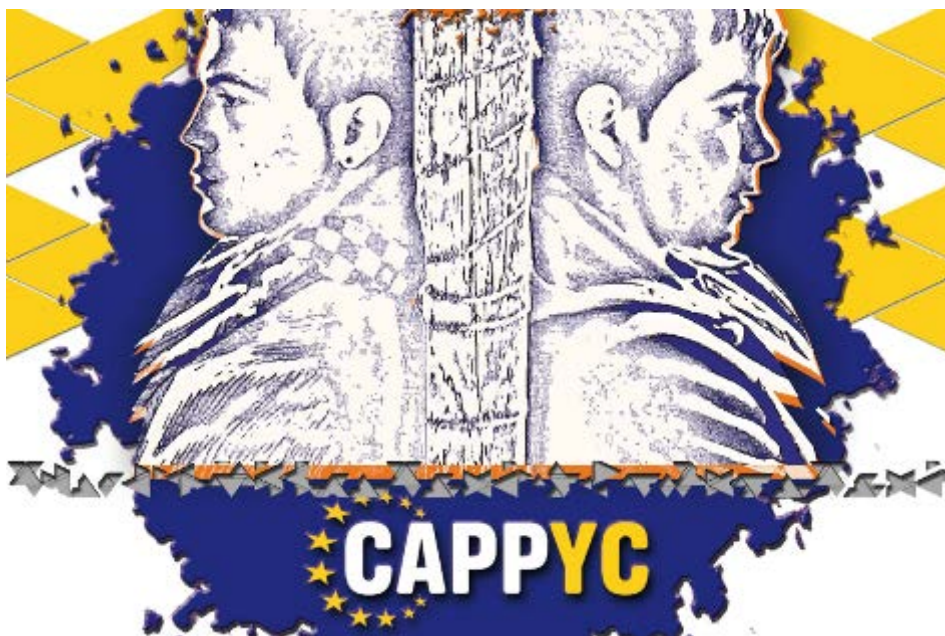




European implementation of CAPPYC

- Cannabis Abuse Prevention Program for Young Consumers -
and evaluation of their results using a scale
measuring attitudes towards drug use

www.cappyc.eu



Questionario CUIQ

Cannabis Use Intention Questionnaire

APPLICATION AND CORRECTION MANUAL

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1 INTRODUCTION

Cannabis is the most consumed illegal drug in Europe. 17% of young Europeans of 15 and 16 years of age have consumed cannabis at some time in their lives, although said percentage varies considerably between countries (ESPAD 2011, Hibell et al., 2012). Updated consumption data can be consulted on the website of the [European Monitoring Centre for Drugs and Drug Addiction \(EMCDDA\)](#).

The high prevalence of consumption among young people highlights the need to develop preventative interventions for problems related to said consumption. Due to this need, the European Commission funded the project [CAPPYC \(Cannabis Abuse Prevention Program for Young Consumers\)](#), carried out by a European consortium consisting of six institutions from four countries (Spain, Italy, Portugal and Romania). Developed between 2014 and 2016, it was a project for the prevention of cannabis abuse among young consumers, undertaken by a consortium consisting of: [Fundación de Ayuda contra la Drogadicción \(FAD\)](#) [Foundation for Drug Addiction Support] (coordinating member), the [Fundación UNED](#) [National University of Distance Education Foundation], the [Miguel Hernández University \(UMH\)](#) in Elche, the [Universidade Católica Portuguesa](#), the [Centro Studi ed Iniziative Europeo \(CESIE\)](#) in Italy and the NGO [Asociația pentru Motivare și Schimbare \(AMOS\)](#) in Romania.

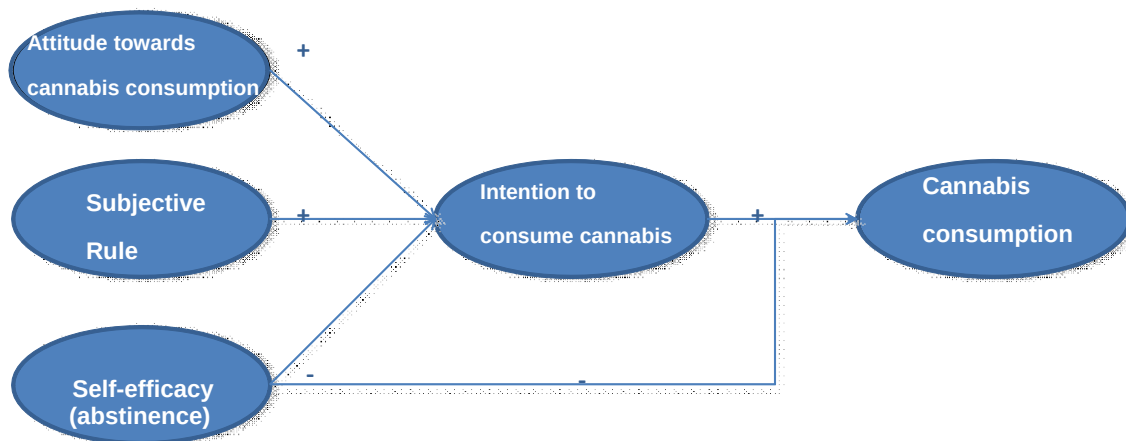
CAPPYC focused on the evaluation of the efficiency of a program for the prevention of cannabis consumption among young people and the associated problems, and the design and validation of a scale to measure attitudes towards cannabis consumption. This scale (called CUIQ - Cannabis Use Intention Questionnaire) is that which is presented in this document, with a detailed explanation of how it was constructed, how to use it and how to evaluate the data obtained after application to a group of young people.

