (79.6%) and father (64.1%), brothers (30.3%) and sisters (28.7%), and grandparents (18.7%). 8.8% and 4.2% of respondents live with stepfathers or stepmothers, respectively. With other relatives or non-relatives (in a boarding school, etc.) live 5.8% and 2.7% of respondents, respectively. Another 3.4% live alone (Table 6.1.3).

Table 6.1.3

Distribution of respondents' affirmative answers to the question: 'Who do you live with all the time?', %*

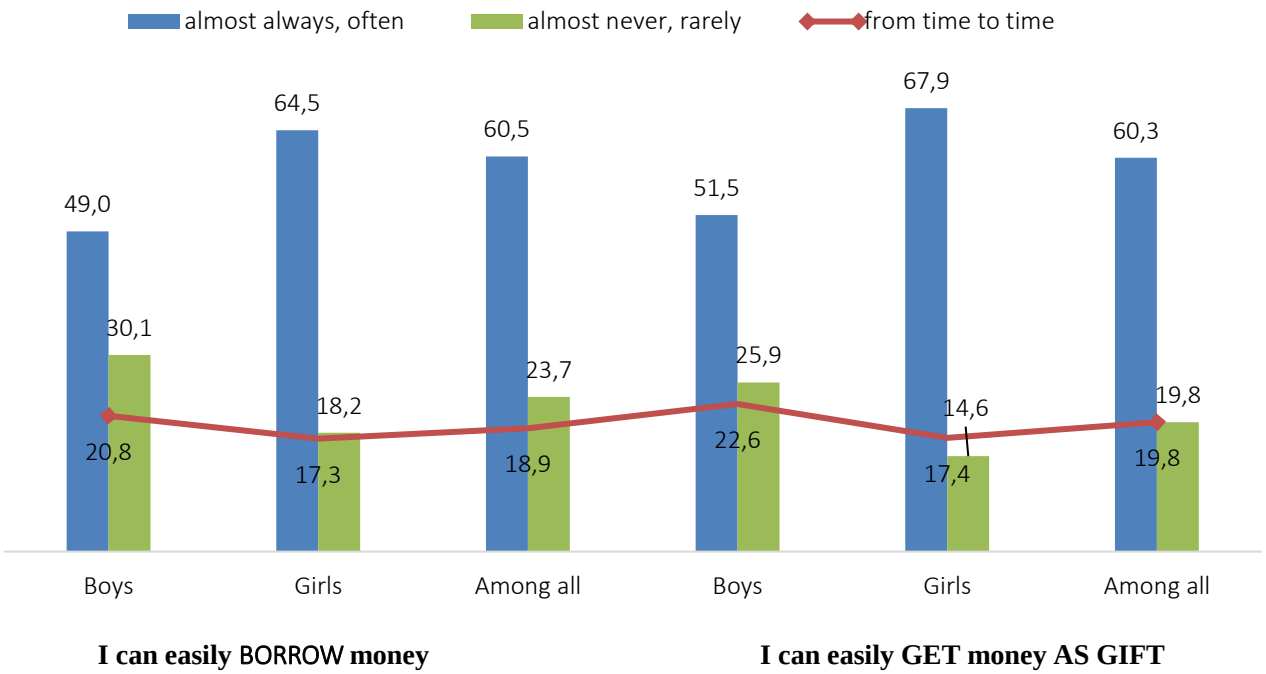
	Boys	Girls	Among all
I live alone	4.7	2.3	3.4
With father	62.6	65.3	64.1
With my stepfather	9.2	8.6	8.8
With mother	75.7	82.9	79.6
With stepmother	4.9	3.6	4.2
With brother(s)	28.1	32.2	30.3
With sister(s)	27.2	30.1	28.7
With grandparent(s)	18.7	18.0	18.3
With other relatives	6.8	4.9	5.8
Not with relatives (in a boarding school, etc.)	3.7	1.7	2.7

**The sum of answers does not equal 100%, as respondents had the opportunity to choose several answers*

The majority of young people (33.6%) said that they spend an evening out at least once a week (in a cafe, disco, party, etc.), 21.9% do it 1-2 times a month, and every fifth (19.9%) spends an evening out every day. Only 13% of respondents do it several times a year, and another 7.7% never spend evenings out. Girls of all ages mostly spend their evenings out: once a week - 37.4% (boys 29.2%), 1-2 times a month - 21.9% (boys also 21.9%), and every day - 21.3% (boys 18.3%).

Spending time outside the home often requires money. Therefore, the study found out what young people think about the possibilities of getting money from their parents. The majority of respondents are confident that they can borrow money from their parents (60.5%), and 60.3% of young people are confident that they can get it as a gift (the sum of answers 'almost always' and 'often'). Almost never can they borrow or receive money from their parents, respectively, 23.7% and 19.8% of respondents (sum of answers 'almost never' and 'rarely') (Fig. 6.1.1).

Fig. 6.1.1. Possibility to get money from parents, *by gender, %**



**sum of answers: 'almost always' + 'often', 'almost never' + 'rarely'*

Urban residents are more likely to borrow or receive money from parents. Girls are significantly more likely do so than boys and adolescents who study in GSEIs (Table 6.1.4).

Table 6.1.4

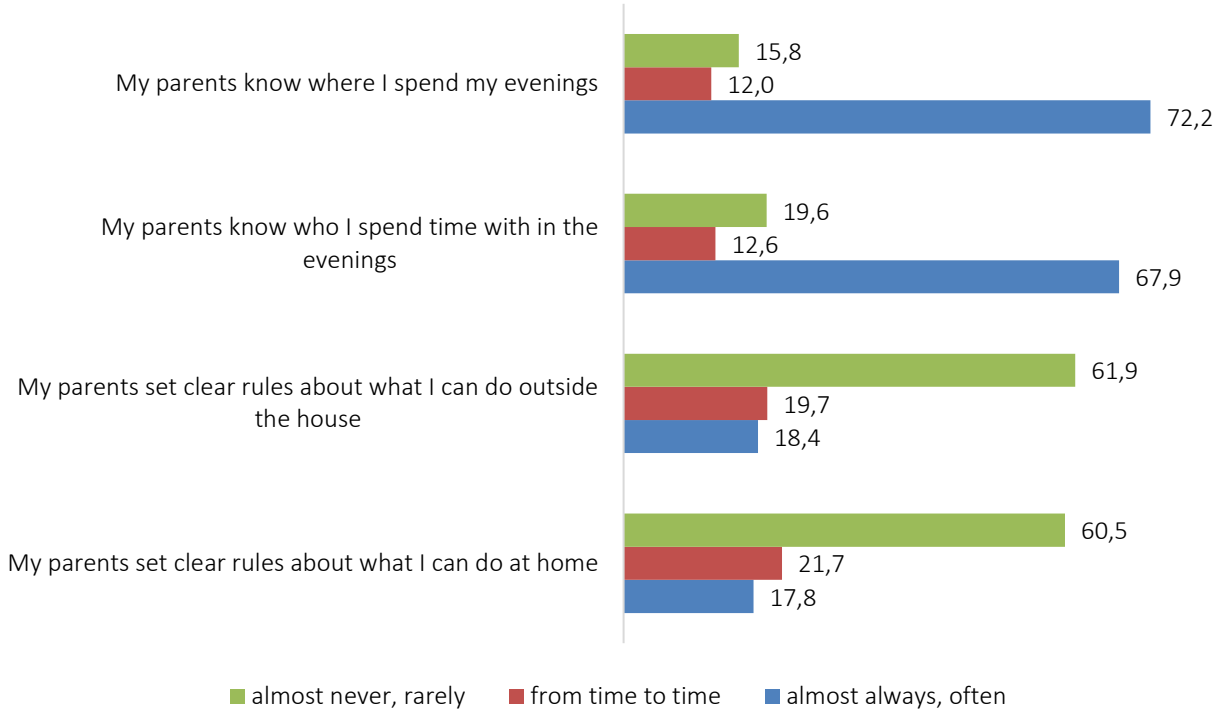
Distribution of respondents' answers to the question: 'How often do the following statements apply to you?',

by gender, type of educational institution, type of settlement, %

	Gender		Type of educational institution			Type of settlement		
	Boys	Girls	GSEI	VETI	PPEI	City	Rural settlement	Village
I can easily borrow money from my mother and/or my father								
Almost always	29.1	43.1	37.1	28.5	34.2	36.6	37.8	36.3
Often	19.9	21.5	21.2	13.9	17.2	21.4	19.3	19.7
From time to time	20.8	17.3	18.8	17.4	22.0	20.1	15.8	17.3
Rarely	12.5	8.5	9.9	16.3	14.8	9.4	11.5	12.2
Almost never	17.6	9.6	12.9	23.9	11.7	12.5	15.5	14.5
I can easily get money as gift from my mother and/or my father								
Almost always	29.2	44.2	38.2	24.5	30.9	38.1	37.0	35.8
Often	22.3	23.7	23.3	19.0	22.0	23.3	19.0	23.5
From time to time	22.6	17.4	19.6	19.0	24.9	20.5	19.7	18.3
Rarely	11.7	7.5	9.0	16.6	10.8	8.6	12.3	10.4
Almost never	14.3	7.1	9.9	20.9	11.5	9.5	12.0	11.9

For the most part, parents know where (72.2%) and whom (67.9%) their children spend their time with in the evenings, without restricting them, with clear rules of behaviour at home (60.5%) and outside the house (61.9%) (Fig. 6.1.2).

Fig. 6.1.2. Assessment by adolescents of certain aspects of interaction with parents, *%



**sum of answers 'almost always' and 'often'; sum of answers 'almost never' and 'rarely'*

Clear rules about what can be done at home are mostly set for the younger age group of adolescents born in 2009-2010 - 19.4% (for respondents born in 2006-2007 - 17.1%, in 2008 - 17%).

Rules of behaviour outside the house are also set mostly for young people born in 2009-2010 - 20.5%, for respondents born in 2008 - 17%, then control over rules of behaviour is slightly increased and 18.5% of parents set clear rules of behaviour outside the house for adolescents born in 2006-2007.

The rules of behaviour both at home and outside the house are set slightly more for boys than for girls.

Parents mostly know where and who their children spend time with, regardless of their age, but parents are more aware of their daughters than of their sons.

One in six adolescents (15.8%) said that their parents 'almost never' or 'rarely' know where they spend their time in the evenings, and one in five (19.6%) noted that their parents 'almost never' or 'rarely' know who they spend their time with.

Parents monitor students of VETIs and those who live in rural settlements the least (Table 6.1.5).

Table 6.1.5

Distribution of respondents' answers to the question: 'How often do the following statements apply to you?'

by gender, type of educational institution, type of settlement, %

	Gender		Type of educational institution			Type of settlement		
	Boys	Girls	GSEI	VETI	PPEI	City	Rural settlement	Village
My parents set clear rules about what I can do at home								
Almost always	12.2	7.8	9.6	16.3	7.9	8.8	9.2	12.1
Often	8.9	7.2	8.0	7.6	8.9	7.6	7.8	8.9
From time to time	21.6	21.7	22.0	15.2	20.8	22.2	19.8	21.0
Rarely	24.9	26.6	26.0	20.4	26.6	25.7	28.2	25.5
Almost never	32.4	36.8	34.4	40.5	35.9	35.7	35.0	32.6
My parents set clear rules about what I can do outside the house								
Almost always	10.7	7.8	9.1	13.0	7.9	8.1	8.5	11.6
Often	9.5	9.0	9.4	6.8	7.7	9.2	8.3	9.6
From time to time	19.2	20.1	19.9	16.3	18.2	19.5	19.0	20.1
Rarely	24.3	28.0	26.5	23.1	26.1	26.5	28.5	25.5
Almost never	36.3	35.1	35.1	40.8	40.2	36.7	35.7	33.3
My parents know who I spend time with in the evenings								
Almost always	37.8	55.3	48.1	32.1	44.5	47.1	46.5	47.7
Often	21.0	20.3	20.7	19.8	18.7	21.3	17.3	20.0
From time to time	15.3	10.2	12.5	10.6	15.6	13.0	12.7	11.6
Rarely	9.6	6.2	7.4	12.5	10.5	7.4	10.0	8.0
Almost never	16.3	8.0	11.3	25.0	10.8	11.2	13.5	12.7
My parents know where I spend my evenings								
Almost always	41.7	59.8	52.2	38.3	47.8	51.4	52.5	51.2
Often	22.1	19.6	20.9	19.0	19.4	21.0	18.0	20.9
From time to time	15.0	9.5	12.1	11.1	12.7	12.3	12.7	11.4
Rarely	7.7	4.9	5.8	9.2	10.0	6.1	6.0	6.3
Almost never	13.6	6.2	9.0	22.3	10.0	9.2	10.8	10.2

During the survey, young people were asked to assess the level of support from their families. The respondents defined this level within the range of 4.59-5.15 points out of a maximum of 7 points for a particular criterion included in the statement about the family. The feeling of family support increases with the age of respondents - mostly adolescents of the older age group born in 2006-2007 rated the level of support from their families higher for almost all statements, with the highest score of 5.15 for the statement that 'my family really tries to help me' (Table 6.1.6).

