



European Monitoring Centre
for Drugs and Drug Addiction



Pilot General Population Survey on Substance Use in Montenegro

**Final Report
2014**

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The views expressed herein can in no way be taken to reflect the official opinion of the European Union.

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I Background of the survey

This Technical Report contains survey methodology used in the pilot General Population Survey in Montenegro, conducted within the **Contract CT.14. IPA4.0011.1.0** between the EMCDDA and the Public Health Institute of Montenegro, as well as the pilot results of the study.

There are five key indicators of drug use identified by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) which member and candidate countries are expected to measure, so that the data produced in any given country can be comparable and consistent with that produced for other countries to enable cross analysis and benchmarking of data between them:

1. Extent and patterns of drug use in the general population
2. Prevalence of problem drug use
3. Demand for treatment by drug users
4. Drug-related deaths and mortality of drug users
5. Drug-related infectious diseases (HIV, Hepatitis)

As regards these key indicators in Montenegro, there is a gap in knowledge related to drug use in the general population. While ESPAD has been conducted twice on the national level, in 2008 and 2012, ensuring reliable and comparable data on prevalence of substance use in the population of schoolchildren, no data regarding substance use in the general population is available in the country.

The survey team was formed of professionals from the Public Health Institute of Montenegro, with different professional background and significant experience in the field of survey design and implementation, project management and in the field of use of psychoactive substances:

- Mr Boban Mugoša, Project Coordinator
- Mrs Tatijana Đurišić, Assistant to the Project Coordinator
- Mrs Ljiljana Golubović, Fieldwork Coordinator/Supervisor
- Mr Rajko Strahinja, Consultant/Fieldwork Supervisor
- Mrs Vesna Beatović, Consultant/Fieldwork Supervisor

II OBJECTIVES OF THE SURVEY

The main objectives of the pilot GPS survey in Montenegro are:

- To gain significant experience in conducting general population survey on substance use prior to implementation of the full national survey
- To test the survey instrument and adjust it in accordance with the findings of the pilot survey
- To determine the best fieldwork method and approach in order to achieve the highest possible response rates
- To test the sampling methodology and determine the best sampling method for the full survey
- To estimate the frame error of the sample and needed sample size for the full GPS survey
- To gain experience in reporting findings of the GPS survey in line with the standard EMCDDA reporting structure
- To bring conclusions and recommendations for the full survey regarding all phases of survey implementation.

To meet the objectives of the pilot study, a target of 300 completed interviews (net sample) was set in advance. The survey was carried out using the European Model Questionnaire¹, complemented with additional country specific items, predominantly through face-to-face interviews among 15 to 64 year old respondents.

¹ EMCDDA, Handbook for surveys on drug use among the general population, EMCDDA project CT.99.EP.08 B, Lisbon, August 2002. <http://www.emcdda.europa.eu/html.cfm/index58052EN.html>

III SURVEY METHODOLOGY

III.1 Survey design

The survey is organized as a cross-sectional study, which is standard methodology used in health science and psychology for epidemiological assessments of acute or chronic conditions and description of features of interest among the targeted population. The cross-sectional design enables exploration of differences (by gender, age, level of urbanization, etc.) among particular segments of targeted population, however the main limitation of this type of study design is inability to establish causal relationship amongst observed phenomena.

III.2 Interviewers

Six interviewers were engaged for the pilot data collection - five for the capital Podgorica (250 net questionnaires) and one for Kolašin (50 net questionnaires). Five of them were external associates, while one was from the Public Health Institute.

Survey administrators were trained about the survey administration at one-day training. They were presented with the general information about the survey, the sample, principles and methods of fieldwork, as well as all relevant documents for the fieldwork. The survey instrument was systematically presented to survey participants, with special attention paid to sections that contain concepts which participants were less familiar with (such as inhalants, anabolic steroids, new substances, etc). Participants were also introduced with the show-cards and instructed how and when to use them. Particular attention was paid to filling the Contact Sheet, and various situations were discussed that may happen in the field.

Survey administrators are instructed to use their best skills in order to encourage reluctant respondents to participate in the survey; to always accentuate anonymity and confidentiality of the survey; to be polite, kind, attentive and yet neutral in their reactions to respondents' answers. They are also instructed to avoid time of the day when people

usually rest (afternoon hours, late in the evening), unless they have arranged this specific time with the respondents. Most importantly, survey administrators were strongly advised to do their best to conduct the interview in “face to face” situation, and in privacy. Nevertheless, when assuring privacy is impracticable, it is better to give the questionnaire to respondents to fill it on their own, instead of conducting the interview in front of other family members, which would probably result in insincere answers. Similarly, it was recommended as a good practice to offer respondents to fill the section about drug use on their own, as they might give dishonest answers if they answer verbally to the interviewer.

III.3 Survey instrument

III.3.1 Focus groups

Two focus groups were held before the final outlook of the survey instrument was reached, with a view to discuss the questionnaire. The first focus group involved professionals from the most prominent institutions and organisations in the country - Public Health Institute of Montenegro, Ministry of Education of Montenegro, Police Directorate of Montenegro, Mental Health Centre Podgorica, Centre for Rehabilitation of Drug Addicts in Podgorica, Ministry of Health, Office for Drug Prevention Podgorica; NGO „Preporod“ from Nikšić; NGO „Juventas“ from Podgorica. Another focus group involved non-professionals – students of medicine, pupils from the Medical School, non-health professionals from the Public Health Institute and former drug users.

The main conclusions from the focus groups are the following:

- The questionnaire is concise, easy to understand, interesting and adjusted to people of all levels of education and social backgrounds; its length is acceptable and wording is adequate
- One more aspect of addiction should be added to the questionnaire – internet use/abuse and addiction
- Introductory part of the questionnaire is clear and assures respondents of anonymity and confidentiality of their answers

- It is „too early“ for questions on new psychoactive substances in Montenegro
- Since no one is likely to admit drug use in presence of family members, it is essential to assure privacy of interviewing
- Not only drug use, but also the use of tobacco and alcohol is likely to be underestimated if children answer in front of their parents, but also vice versa.

III.3.2 Design of the questionnaire

The survey instrument was modified in accordance with the suggestions from the focus groups.

Due to sensitive subject of the survey which could yield high non – response rates, the survey was designed not only as the survey on the use of psychoactive substances, but in a wider context – *as a survey on health status, lifestyles and general life quality of the population of Montenegro*. Consequently, the European Model Questionnaire was complemented with additional 69 items in the national survey instrument. These additional items explore the following subjects:

- general satisfaction with life and health
- games of chance/gambling
- internet
- perception of the community and satisfaction with life in it
- list of explored substances was complemented with inhalants (volatile solvents) and anabolic steroids.

All core questions from the European Model Questionnaire are included in the pilot questionnaire in Montenegro (See Annex 1- Questionnaire Map Montenegro). In addition, voluntary module on the new psychoactive substances, as well as the module on the availability of drugs, both suggested and provided by the EMCDDA, were also included in the national questionnaire. Some of the additional nationally specific questions were adapted from the ESPAD 2012 Student Questionnaire, while others were used from the Croatian National GPS Questionnaire, by courtesy of Mr Vlado Šakić and Mrs Renata Glavak-Tkalić from the Croatian Institute for Social Sciences “Ivo Pilar”. The survey team developed

few questions. Complete list of additional questions included in the national GPS instrument in Montenegro is enclosed to this Report as Annex 2.

The final survey instrument consists of 127 items. In the end of the questionnaire, survey administrators fill seven items upon completion of the interview. The pilot GPS Questionnaire in Montenegro is enclosed to this Report as Annex 3.

Apart from the questionnaire, **show-cards** for questions on alcohol, pharmaceuticals and drugs were prepared. Show-card for questions from the alcohol module contains definition of a „standard drink“for different types of beverages (see Annex 4); show-card for questions about pharmaceuticals contains colloquial names of the most common tranquilisers and sedatives in Montenegro (see Annex 5); while show-card for drugs contains the common street names of all drugs that are subject of this questionnaire (see Annex 6). Show-cards were also prepared for other questions: questions about attitudes and opinions, and questions about respondents' characteristics. These show-cards contain answering categories for each question, which respondent can see and read slowly, in order to choose the best suitable option. Survey administrators are instructed to use these show-cards when they estimate that respondents would answer more easily if all options were clearly displayed in front of them (see Annex 7).

III.4 Data collection

Interviewing of respondents in the field was conducted during summer months: from 20th June to 15th August 2014, in two cities: Podgorica (the capital city) and Kolašin.

III.4.1 Documents for the fieldwork

Special documents were developed for the fieldwork - Contact Sheet, Manual for Survey Administrators and Letter for Respondents.

Survey administrators used Contact Sheets to record each attempt of contact with the sampled household and respondent. This sheet contains the same data (location and ordinal number of the household) as the questionnaire, which enables linking the two

documents. Up to three attempts to contact each sampled household were made, and each attempt was recorded in the sheet. It is accentuated to survey administrators that Contact Sheets are equally important as the questionnaires as they show level of no-response, frame error and characteristics of non-respondents.

Contact Sheet contains introductory explanation on how to fill it, as well as examples of filling in different situations that may occur in the field. To enable assessment of the frame error, Contact Sheet contain section where survey administrators enter the data about how updated and precise the list of households is (is the address right, is the object at the given address residential or not, is there a household of the given surname on the specified address, etc.). The Contact Sheet is enclosed to this Report as Annex 8.

A special Manual for Survey Administrators was developed, with clear explanations of the survey procedure and instructions for handling different possible situations and problems during the fieldwork. Manual also contains additional instructions for particular questions (see Annex 9).

In order to increase response rate and reassure respondents of the authenticity and confidentiality of the study, a special letter for respondents was written and signed by the Director of the Public Health Institute of Montenegro. Survey administrators showed this letter to all respondents at the door (see Annex 10.)

All survey administrators were additionally given a special Letter of Authorisation – document signed by the Director of the Public Health Institute of Montenegro, stating that they are authorized to conduct the survey. They showed this authorisation to member of the household at the door, and to the respondent. They also carried nametags designed for this survey, placed visibly on their shirts, so that respondents can see and read them immediately when they open the door.

III.4. 2 Organisation of the fieldwork

There were four possible ways to fill in the questionnaires, although it was highly recommended that face-to-face interviews should be used whenever possible, either for the complete questionnaire, and either for all but the drug questions, which respondent may fill alone. Most questionnaires were completed through face-to-face interviews – 70%. Table 1 shows proportion of each possible mode of survey administration for all interviewers.

Table 1. Number and proportion of different survey administration modes, GPS pilot survey 2014

Mode of survey administration	Number	%
Face to face	210	70
Face to face and one part filled by the respondent	11	3,7
Respondent with the assistance of interviewer	30	10
Respondent alone	49	16,3

As an assurance of anonymity, respondents were given an empty blank envelope and they were instructed to place the completed questionnaires in the envelope, seal it and mix it with other unmarked envelopes of other respondents that the interviewer had already collected.

Considering the fact that recruiting respondents in the field greatly affects the quality of the sample, significant attention was paid to clarifying how to select the appropriate respondent within the household, i.e. the one that was last to have a birthday. Except in case of rejection or non-existing address, i.e. in case of absence of each member of the household or person of the defined age range, interviewer was supposed to go back to each address, two more times if needed. Every attempt of interviewing was recorded in the Contact Sheet, no matter if the interview was done or not. For that purpose interviewers had to fill in the Contact Sheet and write down the exact date and time of each visit to selected addresses, as

well as the result of the contact (was the questionnaire completed, if not – why, reason of refusal, estimation of characteristics of the person who refused interview, etc).

III.4.3 Supervision of fieldwork

Supervisors were three members of the survey team from the Public Health Institute of Montenegro. Each supervisor supervised work of two interviewers, on a daily basis, throughout the whole fieldwork period. Interviewers had full support of their supervisors who were always available in case of any need. Supervisors were checking not only if interviewers visited specified addresses, but also the process of interviewing (kindness, reaction of the respondent to the interview, respecting the confidentiality procedure, etc.).

Supervision of the fieldwork revealed the following four segments that need special attention and improvement for the full population survey:

- 1) *Update of the list of households.* The most frequent problem in the field was the way addresses are listed in the lists of households. For instance, large settlements are listed by the names of the whole settlements only, but without street names and numbers. Another common problem was non-existing surnames on the given address. In some cases, the head of the household who belonged to the defined age group was deceased (the official population lists were not updated for death cases).
- 2) *Reception of the interview by the respondents.* General observation of interviewers was that interviewing was better accepted by respondents in rural than in urban areas, probably due to higher level of social isolation in urban setting, especially in buildings. People in buildings are more exposed to different types of pools and surveys, which might have caused negative attitude towards surveys, etc. Respondents from rural areas were probably more cooperative due to traditional hospitality in villages and more confident attitude towards unknown people and institutions. In general, response rate was higher than expected, probably because the survey is introduced as a survey of life quality, lifestyles and health risks of

Montenegrin population, meaning the emphasis was put on general health. The other reason, according to interviewers' opinion, is that Institute of Public Health gained respectability and confidence in the population over the past years, which is additionally confirmed by the fact that nearly a half of respondents were willing to give their phone number for control of interviewers' work. All this indicates that Montenegrin population is rather open for health surveys, i.e. that decision to introduce the survey in a wider context of health, health risks and lifestyles was a good one and should be repeated in the full survey.

From the other hand, even though response rate was good, this pilot survey confirmed what survey team expected - significant level of distrust towards interviewers among some respondents. Some respondents called members of the survey team by phone, asking for confirmation that the Public Health Institute is conducting the survey. This mistrust is probably due to the bad or non-existing experience with surveys, but also due to traditional distrust towards unknown people.

- 3) *Reception and understanding of certain questions in the questionnaire.* Rather common difficulty in interviewing was that older population do not understand questions about drugs, because they actually do not know what drugs are. They frequently replied that they were neither informed nor interested in that issue.
- 4) *Thoroughness of interviewers in keeping records and understanding of recording procedure.* In general, field materials were satisfactory, with small oversights, such as the missing date of the interview on the Contact Sheet or missing time of the contact at second or third attempt, code of the interviewer, etc. However, some interviewers did not understand that they had to return all Contact Sheets no matter what the result of the interview was.

Supervision of the interviewers also included phone calls to respondents. Percentage of respondents who were willing to give their phone number varied from location to location- from 26% in Kolašin up to 100% at one location in Podgorica, or 92% in the complete area

of fieldwork in case of one interviewer. Respondents who did not want to give their phone numbers explained it with fear of abuse and breaking confidentiality.

In general, respondents did not have complaints to procedure of confidentiality and anonymity of their answers, though some commented that researchers could easily identify them based on the existing data on the households and the data filled in the questionnaire.

IV SAMPLING DESIGN

Statistical Office of Montenegro - MONSTAT conducted the Census of Population, Households and Dwellings in 2011². Availability of the data and cartography from the census ensured that the effective sampling frame could be developed for this survey.

Montenegro is geographically divided into municipalities and settlements. For the purpose of the Census operations, the settlements were subdivided into small operational segments called enumeration areas (EAs). 3,651 EAs were defined for Montenegro, which were used as the primary sampling units (PSU) and selected at the first sampling stage.

IV.1 Target population

Target population in this pilot study were residents of Montenegro from two municipalities-Podgorica and Kolašin, aged between 15 and 64, living in private households.

Although generally accepted name of the survey suggests that the research is conducted among the complete general population, certain segments of population had to be excluded from the study. Namely, in defining target population only private households were taken into consideration. That means that individuals residing in all types of institutions (such as hospitals, prisons, therapeutic communities, correctional facilities) were excluded. In addition, all individuals that do not have a permanent residence, as well as individuals living in squatter settlement were excluded from the study. Individuals of different demographical (gender, age) and socio-economical (education, work status) population categories were included in the sampling process.

² Statistical Office of Montenegro - MONSTAT. Census of population, households and dwellings in Montenegro 2011
<http://www.monstat.org/eng/page.php?id=393&pageid=57>

IV.2 Sample size

It was decided a priori that this pilot survey should generate net 300 questionnaires. To meet this goal, 427 households were contacted. Additional 300 substitutions were selected because the pilot study was conducted during summer months, when people tend to be out of their place of residence due to holidays. Another reason for selecting substitutions is that the sampling frame has not been regularly updated since the Census in 2011. Selection of additional 300 households was made to ensure that additional addresses of households were readily available if needed, without the need for further sampling. In total, 300 additional households were selected for the sample, of which 127 had to be used. These additional households were only interviewed when and where no one in any of the ten households in the enumeration circle was eligible or willing to take part in the survey, for example because of age, no one opened the door, refusal at the door etc.

IV.3 Sampling method

The first level of stratification generally corresponds to the geographic domains of analysis, which are the two municipalities. Each municipality is further divided into urban and rural strata. Within each municipality, the sample EAs are allocated to the urban and rural strata. At the first sampling stage 30 sample PSUs were selected systematically with PPS within each stratum. At the second sampling stage, 10 households per EA were selected with simple random sampling. 300 substitutions were selected according to the same stratification and allocation.

Table 2. Distribution of enumeration areas and households by municipality and level of urbanisation, GPS pilot survey, 2014

Municipality	No. Hh's Frame		Total		Urban		Rural	
	Urban	Rural	No. EAs	No. Hhs.	No. EAs	No. Hhs.	No. EAs	No. Hhs.
Podgorica	747	1441	25	250	20	200	5	50
Kolašin	42607	7008	5	50	3	30	2	20
Total	43354	8449	30	300	23	230	7	70

V DATA MANAGEMENT

V.1 Data entry

Data from the filled questionnaires was entered between 15 August and 31 August 2014. Three databases were developed for that purpose in the SPSS software - database of filled questionnaires, database of Contact Sheets with characteristics of respondents and database of Contact Sheets with characteristics of non-respondents. Data entry was done by the two members of the survey team.

V.2 Data control

After data entry, all variables were individually checked for mistakes and inconsistencies. Consistency check revealed that all questionnaires were valid and therefore none was removed from further analyses. Missing values were rather rare on all variables (less than 1% in most variables) hence all questionnaires with the missing values were kept for further analyses. There was only one questionnaire that contained about a half of missing values, but it was kept in the analysis as it contained significant answers to other half of variables.

Each variable was first checked for outstanding values. Where such values were identified, identification of the ordinal number of the containing questionnaires was done. These questionnaires were then re-checked, and corrected codes were entered in the database. After this type of control was done by one controller, it was repeated by another one, to make sure that all mistakes are noticed and corrected.

In addition to manual correction of outstanding values, special correctional syntaxes were developed for all variables where it was needed, in order to correct possible inconsistencies and illogical values of the data. For instance, if a respondent did not answer at all or answered negative about the lifetime prevalence of alcohol use, and then answered the following question that they have drunk alcohol in the last year and/or month, applied

syntax corrected such answers so that answer about lifetime prevalence is positive, too. Different syntaxes were made for self-completion mode and for completion by the interviewer.

In general, data quality was very good and the number of needed corrections was rather small.

V.3 Data weighting

Results achieved from this pilot survey are only values without weights. Moreover, target population was just population from two municipalities, and sample is not representative of the whole country. Weights for regular survey will be prepared to ensure the sample is fully representative by gender and age.

VI LESSONS LEARNED

Most important lessons learned in the pilot study are the following:

- ✓ A need for updating lists of households must be clearly addressed to the relevant institution (MONSTAT). As a potential solution to decrease the frame error of the sample, pre-testing of the sample can be done, resources permitting
- ✓ Particular attention must be paid to giving clear and precise instructions to interviewers for work with Contact Sheets and making sure that they clearly understand these instructions
- ✓ More attention should be paid to training of interviewers; the training should be extended to two working days
- ✓ Contact Sheets should be improved by adding suggested categories that define status of the household
- ✓ Some sections of the Contact Sheet should be left out since they did not prove significant (number of family members aged between 15 and 64, etc.). From the other hand, it might be useful to include other indicator of the social status of respondents, like self-assessment of how well-off family is compared to other families in the country
- ✓ Supervision and control of the fieldwork must be much closer and more intensive
- ✓ After completion of work at one location (enumeration area), interviewers should be requested to deliver written report to their supervisor on their daily work and problems they came across
- ✓ Where mistakes, oversights or other forms of incomplete procedure of filling the field documents is identified, immediate corrections must be demanded from the interviewers
- ✓ At least three or four months must be planned for the field data collection

- ✓ The timeline of the full survey must be planned so that the fieldwork is finalized by the end of May, i.e. before the summer holidays, in order to increase efficacy of the fieldwork and avoid potential bias caused by absence of respondents
- ✓ Additional explanations of possible situations in the fieldwork and how to handle them should be added in the written instructions for interviewers
- ✓ In general, this pilot survey proved the survey instrument relevant for the survey of drug use in the general population, but also that, designed as a pool instrument on the quality of life, lifestyles and health risks, keeps interest and concentration of respondents and has a positive effect to call for participation in the study
- ✓ The questionnaire should be improved in accordance with the interviewers' comments - additional explanations and categories of answers will be added where appropriate
- ✓ Optional modules will be reconsidered and only some of the optional questions will be included in the final version of the questionnaire
- ✓ Questions on the number of friends who use specific drugs and personally knowing drug users might be alternative to each other
- ✓ Inclusion of questions about the new psychoactive substances should be reconsidered once more as these questions did not prove as relevant in the pilot survey
- ✓ Additional measures to increase response rate should be considered, such as media appeal for participants to take part in the survey, promotion of the survey in the community, etc.
- ✓ Well planned and adequate human and material resources, with adequate financial support for all phases of the study is crucially important, as it directly impacts the overall quality of the collected data, and, consequently, quality of the whole study.

VII RESULTS OF THE PILOT STUDY

It is important to point out that, as this is a pilot study conducted on a small pilot sample in two cities, results are generated for reporting purposes only, and must not be regarded as an estimation of the scope of substance use in the general population. In order to achieve this, a full nationally representative survey on nationally representative sample is required.

Data collected in the survey was analyzed using descriptive statistics. Analyses were performed in SPSS (Statistical Package for Social Sciences).

Results are presented by gender for all respondents (aged between 15 and 64), hereinafter in the text referred to as all adults, as well as for young adults (aged between 15 and 34).

Before presenting the results of the survey, it is practical to explain some of the basic terms related to substance use prevalence. The term “prevalence” refers to the proportion of a population who reported taking substance over a particular period. In the surveys of substance use among the general population prevalence is measured so that respondents are asked to recall their personal substance use in the following periods: a) lifetime (ever used a substance), b) last year (used a substance during the past twelve months) and c) last month (used a substance during the past 30 days).

Lifetime prevalence (LTP) refers to the proportion of the respondents in a sample who reported ever using named substance. The respondent who recalls lifetime prevalence may or may not be currently using that substance. Lifetime prevalence should therefore not be interpreted in a way that a respondent is seen as someone who used a substance for a longer period or will use it again in a future. It is only correct to say that he/she used specific substance during lifetime, maybe even only once.

Last year prevalence (LYP) refers to the proportion of the respondents in a sample who reported using substance in the year prior to the research. Last year prevalence is often referred to as **recent use** of substance and it is **an indicator of the actual situation in the field of substance use**.

Last month prevalence refers to the proportion of respondents in a sample who reported using substance during the 30 days prior to the research. Last month prevalence is often referred to as **current use** of substance. However, part of respondents who reported current substance use might be occasional or first time users who happen to have used specific substance during the 30 days prior to the research. This is why current substance use should not be referred to as regular substance use.

VII.1 Socio-demographic characteristics of respondents

Pilot sample is disproportionate by gender, as it includes 43% of females and 53% of males (in the complete sample 15 to 64 years). Compared to the corresponding ratio in the general population (population aged between 15 and 64), it is 7% more males and 7% less females in the sample. This indicates that weighting of the sample by gender, and potentially by age, is likely to be necessary in the full survey.

Sample of young adults (15 to 34 years) contains 52% of males and 48% of females, which is very similar as in the same age group in the general population (51% males, 49% females). Table 3 shows number and proportion of male and female persons of both age groups in the two samples versus the general population.

Table 3. Proportion of respondents by gender and age in the sample versus general population, GPS pilot survey, 2014

	Sample 15 to 64 years		Population 15 to 64 years		Sample 15 to 34 years		Population 15 to 34 years	
	Number	%	Number	%	Number	%	Number	%
Male	171	57	210713	50	51	52	90386	51
Female	129	43	210980	50	47	48	86811	49
Total	300	100	421693	100	98	100	177197	100

As regards *marital status*, more than a half of respondents (58,4%) are living together with a partner either married (54,7%), or unmarried (3,7%); while a third of them are single (32,7%). 4,7% of respondents are divorced and 4,3% widowed.