To avail of a validated questionnaire in different countries makes it possible to evaluate the programs and interventions, measuring a series of aspects both before and after implementation, with the objective of analysing the adequacy of the same and introducing changes where necessary. Furthermore, it facilitates the comparison of a group or a person with another similar reference in the same country.

2 THEORETICAL FRAMEWORK

The interventions designed to reduce substance consumption are intended to modify risk factors related to that consumption behaviour. In this context, the theory of planned behaviour (TAP, Ajzen, 1991), used in various areas in order to predict the behavioural intentions, offers a consolidated theoretical framework that is widely used in the behavioural and precedent study (Ajzen y Fishbein, 2005; Armitage and Conner, 2001). This theoretical framework allows us to understand and predict the intentions for substance consumption, taking into account not only the personal factors but also the social factors as well (Figure 1).

Figure 1. Theory of Planned Behaviour (Ajzen, 1991)



According to the TPB, the **attitudes** are reasonably developed from the repertoire of beliefs in relation to the attitude object. However, the attitudes do not only depend on the beliefs, but also on the evaluation carried out by the person for each of the behavioural beliefs. In this way, two people can believe with the same strength that cannabis helps with relaxation, but one of them may value this relaxation very positively while the other may consider this to be undesirable. This approach has the advantage over direct measurement of the attitudes as it can explain why people with different beliefs can show the same attitudes and vice-versa (Morales, Reboloso and Moya, 1994).

The **subjective rule** refers to the social pressure perceived in order to take part, or not, in a certain behaviour (Ajzen, 1987). This constitutes the normative component of the model and reflects the influence that the person's immediate environment has on their behaviour. This component can be defined, specifically, as a probabilistic opinion about what the majority of the people who are important to this person, i.e. their significant others or reference groups, think about the existence of a certain behaviour. The subjective rule therefore reflects the effects of the social factors, while the attitude is the principal example of the individual psychological effects (Morales et al., 1994).

Only the **self-efficacy** and the intention are considered to be direct predictors for behaviour. The control beliefs incorporate the influence of the presence or absence of certain resources and opportunities that determine the intention and the behaviour to the TBP model (Ajzen, 1991). These are beliefs about the capacity to successfully complete certain behaviours. These beliefs can be consolidated in the personal experience in relation to the behaviour or indirect information about the behaviour from family and friends, and can also depend on other factors that increase or decrease the perceived difficulty of carrying out said behaviour.

The behaviour **intention** is established as the precedent for the behaviour, in such a way that the greater the intention to carry out a certain behaviour, the greater the probability that it will be effectively done (Ajzen, 1987).



3 QUESTIONNAIRE STRUCTURE AND PURPOSE

The CUIQ consists of four sections (named A, B, C and D, as described below) and a final section that includes a series of socio-demographic variables. It is anonymous and has the objective of measuring cannabis consumption, as well as the three precedents (attitude, subjective rule and self-efficacy) for efficient prevention of cannabis consumption. This is to say, it aims to identify positive attitudes in relation to consumption, support from the reference groups and self-efficacy (understood as the capacity to not consume in different situations), with the purpose of having an influence, through programs or other types of interventions, on the most repeated aspects and reducing the intention for consumption. Furthermore, this test makes an evaluation of the efficacy of preventative interventions possible.

3.1 Section A. Attitude

The attitudes are measure through the following scales:

- **Belief about the consequences of this behaviour** (items from A1 to A4). This first block of four items measures to what extent they believe that consuming marijuana or hashish has an influence on a series of statements (for example, "it helps you to relax"), with a Likert-type answer scale of 5 points, from 1 (*not likely*) to 5 (*very likely*).
- Evaluation of the consequences of carrying out this behaviour (items from A5 to A8). This second block of four items measures how important each one of the aspects listed in the first block are to the person, with a Likert-type answer scale of 5 points, from 1 (*not at all*) to 5 (*very important*).

The attitude of the person towards the behaviour can be estimated through the following formula:

$$A_c = \sum b_i e_i$$

Where:

A_c = attitude of the person towards the behaviour;

b_i = belief about the consequences of the behaviour;

e_i = evaluation of the consequences of the behaviour;

i = subscript that indicates each belief and its evaluation, numbered from 1 to 4. That is to say:

$$Attitude_1 = \frac{(A_1 \times A_5)}{5}$$

$$Attitude_N = \frac{(A_N \times A_{N+4})}{5}$$



$$Attitude = \frac{\sum_1^4 Attitude_N}{n. items} = \frac{(A_1 \times A_5)/5 + (A_2 \times A_6)/5 + (A_3 \times A_7)/5 + (A_4 \times A_8)/5}{4}$$

3.2 Section B. Subjective rule

- **Normative beliefs related to significant others or references.** Items B1, B2 and B3 measure to what extent the closest people (close friends, colleagues and boyfriend/girlfriend or person I like) would agree with marijuana or hashish consumption, with a Likert-answer scale of 5 points, from 1 (*strongly disagree*) to 5 (*strongly agree*).
- **Motivation to accommodate significant others or references.** Items B4, B5 and B6 measure how the opinion of these people is evaluated in relation to marijuana or hashish consumption, with a Likert-type answer scale of 5 points, from 1 (*not at all*) to 5 (*very important*).