Table 6.1.6.

Mean score for statements about family on a 7-point scale*,

by gender, type of educational institution, type of settlement, %

				Type of educational institution			Type of settlement		
	Boys	Girls	Among all	GSEI	VETI	PPEI	City	Rural settlement	Village
My family really tries to help me	4.98	5.30	5.15	5.18	4.63	5.19	5.22	5.28	5.00
I get the emotional help and support I need from my family	4.86	4.90	4.88	4.90	4.50	4.87	4.91	4.99	4.80
I can talk about my problems with my family	4.59	4.59	4.59	4.61	4.13	4.56	4.63	4.61	4.50
My family is willing to help me make decisions	4.91	5.05	4.99	5.02	4.30	5.00	5.03	5.01	4.98

**1 – completely disagree; 7 – completely agree*

6.2. Friendly support

Friends are the second most important group of people for adolescents after parents - they are a source of influence on their well-being, and they spend a significant amount of time with them, so friendly support is extremely important for young people. At least once a week, 40.3% of adolescents go for a walk with their friends, 32.2% of respondents spend their time together every day, and 17.5% do so once or twice a month.

According to the results obtained, the level of friendly support was assessed by adolescents as lower compared to the level of family support - within the range of 4.67-4.89 points on a 7-point scale, with somewhat higher assessment of friendly support given by respondents of the older age group born in 2006-2007, where the highest score of 4.89 points was given to the statement 'I can share joys and sorrows with my friends' (Table 6.1.7).

Table 6.1.7

Mean scores for statements about friends on a 7-point scale*,

by gender, type of educational institution, type of settlement, %

				Type of educational institution			Type of settlement		
	Boys	Girls	Among all	GSEI	VETI	PPEI	City	Rural settlement	Village
My friends are really trying to help me	4.65	4.98	4.82	4.84	4.28	4.91	4.92	4.66	4.67
I can count on my friends if I get into trouble	4.55	4.77	4.67	4.70	4.04	4.69	4.75	4.53	4.52
I can share joys and sorrows with my friends	4.73	5.04	4.89	4.93	4.17	4.94	5.01	4.79	4.67
I can discuss my problems with my friends	4.63	4.91	4.78	4.82	4.10	4.77	4.90	4.59	4.57

**1 – completely disagree; 7 – completely agree*

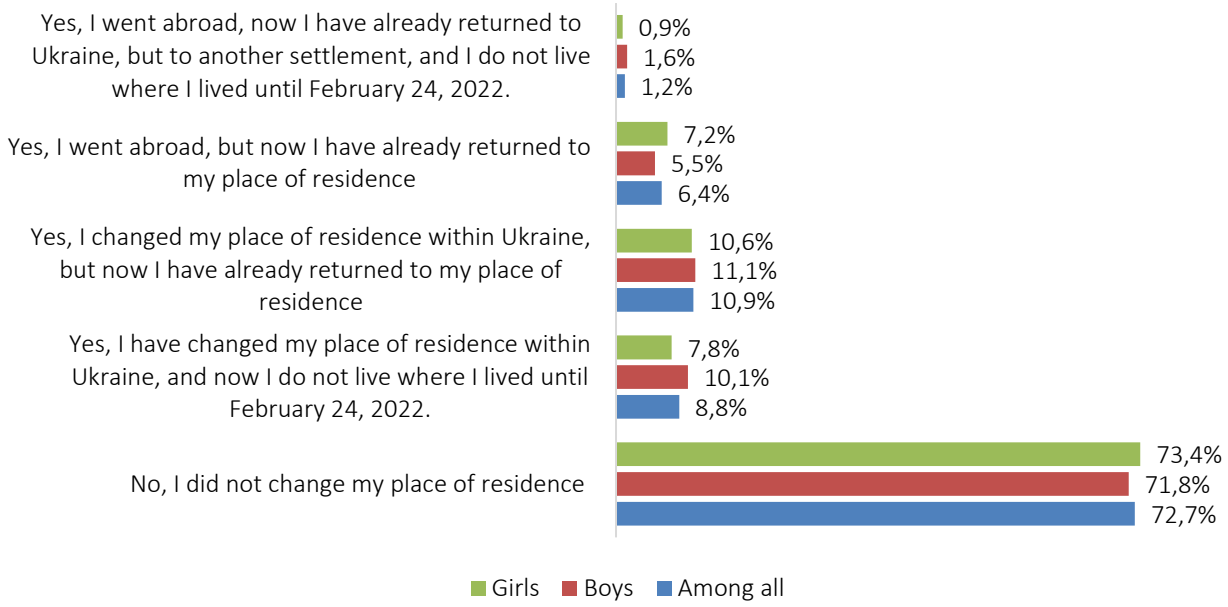
6.3. Exposure to war

According to the DSM-5[14], war is considered a significant stressor that meets the criteria for trauma. War can affect the development of various mental health disorders, such as anxiety, depressive disorders, stress-related disorders, and addiction disorders.

Since the start of the full-scale invasion on February 24, 2022, 27.3% of respondents, mostly urban residents, have had to change their place of residence. Within Ukraine, 19.7% of respondents changed their place of residence, while 7.6% moved abroad. Due to the war, 10.1% of adolescents now live in a different place than they did before February 2022, and another 17.3% have already returned to their place of residence (Fig. 6.3.1).

Figure 6.3.1. Change of place of residence after February 24, 2022, *by gender, %*

[14] American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Washington, DC: American Psychiatric Association; 2013.



Young people were asked to answer questions about possible traumatic situations that could occur during the war. According to the results of the study, someone close to the respondents suffered physical injuries or died as a result of the war (19.4% and 11% respectively). 16.4% of respondents have suffered physical injuries themselves, and 6.4% have someone close to them in captivity or whose fate is unknown. In 5.1% of respondents, the settlement was under occupation, and in 3.5% of respondents, their homes were destroyed (Table 6.3.1).

Table 6.3.1.

Distribution of answers to the question: 'Which of the following did you personally experience since February 24, 2022?', *by gender, age, type of educational institution, %*

	Among all			2006-2007 borns			2008 borns			2009-2010 borns			Type of educational institution		
	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all	Boys	Girls	Among all	GSEI	VETI	PPEI
I suffered physical injuries as a result of the war	19.3	13.8	16.4	18.0	12.9	15.5	19.3	12.5	15.6	20.1	16.3	18.0	15.9	25.3	17.9
Someone close to me has suffered physical injuries as a result of the war	18.5	20.1	19.4	19.8	21.5	20.6	18.6	20.2	19.5	17.7	19.3	18.6	19.1	20.7	22.5
Someone close to me (family members) died as a result of the war	11.5	10.5	11.0	13.7	11.1	12.5	11.5	11.0	11.2	10.3	9.4	9.8	10.8	11.7	12.9
Someone close to me is in captivity or his/her fate is unknown	6.3	6.4	6.4	7.0	8.5	7.7	6.6	6.4	6.5	5.4	5.6	5.5	6.3	8.2	6.7
My house was completely or partially destroyed	4.1	3.1	3.5	4.2	2.3	3.3	4.3	3.1	3.7	3.6	3.3	3.4	3.4	3.3	5.5
Our settlement was under russian occupation	5.2	5.0	5.1	7.6	5.8	6.7	4.3	4.8	4.6	5.1	4.9	5.0	5.0	5.7	5.5

In addition to the proposed answers to the questionnaire, respondents could share other incidents and consequences that they experienced after February 24, 2022 and that affected them in some way.

The cases mentioned by respondents can be grouped as follows:

- psychological consequences, change of value priorities: *"Experienced psycho-emotional stress, suffered psychological trauma/problems, felt emotional exhaustion, depression/anxiety/nervousness", "Were victims of bullying (psychological harassment), stigmatisation".*
- consequences related to education: *"The process of studying at school became more difficult'.*

- economic consequences: *"We were forced to move (evacuate) to another settlement/region/country (abroad)", "Financial problems, deterioration of the family's financial situation", "Electricity, water, gas, heat supply outages, lack of drinking water/food", "Father/mother/relatives lost their jobs".*
- rethinking of life took place, a change in value priorities (including the transition to the Ukrainian language).
- faced the consequences of the war: *"Relatives/neighbours/acquaintances/friends have their homes destroyed as a result of the war", "Have been under fire, seen the war and its consequences (shelling, explosions, destruction, flights of aircraft, etc.)", "Father/mother or other relatives or good friends/acquaintances are at war, at the front or near the combat zone", "Relatives/close friends live under occupation/were under occupation", "For a long time there was no contact with relatives, friends, no information about their fate", "I have a desire to go abroad (including due to the age of conscription)".*
- displacement: *"Changes in living conditions, social and cultural environment, social circle", "Separation from relatives, friends, and family. Family and emotional ties were broken, communication with relatives was interrupted (or there are difficulties)"*
- relationships with parents: *"Poor relations with parents, lack of attention and support from them", "absence of a father around", "parents' divorce"*
- problems with alcohol and/or drug intoxication
- problems in personal life
- abrupt growing up: *"I had to take care of my relatives and other people who needed help, calm them down, look after them"*

As can be seen from the above, every teenager's life is full of passionate events, which the war has amplified many times over.

Key outcomes of the section

- 2.3% of adolescents do not see or have a father, and 0.6% of respondents do not see or have a mother.
- The educational level of mothers is slightly higher than that of fathers. Almost one in five adolescents does not know what kind of education their parents received - both their father (21.8%) and mother (19.6%).
- Answering the question about the people who they live with permanently, adolescents had the opportunity to name all family members. Thus, the most frequently mentioned were mother (79.6%) and father (64.1%), brothers (30.3%) and sisters (28.7%), and grandparents (18.7%).
- The majority of respondents, regardless of gender, year of birth, or place of residence, tend to assess the financial status of their families as about average (39%),
- The majority of young people (33.6%) reported that at least once a week they spend an evening out (in a cafe, at a disco, party, etc.). Mostly girls of all ages spend their evenings out.
- The majority of respondents are confident that they can borrow money from their parents (60.5%), and 60.3% of young people are confident that they can get it as a gift.
- 82.6% of young people noted that their parents know where they spend their Saturday evenings.
- For the most part, parents, regardless of the age of their children, know where (72.2%) and who (67.9%) their children spend their time with in the evenings, but parents are more aware of their daughters than their sons.
- Clear rules on what can be done at home are mostly set for the younger age group of adolescents born in 2009-2010 - 19.4%.
- Parents have the least control over students of VETIs and those who live in rural settlements.
- Young people assessed the level of support from their families in the range of 4.59-5.15 points out of a maximum of 7 points for a particular criterion included in the statement about the family. The highest score of 5.15 belongs to the statement that 'my family really tries to help me'.
- The feeling of family support increases with the age of the respondents.
- The level of friendly support was rated by adolescents lower than the level of family support - in the range of 4.67-4.89 points out of a maximum of 7 points.
- Friendship support was rated somewhat higher by respondents of the older age group born in 2006-2007, with the highest score of 4.89 points for the statement 'I can share joys and sorrows with my friends'.
- Since the start of the full-scale invasion on February 24, 2022, 27.3% of respondents, mostly urban residents, have had to change their place of residence.

- Someone close to the respondents has been physically injured or killed as a result of the war (19.4% and 11% respectively). 16.4% of respondents have suffered physical injuries themselves.

SECTION 7. PARTICIPATION IN EDUCATIONAL AND INFORMATIONAL EVENTS

Prevention of undesirable behaviours, prevention of substance use, conflict resolution, prevention of bullying, safe behaviour in the Internet space and many other issues can be addressed through educational activities that should accompany a child throughout his or her growing up.

During the survey, respondents were asked to recall whether they had participated in any educational or informational events about the consequences of alcohol, tobacco, drugs, gambling or Internet addiction and the possible harm they could suffer. The majority of respondents said that they had not participated in such events.

