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GENERAL POPULATION SURVEY ON SUBSTANCE USE IN MONTENEGRO 2017

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Survey Report

Podgorica, 2017

The general population survey on substance use in Montenegro 2017 has been carried out by the Institute of Public Health of Montenegro with the financial assistance of the European Union, with the support of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) - within its European Union financed IPA project CT-2015/361-979, "Further preparation of the IPA beneficiaries for their participation with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) activities".

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General Population Survey on Substance Use in Montenegro 2017

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I BACKGROUND

This Survey Report contains methodology and results of the first survey on the extent and patterns of substance use in the general population in Montenegro. The survey was conducted within the Contract CT.16.IPA5.0080.1.0 between the European Monitoring Centre for Drugs and Drug Addictions and the Institute of Public Health of Montenegro.

There are five key indicators of drug use which EU member and candidate countries are expected to measure to enable cross analysis and benchmarking of data between different countries:

- 1. Extent and patterns of drug use in the general population**
2. High – risk drug use
3. Demand for treatment by drug users
4. Drug-related deaths and mortality of drug users
5. Drug-related infectious diseases

Two standardized types of surveys have been established as a research standard for estimations within the first indicator - ESPAD survey for estimation of prevalence and patterns of substance use among young people (16-year old students), and General Population Survey for estimation of prevalence and patterns of drug use among the general population (aged between 15 and 64). While a rather significant source of standardized and comparable data about the use of substances among young people in Montenegro has been gathered through the three circles of European School Survey project on Alcohol and other Drugs (ESPAD) conducted in 2008, 2012 and 2015, ensuring reliable and comparable data on prevalence of substance use in the population of schoolchildren, no data regarding substance use in the general population was available in the country so far. A few surveys included questions on the use of psychoactive substances, but the sample was limited to respondents from one generation (such as students of the first year of postgraduate studies), or respondents of a narrow age range (15 to 19), hence the results are only representative of the young people and not of the complete population.

In 2014, the Institute of Public Health conducted a pilot GPS survey in Montenegro, on the net sample of 300 respondents in the two cities, with a view to gain experience in conducting general population survey on substance use prior to implementation of the full national survey. More specifically, aims of the pilot study were to test the European Model Questionnaire and complement it with the additional nationally relevant questions; to determine the most appropriate survey design and method of data collection in order to achieve high response rates and reliable and honest data in the same time; to 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.

Survey included a sample of 300 respondents from two municipalities in Montenegro, hence the generated results cannot be regarded representative of the national level, and only a few major findings will be mentioned here. According to the findings of the pilot GPS study, 39,3% of adults currently smoke. More than a half of respondents reported lifetime prevalence of smoking, 40,6% smoked in the last year, while 38,3% of respondents smoked during the last month. 60,4% of respondents reported lifetime use of alcohol. More than a half of respondents consumed alcohol in the past year, while a third of respondents reported last month use of alcohol. 22,3% of adults used tranquilizers and/or sedatives in their lifetime, 15,4% in the last year, and 11,7% in the last month. 3,1% of respondents used illicit drugs in their lifetime. All respondents who used illicit drugs in their lifetime used cannabis. One percentage of respondents used drugs other than cannabis. 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.

Lifetime use of illicit drugs is expectedly higher in the sample of young adults - 4,1% of respondents of this age used illicit drugs. All respondents who reported use of illicit drugs in the pilot GPS survey lived in the urban settlements.

Almost a half of respondents perceive drug addict more as a patient than as a criminal, while a quarter of them regard drug addict both as a criminal and a patient and only 4% of respondents

perceive drug addict more as a criminal. 81,6% of respondents completely/mostly disagree with liberal use of 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. Large majority of respondents completely/mostly disagree that people should be permitted to use heroin 96,3%. 1,7% of respondents mostly or completely agree that people should be permitted to take heroin. *Smoking one or more packs of cigarettes per day* is assessed as great risk by 58,3% of respondents, 28,1% of respondents consider this a moderate risk, 9,2% of respondents think that risk of smoking one or more packs of cigarettes per day is a small one. Finally, 4,4% of respondents think that there is no risk in smoking one or more packs of cigarettes per day. *Drinking five or more alcoholic beverages each weekend* is assessed as great risk by 35,3% of respondents, 39,7% assess that this is moderately risky behaviour, 18% of respondents think the risk is small, while 7,1% of respondents estimate that there is no risk in it. Large majority of respondents estimate that *smoking cannabis regularly* bears great risk of harm – 87,5%. One in ten respondents (10,8%) consider that smoking cannabis regularly is moderately risky. 1,7% of respondents think that risk is small, or that there is no risk. *Trying ecstasy once or twice* is seen as great risk by 93,9% of respondents. 5,1% of respondents think that it is moderately risky to try ecstasy once or twice. 1% of respondents think that risk of trying ecstasy once or twice is small or that there is no risk at all. Large majority of respondents from the pilot study considered that *trying cocaine once or twice* bears a great risk– 96,3%. 2,7% considered that risk is moderate, 1% that risk is small or that there is no risk.

Pilot survey showed that the survey instrument is applicable for the local context. Study provided evidence for good practices, and showed what needs to be modified in the implementation of the full survey in order to get as representative and reliable results as possible.

Most of the experience and good practice gained in the pilot study was taken into account in planning and implementation of the General Population Survey 2017 wherever feasible within the available timeframes, human and budgetary resources, as well as within the specifications

of the tender through which the contract for the survey was gained. Some of the lessons learned in the pilot GPS survey could not be applied in this survey, however, which proved to be a downside and a new lesson learnt for the following surveys. This refers to the following subjects:

- *Methodology of administration of the questionnaire.* In the pilot survey it was possible to collect data through three methods – through eye to eye interviews with respondents, through a combined approach - eye to eye interview and self-completion of the sections of the questionnaire related to drug use, or through self-completion of the complete questionnaire. Most data were collected through eye-to-eye interviews, but it was possible to collect data by the other two methods when respondents were particularly hesitant towards interviewing or when it was impracticable to organize the interview in privacy. In this survey, specifications of the Contract allowed exclusively eye to eye data collection, and this proved to be a downside in a number of cases when employment of the other two methods would have probably yielded more honest and reliable answers.
- Another recommendation from the pilot study that was impossible to employ in this survey due to availability of the budget and time for completion of the training phase and of the whole survey, was to have two-day trainings of interviewers, with a period of fieldwork between the first and the second training day. This required significant additional travel and accommodation costs for participants coming from further municipalities, as well as costs of training organisation, which is why trainings were held in one day and all follow up issues were addressed through frequent field visits of the supervisors to all interviewers.
- Yet another recommendation impossible to employ due to the timeline of the IPA V project within which the survey was supported was a *period of the year when data collection took place*. Namely, in the pilot survey, field data collection was done during the summer, which proved to be a downside as people tend to be absent from their homes. Likewise, it was recommended that fieldwork should not be implemented during winter months, when weather conditions can hamper the process, and when many inhabitants also may be absent from homes due to the winter holidays. Spring or autumn was recommended as the best time for data collection. However, it was not possible to

plan data collection in accordance with what was learnt during the pilot survey, as the complete survey had to be prepared, carried out and reported from December to end of May 2017. Finally, but not less important, one of the recommendations from the pilot survey was to pre-test the sample to diminish the sample frame errors.

- Experience from the pilot study showed that at least three or four months should be planned for the data collection. Again, it was impossible due to the time available for the complete survey.
- As a potential solution to decrease the frame error of the sample, pre-testing of the sample was recommended after the pilot survey. It was not done in this survey as available resources did not permit it.
- Opposite to what was recommended after the pilot survey, the number of additional modules/items in the questionnaire was not reduced, but on the contrary – some few additional items were added, in accordance with the recommendations from the EMCDDA (such as the module on the NPS which was kept although it did not prove to be relevant in the pilot survey, some additional items on alcohol from the RARHA instrument, availability module was kept, etc.).

II OBJECTIVES

The general objective of the General Population Survey on drug use in Montenegro was to gain reliable and comparable measures on the extent and patterns of the use of psychoactive

substances in the general population of Montenegro; to gain knowledge about the characteristics and patterns of use among the users of substances and into the attitudes and perceptions towards substance use and substance users in the different subpopulation groups.

More specifically, the objects of the survey were the following:

- To estimate prevalence and patterns of use of tobacco in the general population aged between 15 and 64 years as well as in the relevant subgroups of population (young adults aged between 15 and 34, urban and rural areas, etc.)
- To estimate prevalence and patterns of the use of alcohol in the general population aged between 15 and 64 years as well as in the relevant subgroups of population (young adults aged between 15 and 34, urban and rural areas, etc.).
- To estimate prevalence and patterns of the use of pharmaceuticals in the general population aged between 15 and 64 years as well as in the relevant subgroups of population (young adults aged between 15 and 34, urban and rural areas, etc.).
- To estimate prevalence and patterns of the use of new psychoactive substances in the general population aged between 15 and 64 years as well as in the relevant subgroups of population (young adults aged between 15 and 34, urban and rural areas, etc.)
- To estimate prevalence and patterns of the use of various illegal drugs, such as cannabis, ecstasy, amphetamines, heroin, cocaine, hallucinogenic drugs) in the general population aged between 15 and 64 years and in relevant subgroups of population (young adults aged between 15 and 34, urban and rural areas, etc.).
- To explore attitudes and perceptions of different population subgroups towards drug use and drug users
- To explore perception of risks from using various psychoactive substances in the general population and in the specific population subgroups

- To explore perception of availability of various psychoactive substances among the general population and in the specific population subgroups
- To gain insight into the socio-demographic characteristics and patterns of drug use among lifetime and recent users of various substances, including age at the first use, frequency of use, etc.
- To explore correlates of drug use such as lifestyles, health status, mental health, other health factors, social functioning, etc.

To meet the objectives of the study, a target of minimum of 4000 completed interviews (net sample) was set in advance, and in the end, a net sample of **4027** valid completed questionnaires was attained.

The survey was carried out with the standard European Model Questionnaire, complemented with the optional modules on the new psychoactive substances and availability of substances, recommended by the EMCDDA, as well as with the additional country specific items, through face-to-face interviews, among 15 to 64 year-old respondents.

The survey is representative of the whole country, and the results represent statistically reliable estimates of the prevalence of use of licit and illicit drugs in the general population in Montenegro.