Therefore, the subjective rule can be estimated through the following formula:

$$SR = \sum rb_i ma_i$$

Where:

SR = Subjective rule;

rb_i = Normative beliefs related to significant others or references;

ma_i = Motivation to accommodate significant others or references;

i = subscript that indicates each normative belief and the motivation to accommodate the significant others, numbered from 1 to 3. That is to say:

$$SR = \frac{\sum_1^3 NS_N}{n. items} = \frac{(B_1 \times B_4)/5 + (B_2 \times B_5)/5 + (B_3 \times B_6)/5}{3}$$

3.3 Section C. Self-Efficacy

This section is composed of five items intended to measure self-efficacy for non-consumption or abstinence (for example, to be able "to have fun without consuming marijuana or hashish"). In the questionnaire, it corresponds to items C1 to C5. These items are measured with a Likert-type answer scale of 5 points, from 1 (*not capable*) to 5 (*totally capable*). This scale shows a negative influence towards the intention to consume cannabis, i.e., the higher the perception of the adolescent's efficacy to abstain and not consume, the lower their intention to consume cannabis. Taking into account that adolescence is a vital period in which friends have a great



influence on behaviour, it may not be easy to resist the peer pressure and be capable of saying no. The score of this scale is calculated through the following formula:

$$\text{Self – efficacy (abstinence)} = \frac{C_1 + C_2 + C_3 + C_4 + C_5}{5}$$

3.4 Section D. Consumption intention

The scale for consumption intention consists of three items related to the intention to consume marijuana or hashish, having plans to consume marijuana or hashish soon and, if the opportunity arises, wanting to consume marijuana or hashish. These three items are measured with a Likert-type answer scale of 5 points, from 1 (*definitely not*) to 5 (*definitely*). The global score is calculated as the average of the three items:

$$\text{Intention} = \frac{D_1 + D_2 + D_3}{3}$$

3.5 Socio-demographic data

This includes:

- Sex (male/female)
- Age (years)
- Province of residence
- School year

3.6 Target population

This questionnaire is aimed towards adolescents and its validation has been carried out with a sample of students between 15 and 18 years of age. The application and interpretation of the questionnaire applied to other age groups must be undertaken with care. Furthermore, the questionnaire has been designed for preferential application in the school environment.

4 METHOD

4.1 Sample

In the questionnaire validation, 4,680 young secondary school students participated, with ages ranging between 15 and 18 years, from Italy, Portugal, Romania and Spain. Table 1 shows the ages and sex of the participants per country in the questionnaire validation. Table 2 shows the consumption results and, finally, Table 3 shows the consumption depending on the sex of the participants. The consumption results from the sample used are similar to those found in the

ESPAD and ESTUDES questionnaires (Hibell et al., 2012; Ministerio de Sanidad Servicios Sociales e Igualdad, 2012).

Tabla 1. Descriptions per country

Country	Age	15		16		17		18		Total
	Sex	♂	♀	♂	♀	♂	♀	♂	♀	
Italy		190	315	200	280	153	162	127	60	1487
Portugal		130	229	116	152	81	131	47	34	920
Romania		194	216	167	179	139	88	112	33	1128
Spain		167	185	206	198	164	116	70	29	1135

Tabla 2. Frequency of cannabis consumption in the last 12 months (%)