The proportion of respondents who attended such events was slightly higher for information events on alcohol abuse - 36.9% (one-time attendance - 21.8%; multiple attendance - 15.1%), one in five (18.7%) attended events on the consequences of tobacco use, and one in seven (13.2%) attended such an event several times. Another 17% of adolescents attended events related to drugs once, and 12.5% attended several times; educational or informational events on gambling or Internet addiction were attended once by 15.3% of respondents, and several times - by 10.4% (Fig. 7.1.1).

At least once (the sum of answers 'once' and 'more than once'), 36.9% of respondents (34.2% of boys and 39.2% of girls) attended an educational event about the consequences of alcohol abuse, regardless of their educational institution. Residents of cities were more likely to attend such events - 38.8% (of rural settlement - 37.3%, village - 32.8%) and students of the older age group born in 2006-2007 - 40.2% (born in 2008 - 37.5%, in 2009-2010 - 34.3%).

Analysing the answers of respondents about their experience of drinking alcohol among those who participated in educational activities on alcohol abuse, it can be said that alcohol consumption rates are mostly decreasing in the group of adolescents who participated in the training more than once. For example, 25.7% and 24.5% of those who participated in events on the consequences of alcohol use once had a precedent of familiarisation with alcohol within a year and a month, respectively, and 21.9% (within a year) and 21.7% (within a month) of those who participated more than once. Very extensive experience of drinking alcohol - more than 40 times - was reported by 6.1% during the year and 2.4% during the month among those who participated in educational events once. And among those who participated in events on the harms of alcohol consumption more than once, 11% of respondents had such a very extensive experience during the year and 4.2% of respondents had such an experience during the month. The detailed distribution is shown in Table 7.1.1.

Table 7.1.1

Drinking experience of respondents who participated in educational or informational events about the consequences and possible harm of alcohol, %

	Did not participate			Participated once			Participated more than once		
	In the lifetime	In the last 12 months	In the last 30 days	In the lifetime	In the last 12 months	In the last 30 days	In the lifetime	In the last 12 months	In the last 30 days
No experience (never drank alcohol)	26.3	41.9	64.2	16.8	30.4	55.0	20.2	33.5	55.9
Precedent of familiarization (1-2 times)	18.3	23.4	19.6	15.4	25.7	24.5	14.0	21.9	21.7
Certain experience (3 to 9 times)	24.9	19.4	10.8	29.2	24.0	13.7	26.5	22.7	13.5
Considerable experience (10 to 19 times)	11.4	6.6	2.1	15.1	8.3	3.0	12.5	7.1	2.9
Extensive experience (20 to 39 times)	6.7	2.9	0.8	9.0	5.5	1.4	8.2	3.8	1.8
Very extensive experience (40 times and more)	12.4	5.8	2.5	14.5	6.1	2.4	18.6	11.0	4.2

31.9% of respondents (30.7% of boys and 32.9% of girls) attended an awareness-raising event on the consequences of tobacco use at least once. As in the previous case, these were mostly urban residents (34.3%) (rural settlement - 32.8%, village - 26.8%) and students of the older age group born in 2006-2007 - 34.4% (in 2008 - 32.4%, in 2009-2010 - 29.9%).

Table 7.1.2 shows the distribution of respondents' answers to the question about cigarette and e-cigarette use among those who participated in educational activities on possible consequences of smoking. Thus, 11.7% of young people who did not participate in the events have lifetime experience of cigarette smoking, 13.9% of those who attended such an event once, and 11.9% of those who participated in the educational event more than once. In the last month, 7.9% of those who did not attend the event, 9.6% of those who attended once, and 12.5% of those who attended more than once - smoked.

As for e-cigarette smoking, 12% of those who had never attended a smoking cessation event, 12.7% of those who had attended an event once, and 20.2% of those who had attended educational events more than once had used them in

their lifetime. In the last month, 15.4% of those who had never attended a tobacco harm reduction event, 20.9% of those who had attended once, and 12.3% of those who had attended more than once smoked e-cigarettes.

Table 7.1.2

Experience of cigarette and e-cigarette use among respondents who participated in educational or informational events about the consequences and possible harms of tobacco, %

	Did not participate				Participated once				Participated more than once			
	Never smoke	In the lifetime	In the last 12 months	In the last 30 days	Never smoke	In the lifetime	In the last 12 months	In the last 30 days	Never smoke	In the lifetime	In the last 12 months	In the last 30 days
Cigarettes	74.2	11.7	6.2	7.9	66.2	13.9	10.3	9.6	66.5	11.9	9.1	12.5
Electronic cigarettes	64.4	12.0	8.3	15.4	56.0	12.7	10.3	20.9	57.8	20.2	9.8	12.3

29.5% of adolescents (28.6% of boys and 30.3% of girls) attended an event on prevention of other illicit drug use at least once. Urban residents - 31.5%, residents of rural settlements - 28.3%, and of villages - 25.5%. Students of GSEIs - 29.8%, VETIs - 24.5%, and PPEI s- 28%. Adolescents of the older age group born in 2006-2007 were slightly more likely to attend the event at least once - 31.2% (born in 2008 - 30%, in 2009-2010 - 27.9%).

Table 7.1.3 demonstrates estimates of the risk of illicit drug use by adolescents who attended educational events on drug abuse. In general, it can be noted that the number of 'don't know' answers has decreased; and the number of people who rated drug use as a 'high risk' has increased.

Table 7.1.3

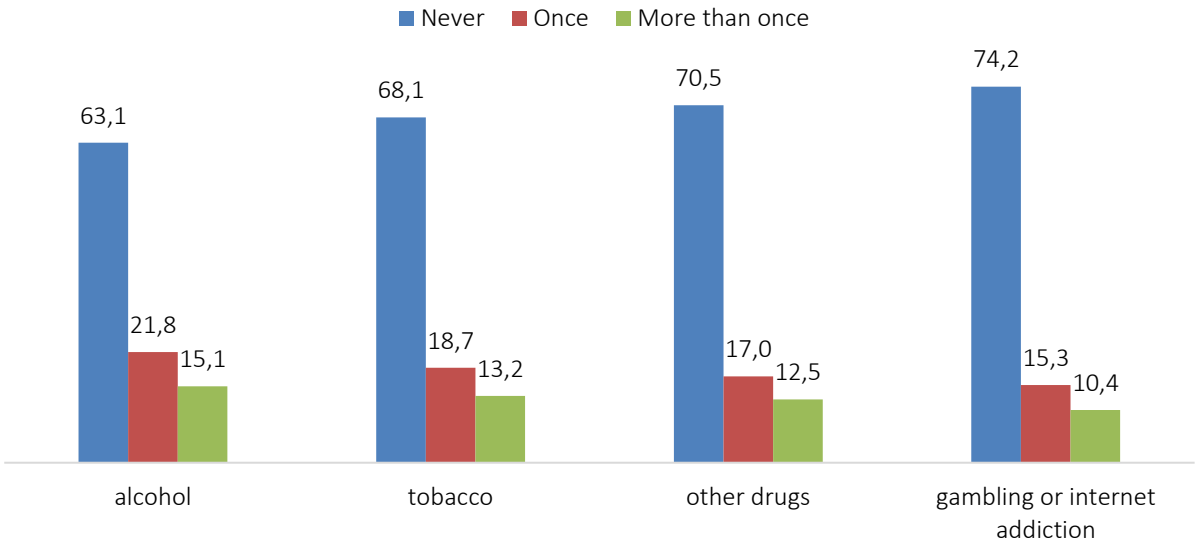
Assessments of illicit drug use risks among respondents who participated in educational or informational events about the consequences and possible harm of drug use, %

	Did not attend	Attended once	Attended more than once
Tried cannabis 1-2 times			
No risk	9.1	7.7	9.4
Low risk	7.8	12.6	9.1
Moderate risk	12.6	19.9	16.9
High risk	34.5	39.4	44.5
Don't know	36.0	20.4	20.1
Smoke cannabis from time to time			
No risk	7.3	4.7	7.4
Low risk	4.2	7.2	5.2
Moderate risk	12.5	20.8	15.7
High risk	39.2	45.6	51.0
Don't know	36.9	21.7	20.8
Smoke cannabis regularly			
No risk	6.8	4.1	6.4
Low risk	2.1	4.2	3.2
Moderate risk	6.1	9.8	8.0
High risk	48.8	60.9	61.6
Don't know	36.2	21.0	20.8
Tried ecstasy/MDMA 1-2 times			
No risk	7.5	5.4	7.4
Low risk	6.2	11.4	5.6
Moderate risk	11.6	17.7	14.9
High risk	35.2	42.4	48.4
Don't know	39.6	23.1	23.7
Use ecstasy/MDMA regularly			
No risk	6.4	3.6	5.5
Low risk	2.1	3.8	2.5
Moderate risk	6.6	11.5	7.6
High risk	46.0	58.4	61.5
Don't know	39.0	22.7	22.9

	Did not attend	Attended once	Attended more than once
Tried amphetamine 1-2 times			
No risk	7.1	4.4	6.3
Low risk	6.0	9.3	5.3
Moderate risk	11.7	18.7	15.3
High risk	35.6	43.7	49.6
Don't know	39.7	23.9	23.6
Use amphetamine regularly			
No risk	6.2	3.9	6.1
Low risk	2.0	3.3	1.9
Moderate risk	5.1	8.4	5.2
High risk	48.1	62.3	64.0
Don't know	38.6	22.2	22.8
Tried synthetic cannabinoids (spices, mixes, salts) 1-2 times			
No risk	7.1	4.9	6.8
Low risk	5.5	8.9	4.9
Moderate risk	11.6	17.8	15.3
High risk	36.4	44.4	49.3
Don't know	39.5	24.0	23.7
Use synthetic cannabinoids (spices, mixes, salts) regularly			
No risk	6.3	4.3	6.4
Low risk	1.9	3.2	2.5
Moderate risk	5.8	9.1	5.7
High risk	47.4	61.0	63.0
Don't know	38.7	22.5	22.5

25.8% of respondents (26.6% of boys and 25.1% of girls) attended an event about the possible harm of gambling/Internet addiction at least once. Urban residents - 27.7%, residents of rural settlements - 21.3%, and those from villages - 22.7%. Students of GSEIs - 26.1%, PPEIs - 25.1%, VETIs - 19.8%, regardless of age.

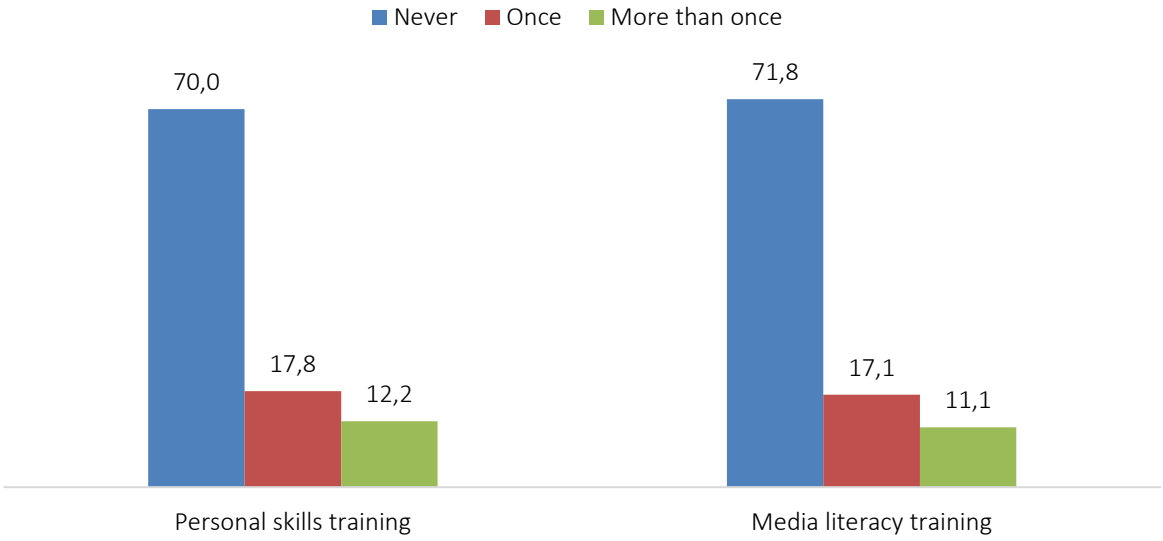
Fig. 7.1.1. Participation in the last two years in educational or informational events on the consequences and possible harm of alcohol, tobacco, other drugs and gambling/Internet addiction, %



Personal skills training on how to control oneself, learn to control one's emotions, develop mindfulness and concentration was attended by 30% of respondents (17.8% of respondents attended once, and 12.2% attended several times) (Fig. 7.1.2). Such interactive classes were attended at least once by 25.7% of boys and 30.3% of girls. Most of them are urban residents - 31% (residents of rural settlements - 22.7%, villages - 23.7%) and students of GSEIs - 28.7% (VETI - 19.6%, PPEI - 26.6%), regardless of age.