As specified with the referent Contract, this Technical Report contains analysis of answers of survey participants to all the core and optional items of the European Model Questionnaire. More exhaustive analysis of the survey findings including additional national items will be a subject of the national survey report that will be produced and published in Montenegrin language.

III IMPLEMENTATION PROCESS

Contract CT.16.IPA5.0080.1.0 between the EMCDDA and the Institute of Public Health of Montenegro, regarding implementation of the pilot General Population Survey in Montenegro, was countersigned on 03 November 2016.

General Population Survey on substance use in Montenegro was organized and implemented through the following phases and steps:

Phase I:

- Signing the Contract with the EMCDDA
- Establishing legal prerequisites for cooperation with the Statistical Office of Montenegro (devising and signing the Memorandum of Cooperation, other documents)
- Final establishment of the survey team
- Desk review
- Development and adaptation of the survey methodology
- Review of the findings of the Pilot GPS survey from 2014 and recommendations by the EMCDDA expert in order to incorporate them into the survey design and methodology
- Review and adaptation of the survey instruments used in the pilot GPS survey in Montenegro in 2014:
 - ***Questionnaire on life quality, lifestyles and health risks of population of Montenegro***
 - ***Contact Sheet***
 - ***Show cards*** for questions on alcohol, pharmaceuticals, drugs, opinions and attitudes and characteristics of respondent
- Development of the ***Manual for Interviewers***
- Development of the ***Manual for Supervisors***
- Creation of the Letter for Respondents, signed by the Director of the Institute of Public Health
- Creation of Letters of Authorisation for each individual interviewer
- Creation of Letter of Authorisation for supervisors
- Production of name tags for interviewers and plastic badges to carry on during fieldwork

- Translation of all the survey instruments and all fieldwork documents to English, *in order to be approved for use by the EMCDDA*
- Development of supervision forms for the follow up of interviewers
- Preparation of materials for the fieldwork (acquisition of envelopes, printing and packing questionnaires, Contact Sheets, Letter for Respondents; bags for the survey materials, folders, pens, labels for bags, name tag badges, etc...).
- Recruitment of interviewers and establishing legal procedures for engaging them for the participation in the survey
- Performing all legal and logistical actions for participation of the interviewers and supervisors at the trainings about implementation of the survey
- Organisation and implementation of three one-day trainings for the interviewers
- Organisation and implementation of one-day training of the supervisors
- Preparation of sampling design
- Sampling
- Preparing and delivering Lists of Households for each individual interviewer
- Development of the detailed fieldwork plan of each interviewer/supervisor
- Distribution of the survey materials to the interviewers in accordance with the fieldwork schedule
- Production of the Progress Report for the Phase I

Phase II:

- Distribution and collection of field materials
- Collection of the data through face-to-face interviews
- Day to day organisation and continuous monitoring of the fieldwork
- Control and supervision of the fieldwork by the technical supervisors from the Statistical Office of Montenegro – MONSTAT and the methodological supervisors from the Institute of Public Health of Montenegro
- Development of two databases for data entry – database of the filled questionnaires and the database of contacts (non-respondents)

- Data entry
- Data control and editing
- Data weighting
- Analysis of the database of the contacts (response and non-response, reasons of non-response, characteristics of non-respondents, etc.).
- Production of the Technical report on the Phase II

Phase III

- Performing statistical analysis of the survey data
- Production of the result tables and graphs
- Drafting and delivering the Final General Population Survey Report in line with the EMCDDA reporting structure

The complete process lasted from 03 November 2016 to 31 May 2017.

IV METHODOLOGY

IV.1 Desk review

Project team conducted a detailed desk review for the survey, with special attention to similar surveys conducted in the region and the EMCDDA recommendations and scientific evidence published in the Handbook for surveys on drug use among the general population¹.

Suggested new modules and new additional items have been extensively explored and considered for inclusion in the national questionnaire, including the optional modules on availability of drugs, exposure to drugs, knowing people who use drugs and drug use among friends, RARHA instrument and the new draft of the alcohol module. Desk review also included extensive exploration of the need and modality of including questions on the use of prescribed or non-prescribed anti-depressant medicaments, which was eventually not included.

IV.2 Survey design

Based on previous experience with other public health surveys and experience of the pilot GPS survey conducted in 2014, the survey team anticipated that implementation of the initial survey on the use of psychoactive substances in the general population would be a very complex feat in Montenegro, primarily due to the delicate and somewhat intrusive nature of the questions. The use of substances, particularly use of drugs, is a rather delicate and “unpopular” in Montenegrin public. It is, moreover, an illegal activity with legal consequences, which makes it the least appropriate for any type of public expression of a personal opinion. Accordingly, the survey team decided to introduce the survey not only as the survey on the use of psychoactive substances, but as a survey of a wider context - ***a survey on life quality, lifestyles and health risks of inhabitants of Montenegro, which*** was confirmed a good practice in the pilot survey.

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>

In accordance with the contractual specifications, this Report include the section relevant for the international comparisons and EMCDDA reporting standards. i.e. results obtained through analysis of questions from the European Model Questionnaire. For the same reason, in this Report, the survey will be named “General population survey on substance use in Montenegro”. Following this Report, the Institute of Public Health of Montenegro will draft and publish the comprehensive survey report in Montenegrin language, which will contain both the results presented in this Technical Report and the results gained through the additional analysis of the nationally specific items.

The General Population Survey in Montenegro is designed as a single cross-sectional study, which is standard and most appropriate 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 among the observed variables.

The survey is carried out with the standard tool - *European Model Questionnaire*, which was supplemented with the optional modules on the new psychoactive substances and on the availability of drugs recommended by the EMCDDA, a sections of the alcohol module from the RARHA instrument, as well as with a subsets of the country specific items.

Survey is conducted through a direct verbal and personal contact between interviewers and 15 to 64-year-old interviewees.

Survey sample is representative of the whole population of Montenegro. Results of the survey are comparable with similar studies conducted in the European region.

IV. 3 Principles and organisation of data collection

The data on the use of psychoactive substances in Montenegro was gathered ***exclusively through face-to-face interviews with the sampled respondents***, in their households. This

method was stipulated in the specifications of the tender and the subsequent referent contract with the EMCDDA.

Taking into account targeted sample size of at least 4000 net questionnaires, previous experience from the pilot GPS study and the time available for the fieldwork, **33 interviewers** were engaged for the data collection.

To facilitate and monitor the data collection process and to assure high quality of collected data, **six supervisors** were engaged - three from the Institute of Public Health of Montenegro and three from the Statistical Office of Montenegro - Monstat. The following sections contain more detailed description of the research assistants, their training process and process of their fieldwork and control of this work.

IV. 4 Interviewers and supervisors

In all, **33 interviewers** were engaged for the field data collection. All interviewers were experienced cooperates of the Statistical Office of Montenegro – MONSTAT. Some of them had a previous experience in the pilot GPS survey, while others had experience with different population surveys such as the Survey of Income and Living Conditions, census of the population, etc.

Each interviewer was trained for the survey implementation during one of the three training sessions which were organized and implemented at the Institute of Public Health of Montenegro from 27 – 29 December 2016.

During each training, participants were introduced to the purpose of the survey, organisation and methodology of the survey and with all survey instruments – the Questionnaire, the Contact Sheets and the Show-cards. All instruments were systematically presented and discussed, with an aim to familiarize participants with all the terms and subjects including all sorts of psychoactive substances (as some participants were less familiar with substances such as NPS, LSD...). In addition to visual and oral presentation of the appearance and main characteristics of all substances, participants were given leaflets with pictures, description of effects and

consequences of use of each of the substances, which they considered very valuable for their fieldwork. It is accentuated that show - cards are always to be used, especially with older respondents so that they can see and read answering categories or the images of the most common pharmaceuticals in advance. It was particularly accentuated that the Contact Sheet is an integral part of the survey instrument, and that it must be filled in properly and returned to the research institution together with the questionnaires. Special attention was paid to understanding that Contact Sheet has to be filled for each visit to the households from the List of Households, whether the outcome is successful or not (i.e. whether or not the interview is successfully completed in the household).

During the training sessions interviewers were acquainted with other survey documents such as the Letter for Respondents, which interviewers are instructed to always give to the household member at the door and/or to the selected respondent in the household if it is another person than the one at the door. Each interviewer was also given the Authorisation Letter with their name, for the purpose of authenticating interviewers upon their arrival at the household. This was employed as a measure of assuring that the survey is conducted by the scientific institution, given that a number of household surveys of different types is conducted all the time, and some people seem to be selected in the sample more often than random, therefore they tend to be distrustful towards interviewers. For the same reason, interviewers had badges with name tags and clear identification sign of the research institution which they were required to carry always visibly. Manual for interviewers was also presented at the training sessions, with guidelines on how to establish a successful communication with respondents and a favourable atmosphere for interviewing, principles of interviewing minors, how to deal with refusals, importance of interviewing respondents in privacy and ways of ensuring privacy, importance of assuring respondents of anonymity and confidentiality of the interview, and all other relevant issues. Principles of fieldwork, sample size and distribution, required quantity of filled questionnaires, understanding the List of Households, identifying enumeration areas and addresses, principles of interviewing household found at the given address as well as principles of supervising fieldwork were presented to the interviewers. Supervisors were always present at the training

of the interviewers in their responsibility, so they could exchange contact details and make all necessary agreements regarding fieldwork already during the training.

In the end of each training day, practical exercises were done, in a form of a role play of the whole process, from approaching the household to the final selection of the respondent and interviewing them, as well as another exercise of interviewing in pairs, where all interviewers had to play both the role of an interviewer and a respondent. This helped interviewers in identifying possible items where they need additional preparation or have a need for additional clarification.

A special one-day training of supervisors was implemented on 30 December 2017. Each supervisor had previously participated at one training of interviewers. During this training, an emphasis about the comprehensiveness of the field documentation was made, in order to ensure understanding that each visit to the households must be documented in the Contact Sheets. Supervisors were instructed to pay attention to particular questions and specific ways of asking questions during control of interviewers, because they have to rate interviewers in a Sheet for Control of work of interviewers. Supervisors were reminded about the content and the principles of use of Show-cards, and especially how to control the use of these cards by the interviewers. Supervisors are also instructed to check whether interviewers give Letter for Respondents each time, and whether they always show their authorisation documents. Guidelines for supervising work of interviewers, which are summarized in the Manual for Supervisors, were presented comprehensively during this training.