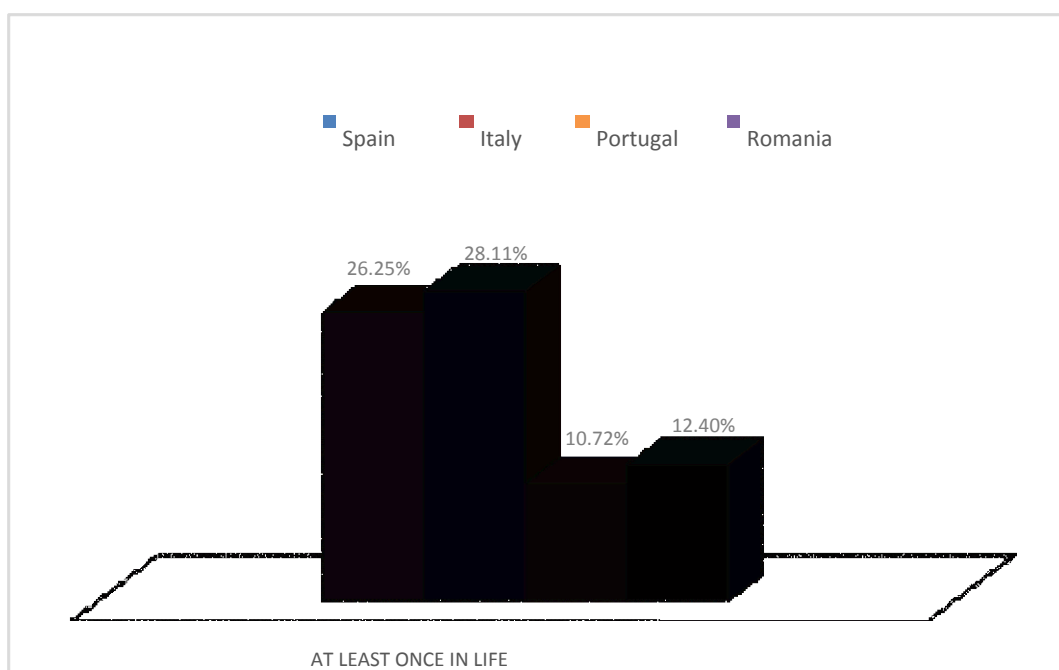
		Number of times						
Country	Age	0	1-2	3-5	6-9	10-19	+20	Once or more
Italy	15	82	8.7	2.2	2.8	1.8	2.6	18
	16	74	8.8	4.4	3.5	5	4.4	26
	17	58.1	12.1	6.7	4.8	5.7	12.7	41.9
	18	62.6	9.1	4.8	4.8	6.4	12.3	37.4
Portugal	15	96.9	1.1	0	0.3	1.1	0.6	3.1
	16	87.4	1.5	3	1.1	2.2	4.8	12.6
	17	84.4	3.3	3.3	1	1.9	5.8	15.6
	18	73.4	5.1	1.3	0	5.1	15.2	26.6
Romania	15	91.9	4.4	1.7	1.2	0.5	0.2	8.1
	16	87.9	5.6	3.2	1.8	0.9	0.6	12.1
	17	85.7	4.9	4	1.8	1.3	0.4	14.3
	18	77.4	4.4	2.9	4.4	3.6	7.3	22.6
Spain	15	85.2	4	3.4	3.1	1.4	2.9	14.8
	16	75	8.3	5.3	3.5	2	5.8	25
	17	62.2	11.5	4.7	4.7	4.3	12.6	37.8
	18	61	11	3	0	6	9	39

Tabla 3. Frequency of cannabis consumption in the last 12 months per sex (%)

Country	Age	Number of times													
		0		1-2		3-5		6-9		10-19		20+		Once or more	
		♂	♀	♂	♀	♂	♀	♂	♀	♂	♀	♂	♀	♂	♀
Italy	15	76.8	85.1	10.5	7.6	3.2	1.6	2.6	2.9	1.6	1.9	5.2	1	23.2	14.9
	16	64.5	80.7	10	7.9	6.5	2.9	5	2.5	7.5	3.2	6.5	2.9	35.5	19.3
	17	47.7	67.9	13.7	10.5	9.2	4.3	3.9	5.6	7.8	3.7	17.7	8	52.3	32.1
	18	59.8	68.3	7.9	11.7	5.5	3.3	4.7	5	5.5	8.3	16.5	3.3	40.2	31.7
Portugal	15	96.1	97.4	1.6	0.9	0	0	0.8	0	0	1.8	1.6	0	3.9	2.6

	16	85.3	89.4	2.6	0.7	0.9	4	1.7	0.7	2.6	2	5.2	3.3	14.7	10.6
	17	79.7	88.4	2.5	3.9	3.8	3.1	1.3	0	4.1	3	7.6	4.6	20.3	11.6
	18	69.6	78.8	2.2	9.1	0	3	0	0	6.5	3	21.6	6	30.4	21.2
Romania	15	92.6	91.1	4.2	4.7	2.1	1.4	0.5	1.9	0.5	0.5	0	0.5	7.4	8.9
	16	86.5	89.2	6.1	5.1	2.5	4	2.5	1.1	1.2	0.6	1.2	0	13.5	10.8
	17	83	90.7	5.2	4.7	5.9	1.2	1.5	1.2	1.5	1.2	3	1.2	17	9.3
	18	75.5	83.9	4.7	3.2	1.9	6.5	5.7	0	4.7	0	7.6	6.4	24.5	16.1
Spain	15	80.8	89.2	6	2.2	3	3.8	4.2	2.2	2.4	0.5	3.6	1.1	19.2	10.8
	16	70	80	10.5	6.2	5.5	5.1	4	3.1	2.5	1.5	7.5	4.1	30	20
	17	58.9	67	11.7	11.3	4.3	5.2	4.3	5.2	4.3	4.3	16.6	6.9	41.1	33
	18	61.4	58.6	10	13.8	2.9	3.4	0	0	2.9	13.8	22.9	10.3	38.6	41.4

Figura 1. Cannabis consumption at least once in life



4.2 Procedure followed for validation

The first version of the questionnaire was applied to a group of 73 Spanish students in Obligatory Secondary Education, with ages ranging between 13 and 17 years, of which 44.4% were male ($n = 32$) and 55.6% were female ($n = 40$). Based on the results obtained, the open responses and the doubts registered by the people that administered the questionnaires, the sections were revised and the definitive questionnaire was created, which was administered to the 4,680 students between 15 and 18 years of age that participated in the validation.