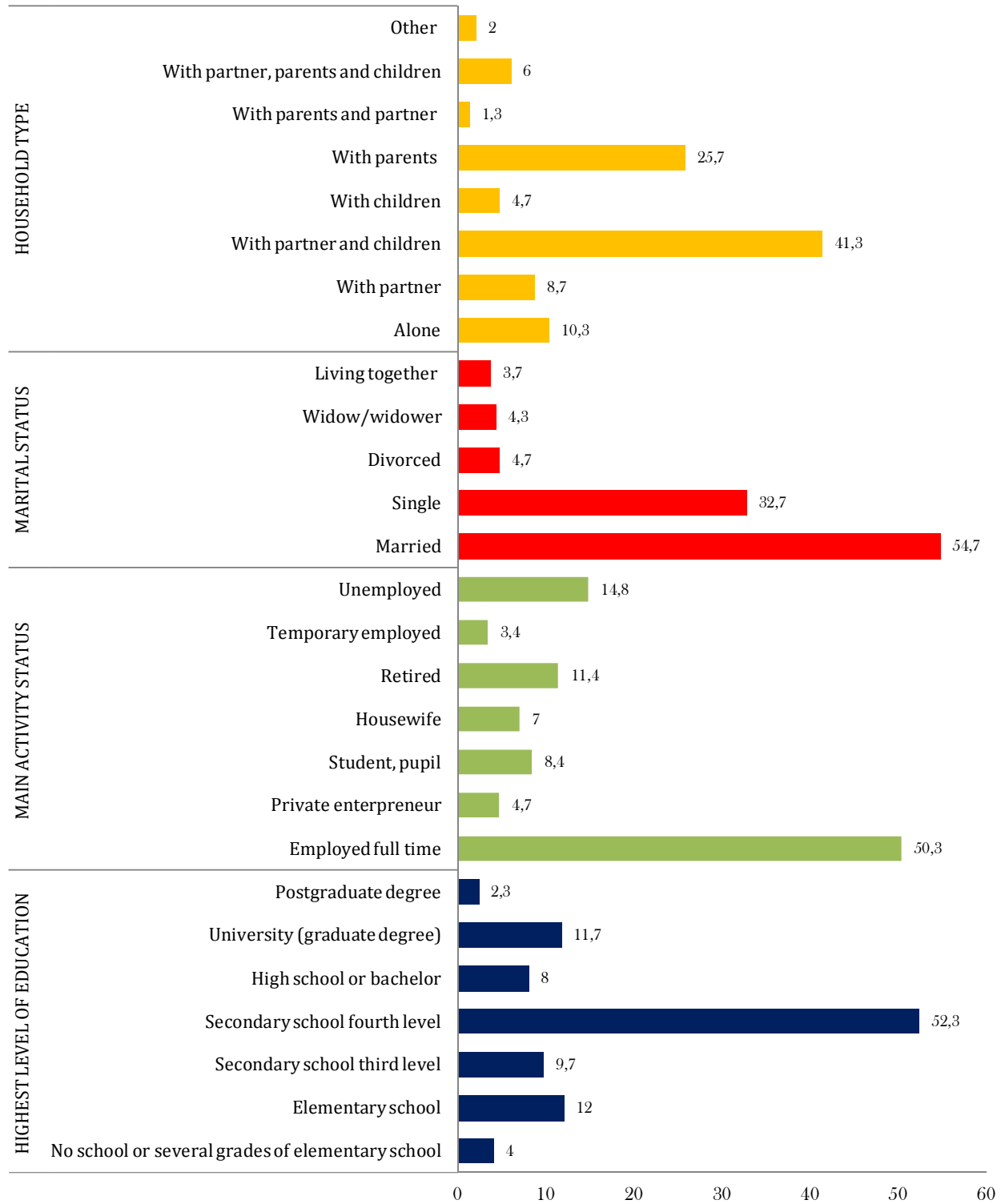
As regards *type of household* of respondents, one in ten lives alone (10,3%). A half of them live with a partner, with or without children. 4,7% of respondents live with their children, while a third (33%) of them live in the same household with their parents, either alone, or with partner and/or children. 2% of respondents live in another type of household.

16% of respondents have lower *education* (no school or elementary school). Most respondents completed secondary school - 62%, while 22% of them have high education (high school, university or postgraduate degree).

As regards *main activity status* of respondents, more than a half of them (55%) are employed full time, 14,8% are unemployed, and 3,4% temporary employed. In total 26,8% of the respondents are economically inactive at the moment - 8,4% are students or pupils, 7% housewives, and 11.4% retired persons.

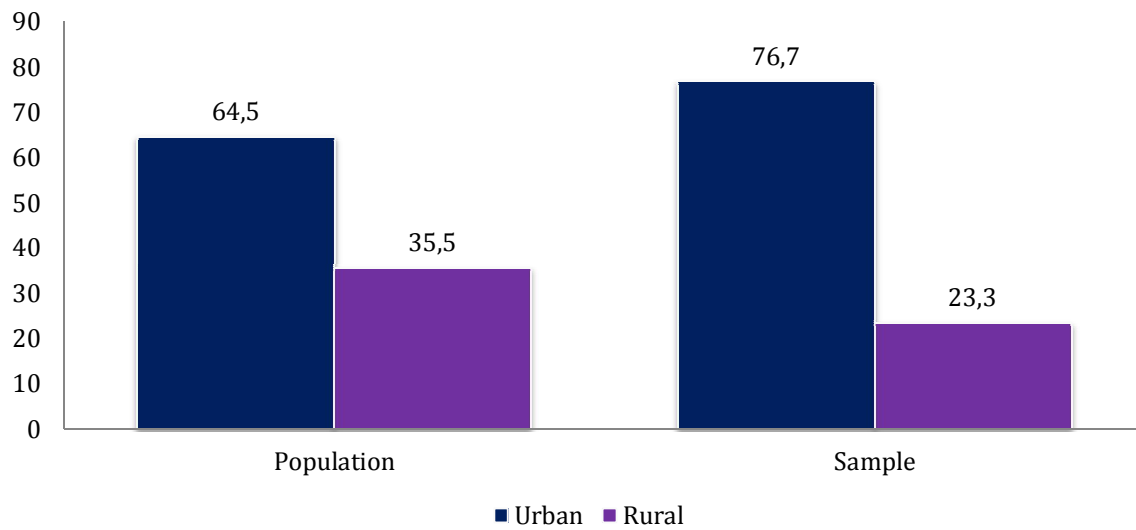
Detailed information regarding marital status, education, household type and main activity status of respondents is presented in Figure 1.

Figure 1. Characteristics of the sample by marital status, education, main activity status and household type (percents), GPS Pilot survey 2014



As regards level of urbanisation, less than a quarter of respondents (23,3%) live in rural areas, while 76,7% of them live in urban settings. According to the data on distribution of total population by urban/rural stratum based on 2011 Montenegro census, 64,5% of inhabitants live in urban and 35,5% in other (rural) setting. (Figure 2).

Figure 2. Proportion from rural/urban in the sample and in the general population, GPS Pilot survey 2014



VII.2 SMOKING

This chapter contains pilot data on tobacco consumption (smoking tobacco in a form of cigarette, cigar or pipe) through different periods (lifetime, last year, and last month, present) among the sampled respondents. In the first part, data on the sample of all adults is given (15 to 64), and in the second part, data for young adults (15 to 34).

VII.2.1 Smoking among all adults

39,3% of respondents aged 15 to 64 currently smoke. There is apparently no significant difference between males and females, as 40,4% of males smoke, as opposed to 38% of females.

Almost a half of respondents have never smoked (46,7%). There are slightly more female lifetime abstainers (47,3%) than male (46,2%).

Quitters count 14% of the sample – persons who used to smoke but have quit smoking. Female respondents who quit smoking slightly outnumber male respondents (14,7% of females versus 13,4% of males).(Table 4).

Table 4. Number and proportion of active smokers, quitters and abstainers by gender, all respondents, GPS pilot survey, 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
Active smokers	69	40,4	49	38,0	118	39,3
Quitters	23	13,4	19	14,7	42	14
Abstainers	79	46,2	61	47,3	140	46,7
Total	171	100	129	100	300	100

Observed through standard prevalence measures, more than a half, or 53,3% of respondents reported lifetime prevalence of smoking – 53,8% of males and 52,7% of females.

40,6% of respondents – 41,5% of males and 39,5% of females smoked in the last year.

38,3% of respondents - 39,1% of males and 37,2% of males smoked during the last month (Table 5).

Table 5. Prevalence measures of smoking by gender, all respondents, GPS pilot survey, 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
LTP	92	53,8	68	52,7	160	53,3
LYP	71	41,5	51	39,5	122	40,6
LMP	67	39,1	48	37,2	115	38,3

Age when respondents first smoked ranges from 8 to 44 years, with the mean age 18,5 years.

VII.2.2 Smoking among young adults

Less than a third of young adults currently smoke (28,6%) – 27,4% of males and 29,8% of females. Almost two thirds (64,3%) of them have never smoked (68,7% of males and 59,6% of females) while 7,1% of young adults have quit smoking (3,9% of males and 10,6% of females).(Table 6).

Table 6. Number and proportion of active smokers, quitters and abstainers by gender, young adults, GPS pilot survey, 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
Active smokers	14	27,4	14	29,8	28	28,6
Quitters	2	3,9	5	10,6	7	7,1
Abstainers	35	68,7	28	59,6	63	64,3
Total	51	100	47	100	98	100

More than a third, or 35,7% of young adults in the pilot sample smoked during lifetime – 31,4% of males and 40,4% of females.

Almost a third, or 29,6% of respondents aged between 15 and 34 smoked in the last year- 27,5% of males and 31,9% of males.

28,6% of respondents aged between 15 and 34 smoked during the last month – 27,5% of males and 29,8% of females. (Table 7).

Table 7. Prevalence measures of smoking by gender, GPS pilot survey, 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
LTP	16	31,4	19	40,4	35	35,7
LYP	14	27,5	15	31,9	29	29,6
LMP	14	27,5	14	29,8	28	28,6

VII.3 ALCOHOL

This section of the report contains information on alcohol consumption - prevalence of alcohol consumption through different periods (lifetime, last year and last month) and drinking behaviors (frequency of alcohol consumption, frequency of drinking six glasses or more of an alcoholic drink on the same occasion).

In the first part of the chapter, data is presented for the whole sample (15 to 64 years) as well as for the sample of young adults (15 to 34 years).

VII.3.1 Consumption of alcohol among all adults

60,4 % of all respondents reported lifetime use of alcohol, males significantly prevailing with 74,1% over 42,2% females.

More than a half of respondents (53,4%) consumed alcohol in the past year -67,3% males and 35,2% females.

A third (38,4%) of respondents reported last month use of alcohol - 78,9% are males and 21,1% females) (Table 8).

Table 8. Prevalence measures of alcohol consumption by gender, all respondents, GPS pilot survey, 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
LTP	126	74,1	54	42,2	180	60,4
LYP	113	67,3	45	35,2	158	53,4
LMP	90	53,3	24	18,8	114	38,4

As regards general frequency of alcohol consumption, more than a third of consumers aged between 15 and 64 drink rather infrequently - once a month or less (35,4%). 13,4% of respondents drink alcohol 2 to 4 times per month, 5,4% 2 to 3 times per week. 6,1% of respondents consume alcohol rather frequently - 4 times per week or more. Table 9 shows gender differences in frequency of alcohol consumption.

Table 9. General frequency of alcohol consumption by gender, all respondents, GPS pilot survey, 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
4 times per week or more	16	9,5	2	1,6	18	6,1
2 to 3 times per week	14	8,3	2	1,6	16	5,4
2 to 4 times per month	33	19,5	7	5,5	40	13,4
Once a month or less	61	36,1	43	33,6	104	35
Never	45	26,6	74	57,7	119	40,1
Total	169	100	128	100	297	100

Binge drinking or drinking 6 or more glasses of alcoholic beverages in a single occasion is reported by a third of respondents (33%), who are bingeing with different frequency – 18,2% less than once a month, 7,7% at least once a month, 6,4% at least once a week and 0,7% daily or almost daily. Table 10 shows frequency of binge drinking by gender.

Table 10. Frequency of binge drinking by gender, all respondents, GPS pilot survey, 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
Daily or almost daily	2	1,2	0	0	2	0,7
At least once a week	18	10,7	1	0,8	19	6,4
At least once a month	19	11,2	4	3,1	23	7,7
Less than once a month	44	26	10	7,8	54	18,2
Never	86	50,9	113	88,3	199	67
Total	169	100	128	100	297	100

As regards age at the beginning of alcohol use, it ranges from as early as 6 years to 40 years, with mean age 18 years.

VI.3.2 Consumption of alcohol among young adults

Young adults reported lifetime prevalence of alcohol consumption in 60,2% of cases, with predominance of male consumers (72,5% of males versus 46,8% of females).

More than a half of respondents -55,1% consumed alcohol in the last year (66,6% of males and 42,6% of females).

42,9% of young adults consumed alcohol during the last month (54,9% of males and 42,6% of females).

Table 11. Prevalence measures of alcohol consumption by gender, young adults, GPS pilot survey, 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
LTP	37	72,5	22	46,8	59	60,2
LYP	34	66,6	20	42,6	54	55,1
LMP	28	54,9	14	29,8	42	42,9

Most young adults (37,8%) drink rather infrequently – once a month or less. 16,3% of young adults drink alcohol 2 to 4 times a month, while 4,1% of them drink alcohol 2 to 3 times per week. One percent of young adults drink alcohol 4 times per week or more frequently. Young males drink alcohol more often than females. (Table 12).

Table 12. General frequency of alcohol consumption by gender, young adults, GPS pilot survey, 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
4 times per week or more	1	2	0	0	1	1
2 to 3 times per week	4	7,8	0	0	4	4,1
2 to 4 times per month	11	21,6	5	10,6	16	16,3
Once a month or less	20	39,2	17	36,2	37	37,8
Never	15	29,4	25	53,2	40	40,8
Total	51	100	47	100	98	100

Binge drinking is reported by 36 respondents aged between 15 and 34 (36,7%), who are bingeing with different frequency – 23,5% less than once a month, 9,2% at least once a month and 4,1% at least once a week. Among respondents aged between 15 and 64, no one

drunk 6 or more glasses of alcoholic drink in a single occasion on a daily basis. Table 13 shows frequency of binge drinking by gender in 15-34 age group.

Table 13. Frequency of binge drinking by gender, young adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
Daily or almost daily	0	0	0	0	0	0
At least once a week	4	7,8	0	0	4	4,1
At least once a month	5	9,8	4	8,5	9	9,2
Less than once a month	16	31,4	7	14,9	23	23,5
Never	26	51	36	76,6	62	63,2
Total	51	100	47	100	98	100

VII.4 PHARMACEUTICALS

This chapter of the report contains data about use of pharmaceuticals among sampled respondents - prevalence of taking sedatives and/or tranquillizers through different periods (lifetime, last year and last month), frequency of taking sedatives and/or tranquillizers during the past month as well as data concerning the source of sedatives and/or tranquillizers when used last time. Show cards with common names of tranquillizers and sedatives were shown to respondents to make sure that they know exactly what type of medicines is in question. In the first part of the chapter, data on the use of pharmaceuticals among all respondents is presented, while the second part contains data on the use of pharmaceuticals among young adults.

VII.4.1 Use of pharmaceuticals among all adults

22,3% of respondents aged between 15 and 64 used tranquilizers and/or sedatives in their lifetime – 17,5% of males and 28,7% of females.

15,4% of respondents reported last year prevalence of use of tranquilizers and/or sedatives – 12,9% of females and 18,6% of males.

11,7% of respondents used tranquilizers and/or sedatives in the last month – 9,4% of males and 14,7% of females. (Table 14).

Table 14. Prevalence measures of use of pharmaceuticals, all respondents, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
LTP	30	17,5	37	28,7	67	22,3
LYP	22	12,9	24	18,6	46	15,4
LMP	16	9,4	19	14,7	35	11,7

As regards frequency of taking pharmaceuticals, most users used these medicines once a month or less (11,7%). One in twenty respondents used them 2 to 4 times a month, while 1% of respondents used them 2 to 3 times per week. However, percent of frequent users, who used these medicines almost daily – 4 times per week or more, is 4,3% at the level of the complete sample (or 2,3% males and 7% females). Table 15 shows detailed distribution of frequency of consumption of pharmaceuticals by gender.

Table 15. General frequency of taking pharmaceuticals by gender, all respondents, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
4 times per week or more	4	2,3	9	7	13	4,3
2 to 3 times per week	2	1,2	1	0,8	3	1
2 to 4 times per month	10	5,8	5	3,9	15	5
Once a month or less	14	8,2	21	16,2	35	11,7
Never	141	82,5	93	72,1	234	78
Total	171	100	129	100	300	100

Regarding recent (last month) use of pharmaceuticals, 15% of respondents used these substances 1 to 3 days, 10% used them 4 to 9 days, 4% 10 to 19 days, while 7% of respondents used pharmaceuticals 20 days or more. Table 16 shows detailed distribution of last month frequency of taking pharmaceuticals by gender.

Table 16. Last month frequency of taking pharmaceuticals by gender, all respondents, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
20 days or more	1	0,6	6	4,6	7	2,3
10 to 19 days	2	1,2	2	1,6	4	1,3
4 to 9 days	6	3,5	4	3,1	10	3,4
1 to 3 days	8	4,7	7	5,4	15	5
Did not take pharmaceuticals during last month	153	90	110	85,3	263	88
Total	170	100	129	100	299	100

In most cases, consumers of pharmaceuticals got them in a pharmacy with doctor's prescription – 16,7%, while 2% bought pharmaceuticals in a pharmacy without a prescription. In 3% of cases, pharmaceuticals were given to respondents by another person.(Table 17).

Table 17. Source of pharmaceuticals when last used, all respondents, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
I bought them/got them in a pharmacy with doctor's prescription	26	15,2	24	18,6	50	16,7
Someone gave them to me	2	1,2	7	5,4	9	3
I bought them/got them in a pharmacy without a prescription	2	1,2	4	3,1	6	2
None of the above	0	0	1	0,8	1	0,3

VII.4.2 Use of pharmaceuticals among young adults

In the sample of young adults, lifetime prevalence of use of pharmaceuticals was reported in 9,2% of cases – 7,8% of male respondents aged between 15 and 34 and 10,6% of their peer female respondents used tranquilisers/sedatives in their lifetime.

3,1% of respondents aged between 15 and 34 used tranquillisers/sedatives during the past year (3,9% of females and 2,1% of males).

None of the respondents aged between 15 and 34 used tranquilizers/sedatives in the past month. (Table 18).

Table 18. Prevalence measures of use of pharmaceuticals, young adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
LTP	4	7,8	5	10,6	9	9,2
LYP	2	3,9	1	2,1	3	3,1
LMP	0	0	0	0	0	0

As regards frequency of use of pharmaceuticals, all nine respondents who reported lifetime prevalence of use of pharmaceuticals used it once a month or less.

Regarding source of pharmaceuticals when last used, three users bought them or got them in a pharmacy with doctor's prescription, five responded that they got these substances from someone, while one user got them in another way, not specified here³.

³ In the age group 15 to 34 years, no one reported last month use of tranquilisers/sedatives. Frequencies of answers in question about general frequency of taking these substances and about source of pharmaceuticals when last used are low (less than 5), hence, these variables are not displayed in tables.

VII.5 ILLICIT DRUGS

This chapter contains data on the use of illicit drugs in the whole sample and in the sample of young adults. Illicit drugs include cannabis, ecstasy, amphetamines, cocaine, heroin, LSD. Additionally, for comparison, graphs contain data on the use of new psychoactive substances, even though these substances may not be defined as illicit drugs.

In the first part of the chapter, joint data on the use of any illicit drug is presented, as well as data about use of drugs other than cannabis and data on the lifetime prevalence of use of each particular drug, by gender. Second section of the chapter contains more detailed data on the use of each drug, including assessment of use among friends, data on potential exposure to that specific drug, etc.

It is important to point out that due to the small size of the pilot sample and often-rare occurrence of explored variables; frequencies of use of most drugs are very small in numbers (only one respondent for some drugs). Hence, this representation of pilot survey results is produces only for reporting purposes and must not be considered as an estimation of prevalence of illicit drugs' use in the general population.

VII.5.1 Lifetime prevalence of use of illicit drugs by gender, all adults

In total, 3,1% of respondents used illicit drugs during lifetime. Male respondents used illicit drugs more often than female respondents (4,2% versus 1,6%).

All respondents who used illicit drugs in their lifetime used cannabis, so prevalence of cannabis use is the same – 3,1% for the complete sample, 1,6% for females and 4,2% for males.

One percent of respondents used drugs other than cannabis (but they used cannabis as well). Use of ecstasy is reported by 0,7% of respondents. Lifetime use of amphetamines, heroin, LSD and NPS is reported by 0,3% of respondents each. Cocaine is reportedly used by 1% of respondents.

Table 19 contains data about lifetime use of illicit drugs by gender.

Table 19. Lifetime prevalence of use of illicit drugs by gender, all respondents, GPS pilot survey 2014

	Males		Females		All	
	Number	%	Number	%	Number	%
Any drug	7	4,2	2	1,6	9	3,1
Cannabis	7	4,2	2	1,6	9	3,1
Drugs other than cannabis	2	1,2	1	0,8	3	1
Ecstasy	2	1,2	0	0	2	0,7
Amphetamines	1	0,6	0	0	1	0,3
Heroin	1	0,6	0	0	1	0,3
Cocaine	2	1,2	1	0,8	3	1
LSD	1	0,6	0	0	1	0,3
NPS	1	0,6	0	0	1	0,3

VII.5.2 Lifetime prevalence of use of illicit drugs by gender, young adults

Lifetime use of illicit drugs is expectedly higher in the sample of young adults (15 to 34). So 4,1% of respondents of this age used illicit drugs – 5,9% of males and 2,1% of females.

All respondents who used illicit drugs used cannabis, so lifetime prevalence for this drug is the same – 4,1% of respondents.

One percent of respondents used drugs other than cannabis (one respondent), and this drug was ecstasy.

Lifetime use of amphetamines, heroin, LSD or NPS is not reported by respondents aged between 15 and 34. (Table 20).

Table 20. Lifetime prevalence of use of illicit drugs by gender, young adults, GPS pilot survey 2014

	Males		Females		All	
	Number	%	Number	%	Number	%
Any drug	3	5,9	1	2,1	4	4,1
Cannabis	3	5,9	1	2,1	4	4,1
Drugs other than cannabis	1	2	0	0	1	1
Ecstasy	1	2	0	0	1	1
Amphetamines	0	0	0	0	0	0
Heroin	0	0	0	0	0	0
LSD	0	0	0	0	0	0
NPS	0	0	0	0	0	0

VII.5.3 Use of illicit drugs by level of urbanisation

Analysis of drug use by the type of settlement shows that all respondents who reported use of illicit drugs live in urban settlements.

VII.6 CANNABIS

In this survey, cannabis use is explored through questions about use of its three varieties: marijuana, skunk and hashish.

This chapter presents data on the estimated use of cannabis among friends, data on the potential exposure to cannabis both in Montenegro and abroad; data on the lifetime, last year and last month personal use of cannabis, frequency of last month use, age at the initiation of cannabis use, etc. Results are presented separately for the whole sample (15 to 64 years) and for the sample of young adults (15 to 34).

VII.6.1 Personally knowing people who use cannabis, all adults

17,1% of respondents reported knowing someone who uses cannabis (marijuana, skunk or hashish). Male respondents know cannabis users more often (20,6%) than female (12,5%). (Table 21).

Table 21. Number and proportion of respondents who personally know cannabis users by gender, all adults, GPS pilot survey 2014

15-64	Males		Females		Total	
	Number	%	Number	%	Number	%
	35	20,6	16	12,5	51	17,1

VII.6.2 Assessment of cannabis use among friends, all adults

Asked to estimate how many of their friends use cannabis, most respondents replied with “none” (88,1%), while one in ten respondents considered that “only a few” of their friends used cannabis. Small percents of respondents considered that about a half, most or all of their friends used cannabis - 0,7%, 0,3% and 0,3% respectively. (Table 22).

Table 22. Number and proportion of estimated cannabis users among friends by gender, all adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
None	145	86,3	115	90,5	260	88,1
Only a few	22	13,1	9	7,1	31	10,6
About a half	0	0	2	1,6	2	0,7
Most	0	0	1	0,8	1	0,3
All	1	0,6	0	0	1	0,3

VII.6.3 Exposure to cannabis, all adults

Respondents were asked if they had ever been offered cannabis, in Montenegro or abroad. More than one in ten of all adults (15 to 64) confirmed exposure to cannabis in Montenegro. They have been offered cannabis from one to 100 times, with the mean value 10,5. About one in twenty of all adults were offered cannabis abroad (5,4%). They were offered cannabis abroad from 1 to 15 times, with the mean value 4,5. Males were offered cannabis more often than females. (Table 23).

Table 23. Number and proportion of respondents who have been offered cannabis by gender, all adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
Has ever been offered cannabis in Montenegro	20	11,8	12	9,4	32	10,7
Has been offered cannabis abroad	13	7,6	3	2,3	16	5,4

As regards location where cannabis was last offered during the past 12 months, none of the locations stated in the questionnaire was predominant over the others. Equal percent of those who were offered cannabis during the last year replied that this had happened in a

private home, public space or a bar/restaurant - 20% each. 15% were offered cannabis during a music concert or festival or in a club/disco. Five percents of those who were offered cannabis replied that this was done in school/university, or at another place, which is not specified in the answering categories.

VII.6.4 Prevalence measures of cannabis use, all adults

Cannabis is the most used drug in the pilot sample. Still, prevalence of use in this pilot survey is rather low – 3% of respondents reported lifetime use, 1% last year use, while 0,3% of respondents (or in numbers-one respondent) reported last month use of cannabis products- marijuana, skunk or hashish. Males used cannabis more often than females. (Table 24).

