



**SPECIFIC PROGRAMME
"DRUG PREVENTION AND INFORMATION"
2007-2013**

**TRIP - Testing in Recreational-settings prevention-
Interventions addressed to Polydrug-users**

Analysis of the TRIP-Data
An Intervention Study of Negative Behaviour Among
Young People in the Night Life of Scotland and Italy

October 2012



European Commission
Directorate general justice, freedom and security

This project has been financed by the Commission of the European Union. The conclusions, Recommendations and opinions presented in this document do not necessarily reflect the opinion of the Commission

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Chapter 1

The Data

Two surveys have been conducted in Scotland and Italy during the autumn/winter of 2011 and in the spring of 2012. The appointed local operators were meant to collect data over a total of 12 visits by interviewing young people in the selected recreational settings fortnightly. Hence, the data collection task would include 6 visits prior to the intervention in the 'control phase' as well as 6 visits in the actual 'intervention phase'. The purpose of this approach was to create an additive interrupted time series design that would allow for analyses of the effect over time. In order to illuminate the reader of this effect the item regarding whether an interview was conducted during the 'control' or 'intervention' phase functions as a dummy parameter to illustrate the impact of the TRIP project.

The target group of the inquiry is poly-drug users who were at a minimum of 18 years of age in each of the two countries. More specifically the interviews took place in Bergamo (Italy) and Fife (Scotland). At each of the localities that took part in the project the process would be approximately the same, thus the process measurement would occur after one hour of the opening of the clubs. The main outcomes of the surveys were to uncover topics related to negative behaviour exhibited by the youth in the clubs. The negative behaviour included: "driving intentions with a blood alcohol level above the legal limit", "driving intentions after usage of drugs", "having unprotected sex" and "experiencing acute events".

Each of the two phases in the data collection process had its own questionnaire. However, many of the questions are the same. Since the overall purpose of the assessment is to investigate the changes over time, it is the questions which are present in the questionnaire for both phases which are the primary objects of this analysis. The study of the time effects on the negative behaviour demonstrated by the youth in Italy and Scotland has been divided into five main sections which scrutinise the differences in the response pattern for the control and the intervention phase, respectively. The five sections are: 'background characteristics', 'consumption of alcohol', 'the usage of drugs' and 'intentions of having unprotected sex' and finally 'problems caused by use of alcohol or drugs'.

Chapter 2

Background Characteristics of the Respondents

In the control phase the scientist went to the recreational setting chosen in each country and asked the young people at the setting who wanted to participate in the survey different questions. They asked questions about how the young people had arrived and how they were going to leave the recreational setting. Other questions included: 'where they had been before arriving at the recreational setting', if 'they had been drinking' or 'taking drugs' and if 'they had the intension to have sex the same evening'. In each country the scientist went a number of times to the setting during the control phase to ensure that the impact of the seasonal variation was kept to a minimum. The intervention phase involved 3 different methods: TRIP-SAFE, TRIP-OUT, TRIP-HOME. The first, TRIP-SAFE, had an informative and educative focus using leaflets and posters at the recreational settings. TRIP-OUT gave the young people at the clubs the opportunity to stay in a chill out room which had water, styling services, TRIP-'kits' and comfortable seating. TRIP-HOME included leaflets, breathalyzers and drug tests.

During these visits in the control and the intervention phase:

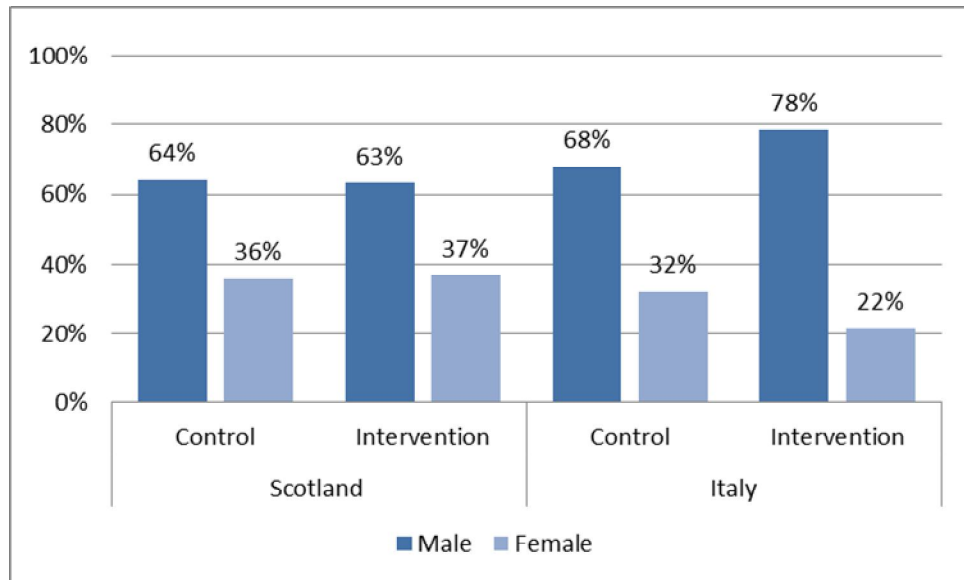
- 993 young people fill out the questionnaire in Italy
 - Of which 79 % were collected during the control phase
- 613 young people answered the questionnaire in Scotland
 - Of which 84 % were collected during the control phase

We have some knowledge on, how many people were in the settings during the project. See table 1. We have not calculated a response rate though for any of the data collection events. Since everybody wasn't asked to answer the questionnaire, it doesn't really make sense to discuss a responserate. Another way to put it though, is to say that 11% of the people in the venue in Italy during the controlphase answered the questionnaire. In Scotland it was 12%. In the interventionphase only people coming to the chilloutroom could fill out the questionnaire. Since we do not know how many people we are talking about, a responserate cannot be calculated.

Table 1: People at the venues in the days of control and intervention

	Italy		Scotland	
	Control	Intervention	Control	Intervention
Total visitors	7094 (6 days)	5780 (5 days)	4321 (6 days)	Not complete information

Figure 1: Gender distribution in Italy and Scotland in the Control and Intervention phase



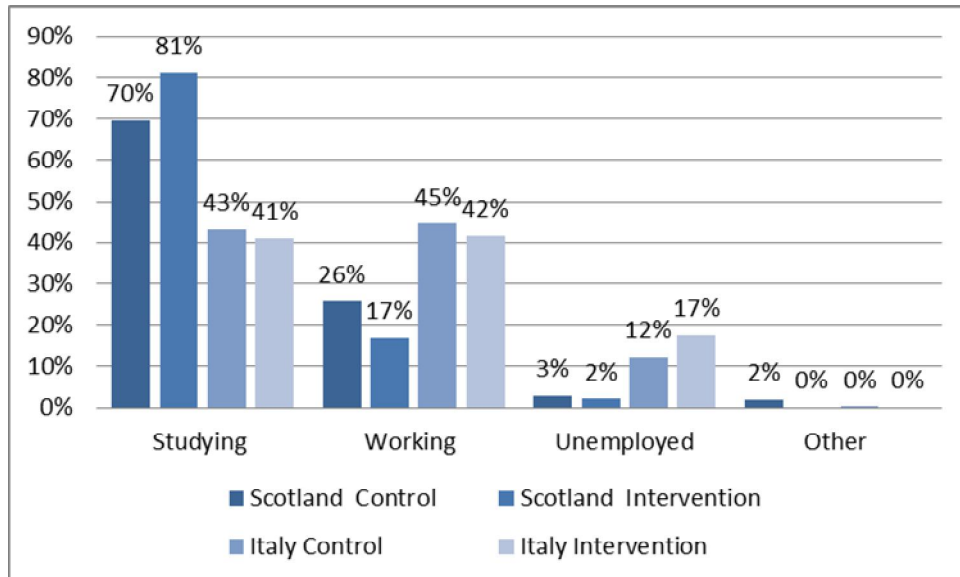
The people in the settings had quite different occupational backgrounds in the two countries.