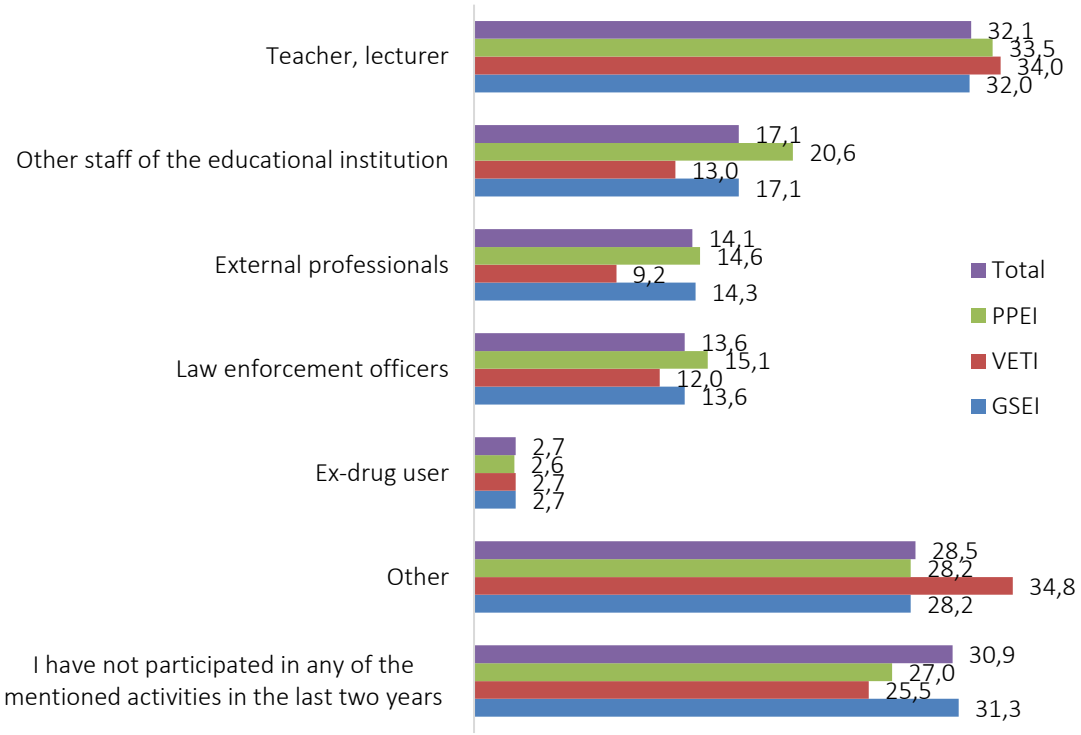
Media literacy trainings were attended by 28.2% of respondents (17.1% - once, 11.1% - more than once). 25.7% of boys and 28.3% of girls attended such training at least once. A larger proportion of those who attended the training live in cities - 29.9% (rural settlements - 25%, villages - 21.7%) and study in GSEIs - 27.6% (VETIs - 20.4%, PPEIs - 22.5%).

Fig. 7.1.2. Participation in personal skills and media literacy trainings in the last two years, *%*



In most cases, training sessions and outreach activities were conducted by teachers/lecturers of the institutions where adolescents study - 32.1%. Other staff of the educational institution were also involved in educational activities to a large extent - 17.1%, external professionals - 14.1% and law enforcement officers - 13.6%, and ex-drug users - 2.7%. External professionals and law enforcement officers were slightly more often involved in PPEIs classes (14.6% and 15.1%, respectively). For students of VETIs, activities were mostly conducted by teachers (Fig. 7.1.3).

Fig. 7.1.3. Distribution of answers to the question: 'Who mainly conducted these activities?'*
by educational institution, %

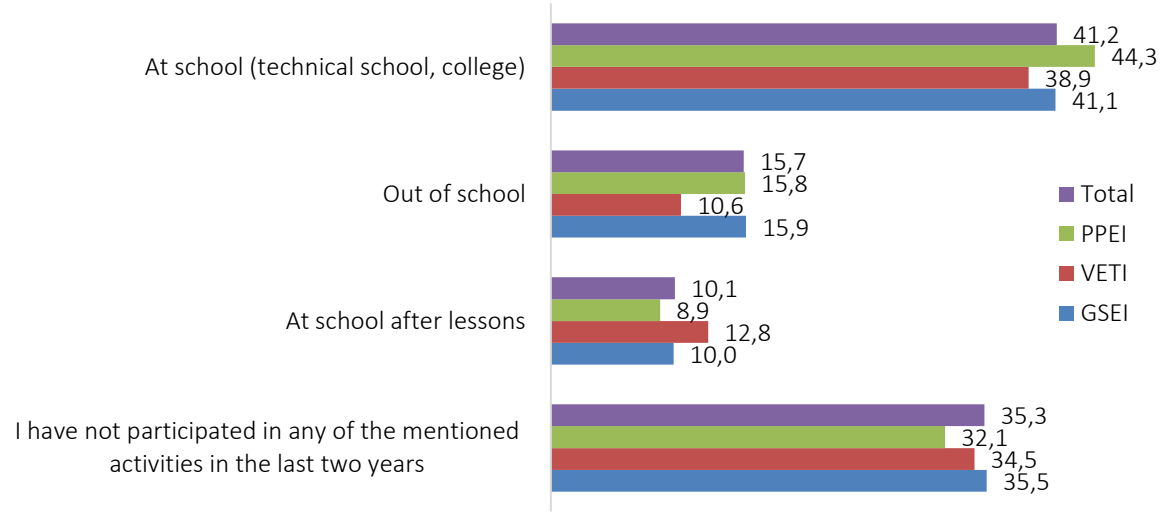


**multiple answers were possible*

The above information and awareness raising activities were mostly conducted in the premises of educational institution - 41.2%, outside of educational institution - 15.7%, and at the educational institution after classes - 10.1%. Out-of-institution education was less common for students of VETIs (10.6%), and after classes education for students of PPEIs (8.9%) (Figure 7.1.4).

Fig. 7.1.4. Distribution of answers to the question: 'Where did you mainly participate in such events?'*

by educational institution, %



**multiple answers were possible*

Key outcomes of the section

- The majority of respondents have not participated in any information or educational events on the possible consequences or harms associated with alcohol, tobacco, other drugs or gambling and Internet addiction in the last two years.
- 36.9% of adolescents (34.2% of boys and 39.2% of girls) attended educational events on the consequences of alcohol abuse at least once (sum of answers 'once' and 'more than once').
- 31.9% of respondents (30.7% of boys and 32.9% of girls) attended educational events on the consequences of tobacco use at least once.
- At least once attended events on prevention of other drugs abuse 29.5% of adolescents (28.6% of boys and 30.3% of girls).
- 25.8% of respondents (26.6% of boys and 25.1% of girls) attended events on the possible harm of gambling/Internet addiction at least once.
- Such events are held to a slightly greater extent in cities, and girls and students of general secondary education institutions are slightly more likely to attend them.
- Personal skills training was attended by 30% (17.8% of respondents attended once, and 12.2% attended several times). Media literacy training was attended once by 17.1% of respondents, and 11.1% - more than once.
- In most cases, training sessions and outreach activities were conducted by teachers/lecturers of the institutions where adolescents study - 32.1%.
- These outreach activities were mostly conducted in the premises of educational institutions - 41.2%, outside of educational institutions - 15.7%, and at the institution after classes - 10.1%.

SECTION 8. ADOLESCENTS' WELL-BEING

Well-being is a complex mechanism that combines the physical, emotional and mental state of a person at a particular moment in time. It is difficult to overestimate the importance of healthy well-being, as it is the basis of a person's psychological well-being.

Thus, over the last two weeks, the majority of respondents - 73.7% (the sum of answers 'all the time', 'at least six times', 'more than half of the time', 'less than half of the time' and 'from time to time') - have been in a good mood to some extent. 72.7% of respondents felt calm and relaxed, 75.8% of young people were active and full of energy, refreshed and rested - 70.5%, and 78.2% of respondents had interesting things in their daily lives. The lowest assessments of their own state of health were given by boys, residents of villages, students of VETIs, and adolescents born in 2008 (Table 8.1.1).

Table 8.1.1

Distribution of answers to the question: 'Please, for each of the following five statements, indicate which most accurately describes how you have been feeling during the LAST TWO WEEKS?', *by gender, type of settlement, type of educational institution, and year of birth, %*

		Among all	Gender		Type of settlement			Type of educational institution			Birth year		
			Boys	Girls	City	Rural settlement	Village	GSEI	VETI	PPEI	2006-2007	2008	2009-2010
I felt cheerful and in good mood	To some extent	**73.7**	69.0	77.7	76.0	72.0	69.4	74.1	63.3	74.4	73.6	73.6	73.9
	Never	26.3	31.0	22.3	24.0	28.0	30.6	25.9	36.7	25.6	26.4	26.4	26.1
I felt calm and relaxed	To some extent	**72.7**	68.5	76.3	75.2	71.5	67.9	73.3	59.8	72.2	74.8	72.1	72.7
	Never	27.3	31.5	23.7	24.8	28.5	32.1	26.7	40.2	27.8	25.2	27.9	27.3
I felt active and full of energy	To some extent	**75.8**	72.9	78.3	77.6	74.7	72.2	76.4	64.1	73.4	77.9	75.2	75.7
	Never	24.2	27.1	21.7	22.4	25.3	27.8	23.6	35.9	26.6	22.1	24.8	24.3
I woke up refreshed and rested	To some extent	**70.5**	70.0	70.9	71.2	71.5	68.8	71.2	59.5	66.0	72.2	69.6	71.2
	Never	29.5	30.0	29.1	28.8	28.5	31.2	28.8	40.5	34.0	27.8	30.4	28.8
My daily life was filled with interesting things	To some extent	**78.2**	75.1	80.9	79.7	76.3	75.5	78.8	66.6	77.3	80.0	78.0	77.6
	Never	21.8	24.9	19.1	20.3	23.7	24.5	21.2	33.4	22.7	20.0	22.0	21.8

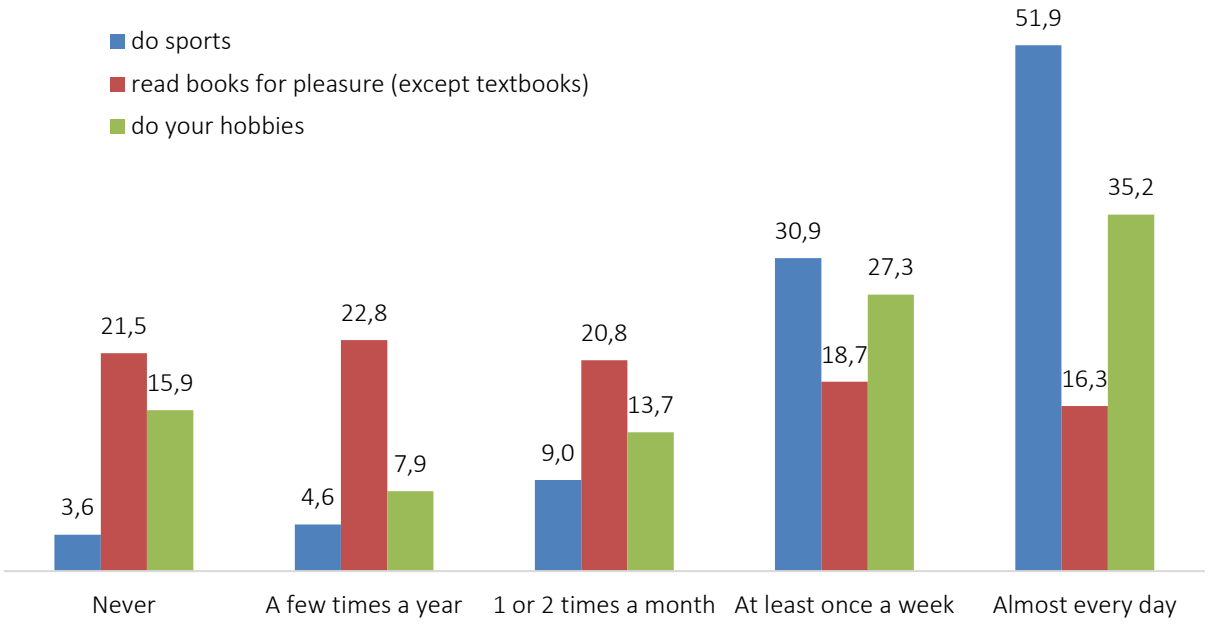
Young people were asked to share information about how much time they spend on activities that bring them pleasure. The results show that 51.9% of respondents (63.7% of boys and 41.7% of girls) go in for sports almost every day, regardless of age and place of residence. To a greater extent, this is done by students of GSEIs - 53.2% (VETIs - 37.5%, PPEIs - 39.2%).