5 PSYCHOMETRIC ANALYSIS

The psychometric analysis of the questionnaire reveals that all of the scales can be considered to be reliable, with Cronbach Alpha indexes superior to 0.70, as can be noted in Table 6. Also the items of each of the scales show high factorial weight (above 0.60), which also indicates that they are reliable indicators. With respect to the high variance explained by the questionnaire, it is very high, obtaining a value of 69.88%, and all of the scales in the questionnaire have values close to or above 0.50 in the Average Variance Extracted, which is an indicator of the construct validity.

Tabla 4. Psychometric properties of the questionnaire

Scale	Item	Average	TD	Factorial weight (λ)	Reliability (α)	AVE	% Variance explained
Attitude	Act1	2.56	1.43	.76	.81	.52	32.45
	Act2	2.31	1.38	.79			
	Act3	1.89	1.36	.69			
	Act4	1.24	1.21	.64			
Subjective rule	SR1	1.55	0.92	.85	.70	.47	19.73
	SR2	1.33	0.74	.54			
	SR3	1.38	0.91	.62			
Self-efficacy	C1	4.31	1.27	.71	.86	.55	9.41
	C2	4.42	1.15	.82			
	C3	4.15	1.21	.69			
	C4	4.57	1.03	.78			
	C5	4.39	1.18	.72			
Intention	D1	1.71	1.19	.91	.94	.83	8.29
	D2	1.61	1.13	.91			
	D3	1.73	1.22	.91			
Total						69.88	

TD: Typical Deviation; AVE: Average Variance Extracted

6 APPLICATION AND CORRECTION STANDARDS

6.1 Application protocol

The person that will administer the questionnaires must print **as many copies as students** are estimated to fill it in, as well as one **envelope** for storing the collected questionnaires per classroom or group. It is important not to mix questionnaires from different classrooms or groups in one single envelope.

Once in the classroom or with the group of young people and adolescents, the questionnaire must be presented, highlighting the anonymity of the same and the importance of answering sincerely:

"This questionnaire includes various questions about your opinions and behaviour. Your answers will be treated anonymously, therefore we

appreciate your sincerity. Also, there are no correct or incorrect answers, it is simply a case of what you believe."

Given that the questionnaire is anonymous, personal information will be collected (sex, age, etc.) but under no circumstances will the name, ID number or other information be requested that could identify a particular student.

Before collecting the questionnaire, the young people/adolescents should be reminded to check that they have answered all of the questions. If the young people/adolescents have any doubts about a question while filling in their responses, the person administering the questionnaire should resolve these doubts.

6.2 Application times

It is estimated that filling in the questionnaire requires approximately 15-20 minutes. However, it must be taken into account that it is necessary to present the questionnaire and to resolve any doubts that may arise, therefore we recommend reserving at least 30 minutes for the entire process.

6.3 Rules for correction and Excel template for automatic calculation of the scores

The way to correct each scale has been described in section 3 of this manual. To facilitate correction, this manual includes an Excel template that will directly calculate the individual scores in each scale, as well as the group averages. For this reason, one row should be correctly filled in for each questionnaire.

6.3.1 Score

A score corresponds to each scale, in such a manner that for each participant a value will be obtained for:

- A. Attitudes towards cannabis.
- B. Subjective rule towards cannabis.
- C. Self-efficacy towards abstinence.
- D. Intention to consume cannabis.

Furthermore, a global score will be obtained per group or classroom for these aspects. To calculate said scores, an Excel template is provided.

6.3.2 Instructions for completing the Excel template

- First of all, in the "Registration" tab, one row should be filled in for each questionnaire collected. The first row is an example (do not delete or remove, this data will not be taken into account when calculating the results).
- Next, the calculated values in the "Results" tab should be consulted. In the Attitude, SR, Self-efficacy and Intention columns, the values for each individual participant will be shown. In the cells shaded in blue, the averages for the group will be shown for the four variables.

- Note: a maximum of 100 people has been assumed. If there are more participants, a new file should be used.

7 INTERPRETATION - SCALE

For each country, a scale has been created (categorised by age) for each of the scores obtained: attitudes towards cannabis, subjective rule towards cannabis, self-efficacy towards abstinence and intention to consume cannabis. The individual scores for a person, as well as the average scores for a group can be compared with said scale for the corresponding country.

How is this scale interpreted? Let's suppose that for an adolescent of 15 years of age in Spain, an average score on scale A - Attitude of 2.55 points is obtained. According to the indications in Table 7 for this age group, the 70 percentile has a value of 2.50, while the 80 percentile has a value of 2.75. Therefore, the adolescent will be positioned between both percentiles, so we can say that approximately 70% of young people of their age will have a lower score for attitude, or in the same way, this young person is within the 30% of young of their age that have the highest score for positive attitude towards cannabis consumption.

Let's take another example. A 17 year old boy scores 1.00 on scale D - Intention. On Table 7 we can observe that for this age group in Spain, the percentiles 10, 20, 30, 40 and 50 have the same value: 1.00. Therefore, this young person is positioned in the 50 percentile, i.e., in the average for the group of young people of their age (50% of young people have less intention to consume).