In Scotland the vast majority of the respondents were studying (control: 70 %, intervention: 81 %) and almost of all the rest were employed (control: 26 %, intervention: 17 %).

In Italy less than half were studying (control: 43 %, intervention: 41 %), and circa the same share of respondents were employed (control: 45, intervention: 42 %), the rest were mainly unemployed.

In other words the two groups of young people within each of the countries seem to be somewhat similar but between the countries the groups differ on occupational status, inasmuch as approximately three-quarters of the Scottish respondents were not full time employees, whereas this occupational group accounts for roughly half of the Italians.

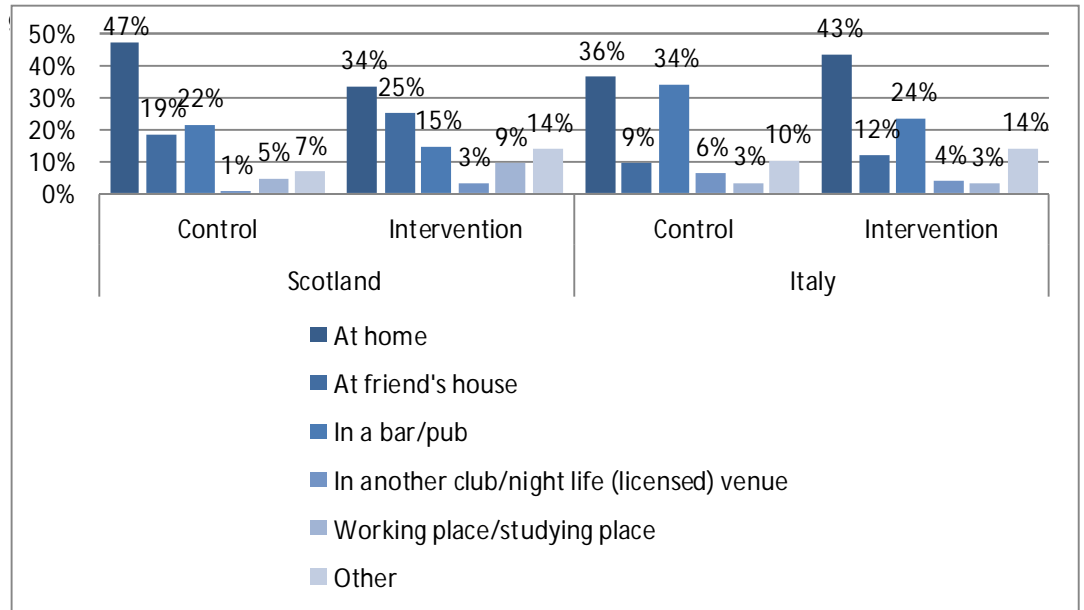
Figure 2: Occupational distribution in Italy and Scotland in the Control Phase



The differences in occupational status seem not to be due to age differences in the two settings. The average age in Italy is approximately 20 years (which means that they were born in 1990 on average) and in Scotland approximately 22 (which means that they were born in 1992 on average). This may have to do with the educational systems of the two countries, nonetheless it worth keeping in mind these differences when interpreting the following figures.

Before arriving at the recreational setting 36 % (control phase) and 43 % (intervention phase) of the Italians were at home and another 9 % (control phase) and 12 % (intervention phase) were at a friend's house.

Figure 3: Where were you before arriving

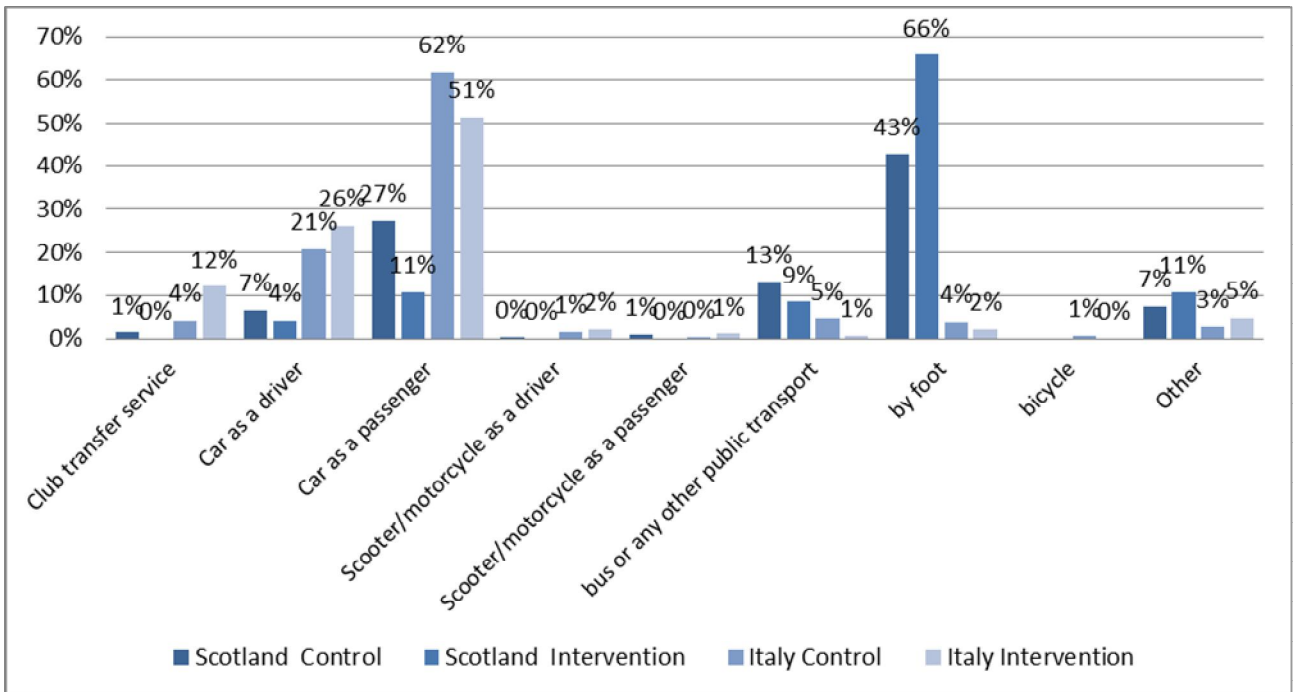


In comparison 47 % (control phase) and 34 % (intervention phase) of the Scottish people were at home and another 19 % (control phase) and 25 % (intervention phase) were at a friend's home.