Table 24. Prevalence measures of cannabis use by gender, all respondents, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
LTP	7	4,1	2	1,6	9	3
LYP	2	1,2	1	0,8	3	1
LMP	1	0,6	0	0	1	0,3

As regards last month frequency of cannabis use, the one respondent who used cannabis during the last month reported using it 20 days or more.

Age at the onset of cannabis use range from 14 to 22 years, with the mean age 18,1 years.

VII.6.5 Personally knowing people who use cannabis, young adults

More than one in five, or 22,4% of young adults reported knowing someone who uses cannabis (marijuana, skunk or hashish). Male respondents reported knowing cannabis users more often than female (29,4% versus 14,9%). (Table 25).

Table 25. Number and proportion of respondents who personally know cannabis users by gender, young adults, GPS pilot survey 2014

15-34	Males		Females		Total	
	Number	%	Number	%	Number	%
	15	29,4	7	14,9	22	22,4

VII.6.6 Assessment of cannabis use among friends, all adults

Asked to estimate how many of their friends use cannabis, most young adults replied with “none” (82,7%), while 14,3% of them considered that “only a few” of their friends used cannabis. Only 2% of young adults considered that about a half of their friends used cannabis, and 1% considered that most of their friends used cannabis. No one among young adults considered that all of their friends used cannabis.(Table 26).

Table 26. Number and proportion of estimated cannabis users among friends by gender, all respondents, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
None	40	78,4	41	87,2	81	82,7
Only a few	11	21,6	3	6,4	14	14,3
About a half	0	0	2	4,3	2	2
Most	0	0	1	2,1	1	1
All	0	0	0	0	0	0

VII.6.7 Exposure to cannabis, young adults

More than one in five young adults aged between 15 to 64 reported exposure to cannabis in Montenegro (20,4%). They have been offered cannabis from 1 to 40 times, with the mean value 6,4. 8,2% of young adults were offered cannabis abroad. They were offered cannabis abroad from 1 to 5 times, with the mean value 2,1. Males were offered cannabis more often than females. (Table 27).

Table 27. Number and proportion of respondents who have been offered cannabis by gender, young adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
Has ever been offered cannabis in Montenegro	11	21,6	9	19,1	20	20,4
Has been offered cannabis abroad	6	11,8	2	4,3	8	8,2

As regards location where cannabis was last offered during the past 12 months, none of the locations stated in the questionnaire was predominant over the others. Equal percent of those who were offered cannabis during the last year replied that this had happened in a public place or in a bar/restaurant – 25%; 16,7% were offered cannabis in a private home or at the music concert; 8,3% at school/university or at another place that is not specified in the questionnaire.

VII.6.8 Prevalence measures of cannabis use, young adults

Cannabis is the most used drug among young adults in the pilot sample. Still, prevalence of use of cannabis in this pilot survey is rather low – 4,1% of respondents reported lifetime use and 1% of them reported last year use. No one reported last month use of cannabis products- marijuana, skunk or hashish. Male young adults used cannabis more often than female young adults did. (Table 28).

Table 28. Prevalence measures of cannabis use by gender, all respondents, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
LTP	3	5,9	1	2,1	4	4,1
LYP	1	2	0	0	1	1
LMP	0	0	0	0	0	0

All young adults who reported cannabis use started using it at the age of 18.

VII.7 ECSTASY

This chapter contains data on the estimated use of ecstasy among friends, data on the potential exposure to ecstasy both in Montenegro and abroad; data on the lifetime, last year and last month personal use of ecstasy, frequency of last month use, age at the initiation of cannabis use, etc. Results are presented separately for the whole sample (15 to 64 years) and for the sample of young adults (15 to 34). Most results are presented in tables, in numbers and percents, except where frequencies were so low that it was senseless to present results in percents.

VII.7.1 Personally knowing people who use ecstasy, all adults

1,7% of respondents reported knowing someone who uses ecstasy -1,2% of males and 2,3% of females. (Table 29).

Table 29. Number and proportion of respondents who personally know ecstasy users by gender, all respondents, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
Personally knowing people who use ecstasy	2	1,2	3	2,3	5	1,7

VII.7.2 Assessment of ecstasy use among friends, all adults

Asked to estimate how many of their friends use ecstasy, most respondents replied with “none” (99,7%), while only one respondent considered that “only a few” of his friends used ecstasy. (Table 30).

Table 30. Number and proportion of estimated ecstasy users among friends by gender, all respondents, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
None	169	100	127	99,2	296	99,7
Only a few	0	0	1	0,8	1	0,3
About a half	0	0	0	0	0	0
Most	0	0	0	0	0	0
All	0	0	0	0	0	0

VII.7.3 Exposure to ecstasy, all adults

Respondents were asked if they had ever been offered ecstasy, in Montenegro or abroad. Only one respondent (0,3%) reported being offered ecstasy in Montenegro, 2 times. Two respondents were offered ecstasy abroad, one and three times. (Table 23).

Table 31. Number and proportion of respondents who have been offered ecstasy by gender, all respondents, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
Has ever been offered ecstasy in Montenegro	0	0	1	0,8	1	0,3
Has been offered ecstasy abroad	2	1,2	0	0	2	0,7

VII.7.4 Prevalence measures of ecstasy use, all adults

Two persons, both males, or 0,7% of respondents reported lifetime use of ecstasy, one person or 0,3% last year use and one person or 0,3% of the sample reported last month use of ecstasy. (Table 32).

Table 32. Prevalence measures of cannabis use by gender, all respondents, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
LTP	2	1,2	0	0	2	0,7
LYP	1	0,6	0	0	1	0,3
LMP	1	0,6	0	0	1	0,3

As regards last month frequency of ecstasy use, the one respondent who used it during the last month reported using it 20 days or more.

Age at the onset of cannabis use range from 14 to 21 years, with the mean age 17,5 years.

VII.7.5 Personally knowing people who use ecstasy, young adults

Two persons or 2% of young adults aged between 15 and 34 reported knowing someone who uses ecstasy. (Table 33).

Table 33. Number and proportion of respondents who personally know cannabis users by gender, young adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
15-34	1	2	1	2,1	2	2

VII.7.6 Assessment of ecstasy use among friends, young adults

All young adults estimate that none of their friends uses ecstasy.

VII.7.7 Exposure to ecstasy, young adults

Only one person among young adults was offered ecstasy abroad, once.

VII.7.8 Prevalence measures of ecstasy use, young adults

Only one young adult admitted lifetime use of ecstasy (1%). Same male person reported last year use, while he did not use ecstasy during last month.(Table 34).

Table 34. Prevalence measures of ecstasy use by gender, young adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
LTP	1	2	0	0	1	1
LYP	1	2	0	0	1	1
LMP	0	0	0	0	0	0

VII.8 AMPHETAMINES

This chapter contains data on the estimated use of amphetamines among friends, data on the potential exposure to amphetamines both in Montenegro and abroad; data on the lifetime, last year and last month personal use of amphetamines, frequency of last month use, age at the initiation of amphetamines use, etc. Results are presented separately for the whole sample (15 to 64 years) and for the sample of young adults (15 to 34). In case of amphetamines, frequencies were low and it was senseless to present results in tables for most variables.

VII.8.1 Personally knowing people who use amphetamines, all adults

Three persons, or 1% of respondents reported knowing someone who uses amphetamines. (Table 35).

Table 35. Number and proportion of respondents who personally know amphetamine users by gender, all adults, GPS pilot survey 2014

15 to 64	Males		Females		Total	
	Number	%	Number	%	Number	%
	2	1,2	1	0,8	3	1

VII.8.2 Assessment of use of amphetamines among friends, all adults

Asked to estimate how many of their friends use amphetamines, most respondents replied with “none” (99%), while two respondents considered that “only a few” of their friends used amphetamines, and one considered that “all” his friends do so. (Table 36).

Table 36. Number and proportion of estimated users of amphetamines among friends by gender, all respondents, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
None	168	98,8	127	99,2	295	99
Only a few	1	0,6	1	0,8	2	0,7
About a half	0	0	0	0	0	0
Most	0	0	0	0	0	0
All	1	0,6	0	0	1	0,3

VII.8.3 Exposure to amphetamines, all adults

Respondents were asked if they had ever been offered amphetamines, in Montenegro or abroad. Two respondents (0,7%) reported being offered amphetamines in Montenegro, 1 and 100 times. (Table 37).

Table 37. Number and proportion of respondents who have been offered amphetamines by gender, all respondents, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
Has ever been offered amphetamines in Montenegro	2	1,2	0	0	2	0,7
Has been offered amphetamines abroad	0	0	0	0	0	0

VII.8.4 Prevalence measures of use of amphetamines, all adults

Only one male person (0,3% of respondents) reported lifetime, last year and last month use of amphetamines.(Table 38).

Table 38. Prevalence measures of use of amphetamines by gender, all respondents, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
LTP	1	0,6	0	0	1	0,3
LYP	1	0,6	0	0	1	0,3
LMP	1	0,6	0	0	1	0,3

As regards last month frequency of use of amphetamines, the one respondent who reported last month use, used this drug 20 days or more. He started using amphetamines at the age of 16.

VII.8.5 Personally knowing people who use amphetamines, young adults

One male person or 1% of young adults aged between 15 and 34 reported knowing someone who uses amphetamines. (Table 39).

Table 39. Number and proportion of respondents who personally know users of amphetamines by gender, young adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
15-34	1	2	0	0	1	1

VII.8.6 Assessment of use of amphetamines among friends, young adults

Only one male person between young adults aged 15 to 34 consider that only a few of his friends use amphetamines (1%).

VII.8.7 Exposure to ecstasy, young adults

Only one person (1%) among young adults was offered amphetamines, in Montenegro, once.

VII.8.8 Prevalence measures of use of amphetamines, young adults

No one among young adults reported use of amphetamines during lifetime.

VII.9 HEROIN

This chapter presents data on the estimated use of heroin among friends, data on the potential exposure to heroin both in Montenegro and abroad; data on the lifetime, last year and last month personal use of heroin, frequency of last month use, age at the initiation of heroin use, etc. Results are presented separately for the whole sample (15 to 64 years) and for the sample of young adults (15 to 34). Results are presented in tables, except where frequencies of heroin use were low – results are then presented just descriptively.

VII.9.1 Personally knowing people who use heroin, all adults

Among all adults, about one in twenty, or 5,4% reported knowing someone who uses heroin (Table 40).

Table 40. Number and proportion of respondents who personally know heroin users by gender, all adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
Personally knowing people who use heroin	8	4,7	8	6,3	16	5,4

VII.9.2 Assessment of heroin use among friends, all adults

Asked to estimate how many of their friends use heroin, most respondents replied with “none” (97,3%), while 2,4% respondents considered that “only a few” of their friends used heroin. 0,3% of respondents considered that most of their friends used heroin. (Table 41).

Table 41. Number and proportion of estimated heroin users among friends by gender, all adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
None	165	97,6	124	96,9	289	97,3
Only a few	3	1,8	4	3,1	7	2,4
About a half	0	0	0	0	0	0
Most	1	0,6	0	0	1	0,3
All	0	0	0	0	0	0

VII.9.3 Exposure to heroin, all adults

Respondents were asked if they had ever been offered heroin, in Montenegro or abroad. 1,3% of all adults (15 to 64) confirmed exposure to heroin in Montenegro. 0,7% of all adults were offered heroin abroad. (Table 42).

Table 42. Number and proportion of respondents who have been offered heroin by gender, all adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
Has ever been offered heroin in Montenegro	3	1,8	1	0,8	4	1,3
Has been offered heroin abroad	2	1,2	0	0	2	0,7

As regards location where heroin was last offered during the past 12 months, 2 persons or 0,7% of respondents were offered heroin in an open/public space, while one respondent (0,3%) was offered heroin in a bar/restaurant.

VII.9.4 Prevalence measures of heroin use, all adults

Prevalence of use of heroin in this pilot survey is rather low – only one respondent (0,3%) reported lifetime, last year and last month use (Table 43).

Table 43. Prevalence measures of heroin use by gender, all adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
LTP	1	0,6	0	0	1	0,3
LYP	1	0,6	0	0	1	0,3
LMP	1	0,6	0	0	1	0,3

As regards last month frequency of heroin use, the one respondent who used heroin during the last month reported using it 1 to 3 days. Source of heroin was a dealer.

Age at the onset of heroin use was 16 years.

VII.9.5 Personally knowing people who use heroin, young adults

Five persons or 5,1% of young adults reported knowing someone who uses heroin. (Table 44).

Table 44. Number and proportion of respondents who personally know heroin users by gender, young adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
15-34	2	3,9	3	6,4	5	5,1

VII.9.6 Assessment of heroin use among friends, young adults

Asked to estimate how many of their friends use heroin, most young adults replied with “none” (96,9%), while 3,1% of them considered that “only a few” of their friends used heroin.

VII.9.7 Exposure to heroin, young adults

Only one male person aged between 15 and 34 was offered heroin in Montenegro (1%), while no one from this age group was offered heroin abroad. Location where heroin was last offered was a public/open space.

VII.9.8 Prevalence measures of heroin use, young adults

No one among the respondents aged between 15 and 34 reported heroin use during lifetime, last year and last month.

VII.10 COCAINE

This chapter presents data on the estimated use of cocaine among friends, data on the potential exposure to cocaine both in Montenegro and abroad; data on the lifetime, last year and last month personal use of cocaine, etc. Results are presented separately for the whole sample (15 to 64 years) and for the sample of young adults (15 to 34). For most variables, frequencies regarding use of cocaine were so low that results are only presented descriptively.

VII.10.1 Personally knowing people who use cocaine, all adults

Among all adults, 13 persons or 4,4% reported knowing someone who uses heroin. (Table 45).

Table 45. Number and proportion of respondents who personally know cocaine users by gender, all adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
15-34	9	5,3	4	3,1	13	4,4

VII.10.2 Assessment of cocaine use among friends, all adults

Most adults consider that none of their friends use cocaine (97,7%), while 2% think that “only a few” of their friends use cocaine. Small percents of respondents consider that most of their friends use cocaine - 0,3%. (Table 46).

Table 46. Number and proportion of estimated cocaine users among friends by gender, all adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
None	165	97	126	98,4	291	97,7
Only a few	4	2,4	2	1,6	6	2
About a half	0	0	0	0	0	0
Most	0	0	0	0	0	0
All	1	0,6	0	0	1	0,3

VII.10.3 Exposure to cocaine, all adults

1,3% of adults confirmed exposure to cocaine in Montenegro, while 0,7% of adults were offered heroin abroad. (Table 47).

Table 47. Number and proportion of respondents who have been offered heroin by gender, all adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
Has ever been offered cocaine in Montenegro	3	1,8	1	0,8	4	1,3
Has been offered cocaine abroad	2	1,2	0	0	2	0,7

VII.10.4 Prevalence measures of cocaine use, all adults

Prevalence of use of cocaine among adults aged between 15 and 64 in this pilot survey is rather low. Three respondents (1%) reported lifetime use of cocaine, two (0,7%) reported last year use of cocaine while one respondent reported last month use (Table 48).

Table 48. Prevalence measures of cocaine use by gender, all adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
LTP	2	1,2	1	0,8	3	1
LYP	2	1,2	0	0	2	0,7
LMP	1	0,6	0	0	1	0,3

As regards last month frequency of cocaine use, the one respondent who used heroin during the last month reported using it 20 days or more.

Age at the onset of heroin use ranges from 16 to 22 years, with the mean age 18,6.

VII.10.5 Personally knowing people who use cocaine, young adults

Five persons or 5,1% of young adults reported knowing someone who uses cocaine. (Table 49).

Table 49. Number and proportion of respondents who personally know cocaine users by gender, young adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
15-34	3	5,9	2	4,3	5	5,1

VII.10.6 Assessment of cocaine use among friends, young adults

Asked to estimate how many of their friends use cocaine, most young adults replied with “none” (98%), while 2% of them considered that “only a few” of their friends used cocaine.

VII.10.7 Exposure to cocaine, young adults

Only one male person aged between 15 and 34 was offered cocaine in Montenegro (1%), while no one from this age group was offered cocaine abroad.

VII.10.8 Prevalence measures of cocaine use, young adults

One person among respondents aged between 15 and 34 reported cocaine use during lifetime and during last year (1%).

VII.11 LSD

This chapter contains data on the estimated use of LSD among friends, data on the potential exposure to LSD both in Montenegro and abroad; data on the lifetime, last year and last month personal use of LSD, etc. Results are presented separately for the sample of all adults (15 to 64 years) and for the sample of young adults (15 to 34 years). For most variables, frequencies regarding use of LSD were low and results are presented only descriptively.

VII.11.1 Personally knowing people who use LSD, all adults

Among all adults, only one person (or 0,3%) reported knowing someone who uses LSD.

VII.11.2 Assessment of use of LSD among friends, all adults

One person (0,3%) consider that most of his friends use LSD, while 99,7% of respondents consider that none of their friends use this drug

VII.11.3 Exposure to LSD, all adults

Two persons or 0,7% of adults confirmed exposure to LSD in Montenegro. Three persons or 1% of adults were offered heroin abroad. (Table 50).

Table 50. Number and proportion of respondents who have been offered LSD by gender, all adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
Has ever been offered LSD in Montenegro	1	0,6	1	0,8	2	0,7
Has been offered LSD abroad	2	1,2	1	0,8	3	1

VII.11.4 Prevalence measures of LSD use, all adults

Prevalence of use of LSD among adults in this pilot survey is rather low. Only one male respondent (0,3%) reported lifetime, last year and last month use of this drug.

Table 50. Prevalence measures of LSD use by gender, all adults, GPS pilot survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
LTP	1	0,6	0	0	1	0,3
LYP	1	0,6	0	0	1	0,3
LMP	1	0,6	0	0	1	0,3

As regards last month frequency of LSD use, respondent that used LSD during the last month reported using it 1 to 3 days, first time at the age of 16.

VII.11.5 Personally knowing people who use LSD, young adults

No one among young adults reported personally knowing people who use LSD.

VII.11.6 Assessment of LSD use among friends, young adults

No young adults consider that their friends use LSD.

VII.11.7 Exposure to LSD, young adults

Only one male person aged between 15 and 34 was offered LSD abroad (1%), while no one from this age group was offered LSD in Montenegro.

VII.11.8 Prevalence measures of LSD use, young adults

No young adults reported use of LSD during lifetime, last year and last month.

VII.12 NEW PSYCHOACTIVE SUBSTANCES

This chapter contains data about use of new psychoactive substances in the sample of all adults as well as in the sample of young adults.

VII.12.1 Prevalence measures of use of new psychoactive substances

Only one male respondent reported lifetime, last year and last month use of new psychoactive substances. He reportedly used these substances in a form of powder, and got them from a dealer (Table 51).

Table 51. Prevalence measures of use of new psychoactive substances by gender, all adults, GPS survey 2014

	Males		Females		Total	
	Number	%	Number	%	Number	%
LTP	1	0,6	0	0	1	0,3
LYP	1	0,6	0	0	1	0,3
LMP	1	0,6	0	0	1	0,3

VII.13 OPINIONS AND ATTITUDES

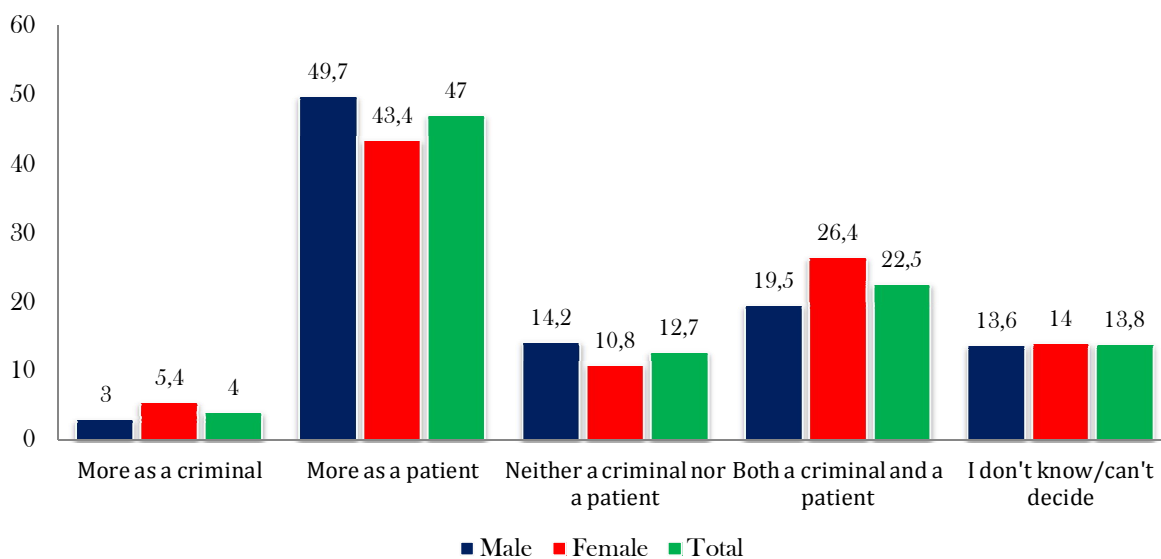
Apart from the use of psychoactive substances, respondents were asked about their opinions and attitudes towards various subjects related to use and users of psychoactive substances. Results are presented in this chapter, for the complete sample of adults aged between 15 and 64.

VII.13.1 Perception of drug addicts

Perception of drug addicts was explored through the following question: *“Do you perceive drug addict more as a criminal or as a patient?”*

Almost a half of respondents perceive drug addict more as a patient (47%), males more than females (49,7% versus 43,4%). Almost a quarter of respondents - 22,5% (19,5% males, 26,4% females) regard drug addict both as a criminal and a patient. 12,7% of respondents perceive drug addict as neither a criminal nor a patient, while 13,8% of respondents could not decide about their perception of drug addict. Positive finding is that only 4% of respondents (5,4% females and 3% males) perceive drug addict more as a criminal. Distribution of perception of drug addicts among all adults by gender is presented in Figure 3.

Figure 3. Perception of drug addict by gender, all adults, GPS pilot survey 2014



VII.13.2 Attitudes towards liberal use of cannabis and heroin

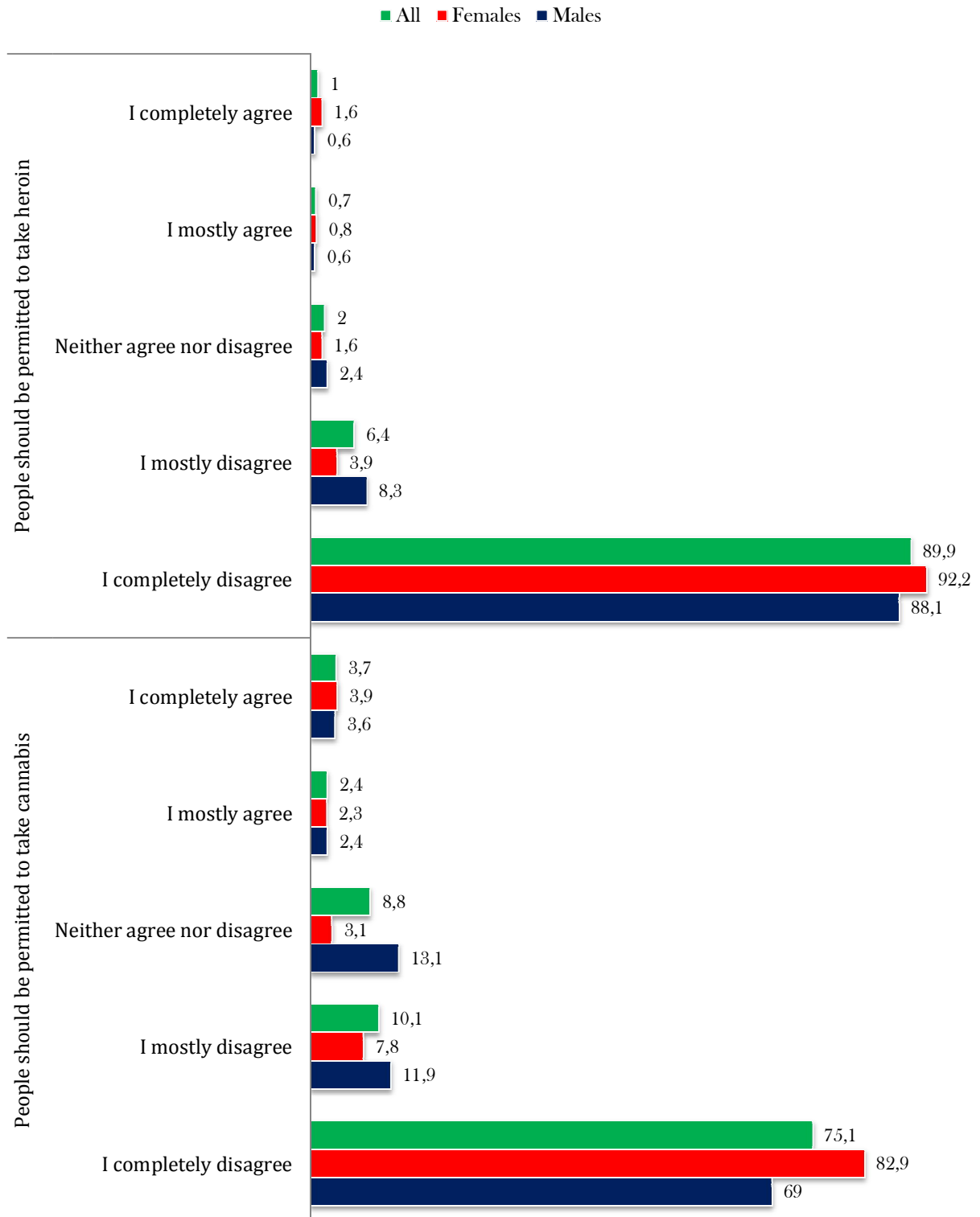
Respondents were asked whether people should be permitted to take cannabis and heroin.