In addition, 35.2% of respondents, regardless of age (33.5% of boys and 36.6% of girls), devote time to their hobbies almost every day. This is mostly done by urban residents - 37.7% (residents of rural settlements - 31.7%, of villages - 30.8%), and by students of PPE institutions - 36.8% (GSEIs - 35.6%, VETIs - 25.3%).

Books for pleasure are read almost every day, regardless of age, by 16.3% of adolescents (9.1% of boys and 22.5% of girls). Residents of cities do it somewhat more often - 17.2% (of rural settlements - 13.5%, villages - 15.1%), as well as students of GSEIs - 16.7% (VETIs - 9.2%, PPEIs - 13.9%).

Every fifth respondent never reads books (21.5%), every sixth (15.9%) has no hobbies, and every twenty-seventh respondent (3.6%) does not go in for sports (Fig. 8.1.1).

Fig. 8.1.1. Distribution of answers to the question: 'How often do you do the following?', *%*



During the survey, young people were asked to assess their health over the last week. The results show that the majority of young people felt generally well, with only occasional negative feelings and emotions.

78.4% of respondents have never felt that it was difficult to breathe (in the absence of physical activity), 73.4% have never felt that 'life is meaningless', and 72.4% have never 'felt scared for no good reason'. Only 45.4% of adolescents said that it was never 'difficult for them to relax or calm down', and 48.2% said that they never 'felt restless'.

The proportion of adolescents surveyed said that over the past week they had experienced the following signs of stress and anxiety (sum of answers 'often' and 'almost always'):

- It was difficult to wind down, calm down - 18.3% (mostly girls and students of VETIs - 20.9% each)
- Did not have any positive feelings - 11.9% (mostly students of VETIs- 14.9% and PPEIs - 13.4%)
- It was difficult to take the initiative to do something - 13.3% (mostly girls - 15.7% and older adolescents - 15.7%)
- Overreacted to situations - 13.8% (mostly girls - 16.7%)
- Felt that they wasted a lot of nervous energy - 17.2% (mostly girls - 22.3%)
- Worried about situations in which I could panic and make a fool of myself - 15% (mostly girls - 18.9%)
- Had a feeling that I had nothing to look forward to - 11.3% (mostly urban residents - 12.6%)
- Felt restless - 15.4% (mostly older adolescents - 17.3%)
- It was hard to relax - 12.9% (mostly girls - 15.4% and students of PPEI - 15.1%)
- Felt depressed and sad - 13.9% (mostly girls - 17.3%)
- Were intolerant of everything that prevented them from continuing to do what they were doing - 11.8% (mostly girls - 13.2% and urban residents - 13%)
- Felt like they were close to panic - 10.5% (mostly girls - 13.7%)
- Could not get excited about anything - 10.8% (mostly girls - 12.4%)
- Felt worthless as a person - 11.4% (mostly students of PPEIs - 14.1%)
- Felt quite vulnerable - 12.2% (mostly girls - 15.9% and students of PPEIs - 15.3%)
- Felt scared for no good reason - 8.2% (mostly girls - 10.8%)
- Felt that life was meaningless - 10% (mostly students of PPEIs - 11.7%)

In particular, they experienced the following physical manifestations of stress:

- Felt dryness in mouth - 17% (mostly urban residents - 10.7%)
- It was hard to breathe (in the absence of physical activity) - 6.2% (mostly by students of VETIs- 9.5%)
- Experienced tremors (e.g., in hands) - 12.8% (mostly girls - 16.4%)
- Felt heart palpitations in the absence of physical exertion (e.g., rapid pulse) - 10.6% (mostly students of VETIs - 14.1%) (Fig. 8.1.2).

Distribution of respondents' answers to the question: 'Please read each statement and choose the answer that best describes you when talking about LAST WEEK',
by gender, type of settlement and educational institution, year of birth, %

	Gender		Birth year			Type of educational institution			Type of settlement			Among all
	Boys	Girls	2006-2007	2008	2009-2010	GSEI	VETI	PPEI	City	Rural settlement	Village	
It was difficult for me to wind down, calm down												
Never	53.7	38.1	44.1	44.3	47.5	45.0	53.5	43.8	42.1	47.8	51.4	45.4
Sometimes	30.9	41.0	36.7	37.1	35.0	36.9	25.5	35.9	37.7	36.3	33.5	36.3
Often	7.5	13.3	11.5	10.8	10.0	10.5	12.8	11.0	11.5	10.8	8.8	10.6
Almost always	7.9	7.6	7.7	7.9	7.5	7.6	8.2	9.3	8.7	5.0	6.4	7.7
I felt dryness in my mouth												
Never	63.6	62.7	60.7	62.8	64.7	63.3	60.1	61.2	61.2	66.0	66.5	63.1
Sometimes	26.9	26.9	30.4	27.0	25.0	26.7	29.6	28.5	28.1	25.7	24.6	26.9
Often	6.1	7.5	6.3	7.0	6.9	6.8	8.2	6.9	7.3	7.0	5.9	6.9
Almost always	3.4	2.9	2.6	3.2	3.4	3.2	2.2	3.3	3.4	1.3	3.1	3.2
I didn't have any positive feelings												
Never	60.7	55.0	56.0	57.5	58.7	57.9	54.1	56.9	57.1	57.2	59.0	57.7
Sometimes	27.2	33.3	31.6	30.7	29.6	30.5	31.0	29.7	30.6	32.0	29.9	30.5
Often	7.8	8.3	8.2	8.1	8.0	7.9	10.6	8.9	8.3	6.7	8.0	8.1
Almost always	4.3	3.3	4.3	3.7	3.7	3.7	4.3	4.5	4.0	4.2	3.2	3.8
It was difficult for me to breathe (in the absence of physical activity)												
Never	82.2	75.2	76.9	78.7	78.8	78.9	70.9	76.6	77.2	79.7	80.8	78.4
Sometimes	12.5	17.8	15.8	15.4	15.0	15.1	19.6	16.3	15.9	15.7	14.2	15.4
Often	2.9	4.7	4.1	3.7	4.1	3.7	6.8	4.5	4.1	3.7	3.4	3.9
Almost always	2.3	2.3	3.2	2.1	2.1	2.3	2.7	2.6	2.8	1.0	1.5	2.3
It was difficult for me to take the initiative to do something												
Never	59.2	47.4	50.8	52.2	54.8	52.7	59.0	50.0	50.5	54.7	57.3	52.8
Sometimes	30.4	36.8	33.6	34.6	32.9	34.0	28.5	35.9	35.2	33.7	31.1	33.9
Often	7.1	11.3	10.9	9.1	8.9	9.3	9.2	9.3	9.7	9.3	8.6	9.3
Almost always	3.3	4.5	4.8	4.1	3.4	4.0	3.3	4.8	4.6	2.3	3.0	4.0
I overreacted to situations												
Never	56.9	45.4	49.5	50.2	52.2	50.3	56.5	53.6	49.2	50.0	54.1	50.7
Sometimes	32.5	37.9	36.3	35.9	34.3	35.7	32.9	32.1	35.7	37.8	34.2	35.4
Often	7.2	12.2	9.9	10.0	9.7	10.0	7.6	10.0	10.7	9.5	8.5	9.9
Almost always	3.3	4.4	4.3	3.9	3.8	3.9	3.0	4.3	4.4	2.7	3.2	3.9
I experienced tremors (e.g., in my hands)												
Never	71.8	55.4	62.3	62.7	63.6	62.9	64.9	62.4	61.1	65.0	66.3	63.0
Sometimes	19.7	28.2	24.8	24.2	24.2	24.4	21.7	23.2	24.9	24.0	23.0	24.3
Often	5.1	11.5	9.0	8.4	8.5	8.5	7.9	10.3	9.1	8.0	7.5	8.5
Almost always	3.4	5.0	3.9	4.7	3.7	4.2	5.4	4.1	4.9	3.0	3.2	4.3

	Gender		Birth year			Type of educational institution			Type of settlement			Among all
	Boys	Girls	2006-2007	2008	2009-2010	GSEI	VETI	PPEI	City	Rural settlement	Village	
I felt that I was wasting a lot of nervous energy												
Never	61.5	45.2	49.0	52.5	54.8	52.5	57.9	51.9	50.4	55.2	57.0	52.7
Sometimes	27.3	32.5	31.1	30.4	29.1	30.3	28.3	27.8	30.6	30.2	29.1	30.1
Often	7.5	15.4	13.7	11.5	11.3	11.9	8.7	12.4	12.7	11.3	9.8	11.8
Almost always	3.8	6.9	6.1	5.6	4.8	5.3	5.2	7.9	6.3	3.3	4.1	5.4
I was worried about situations in which I could panic and make a fool of myself												
Never	64.2	50.2	54.7	57.1	56.8	56.2	66.0	55.7	53.6	59.3	62.3	56.6
Sometimes	25.3	30.9	29.2	27.7	28.8	28.6	23.1	27.5	29.4	27.8	26.1	28.3
Often	7.2	12.1	10.0	9.9	9.6	10.0	6.8	10.0	10.9	9.7	7.7	9.8
Almost always	3.3	6.8	6.1	5.2	4.8	5.2	4.1	6.7	6.1	3.2	3.8	5.2
I felt that I had nothing to look forward to												
Never	69.4	63.4	63.6	66.2	67.3	66.1	67.7	66.3	64.2	69.3	69.5	66.1
Sometimes	21.3	23.6	24.6	22.1	22.3	22.6	20.9	22.7	23.2	20.7	21.5	22.6
Often	5.4	8.4	7.4	7.2	6.5	7.1	6.0	6.0	7.2	7.2	6.5	7.0
Almost always	4.0	4.6	4.4	4.5	3.9	4.2	5.4	5.0	5.4	2.8	2.4	4.3
I felt restless												
Never	57.6	40.2	45.6	47.8	50.2	48.0	53.0	48.3	45.9	47.7	53.2	48.2
Sometimes	31.9	40.2	37.2	36.5	35.7	36.6	32.1	35.6	36.8	41.0	34.4	36.4
Often	6.9	13.6	11.7	10.5	9.9	10.5	9.5	10.5	11.6	7.5	8.8	10.5
Almost always	3.6	6.0	5.6	5.2	4.2	4.9	5.4	5.5	5.7	3.8	3.6	4.9
It was hard for me to relax												
Never	63.4	49.7	52.1	55.9	58.1	56.1	59.0	52.4	53.0	60.0	61.4	56.0
Sometimes	26.7	34.9	34.6	30.5	30.5	31.3	26.6	32.5	33.1	27.5	27.8	31.1
Often	6.7	10.5	8.9	9.2	7.9	8.7	9.2	9.6	9.1	8.5	8.1	8.8
Almost always	3.3	4.8	4.4	4.4	3.5	4.0	5.2	5.5	4.8	4.0	2.6	4.1
I felt depressed and sad												
Never	62.1	41.0	48.5	50.4	52.4	50.5	56.0	51.0	48.6	52.0	55.1	50.8
Sometimes	27.9	41.6	36.6	35.3	34.6	35.7	28.0	34.4	36.3	36.8	32.9	35.3
Often	6.0	12.2	9.9	9.2	9.2	9.2	11.1	9.1	9.7	7.7	8.9	9.3
Almost always	4.0	5.2	5.1	5.0	3.7	4.6	4.9	5.5	5.4	3.5	3.2	4.6
I was intolerant of anything that prevented me from continuing what I was doing												
Never	63.4	53.6	55.0	58.0	59.8	57.8	61.4	62.0	56.1	58.3	62.4	58.1
Sometimes	26.4	33.1	33.4	29.8	28.7	30.3	28.3	26.8	30.9	32.2	27.7	30.0
Often	6.7	9.5	7.9	8.4	8.0	8.3	7.1	7.2	8.6	7.5	7.5	8.2
Almost always	3.6	3.7	3.6	3.7	3.5	3.6	3.3	4.1	4.4	2.0	2.4	3.6