This means that every third of the Italians in the control group had visited a bar or a pub before arriving at the setting – the corresponding number for the Italian intervention phase is 24 %. In Scotland 22 % (control group) and 15 % (intervention phase) had visited a pub or a bar before arriving at the setting. In other words, the groups in Scotland were much more likely to have visited a friend before going to the club whereas the Italian respondents more often met up somewhere else in the town before going to the club. Overall, the largest group, though, consist of people who came directly from their home (see next figure).

There is a noteworthy difference in the manner that the respondents have arrived to the venue. Very few use the club transfer service except in the Italian intervention group (12 %) for all the three other groups the numbers are below 5 %. 21 % (control group) and 26 % (intervention group) of the Italians drives to the setting themselves. In Scotland only 7 % (control group) and 4 % (intervention group) are driving.

Figure 4: Distribution about how to get to the venue in Italy and Scotland



Furthermore 62 % (control group) and 51 % (intervention group) among the Italian respondents drive with others as passengers in a car (and a few on scooters). In Scotland most people walk to the venue 43 % (control group) and 66 % (intervention group). In addition 13 % (control group) and 9 % (intervention group) use public transportation. Less than 5 % of the Italians (in both groups) use either public transport or walk by foot to the club.

Overall, there is clear discrepancy in the use of transportation to the venue between the countries. The Italian respondents were especially more likely to have gone by car either as a passenger or as the driver. Whereas, Scottish respondents to a higher extent tend to arrive at the venue by foot .

Chapter 3

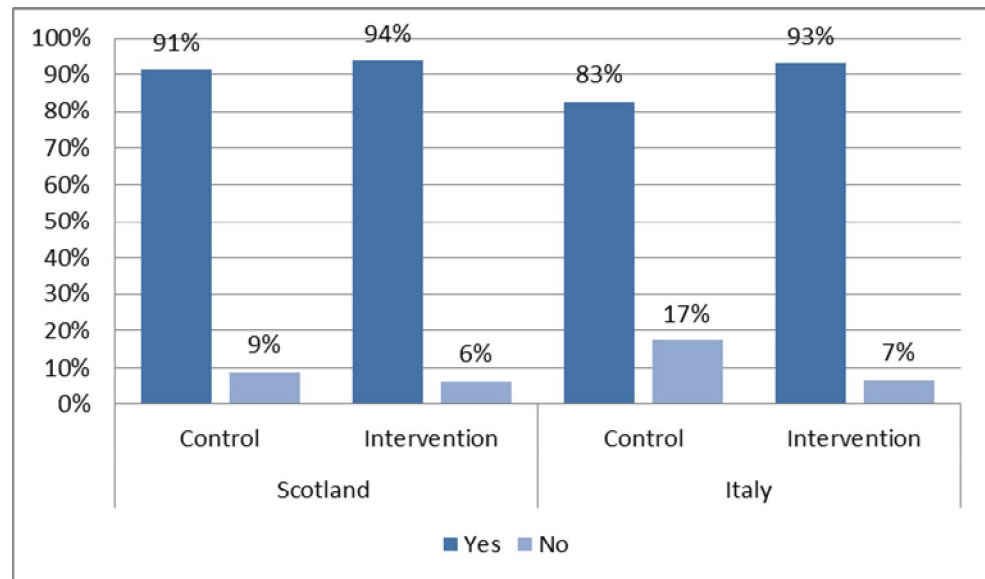
Alcohol

Comparing the Alcohol Consumption Before and After the Intervention

The primary goal of the project is to investigate the extent to which the interventions have had an influence on the behaviour of the youth in the include bars in Scotland and Italy. The data collected in these two countries have been divided into two categories covering the phase of control (before the intervention) and the actual intervention phase. The following figures portray the differences in the drinking behaviour between the control group and the intervention group in each of the two countries.

Figure 5 below contains the numbers of the share of respondents in each country that reported to have been drinking alcohol that particular night:

Figure 5: Have You Drank Any Alcohol Tonight?



The figure above shows that while the majority of respondents have been drinking in both Scotland (control: 91%, intervention: 94 %) and Italy (control: 83 %, intervention: 93 %) there is a notable larger share of Italian respondents who have been drinking among those asked during the intervention phase compared with the initial control phase. A chi-square test demonstrates that the difference is significant between the two groups in Italy (chi-square 13.081, df (1), p-value <0.001) whereas this is not the case in Scotland (chi-square 0.591, df (1), p-value = 0.442). Overall, this indicates that groups do not differ greatly since the vast majority of the respondents have been drinking in either case. We do not have an

explanation to, why more people in Italy who participates in the intervention phase are telling they have had alcohol than in the control phase. And why the behaviour is different in the two countries. Perhaps somewhat surprising there does not seem to be any noteworthy difference between men and women on whether or not they have been drinking. A chi-square tests on all of the four groups divided by gender shows that the difference on this issue is not significant in any phase.

The questionnaire also contains items that scrutinise the opinions of the young respondents in relations to dilemmas which are linked to their intake of alcohol. Thus, one question asks if the respondents think that it would be safe for someone, who had been drinking as much as they had, to drive.