As regards cannabis, distribution of answers among all adults shows that 81,6% of them disagree with its liberal use - most of them disagree completely (71,5%) and another 10,1% disagree mostly with possibility that people be permitted to take cannabis. From the other hand, 6,1% of all adults have liberal attitude towards such possibility - 2,4% mostly agree and 3,7% completely agree that people should be permitted to take cannabis. 8,8% of respondents are indecisive about whether people should be permitted to take cannabis.

As regards liberal use of heroin, large majority of respondents completely disagree that people should be permitted to use this drug (89,9%), while additional 6,4% of them mostly disagree. 1,7% of respondents mostly or completely agree that people should be permitted to take heroin. 2% of respondents are indecisive about this issue.

Detailed distribution of attitudes towards liberal cannabis and heroin use by gender is presented in Figure 4.

Figure 4. Attitudes towards liberal cannabis and heroin use by gender, all adults, GPS pilot survey 2014

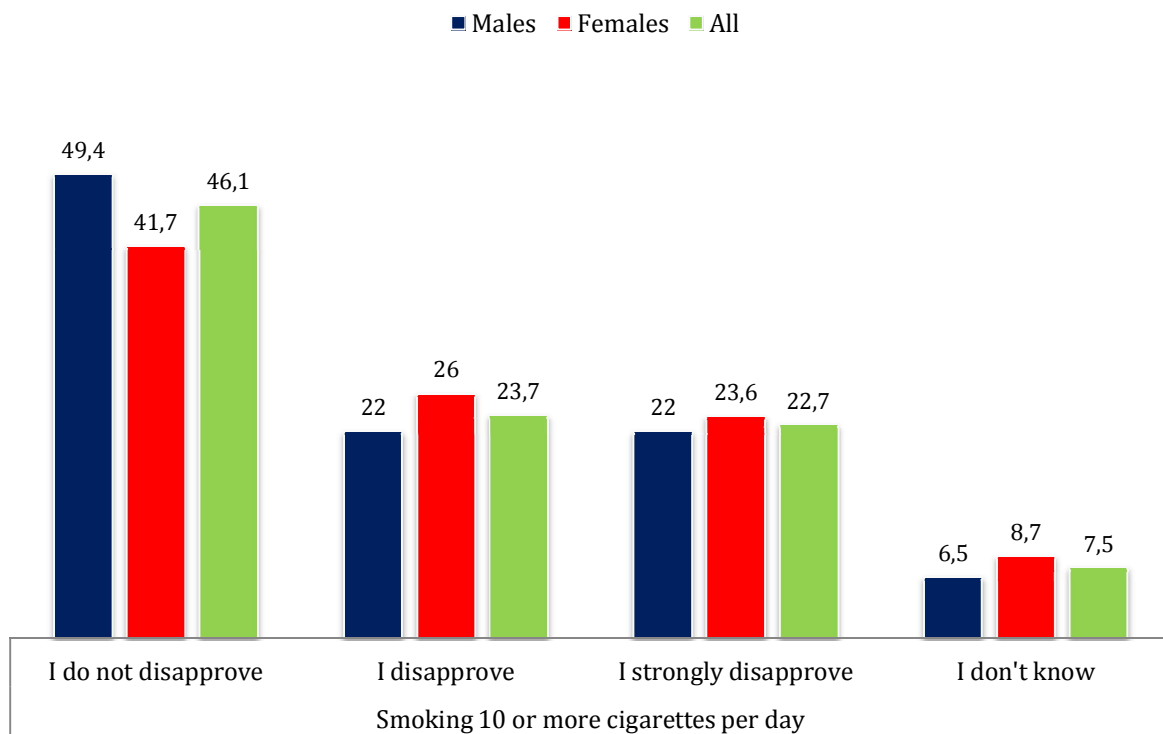


VII.13.3 Attitudes towards various patterns of use of psychoactive substances

Respondents were asked to express agreement or disagreement with various patterns of use of different substances: smoking ten or more cigarettes per day, drinking one or a few drinks several times per week; occasional smoking of marijuana, skunk or hashish; trying ecstasy once or twice, and trying heroin once or twice. Results are presented in graphs for each pattern of substance use, by gender.

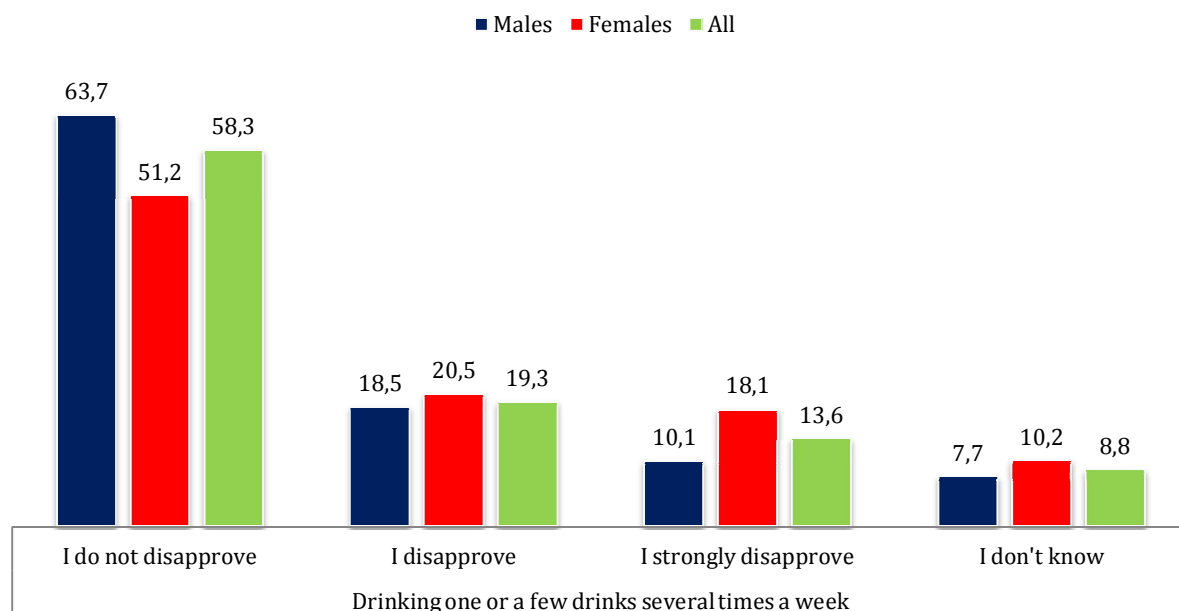
Most respondents, almost a half of males (49,4%) and 41,7% of females do not disapprove of smoking ten or more cigarettes per day. From the other hand, almost equal percent of respondents disapprove or strongly disapprove of smoking ten or more cigarettes per day (46,4 in total, 49,6 females, 44% males). 7,5% of respondents are indecisive about this issue. Figure 6 shows detailed distribution of attitudes towards smoking ten or more cigarettes per day by gender.

Figure 5. Attitudes towards smoking ten or more cigarettes per day by gender, GPS pilot survey 2014



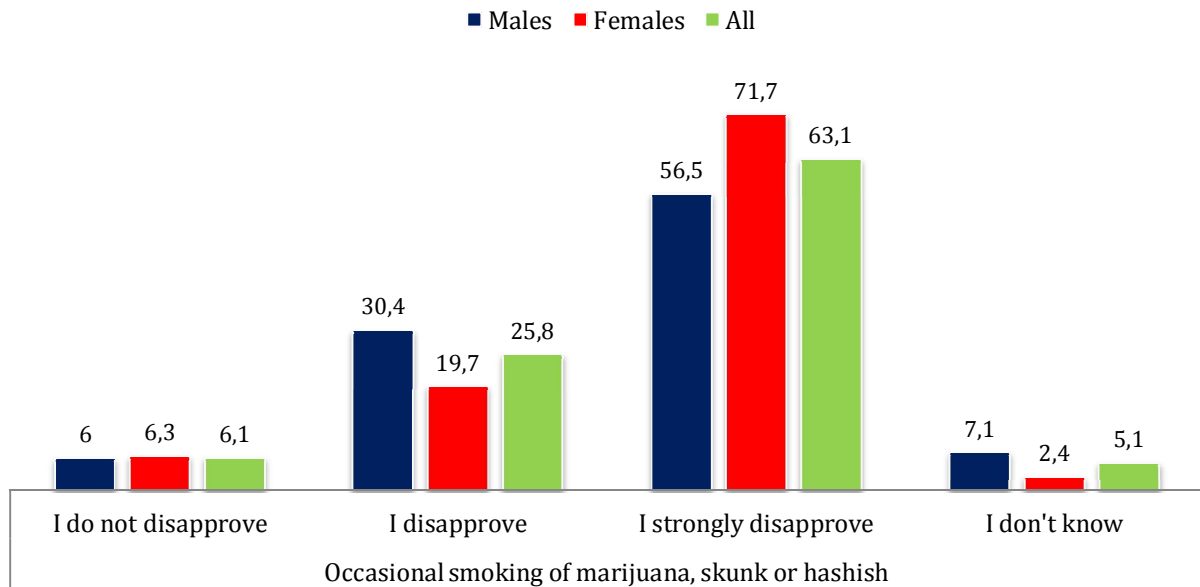
Drinking one or a few drinks several times a week is another subject that respondents were asked to decide whether they approve of it or not. This seems to be rather acceptable among adults, even more than smoking. So, more than a half of adults (58,3) do not disapprove of it – 63,7% of males and 51,2% of females. From the other hand, 32,9% of adults disapprove or strongly disapprove of drinking one or a few drinks several times per week – 38,6% of females and 28,9% of males. 8,8% of adults do not seem to have clear attitude on this matter. Figure 6 shows gender distribution of attitudes towards drinking one or a few of drinks several times per week.

Figure 6. Attitudes towards drinking one or a few of drinks several times per week, by gender, GPS pilot survey 2014



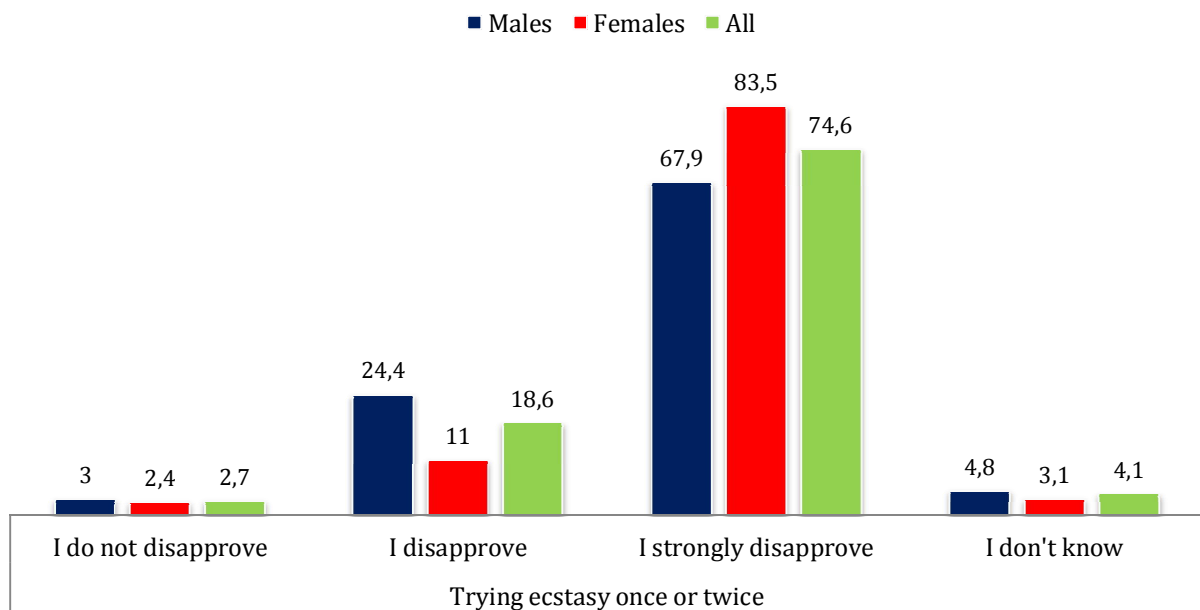
Attitudes towards *occasional smoking of marijuana, skunk or hashish* are much more disapproving. Most respondents strongly disapprove of this – 63,1% (more females than males have a strongly disapproving attitude – 71,7% of females versus 56,5% of males). Additional quarter of respondents (25,8%) disapprove of smoking marijuana, skunk or hashish occasionally. 6,1% of respondents do not disapprove of this. One in twenty respondents do not know whether they find occasional smoking of marijuana, skunk or hashish approving or disapproving. Figure 7 shows detailed distribution of attitudes towards occasional smoking of cannabis products between males and females.

Figure 7. Attitudes towards occasional smoking of marijuana, skunk or hashish by gender, GPS pilot survey 2014



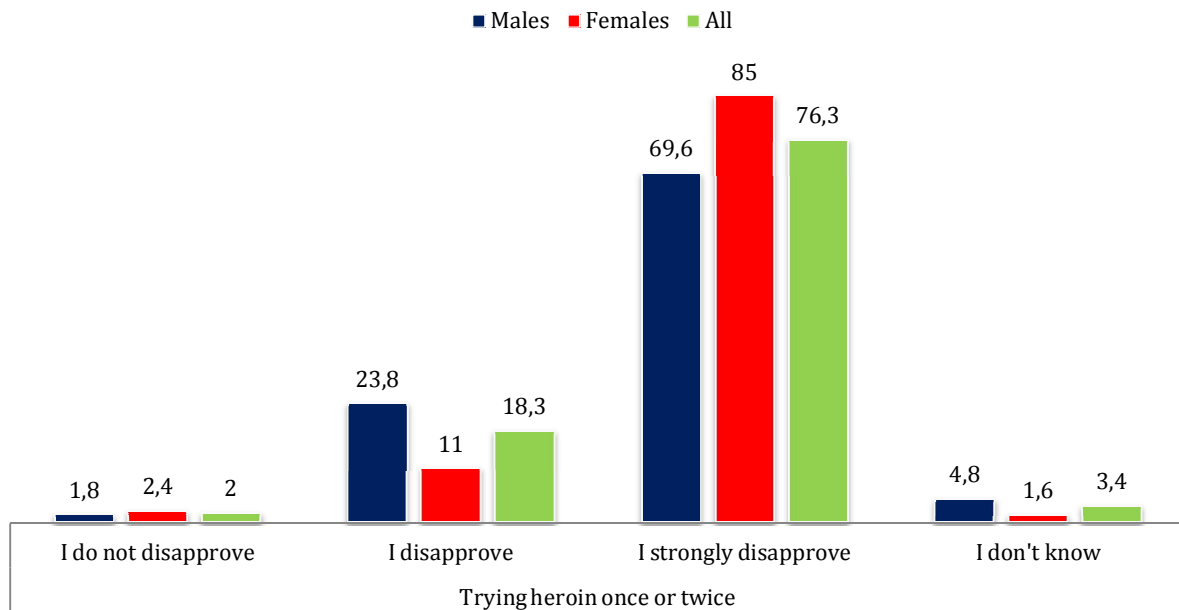
Most respondents strongly disapprove (74,6%) or disapprove (18,6%) of *trying ecstasy once or twice*. 4,1% of respondents are indecisive about this, while 2,7% of them do not disapprove of trying ecstasy once or twice. Detailed distribution of attitudes towards trying ecstasy once or twice is presented in Figure 8.

Figure 8. Attitudes towards trying ecstasy once or twice by gender, GPS pilot survey 2014



Trying heroin once or twice is disapproved by most respondents -76,3% strongly disapprove of it, and another 18,3% disapprove of it. 3,4% of respondents are indecisive about this issue, while 2% approve of trying heroin once or twice. Figure 9 shows detailed distribution of attitudes towards trying heroin once or twice by gender.

Figure 9. Attitudes towards trying heroin once or twice by gender, GPS pilot survey 2014



It is interesting that for all substances but cigarettes, female respondents tend to have strongly disapproving attitude more than males.

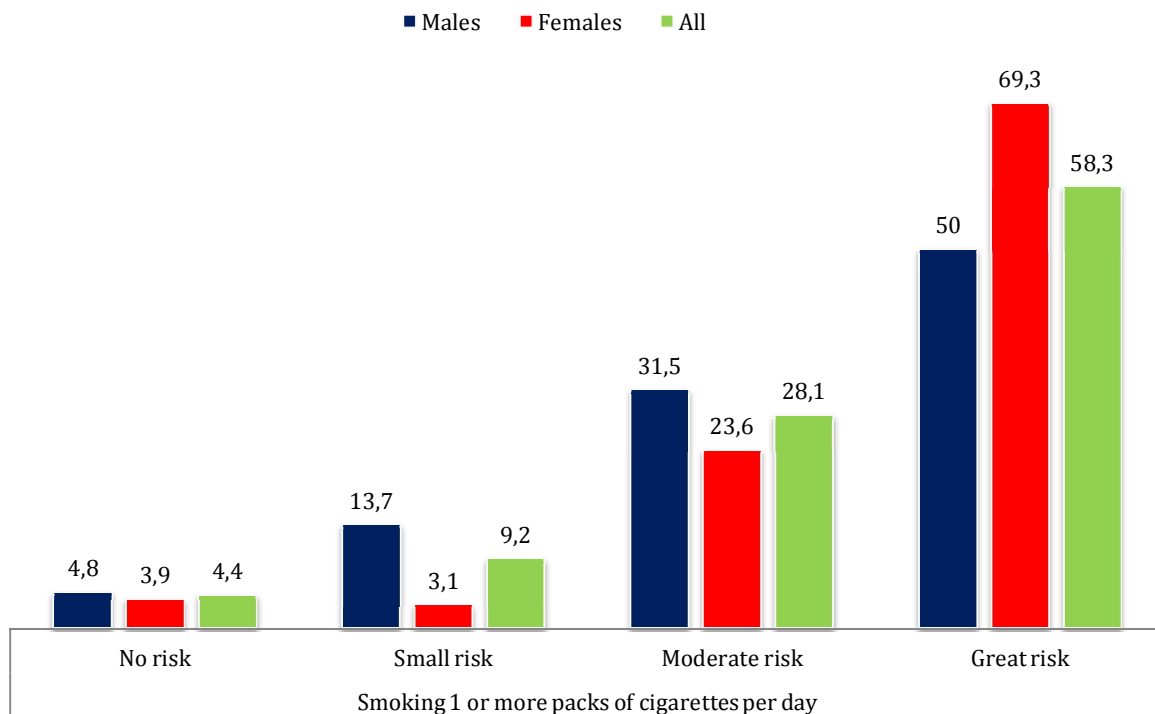
VII.13.4 Assessment of risk related to various patterns of use of psychoactive substances

Apart from attitudes, respondents were asked to assess the risk related to various patterns of use of psychoactive substances – smoking one or more packs of cigarettes per day, drinking five or more alcoholic beverages each weekend, smoking cannabis regularly, trying ecstasy once or twice, and trying cocaine once or twice. Results are presented in this chapter, for all respondents, by gender.

Smoking one or more packs of cigarettes per day is assessed as great risk by 58,3% of respondents, more females than males (63,9% females versus 50% males). In total 28,1% of respondents consider this a moderate risk (23,6% of females and 31,5% of males). 9,2%

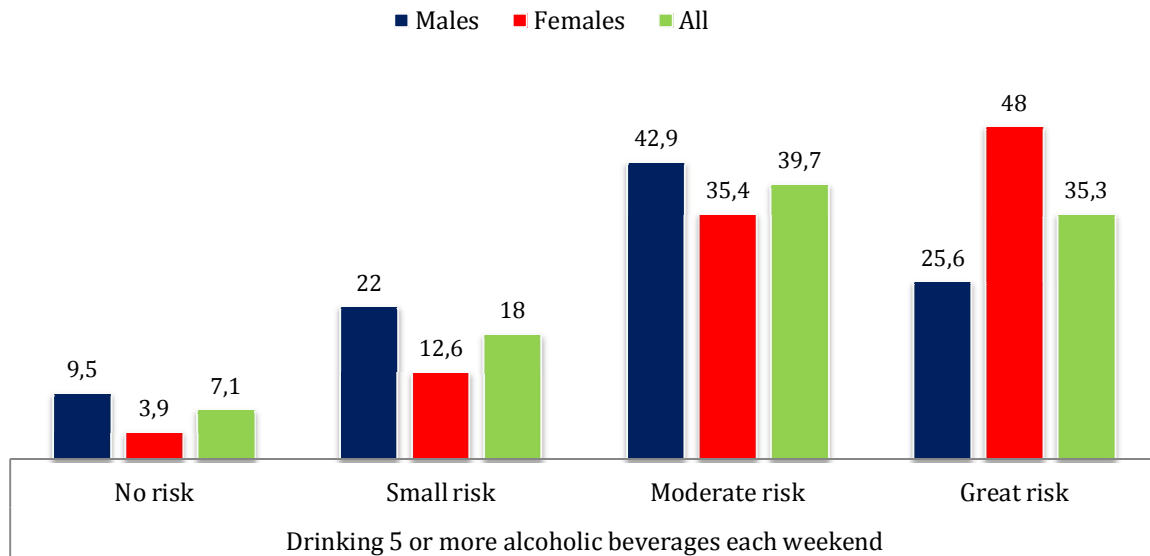
of respondents think that risk of smoking one or more packs of cigarettes per day is a small one (much more males than females - 13,7% versus 3,1%). Finally, 4,4% of respondents think that there is no risk in smoking one or more packs of cigarettes per day (40,8% of males and 3,9% of females). Figure 10 shows distribution of risk assessment between male and female respondents.

Figure 10. Assessment of risk of smoking one or more packs of cigarettes per day, by gender, GPS pilot survey 2014



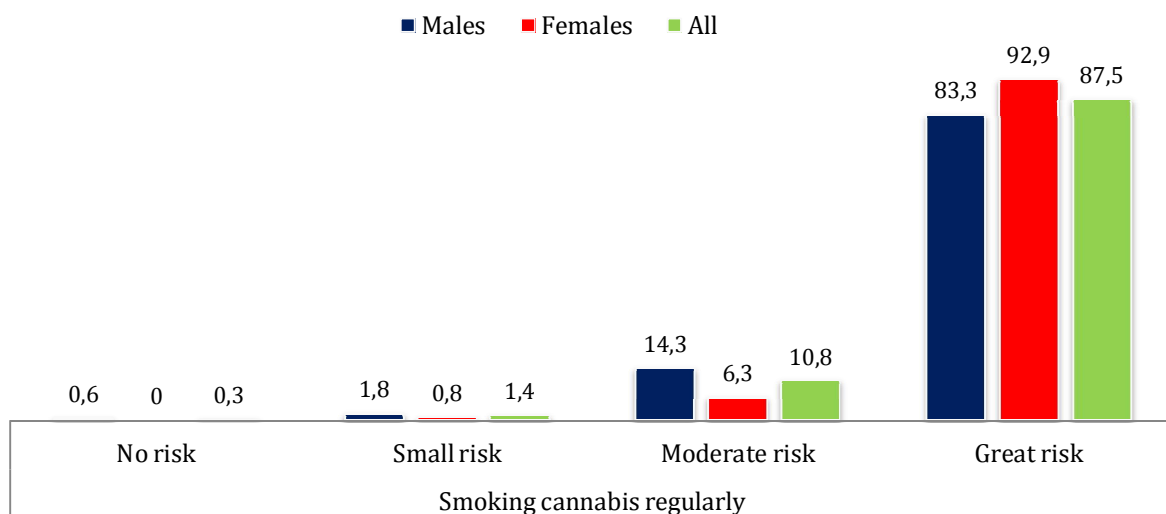
Drinking five or more alcoholic beverages each weekend is assessed as great risk by 35,3% of respondents – much more males than females (25,6% of males and 48% of females). 39,7% of respondents assess that this is moderately risky behaviour (42,9% males, 35,4% females). Drinking five or more alcoholic beverages each weekend is seen as small risk by 18% of respondents (22% males, 12,6% of females), while 7,1% of respondents estimate that there is no risk in it. Figure 11 shows gender distribution of assessment of risk from drinking five or more alcoholic beverages each weekend.