In the case that this questionnaire is administered in a country other than those analysed (Spain, Italy, Portugal and Romania), the last table (Table 9) can be used as a reference in relation to these four countries together, although only as a guide given that it must be taken into account that there may be differences with respect to other countries and, therefore, its adequacy is not guaranteed. In general, it can be observed that women (Table 11) show less intention to consume and less favourable attitudes and subjective rule towards consumption, as well as self-efficacy not to consume that is similar or slightly higher than the same variables collected for the men in the sample (Table 10).

Table 5. Spain Scale

Spain																
	Attitude				Subjective rule				Self-efficacy				Intention			
Age	15	16	17	18	15	16	17	18	15	16	17	18	15	16	17	18
Cases	352	404	275	100	350	403	275	100	351	404	277	101	352	402	276	99
Percentile																
10	0.75	0.80	0.90	0.81	0.73	0.80	0.80	0.80	3.80	3.20	3.24	2.40	1.00	1.00	1.00	1.00
20	1.10	1.20	1.25	1.10	0.87	0.93	0.93	0.93	4.28	4.20	4.00	3.80	1.00	1.00	1.00	1.00
30	1.40	1.45	1.50	1.25	0.95	1.07	1.05	1.00	4.60	4.40	4.40	4.20	1.00	1.00	1.00	1.00
40	1.70	1.70	1.75	1.75	1.00	1.20	1.20	1.23	4.80	4.60	4.60	4.60	1.00	1.00	1.00	1.00
50	1.95	1.95	2.05	2.03	1.20	1.40	1.40	1.40	5.00	4.80	4.80	4.60	1.00	1.00	1.00	1.00
60	2.24	2.20	2.25	2.28	1.27	1.53	1.53	1.67	5.00	5.00	5.00	4.80	1.00	1.33	1.33	1.00
70	2.50	2.50	2.56	2.54	1.47	1.73	1.73	1.91	5.00	5.00	5.00	5.00	1.33	1.67	2.00	2.00
80	2.75	2.80	3.00	3.05	1.79	1.93	1.93	2.20	5.00	5.00	5.00	5.00	1.67	2.47	2.87	4.00
90	3.40	3.40	3.62	4.24	2.19	2.33	2.33	2.67	5.00	5.00	5.00	5.00	3.00	3.67	3.77	5.00

Table 6. Italy Scale

Italy																
	Attitude				Subjective rule				Self-efficacy				Intention			
Age	15	16	17	18	15	16	17	18	15	16	17	18	15	16	17	18
Cases	505	480	315	187	505	480	315	187	505	480	315	187	505	480	315	187
Percentile																
10	0.75	0.70	0.85	0.70	0.80	0.80	0.87	0.87	3.20	3.40	3.12	3.16	1.00	1.00	1.00	1.00
20	0.95	0.95	1.15	1.00	0.93	0.93	1.00	1.04	4.00	4.00	3.80	3.80	1.00	1.00	1.00	1.00
30	1.19	1.30	1.45	1.37	1.00	1.02	1.20	1.27	4.20	4.20	4.20	4.20	1.00	1.00	1.00	1.00
40	1.45	1.60	1.70	1.70	1.20	1.20	1.33	1.47	4.40	4.60	4.40	4.40	1.00	1.00	1.00	1.00
50	1.75	1.85	2.05	1.95	1.33	1.40	1.53	1.60	4.80	4.80	4.60	4.80	1.00	1.00	1.33	1.33
60	1.98	2.10	2.40	2.39	1.47	1.60	1.67	1.79	4.80	4.80	4.80	4.80	1.33	1.33	2.00	1.67
70	2.25	2.40	2.66	2.80	1.67	1.80	1.93	2.00	5.00	5.00	5.00	5.00	1.67	2.00	2.33	2.33
80	2.60	2.85	3.10	3.25	1.93	2.00	2.20	2.27	5.00	5.00	5.00	5.00	2.33	2.67	3.00	3.00
90	3.17	3.45	3.75	3.86	2.36	2.40	2.56	2.71	5.00	5.00	5.00	5.00	3.00	3.33	4.00	4.33