Figure 6: If Someone Drunk This Amount Do You Think They Are Safe to Drive

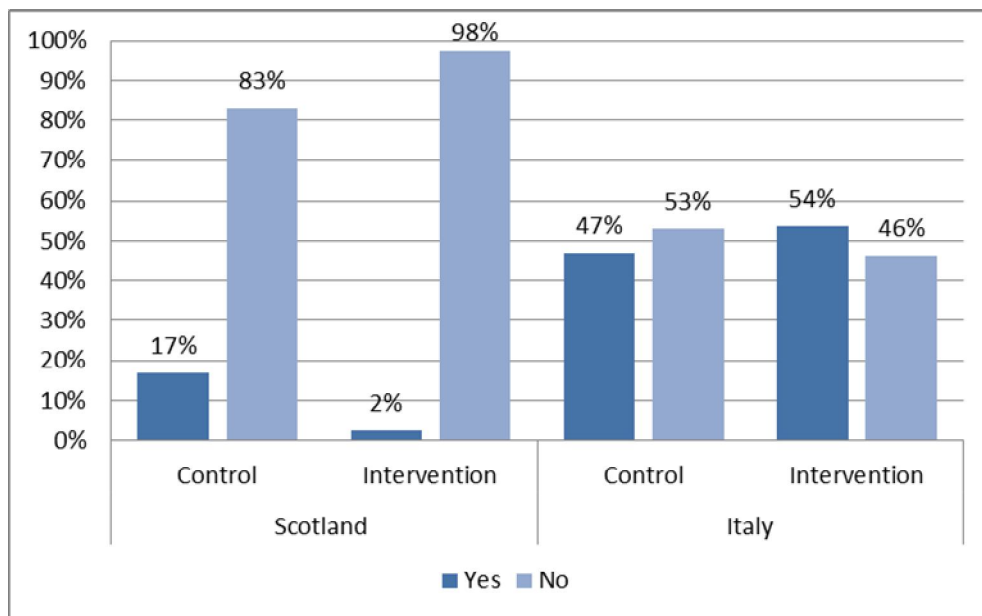


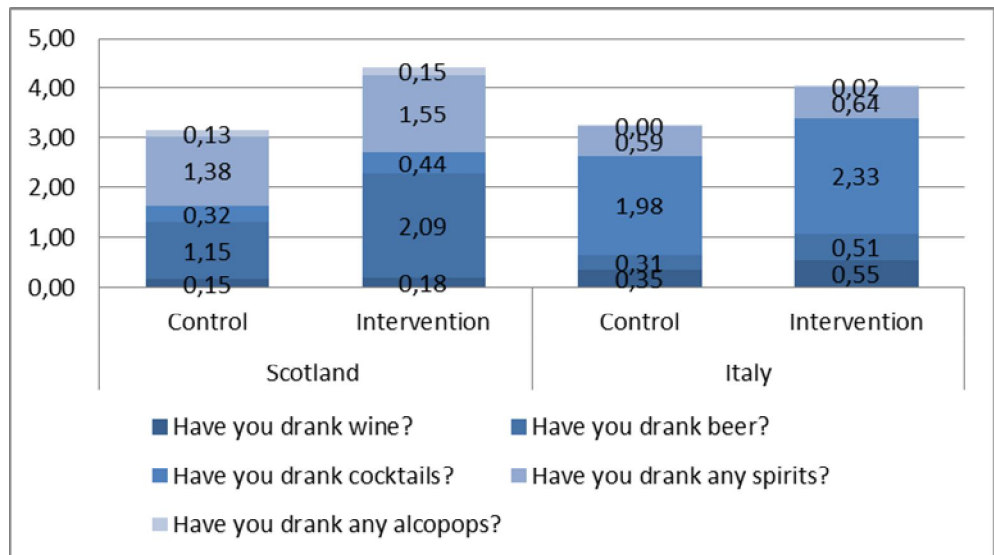
Figure 6 above shows a clear difference in the attitudes among the respondents in Scotland and Italy. Hence, the vast majority of the Scottish respondents in both phases of the project expressed that it would not be safe (control: 83 %, intervention: 98 %). In comparison approximately half of the respondents felt that it would be safe for someone who had been drinking as much as them to drive (control: 47 %, intervention: 54 %). What is perhaps also interesting to note is that, whereas more people in Scotland in the intervention phase - compared to the control phase - felt that it would be unsafe the opposite is the case in Italy.

In order to see if the differences between the control phase and the intervention phase is solid there has been conducted a chi-square test. The results of the chi-square test prove that there is a significant difference between the two periods of time in Scotland (chi-square 11.889, df (1), p-value <0.001) but not in Italy (chi-square 2.515, df (1), p-value =

0.113). One might expect that there would be a clear difference between men and women's view on this matter; however, chi-squares tests that distinguish between female and male respondents in the two countries reveal that there are no significant differences in any of the phases.

Another way of analysing the alcohol consumption of the bar guests is to look at the amount of glasses of different kinds of alcoholic beverage that the respondents claim to have been drinking.

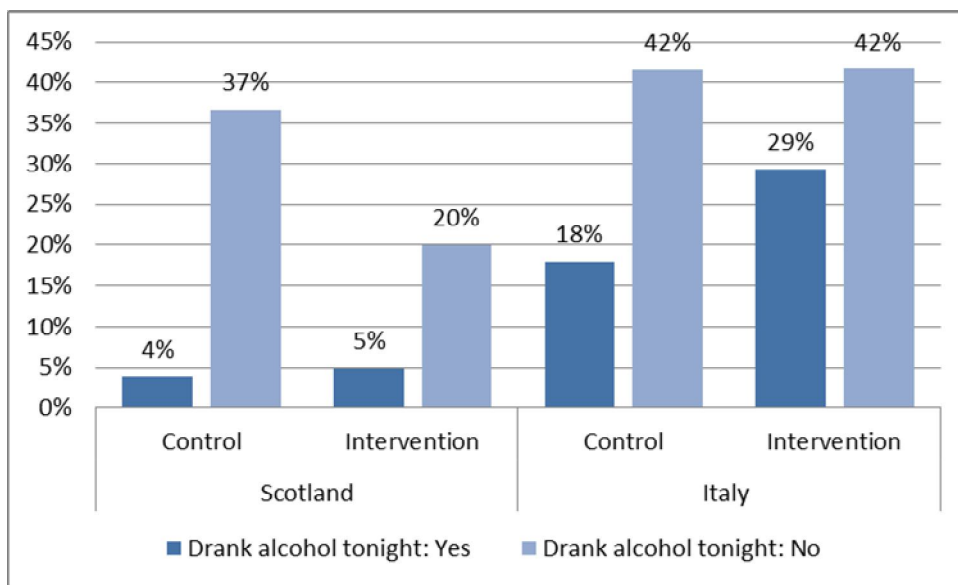
Figure 7: Alcohol Consumption - Mean Values of Glasses



The figure above illustrates the mean value of glasses of different sorts of alcoholic beverages that the respondents say that they have been drinking that night. In both countries it appears that respondents in the intervention group have been drinking more than their peers in the control group. On average the respondents in the four different groups have been drinking roughly between 3 and 4.5 glasses of alcohol at the point when they were interviewed. Overall, the Scottish respondents were more likely to have been drinking beer (control: 1.15 glasses, intervention: 2.09 glasses) than the Italian respondents (Control: 0.31, intervention: 0.51), who on the other hand were more likely to have been drinking cocktails (control: 1.98 glasses, intervention: 2.33 glasses) compared to the Scots (control: 0.32 glasses, intervention: 0.44 glasses). In neither country were there any group that had been drinking more than 0.2 glasses of alcopops on average.

The participants in the survey were also asked who they thought would be driving them home afterwards, if they were going by car, motorcycle or bicycle. They were given the following possible answers: me (the interviewee), others, don't know, leaving the vehicle, not by any of the mentioned vehicles. The next figure only includes the respondents who thought that they would be driving home themselves.

Figure 7a: Drinking Habits among Those Who Intended to drive Home Themselves



The figure shows a notable difference between the two countries. A larger share of the Italian respondents were planning to drive home themselves after they had been drinking (control: 18 %, intervention: 29 %) compared to the Scottish respondents (control: 4 %, intervention: 5 %). It should be noticed that the calculations illustrated in the presented graphics do not control for the actual level of alcohol consumed by the respondents in the figure. Perhaps, even more interesting, and worrying, is the fact that the proportion of respondents who were thinking of driving home although they had been drinking were larger in the intervention group than the control group for both countries.