Figure 11. Assessment of risk from drinking five or more alcoholic beverages each weekend, by gender, GPS pilot survey 2014



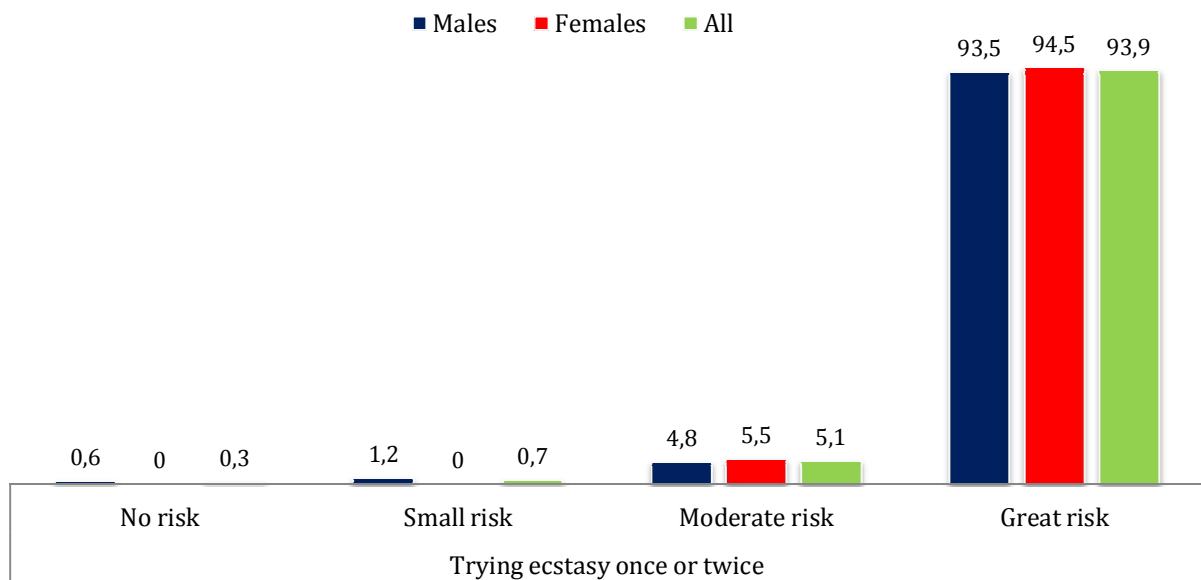
Large majority of respondents estimate that *smoking cannabis regularly* bears great risk of harming oneself – 87,5% (83,3% males and 92,9% females). One in ten respondents (10,8%) consider that smoking cannabis regularly is moderately risky. Small percent of respondents do not recognize risk related to smoking cannabis regularly -1,4% of them think that risk is small, and 0,3% think that there is no risk. Figure 12 shows gender distribution of assessment of risk from smoking cannabis regularly.

Figure 12. Assessment of risk from smoking cannabis regularly, by gender, GPS pilot survey 2014



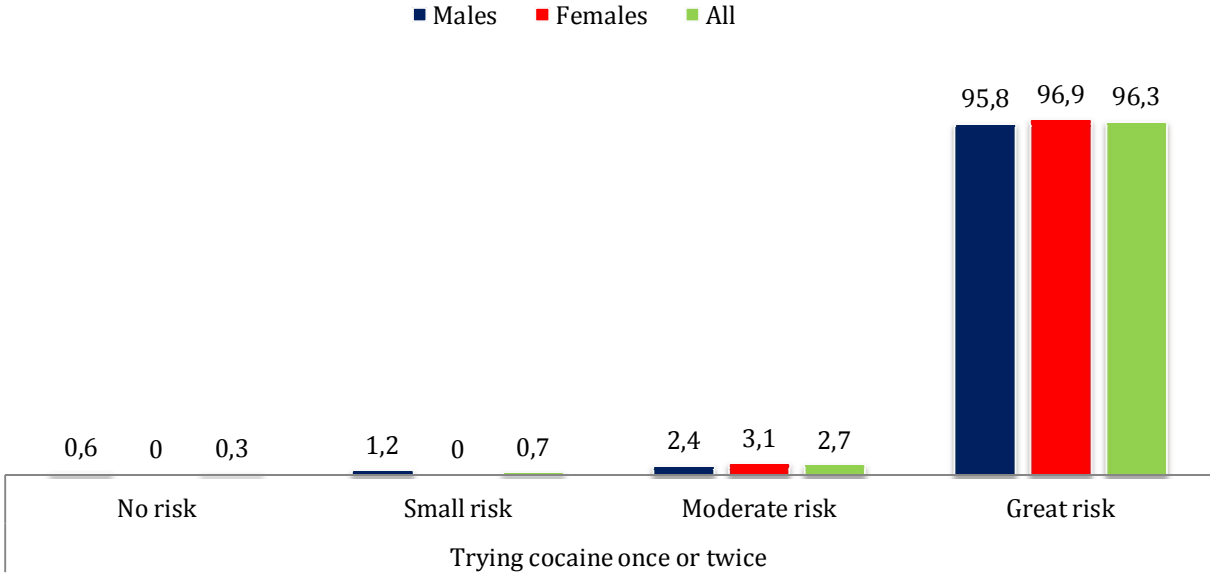
Trying ecstasy once or twice is rated as great risk by 93,9% of respondents, almost equal percent of males and females. 5,1% of respondents think that it is moderately risky to try ecstasy once or twice. From the other hand, 1% of respondents think that risk of trying ecstasy once or twice is small or that there is no risk at all. It is interesting that only male respondents estimate risk as low or non-existing. Figure 13 shows distribution of answers by gender.

Figure 13. Assessment of risk from trying ecstasy once or twice, by gender, GPS pilot survey 2014



Finally, respondents assessed risk related to *trying cocaine once or twice*. Large majority of them think that there is a great risk in this – 96,3%, distributed almost equally between males and females - 95,8 males and 96,9% of females. 2,7% of respondents think that risk from trying cocaine once or twice is moderate (2,4% males and 3,1% females). Small percent of respondents do not recognize risk related to trying cocaine once or twice – 0,7% of them think that risk is small, while 0,3% think that there is no risk in this. Only male respondents have such low perception of risk. Figure 14 shows detailed distribution of opinions about the risk related to trying cocaine once or twice.

Figure 14. Assessment of risk from trying cocaine once or twice, by gender, GPS pilot survey 2014



VIII ANALYSIS OF CONTACT SHEETS

In order to assess the impact of non-response in the net sample, interviewers used the Contact Sheet to record or where necessary, to estimate characteristics of designated respondents who refused to participate in the study, such as their age, gender and level of education. Interviewers also recorded the external characteristics of residential buildings and their condition, regardless whether or not the household was interviewed. Data such as non-existence of the given address, non-residential building at the given address, and the non-existence of the given surname at the address were necessary for assessment of the frame error and response rate. The data of non-respondents was compared with that of respondents, in order to understand if there is a typical social profile of non-respondents in this pilot study.

VIII.1 Type of housing

Based on the data in the Contact Sheets it was of interest to compare social status of those who refused to participate in the study with interviewed participants. As a rough indicator of social status of respondents and non – respondents, details on the external features of the houses or buildings where selected households are placed were recorded in Contact Sheets. The following table contains comparison of types of housing objects where the interview was conducted with those of non-respondents.

The majority of households were in family homes, among both participants and non-participants. The least successfully interviewed respondents lived in smaller buildings (up to three floors), and the smallest number of those who refused to participate lived in larger buildings (four stories or more). Most refusals occurred in family homes. (Table 52).

Table 52. Type of housing of respondents and non-respondents, all adults, GPS pilot survey 2014

Specifications of the object	RESPONDENTS		NON-RESPONDENTS	
	Number	% of successful	Number	% of refused
Family house	216	72.0%	55	43.3%
Smaller building (up to 3 floors)	34	11.3%	22	17.3%
Larger building (4 floors and more)	38	12.7%	10	7.9%
It is not residential object/Skipped	10	3.3%	40	31.5%
Missing	2	0.7%	0	0.0%
TOTAL	300	100.0%	127	100.0%

Comparison of condition of households between respondents and those who refused to participate shows that there are least objects qualified as "poor"(neglected, dirty) in both groups. Proportion of such objects was just slightly higher among non-respondents than respondents (6,7% versus 4,7). Average condition of household facilities is the most common among those who refused to participate in the study (62,2%), while households of successfully interviewed were mostly rated as "good (clean, well maintained). (Table 53).

Table 53. Condition of household of respondents and non-respondents, all adults, GPS pilot survey 2014

	NONRESPONDENTS		RESPONDENTS	
	Number	%	Number	%
Poor (neglected, dirty)	6	6.7	14	4.7
Average	56	62.2	70	23.4
Good (clean, well kept)	28	31.1	215	71.9
Total	90	100.0	299	100.0

VIII.2 Number of attempts to conduct the interview

Out of 300 respondents, the interview was conducted during the first contact in more than 90% of cases. Table 54 shows at which attempt (out of the required three) was the interview successfully conducted in the sampled addresses. (Table 54).

Table 54. Number of contacts needed for successful interview, all adults, GPS pilot survey 2014

	1st CONTACT		2nd CONTACT		3rd CONTACT	
	Number	%	Number	%	Number	%
Interview was conducted	275	91,7%	18	6,0%	7	2,3%

VIII.3 Frame error

Refusal to participate in the study is not the only reason why interviewers were unable to conduct the interview successfully at some of the selected addresses. Frame errors, such as when specified households did not meet requirements for the defined age (there were no members aged 15 to 64 years); facilities that were not intended for living on defined addresses, non-existing addresses, or non-existing surnames on the selected addresses, etc, also account for unsuccessful interviews at some addresses.

Frame errors and refusals in this report refer to the total sample of actually contacted households (427). Total number of refusal is 54 households, which means 12.6% of contacted households. Table 55 shows distribution of frame errors by strata.

Table 55. Distribution and proportion of frame errors and refusals by strata, GPS pilot survey 2014

	Municipal ity	Kolasin		Podgorica		Total HH's	
	Type of settlement	Number	%	Number	%	Number	%
Frame errors	Total	6	9,1%	67	18,6%	73	17,1%
	Urban	4	10,0%	58	19,5%	62	18,3%
	Rural	2	7,7%	9	14,3%	11	12,4%
Refusals	Total	10	15,2%	44	12,2%	54	12,6%
	Urban	6	15,0%	40	13,4%	46	13,6%
	Rural	4	15,4%	4	6,3%	8	9,0%

In most cases, reason of frame error was that the specified surname did not exist at the specified address – 69,9%. Second reason was that there was no person of the defined age at the specified address -16,4%. In 9,6% of cases, the address did not exist, while in 4,1% of cases objects at the specified addresses were not residential objects. (Table 56).

Table 56. Reasons of frame errors, GPS pilot survey 2014

	Number of households	% of total frame errors
The address does not exist	7	9.6
It is not residential object	3	4.1
The specified surname does not exist on the address	51	69.9
There is no person aged between 15 and 64 in the household	12	16.4
Total	73	100,0

The following table shows in more details the extent to which the frame errors are present in the lists of addresses of sampled households at each enumeration location. In addition to frame errors, the table shows the number and proportion of successful interviews – interviews conducted with respondents of the designate age who completed the whole questionnaire. Table also shows non-response: households that refused to participate in the study.

Table shows that frame errors accounted for 9% of the gross sample in Kolašin, compared to 19% in Podgorica. Number of non-respondents per one enumeration area ranges from 0 to 7.

Table 57. Distribution of frame errors, successful interviews and non-response between sampled enumeration areas, GPS pilot survey 2014

Code of the location			Gross sample	Successful interviews	Non-Response	Frame Errors
20087 Kolašin	Code of the enumeration area	0033 Kolašin	14	10	1	3
		0036 Kolašin	11	10	1	0
		0043 Kolašin	15	10	4	1
		0077 Smailagića Polje	14	10	3	1
		0080 Smailagića Polje	12	10	1	1
	Total n		66	50	10	6
	%		100.0	76.0	15.0	9.0
20176 Podgorica	Code of the enumeration area	0012 Beri	14	10	3	1
		0057 Golubovci	12	10	0	2
		0058 Golubovci	12	10	0	2
		0070 Goričani	11	10	0	1
		0071 Goričani	14	10	1	3
		0226 Podgorica	12	10	2	0
		0240 Podgorica	17	10	1	6
		0253 Podgorica	14	10	2	2
		0261 Podgorica	12	10	0	2
		0333 Podgorica	20	10	2	8
		0411 Podgorica	18	10	3	5
		0426 Podgorica	17	10	0	7
		0440 Podgorica	18	10	2	6
		0463 Podgorica	20	10	3	7
		0482 Podgorica	10	10	0	0
		0502 Podgorica	14	10	2	2
		0512 Podgorica	13	10	0	3
		0637 Podgorica	20	10	5	5
		0647 Podgorica	20	10	7	3
		0661 Podgorica	13	10	2	1
0669 Podgorica	12	10	2	0		
0681 Podgorica	12	10	2	0		
0688 Podgorica	12	10	2	0		
0744 Vranjići	11	10	0	1		
0761 Tuzi	13	10	3	0		
	Total n		361	250	44	67
	%		100.0	69.0	12.0	19.0
	Total n		427	300	54	73
	%		100.0	70.0	13.0	17.0

VIII.4 Response rate

At the second sampling stage, ten households per enumeration area plus ten substitutions were selected. During the fieldwork, interviewers followed instructions that after they have finished interviewing in ten households in one enumeration area, they stop working in this area and move to another. This means that maximal number of interviewed households in one enumeration area could be ten. Therefore, at the end of the fieldwork, 427 households were actually contacted (in order to reach net of 300 completed questionnaires). The interview was not conducted at 54 sampled addresses because of refusals, including situations when the interviewer was unable to make contact with the selected member of the household even after three attempts. Interview was not conducted at 73 addresses due to frame errors. Details of the overall response rate are shown in Table 58.

Table 58. Basic information on the non-response, GPS pilot survey 2014

	GROSS SAMPLE	SUCCESSFUL INTERVIEWS	NON-RESPONSE	FRAME ERRORS
Number	427	300	54	73
%	100,0%	70,3%	12,6%	17,1%

Response rate is calculated according to the formula recommended by EMCDDA: *Response rate = number of interviews x 100 / N - frame errors*. According to this calculation, the response rate was 84.7% (**Table 59**).

Table 59. Response rate, GPS pilot study 2014

GROSS SAMPLE	VALID SAMPLE*	RESPONSE	% RESPONSE
427	354	300	84,7%

*Valid sample= Gross sample – frame errors

Table 60 shows in more details response and non-response distribution by enumeration location.

Table 60. Response rate by location, GPS pilot survey 2014

Final outcome	Response rate by location					
	Code of the location				Total	
	20087 Kolašin		20176 Podgorica		Number	RR
	Number	RR	Number	RR		
Successful interviews	50	83%	250	85%	300	85%
Refused	10	17%	44	15%	54	15%
No contact	6		67		73	
Total	66		361		427	
Total - Eligible households - excluded all ineligible objects and households	60	100%	294	100%	354	100%

VIII.5 Reasons why interview was not conducted

In the pilot study, it was important to get an overview of reasons why the interview was not conducted, and of locations where non-response was highest. Among reasons for refusal of participation in the study, the most frequent were **"no one opened the door"** and **"refusal at the door"**, with slightly more than one percentage point difference between them.

Table 61. Reason why interview was not conducted, GPS pilot study 2014

Code of the location	Code of the enumeration area	No one opened the door	Selected person has been absent for long	Interviewing is arranged for another	There is no person aged between 15 and 64 in	Refusal at the door	Refusal of the selected person	Skipped	Total
20087	0033, 0036, 0043 Kolašin	1	2		1	2	1	3	10
	0077, 0080 Smailagića Polje	0	3		0	1	0	2	6
Total		1	5		1	3	1	5	16
20176	0012 Beri	1	1	0	0	1	0	1	4
	0057, 0058 Golubovci	0	0	0	1	1	0	2	4
	0070, 0071 Goričani	1	0	0	2	0	0	2	5
	Podgorica: 0226, 0240, 0253, 0261, 0333, 0411, 0426, 0440, 0463, 0502, 0512, 0637, 0647, 0661, 0669, 0681, 0688	15	7	3	8	12	3	46	94
	0744 Vranjići	0	0	0	0	0	0	1	1
	0761 Tuzi	2	0	0	0	1	0	0	3
Total		19	8	3	11	15	3	52	111

Tables 62 and 63 show detailed distribution of reasons of refusal by gender, age and education (data estimated by the interviewers). It is interesting that 70% males refused to cooperate versus 30% females. As regards age, persons who refused participation were predominantly mid-aged (59.3%), 29.6% were older and 11.1% younger.

Table 62. Reasons of refusal of interview by estimated gender and age, GPS pilot survey 2014

Reason of refusal	Total	Gender				Age					
		male	% of males	female	% of females	younger	% of younger	mid aged	% of mid aged	older	% of older
Doesn't want to say	15	10	52.6	5	62.5	1	33.3	9	56.3	5	62.5
Has no time at the moment	1		0.0	1	12.5		0.0	1	6.3		0.0
Never has time for surveys	1		0.0	1	12.5		0.0	1	6.3		0.0
Never participates in surveys	4	4	21.1		0.0	1	33.3	2	12.5	1	12.5
Has participated in surveys too many times	2	2	10.5		0.0	1	33.3	1	6.3		0.0
Doesn't see (personal) interest in participation	1	1	5.3		0.0		0.0	1	6.3		0.0
Weak health	3	2	10.5	1	12.5		0.0	1	6.3	2	25.0
Total	27	19		8		3		16		8	

Table 63. Reason of refusal of interview by estimated education, GPS Pilot survey 2014

Reason of refusal	Total	Education			
		Low level of education	% of low level of education	Medium or high level of education	% of medium or high level of education
Doesn't want to say	15	5	50.0	10	58.8
Has no time at the moment	1		0.0	1	5.9
Never has time for surveys	1		0.0	1	5.9
Never participates in surveys	4	3	30.0	1	5.9
Has participated in surveys too many times	2		0.0	2	11.8
Doesn't see (personal) interest in participation	1		0.0	1	5.9
Weak health	3	2	20.0	1	5.9
Total	27	10		17	

IX List of annexes

- | | |
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| Annex 2 | List of additional questions in GPS pilot questionnaire in Montenegro |
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Matching pilot GPS Montenegro to EMQ	Pilot 2014 Context: Life quality, Lifestyle and Health Risks Survey (Licit and Illicit Substances) Mode: face-to-face method (Interview and self-completion by the respondents of drug-related questions) 124 questions	2015 MONTENEGRO GPS study
European Model Questionnaire		
1. Tobacco		
Do you smoke tobacco, such as cigarettes, cigars or a pipe? Yes No	Q5	
Have you ever smoked in past? Yes No	Q6	
Alternatives: standard prevalence model (LTP,LYP,LMP)	LYP and LMP included: Q8 and Q9	
2. Alcohol		
During the last 12 months have you drunk beer, wine, spirits or any other alcoholic drink? Yes No	Q16	
How often do you drink alcohol? 4 times a week; 2-3 times a week; 2-4 times a month; Once a month or less; else	Q13	
How often do you drink 6 glasses or more of an alcoholic drink on the same occasion? Daily or almost daily; every week; every month; less than once a month; never; else	Q15	
During the last 30 days, have you drunk any alcohol? Yes; No; else	Q17	
During the last 30 days, on how many days did you drink alcohol? On ___ days OR 1. 20 days or more 2. 10-19 days 3. 4-9 days 4. 1-3 days	Q18 (Answer categories:1. 20 days or more 2. 10-19 days 3. 4-9 days 4. 1-3 days)	
Alternatives: Specific types of alcoholic drinks		
3. Pharmaceuticals		
During the last 12 months, have you taken any sedatives or tranquilizers? Yes No	Q23 (examples:Bensedin, Bromazepam, Ksalol, Leksilijum, Lunata, Sanval, etc.)	
How often do you take sedatives or tranquilizers? 4 times a week; 2-3 times a week; 2-4 times a month; Once a month or less; else	Q22 (examples:Bensedin, Bromazepam, Ksalol, Leksilijum, Lunata, Sanval, etc.)	
During the last 30 days, have you taken any sedatives or tranquilizers? Yes No	Q24 (examples:Bensedin, Bromazepam, Ksalol, Leksilijum, Lunata, Sanval, etc.)	
During the last 30 days, on how many days did you take sedatives or tranquilizers? On ___ days, OR 1.20 days or more; 2.10-19 days; 3.4-9 days; 4. 1-3 days	Q24 (examples:Bensedin, Bromazepam, Ksalol, Leksilijum, Lunata, Sanval, etc.) Answer categories: 1.20 days or more; 2.10-19 days; 3.4-9 days; 4. 1-3 days	
How did you obtain sedatives or tranquilizers the last time you took them? I bought them or had them prescribed for me by a doctor, I got them from somebody else I know; I bought them without a prescription in a pharmacy or drug store; None of the above applies; else	Q26 (examples:Bensedin, Bromazepam, Ksalol, Leksilijum, Lunata, Sanval, etc.)	
4. Illicit drugs		
Cannabis		
Do you personally know people who take cannabis? Yes, No, Else	Q41 (instead of cannabis, terms marijuana, skunk or hashish were used)	
Have you ever taken cannabis yourself? Yes, No, Else	Q46 (instead of cannabis, terms marijuana, skunk or hashish were used)	
At what age did you take cannabis for the first time?	Q47 (instead of cannabis, terms marijuana, skunk or hashish were used)	
During the last 12 months, have you taken cannabis? Yes; No; Else	Q48 (instead of cannabis, terms marijuana, skunk or hashish were used)	
During the last 30 days, have you taken cannabis? Yes; No; Else	Q51 (instead of cannabis, terms marijuana, skunk or hashish were used)	
During the last 30 days, on how many days did you take cannabis? On ___ days OR 1. 20 days or more; 2.10-19 days; 3.4-9 days; 4. 1-3 days	Q52 (instead of cannabis, terms marijuana, skunk or hashish were used) Answer categories: 1. 20 days or more; 2.10-19 days; 3.4-9 days; 4. 1-3 days	
Ecstasy		
Do you personally know people who take ecstasy? Yes; No; Else	Q53	
Have you ever taken ecstasy yourself? Yes; No; Else	Q57	
At what age did you take ecstasy for the first time?	Q58	
During the last 12 months, have you taken ecstasy? Yes; No; Else	Q59	
During the last 30 days, have you taken ecstasy? Yes; No; Else	Q60	
During the last 30 days, on how many days did you take ecstasy? On ___ days OR 1. 20 days or more; 2.10-19 days; 3.4-9 days; 4. 1-3 days	Q61	
Amphetamines		
Do you personally know people who take amphetamines? Yes; No; Else	Q62 (for example speed)	
Have you ever taken amphetamines yourself? Yes; No; Else	Q66 (for example speed)	
At what age did you take amphetamines for the first time?	Q67 (for example speed)	
During the last 12 months, have you taken amphetamines? Yes; No; Else	Q68 (for example speed)	
During the last 30 days, have you taken amphetamines? Yes; No; Else	Q69 (for example speed)	
During the last 30 days, on how many days did you take amphetamines? On ___ days OR 1. 20 days or more; 2.10-19 days; 3.4-9 days; 4. 1-3 days	Q70 (for example speed) Answer categories: 1. 20 days or more; 2.10-19 days; 3.4-9 days; 4. 1-3 days	
Cocaine		
Do you personally know people who take cocaine? Yes; No; Else	Q83	
Have you ever taken cocaine yourself? Yes; No; Else	Q87	
At what age did you take cocaine for the first time?	Q88	
During the last 12 months, have you taken cocaine? Yes; No; Else	Q89	
During the last 30 days, have you taken cocaine? Yes; No; Else	Q90	
During the last 30 days, on how many days did you take cocaine? On ___ days OR 1. 20 days or more; 2.10-19 days; 3.4-9 days; 4. 1-3 days	Q91 Answer categories: 1. 20 days or more; 2.10-19 days; 3.4-9 days; 4. 1-3 days	
Heroin		
Do you personally know people who take heroin? Yes; No; Else	Q71	
Have you ever taken heroin yourself? Yes; No; Else	Q76	
At what age did you take heroin for the first time?	Q77	
During the last 12 months, have you taken heroin? Yes; No; Else	Q78	
During the last 30 days, have you taken heroin? Yes; No; Else	Q81	
During the last 30 days, on how many days did you take heroin? On ___ days OR 1. 20 days or more; 2.10-19 days; 3.4-9 days; 4. 1-3 days	Q82	
Relevin (not mandatory)	Not included	
LSD		

Do you personally know people who take LSD? Yes; No; Else	Q92 LSD (trip)	
Have you ever taken LSD yourself? Yes; No; Else	Q96 LSD (trip)	
At what age did you take LSD for the first time?	Q97 LSD (trip)	
During the last 12 months, have you taken LSD? Yes; No; Else	Q98 LSD (trip)	
During the last 30 days, have you taken LSD? Yes; No; Else	Q99 LSD (trip)	
During the last 30 days, on how many days did you take LSD? On ___ days OR 1. 20 days or more; 2.10-19 days; 3.4-9 days; 4. 1-3 days	Q100 LSD (trip)	
Inhalants	Included	

Hallucinogens (other)	Not included	
Availability How difficult would it be for you personally to obtain «drug» within 24 hours if you wanted some? 1. Impossible 2. Very difficult 3. Fairly difficult 4. Fairly easy 5. Very easy	Q110: (1. marijuana, skunk or hashish, 2. ecstasy, 3. amphetamines (for example speed), 4. cocaine, 5. heroin, 6. LSD (trip), 7. tranquilisers or sedatives	
Within the last 12 months, how many times have you been offered «drug» (either free of charge or to buy)?1) none; 2) once or twice; 3) 3 to 5 times; 4) 6 to 9 times; 5) 10 to 19 times; 6) 20 to 39 times; 7) 40 times or more	Q44.2.a) marijuana, skunk or hashish offered in Montenegro; Q44.2. b) marijuana skunk or hashish offered abroad. Q56.2.a) ecstasy offered in Montenegro.Q56.2.b) ecstasy offered abroad. Q65.2.a) amphetamines offered in Montenegro, Q65.2.b) amphetamines offered abroad; Q74.2.a) heroin offered in Montenegro, Q74.2.b) heroin offered abroad. Q86.2.a) cocaine offered in Montenegro, Q86.2.b) cocaine offered abroad. Q95.2.a) LSD offered in Montenegro; Q95.2.b) LSD offered abroad. Answer by writing the number of times	
5. Opinions		
Opinions about drug addicts (not mandatory)		
Do you perceive a drug addict more as a criminal or as a patient? More as a criminal; more as a patient; neither criminal nor a patient; don't know, cannot decide; else	Q105: Do you perceive a drug addict more as a criminal or as a patient? More as a criminal; more as a patient; neither criminal nor a patient; criminal and a patient; don't know/cannot decide.	
Opinions about drug policies (not mandatory)		
To what extent do you agree with the following statement: "People should be permitted to take hashish or marihuana"? Fully agree, largely agree, neither agree nor disagree, largely disagree, fully disagree, else	Q106.1	
To what extent do you agree or disagree with the following statement: "People should be permitted to take heroin"?	Q 106.2	
Opinions about behaviour		
Individuals differ according to whether or not they disapprove of people doing certain things. I will mention a few things which some people may do. Can you tell me if you would not disapprove or disapprove or strongly disapprove when people do any of these things?	Q107	
Trying ecstasy once or twice	Q107.4	
Trying heroin once or twice	Q107.5	
Smoking 10 or more cigarettes	Q107.1	
Have one or two drinks several times a week	Q107.2	
Smoking hashish or marijuana occasionally	Q107.3	
Perception of risk		
Now I would like to know how much you think people risk harming themselves, physically or in other ways, if they do certain things. I will again mention a few things, which some people may do. Please tell me if you consider it to be no risk, a slight risk, a moderate risk or a great risk, if people do any of these things?	Q108	
Smoke one or more packs of cigarettes a day	Q108.1	
Having five or more drinks each weekend	Q108.2	
Smoke hashish or marijuana regularly	Q108.3	
Try ecstasy once or twice	Q108.4	
Try cocaine once or twice	Q108.5 Try cocaine (or crack) once or twice +Q108.6 Try heroin once or twice	
6. Respondent attributes		
Please indicate if you are a male or female	Q122	
What is your age?	Q123 (Year of birth)	

Q1 to Q4: General satisfaction in life

1. Please rate how satisfied you are with certain things in your life, using scale from 0 = not at all satisfied; through 5 = neither satisfied nor unsatisfied to 10 = completely satisfied.