IV. 5 Supervision procedures

Supervisors communicate directly with interviewers on a daily basis, in order to monitor their work and progress, and to assist in all possible field situations. Responsibilities of fieldwork supervisors include inspection not only if interviewers had visited specified addresses, but also the process of interviewing – kindness of interviewers, reaction of respondents to the interview and interviewer, respecting the confidentiality and survey procedure, etc. Supervisors from MONSTAT have a role to control fieldwork procedures, while supervisors from the Institute of

Public Health control methodological aspects and issues related to the questionnaire and its administration. Supervisors communicate with the Fieldwork Organiser/Monitor from MONSTAT *for sample-related issues* (such as missing households, wrong or incomplete addresses, lack of household members of the designed age at a given address, etc.). They communicate with the Fieldwork and Quality Assurance Manager from the Institute of Public Health for issues related to the *survey instrument and fieldwork documentation, contacts with respondents, dealing with problematic situations*, etc. This way, a comprehensive supervision of the fieldwork was assured, in order to guarantee high quality of the collected data and desired response rate.

To assure smooth implementation and quality of the data collection, upon completion of work at one location (enumeration area), interviewers delivered a report to their supervisor on their daily work and problems they came across, as well as on dynamic of interviewing process. Where mistakes, oversights or other forms of incomplete procedure of filling the field documents are identified, immediate corrections were demanded from the interviewers.

Supervision of interviewers included phone calls to respondents and visits to their premises. To that end, interviewers were instructed to ask respondents, upon completion of the interview, if they were willing to give their phone number so that supervisors can contact them and ask about their experience with the survey.

Supervisors also had the assignment to visit some of the interviewed households (about 2% of households), either with the interviewer or on their own, to check how the process of interviewing is going, or to ask respondents about their experiences with the survey.

V SURVEY INSTRUMENTS

Survey instrument for the General Population Survey in Montenegro consists of the following files:

- The GPS Questionnaire, in the national survey named the *“Questionnaire on life quality, lifestyles and health risks of inhabitants of Montenegro”*
- Show - cards
- Contact Sheet

The following paragraphs contain detailed description of the survey instruments, while original instruments are enclosed to this Report.

V 1. GPS Questionnaire in Montenegro – “Questionnaire on life quality, lifestyles and health risks of inhabitants of Montenegro”

All core questions from the European Model Questionnaire are included in the survey questionnaire in Montenegro, as well as the voluntary modules on the new psychoactive substances and on the availability of drugs. Furthermore, two questions from the draft new alcohol GPS module are included in the survey questionnaire.

Due to the sensitivity of the survey subject - use of psychoactive substances, as well as taking into account the national need for additional information about behavioural addictions (internet, gambling), and about the use of specific substances (inhalants, anabolic steroids), the national EMQ instrument was supplemented with additional 69 items, which explore the following subjects:

- general satisfaction with life and health
- additional items on the use of tobacco
- additional items on the use of alcohol
- use of inhalants (volatile solvents)
- use of anabolic steroids
- frequency and patterns of playing games of chance/gambling
- frequency and patterns of use of internet, and

- perception and satisfaction with the community

Some of the additional nationally specific questions were adapted from the ESPAD 2015 Student Questionnaire, while others were previously included and tested in the pilot study,² taken from the Croatian National GPS Questionnaire.

The survey instrument in Montenegro consists of 132 items. Last three questions are filled by the interviewers – ordinal number of the questionnaire (the same one from the List of Households), date of interviewing and signature of the interviewer. The questionnaire was translated to English by the professional translator with assistance of the Principal Investigator, and sent to the EMCDDA for approval. The complete Questionnaire on life quality, lifestyles and health risks of population of Montenegro in English is enclosed as Annex 1 of this Report. List of additional questions included in the GPS questionnaire in Montenegro is enclosed to this Report as Annex 2.

V 2 Show - cards

In addition to the questionnaire, five “show cards” are produced and printed in order to assist respondents understand and answer the questions correctly or facilitate their selection between the categories of answers. Show cards are printed for interviewers in colour because of the images they contain, on the special durable paper. Table 1 presents overview of show cards and items for which they are used.

Table 1. Overview of show-cards and items where show-cards are used

Questions	Show card	Subject
15 and 16	1	Alcohol - definition of “a drink”
22 to 28	2	Pharmaceuticals – images and colloquial names
29 to 103	3	Drugs – street and jargon names
107 to 112	4	Attitudes and opinions – categories of answers
126 to 129	5	Characteristics of respondents – categories of answers

² Some of the additional nationally specific questions were adapted from the ESPAD 2015 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”.

As shown in the table, *Show-card 1* is used for questions 15 and 16. This card contains specifications of various quantities of drinks expressed through a “standard drink” for each alcoholic beverage, with an aim to help respondents estimate the quantity of consumed drinks.

Show-card 2 is used for questions 22 to 29 about pharmaceuticals – tranquillisers and sedatives. This show card contains images of most common tranquillisers and sedatives in the country, as well as their colloquial names. Interviewers present these images to respondents so that they can clearly see it and recall if they had ever used any of these medicaments.

As it is possible that some respondents do not know a particular substance by its generic name but only by its colloquial name, *Show-card 3* contains street names of all drugs mentioned in the questionnaire. This card is used for the complete section of questions about drugs – items 29 to 103. At the outset of each section of drug-related questions, interviewers show and read street names of a particular drug to respondents.

In line with instructions from the Handbook for surveys on drug use among the general population, show-cards were also prepared for questions about attitudes and opinions and questions about respondent characteristics. *Show-card 4* is used for questions 107 to 112, about attitudes and opinions of respondents, while *Show-card 5* is used for questions 126 to 129 about respondent characteristics. These show cards contain available categories of answers for each question. Interviewers present these categories to respondents in advance so that they have overview of all answers before they choose the one most corresponding to their attitude.

The complete set of show cards is enclosed to this Report as Annex 3.

V 3. Contact Sheets

Three attempts to contact each sampled household and respondent were required by the fieldwork methodology. To record each attempt interviewers used a special form - Contact Sheet. This sheet is coded with the identical ordinal number as the questionnaire, which enables linking the two documents. All filled questionnaires, i.e. completed interviews must have their

corresponding Contact Sheet, while there are more Contact Sheets than questionnaires altogether, given that some of the attempts did not result in successful interviewing.

Contact Sheet consists of two sections. The first section includes general information about households:

- **Ordinal number of the household** is copied from the List of Households, and the identical number is written in the *item 130* in the questionnaire.
- **Update status of the List of Households** - this section is used for estimation of the sample frame error. It includes four possible answering categories. The first two answers refer to the situation when interviewers are not able to locate the sampled household – 1. “*non-existing address*”, 2. “*the object at the given address is not a residential object*”. The third listed situation is when there is no person with the specified name and surname at the given address. Since in this survey a method of **interviewing at the address** is employed, meaning that even if there is no person or a family with the surname given in the List of Households, the interview is conducted with the representative member of the family living at the given address, provided there are members aged between 15 and 64 at that household. Finally, fourth situation in this section of the Contact Sheet is when both the address and the object are in line with the List of Households.
- **Status of the object:** According to the perceived status of the object, one of the categories is marked - “*a family house*”, “*a smaller building (up to 3 floors)*”, “*a higher building (4 floors or higher)*”.
- **Condition of the object:** In accordance with the perceived condition of the object, one of the categories is marked in the Contact Sheet - “*poor (neglected, dirty)*”, “*average condition*” or “*good (clean, well maintained)*”.

Upon the first arrival at the household address, interviewers fill in the first section of the Contact Sheet. In the end interviewers sign the first page of the Contact Sheet with their name and unique code. In the second section of the Contact Sheet, attempts to conduct the interview are recorded. If contact is not established at the first attempt, interviewers fill in applicable variables (date and time of contact, was the interview conducted or not, reason of non-interviewing). It is clear

that there will not be second attempt of contact if a selected respondent clearly refuses to participate. In such a case, interviewers fill in the fields with characteristics of non-respondents. If the first attempt of interviewing was unsuccessful due to absence of the selected person or if arranging the interview for a more convenient time is an option, it is necessary to try to conduct the interview two more times at the same household, in different times of the day. If even after the third attempt interviewing is impracticable, interviewer goes to the next household from the List of Households.

When contact with the selected person is successfully established (during the first, second or third attempt), before filling the questionnaire it is necessary to fill in the following data:

- date of contact (dd/mm/yyyy)
- time of contact (hour/minute)
- was the interview conducted?
- the total number of household members
- the number of household members aged between 15-64 years.

If the respondent was a minor, it is required to fill in if parents were present during interviewing.

If the interview was not conducted, it is necessary to fill in the reason of non-response in the Contact Sheet. Offered reasons are: "nobody opened the door", "selected person has been absent for a long time", "interviewing is arranged for another term", "there is no person aged between 15 and 64 years in the household", "refusal at the door", "refusal of the selected person", "refusal of parents (for minors)". If the interview was refused, interviewer is to try to estimate what was the reason for refusal. Offered answers are "doesn't want to say", "has no time at the moment", "never has time for surveys", "never participates in surveys", "interviews are too long and tedious", "participated in surveys too many times", "concerned about abuse of data or lack of anonymity", "not interested in the survey subject or thinks interviewing is intrusive", "no personal benefit from participation", "poor health" or "other". In case of refusal interviewer estimates characteristics of persons who refused participation – gender, age group and level of education.

The Contact Sheet is enclosed to this Report as Annex 4.

V 4 Other survey documents

In addition to the survey instrument – the Questionnaire, Show-cards and Contact Sheets, other survey documents were developed:

- Manual for Interviewers
- Manual for Supervisors
- Letter for Respondents
- Authorisation Letter for Interviewers
- Authorisation Letter for Supervisors
- Badges with name tags for interviewers and supervisors

V 4.1 Manual for Interviewers

Manual for Interviewers contains detailed explanations of the survey procedures and instructions for handling various situations and problems that may occur in the fieldwork. Manual also contains detailed instructions how to fill in Contact Sheets and when and how to use show cards, as well as a particular emphasis to some of the questions. Besides, Manual contains information about the control of the fieldwork.

The complete Manual for interviewers in English is attached to this Report as Annex 5.