Figure 7b: Drinking Habits among Those Who Intended to drive Home Themselves

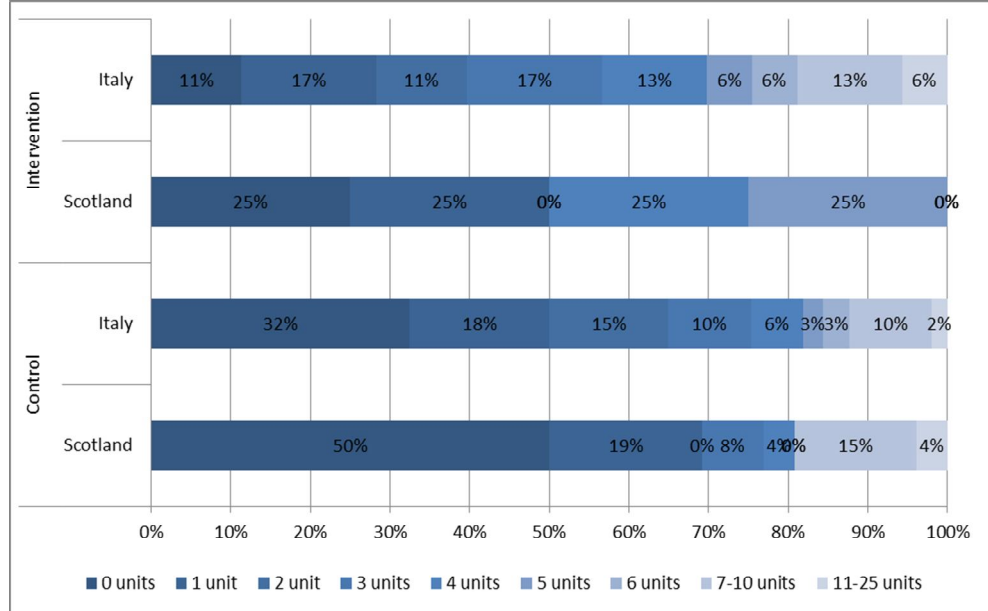


Figure 7b only includes those who intend to drive home themselves according to the questionnaire. In Italy 154 people stated that they would be driving in the control phase. 32% had not been drinking when they answered the questionnaire, and 24% had consumed more than 3 units. In the intervention phase 53 people from Italy stated that they would drive back. 44% had drunken more than three units when they answered the questionnaire.

In Scotland 26 people in the control phase would be the driver home. 23% had drunken more than three units. In the interventionphase only 4 people would be the driver 2 of them had been drinking more than three units.

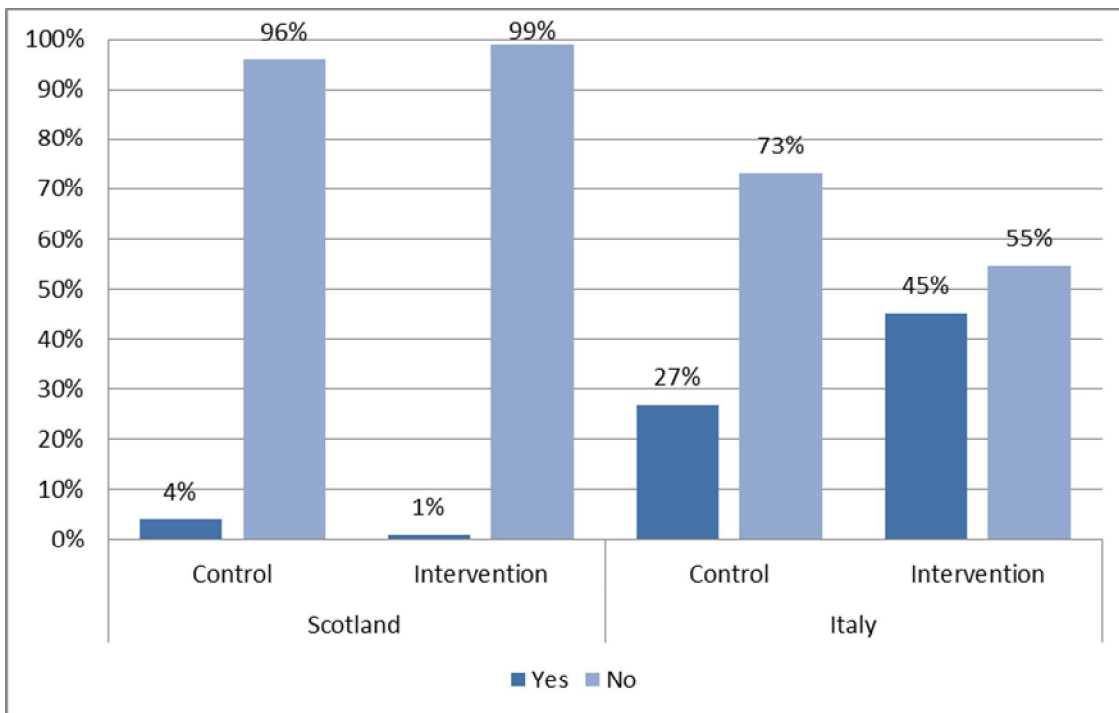
It seems that the people going to the chillout room have usually often been drinking more than average. Talking to people in the chillout room might be the reason why they decide not to drive back. That more drunk people state that they will be the driver in the intervention phase than in the controlphase seems to prove the importance and effect of the chillout room.

Chapter 4

The Usage of Drugs in Scotland and Italy

All of the respondents in the survey have been asked if they had taken drugs the night they were being interviewed. The outcome of this question illustrates that the two groups of interviewees are rather different. Thus, only a minor group in the Scottish part of the data collected said that they had taken drugs that particular night (control: 4 %, intervention: 1 %). Although still a minority the Italian respondents were much more likely to have been taken drugs, hence 27 % in the control group and 45 % in the intervention group admitted to have taken drugs that night, which is also portrayed on the next figure. This distribution suggests that the groups of respondents may not be completely comparable with respect to their drug use or propensity to admit to have taken these substances.

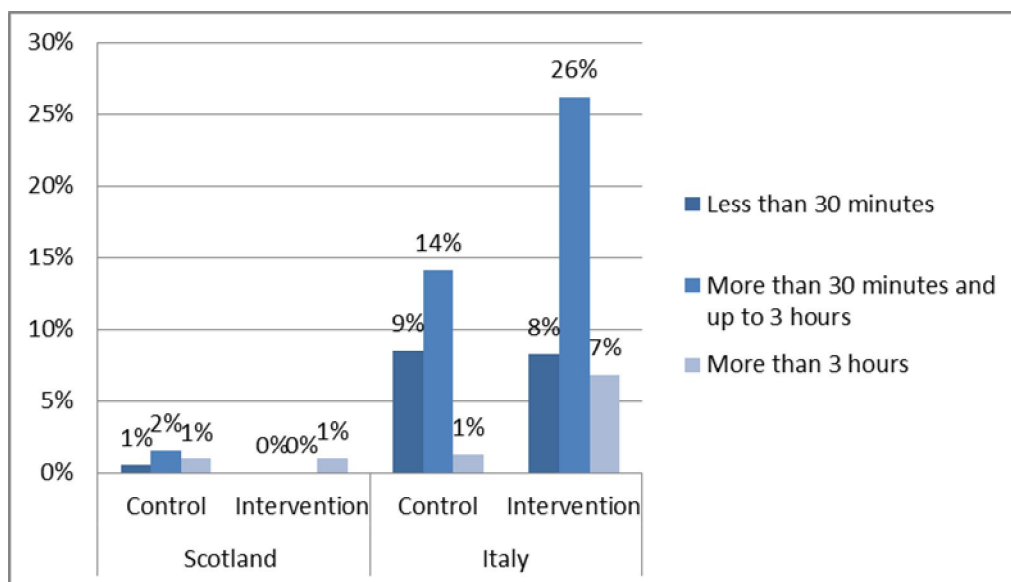
Figure 8: Have You Taken Any Drugs Tonight?



Furthermore, the respondents were asked how long ago they had taken drugs if they had taken any. This, of course, does not include all respondents since far from all of the respondents had taken drugs especially among the Scottish respondents.