Circle ONE ANSWER IN EACH LINE.

How satisfied are you with your...	Not at all satisfied										Neither satisfied nor unsatisfied										Completely satisfied												
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
1 Standard of life	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
2 Health	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
3 Accomplishments in life	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
4 Relationships with close people	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
5 Feeling of personal safety	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
6 Belonging to your environment	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
7 Feeling of security regarding the future	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
8 Life in general	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

2. How would you rate your overall health?

- 1 Very good
- 2 Good
- 3 Average
- 4 Bad
- 5 Very bad

3. All things considered, how happy would you say you are?

Circle ONE NUMBER at a scale from 1 to 10.

Very unhappy		Neither happy nor unhappy						Very happy	
1	2	3	4	5	6	7	8	9	10

4. Please rate how TRUE are the following statements for you personally.

Circle ONE ANSWER IN EACH LINE.

	Absolutely untrue	Fairly untrue	Neither true nor untrue	Fairly true	Absolutely true
1 It seems to me that I get ill easier than other people.	1	2	3	4	5
2 I am healthier than other men/women of my age.	1	2	3	4	5
3 I think that my health will deteriorate.	1	2	3	4	5
4 I am perfectly healthy.	1	2	3	4	5
5 I have a healthy nutrition.	1	2	3	4	5
6 I regularly practice physical activities.	1	2	3	4	5
7 I often feel distressed.	1	2	3	4	5

Tobacco: Q7 to Q11

7. How old were you when you FIRST smoked tobacco (cigarettes, cigars, pipe)? _____ years

8. Have you smoked tobacco (cigarettes, cigars, pipe) DURING THE LAST 12 MONTHS?

- 1 Yes
- 2 No

9. Have you smoked tobacco (cigarettes, cigars, pipe) DURING THE LAST 30 DAYS?

- 1 Yes
- 2 No

10. On average, how many cigarettes PER DAY have you smoked during the last 30 days?

- 1 I do not smoke every day
- 2 Up to 5 cigarettes
- 3 From 5 to 10 cigarettes
- 4 From 10 to 20 cigarettes
- 5 More than 20 cigarettes
- 6 More than 40 cigarettes

11. Do you wish to quit smoking?

- 1 Yes
- 2 No
- 3 I am not sure

ALCOHOL : Q12, Q14, Q19

12. How old were you when you FIRST tried any alcoholic beverage (beer, wine, spirits or any other alcoholic beverage)?

- 1 _____ years
- 2 I have NEVER drank alcohol

14. WHICH alcoholic beverage do you usually drink?

- 1 Wine (including špricer, bambus, sparkling wines)
- 2 Beer
- 3 Spirits (including mixed drinks and cocktails)
- 4 Other, specify _____

19. HOW MANY glasses or bottles of alcoholic beverages have you drunk DURING THE LAST WEEK?

Put the answer – number IN EACH LINE.

	Number
1. Beer (number of bottles of 0.33 l or 0.5 l)	
2. Wine (number of glasses of 0.2 l)	
3. Špricer, bambus, sparkling wines (number of glasses of 0.2 l)	
4. Spirits, cocktails, mixed drinks (number of glasses 0.03 l)	

PHARMACEUTICALS: Q20

20. Have you EVER used tranquilisers or sedatives (such as Bensedin, Bromazepam, Ksalol, Leksilijum, Lunata, Sanval, etc)?

- 1 Yes
- 2 No

IHALANTS (VOLATILE SOLVENTS) : Q27 - Q33

Next questions ask about substances that people sometimes use „to get high“, i.e. to achieve mood change or psychoactive effects, but which are not primarily intended for such purpose – so called „volatile solvents“ or inhalants. These substances include glues, aerosol from sprays, gas, butane gas, paints, etc).

27. Do you personally know anyone who uses inhalants (such as glue, aerosol from sprays, gas, butane gas, paints, etc) in order to „get high“?

- 1 Yes
- 2 No

28. How many of your friends would you estimate use inhalants (such as glue, aerosol from sprays, gas, butane gas, paints, etc), in order to „get high“?

- 1 None
- 2 Only a few of them
- 3 About half of them
- 4 Most of them
- 5 All

29. Have you EVER used inhalants (such as glue, aerosol from sprays, gas, butane gas, paints, etc), in order to „get high“?

- 1 Yes
- 2 No

30. How old were you when you FIRST tried inhalants (such as glue, aerosol from sprays, gas, butane gas, paints, etc), in order to „get high“?

_____ years

31. Have you used inhalants (such as glue, aerosol from sprays, gas, butane gas, paints, etc) DURING THE LAST 12 MONTHS?

- 1 Yes
- 2 No

32. Have you used inhalants (such as glue, aerosol from sprays, gas, butane gas, paints, etc) DURING THE LAST 30 DAYS?

- 1 Yes
- 2 No

33. DURING THE LAST 30 DAYS, ON HOW MANY DAYS have you taken inhalants (such as glue, aerosol from sprays, gas, butane gas, paints, etc)?

- 1 20 days or more
- 2 10 to 19 days
- 3 4 to 9 days
- 4 1 to 3 days

ANABOLIC STEROIDS AND GROWTH HORMONES: Q34 – Q40

34. Anabolic steroids and growth hormones are sometimes abused (with a non-medical purpose) for doping, i.e. for rapid muscle growth („body building“). The most common are: anadrol, oxandrin, android-25, dianabol, winstrol, while among hormones the most common are human growth hormone (HGH), eritropoetin (EPO), human horion gonadotrophin (HCG), etc. Common jargon names for these substances are „roidi“, „anabolics“, „gear“, „gym candy“, „junk“ etc.

Do you personally know anyone who uses anabolic steroids and/or other hormones with a non-medical purpose?

- 1 Yes
- 2 No

35. How many of your friends would you estimate use anabolic steroids and/ or other hormones with a non-medical purpose?

- 1 None
- 2 Just a few
- 3 About a half
- 4 Most of them
- 5 All

36. Have you personally EVER tried anabolic steroids and/or other hormones with a non-medical purpose?

- 1 Yes
- 2 No

37. How old were you when you FIRST tried anabolic steroids and/or other hormones with a non-medical purpose?

_____ years

38. Have you used anabolic steroids and/or other hormones with a non-medical purpose DURING THE LAST 12 MONTHS?

- 1 Yes
- 2 No

39. Have you used anabolic steroids and/or other hormones with a non-medical purpose DURING THE LAST 30 DAYS ?

- 1 Yes
- 2 No

40. DURING THE LAST 30 DAYS, ON HOW MANY DAYS have you taken anabolic steroids and/or other hormones with a non-medical purpose?

- 1 20 days or more
- 2 10 to 19 days
- 3 4 to 9 days
- 4 1 to 3 days

ILLICIT DRUGS: CANNABIS: Q42 – Q45, Q49-Q50

42. How many of your friends would you estimate use marijuana, skunk or hashish?

- 1 None
- 2 Just a few
- 3 About A half
- 4 Most
- 5 All

43. We would like to learn how much people are exposed to drugs nowadays. Please tell us sincerely, have you EVER been offered marihuana, skunk or hashish, whether free of charge or for the money?

- 1 Yes, in Montenegro
- 2 Yes, abroad
- 3 No
- 4 I do not know/ I am not sure

44. HOW MANY TIMES have you been offered marijuana, skunk or hashish, weather free of charge or for the money...?

Put the NUMBER OF TIMES IN BOTH LINES.

	A) in Montenegro	B) abroad
1. In your LIFETIME		
2. In the LAST 12 MONTHS		

45. DURING THE LAST 12 MONTHS, on the last occasion you were offered marijuana, skunk or hashish, WHERE was it?

- 1 In a private place/ private home
- 2 In an open public space (train or bus station, street, park, beach)
- 3 At the workplace
- 4 At school/university
- 5 In a bar/ restaurant
- 6 In a club/ disco
- 7 At a music concert / festival
- 8 At another place, specify _____

49. DURING THE LAST 12 MONTHS, on the last occasion you used marijuana, skunk or hashish, how did you get it?

- 1 I bought it
- 2 I got it from someone or it was shared between a group of people
- 3 I grow it myself

50. DURING THE LAST 12 MONTHS, on the last occasion you used marijuana, skunk or hashish, WHO did you get it FROM?

- 1 From a friend
- 2 From a relative
- 3 From an acquaintance
- 4 From an unknown person
- 5 From a dealer
- 6 Over the internet (online)
- 7 Through the delivery service
- 8 Other, please specify _____

ECSTASY: Q54-Q56

54. How many of your friends would you estimate use ecstasy?

- 1 None
- 2 Just a few
- 3 About half
- 4 Most
- 5 All

55. Have you personally EVER been offered ecstasy, weather free of charge or for the money?

- 1 Yes, in Montenegro
- 2 Yes, abroad
- 3 No
- 4 I don't know/I am not sure

56. HOW MANY TIMES have you been offered ecstasy, weather free of charge or for the money...?

Put the NUMBER OF TIMES IN BOTH LINES.

	a) in Montenegro	b) in abroad
1. In your LIFETIME		
2. In the LAST 12 MONTHS		

AMPHETAMINES: Q 63 – Q65

63. HOW MANY of your friends would you estimate use amphetamines (e.g. speed)?

- 1 None
- 2 Just a few
- 3 About a half
- 4 Most
- 5 All

64. Have you personally EVER been offered any amphetamine (e.g. speed), weather free of charge or for the money?

- 1 Yes, in Montenegro
- 2 Yes, abroad
- 3 No
- 4 I don't know/ I am not sure

65. HOW MANY TIMES have you been offered amphetamines (e.g. speed), weather free of charge or for the money...?

Put THE NUMBER OF TIMES IN BOTH ROWS.

	a) In Montenegro	b) in abroad
1. In your LIFETIME		
2. In the LAST 12 MONTHS		

HEROIN: Q72 – Q75; Q79-Q80

72. HOW MANY of your friends would you estimate use heroin?

- 1 None
- 2 Just a few
- 3 About a half
- 4 Most
- 5 All

73. Have you personally EVER been offered heroin, whether free of charge or for the money?

- 1 Yes, in Montenegro
- 2 Yes, abroad
- 3 No
- 4 I don't know/ I am not sure

74. HOW MANY TIMES have you been offered heroin, weather free of charge or for the money...?

Put THE NUMBER OF TIMES IN BOTH ROWS.

	a) In Montenegro	b) in abroad
1. In your LIFETIME		
2. In THE LAST 12 MONTHS		

75. DURING THE LAST 12 MONTHS, on the last occasion you were offered heroin, WHERE was it?

- 1 In a private place/ private home
- 2 In an open public space (train or bus station, street, park, beach)
- 3 At the workplace
- 4 At school/university
- 5 In a bar/ restaurant
- 6 In a club/ disco
- 7 At a music concert / festival
- 8 At another place, specify _____

79. DURING THE LAST 12 MONTHS, on the last occasion you used heroin, HOW did you GET it?

- 1 I bought it
- 2 I got it from someone or it was shared in a group of people

80. DURING THE LAST 12 MONTHS, on the last occasion you took heroin, WHO did you get it FROM?

- 1 From a friend
- 2 From a relative
- 3 From an acquaintance
- 4 From an unknown person
- 5 From a dealer
- 6 Over the internet (online)
- 7 Through the delivery service
- 8 Other, please specify _____

COCAINE - Q84-Q86

84. HOW MANY of your friends would you estimate use cocaine?

- 1 None
- 2 Just a few
- 3 About a half
- 4 Most
- 5 All

85. Have you personally EVER been offered cocaine, whether free of charge or for the money?

- 1 Yes, in Montenegro
- 2 Yes, abroad
- 3 No
- 4 I don't know/I am not sure

86. HOW MANY TIMES were you offered cocaine, weather free of charge or for the money...?

Put THE NUMBER OF TIMES IN BOTH ROWS.

	a) In Montenegro	b) abroad
1. In your LIFETIME		
2. In the LAST 12 MONTHS		

LSD (TRIP) - Q93 – Q95

93. How many of your friends would you estimate use LSD (trip)?

- 1 None
- 2 Just a few
- 3 About a half
- 4 Most
- 5 All

94. Have you personally EVER been offered LSD (trip), weather free of charge or for the money?

- 1 Yes, in Montenegro
- 2 Yes, abroad
- 3 No
- 4 I don't know/I am not sure

95. HOW MANY TIMES have you been offered LSD (trip), weather free of charge or for the money?

Put the NUMBER OF TIMES IN BOTH ROWS.

	a) in Montenegro	b) abroad
1. In your LIFETIME		
2. In the LAST 12 MONTHS		

NEW SUBSTANCES - Q101-Q104

101. New substances are available today, which imitate the effects of drugs such as cannabis, ecstasy, cocaine, etc. These substances are commonly known as „legal heights“, „ethno botanicals“, etc. They come in different forms, like herbal mixtures, powder, crystal or tablets. These substances are advertised and sold under the names of relatively harmless daily products, such as air fresheners, bath salts, herbal refreshers, etc.

Have you EVER used such substances?

- 1 Yes
- 2 No
- 3 I don't know / I am not sure

102. Have you used these substances DURING THE LAST 12 MONTHS?

- 1 Yes
- 2 No
- 3 I don't know/ I am not sure

103. WHAT WAS THE APPEARANCE of the new substances that you used DURING THE LAST 12 MONTHS?

Circle ALL THAT APPLY.

- 1 Herbal smoking mixtures with drug-like effects
- 2 Powder, crystals or tablets with drug-like effects
- 3 Liquids with drug-like effects
- 4 Other, please specify _____

104. HOW DID YOU GET the new substances DURING THE LAST 12 MONTHS?

Circle ALL THAT APPLY.

- 1 A friend gave it to me or I bought it from a friend
- 2 I bought it in a specialized shop
- 3 I bought it on the Internet
- 4 I bought it from a dealer
- 5 Other, please specify _____

OPINIONS ABOUT DRUG POLICIES

Q106.3 Addiction (to drugs, alcohol, gambling) is a disease.

Q106.4 Addicts ought to be treated just the same as other patients.

Q106.5 Games of chance and bookmakers are harmless form of fun.

PERCEPTION OF RISK

Q 108.6 Try heroin once or twice

OPINIONS ABOUT AVAILABILITY OF DRUGS: Q109 – Q111

109. In your opinion, how much are drugs generally available today?

- 1 Very unavailable
- 2 Rather unavailable
- 3 Neither available nor unavailable
- 4 Rather available
- 5 Very available

110. If you wanted, how difficult it would be for you to get each of the following substances, within 24 hours?

Circle ONE ANSWER IN EACH LINE.

	<i>Impossible</i>	<i>Very difficult</i>	<i>Rather difficult</i>	<i>Rather easy</i>	<i>Very easy</i>
1 <i>Marijuana, skunk or hashish</i>	1	2	3	4	5
2 <i>Ecstasy</i>	1	2	3	4	5
3 <i>Amphetamines (e.g..speed)</i>	1	2	3	4	5
4 <i>Cocaine</i>	1	2	3	4	5
5 <i>Heroin</i>	1	2	3	4	5
6 <i>LSD (trip)</i>	1	2	3	4	5
7 <i>Tranquillisers and sedatives</i>	1	2	3	4	5

GAMES OF CHANCE: Q111 – Q116

111. How many of your friends would you estimate play games of chance?

- 1 None
- 2 Just a few
- 3 About a half
- 4 Most
- 5 All

112. Have you EVER played games of chance?

- 1 Yes
- 2 No

113. Have you played games of chance DURING THE LAST 12 MONTHS?

- 1 Yes
- 2 No

114. DURING THE LAST 30 DAYS, on HOW MANY DAYS have you played the following?

Circle ONE ANSWER IN EACH LINE.

	Not at all	1-3 days	4-9 days	10-19 days	20 days or more
1 Lottery (lottery tickets, scratch cards)	1	2	3	4	5
2 Lotto	1	2	3	4	5
3 Bookmakers	1	2	3	4	5
4 Bingo	1	2	3	4	5
5 Casino card games, dice games, games with a spinning ball (e.g. roulette, poker, blackjack, dice)	1	2	3	4	5
6 Slot machines	1	2	3	4	5
7 Online (internet) games	1	2	3	4	5

115. Would you say that you personally ever had problems related to games of chance?

- 1 Yes
- 2 No

116. Do you personally know anyone who has or had problems related to games of chance?

- 1 Yes
- 2 No

INTERNET: Q117-Q120

117. On average, how many HOURS PER DAY do you spend online, doing the following...?

Circle ONE ANSWER IN EACH LINE.

	I do not use internet for this	Half an hour or less	About 1-2 hours	About 3-4 hours	5 hours or more
1 At social networks and chat rooms (Facebook, Tweeter, Instagram etc.)	0	1	2	3	4
2 Reading or browsing the net searching for information	0	1	2	3	4
3 Downloading music, video clips, movies	0	1	2	3	4
4 Visiting „adult“ sites	0	1	2	3	4
5 Playing skill games (sudoku, solitaire, billiard, etc)	0	1	2	3	4
6 Playing online internet games with other players	0	1	2	3	4

118. DURING THE LAST 12 MONTHS, how often did the following happen to you, while you were online...?

Circle ONE ANSWER in EACH LINE.

	Never	Rarely	From time to time	Rather often	Almost always
1 That you stayed online longer than you planned	1	2	3	4	5
2 That you neglected home, work or school obligations because you spent time on the internet	1	2	3	4	5
3 That your friend, spouse or a parent complained that you spend too much time online	1	2	3	4	5
4 That you lost your sleep because you stayed late on the internet	1	2	3	4	5
5 That you felt nervous when you weren't online, and then you felt relieved when you went online again	1	2	3	4	5
6 That you rather choose to spend more time on the internet than to go out with friends or to spend time with a partner	1	2	3	4	5

119. HOW OFTEN do you do the following...?

Circle ONE ANSWER in EACH LINE.

	Never	Rarely	From time to time	Rather often	Almost always
1. You make new friendships online?	1	2	3	4	5
2. You check your e-mail or messages on the social networks before something else that you need to do?	1	2	3	4	5
3. You resolve unsatisfaction by using internet to calm down?	1	2	3	4	5
4. You think how boring, empty and said would life be without internet?	1	2	3	4	5

ATTITUDES ABOUT THE PLACE OF RESIDENCE: Q120-Q121

117. Do the following persons represent a problem in your community?

Circle ONE ANSWER IN EACH LINE.

	Not at all	Mainly not	Mainly yes	Yes, very big problem	I don't know/ I cannot decide
1 Drunk people	1	2	3	4	5
2 Drug users	1	2	3	4	5
3 Drug dealers	1	2	3	4	5
4 Groups of minors	1	2	3	4	5
5 Other, specify _____	1	2	3	4	5

118. How physically safe do you feel in the following situations...?

(If you had never been in such a situation, estimate how you would feel if you were to find yourself in such a situation).

Circle ONE ANSWER IN EACH LINE.

	Very unsafe	Rather unsafe	Rather safe	Very safe
1 When you are alone at night on the streets of your city/village?	1	2	3	4
2 When you are alone at your home at night?	1	2	3	4
3 When you ride in a public transport at night (bus, taxi, train)?	1	2	3	4
4 Generally in life?	1	2	3	4
5 When you meet a drunk person on the street?	1	2	3	4
6 When you meet a person who you perceive as a drug addict or a drug user?	1	2	3	4

RESPONDENT ATTRIBUTES (SOCIO-DEMOGRAPHIC CHARACTERISTICS): Q123

123. Marital status

- 1 Married
 - 2 Single
 - 3 Divorced
 - 4 Widow/widower
 - 5 Living together with a partner but not married
 - 6 Other, specify _____
-



Public Health Institute of Montenegro is conducting a survey with a view to assess life quality, life styles and health risks of population of Montenegro. About 300 persons will take part in this survey. All respondents were chosen in the survey sample by a random choice, which means that you also entered the sample completely randomly. This

survey will help us collect very important data, therefore we kindly ask you to answer all questions as thoroughly and honestly as you can. It is important to know that the survey is anonymous, you will not be asked to give your name or any other personal identifier. Gathered data is never to be used at individual level, but exclusively at collective level, for statistical analysis.

We kindly ask you to help us conduct this significant survey by answering honestly all the questions in this questionnaire. Our survey assistants will help you understand and answer all the questions properly. We assure you that anonymity and confidentiality of your answers is guaranteed. So after you have completed the questionnaire, please put it in the empty envelope that you will receive from the survey assistant, seal the envelope yourself and place it amongst all other envelopes at the survey assistant.

Thank you for your cooperation and assistance.

FIRST, WE WOULD LIKE YOU TO ANSWER SEVERAL GENERAL QUESTIONS ABOUT YOUR LIFE

1. Please rate how satisfied you are with certain things in your life, using scale from zero = not at all satisfied; through 5 = neither satisfied nor unsatisfied to 10 = completely satisfied.

Circle ONE ANSWER IN EACH LINE.

How satisfied are you with your...	Not at all satisfied										Neither satisfied nor unsatisfied										Completely satisfied												
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
1 Standard of life																																	
2 Health																																	
3 Accomplishments in life																																	
4 Relationships with close people																																	
5 Feeling of personal safety																																	
6 Belonging to your environment																																	
7 Feeling of security regarding the future																																	
8 Life in general																																	

2. How would you estimate your overall health?

- 1 Very good
- 2 Good
- 3 Average
- 4 Bad
- 5 Very bad

3. All things considered, how happy would you say you are?

Circle ONE NUMBER at a scale from 1 to 10.

Very unhappy											Neither happy nor unhappy	Very happy	
	1	2	3	4	5	6	7	8	9	10			

4. Please rate how TRUE are the following statements for you personally

Circle ONE ANSWER IN EACH LINE.