V 4.2 Manual for Supervisors with Form for control of work of interviewers

Manual for Supervisors includes detailed explanations of the survey procedure, instructions for handling potential fieldwork challenges, instructions for conducting control in the field, procedure of collecting, controlling and delivering survey materials to the research institution, etc. Different means of control are described, what ought to be particularly observed during controls, and how to handle situations when controls show irregularities. Supervisors record all controls, whether field or via phone, in a special form „*Control of work of interviewers*“.

The Manual for supervisors is attached to this Report as Annex 6.

V 4.3 Letter for Respondents

The Letter for Respondents is produced with a purpose to guarantee validity and authenticity of the study. Interviewers present this letter to respondents immediately when they come to the household. This letter contains a plea to the respondents to take part in the survey, explanation of the significance of survey results and explanation of how important it is to answer honestly.

The Letter for Respondents is enclosed to this Report as Annex 7.

V 4.4 Authorisation documents for interviewers

A special authorisation document for each interviewer is produced containing a statement that the interviewer is authorized to conduct the interviews with sampled respondents on behalf of the Institute of Public Health of Montenegro, and that they are adequately educated for this assignment. Interviewers are instructed to show this letter to the member of the household at the door, as well as to the final respondent.

In addition, badges with name tags are produced for interviewers, which they are instructed to carry in a visible position so that respondents see them immediately upon opening the door and become confident that interviewers strictly act on behalf of the research institute.

The Authorisation Letter for interviewers is enclosed to this Report as Annex 8.

V 4.5 Authorisation documents for supervisors

A special authorisation document is produced for each supervisor, containing a statement that the supervisor is authorized to control field implementation of the survey on behalf of the Institute of Public Health of Montenegro and adequately educated for this assignment. Supervisors are instructed to show this authorisation letter to the respondent when they visit the household for control.

The Authorisation Letter for supervisors is enclosed to this Report as Annex 9.

Special plastic badges with name tags are produced for supervisors as well. Supervisors are instructed to carry these name tags in a visible position on their shirts/jackets, so that respondents can see and read them immediately when they open the door and gain confidence that the supervisors truly act on behalf of the research institution.

V 4.6 Other materials for the fieldwork

Before the training of interviewers, it was necessary to finalize all survey instruments and documents and to print all for the purpose of the training, so that interviewers can see all the materials during the training and discuss all potential questions.

After the sampling was done, MONSTAT prepared the List of Households. Supervisors prepared plans of distribution of enumeration areas for interviewers.

Set of other materials, such as envelopes, folders, bags for carrying questionnaires, pens, labels for the folders and bags, and all other materials were also prepared before the trainings.

VI SAMPLING

VI. 1 Sampling design

Assessment of characteristics of the population from the sample data requires that the sample is representative of the total population. The best estimations are achieved by probabilistic sampling, whereby each individual of the population has a known, non-zero probability of being selected.

Selection method in probability sampling used in this survey is multi-stage sampling, in which groups of households (e.g. people in certain areas, city blocks, statistical or enumeration areas) are first sampled, and then individuals are selected in the final stage within a group.

Applied methods dictate statistical computation of estimates of the population values and the statistical errors or precision of the estimate.

VI. 2 Sampling frame

The MONSTAT conducted a Census of Population, households and dwellings in 2011. The availability of the data and cartography from the 2011 Census in Montenegro ensured development of the effective sampling frame for this survey. Distribution of population of Montenegro, enumerated in the 2011 Census by region, urban and rural areas, is presented in Table 2. Population is concentrated in the Central Region with 47.3 of the population, while 64.5% of inhabitants live in urban areas.

Table 2. Distribution of Total Population by Region and Urban/Rural Stratum Based on 2011 Montenegro Census

Region	Total		Urban		Rural
	Population	Total Population	Population	Urban Population in Region	Population
South	147,881	23.9	85,882	58.1	61,999
Central	292,285	47.3	233,438	79.9	58,847
North	177,702	28.8	78,949	44.4	98,753
Total	617,868	100.0	398,269	64.5	219,599

Montenegro is divided geographically into municipalities and settlements. For the purpose of census operations, settlements were subdivided into small operational segments called enumeration areas (EAs). A total of 3,651 EAs were defined for Montenegro, which were used as the primary sampling units (PSUs) at the first sampling stage. Table 3a shows distribution of the census EAs and total households enumerated in the 2011 Montenegro Census by region, urban and rural areas. Table 3b shows the average number of households per EA and the average number of persons per household by region, urban and rural stratum. As shown in the table, the average number of households per EA is 53. The average size of the urban EAs with 76 households is more than twofold compared to the average rural EAs with 33 households.

Table 3a. Distribution of EAs and Households by Region and Urban/Rural Stratum in Montenegro Sampling Frame Based on 2011 Montenegro Census

Region	Total		Urban			Rural		
	No. EAs	No. Hhs	Total Hhs	No. EAs	No Hhs	Urban Hhs. in Region	No EAs	No Hhs
South	935	49,928	25.9	466	30,090	60.3	469	19,838
Central	1,463	89,866	46.6	875	72,362	80.5	588	17,504
North	1,253	53,117	27.5	314	24,098	45.4	939	29,019
Total	3,651	192,911	100.0	1,655	126,550	65.6	1,996	66,361

Table 3b. Average Number of Households per EA and Average Number of Persons per Household by Region and Urban/Rural Stratum, Based on 2011 Montenegro Census

Region	Total		Urban		Rural	
	Average households per EA	Average persons per household	Average households per EA	Average persons per household	Average households per EA	Average persons per household
South	53	3.0	65	2.9	42	3.1
Central	61	3.3	83	3.2	30	3.4
North	42	3.3	77	3.3	31	3.4
Total	53	3.2	76	3.1	33	3.3

Unit of analysis in the survey were residents of Montenegro aged between 15 and 64, living in private households. Individuals who are residents of collective households, such as institutions,

hospitals, prisons, therapeutic communities, correctional facilities were not included in the sampling frame.

VI. 3 Sample size

The sample size for a particular survey is determined by the accuracy required for the survey estimates for each domain, as well as by the resources and operational constraints. Accuracy of the survey results depends both on the sampling error- which can be measured through variance estimation, and the non-sampling error from all other sources, such as response and other measurement errors, coding and data entry errors. The sampling error is inversely proportional to the square root of the sample size. On the other hand, the non-sampling error may actually increase with the sample size, since it is more difficult to control the quality of a larger operation. It is therefore important that the overall sample size be manageable for quality and operational control purposes. The sample size also depends on cost considerations and logistical issues related to the organization of the teams of enumerators and the workload for the data collection. The size of the sample is a critical factor with regard to the precision of population estimates resulting from survey data. It is also a critical factor in survey costs. Minimum effective sample size should be from 4000 up to 5000 households. According to the EMCDDA, a general survey aim should be to obtain population estimates corresponding to the report format of the key indicator on prevalence rates from general population surveys; in other words, estimates for the drugs included in the indicator and for males and females of each 10-year group between 15 and 64.

Another factor which was considered when defining the required sample size was the expected level of non-response. Ultimately population estimates were calculated for survey variables, for which values can only be assessed for the level of response. Usual level of non-response in household social surveys in Montenegro is about 20. Hence, the minimum sample sizes should actually be read as minimum sizes of the response. Taking into account the expected prevalence rates and the accepted margin of error for measuring substance use, it was decided that the net response should be from a minimum of 4000 to 5000 questionnaires ideally, with oversampling respondents aged 15-34 years. Consequently, 5620 households were selected in the sample.

VI. 4 Sample stratification and allocation

Stratified two-stage sample design was applied in the survey. Population was subdivided to 8 strata by non-official regions and the degree of urbanization – (1) urban areas of Podgorica, the capital city; (2) urban areas of the Central Region (without Podgorica municipality); (3) urban areas of the Northern Region; (4) urban areas of the Coastal Region; (5) rural areas of Podgorica municipality; (6) rural areas of the Central Region (without Podgorica municipality); (7) rural areas of the Northern Region; (8) rural areas of the Coastal Region. The first level of stratification in general corresponds to the geographic domains of analysis - regions. Each municipality is further divided into urban and rural strata.

Within each region, the sample EAs are allocated to the urban and rural strata. At the first sampling stage sample PSUs were selected systematically with PPS within each stratum. At the second sampling stage households were selected with simple random sampling. It was recommended after the pilot survey not to replace the non-interviews. Instead, the calculation of the sample size included an adjustment factor based on the expected response rate, in order to ensure that the effective sample size will provide a sufficient level of precision.

VI. 5 Sample selection

At the first sampling stage, sample PSUs were selected systematically with PPS within each stratum. Prior to the first sampling stage, the sampling frame of EAs was geographically ordered within each stratum (for example, in a serpentine manner) in order to provide implicit stratification and obtain a sample that is geographically representative within each region. Additional stratification was done by households with members 15-34 years old from the sampling frame. Selected EAs within List of households were stratified by this criterion. At the second stage necessary number of households was selected by a simple random procedure within PSUs that are sampled for the first time.

SAS (Statistical Analysis System), PROC SURVEYSELECT procedure was used for sample selection.

Table 4. Sample distribution by region and type of settlement/strata

Region	Households			Enumeration areas		
	Type of settlement		Sample size HH's	Type of settlement		Sample size EA's
	Urban	Rural		Urban	Rural	
Northern Region	600	720	1320	60	72	132
Central Region	708	276	984	59	23	82
Coastal Region	975	637	1612	75	49	124
Podgorica municipality	1452	252	1704	121	21	142
Total	3735	1885	5620	315	165	480

VI. 6 Sample frame errors and analysis of non-response

Frame errors are calculated for the total sample of actually contacted households (5620). Total number of frame errors is 452 households, which presents 8% of total (gross) sample. Table 5 contains distribution of frame errors by strata. Possible reasons of frame errors were:

- Non-existing address
- Address exists but no residential object
- There is a residential object on the address, but with another surname
- Unknown

Table 5. Sample frame errors, General Population Survey 2017, MNE

Region	Frame errors				Total
	Non-existing address	Address exists but no residential object	There is a residential object at the address, but with another surname	Unknown	
Northern Region	7	3	6	36	52
Central Region	16	0	10	27	53
Coastal Region	144	2	69	27	242
Podgorica municipality	64	2	31	8	105
Total	231	7	116	98	452
Total %	51.1%	1.5%	25.7%	21.7%	100.0%

Reasons for non-response refer to the households from the sample which were contacted but not interviewed. Total number of non-respondents is 1141 households, which is 20.3% households from the sample (Table 6).