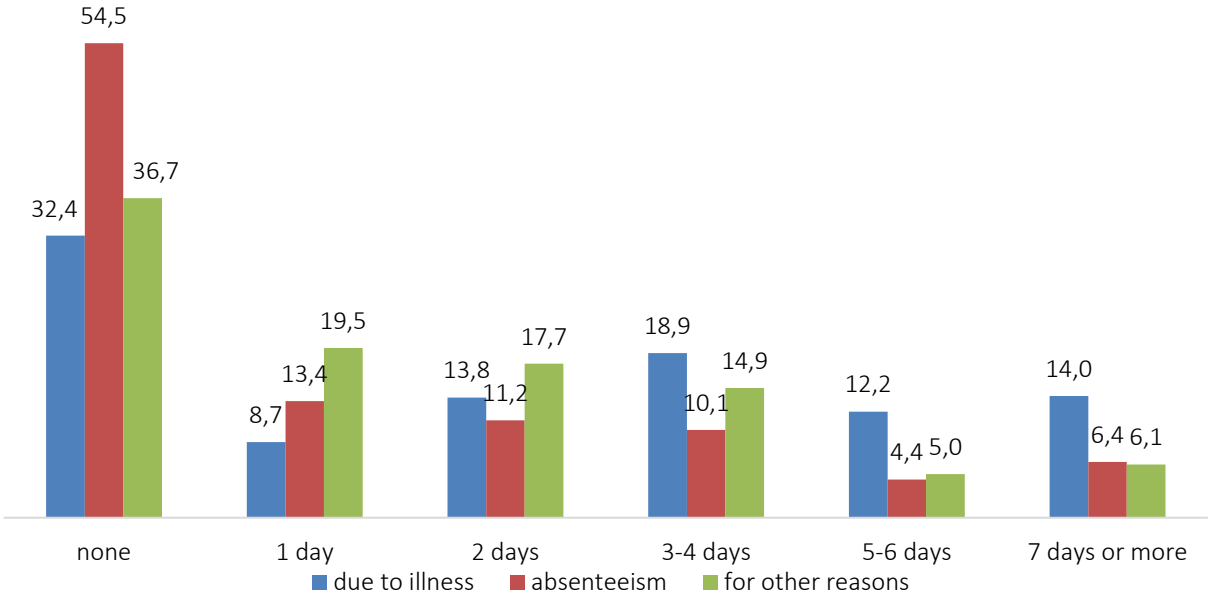
	Gender		Birth year			Type of educational institution			Type of settlement			Among all
	Boys	Girls	2006-2007	2008	2009-2010	GSEI	VETI	PPEI	City	Rural settlement	Village	
I felt that I was close to panic												
Never	76.7	61.2	67.4	68.3	69.0	68.3	67.7	69.6	66.5	70.5	71.8	68.4
Sometimes	16.5	25.0	21.0	21.2	20.8	21.1	21.7	19.9	21.5	21.7	20.0	21.1
Often	4.1	9.5	7.5	6.9	7.1	7.1	7.9	5.7	7.6	6.0	6.1	7.1
Almost always	2.7	4.2	4.1	3.5	3.1	3.5	2.7	4.8	4.4	1.8	2.0	3.5
I was unable get excited about anything												
Never	67.7	60.7	62.9	63.8	64.7	64.0	62.0	64.1	63.0	62.5	66.2	63.9
Sometimes	23.4	26.9	25.7	25.3	25.1	25.2	27.7	26.1	25.4	27.5	24.5	25.3
Often	5.8	8.7	7.7	7.2	7.4	7.4	7.1	6.5	7.5	7.8	7.0	7.3
Almost always	3.1	3.7	3.7	3.7	2.8	3.4	3.3	3.3	4.1	2.2	2.3	3.4
I felt that I was worthless as a person												
Never	74.9	66.4	68.4	70.1	71.7	70.5	67.7	69.6	68.9	70.3	73.4	70.3
Sometimes	16.3	20.0	18.9	18.6	17.4	18.2	22.6	16.3	18.6	20.7	17.1	18.3
Often	5.1	7.7	6.2	6.6	6.5	6.4	6.0	7.9	6.6	5.7	6.4	6.5
Almost always	3.7	5.9	6.5	4.7	4.4	4.9	3.8	6.2	5.9	3.3	3.2	4.9
I felt quite vulnerable												
Never	70.3	52.6	59.6	60.4	62.0	60.6	67.7	57.7	58.9	62.7	64.4	60.8
Sometimes	21.7	31.4	27.2	27.2	26.5	27.1	23.1	27.0	27.4	27.0	26.0	27.0
Often	4.9	11.0	9.2	8.5	7.2	8.2	6.8	10.0	8.9	8.0	6.8	8.2
Almost always	3.0	4.9	4.0	3.9	4.3	4.0	2.4	5.3	4.8	2.3	2.9	4.0
I experienced heart palpitations in the absence of physical exertion (e.g. rapid pulse)												
Never	73.6	59.8	63.4	66.4	67.1	66.3	64.4	66.0	65.2	65.5	68.5	66.2
Sometimes	18.9	26.8	24.8	23.2	22.3	23.2	26.1	19.9	23.5	23.7	22.5	23.2
Often	4.8	9.1	7.2	6.9	7.5	7.1	5.4	9.3	7.2	8.0	6.7	7.1
Almost always	2.7	4.3	4.6	3.5	3.1	3.4	4.1	4.8	4.2	2.8	2.4	3.5
I felt scared for no good reason												
Never	80.9	65.1	71.4	72.7	72.5	72.5	71.2	72.2	70.9	74.0	75.2	72.4
Sometimes	13.9	24.0	19.3	19.2	19.6	19.4	20.4	18.4	19.9	19.0	18.4	19.4
Often	2.9	7.4	6.2	5.2	5.1	5.3	4.6	5.5	5.7	4.7	4.5	5.3
Almost always	2.3	3.5	3.1	2.9	2.8	2.8	3.8	3.8	3.5	2.3	1.9	2.9
I felt that life was meaningless												
Never	76.7	70.6	72.1	73.8	73.5	73.3	73.4	75.4	72.2	72.7	76.1	73.4
Sometimes	14.8	18.1	17.3	16.0	17.1	16.7	17.1	12.9	16.6	18.8	16.0	16.6
Often	4.5	6.4	5.8	5.8	4.9	5.4	6.5	6.9	6.0	5.3	4.5	5.5
Almost always	4.0	4.9	4.8	4.4	4.5	4.5	3.0	4.8	5.2	3.2	3.4	4.5

Over the last 30 days, 8.7% of respondents missed one day of school due to illness, 13.8% were absent for 2 days, 18.9% of adolescents did not attend school for 3-4 days, 12.2% missed 5-6 days, and 14% missed more than a week. Among those who missed at least one day of school due to illness (sum of answers '1 day', '2 days', '3-4 days', '5-6 days', '7 days and more'), the majority were girls - 70% (boys - 64.8%), residents of rural settlements - 71.2% (cities - 65.7%, villages - 70.7%), students of VETIs - 70.7% (GSEIs - 67.8%, PPEIs - 61.7%), adolescents born in 2008 - 68.1% (born in 2006-2007 - 65.9%, born in 2009-2010 - 67.6%).

Most of the adolescents missed one day during the week (13.4%), 6.4% of respondents missed more than a week. Among those who missed at least one day of school due to truancy, the majority (47.5%) are girls, 43.1% are boys (sum of answers '1 day', '2 days', '3-4 days', '5-6 days', '7 days and more'), adolescents born in 2008 - 46.6% (born in 2006-2007 - 45.7%, born in 2009-2010 - 43.7%), residents of villages - 48.8% (cities - 44%, rural settlements - 44.3%), students of VET institutions - 45.9% (GSEIs - 45.6%, VETIs - 42.1%) (Fig. 8.1.2).

For other reasons, 66.5% of girls and 58.5% of boys, 66.3% of residents of villages (62% in cities, 61.8% in rural settlements), students of GSEIs - 64% (VETIs - 57.6%, PPEIs - 53.8%), students born in 2008-2010 - 63.7%, and those born in 2006-2007 - 61% missed at least one day.

Fig. 8.1.2. Distribution of respondents' answers to the question: 'During THE LAST 30 DAYS on how many days have you missed one or more lessons ?', *%*



Key outcomes of the section

- Over the last two weeks, the majority of respondents (73.7%) have been in a good mood to some extent.
- 72.7% of respondents felt calm and relaxed, 75.8% of adolescents felt active and full of energy, 70.5% woke up refreshed and rested, and 78.2% of respondents had interesting things in their daily lives.
- The lowest assessments of their own state of health were given by boys, residents of villages, students of VETIs and adolescents born in 2008.
- 51.9% of respondents (63.7% of boys and 41.7% of girls) go in for sports almost every day, regardless of age and place of residence. To a greater extent, this is done by students of GSEIs - 53.2% (VETIs - 37.5%, PPEIs - 39.2%).
- 35.2% of respondents, regardless of age (33.5% of boys and 36.6% of girls), spend time on their hobbies almost every day. This mostly concerns residents of cities - 37.7% (rural settlements - 31.7%, villages - 30.8%), and by students of PPEIs - 36.8% (GSEIs - 35.6%, VETIs - 25.3%).
- Books for pleasure are read almost every day, regardless of age, by 16.3% of adolescents (9.1% of boys and 22.5% of girls). Residents of cities do it somewhat more often - 17.2% (of rural settlements - 13.5%, villages - 15.1%), as well as students of GSEIs - 16.7% (VETIs - 9.2%, PPEIs - 13.9%).
- Every fifth respondent never reads books (21.5%), every sixth (15.9%) has no hobbies, and every twenty-seventh respondent (3.6%) does not go in for sports.
- Most students felt good about themselves, only occasionally experiencing negative feelings and emotions.

- A proportion of the surveyed adolescents noted that over the last week they had experienced signs of stress and anxiety, including physical manifestations of it, such as dry mouth - 17% (mostly urban residents - 10.7%), heavy breathing in the absence of physical activity - 6.2% (mostly students of VETIs - 9.5%), tremors - 12.8% (mostly girls - 16.4%), heart palpitations in the absence of physical activity - 10.6% (mostly students of PPEIs - 14.1%).
- Signs of stress and anxiety were mostly observed among girls, students of VETIs and PPEIs, adolescents living in cities, and respondents of the older age group born in 2006-2007.
- Over the last 30 days, 8.7% of respondents missed one day of school due to illness, 13.8% were absent for 2 days, 18.9% and 12.2% of adolescents did not attend school for 3-4 days or 5-6 days, and 14% of respondents missed more than a week.
- Most adolescents missed one day during the week (13.4%), and 6.4% of respondents missed more than a week.
- Mostly girls missed school because of illness (sum of answers '1 day', '2 days', '3-4 days', '5-6 days', '7 days and more') - 70% (boys - 64.8%), residents of rural settlements - 71,2% (cities - 65.7%, villages - 70.7%), students of VETIs - 70.7% (GSEIs - 67.8%, PPEIs - 61.7%), adolescents born in 2008 - 68.1% (born in 2006-2007 - 65.9%, born in 2009-2010 - 67.6%).
- The majority of girls (47.5%) and 43.1% of boys missed school due to truancy (sum of answers '1 day', '2 days', '3-4 days', '5-6 days', '7 days and more'), adolescents born in 2008 - 46.6% (born in 2006-2007 - 45.7%, born in 2009-2010 - 43.7%); residents of villages - 48.8% (cities - 44%, rural settlements - 44.3%) students of VETIs - 45.9% (GSEIs - 45.6%, PPEIs - 42.1%).
- For other reasons, 66.5% of girls and 58.5% of boys, 66.3% of residents of villages (cities - 62%, rural settlements - 61.8%), students of GSEIs - 64% (VETIs - 57.6%, PPEIs - 53.8%), students born in 2008-2010 - 63.7% (born in 2006-2007 - 61%) missed at least one day.

Information about the study

In 2024, Ukraine managed to conduct the next (eighth) wave of the international ESPAD study 'European School Survey Project on Alcohol and Other Drugs', which makes it possible, on the one hand, to compare the behavioural orientations of students from different European countries, and on the other hand, to analyse the dynamics of risky behaviour of Ukrainian students compared to previous measurements. The seventh wave of the study took place in 2019, before the pandemic and russia's full-scale invasion of Ukraine, so the data obtained is all the more important, reflecting the impact of the events of recent years.