						Absolutely untrue	Fairly untrue	Neither true nor untrue	Fairly true	Absolutely true
						1	2	3	4	5
1	It seems to me that I get ill easier than other people do.					1	2	3	4	5
2	I am healthier than other men/women of my age are.					1	2	3	4	5
3	I think that my health will deteriorate.					1	2	3	4	5
4	I am perfectly healthy.					1	2	3	4	5
5	I have a healthy nutrition.					1	2	3	4	5
6	I regularly practice physical activities.					1	2	3	4	5
7	I often feel distressed.					1	2	3	4	5

THE FOLLOWING QUESTIONS ASK ABOUT SMOKING TOBACCO

5. Do you smoke tobacco (cigarettes, cigars, pipe)?

- 1 Yes → SKIP TO QUESTION 7
- 2 No

6. Have you EVER smoked tobacco (cigarettes, cigars, pipe)?

- 1 Yes
- 2 No → SKIP TO QUESTION 12

7. How old were you when you FIRST smoked tobacco (cigarettes, cigars, pipe)? _____ years

8. Have you smoked tobacco (cigarettes, cigars, pipe) DURING THE LAST 1 MONTHS?

- 1 Yes
- 2 No → SKIP TO QUESTION 12

9. Have you smoked tobacco (cigarettes, cigars, pipe) DURING THE LAST 3 DAYS?

- 1 Yes
- 2 No → SKIP TO QUESTION 11

10. On average, how many cigarettes PER DAY have you smoked during the last 30 days?

- 1 I do not smoke every day
- 2 Up to 5 cigarettes
- 3 From 5 to 10 cigarettes
- 4 From 10 to 20 cigarettes
- 5 More than 20 cigarettes
- 6 More than 40 cigarettes

11. Do you wish to quit smoking?

- 1 Yes
- 2 No
- 3 I am not sure

THE FOLLOWING QUESTIONS ARE ABOUT ALCOHOL

12. How old were you when you FIRST drank any alcoholic beverage (beer, wine, spirits or any other alcoholic beverage)?

- 1 _____ years
- 2 I have NEVER drank any alcoholic beverage → SKIP TO QUESTION 20

13. HOW OFTEN do you drink alcohol?

- 1 4 times per week or more
- 2 2 to 3 times per week
- 3 2 to 4 times per month
- 4 Once a month or less

14. WHICH alcoholic beverage do you usually drink?

- 1 Wine (including špricer, bambus, sparkling wines)
- 2 Beer
- 3 Spirits (including mixed drinks and cocktails)
- 4 Other, specify _____

15. How often do you drink 6 OR MORE glasses of an alcoholic beverage in a single occasion?

- 1 Daily or almost daily
- 2 At least once a week
- 3 At least once a month
- 4 Less than once a month
- 5 Never

16. Have you drunk any alcoholic beverage (beer, wine, spirits or any other) DURING THE LAST 12 MONTHS?

- 1 Yes
- 2 No → SKIP TO QUESTION 20

17. Have you drunk any alcoholic beverage (beer, wine, spirits or any other) DURING THE LAST 30 DAYS?

- 1 Yes
- 2 No → SKIP TO QUESTION 20

18. DURING THE LAST 30 DAYS, ON HOW MANY DAYS did you drink alcoholic beverages (beer, wine, spirits or any other)?

- 1 20 days or more
- 2 10 to 19 days
- 3 4 to 9 days
- 4 1 to 3 days

19. HOW MANY glasses or bottles of alcoholic beverages have you drunk DURING THE LAST WEEK?

Put the answer – number IN EACH LINE.

	Number
1. Beer (number of bottles of 0.33 l or 0.5 l)	
2. Wine (number of glasses of 0.2 l)	
3. Špricer, bambus, sparkling wines (number of glasses of 0.2 l)	
4. Spirits, cocktails, mixed drinks (number of glasses 0.03 l)	

THE FOLLOWING QUESTIONS ASK ABOUT PHARMACEUTICALS

20. Have you EVER used tranquiliser or sedatives (such as Bensedin, Bromazepam, Ksalol, Leksilijum, Lunata, Sanval etc.)?

- 1 Yes
- 2 No → SKIP TO QUESTION 27

21. How old were you when you FIRST took tranquilisers or sedatives (such as Bensedin, Bromazepam, Ksalol, Leksilijum, Lunata, Sanval, etc.)?

_____ years

22. HOW OFTEN do you take tranquiliser or sedatives (such as Bensedin, Bromazepam, Ksalol, Leksilijum, Lunata, Sanval, etc.)?

- 1 4 times per week or more
- 2 2 to 3 times per week
- 3 2 to 4 times per month
- 4 Once a month or less

23. Have you taken any tranquillisers or sedatives (such as Bensedin, Bromazepam, Ksalol, Leksilijum, Lunata, Sanval, etc.) DURING THE LAST 12 MONTHS?

- 1 Yes
- 2 No → GO TO QUESTION 26

24. Have you taken any tranquilisers or sedatives (such as Bensedin, Bromazepam, Ksalol, Leksilijum, Lunata, Sanval, etc.) DURING THE LAST 30 DAYS?

- 1 Yes
- 2 No → GO TO QUESTION 26

25. DURING THE LAST 30 DAYS, on how many days have you taken tranquilisers or sedatives (such as Bensedin, Bromazepam, Ksalol, Leksilijum, Lunata, Sanval, etc.)?

- 1 20 days or more
- 2 10 to 19 days
- 3 4 to 9 days
- 4 1 to 3 days

26. On the LAST OCCASION you took tranquilisers or sedatives (such as Bensedin, Bromazepam, Ksalol, Leksilijum, Lunata, Sanval, etc.), HOW did you OBTAIN them?

- 1 I bought them or got them in the pharmacy with doctor's prescription
- 2 Someone gave them to me
- 3 I bought them in a pharmacy without a prescription
- 4 None of the above
- 5 Other, what _____

Next questions ask about substances that people sometimes use „to get high“, i.e. to achieve mood change or psychoactive effects, but which are not primarily intended for such purpose – so called „volatile solvents“ or inhalants. These substances include glues, aerosol from sprays, gas, butane gas, paints, etc).

27. Do you personally know anyone who uses inhalants (such as glue, aerosol from sprays, gas, butane gas, paints, etc) in order to „get high“?

(In this questionnaire, „personally knowing“ someone means that you personally know that person and that you have personal knowledge of his/her behaviour in relation to the given substance, rather than „knowing“ someone through experiences or perception of other people and „hearsay“).

- 1 Yes
- 2 No → SKIP TO QUESTION 29

28. How many of your friends would you estimate use inhalants (such as glue, aerosol from sprays, gas, butane gas, paints, etc), in order to „get high“?

(In this questionnaire, a „friend“ is defined as a person with whom you regularly meet or talk).

- 1 None
- 2 Only a few of them
- 3 About half of them
- 4 Most of them
- 5 All

29. Have you EVER used inhalants (such as glue, aerosol from sprays, gas, butane gas, paints, etc), in order to „get high“?

- 1 Yes
- 2 No → SKIP TO QUESTION 34

30. How old were you when you FIRST tried inhalants (such as glue, aerosol from sprays, gas, butane gas, paints, etc), in order to „get high“?

_____ years

31. Have you used inhalants (such as glue, aerosol from sprays, gas, butane gas, paints, etc) in order to “get high” DURING THE LAST 12 MONTHS?

- 1 Yes
- 2 No → SKIP TO QUESTION 34

32. Have you used inhalants (such as glue, aerosol from sprays, gas, butane gas, paints, etc) in order to “get high” DURING THE LAST 30 DAYS?

- 1 Yes
- 2 No → SKIP TO QUESTION 34

33. DURING THE LAST 30 DAYS, ON HOW MANY DAYS have you taken inhalants (such as glue, aerosol from sprays, gas, butane gas, paints, etc)?

- 1 20 days or more
- 2 10 to 19 days
- 3 4 to 9 days
- 4 1 to 3 days

34. Anabolic steroids and growth hormones are sometimes abused (with a non-medical purpose) for doping, i.e. for rapid muscle growth („body building“). The most common are: anadrol, oxandrin, android-25, dianabol, winstrol, while among hormones the most common are human growth hormone (HGH), eritropoetin (EPO), human horion gonadotrophin (HCG), etc. Common jargon names for these substances are „roidi“, „anabolici“, „gear“, „gym candy“, „junk“ etc.

Do you personally know anyone who uses anabolic steroids and/or other hormones with a non-medical purpose?

- 1 Yes
- 2 No → SKIP TO QUESTION 36

35. How many of your friends would you estimate use anabolic steroids and/or other hormones with a non-medical purpose?

- 1 None
- 2 Just a few
- 3 About a half
- 4 Most of them
- 5 All

36. Have you personally EVER tried anabolic steroids and/or other hormones with a non-medical purpose?

- 1 Yes
- 2 No → SKIP TO QUESTION 41

37. How old were you when you FIRST tried anabolic steroids and/or other hormones with a non-medical purpose?

_____ years

38. Have you used anabolic steroids and/or other hormones with a non-medical purpose DURING THE LAST 12 MONTHS?

- 1 Yes
- 2 No → SKIP TO QUESTION 41

39. Have you used anabolic steroids and/or other hormones with a non-medical purpose DURING THE LAST 30 DAYS ?

- 1 Yes
- 2 No → SKIP TO QUESTION 41

40. DURING THE LAST 30 DAYS, ON HOW MANY DAYS have you taken anabolic steroids and/ or other hormones with a non-medical purpose?

- 1 20 days or more
- 2 10 to 19 days
- 3 4 to 9 days
- 4 1 to 3 days

THE FOLLOWING QUESTIONS ASK ABOUT DRUGS

41. Do you personally know anyone who uses marijuana, skunk or hashish?

- 1 Yes
- 2 No → SKIP TO QUESTION 43

42. How many of your friends would you estimate use marijuana, skunk or hashish?

- 1 None
- 2 Just a few
- 3 About A half
- 4 Most
- 5 All

43. We would like to learn how much people are exposed to drugs nowadays. Please tell us sincerely, have you EVER been offered marihuana, skunk or hashish, whether free of charge or for the money?

- 1 Yes, in Montenegro
- 2 Yes, abroad
- 3 No → SKIP TO QUESTION 46
- 4 I do not know/ I am not sure → SKIP TO QUESTION 46

44. HOW MANY TIMES have you been offered marijuana, skunk or hashish, weather free of charge or for the money...?

Write the NUMBER OF TIMES IN BOTH LINES.

	A) in Montenegro	B) abroad
1. In your LIFETIME		
2. In the LAST 12 MONTHS		

45. DURING THE LAST 12 MONTHS, on the last occasion you were offered marijuana, skunk or hashish, WHERE was it?

- 1 In a private place/ private home
- 2 In an open public space (train or bus station, street, park, beach)
- 3 At the workplace
- 4 At school/university
- 5 In a bar/ restaurant
- 6 In a club/ disco
- 7 At a music concert / festival
- 8 At another place, specify _____

46. Have you EVER tried marijuana, skunk or hashish?

- 1 Yes
- 2 No → SKIP TO QUESTION 53

47. HOW OLD were you when you FIRST tried marijuana, skunk or hashish?
_____ years

48. Have you used marijuana, skunk or hashish DURING THE LAST 12 MONTHS?

- 1 Yes
- 2 No → SKIP TO QUESTION 53

49. DURING THE LAST 12 MONTHS, on the last occasion you used marijuana, skunk or hashish, HOW did you GET IT?

- 1 I bought it
- 2 I got it from someone or it was shared between a group of people
- 3 I grow it myself

50. DURING THE LAST 12 MONTHS, on the last occasion you used marijuana, skunk or hashish, FROM WHOM did you get it?

- 1 From a friend
- 2 From a relative
- 3 From an acquaintance
- 4 From an unknown person
- 5 From a dealer
- 6 Over the internet (online)
- 7 Through the delivery service
- 8 Other, please specify _____

51. Have you used marijuana, skunk or hashish DURING THE LAST 30 DAYS?

- 1 Yes
- 2 No → SKIP TO QUESTION 53

52. DURING THE LAST 30 DAYS, ON HOW MANY DAYS have you used marijuana, skunk or hashish?

- 1 20 days or more
- 2 10 to 19 days
- 3 4 to 9 days
- 4 1 to 3 days

53. Do you personally know someone who takes ecstasy?

- 1 Yes
- 2 No → SKIP TO QUESTION 55

54. How many of your friends would you estimate use ecstasy?

- 1 None
- 2 Just a few
- 3 About half
- 4 Most
- 5 All

55. Have you personally EVER been offered ecstasy, weather free of charge or for the money?

- 1 Yes, in Montenegro
- 2 Yes, in abroad
- 3 No → SKIP TO QUESTION 57
- 4 I don't know/I am not sure → SKIP TO QUESTION 57

56. HOW MANY TIMES have you been offered ecstasy, weather free of charge or for the money...?

Put the NUMBER OF TIMES IN BOTH LINES.

	a) in Montenegro	b) in abroad
1. In your LIFETIME		
2. In the LAST 12 MONTHS		

57. Have you EVER tried ecstasy?

- 1 Yes
- 2 No → SKIP TO QUESTION 62

58. How old were you when you FIRST tried ecstasy?
_____ years

59. Have you used ecstasy DURING THE LAST 12 MONTHS?

- 1 Yes
- 2 No → SKIP TO QUESTION 62

60. Have you used ecstasy DURING THE LAST 30 DAYS?

- 1 Yes
- 2 No → SKIP TO QUESTION 62

61. DURING THE LAST 30 DAYS, on how many days did you take ecstasy?

- 1 20 days or more
- 2 10 to 19 days
- 3 4 to 9 days
- 4 1 to 3 days

62. Do you personally know anyone who takes amphetamines (e.g. speed)?

- 1 Yes
- 2 No → SKIP TO QUESTION 64

63. HOW MANY of your friends would you estimate use amphetamines (e.g. speed)?

- 1 None
- 2 Just a few
- 3 About a half
- 4 Most
- 5 All

64. Have you personally EVER been offered any amphetamine (e.g. speed), weather free of charge or for the money?

- 1 Yes, in Montenegro
- 2 Yes, in abroad
- 3 No → SKIP TO QUESTION 66
- 4 I don't know/ I am not sure → SKIP TO QUESTION 66

65. HOW MANY TIMES have you been offered amphetamines (e.g. speed), weather free of charge or for the money...?

Put THE NUMBER OF TIMES IN BOTH ROWS.

	a) In Montenegro	b) in abroad
1. In your LIFETIME		
2. In the LAST 12 MONTHS		

66. Have you EVER tried amphetamines (e.g. speed)?

- 1 Yes
- 2 No → SKIP TO QUESTION 71

67. How old were you when you FIRST tried amphetamines (e.g. speed)?

_____ years

68. Have you used amphetamines (e.g. speed) DURING THE LAST 12 MONTHS?

- 1 Yes
- 2 No → SKIP TO QUESTION 71

69. Have you used amphetamines (e.g. speed) DURING THE LAST 30 DAYS?

- 1 Yes
- 2 No → SKIP TO QUESTION 71

70. DURING THE LAST 30 DAYS, on how many days have you used amphetamines (e.g. speed)?

- 1 20 days or more
- 2 10 to 19 days
- 3 4 to 9 days
- 4 1 to 3 days

71. Do you personally know anyone who uses heroin?

- 1 Yes
- 2 No → SKIP TO QUESTION 73

72. HOW MANY of your friends would you estimate use heroin?

- 1 None
- 2 Just a few
- 3 About a half
- 4 Most
- 5 All

73. Have you personally EVER been offered heroin, whether free of charge or for the money?

- 1 Yes, in Montenegro
- 2 Yes, in abroad
- 3 No → SKIP TO QUESTION 76
- 4 I don't know/ I am not sure → SKIP TO QUESTION 76

74. HOW MANY TIMES have you been offered heroin, weather free of charge or for the money...?

Put THE NUMBER OF TIMES IN BOTH ROWS.

	a) In Montenegro	b) in abroad
1. In your LIFETIME		
2. In THE LAST 12 MONTHS		

75. DURING THE LAST 12 MONTHS, on the last occasion you were offered heroin, WHERE was it?

- 1 In a private place/ private home
- 2 In an open public space (train or bus station, street, park, beach)
- 3 At the workplace
- 4 At school/university
- 5 In a bar/ restaurant
- 6 In a club/ disco
- 7 At a music concert / festival
- 8 At another place, specify _____

76. Have you EVER tried heroin?

- 1 Yes
- 2 No → SKIP TO QUESTION 83

77. How old were you when you first tried heroin?

_____ years

78. Have you used heroin DURING THE LAST 12 MONTHS?

- 1 Yes
- 2 No → SKIP TO QUESTION 83

79. DURING THE LAST 12 MONTHS, on the last occasion you used heroin, HOW did you GET it?

- 1 I bought it
- 2 I got it from someone or it was shared in a group of people

80. DURING THE LAST 12 MONTHS, on the last occasion you took heroin, WHO did you get it FROM?

- 1 From a friend
- 2 From a relative
- 3 From an acquaintance
- 4 From an unknown person
- 5 From a dealer
- 6 Over the internet (online)
- 7 Through the delivery service
- 8 Other, please specify _____

81. Have you used heroin DURING THE LAST 30 DAYS?

- 1 Yes
- 2 No → SKIP TO QUESTION 83

82. DURING THE LAST 30 DAYS, on how many days did you take heroin?

- 1 20 days or more
- 2 10 to 19 days
- 3 4 to 9 days
- 4 1 to 3 days

83. Do you personally know anyone who uses cocaine?

- 1 Yes
- 2 No → SKIP TO QUESTION 85

84. HOW MANY of your friends would you estimate use cocaine?

- 1 None
- 2 Just a few
- 3 About a half
- 4 Most
- 5 All

85. Have you personally EVER been offered cocaine, whether free of charge or for the money?

- 1 Yes, in Montenegro
- 2 Yes, in abroad
- 3 No → SKIP TO QUESTION 87
- 4 I don't know/ I am not sure → SKIP TO QUESTION 87

86. HOW MANY TIMES were you offered cocaine, whether free of charge or for the money...?

Put THE NUMBER OF TIMES IN BOTH ROWS.

	a) In Montenegro	b) in abroad
1. In your LIFETIME		
2. In the LAST 12 MONTHS		

87. Have you EVER tried cocaine?

- 1 Yes
- 2 No → SKIP TO QUESTION 92

88. How old were you when you first tried cocaine?

_____ years

89. Have you used cocaine DURING THE LAST 12 MONTHS?

- 1 Yes
- 2 No → SKIP TO QUESTION 92

90. Have you used cocaine DURING THE LAST 30 DAYS?

- 1 Yes
- 2 No → SKIP TO QUESTION 92

91. DURING THE LAST 30 DAYS, on how many days did you take cocaine?

- 1 20 days or more
- 2 10 to 19 days
- 3 4 to 9 days
- 4 1 to 3 days

92. Do you personally know anyone who uses LSD (trip)?

- 1 Yes
- 2 No → SKIP TO QUESTION 94

93. How many of your friends would you estimate use LSD (trip)?

- 1 None
- 2 Just a few
- 3 About a half
- 4 Most
- 5 All

94. Have you personally EVER been offered LSD (trip), whether free of charge or for the money?

- 1 Yes, in Montenegro
- 2 Yes, in abroad

3 No → SKIP TO QUESTION 96

4 I don't know/ I am not sure → SKIP TO QUESTION 96

95. HOW MANY TIMES have you been offered LSD (trip), whether free of charge or for the money?

Put the NUMBER OF TIMES IN BOTH ROWS.

	a) in Montenegro	b) in abroad
1. In your LIFETIME		
2. In the LAST 12 MONTHS		

96. Have you EVER tried LSD (trip)?

- 1 Yes
- 2 No → SKIP TO QUESTION 101

97. How old were you when you FIRST tried LSD (trip)?

_____ years

98. Have you used LSD (trip) DURING THE LAST 12 MONTHS?

- 1 Yes
- 2 No → SKIP TO QUESTION 101

99. Have you used LSD (trip) DURING THE LAST 30 DAYS?

- 1 Yes
- 2 No → SKIP TO QUESTION 101

100. DURING THE LAST 30 DAYS, ON HOW MANY DAYS have you used LSD (trip)?

- 1 20 days or more
- 2 10 to 19 days
- 3 4 to 9 days
- 4 1 to 3 days

101. New substances are available today, which imitate the effects of drugs such as cannabis, ecstasy, cocaine, etc. These substances are commonly known as „legal highs“, „ethno botanicals“, etc. They come in different forms, like herbal mixtures, powder, crystal or tablets. These substances are advertised and sold under the names of relatively harmless daily products, such as air fresheners, bath salts, herbal refreshers, etc.

Have you EVER used such substances?

- 1 Yes
- 2 No → SKIP TO QUESTION 105
- 3 I don't know / I am not sure

102. Have you used these substances DURING THE LAST 12 MONTHS?

- 1 Yes
- 2 No → SKIP TO QUESTION 105
- 3 I don't know/ I am not sure → SKIP TO QUESTION 105

103. WHAT WAS THE APPEARANCE of the new substances that you used DURING THE LAST 12 MONTHS?

Circle ALL that apply.

- 1 Herbal smoking mixtures with drug-like effects
- 2 Powder, crystals or tablets with drug-like effects
- 3 Liquids with drug-like effects
- 4 Other, please specify _____

104. HOW DID YOU GET the new substances DURING THE LAST 12 MONTHS?

Circle ALL THAT APPLY.

- 1 A friend gave it to me or I bought it from a friend
- 2 I bought it in a specialized shop
- 3 I bought it on the Internet
- 4 I bought it from a dealer
- 5 Other, please specify _____

THE FOLLOWING QUESTIONS ASK ABOUT YOUR ATTITUDES

105. Do you perceive drug addict more as a criminal or as a patient?

- 1 More as a criminal
- 2 More as a patient
- 3 Neither a criminal nor a patient
- 4 Both a criminal and a patient
- 5 I do not know/ I cannot decide

106. To what extent do you agree or disagree with the following statements?

Circle ONE ANSWER IN EACH LINE.

	I completely disagree	I mostly disagree	Neither agree nor disagree	I mostly agree	I completely agree
1 People should be permitted to take marijuana, skunk or hashish...	1	2	3	4	5
2 People should be permitted to take heroin.	1	2	3	4	5
3 Addiction (to drugs, alcohol, gambling) is a disease.	1	2	3	4	5
4 Addicts ought to be treated just the same as other patients.	1	2	3	4	5
5 Games of chance and bookmakers are harmless form of fun.	1	2	3	4	5

107. People have different attitudes regarding actions and behaviours of other people. Here is the list of things that people might do. Can you tell me if you would not disapprove, disapprove or strongly disapprove when people do the following...?

Circle ONE ANSWER IN EACH LINE.

	I do not disapprove	I disapprove	I strongly disapprove	I don't know
1 Smoking 10 or more cigarettes per day	1	2	3	4
2 Drinking one or a few drinks several times a week	1	2	3	4
3 Occasional smoking of marijuana, skunk or hashish	1	2	3	4
4 Trying ecstasy once or twice	1	2	3	4
5 Trying heroin once or twice	1	2	3	4

108. Now we would like to know your opinion about how much people risk to harm themselves, physically or in other ways, if they do certain things.

Again, we will list things that people might do. Please tell us do you think that such behaviours are not risky, or that the risk is small, moderate or great?

Circle ONE ANSWER IN EACH LINE.

	No risk	Small risk	Moderate risk	Great risk
1 Smoking one or more packs of cigarettes per day	1	2	3	4
2 Drinking five or more alcoholic drinks each weekend	1	2	3	4
3 Regular smoking of marijuana, skunk or hashish	1	2	3	4
4 Trying ecstasy once or twice	1	2	3	4
5 Trying cocaine (or crack) once or twice	1	2	3	4
6 Trying heroin once or twice	1	2	3	4

109. In your opinion, how much are drugs generally available today?

- 1 Very unavailable
- 2 Rather unavailable
- 3 Neither available nor unavailable
- 4 Rather available
- 5 Very available

110. If you wanted, how difficult it would be for you to get each of the following substances, within 24 hours?

Circle ONE ANSWER IN EACH LINE.

	Impossible	Very difficult	Rather difficult	Rather easy	Very easy
1 Marijuana, skunk or hashish	1	2	3	4	5
2 Ecstasy	1	2	3	4	5
3 Amphetamines (e.g..speed)	1	2	3	4	5
4 Cocaine	1	2	3	4	5
5 Heroin	1	2	3	4	5
6 LSD (trip)	1	2	3	4	5
7 Tranquillisers and sedatives	1	2	3	4	5

THE FOLLOWING QUESTIONS ASK ABOUT GAMES OF CHANCE

111. How many of your friends would you estimate play games of chance?

- 1 None
- 2 Just a few
- 3 About a half
- 4 Most
- 5 All

112. Have you EVER played games of chance?

- 1 Yes
- 2 No → SKIP TO QUESTION 116

113. Have you played games of chance DURING THE LAST 12 MONTHS?

- 1 Yes
2 No → SKIP TO QUESTION 116

114. DURING THE LAST 30 DAYS, on HOW MANY DAYS have you played the following?

Circle ONE ANSWER IN EACH LINE.

	Not at all	1-3 days	4-9 days	10-19 days	20 days or more
1 Lottery (lottery tickets, scratch cards)	1	2	3	4	5
2 Lotto	1	2	3	4	5
3 Bookmakers	1	2	3	4	5
4 Bingo	1	2	3	4	5
5 Casino card games, dice games, games with a spinning ball (e.g. roulette, poker, blackjack, dice)	1	2	3	4	5
6 Slot machines	1	2	3	4	5
7 Online (internet) games	1	2	3	4	5

115. Do you consider that you personally ever had problems related to playing games of chance?

- 1 Yes
2 No

116. Do you personally know anyone who has or had problems related to playing games of chance?

- 1 Yes
2 No

THE FOLLOWING SECTION CONTAINS QUESTIONS ABOUT THE USE OF INTERNET

117. On average, how many HOURS PER DAY do you spend online, doing the following...?

Circle ONE ANSWER IN EACH LINE.

	I do not use internet for this	Half an hour or less	About 1-2 hours	About 3-4 hours	5 hours or more
1 At social networks and chat rooms (Facebook, Tweeter, Instagram etc.)	0	1	2	3	4
2 Reading or browsing the net searching for information	0	1	2	3	4
3 Downloading music, video clips, movies	0	1	2	3	4
4 Visiting „adult“ sites	0	1	2	3	4
5 Playing skill games (sudoku, solitaire, billiard, etc)	0	1	2	3	4
6 Playing online internet games with other players	0	1	2	3	4

118. DURING THE LAST 12 MONTHS, how often did the following happen to you, while you were online:

Circle ONE ANSWER in EACH LINE.