Table 6. Non response reasons by regions, GPS survey 2017, MNE

Region	Northern	Central	Coastal	Podgorica	Total	Total %
Nobody opens the door	25	59	129	86	299	26.2%
Selected person has been absent for a longer period	42	38	104	26	210	18.4%
Interview arranged for another time	0	0	0	1	1	0.1%
No person aged between 15 and 64 in the household	52	37	73	44	206	18.1%
Refusal at the door	37	77	127	105	346	30.3%
Refusal of the selected respondent	3	8	26	10	47	4.1%
Refusal of parents (for minors)	1	0	1	2	4	0.4%
Unknown	18	2	7	1	28	2.5%
Total	178	221	467	275	1141	100.0%

Detailed reasons of refusal by regions are presented in the Table 7. Total number of refusals was 395 households, which represents 7% of the total sample.

Table 7. Reasons for refusals by regions, General Population Survey 2017, MNE

Region	Northern	Central	Coastal	Podgorica	Total	Total %
Reason of refusal						
Does not want to say	8	13	49	27	97	24.6%
Does not have time at the moment	2	5	8	17	32	8.1%
Never has time for surveys	5	13	38	26	82	20.8%
Never participates in surveys	9	17	18	10	54	13.7%
Interviews are too long and tedious	2	7	11	15	35	8.9%
Participated in surveys too many times	0	3	4	3	10	2.5%
Concern of abuse or anonymity of data	0	2	5	2	9	2.3%
Not interested in the subject or too intrusive subject	1	3	10	3	17	4.3%
No personal benefit in participation	4	8	6	6	24	6.1%
Poor health	3	6	7	2	18	4.6%
Other	8	4	2	3	17	4.3%
Total	42	81	158	114	395	100.0%

Comparison of estimated basic characteristics of subjects who refused to participate in the study against those who participated is given in the Table 8. Characteristics of this group - gender, age (younger person, mid-aged person or older person) and education level (lower or higher level of education) represent a subjective estimation of interviewers. There were more female persons among non-respondents, as well as middle-aged persons. Younger persons have the smallest proportion in the non-participation.

Table 8. Estimated characteristics of non-respondents. General Population Survey 2017, MNE

		Gender		Level of education		Age		
		Female	Male	Low	Medium or high	Younger	Mid-aged	Older
Non-respondents	Number	190	171	74	264	54	217	87
	%	52,6	47,4	21,9	78,1	15,1	60,6	24,3

VI. 7 Response rate

Out of the gross sample size of 5620 respondents, net sample of 4027 successfully conducted interviews was reached (Table 9).

Table 9. Overview of the sample size, non-response and sample frame errors in the GPS survey in Montenegro, 2017

	Gross sample	Net sample	Non-response	Sample frame errors
Number	5620	4027	1141	452
%	100.0	71.7	20.3	8

Response rate is calculated through the following formula:

$$\text{response rate} = \text{number of interviews} \times 100 / N - \text{frame errors}$$

According to the calculation based on this formula, the response rate in the General Population Survey in Montenegro is **77,9%** (Table 10.)

Table 10. Response rate for the General Population Survey in Montenegro

GROSS SAMPLE	VALID SAMPLE*	RESPONSE (N)	RESPONSE (%)
5620	5168	4027	77.9

* Valid sample = Gross sample – frame errors

As a general rule, three attempts to contact each household were to be made. If respondents clearly refused participation during the first or second attempt, no further contact attempts were made. In 84,6% of cases (out of the successful 4027 interviews), the interview was conducted successfully during the first visit. Table 11 shows how many attempts were needed for a successful interview.

Table 11. Number of attempts needed for a successful interview

Interview conducted	Frequency	%
First contact	3408	84,6
Second contact	456	28,6
Third contact	163	2,9
Total interviewed	4027	100,0

VI. 8 Weighting

Weights are used to compensate unequal chances of different persons to be included in the sample. Calculation of weights is made in several successive steps. At first, so-called design weights are calculated. Since sampling of PSU is made with probabilities proportional to number of households, inclusion probability of PSU from stratum in the sample at the first stage is equal to:

$$\pi_{kh}^{(1)} = \frac{g_h \cdot \tilde{N}_{kh}}{\tilde{N}_h}, \text{ where}$$

- g_h is the number of PSUs sampled from stratum h ,
- \tilde{N}_{kh} is the number of households in PSU k of stratum h (according to the Census of Population, Households and Dwellings 2011),

- $\tilde{N}_h = \sum_k \tilde{N}_{kh}$ is the total number of households in stratum h .

At the second stage, within each selected PSU households are sampled by simple random sampling procedure. Therefore inclusion probability $\pi_{ikh}^{(2)}$ of household i at the second stage is equal to:

$$\pi_{ikh}^{(2)} = \frac{n_{kh}}{\hat{N}_{kh}},$$

where

- n_{kh} is the sample size (number of households) for PSU k in stratum h ,
- \hat{N}_{kh} is the updated number of households in PSU k of stratum h , (as a rule $\hat{N}_{kh} \approx \tilde{N}_{kh}$).

The inclusion probability π_{ikh} of a household i (from PSU k of the stratum h) in the sample in two stages is equal to:

$$\pi_{ikh} = \pi_{kh}^{(1)} \cdot \pi_{ikh}^{(2)} = \frac{g_h \tilde{N}_{kh} n_{kh}}{\tilde{N}_h \hat{N}_{kh}} \left(\approx \frac{g_h n_{kh}}{\tilde{N}_h} \right).$$

The design weight w_{ikh} of a household is calculated as the inverse of its inclusion probability:

$$w_{ikh} = \frac{1}{\pi_{ikh}}.$$

The adjustment for non-response were carried out taking into account the number of households selected and the number of those actually interviewed in each enumeration area (EA), stratum or region. After correction for non-response, non-response weights were calibrated with SAS programs using figures for age groups and sex from Population Estimates for 2016 as sources to benchmark survey data.

Table 12 shows comparison of age and gender profile of the sample with the profile of the target population (aged 15-64). It is obvious from this comparison that there are discrepancies between these two profiles. In general, females were underrepresented in the survey, as well as

persons aged between 35 and 44. In this case the weighting also had a goal to alleviate all possible biases arising from the differences between the survey sample and the target population.

Table 12. Comparison of the survey sample and the target population by age and gender, GPS survey 2017, MNE

Gender	Population	% Population	Sample	% Sample	Est Population	% Est Population
Male	219717	50.2%	2073	51.5%	222519	50.8%
Female	218386	49.8%	1954	48.5%	215584	49.2%
Age						
15-24	85765	19.6%	777	19.3%	82904	18.9%
25-34	92191	21.0%	1000	24.8%	91202	20.8%
35-44	89000	20.3%	550	13.7%	84318	19.2%
45-54	85979	19.6%	782	19.4%	86082	19.6%
55-64	85168	19.4%	918	22.8%	93597	21.4%

VII DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF THE SAMPLE

An overview of the main characteristics of respondents after the weighting is shown in the following two graphs. The two genders are equally represented in the sample – 50.8% of males and 49.2% of females. Distribution of respondents by five-year age groups age is rather even – from 9.3% in the age group 20-24 years to 11.7% in the age group 60-64 years. Observed through the categories of “young adults” and “adults”, the proportion is 39.7 % vs. 60.3%. A total of 45.8% of respondents live in the central region of Montenegro - almost a third in the capital Podgorica (30.8%) and 15% in other municipalities. Coastal region is a residence of 28.8% of inhabitants, while a fourth of inhabitants (25.4%) live in the northern region. Two thirds (66.4%) of respondents live in the urban areas, while a third (33.6%) of them live in rural areas. (Figure 1).

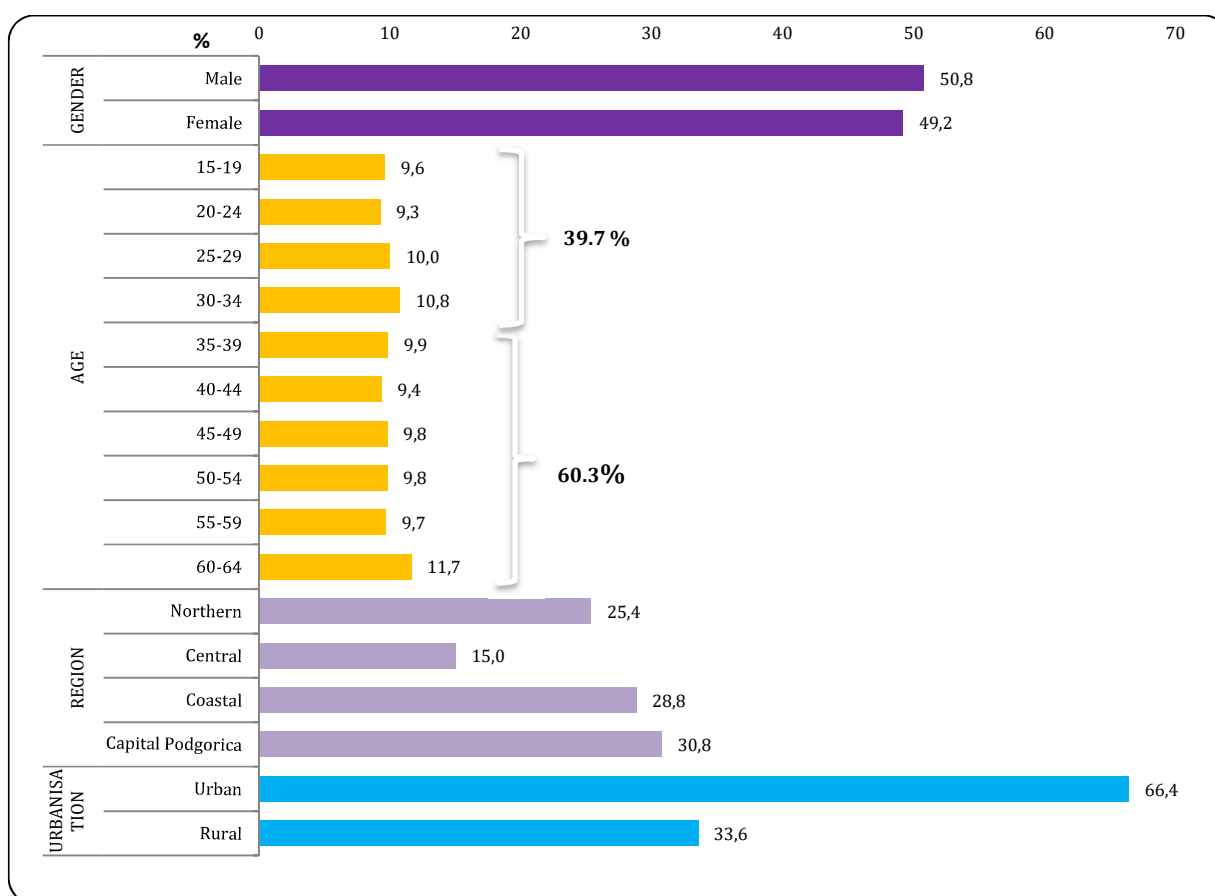


Figure 1. Demographic characteristics of respondents. General Population Survey Montenegro. 2017

The following socio-economic variables were recorded in the study – level of education, composition of the household, marital status, education level and employment status.