Table 7. Portugal Scale

Portugal																
	Attitude				Subjective rule				Self-efficacy				Intention			
Age	15	16	17	18	15	16	17	18	15	16	17	18	15	16	17	18
Cases	358	268	213	81	356	270	212	80	359	270	214	80	356	269	214	79
Percentile																
10	0.55	0.65	0.65	0.52	0.73	0.73	0.73	0.80	3.40	2.62	3.20	3.22	1.00	1.00	1.00	1.00
20	0.75	0.90	0.90	1.00	0.87	0.87	0.87	1.00	4.00	3.44	3.80	4.20	1.00	1.00	1.00	1.00
30	0.95	1.30	1.15	1.35	0.93	1.00	0.93	1.00	4.20	4.20	4.20	4.20	1.00	1.00	1.00	1.00
40	1.20	1.63	1.55	1.59	1.00	1.00	1.00	1.27	4.60	4.40	4.40	4.40	1.00	1.00	1.00	1.00
50	1.50	1.80	1.85	1.80	1.07	1.13	1.13	1.40	4.80	4.60	4.60	4.80	1.00	1.00	1.00	1.00
60	1.70	2.15	2.20	1.96	1.20	1.29	1.27	1.53	5.00	4.80	4.80	5.00	1.00	1.00	1.00	1.67
70	2.10	2.40	2.60	2.40	1.40	1.47	1.53	1.60	5.00	5.00	5.00	5.00	1.00	1.33	1.67	2.00
80	2.45	2.76	3.00	3.36	1.60	1.73	1.67	2.00	5.00	5.00	5.00	5.00	1.33	2.00	2.33	3.00
90	3.00	3.50	3.46	3.97	1.87	2.13	2.29	3.27	5.00	5.00	5.00	5.00	2.33	3.33	3.33	4.00

Table 8. Romania Scale

Romania																
	Attitude				Subjective rule				Self-efficacy				Intention			
Age	15	16	17	18	15	16	17	18	15	16	17	18	15	16	17	18
Cases	411	345	227	144	411	343	228	144	409	346	228	145	409	343	227	145
Percentile																
10	0.55	0.65	0.79	0.65	0.67	0.67	0.70	0.73	2.60	2.60	2.60	2.12	1.00	1.00	1.00	1.00
20	0.90	0.91	1.15	0.80	0.87	0.80	0.87	0.83	4.00	3.80	3.48	3.20	1.00	1.00	1.00	1.00
30	1.25	1.35	1.42	1.35	0.93	1.00	0.93	1.00	4.20	4.20	4.20	3.80	1.00	1.00	1.00	1.00
40	1.55	1.65	1.70	1.65	1.00	1.00	1.00	1.00	4.60	4.60	4.40	4.40	1.00	1.00	1.00	1.00
50	1.85	1.95	2.05	1.83	1.07	1.13	1.20	1.20	4.80	4.80	4.80	4.60	1.00	1.00	1.00	1.33
60	2.15	2.25	2.40	2.35	1.27	1.33	1.33	1.40	5.00	5.00	5.00	4.80	1.00	1.00	1.33	2.00
70	2.50	2.65	2.85	2.75	1.47	1.53	1.55	1.60	5.00	5.00	5.00	5.00	1.33	1.67	2.00	2.40
80	3.00	2.99	3.40	3.05	1.67	1.80	1.80	1.80	5.00	5.00	5.00	5.00	2.00	2.00	2.67	4.00
90	3.50	3.60	3.80	3.95	1.93	2.20	2.14	2.07	5.00	5.00	5.00	5.00	3.00	3.00	3.33	4.47

Table 9. Global Scale

Global																
	Attitude				Subjective rule				Self-efficacy				Intention			
Age	15	16	17	18	15	16	17	18	15	16	17	18	15	16	17	18
Cases	1626	1497	1030	512	1622	1496	1030	513	1624	1500	1034	513	1622	1494	1032	510
Percentile																
10	0.65	0.70	0.80	0.70	0.73	0.73	0.74	0.80	3.20	3.00	3.00	2.88	1.00	1.00	1.00	1.00
20	0.90	1.00	1.10	1.00	0.87	0.87	0.93	1.00	4.00	4.00	3.80	3.80	1.00	1.00	1.00	1.00
30	1.20	1.35	1.40	1.35	1.00	1.00	1.00	1.07	4.40	4.20	4.20	4.20	1.00	1.00	1.00	1.00
40	1.46	1.65	1.70	1.65	1.00	1.13	1.20	1.27	4.60	4.60	4.40	4.40	1.00	1.00	1.00	1.00
50	1.75	1.90	2.00	1.90	1.20	1.27	1.33	1.40	4.80	4.80	4.80	4.60	1.00	1.00	1.00	1.00
60	2.05	2.15	2.30	2.25	1.33	1.47	1.53	1.60	5.00	5.00	4.80	4.80	1.00	1.33	1.33	1.67
70	2.35	2.45	2.65	2.65	1.53	1.67	1.73	1.80	5.00	5.00	5.00	5.00	1.33	1.67	2.00	2.33
80	2.70	2.85	3.10	3.22	1.73	1.93	1.93	2.13	5.00	5.00	5.00	5.00	2.00	2.33	3.00	3.33
90	3.26	3.46	3.70	3.95	2.13	2.33	2.40	2.60	5.00	5.00	5.00	5.00	3.00	3.33	3.67	4.67