The ESPAD international survey focuses exclusively on the target group of 16-year-olds, i.e. those who have turned 16 or will turn 16 in the year of the wave of the survey. Accordingly, in 2024, the target group is adolescents born in 2008. In Ukraine, the study covers a wider range of student youth - adolescents aged 14-17 (born in 2006-2010), totalling 8819 people (4074 boys and 4745 girls) who study in educational institutions of various types.

The study sample includes students studying in urban and rural GSEIs of the I-III levels (grades 9-11), VETIs and PPEIs (students of the first and second years of study after 9 grades) in Vinnytsia, Volyn, Dnipropetrovs'k, Zhytomyr, Zakarpattia, Ivano-Frankivsk, Kyiv, Kirovohrad, Lviv, Mykolaiv, Odesa, Poltava, Rivne, Sumy, Ternopil, Khmelnytsky, Cherkasy, Chernivtsi, Chernihiv oblasts and the city of Kyiv. The list of educational institutions excluded educational institutions that provide online education. The survey was conducted in 300 educational institutions, including 260 GSEIs, 20 VETIs and 20 PPEIs.

The questionnaire for each wave of the survey consists of thematic blocks that contain both mandatory questions about smoking, alcohol and illicit drug use, and optional questions that a country may include at its discretion. In addition, each country has the right to include several national questions. In this wave of the questionnaire, Ukraine included several questions about displacement in connection with russia's full-scale invasion of Ukraine on February 24, 2022 and the traumatic events that adolescents had to face because of the war.

The data was analysed by gender, age, type of educational institution and settlement, and for some questions, in comparison with the results of previous waves of the survey. Unless otherwise stated, analytical conclusions about the current situation refer to *all respondents, i.e. students aged 14-17*.

For a deeper understanding of the factors associated with adolescents' risky practices during the war, several other independent variables (in addition to gender, age, type of educational institution and settlement) were used in the analysis:

1) The level of well-being (financial status of the family). The indicator is based on a subjective assessment of the family's financial situation, with four categories (high, above average, average, below average).

2) Forced displacement due to war. Two indicators are distinguished: the presence of experience of displacement due to the war (whether or not there was any experience of displacement) and current residence in a place other than before the war (respondents are IDP or not).

3) Traumatic impact of the war. Participants could choose one or more answers that describe the most traumatic events of the war directly for the respondent (physical injuries of the respondent or relatives; death, captivity or unknown fate of someone close to them, destruction of the house, occupation of the settlement).The generalised indicator has a value of 'yes' (includes those who indicated at least one of the above war experiences) or 'no' (those who did not indicate any of the listed events).

4) Parental awareness. Based on the question about parental knowledge of how their children spend their free time, an awareness indicator was created ('informed' parents and 'uninformed' parents).

5) Depression, stress and anxiety. The survey instrument included a set of additional questions that, using the DASS-21[15] methodology, measure three negative emotional states, such as depression, anxiety and stress. For the purposes of analysis, the scores for each of these scales are grouped into two categories by degree of severity - 'normal' and 'high'.

[15] Henry J.D., Crawford J.R. The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. British Journal of Clinical Psychology. 2005. Vol. 44 P: 227-239. https://doi.org/10.1348/014466505X29657

Availability and perception of psychoactive substance use risks

One-third of students (33.7%) believe that they can easily buy cigarettes, compared to 43.8% in 2019. The highest level of cigarette availability was reported by adolescents living in cities (36.9%). Easy availability of e-cigarettes was noted by 41.2% of respondents. Among alternative smoking products, the most easily available are tobacco heating systems, which are reported by 22.7% of students.

At the same time as the availability of cigarettes is decreasing, there has been a significant drop in adolescents' awareness of the consequences of smoking by almost 20% - from 82.4% in 2019 to 63.3% in the current survey. Awareness means recognising the risks of smoking. Regular smoking of e-cigarettes is assessed as a somewhat risky activity by 65.5% of adolescents, while a quarter of respondents are unaware of the risks of regular e-cigarette use (the least informed are students of VETIs - 42.9%).

The availability of alcohol for adolescents has also decreased compared to 2019, especially for low-alcoholic products. Currently, 47.4% of respondents believe that they can easily get low-alcoholic drinks (in 2019 - 60.7%), and a quarter of respondents (25.4%) say they can easily get access to spirits.

Despite the ban on the sale of alcohol to minors, 19% of respondents reported buying alcohol in a store (16% among residents of cities and 24.6% among residents of villages), and another 4.5% said they buy it in pubs or bars. The proportion of adolescents who get access to alcohol with the help of third parties, including parents (11.2%), siblings (5.9%), and other adults (8.7%).

Similarly to smoking, awareness of the risks of alcohol consumption has decreased. In 2019, 67.6% of respondents reported a high risk of harm if they drank 4-5 drinks of alcohol daily, and in 2024 - 55.3%.

The proportion of reports about the availability of cannabis has decreased: while in 2019, 12.3% of adolescents said that it was ‘very easy’ or ‘rather easy’ to get cannabis (marijuana), in 2024, only 7.7% of respondents (10.1% of boys and 5.5% of girls) said that they could easily get cannabis (marijuana).

As with alcohol, awareness of the risks of cannabis use has decreased. Thus, while in 2019, 65.6% of adolescents reported a high risk of regular cannabis use, in 2024, 52.5% (including 44.5% of boys and 59.3% of girls) consider it a great health risk.

About 5% of respondents said that it is easy or relatively easy to get access to amphetamines, methamphetamines, tranquillisers/sedatives (without a doctor's prescription), ecstasy (MDMA), cocaine, crack, poppy extract, and methadone. According to adolescents, tranquillisers are the most accessible of this list (6.6%).

Smoking and other types of tobacco and nicotine use

The downward trend in smoking prevalence among students continues. In 2019, half of adolescents (50.5%) had smoked cigarettes, while in 2024, only 28.3% of respondents (32.3% of boys and 24.9% of girls) reported smoking experience, including 8.8% in the last month. The prevalence of smoking is higher among less well-off students - 34.9% (among adolescents whose family's income was defined as ‘below average’). Among all types of educational institutions, the highest prevalence of smoking experience is among students in VET institutions - 42.7%.

At the same time as the role of traditional smoking is decreasing, the intensity of e-cigarette use is increasing. Although 38.1% of respondents reported ever having smoked e-cigarettes, which is less than 50.5% in 2019, the intensity of consumption of this type of cigarettes has increased. Thus, in 2019, despite the widespread tries of such smoking among half of adolescents, only 11.7% smoked e-cigarettes in the last month (i.e., the tries remained one-time), while in 2024, 17.1% smoked e-cigarettes in the last 30 days, i.e., one-time try is transforming into a regular practice.

For 28.3% of respondents, e-cigarette use was their first smoking try; 18.7% of respondents did not know what substances e-cigarettes contained when they first tried smoking.

The most common alternative smoking products are hookah and tobacco heating devices. Hookah use is reported by 19.6% of respondents (a decrease from 32.1% in 2019), while the proportion of respondents with experience of using tobacco heating devices increased from 7.4% in 2019 to 17.1% in 2024.

Adolescents with traumatic experiences of war are more likely to take up smoking. Thus, in the last month, 18% of them smoked regular cigarettes and 29% smoked e-cigarettes. Among adolescents which don’t indicate about

traumatic experiences of war, these figures are 12.4% and 19%, respectively. Smoking experience is more widespread among adolescents whose parents are not informed - 42.7%, how their children spend their free time.

Smoking (especially regular smoking) is positively correlated with high levels of depression, anxiety and stress. Among those who have smoked in the last 30 days (both regular cigarettes and e-cigarettes), the prevalence of high levels of depression, anxiety, and stress is one and a half to two times higher than among non-smokers.

Alcohol use

About 76.7% of adolescents report ever drinking alcohol in their lifetime (in 2019 - 85.7%). Significant (more than 10 times in their lifetime) experience is reported by 33.6% (a decrease from 46.3% in the previous wave).

Over the last 12 months, 63.7% of adolescents surveyed have consumed alcohol, and 39.1% have consumed alcohol in the last month, which means that by all indicators there is a decrease in consumption - in 2019, 74.7% had experience of drinking during the year, and 46.5% during the month.

In the last 30 days, the prevalence of alcohol use is higher among girls (43.6%) than among boys (37.5%). Wine and low-alcoholic drinks are more common among girls, and beer is more common among boys. The most common drinks among all respondents are champagne or wine (35.1%) and beer (28.8%). Strong alcoholic beverages are common among 16.8% of adolescents (mostly boys).

Most adolescents limit themselves to small doses of alcohol, especially girls. Recalling their last alcohol consumption, the majority say that they consumed the smallest amount of each drink offered in the questionnaire: up to 500 ml (bottle) of beer, low-alcoholic drinks or cider, up to 200 ml (glass) of wine, up to 80 ml (shot) of spirits. Girls are more likely to limit themselves to smaller doses of alcohol, while boys sometimes consume large amounts, especially of strong drinks. Occasional drinking is more typical for girls, while regular drinking is more common for boys.

Regular (more than 10 times) alcohol consumption is most common among adolescents raised in families with a ‘below average’ level of well-being. This applies to both ever-drinking and drinking in the last year and last month.

Regular drinking is more common among adolescents who have experienced traumatic military exposure than among those who have not.

Among the main reasons adolescents offer for drinking alcohol, they most often mention the following: ‘it helped me enjoy the party’ (31.9%), ‘it makes events more fun’ (26.5%), ‘it makes parties and celebrations better’ (26.4%), ‘it's fun’ (21.8%), ‘I like the feeling’ (21.8%), ‘to get high’ (19.7%), ‘it helps when you feel depressed or nervous’ (19.7%), ‘to cheer up when you are in a bad mood’ (18.8%), ‘to forget about your problems’ (18.0%). Motives related to belonging to a reference group (not to feel left out, to be liked by others, etc.) are mentioned less often. Thus, in general, adolescents declare hedonistic reasons for drinking alcohol, associated with having more fun, rather than drinking out of desperation or group pressure.

Although adolescents themselves mention hedonistic reasons for drinking alcohol, the characteristics of their mental well-being suggest otherwise. Both occasional and regular alcohol consumption is positively correlated with the prevalence of high levels of depression, anxiety, and stress. Thus, among respondents who drink alcohol occasionally (throughout life, year, month - the trend is the same), the prevalence of high levels of depression, anxiety, and stress is about one and a half times higher than among respondents who do not drink. With regard to regular drinking, the prevalence of increased levels of depression, anxiety and stress is about twice as high as among respondents who do not drink alcohol.

Substance use

According to 2024 data, 12.8% of adolescents report lifetime experience of cannabis (marijuana) use, including 17.6% of boys and 8.7% of girls, which is one and a half times more than in 2019 (8.7%). 9.1% (13.2% of boys and 5.6% of girls) report using in the last 12 months, which is also significantly higher than in the previous wave (5.7%). Cannabis use in the last 30 days more than doubled to 7% (including 10.7% of boys and 3.9% of girls).

The proportion of so-called ‘great risk’ cannabis use (based on 6 indicators) is 73.2% among all cannabis users (in 2019 - 51.9%) and 3.7% among all adolescents. Thus, at least 3.7% of all adolescents are at great risk of problematic use (5.4% of boys and 2.2% of girls). In 2019, this figure was 2.8% among all adolescents.

In 2019, experience of using various illicit drugs (other than cannabis) ranged from 0.7% (injecting drugs, methadone, hallucinogenic mushrooms) to 2.2% (amphetamine), while in 2024 there was a sharp increase in the

proportion of those who reported lifetime use. Ecstasy (MDMA) is the most commonly reported substance (5.6%), and sodium oxybutyrate is the least common (3.1%).

Across all types of substances, boys are about 2.5 times more likely than girls to admit to lifetime use. An alarming fact is that the proportion of regular users (3 attempts or more) exceeds the proportion of those who have tried a substance once (1-2 times), which is especially typical for boys (in some cases, girls have a higher proportion of one-time use than regular use).

Getting acquainted with narcotic substances at an early age (under 14) is dangerous in terms of regular consumption of psychoactive substances in the future. Among all cannabis users in the last 30 days, 69% had early experience of using cannabis. The cohort of the youngest boys (born in 2009-2010), with the highest proportion of early onset (10%) among all gender and age groups, is at the highest risk of further problematic use.

In accordance with the methodology of the international ESPAD project, an integrated indicator of lifetime use of illicit drugs was calculated, which takes into account the experience of using such substances as cannabis, ecstasy, amphetamine, methamphetamine, cocaine, crack, heroin, LSD and GHB (sodium oxybutyrate) at any time in life. According to data from 2024, this figure is 15.8% among all adolescents, including 20.6% among boys and 11.7% among girls.