Most of the respondents, who had taken drugs, had done so between 30 minutes and 3 hours ago (Italy – control 14 %, intervention 26 % of all respondents); since there were not that many who had taken drugs the corresponding numbers are rather small for Scotland (control 2 %, intervention 0 %). Many of the responses were conducted an hour after the clubs had opened, thus the respondents who said that they had taken drugs less than 30 minutes prior to the interview may have taken the drugs while being inside the venue. Although, it also a possibility that they arrived later to club.

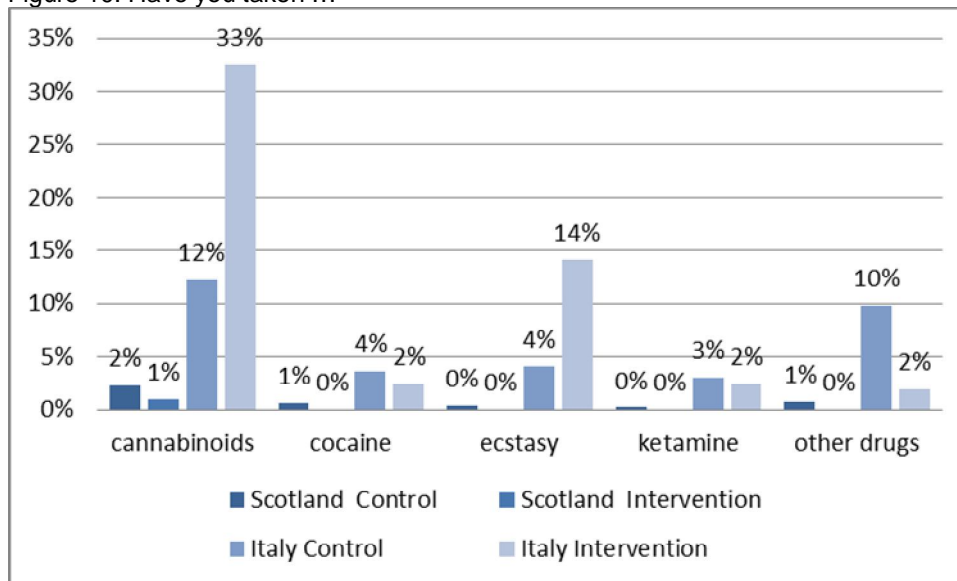
Figure 9: how long ago did you take your last drug intake?



Nonetheless, it seems sensible to assume that the respondents who had taken drugs less than 30 minutes before the interview would still be intoxicated during the interview. The possible effect of this circumstance on the responses given cannot easily be determined; but among 37 respondents - who had taken drugs - from the Italian part of the data set 17 said they expected to drive home themselves.

The respondents who had taken drugs were also asked what sorts of drugs they had been taken. The respondents were given a range possible drugs that they could admit to have been taken the list included: 'amphetamine', 'downers', 'cannabinoids', 'cocaine', 'ecstasy', 'heroin', 'poppers', 'ketamine', 'hallucinogens' and 'others'. The figure below portrays the distribution of all of the drugs that had been taken by more than 1 % of the total number of respondents:

Figure 10: Have you taken ...



The most used drugs among the respondents in both countries are cannabinoids. In Italy these have been taken by a third of the young people in the intervention group and 12 % in the control groups. In Scotland 2 % in the control group and 1 % in the intervention group had tried these kinds of drugs. The two only other kinds of drugs that were taken by 10 % or more were ecstasy (14 % in the Italian intervention group) and 'others' (10 % in the Italian control group). The profile of the drug use is hence relatively similar across the two countries. It is predominantly the "softer" drugs which are most popular among the drug using respondents. Of course, one should still keep in mind that particularly among the Scottish respondents are only a few who have been using drugs at all. Furthermore, it would be interesting to investigate what the category of 'other' drugs consisted of since it is used by 10 % of the interviewees in the Italian control phase-group.

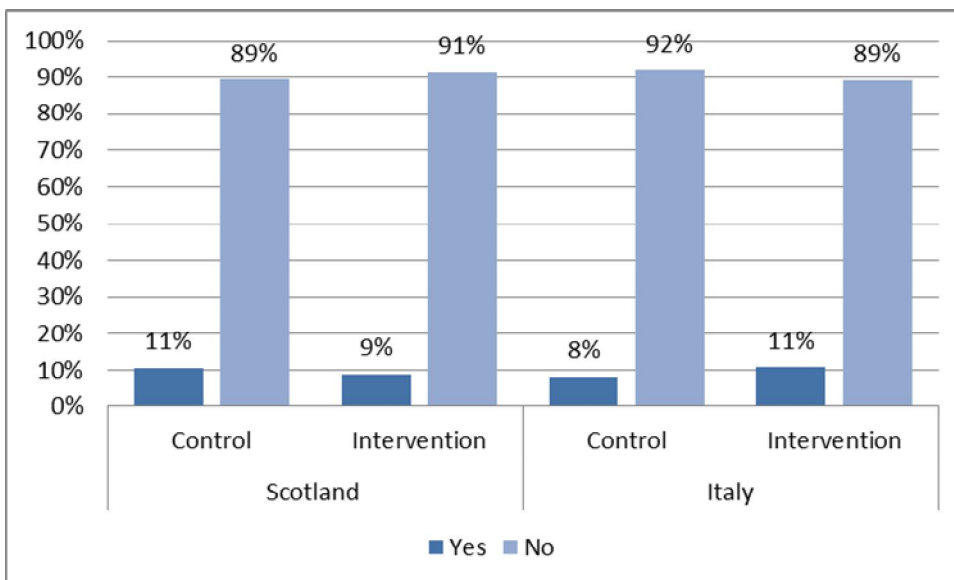
The answers among the respondents in the Italian intervention phase regarding use of drugs, assembles the answers regarding alcohol consumption in the Italian intervention phase. More people had been taken drugs in the intervention phase than in the control phase in Italy just as more people in Italy had been drinking in the intervention phase which might shows, that the informationcenter/chillout room is used a little more by people who feel they need the information in Italy than in Scotland.

Chapter 5

Unprotected Sex

Other actions defined as negative behaviour include having unprotected sex. Young people at the clubs were asked if they had unprotected sex that night; and if they intended to have sex whether they would use a condom or not. The first figure of this section illustrates the share of young people who have had unprotected sex the night they were interviewed. As with most of the figures the answers have been divided between the control group and the intervention group:

Figure 11: Did you have sex without condom or unprotected oral sex tonight?