As regards *level of education*, most respondents – 57.8% completed either the third or the fourth level of secondary school. Elementary school is the highest level of education of 16.4% of respondents. In total, 23.8% of respondents have higher education –high school/bachelor degree (7.6%), a university degree (15.3%) or a postgraduate degree (0.9%).

The dominant form of household is a nuclear family (parents and children) with 39.4% of parents who live with children and 32.6% of children living with parents. 5.9% of respondents live alone, 4.2% live with children only, 7.3% of them live with a partner without children. 6.5% of respondents live in multi-generation family, with their partners, parents (and children). More than a third - 36.5% of respondents are single, 4.4% are widowed, while 2.7% are divorced.

As regards employment, i.e. activity status, a fifth of respondents - 20% reported being unemployed. 37.4% of respondents are employed full time in a company, while another 4.5% are self-employed as private entrepreneurs and 3.8% are temporary employed. 14.5% of respondents are students or pupils, 11.9% are retired, while 7.7 % are housewives. Detailed distribution of these characteristics is presented in Figure 2.

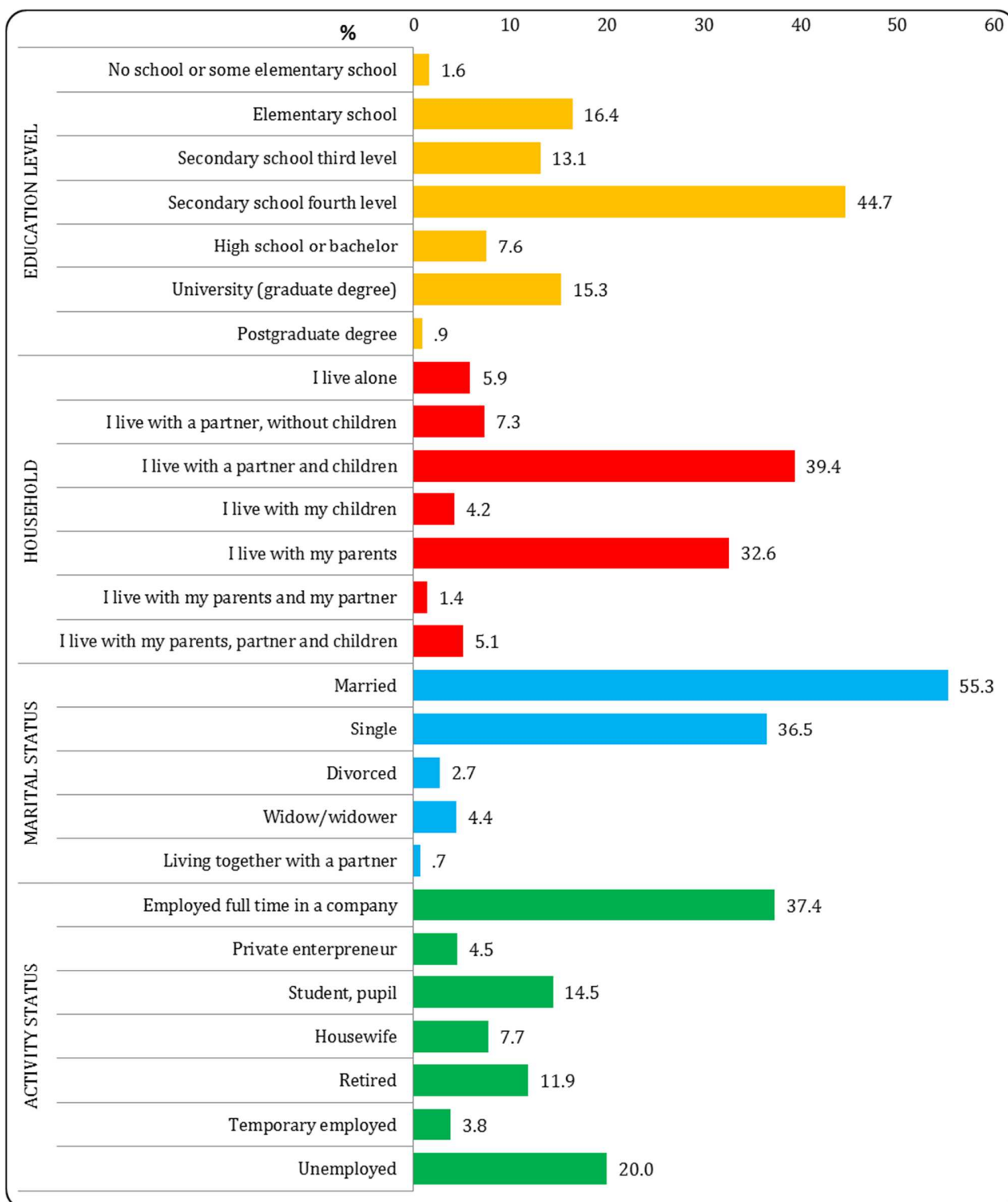


Figure 2. Socio-economic characteristics of respondents. General Population Survey Montenegro, 2017

VIII DATA MANAGEMENT

VIII. 1 Data entry

Two databases were developed for the survey, in IBM SPSS Statistics 21 programme - database of filled questionnaires and the database of all contacted households in the sample. The database of contacted households contains both the data of the respondents and non-respondents for all three attempts of the interview.

Data entry was done during March 2017. All questionnaires were coded with ordinal numbers from 1000 to 6620 by the interviewers and checked by the fieldwork supervisors. The number on the questionnaires was the same ordinal number as the one in the List of Households. Filled questionnaires and Contact Lists for one respondent were marked with the same ordinal number and packed together in the envelopes. When contact attempts did not result in successful interviews, only Contact Sheets were marked with the appropriate ordinal numbers and returned to the research institution.

Preliminary entry of a random sample of 200 (5%) questionnaires was performed in order to *identify the most common errors that can be expected in the data entry*, and to pay particular attention during entry of these variables in the full data entry. Most common mistakes were identified in the fields where data is coded with 0 or 1, i.e. questions where it was possible to circle more than one answer.

The survey data was entered by three independent operators, all with extensive experience in SPSS data entry.

VIII. 2 Data editing

After entry of the data, each variable was first checked for outstanding values. Where such values were identified, the corresponding questionnaires were identified by their ordinal numbers and re-entered into the database.

This type of control and correction was done by two independent controllers to make sure that all errors are noticed and corrected.

After checking and correcting the outstanding values, the base of questionnaires was checked for *logical inconsistencies and missing values*. Possible logical inconsistencies were corrected through SPSS syntaxes developed specifically for variables where such inconsistencies were possible. Missing values were present in 24 variables, with the highest proportion of 0.7% on any individual variable. Since missing values occurred solely in the final section of the questionnaire (mostly in questions about attitudes and perceptions), it can be attributed to respondents' saturation with questions at this stage.

Other various analyses of the data were performed by the two independent controllers as well.

IX PREVALENCE OF USE OF PSYCHOACTIVE SUBSTANCES

Survey data was analysed through methods of descriptive statistics, in IBM Statistical package for social sciences, version 22. Confidence intervals were calculated for the main results – lifetime, last year and last month prevalence levels of use of various substances.

All results in this Report are presented by gender and level of urbanisation of the residence for all respondents aged between 15 and 64, hereinafter referred to as “*all adults*”, as well as for the subsample of respondents aged between 15 and 34 – hereinafter referred to as “*young adults*” and subsample of respondents aged between 15 and 24 referred to as “*youngsters*”.

Prevalence of substance use is additionally presented through the ten-year age groups: 15 to 24 years, 25 to 34 years, 35 to 44 years, 45 to 54 years and 55 to 64 years.

Where prevalence level is not too low, data on the use of substances in the complete sample of all adults is also presented by the *level of urbanisation* of the respondents’ residence and by the *level of education of respondents*.

Before proceeding to the results of the survey, it is useful to explain some of the basic terms related to the substance use prevalence. The term “prevalence” refers to the proportion of population who reported taking substance over a particular period. In the surveys of substance use among the general population prevalence is measured by asking respondents 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 with regard to substance use**.

Last month prevalence refers to the proportion of respondents in a sample who reported using a 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.

IX. 1 SMOKING

This chapter contains survey data on tobacco consumption. i.e. smoking tobacco in a form of a cigarette, a cigar or a pipe. Data is presented through the three categories: *active smokers* – people who currently smoke, *quitters* - people who smoked actively at some point in their lifetime but quit smoking, and *abstainers* - people who never smoked in their lifetime. Additionally, data is presented through the standard prevalence measures - lifetime prevalence, last year prevalence, last month prevalence.

IX. 1.1 General prevalence of smoking among all adults, young adults and youngsters

More than a third of **all adults** (35.4%) reported current smoking. 17.1% of all adults had smoked at some point in their lifetime and quit smoking later on. 47.6% of respondents reported abstinence from smoking throughout the lifetime.

In the subpopulation of **young adults**, one in four (25.5%) reported current smoking, 13% reported quitting smoking, while majority of respondents in this subpopulation never *smoked* (61.4%).

Almost one in five **young respondents** aged between 15 and 24 actively smoke (18.7%). Almost one in ten of them quitted smoking (10.3%). 71% of young respondents never smoked by the age of 24 (Figure 3).