The highest rate of illicit drug use is observed among those who consider their family's financial status to be high (20.5%) or low (24.1%), while middle strata declare a lower level of consumption (average level - 12.3%, above average - 14.0%). All indicators of use are significantly higher among adolescents who have experienced displacement and among respondents who are IDP.

The rate of polydrug use (the abuse of two or more substances, including the use of cigarettes or alcohol, cannabis, tranquillisers and other drugs) is 6.9%. Polydrug use is closely associated with early onset of substance use: of those who reported early onset of cannabis use, 64.6% are now classified as polydrug users. Only 2.9% of those who did not make such attempts are current users. Thus, early use is especially dangerous, which indicates the need to focus efforts on preventing early (under 14 years of age) attempts to get acquainted with NPS.

Risky substance use practices are associated with an increase in the prevalence of increased depression, anxiety and stress among adolescents. Among those who reported early onset of cannabis use, 53.7% had high levels of depression, 58.4% had high levels of anxiety, and 40% had high levels of stress.

Addiction to social media, computer games and gambling

Spending too much time on social media is reported by 54.6% of adolescents, 31.1% feel bad when they cannot spend time on social media, and 39.4% of parents tell their children that they spend too much time on social media.

19.2% of students play computer games at least once a week, and 31.8% play them every day. A significant proportion of adolescents spent 6 hours or more playing computer games (17.3% on weekdays and 18.4% on weekends or holidays) over the last month. Over the last 7 days, 12.5% of adolescents (16.3% of boys and 9.2% of girls) have played online games every day.

36.6% of respondents admit that they spend too much time playing online games, 24.4% say that their mood depends on whether they have opportunities to spend time playing online games, and 33.5% say that their parents think they spend too much time playing online games.

5.5% of adolescents (7.2% of boys and 4.1% of girls) report that they gamble for money 2-3 times a week or more often. Compared to 2019 (2.7%), this share has doubled. 4.1% spend more than two hours a day gambling, 7.0% - from half an hour to two hours a day (in 2019 - 2.2% and 4.1%, respectively); 9.2% of respondents (in 2019 - 6.2%) gambled for more than two hours at a time.

Most often, students play cards for money (12.6% in bars and clubs and 11.0% online) and slot machines (10.8% in bars and clubs, 9.6% online). The majority of gamblers are boys and students of VETIs.

Risky gambling practices have also become more common: 13.7% of adolescents report that they felt the need to bet more and more money while gambling, and 9% report that they lied to their friends about how much money they spend on gambling. These figures have roughly tripled since 2019.

As with drug use, gambling addiction is most common among adolescents from wealthy and low-income families, while it is less common in families with ‘above average’ and ‘average’ financial status. Thus, partial addiction (answering ‘yes’ to at least one of two questions (about the need to bet more money and about lying to the people who are important for them) is observed in 14.1% of adolescents from wealthy families, 8.7% of adolescents from families with above average income, 7.4% of adolescents from families with average income, and 13.4% of adolescents from families with

low financial status. Problematic addiction (answering 'yes' to both questions) has a similar pattern: 13.5%, 4.5%, 2.9% and 9.1% of adolescents from low-income families.

Among adolescents belonging to IDP, the rates of gambling addiction are higher. The rate of partial dependence among IDP boys is 19%, and among IDP girls - 10.8%. The situation with problematic addiction is similar: the highest rate is among IDP boys (15.2%) and IDP girls (7.2%).

Among students who have experienced the traumatic exposure of war, cases of gambling addiction are more common than among those who have not. Thus, partial addiction is observed in 12.4% of respondents who have experienced war, and in 7.5% of those who have not. The rates of problematic addiction are 9.5% and 3.4%, respectively.

Social environment

The composition of families in which adolescents live has not changed significantly compared to the previous wave of the survey: the vast majority of respondents have and see both parents (only 2.3% do not have a father or do not see him, and 0.6% do not have a mother or do not see her). Family members who adolescents live with: mother (79.6%) and father (64.1%), brothers (30.3%) and sisters (28.7%), grandparents (18.7%). Every fifth adolescent does not know what kind of education their parents have: 21.8% do not know what kind of education their father has, 19.6% - their mother.

Adolescents' assessment of their families' financial status is rather subjective and skewed upwards - the alternatives 'below average' and 'low' are represented by a very small number of answers. According to the survey results, there are 4 categories to describe the level of financial situation: high (answers 'very high' and 'much higher than average') - 22.9%, above average (answers 'higher than average') - 28.3%, average (answers 'about average') - 39.0%, below average (answers 'below average', 'much lower than average' and 'very low') - 9.8%. Boys assess the level of their family's financial situation higher than girls, and this difference is stable and applies to all age groups.

More than half of adolescents (60.5%) are confident that they can borrow money from their parents (60.5%), and 60.3% of respondents are confident that they can get it as a gift.

82.6% of students said that their parents know where they spend their Saturday nights (what is referred to in this report as 'informed' parents). The proportion of 'uninformed' parents is 17.4%, which is one and a half times higher than in 2019 (11.4%). Uninformed parents are reported by 21.1% of boys and 14.2% of girls.

The surveyed adolescents assessed the level of support provided by their families in the range of 4.59-5.15 points out of a maximum of 7, with the highest score of 5.15 for the statement that 'my family really tries to help me'; the assessment of family support increases with the age of the respondents. Compared to 2019, the assessment of family support has decreased (back then, the results were about a point higher, ranging from 5.13 to 6.11 points out of seven).

Adolescents rated the level of friendship support lower - in the range of 4.67-4.89 points out of a maximum of 7 (in 2019, this score was in the range of 4.94-5.24 points, the changes were not very significant). The assessment of friendship support, as well as family support, is higher in older age cohorts. Given this, it is younger adolescents (aged 14-15) who experience a lower level of support from family and friends, which, on the one hand, corresponds to normal stages of age-related development, and on the other hand, is an unfavourable factor for the life trajectory of adolescents in extreme conditions.

27.3% of adolescents have experience of displacement due to the war, 10.1% are IDP (including 11.6% of boys and 8.7% of girls).

About half (49.3%) of the students have some traumatic experience related to the war (the questionnaire contained questions only about serious traumatic cases and processes that cannot but affect the lives of adolescents). This figure is 51.6% for boys and 47.4% for girls. In particular, 19.4% of them had someone close to them who was physically injured, and 11% had someone close to them who died. 16.4% of respondents had suffered physical injuries themselves. All the traumatic events listed in the questionnaire were equally frequently experienced by both boys and girls; except for the 4.2% difference between 51.6% and 47.4% - the option 'I have suffered physical injuries as a result of the war', which was significantly more often noted by boys (19.3%) than girls (13.8%). Theoretically, this should be independent of gender, but this difference can be explained, firstly, by the more risky behaviour of boys, and secondly, by the tendency of girls to downplay their health problems.

Participation in educational and informational activities

The majority of students have not participated in information or educational events on the possible consequences or harms associated with alcohol, tobacco, other drugs, gambling, and Internet addiction in the past two years.

At least once (or more), 36.9% of respondents attended an event on the consequences of alcohol abuse, 31.9% on the consequences of tobacco use, 29.5% on drug abuse, and 25.8% on the dangers of gambling or Internet addiction.

Personal skills training was attended by 30% of adolescents (17.8% once, 12.2% several times). Media literacy training was attended by 28.2% of respondents (17.1% once, 11.1% several times).

Most often, trainings and awareness-raising events were conducted by teachers and lecturers of institutions where adolescents study (32.1%). Most of these events were held in the premises of the educational institution during classes (41.2%), outside of educational institution (15.7%), and at the educational institution after classes (10.1%).

Adolescents' well-being

Over the last two weeks, 73.7% (sum of answers 'all the time', 'at least six times', 'more than half the time', 'less than half the time' and 'from time to time') have been in a good mood to some extent, 72.7% have felt calm and relaxed, 75.8% have felt active and full of energy, and 70.5% have woken up refreshed and rested. At the same time, boys assessed their health (more answers 'never') worse than girls, and students VETIs worse than those of GSEIs and PPEIs.

51.9% of respondents (63.7% of boys and 41.7% of girls) report that they go in for sports almost every day, with 53.2% of students of GSEIs, 37.5% of students of VETIs, and 39.2% of students of PPEIs reporting this.

35.2% of respondents (33.5% of boys and 36.6% of girls) say that they spend time on their hobbies almost every day. This is mostly done by residents of cities (37.7%), of rural settlements (31.7%), and of villages (30.8%). Among different types of educational institutions, students of VET institutions are the least engaged in their hobbies - 25.3%.

Books for pleasure are read almost daily by 16.3% of adolescents (9.1% of boys and 22.5% of girls). At the same time, a fifth of respondents (21.5%) never read books, 15.9% have no hobbies, and 3.6% never go in for sports.

A special block of 21 questions to measure negative emotional states (such as depression, anxiety, and stress) using the DASS-21 methodology[16] made it possible to assess the psycho-emotional state of adolescents using indirect questions. Each of the three indicators is based on 7 responses about how they felt during the last week. For ease of analysis, the responses for each indicator (depression, anxiety and stress) are grouped into two categories by degree of severity - 'normal' and 'high'. High levels include moderate, medium, severe and very severe levels of depression, anxiety and stress, respectively. According to the survey, 32% of students have high levels of depression, 35% have high levels of anxiety, and 21.7% have high levels of stress, with girls' scores significantly higher than boys' in all three dimensions.

High levels of depression, anxiety and stress are more common among adolescents who smoke, use alcohol and illicit drugs.

[16] Henry J.D., Crawford J.R. The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. British Journal of Clinical Psychology. 2005. Vol. 44. P. 227-239. https://doi.org/10.1348/014466505X29657

GENERAL RECOMMENDATIONS

Children and adolescents are one of the most vulnerable populations who are exposed to external influences that may contribute to the use of tobacco, alcohol and other psychoactive substances. These influences include advertising, peer pressure, lack of parental attention, media and cultural role models, and stressful or traumatic events. These factors create conditions in which adolescents are vulnerable to risky behaviour.

Effective prevention should focus on addressing the risks by raising awareness, developing critical thinking and forming skills that help children and adolescents to abstain from using tobacco and nicotine products, alcohol or substances, and to delay their first use. In this context, education and prevention activities that focus on preventing alcohol and tobacco use by providing adolescents with knowledge and skills that promote responsible, adaptive and safe behaviour play an important role.

Investments in prevention activities among children and adolescents have a long-term effect, reducing the prevalence of addictions and promoting healthy lifestyles. This has a positive impact on the social, economic and demographic stability of the country. According to the experience of developed countries, evidence-based prevention measures implemented in key environments (family, school, media and business) form a generation that is resistant to the negative effects of psychoactive substances.

A multisectoral approach is key to effective prevention, as it involves the cooperation of various authorities, organisations and institutions at all levels - national, regional and local. Such interaction helps to ensure the integrity and comprehensiveness of prevention measures. The country needs to move in the following directions:

Strengthening control and limiting availability

Ensure effective control over the sale of tobacco/nicotine products and alcoholic beverages to minors, including reducing the number of hours and official places of sale of such products.

Introduce a ban on the visible placement of tobacco products, electronic cigarettes and devices for their consumption at points of sale.

Ensure compliance with legislation prohibiting the advertising of tobacco/nicotine products and alcoholic beverages, especially on the Internet.

Sustainable education and awareness campaigns

Develop and implement regional and local programmes to prevent and reduce the use of tobacco and nicotine products, alcohol and psychoactive substances.

Regularly implement educational work with children and adolescents to promote responsible attitudes to their own health, including the dissemination of age-appropriate educational materials that highlight the impact of smoking and alcohol consumption.

Use social media platforms to disseminate prevention materials, support initiatives to stop using psychoactive substances, and create supportive online communities.

Create programmes for parents to raise awareness of the impact of tobacco, alcohol and substances on children's health and to promote healthy family behaviours.

Implementation of psychological support programmes for adolescents and students at risk (due to stress, trauma, social isolation, etc.). In particular, conducting group trainings to develop emotional resilience and stress tolerance, which can become the basis for avoiding risky behaviour.

Training of specialists

Introduce training programmes for teachers, social workers and medical professionals aimed at increasing their competence in the prevention of tobacco, nicotine and alcohol use among students.

Organise interactive classes, seminars and discussions that will help to develop a critical attitude of adolescents towards the use of tobacco, nicotine and alcohol.

Information support through the media

Launch information campaigns aimed at students of different age groups, using mass media and outdoor social advertising to spread knowledge about the dangers of smoking and the impact of passive smoking on health.