	Never	Rarely	From time to time	Rather often	Almost always
1 That you stayed online longer than you planned	1	2	3	4	5
2 That you neglected home, work or school obligations because you spent time on the internet	1	2	3	4	5
3 That your friend, spouse or a parent complained that you spend too much time online	1	2	3	4	5
4 That you lost your sleep because you stayed late on the internet	1	2	3	4	5
5 That you felt nervous when you weren't online, and then you felt relieved when you went online again	1	2	3	4	5
6 That you rather choose to spend more time on the internet then to go out with friends or to spend time with a partner	1	2	3	4	5

119. HOW OFTEN do you do the following...?

Circle ONE ANSWER in EACH LINE.

	Never	Rarely	From time to time	Rather often	Almost always
1. You make new friendships online?	1	2	3	4	5
2. You check your e-mail or messages on the social networks before something else that you need to do?	1	2	3	4	5
3. You resolve unsatisfaction by using internet to calm down?	1	2	3	4	5
4. You think how boring, empty and said would life be without internet?	1	2	3	4	5

THE FOLLOWING QUESTIONS ASK ABOUT YOUR OPINIONS OR ATTITUDES RELATED TO YOUR PLACE OF RESIDENCE

120. Do the following persons represent a problem in your community?

Circle ONE ANSWER IN EACH LINE.

	Not at all	Mainly not	Mainly yes	Yes, very big problem	I don't know/ I cannot decide
1 Drunk people	1	2	3	4	5
2 Drug users	1	2	3	4	5
3 Drug dealers	1	2	3	4	5
4 Groups of minors	1	2	3	4	5
5 Other, specify _____	1	2	3	4	5

121. How physically safe do you feel in the following situations...?
(If you had never been in such a situation, please estimate how you would feel if you were to find yourself in such a situation).

Circle ONE ANSWER IN EACH LINE.

	Very unsafe	Rather unsafe	Rather safe	Very safe
1 When you are alone at night on the streets of your city/village?	1	2	3	4
2 When you are alone at your home at night	1	2	3	4
3 When you ride in a public transport at night (bus, taxi, train)	1	2	3	4
4 Generally in life	1	2	3	4
5 When you meet a drunk person on the street	1	2	3	4
6 When you meet a person who you perceive as a drug addict or drug user	1	2	3	4

FINALLY, PLEASE TELL US SOME GENERAL DATA ABOUT YOURSELF

122. Gender

- 1 Male
- 2 Female

123. Year of birth _____

124. Level of education

- 1 No school or several grades of elementary school
- 2 Elementary school
- 3 Secondary school third level (vocational school)
- 4 Secondary school fourth level
- 5 High school or bachelor
- 6 University (graduate degree)
- 7 Postgraduate degree (MSc, PhD)
- 8 Other, specify _____

125. Employment status

- 1 Employed full time
- 2 Private entrepreneur
- 3 Student, pupil
- 4 Housewife
- 5 Retired
- 6 Temporary employed
- 7 Unemployed
- 8 Other, specify _____

126. Marital status

- 1 Married
- 2 Single
- 3 Divorced
- 4 Widow/widower
- 5 Living together with a partner but not married
- 6 Other, specify _____

127. Which of the following best describes composition of the household to which you belong?

- 1 I live alone
- 2 I live with a partner, without children
- 3 I live with a partner and children
- 4 I live with my children
- 5 I live with my parents
- 6 I live with my parents and my partner
- 7 I live with my parents, partner and children
- 8 Other, specify _____

THANK YOU FOR YOUR COOPERATION

THIS PART IS FILLED BY THE SURVEY ADMINISTRATORS

128. Code of the municipality ___ _

129. Code of the enumeration circle ___ _

130. Ordinal number of the household ___ _

131. Type of settlement: 1.1 City
 1.2 Town
 2 Village



132. Date of the survey administration _____


133. Mode of administration: 1. Face to face
 2. Respondent with my assistance
 3. Respondent alone

134. Survey administrator _____

ALCOHOLIC BEVERAGES



One STANDARD DRINK

BEER			
1 standard bottle or can of beer = 0,33l or 0,5l			
A bottle 330ml	=	1 drink	
600 ml of draught beer	=	2 drinks	
A bottle of 1 litre	=	3 drinks	
A can 330 ml	=	1 drink	
A bottle of 2 litres	=	6 drinks	
Pack of 6 bottles of 330 ml	=	6 drinks	
A pack/box/of 20/24 bottles of 330 ml	=	20/24 drinks	

WINE	1 glass of wine of medium size (1,5 l)	
A glass of 150 ml	=	1 drink
A bottle of 750 ml	=	5 drinks
A bottle of 1 litre	=	7 drinks

1 glass of cocktails, „špricer“, „bambus“, other mixed drinks (0,2l)



SPIRITS	1 glass of spirits (0,03l)		
A „short“ glass of 30 ml	=	1 drink	
A glass for schnapps	=	1 drink	
A bottle of 375 ml	=	11 drinks	
A bottle of 750 ml	=	22 drinks	

TRANQUILISERS

- Diazepam
- Apaurin
- Bensedin
- Bromazepam, Lexillum
- Xanax, Helex, Ksalol, Zaxan
- Lorazepam, Loram
- Demetrin
- Klonazepam
- Rivotril

SEDATIVES

- Trazem
- Sanval
- Lunata

STREET NAMES OF DRUGS

MARIJUANA: trava, vutra, džoint, mara, pot, gandža, gras, žiža, mara, granje, zeleno, blitva, dim, grass, marica, džidža, šit, travka, džokavac, granje

HASHISH: šit, tiš, šiš

EXSTASY : eks, ekseri, i, E, ekser, bombon, ekstaza, kser, iks, smajli, bombonice

AMPHETAMINES: spid, brzina, ajs, dizalice, kristal, dsp

METAMPHETAMINES – met, čak, kristal, ice(ajs) (led)

COCAINE AND CRACK COCAINE

- bijelo, belo, koks, lobe, koka, klackalica, kokica, snijeg, snjeguljica, snješko, koks, Spid-bol (kokain+heroin)

HEROIN: dop, hors, džank, žuto, smeđe, pajdo, tožu, paja,

LSD : trip, acid, kiselina, esid, sličica, kartončić

INHALANTS, VOLATILE SOLVENTS: popers, gas

TRANQUILISERS AND SEDATIVES: lekići, kići, kića, bleta, tik- tak

Q 105

- 1 More as a criminal
 - 2 More as a patient
 - 3 Neither criminal nor a patient
 - 4 Both a criminal and a patient
 - 5 I don't know/ I can not decide
-

Q 106

- 1 I completely disagree
 - 2 I mostly disagree
 - 3 Neither agree nor disagree
 - 4 I mostly agree
 - 5 I completely agree
-

Q 107

- 1 I do not disapprove of it
 - 2 I disapprove
 - 3 I strongly disapprove
 - 4 I don't know
-

Q108

- 1 No risk
 - 2 Small risk
 - 3 Moderate risk
 - 4 Great risk
-

Q 124

- 1 No school or several grades of elementary school
 - 2 Elementary school
 - 3 Secondary school III level
 - 4 Secondary school IV level
 - 5 High school or bachelor
 - 6 University (graduate degree)
 - 7 Postgraduate degree (MSc, PhD)
 - 8 Other, specify_____
-

Q 125

- 1 Employed full time
 - 2 Private entrepreneur
 - 3 Pupil, student
 - 4 Housewife
 - 5 Retired
 - 6 Temporary employed
 - 7 Unemployed
 - 8 Other, specify_____
-

Q 127

- 1 I live alone
- 2 I live with a partner, without children
- 3 I live with a partner and children
- 4 I live with my children
- 5 I live with my parents
- 6 I live with my parents and partner
- 7 I live with my parents, partner and children
- 8 Other, specify_____

CONTACT SHEET

FILLING INSTRUCTIONS

Interviews must be conducted at addresses from the list of sampled households that you received. When it is impossible to conduct an interview on the main addresses, you ought to go to the alternate addresses, one by one, and this should be done for each sample separately.

At each location, i.e. at each enumeration district, you need to conduct **10 interviews among respondents aged between 15 and 64 years**. Except in case of refusal or incorrect address, you need to return to each address up to two more times if necessary.

Each attempt of interview, successful or not, **MUST** be registered in the Contact Sheet.

Always copy the code of the location and the ordinal number of the household from the list of addresses first.

Examples of filling the Contact Sheet

EXAMPLE 1:

If the address does not exist, you circle the corresponding number (number 1. in the section „How updated list is“), date and time at the first attempt of interviewing; then you circle number 2. in the section, „Interview is conducted?“ and that is all. After that, you go to the next address.

EXAMPLE 2:

For the attempt on the alternate address, a new Contact sheet is used. If the address exists, but not the household (surname on that address), you circle the corresponding number (number 3. in the section „How updated list is“); you add the characteristics of the building, and that is all, you don't need to fill in anything after that.

EXAMPLE 3:

If the address of the household is correct (i.e. there is a household from the list on the specified address), you first fill in Part I of the Contact Sheet, and then you register what happened next in the Part II („1. attempt“). If you managed to find a person who had the last birthday in the household and you conducted the interview with that person, you register that the interview was conducted in the form for the first attempt (number 1. in the section „Interview is conducted?“). You enter the number of persons at the age between 15-64 (or 15-34) years in the household, and the birthday of the interviewed person and this is the end. If the selected person is a minor, then you must fill in the following section („Were parents present during the interview“).

EXAMPLE 4:

If, for any reason, the interview was not conducted during the first attempt, the corresponding number must be circled in all sections (fill in everything from the first part of the sheet, date and time of the contact from the second part of the sheet, and circle number 2 in the section „Interview was conducted?“)

When you are returning to the same household (in case when you did not succeed to conduct the interview first time, you arranged with the selected person to come at another time, or when members of the household or the person who had the last birthday were absent), you fill all that is required for the second attempt. If you are coming back for the third time, you fill all that is required for the second attempt, and for the third attempt.

In case of refusal, please try to find out the reason (circle the corresponding number in the section „Interview is refused, what is the reason? “), and do your best to assess characteristics of the person who refused to participate in the survey (circle the corresponding number under the question „Person who refused to participate is...? “). Then use a new sheet for the new interview attempt at the new address.

Each Contact sheet MUST BE RETURNED to the Public Health Institute as it is an integral part of the documentation of the survey.

I. PART

Code of the location (copy from the list of addresses): _____

Ordinal number of the household (copy from the list of addresses): _____

How updated is the list of households? (Circle one number)

1. the address does not exist
2. it is not residential object
3. the given surname does not exist on this address

The object is (circle one number)

1. family house
2. smaller building (up to 3 floors)
3. larger building (4 and more floors)

Condition of the object: (circle one number)

1. bad (neglected, dirty...)
2. average
3. good (clean, well kept...)

Survey administrator:

II. PART

1. ATTEMPT

Date of contact (dd/mm/yyyy).....

Time of contact (hour/minute):

The interview is conducted? (circle) 1. Yes 2. No

If the interview is conducted, fill in:

- number of members aged 15-64 years:

- date of the last birthday in the household:

If the respondent was minor, were the parents present

during interviewing? (circle) 1. Yes 2. No

If the interview was not conducted, what was the reason?

(circle)

1. no one opened the door
2. selected person has been absent for long
3. interviewing is arranged for another term
4. there is no person aged between 15 and 64 years in the household
5. refusal at the door
6. refusal of the selected person
7. refusal of parents (for minors)

If the interview was refused, what was the reason? (circle)

1. doesn't want to say
2. has no time at the moment
3. never has time for surveys
4. never participates in surveys
5. interviews are too long
6. has participated in surveys too many times
7. interviewing is exhausting
8. interviewing it is intrusive
9. is afraid that data might be abused
10. doesn't believe that the survey is anonymous
11. is afraid for his/her safety
12. isn't interested in the subject of the survey
13. doesn't see (personal) interest in participation
14. weak health
15. other, specify:

The person who refused participation is... (your estimation, circle):

1. male
2. female
1. younger
2. mid-aged
3. older
1. low level of education
2. medium or high level of education

2. ATTEMPT

Date of contact (dd/mm/yyyy).....

Time of contact (hour/minute):

The interview is conducted? (circle) 1. Yes 2. No

If the interview is conducted, fill in:

- number of members aged 15-64 years:

- date of the last birthday in the household:

If the respondent was minor, were the parents present

during interviewing? (circle) 1. Yes 2. No

If the interview was not conducted, what was the reason?

(circle)

1. no one opened the door
2. selected person has been absent for long
3. interviewing is arranged for another term
4. there is no person aged between 15 and 64 years in the household
5. refusal at the door
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10. doesn't believe that the survey is anonymous
11. is afraid for his/her safety
12. isn't interested in the subject of the survey
13. doesn't see (personal) interest in participation
14. weak health
15. other, specify:

The person who refused participation is... (your estimation, circle):

1. male
2. female
1. younger
2. mid-aged
3. older
1. low level of education
2. medium or high level of education

3. ATTEMPT

Date of contact (dd/mm/yyyy).....

Time of contact (hour/minute):

The interview is conducted? (circle) 1. Yes 2. No

If the interview is conducted, fill in:

- number of members aged 15-64 years:

- date of the last birthday in the household:

If the respondent was minor, were the parents present

during interviewing? (circle) 1. Yes 2. No

If the interview was not conducted, what was the reason?

(circle)

1. no one opened the door
2. selected person has been absent for long
3. interviewing is arranged for another term
4. there is no person aged between 15 and 64 years in the household
5. refusal at the door
6. refusal of the selected person
7. refusal of parents (for minors)

If the interview was refused, what was the reason? (circle)

1. doesn't want to say
2. has no time at the moment
3. never has time for surveys
4. never participates in surveys
5. interviews are too long
6. has participated in surveys too many times
7. interviewing is exhausting
8. interviewing it is intrusive
9. is afraid that data might be abused
10. doesn't believe that the survey is anonymous
11. is afraid for his/her safety
12. isn't interested in the subject of the survey
13. doesn't see (personal) interest in participation
14. weak health
15. other, specify:

The person who refused participation is... (your estimation, circle):

1. male
2. female
1. younger
2. mid-aged
3. older
1. low level of education
2. medium or high level of education

Pilot Survey on Drug Use among the General Population

MANUAL FOR SURVEY ADMINISTRATORS

Pilot study or feasibility study is a type of study designed to test planning, organisation, management and control of the larger research project and to collect data before the main study, all with a view to enhance quality of the main study.

General Population Survey (GPS) on drug use is a survey conducted in the general population of one country, at a randomly selected sample of households. The GPS on the use of drugs has been conducted in many European countries, by the same methodology and the same core survey instrument. The Public Health Institute conducts the survey in Montenegro.

Important: You will introduce the survey to respondents as *the survey on life quality, health risks and lifestyles of population of Montenegro*, as it in fact is. There is no need to point out use of psychoactive substances before you get the chance to interview the selected person, i.e. before you get to the respective sections in the questionnaire.

This pilot survey is conducted by anonymous questionnaire at the sample of about 300 households in Montenegro, randomly selected in two municipalities: Podgorica and Kolašin. Two samples are included in the survey: sample of respondents aged between 15 and 64 years, and sample of respondents aged between 15 and 34 years. Survey administrators will get twice as much the addresses as the number of interviews they need do at a specific location.

At the first attempt of interviewing, you present the aim of the survey to the person who opens the door (unless it is minor or a child). You kindly ask that person to let you conduct an interview with one person from their household aged between 15 and 64 (or 15 and 34 years). **First, you ask how many such persons are there in the household, and then you ask who among them had the last birthday. That person should be interviewed.**

If there is only one person living in the household, you conduct the interview with that person. If two persons have birthday on the same day, you conduct the interview with the younger one.

If you do not succeed to interview the selected person at the first attempt, you must try at least two more times to conduct an interview in the same household in different periods of the day/week (except in case of clear refusal).

In order to successfully conduct interviews and thus assure success of the study, you are expected to reach and establish contact at all given addresses, as well to properly select the respondent within the household and to conduct the interview with that respondent.

It is expected from you to use all your skills in order to persuade selected respondents to take part in the study. If the selected respondent says he/she is too busy, please ask him/her to arrange the interview for more appropriate time/day. *In other words, please try all you can in order to conduct the interview with the selected respondent.*

You should constantly accentuate anonymity and confidentiality of answers to all respondents, and assure them that their answers and their participation are very important for the overall success of this study.

IMPORTANT: As respondents between 15 and 18 years of age are minors, verbal parental consent is necessary for their participation in the study (or consent of other carer if the respondent does not live with parents). Parent or other carer has a right to be present during the interview if they want, but it is up to you to explain how important it is to conduct the survey in privacy, and to ask a parent or a carer to enable you to talk to the respondent alone.

Upon completion of the interview, you must fill in the Contact Sheet:

1. If the person aged between 15 and 18 had the last birthday in the household;
2. If a parent or a carer gave consent for participation in the survey or not;
3. Was a parent or other carer present during interviewing?

You should always aim to conduct the interview as a „face to face“ interview. This means that you read the questions and the answers, and the respondents choose the one that is most suitable for them. *When you get to the section on the use of drugs, it is advisable to tell the respondent that the following section contains some sensitive questions and that he/she can fill it in on their own, to be sure that they will answer honestly.* Tell them that you will not look while they do this, but to ask you if they need any assistance.

It is up to you as survey administrators to estimate if the respondent is capable of filling the questionnaire alone. If a respondent insists on filling the complete questionnaire alone, and this is the only way you can get him/her to participate in the study, then let them do this, if you estimate that they are able to understand questions and answer properly. Offer your assistance for anything that they may find difficult to understand.

Do your best to assure privacy for interviewing, given the sensitive nature of the subject, i.e. of the part of questionnaire where use of legal and illegal drugs is the subject. It is clear that many respondents would not want to answer these questions in presence of other members of their household, or, they would not answer honestly. **If it is by no means possible to assure privacy for interviewing, it is better to give the respondents a questionnaire to answer on their own.**

For most respondents, answering the questionnaire will last about 20 minutes; hence, it is possible to conduct the interview at the doorstep if necessary, i.e. if the respondent is not willing to let you come in, although as a rule this should be avoided.

If you are allowed to come in to the household, and the selected respondent is willing to take part in the interview, but other family members are present, you should say something like „Can we do the interview in the kitchen, hall or other room where we can be alone, as we do not want to disturb others“.

At the beginning of interviewing, you need to assure the respondent that the interview is anonymous. Their names and addresses will not be linked with their answers, as the only interest of the survey is a collective level of analysis, not the individual. Please point out that they will not sign in the questionnaire, that they will not write anything in it, etc., and that they will put the questionnaire in the envelope, seal the envelope by themselves and put it among other sealed envelopes in the box at the survey administrator. This way it will be impossible to link individual questionnaires with the specific household.

You must ask all the questions **exactly as they are written in the questionnaire**, one by one, by their order of appearance.

You must not express emotions or reactions to any answer. You must be interested in respondents' answers in order to encourage them to keep answering, but you must not discuss their answers with them nor express your own opinion about the subject of the questionnaire or about their answers.

Always give the respondents the Letter from the Director of the Public Health Institute of Montenegro and inform them that they can contact Institute for any

additional explanation or information, which is also stated in the Letter for respondents.

During interviewing, if respondents are not sure if some medicines that they took were tranquillisers or sedatives, or if they know „street“ names for drugs but not the „generic“ names which are given in the questionnaire, please show them the corresponding show-cards to help them realize the question properly and answer adequately.

Questions in the sections related to the use of psychoactive substances have been formulated in a similar way, so you need to be attentive and take care that you use exact instructions for each question, and to read them exactly as they are formulated.

Never assume that you know the answer to a question based on the answer to the previous question.

When you ask questions where precise age or number of days is required, and the respondents are not sure how to answer, please ask them to give their best estimate.

Try to get answers to all questions.

Instructions for particular questions

Question 6 refers to lifetime prevalence of smoking tobacco (cigarettes, cigars, pipe, etc.). If the respondent tried tobacco only once, the answer should be NO.

Questions 27, 34, 41, 53, 62, 71, 83, 92 refer to personal acquaintance of the respondent with the person who uses specified types of drugs. This refers to present time. If respondent used to know someone who consumed drugs, but does not know anyone at present time, then the answer should be NO. Under „personally knowing“ in this questionnaire it is assumed that a respondent personally knows certain person and his/her behaviour in relation to specified substance, not from experience of other persons or „hearsay“.

Questions 28, 35, 42, 54, 63, 72, 84, 93 also refer to present time. You can explain to respondents that under „friend“, they should assume a person whom they meet or talk to on a regular basis.

Question 108. Please note that this question is about RISK related to certain behaviours, not about how much respondents disapprove of certain behaviours. You

can remind respondents to this fact by reading and accentuating the section „...risk harming themselves, physically or in other ways“.

Except for questions 103 and 104, respondent should select **only one answer** to each question. If a respondent can not decide between two or more answers, please ask him/her to choose the one that comes closest.

If at any moment during interviewing you feel that respondent is **hesitant or uncomfortable with** answering the questions, please remind him/her of confidentiality and anonymity of their answers.

After completion of the questionnaire, when the respondent seals the envelope and put it into the box designed for collection of the filled questionnaires, it is necessary that you inform **EACH RESPONDENT** that your work will be controlled by the Fieldwork Supervisors from the Public Health Institute of Montenegro. Tell them that supervisors will check addresses and procedure of interviewing (whether the interviewer came at the given address, was he/she kind and polite, how did the process of interviewing go, etc). Inform respondents that it is possible that your work be controlled exactly with them, and kindly ask them to give you their phone number, with no other personal data, so that the Fieldwork Controller can call him and control your work (in case when Fieldwork Controllers can not reach respondents in their homes, when they are absent from home, etc.). Tell them that the phone number will only be given to the Fieldwork Controller, and only for the purpose of control of your work in this survey. If the respondent still refuses, kindly thank him/her and say that you understand that decision.

Control of fieldwork

Your work will be controlled based on evidence about the addresses you visited, which is very important part of the survey documentation (Contact Sheet). You are required to write the full code of each address into the Contact Sheet. Apart from control of whether you visited the specified addresses, Fieldwork Controllers will also inspect the interviewing procedure (have you interviewed the person who had the last birthday, did you follow the standard procedure with enveloped and show-cards, have you asked all the questions, etc.).

If any irregularity in the survey procedure is found, the survey administrator will not be paid for his/her work and will never again be engaged as associate.

Your work will be paid after the control is finalized, within a period of about two months after the interviewing is done. Payments will be made to the bank account that you need to give us before the beginning of the fieldwork, when you come to sign the Contracts.

Respectfully,

The survey team of the Public Health Institute



ZU INSTITUT ZA JAVNO ZDRAVLJE
PODGORICA

Broj: _____

Podgorica, _____

Džona Džeksona bb, 81 000 Podgorica
Telefon: 020/ 24 12 14, 41 28 88, Fax: 020/ 24 37 28
WEB: www.ijzcg.me E-mail: ijzcg@ijzcg.me
Žiro račun: 550 - 4769 - 35 kod Podgoričke banke AD
PIB: 02015340
PDV: 30/31-08180-6

Dear Sir/Madam,

Public Health Institute of Montenegro is conducting a pilot study with a view to estimate **life quality, lifestyles and health risks of population of Montenegro**. This pilot study predeceases a large-scale research that will be conducted in 2015.

How are you selected to participate in this study?

About 300 households have been selected to take part in the survey, by statistical random choice from the list of all households in Montenegro. This means that your household has been randomly selected to the sample of households that will participate in the study.

How is the survey implemented?

The authorized survey administrators, associates of the Public Health Institute of Montenegro, are going to visit your household in order to conduct the interviews. Our survey administrators will fill in the survey questionnaires through the interview with the member of your household. Since the data we need to collect is very important, we kindly ask for your cooperation in this study, through your sincere answers to all questions in the questionnaire.

Protection of your personal data

Every piece of information about your household as well as everything that you say to our survey administrators during the interview represents a professional secret for us. The survey questionnaire is anonymous, and after you have completed the interview, you will yourself place it in an empty, unlabelled envelope, seal the envelope and put it in a special box designed for collection of the filled questionnaires, amongst other filled questionnaires. *To reassure you that your answers will remain anonymous, please follow the instructions of the survey administrator and put the questionnaire in the empty envelope, seal the envelope yourself and put it among other envelopes at the survey administrator.*

Your answers in this survey will be used exclusively at a collective level for statistical analyses and will not be analysed at individual level at any time.

Dear Sir/Madam,

Please note that survey administrators will have **an authorisation from the Public Health Institute that they will show you when they come to your household.**

We sincerely hope that you will accept to take part in this important survey and that you will give your contribution to our understanding of these areas by providing thorough and sincere answers.

Should you wish to check the identity of a survey administrator, or to get the additional information regarding the study, please contact our researchers involved in the survey, via e-mail or phone (every weekday from 10 to 15³⁰):

- Ljiljana Golubović 020 412 810 or 067 626 131 mail: ljiljana.golubovic@ijzcg.me
- Veselinka Beatović 067 529-246 mail: veselinka.beatovic@ijzcg.me
- Rajko Strahinja 069 314 614 mail: rajko.strahinja@ijzcg.me

We thank you for your cooperation.

Respectfully,

Director of the Public Health Institute of Montenegro

Prof. Dr Boban Mugoša