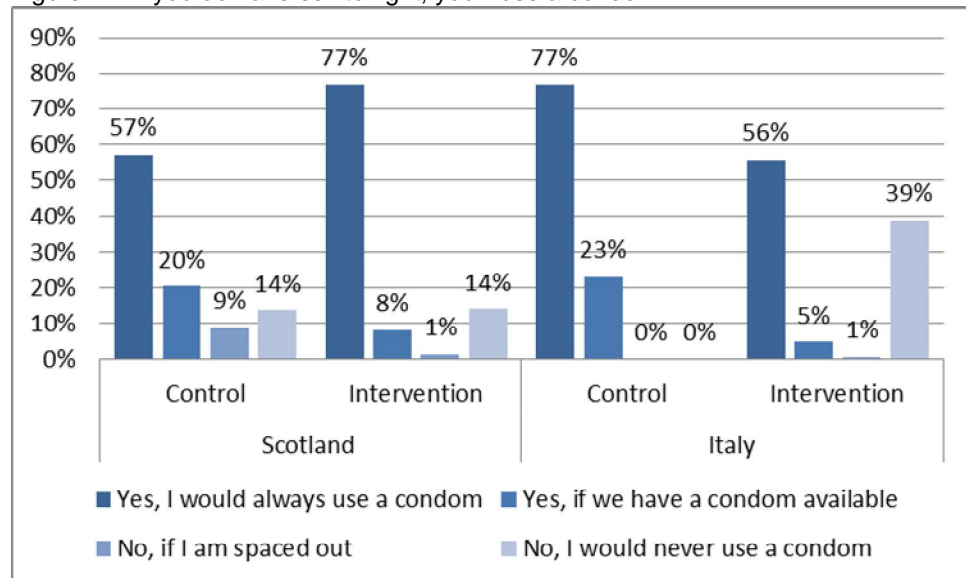
The figure above shows that most of the respondents did not have unprotected sex earlier on that night when they were being interviewed. Furthermore, it seems that the numbers across both countries and groups are somewhat similar. In Italy 11 % in the control group and 9 % in the intervention group had had unprotected sex on that night. In Scotland the equivalent numbers are 8 % in the control group and 11 % in the intervention group.

A chi-square test of the distributions shows that the differences across the groups are not significant (Scotland: chi-square 0.273, df (1), p-value = 0.601; Italy: chi-square 1.176, df (1), p-value = 0.278). The respondents' propensity to have unprotected sex could be determined by their sex; hence chi-square tests distinguishing the responses given by female and male respondents respectively were conducted. These tests demonstrated that besides the Italian control group there were no statistically significant differences between men and women's likelihood of have had unprotected sex the night of the interview.

Among the respondents in the Italian control group men were significantly more likely to have had unprotected sex during that night compared to the women belonging to same group.

It appears that the question regarding whether those who do in fact intent to have sex will use a condom has not been coded in the exact same manner in Scotland and Italy. The question gives the respondent following possible answers: 'Yes, anyway', 'Yes, only if we'll have the condom', 'No, if I am spaced out' and finally 'No, I would never use a condom'. The answers are illustrated in the next figure.

Figure 12: If you do have sex tonight, you'll use a condom?

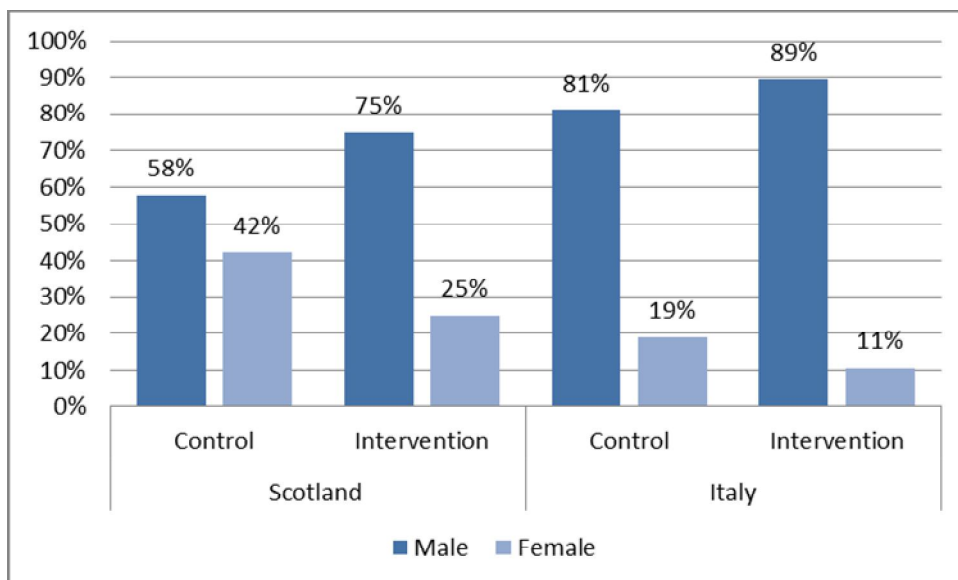


As displayed above more than half of the respondents in all four groups would always use a condom. In Italy the shares are 77 % in the control group and 56 % in the intervention group. In Scotland the figures are 57 % in the control group and 77 % in the intervention group. In other words the groups seem to be behaving in opposite directions in the countries when comparing before and after the intervention. There are also between 5 % (Italian intervention group) and 23 % (Italian control group) of the respondents who would use a condom, however only if it is available. As with the issue of having had unprotected sex chi-square tests were applied to the analysis to illustrate any differences. The outcome of these tests showed that was no statistically significant difference between men and women on the issue of using a condom when all of the responses were divided on country and phase.

Once again the answers from Italy reveals that more of the people participating in the intervention phase than in the control phase will have unprotected sex, just as more of them had been drinking or taken drugs. This is not the case in Scotland. The two settings are very different, and a chilloutroom, leaflets etc might be more needed in Italy than in Scotland.

In order to control how the intake of alcohol may contribute to negative behaviour of the young people in Scotland and Italy, respectively, a chi-square test was made which only contains the answers given by people who said that they had been drinking alcohol that night on whether or not they had unprotected sex. There was no significant difference between those who had been drinking and those who did not drink on the question if they had had unprotected sex.

Figure 13: The Share of Men and Women Among those Respondents Who had Unprotected Sex and been drinking



Although this figure only consists of responses given by people who had unprotected sex, the results are illuminating as it portrays a tendency among the male respondents; they are more prone to have unprotected sex compared to their female peers. Especially, among the Italian respondents is the gender difference noteworthy (control group: 81 % men, intervention group: 89 % men). In Scotland the male share is also the largest (control group: 58 % men, intervention group: 75 % men). The figure above illustrates a tendency that to some extent support the notion that negative behaviour is related to an intake of alcohol.

Chapter 6

Problems Caused by Use of Alcohol or Drugs

When asked if the respondent has ever had problems related to his or her use of alcohol or other substances the majority in both countries states that they have not experienced any such problem. The numbers are displayed in the figure below:

Figure 14: Have you ever had problems related to substance or alcohol use?