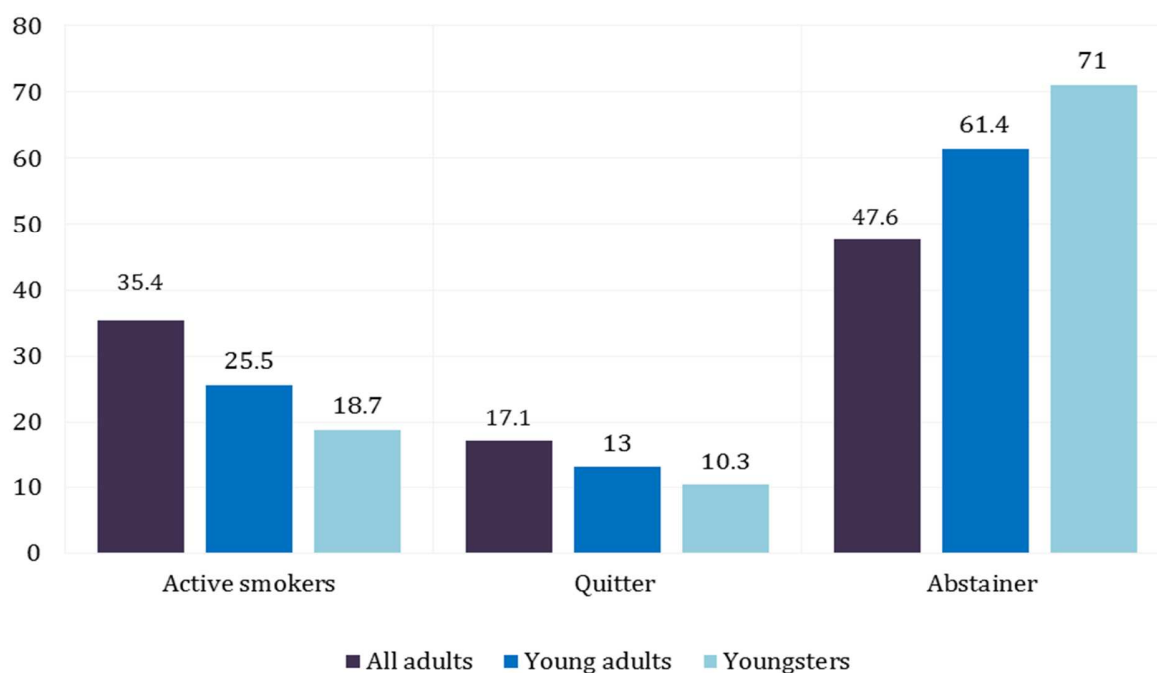


Figure 3. Prevalence of smokers, quitters and abstainers among all adults, young adults and youngsters, General Population Survey Montenegro, 2017

IX. 1.2 Prevalence of smoking by gender, among all adults, young adults and youngsters

Gender-wise, 36.2% of adults in Montenegro currently smoke, versus 34.5% of females. Slightly more males than females quitted smoking (17.5% vs. 16.6%), just as slightly more females than males have abstained from smoking throughout the lifetime (48.9% females vs. 46.3% of males).

Slightly more young adult females smoke than young adult males (26.8% vs. 24.4%), while significantly more male young adults than female young adults quitted smoking – 15.1% versus 10.8%. Young male abstainers count 60.5% of the young adult population in Montenegro, while young female abstainers count 62.5% of female young adult’s population in Montenegro. There are 60.5% of abstainers among young adults in Montenegro and 62.5% of abstainers among female young adults.

Young population of male smokers is equal to that of female smokers – a fifth of youngsters of both genders. There are, however, significantly more male quitters than female quitters among youngsters aged between 15 and 24 years. Abstainers in young male population make proportion of 66.9% while in young female population they make 72.4% (Table 13).

Table 13. Proportion of active smokers, quitters and abstainers by gender in the population of all adults, young adults and youngsters, GPS Montenegro, 2017, (%)

	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15 - 34)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Active smokers	36.2	34.5	35.4	24.4	26.8	25.5	20.1	20.2	20.1
Quitters	17.5	16.6	17.1	15.1	10.8	13.0	13.0	7.4	10.4
Abstainers	46.3	48.9	47.6	60.5	62.5	61.4	66.9	72.4	69.4
Total	100	100	100	100	100	100	100	100	100

IX. 1.3 Prevalence of smoking by ten-years age groups

The smallest prevalence of active smokers is in the age group 15-24 (18.7%), increasing with age to 31.8% in the age group 25-34 years and further to 39.8% in the age group 35-44 years. Most active smokers belong to the age group 45 to 54 years, and somewhat less to the age group 55 to 64 years (40.9%).

The highest prevalence of **quitters** per any individual ten-year group is in the age group 55 to 64 years, where almost a fourth used to smoke at one time in their lifetime and then quitted - 23.4%. (Figure 4). Almost a fifth of the age group 45 to 54 quitted smoking (19.4%). One in ten youngsters aged between 15 to 24 quitted smoking, as well as 15,5% of the age group 25 to 34 years and similar per cent of the age group 35 to 44 years old (16%).

Correspondingly, the largest proportion of lifetime **abstainers** is in the age group 15 to 24 years old and in the age group 25 to 34 years old (71% and 52.7% respectively). Almost equal proportion of abstainers is in the age groups 45 to 54 and 55 to 64 (Figure 4).

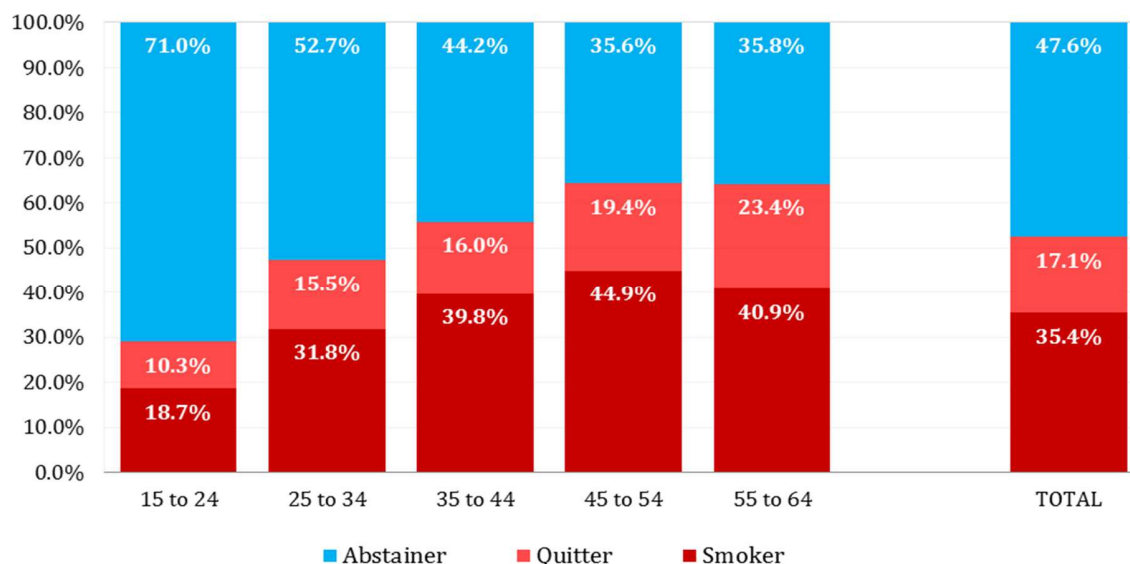


Figure 4. Prevalence of smokers, quitters and abstainers by ten-year age groups. General Population Survey Montenegro, 2017, (%)

IX. 1.4 Prevalence of smoking by the level of education

Distribution of prevalence of smoking, ex smoking and abstinence from smoking in the groups of respondents of various educational profiles is shown in the Table 14.

Table 14. Prevalence of smoking by the level of education, all adults, GPS Montenegro, 2017 (%)

	Smokers	Quitters	Abstainers	Total
No school or some elementary school	42.4	3.6	54.0	100
Elementary school	28.5	11.5	60.0	100
Secondary school third level	46.2	17	36.8	100
Secondary school fourth level	37.1	17.8	45.1	100
High school or bachelor	28.7	25.4	45.9	100
University (graduate degree)	29.9	18.2	51.9	100
Postgraduate degree	35.6	24.4	40.0	100
Total	35.2	17.1	47.7	100

IX. 1.5 Prevalence of smoking by the level of urbanisation

There seems to be no significant difference in prevalence of smoking by the urbanisation level, as 35.2% of urban and 35.6% of rural inhabitants actively smoke. Prevalence of quitters among urban inhabitants in the country is 17.5% and among rural 16.2%, while prevalence of abstainers among urban inhabitants is 47.3% and among rural 48.2% (Table 15).

Table 15. Prevalence of smoking by gender and by the level of urbanisation, all adults, GPS Montenegro, 2017 (%)

	Smokers			Quitters			Abstainers			Total
	Males	Females	Total	Males	Females	Total	Males	Females	Total	
Urban	37,3	33,1	35,2	17,6	17,5	17,5	45,2	49,4	47,3	100
Rural	34,1	37,2	35,6	17,4	15,0	16,2	48,5	47,8	48,2	100
Total	36,2	34,5	35,4	17,5	16,6	17,1	46,3	48,9	47,6	100

IX. 1.6 Frequency of smoking

Frequency of smoking among smokers is calculated as a quantity of cigarettes smoked per day during the last 30 days. 3% of adult smokers (3.0% males and 2.9% females) do not smoke every day, while another 4.4% (4.6% males, 4.2 females) smoke up to five cigarettes per day. 12.6% of adults smoke from five to ten cigarettes per day. Majority of smokers smoke significantly more – almost a half (46.6%) smoke from ten to twenty cigarettes a day, while more than one in three smokers - 33.4%, smoke more than a pack of cigarettes per day. Among them one in twenty smokes more than two packs a day (4.7%).

Table 16 contains data on smoking quantity per day in the last month by gender.

Table 16. Frequency of smoking expressed through the last month quantity per day among active smokers, by gender, all adults, GPS Montenegro, 2017 (%)

		Male	Female	Total
Smoking: last month quantity per day among active smokers	I do not smoke every day	3,0	2,9	3,0
	Up to 5 cigarettes	4,6	4,2	4,4
	From 5 to 10 cigarettes	12,4	12,7	12,6
	From 10 to 20 cigarettes	45,5	47,8	46,6
	More than 20 cigarettes	29,0	28,5	28,7
	More than 40 cigarettes	5,5	3,8	4,7
Total		100	100	100

IX. 1.7 Standard prevalence measures of smoking, by gender

Observed through the standard prevalence measures, **more than a half - 52.4% of adults reported lifetime prevalence of smoking** – 53.7% of males and 51.1% of females. 38.1% of adults – 39.2% of males and 36.9% of females smoked *in the last year*. 35.7% of adults - 36.8% of males and 34.6% of females smoked during the *last month*.