Table 10. Global scale - Men

Global men																
	Attitude				Subjective rule				Self-efficacy				Intention			
Age	15	16	17	18	15	16	17	18	15	16	17	18	15	16	17	18
Cases	681	687	532	354	678	685	534	355	676	689	535	355	676	686	534	352
Percentile																
10	0.60	0.70	0.82	0.70	0.67	0.73	0.73	0.80	2.80	2.80	2.80	2.60	1.00	1.00	1.00	1.00
20	0.85	1.00	1.15	1.05	0.87	0.93	0.93	1.00	4.00	3.60	3.80	3.60	1.00	1.00	1.00	1.00
30	1.18	1.40	1.50	1.40	1.00	1.00	1.07	1.13	4.20	4.20	4.20	4.00	1.00	1.00	1.00	1.00
40	1.45	1.65	1.75	1.70	1.07	1.20	1.27	1.33	4.60	4.50	4.40	4.40	1.00	1.00	1.00	1.00
50	1.80	1.90	2.08	1.98	1.20	1.40	1.40	1.47	4.80	4.75	4.60	4.60	1.00	1.00	1.33	1.00
60	2.06	2.25	2.40	2.40	1.40	1.53	1.60	1.67	5.00	4.80	4.80	4.80	1.00	1.33	1.67	2.00
70	2.40	2.60	2.70	2.80	1.60	1.73	1.80	1.87	5.00	5.00	5.00	5.00	1.33	2.00	2.33	2.33
80	2.75	2.97	3.15	3.40	1.87	2.00	2.07	2.19	5.00	5.00	5.00	5.00	2.00	2.67	3.00	3.67
90	3.29	3.75	3.75	4.05	2.27	2.40	2.40	2.67	5.00	5.00	5.00	5.00	3.00	3.67	4.00	5.00

Table 11. Global scale - Women

Global women																
	Attitude				Subjective rule				Self-efficacy				Intention			
Age	15	16	17	18	15	16	17	18	15	16	17	18	15	16	17	18
Cases	942	807	494	156	941	808	492	156	945	808	495	156	943	805	494	156
Percentile																
10	0.70	0.74	0.75	0.65	0.80	0.79	0.80	0.78	3.40	3.40	3.40	3.14	1.00	1.00	1.00	1.00
20	0.95	1.05	1.05	0.80	0.87	0.87	0.87	0.87	4.00	4.20	4.00	4.00	1.00	1.00	1.00	1.00
30	1.20	1.32	1.35	1.15	1.00	1.00	1.00	1.00	4.40	4.40	4.20	4.40	1.00	1.00	1.00	1.00
40	1.50	1.60	1.60	1.54	1.00	1.07	1.13	1.20	4.60	4.60	4.60	4.60	1.00	1.00	1.00	1.00
50	1.70	1.85	1.95	1.75	1.20	1.20	1.27	1.40	4.80	4.80	4.80	4.80	1.00	1.00	1.00	1.00
60	2.00	2.14	2.25	2.05	1.33	1.40	1.40	1.53	5.00	5.00	5.00	5.00	1.00	1.00	1.33	1.33
70	2.30	2.40	2.65	2.45	1.47	1.60	1.60	1.67	5.00	5.00	5.00	5.00	1.33	1.67	1.67	2.00
80	2.65	2.75	3.05	3.00	1.67	1.87	1.80	1.97	5.00	5.00	5.00	5.00	2.00	2.00	2.67	2.87
90	3.26	3.35	3.65	3.52	2.00	2.21	2.33	2.44	5.00	5.00	5.00	5.00	2.67	3.00	3.67	4.00

8 LINKS OF INTEREST

CAPPYC (*Cannabis Abuse Prevention Program for Young Consumers*): <http://cappyc.eu>

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA): <http://www.emcdda.europa.eu/>

9 REFERENCES

- Ajzen, I. (1987). Attitudes, traits, and actions: Dispositional prediction of behavior in social psychology. En L. Berkowitz (Ed.), *Advances in Experimental Social Psychology* (Vol. 20, pp. 1-63). San Diego, CA: Academic Press.
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179-211. doi: 10.1016/0749-5978(91)90020-T
- Ajzen, I. y Fishbein, M. (2005). The influence of attitudes on behavior. En D. Albarracín, B. T. Johnson y M. P. Zanna (Eds.), *The handbook of attitudes* (pp. 173-221). Mahwah, NJ: Lawrence Erlbaum.
- Armitage, C. J. and Conner, M. (2001). Efficacy of the theory of planned behaviour: A meta-analytic review. *British Journal of Social Psychology*, 40(4), 471-499. doi: 10.1348/014466601164939
- Hibell, B., Guttormsson, U., Ahlström, S., Balakireva, O., Bjarnason, T., Kokkevi, A. and Kraus, L. (2012). *The 2011 ESPAD report: Substance use among students in 36 European countries*. Recovered from the ESPAD website http://www.espad.org/uploads/espad_reports/2011/the_2011_espad_report_full_2012_10_29.pdf
- Ministerio de Sanidad Servicios Sociales e Igualdad (2012). *Encuesta sobre uso de drogas en Enseñanzas Secundarias en España (ESTUDES)*. Recovered from the website of the National Drugs Plan http://www.pnsd.msssi.gob.es/profesionales/sistemasInformacion/sistemaInformacion/pdf/8_ESTUDES_2012_Informe.pdf
- Morales, J. F., Reboloso, E. y Moya, M. (1994). Modelos combinatorios del cambio de actitudes. En J. F. Morales, M. Moya, E. Reboloso, J. M. Fernández-Dols, C. Huici, J. Marqués, D. Páez and J.A. Pérez (Eds.), *Psicología social* (pp. 555-566). Madrid, España: McGraw-Hill.