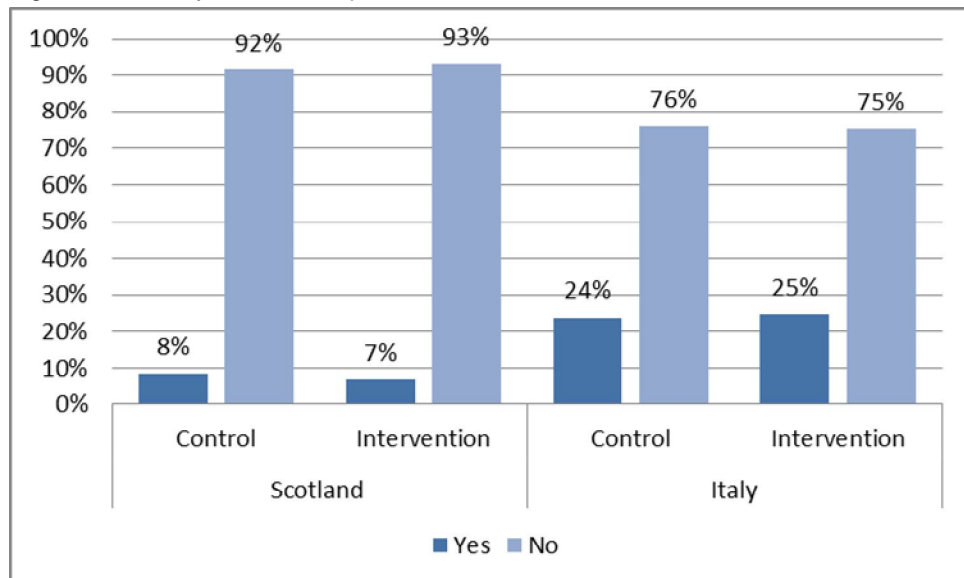
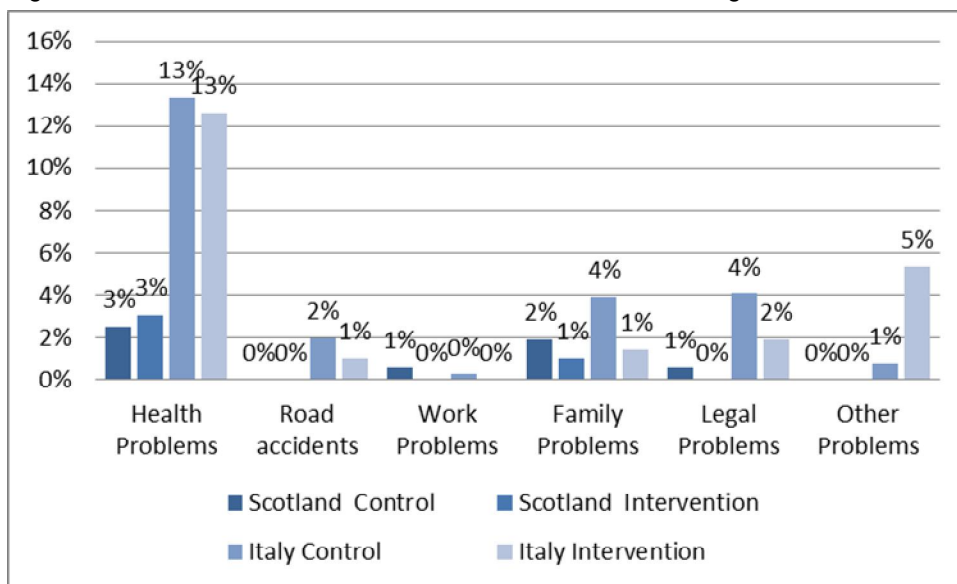


Figure 14 shows that there are more respondents in Italy who have had problems related to use of alcohol or drugs. The numbers for Scotland are: control group 9 %, intervention 7 %, and the corresponding numbers for Italy are: control group 24 %, intervention 25 %. The differences within each of the countries – between control group and the intervention group - are not significant (Scotland: chi-square 0.222, df (1), p-value = 0.638; Italy: chi-square 0.043, df (1), p-value = 0.837).

In this context it is worth remembering that the Italian respondents in general tend to be drinking more and they are more likely to have taken drugs on the night of the interview. This seems to be reflected in the number who have experienced problems. Even if a person has not been drinking or taking drugs the higher share of people in the room who have been drinking or taking drugs might mean, that the risk of experiencing problems is higher.

Those respondents who told that they had faced problems because alcohol or substance use were asked what sorts of problems they had experienced. These issues covered six categories: health problems, road accidents, work problems, family problems, legal problems and other problems. The distribution of the answers to this question is shown in the following figure.

Figure 15: Different Kinds of Problems Related to Alcohol or Drug Use



As a result of the larger proportion of Italian respondents who have experienced problem the higher values displayed in figure 15 are expected. However, the Italian respondents have particularly had many health problems (around 13 %) compared to equivalent Scottish numbers (around 3 %). It is characteristic that the majority of people who have participated in the survey have not had any problems related to alcohol. Besides health problems none of the other categories account for more than 4 % of the total of respondents in each subgroup, bar the intervention group in Italy on 'other problems' (5 %).

Chapter 7

Summary

The main purpose of the data collection was to demonstrate what effect the interventions have had on young people at the venues in both Scotland and Italy. The design of the survey distinguished between a control phase and an intervention phase which enabled the detection of any potential outcomes due to the content of the project. The analysis of the data provided from Italy and Scotland has been divided into five main sections which focus on different aspects of negative behaviour carried out by the respondents at the clubs.

However, the first chapter of the analysis concerns the demographical characteristics of the respondents in the survey. The results show that the majority of the participants are men. Whether this is a fair representation of the actual gender distribution at the venues cannot be determined by the figures in the data set. Nonetheless, one could argue that this bias may have affected the findings of the analysis which is why many of the contingency-tables produced also controlled for any differences between men and women. Furthermore, the scrutiny of the data demonstrated that more interviews were conducted during the control phase compared to the intervention phase. Though, this analysis does not go into detail with the consequences of the solidness of the data with respect to the numbers of respondents and the timing of the interviews as part of the overall project process. In addition, to descriptions of the gender distribution the sample is characterised by having many respondents in their early twenties, who are predominantly studying or working.

In both countries the vast majority of the respondents said that they had been drinking on the night of the interview. There are some differences as to which sorts of alcohol the interviewees were drinking. In Scotland more people were drinking beer than in Italy, whereas the Italian respondents were fonder of wine than their Scottish counterparts. One of the predefined categories of negative behaviour was the intention of driving whilst being under the influence of alcohol. An interesting finding related to this issue is the significant difference in the respondents' attitude across the two countries to whether people it safe drive home or not; if someone had been drinking as much as the respondent. It appears that, whereas the Scottish respondents in general do not find it safe to drive home, the opinion among the Italian respondents is more ambivalent. Also, there is not any major difference between the control phase and the intervention phase of the two countries. Likewise, more Italian respondents also intended to drive home, although they had been drinking.

Even though, the aim of the project was to interview poly drug users, nearly no one in the Scottish survey had been taking drugs which encumbered estimations of the intervention effect on this part of the survey population. The most used drugs in both countries were cannabinoids and to a lesser extent ecstasy (in Italy). Among those Italian respondents

who intended to get home with a car/motorcycle and who had been taken drugs on the night of the interview 17 out of 37 were thinking of driving themselves.

The fifth chapter concerns the extent to which the respondents would be willing to have unprotected sex. Approximately, 90 % of the respondents had not had unprotected sex on the same night as the interview and more than half of the respondents said that they would always use a condom. However, it seems that a larger proportion of respondents in the control phase compared to the intervention phase would be using a condom in Italy, whereas the opposite was the case in Scotland. Furthermore, a closer look at the respondents who said that had unprotected sex the night of the interview showed that there were far more men than women especially in Italy.

Finally, the analysis illustrated that the majority of the respondents did not think that had experienced any problems related to use of drugs or alcohol. Although, the share of people, who had experienced any such events, were notably higher in Italy than in Scotland. This may due to the fact that the respondents in Italy were more likely to have been taking drugs than their Scottish peers. Thus, the results of the survey for the TRIP-project deliver some evidence suggesting that substance use of either alcohol or drugs (or a combination of both) can be associated with the problems of negative behaviour defined prior to the data collection. These problems, especially, regard health related issues and to a lesser extent family and legal problems.