Among **young adults**, 39.5% of males and 37.5% of females smoked in their lifetime – **38.6% at the level of the complete sample of young adults**. 28.9% of young adult males smoked in the last year and slightly more - 30.4% of young females, equalling to 29.6% of the complete sample of young adults. One in four young adult males smoked in the last month (25.6%), versus 27.1% of young adult females, equalling to 26.3% of the total sample of young adults.

29% of **youngsters** smoked in their lifetime – 31.3% of males and 26.3% of females; 22.8% smoked in the last year, while 19.4% reported last month smoking – 19.7% of males vs.19.0% of females. (Table 17).

Table 17. Standard prevalence measures of smoking by gender, all respondents, GPS Montenegro 2017, (%)

	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15-24)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
LTP	53.7	51.1	52.4	39.5	37.5	38.6	31.3	26.3	29.0
LYP	39.2	36.9	38.1	28.9	30.4	29.6	23.9	21.6	22.8
LMP	36.8	34.6	35.7	25.6	27.1	26.3	19.7	19.0	19.4

Relatively lower prevalence of lifetime smoking among young adults and youngsters can be explained by several environmental specifics. First, it is a general perception that smoking is currently not as “modern” among young people as it had been some ten years ago. Young people became more aware of negative health consequences of smoking, as well as about negative consequences to aesthetic appearance which is rather significant to young persons. Regular exercising and healthy lifestyles became more important to youngsters. Finally, smoking tobacco is not perceived as initiation behaviour for entering the world of adults as it had been before. Apparently other substances have taken over such a role, particularly alcohol and marihuana. Another rationale for the lower prevalence of smoking among young people is in that they normally live with parents until rather late age, at least until they have completed university and started to work or until they have formed their own families, which also tends to be at a later age than before. Living with parents seems to be a protective factor for smoking among young people. Similar prevalence levels were found in the ESPAD 2008, 2011 and 2015 surveys – respectively 34%, 32% and 34% of adolescents at the age of 16 smoke cigarettes³.

³ Mugoša, B., Đurišić, T., Golubović, Lj. (2008). Evropsko istraživanje o upotrebi duvana, alkohola i droga među učenicima. Nacionalni izvještaj za Crnu Goru. Institut za javno zdravlje. Podgorica, 2008.

Đurišić, T., Golubović, Lj., Mugoša B. (2013). Evropsko istraživanje o upotrebi duvana, alkohola i droga među učenicima: ESPAD 2011. Nacionalni izvještaj za Crnu Goru. Institut za javno zdravlje Crne Gore. Podgorica, 2013.

Đurišić, T., Golubović, Lj., Mugoša B. (2017). Evropsko istraživanje o upotrebi duvana, alkohola i droga među srednjoškolcima: ESPAD 2015. Nacionalni izvještaj za Crnu Goru. Institut za javno zdravlje Crne Gore. Podgorica, 2017. [u izradi]

IX. 2 ALCOHOL

This chapter contains survey data on prevalence of alcohol consumption throughout the - lifetime, last year and last month, as well as data about patterns of drinking behaviours, such as frequency of alcohol consumption, frequency of binge drinking, prevalence and frequency of intoxication, etc.).

Data on prevalence of alcohol consumption is presented for the complete sample of respondents (15 to 64 years), as well as separately for young adults (15 to 34 years) and youngsters (15 to 24).

Distribution of alcohol consumption in the sample of adults is presented also by the *level of urbanisation* of the respondents' residence, as well as by the *level of education of respondents*.

IX. 2.1 General prevalence of alcohol consumption among all adults, young adults and youngsters

Among all adults, 63.5% reported lifetime drinking, a half reported last year drinking, while 42.1% reported drinking in the last 30 days.

Among young adults (15 to 34 years) 65.2% reported lifetime drinking, 54.2% last year drinking, while 44.3% reported last month drinking.

Among youngsters (15 to 24 years) 58.8% drunk alcohol in their lifetime, 51.2% did it in the last 12 months, while 40.6% drunk alcoholic beverages in the last 30 days.

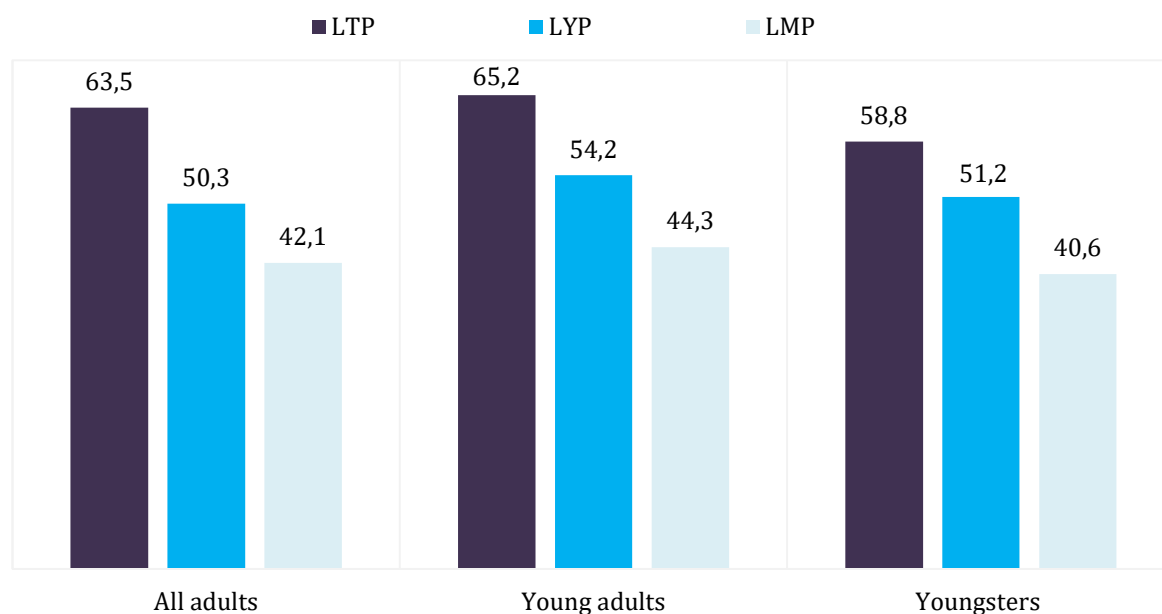


Figure 5. Prevalence of lifetime, last year and last month alcohol consumption among all adults, young adults and youngsters, General Population Survey Montenegro, 2017 (%)

IX. 2.2 Prevalence of alcohol consumption by gender, among all adults, young adults and youngsters

Gender proportion of **lifetime alcohol consumers** in the population indicates that there is no significant difference between the two genders. 63.6% of adult males have consumed alcohol in their lifetime versus 63.4% of adult females - almost identical proportion. Even slightly more young adult females consumed alcohol in their lifetime compared to their peer males (64.8% vs. 65.6%). From the other hand - slightly more male youngsters consumed alcohol by the age of 24 years than female youngsters (60.0% vs. 57.4%).

Last year prevalence of alcohol consumption is also very similar between the two genders – 50,4% of adult males consumed alcohol in the last year versus 50,2% females. In the population of young adults, proportion of male last year consumers is 53,6% while proportion of female young adult consumers is 54,9%. Finally, 51,5% of young males consumed alcohol in the last 12 months, as did 50,9% of the population of young females.

Last month prevalence of alcohol consumption is for one per cent higher between the adult females than males (42.6% vs. 41.6%). Similarly, in the population of young adults, prevalence of last month smoking is higher between females than between males (45.0% females vs. 43.7% males). In the youngest population observed, proportion of young last month alcohol consumers is higher between young males than between young females (42.8 % males vs. 38.0% females) (Table 18).

Table 18. Prevalence of lifetime, last year and last month alcohol consumption among all adults, young adults and youngsters, by gender. General Population Survey Montenegro, 2017, (%)

	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15 - 24)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
LTP	63.6	63.4	63.5	4.8	65.6	65.2	60.0	57.4	58.8
LYP	50.4	50.2	50.3	53.6	54.9	54.2	51.5	50.9	51.2
LMP	41.6	42.6	42.1	43.7	45.0	44.3	42.8	38.0	40.6

IX. 2.3 Prevalence of alcohol consumption by the level of education

Distribution of lifetime, last year and last month prevalence of alcohol consumption in the groups of respondents of various educational profiles is shown in the Table 19. Proportion of lifetime and last year consumers seems to be the highest among the people with the highest education. For instance, as much as 82.9% of respondents with postgraduate degree consumed alcohol in their lifetime, 65% in the last 2 months and 39.6% in the last 30 days. Similarly, 72.3% of respondents with university education consumed alcohol in their lifetime, 60.2% in the last 12 months and 50.9% in the last 30 days.

Table 19. Prevalence of lifetime, last year and last month alcohol consumption by the level of education, all adults, GPS Montenegro, 2017, (%)

	LTP	LYP	LMP
No school or some elementary school	32.0	27.6	26.1
Elementary school	41.6	31.7	24.8
Secondary school third level	65.3	49.9	43.1
Secondary school fourth level	67.7	53.2	44.6
High school or bachelor	69.8	57.8	49.0
University (graduate degree)	72.3	60.2	50.9
Postgraduate degree	82.9	65.1	39.6
Total	63.5	50.3	42.1

IX. 2.4 Prevalence of alcohol consumption by the level of urbanisation

There seems to be some difference in prevalence of alcohol consumption by the urbanisation level. 65.7% of urban against 59.3% of rural inhabitants consumed alcohol in their lifetime. 51.8% of urban and 47.5% of rural inhabitants consumed alcohol in the last 12 months, while 43.2% of urban and 40.0% of rural inhabitants consumed alcohol in the last 30 days. (Table 20.).

Table 20. Prevalence of lifetime, last year and last month alcohol consumption by the level of urbanisation, all adults, GPS Montenegro, 2017, (%)

	LTP	LYP	LMP
Urban	65.7	51.8	43.2
Rural	59.3	47.5	40.0
Total	63.5	50.3	42.1

IX. 2.5 General frequency of alcohol consumption

Most consumer in all three age groups (15-64, 15-34 and 15-24) drink once a month or less. About a fifth of adult consumers drink 2 to 4 times a month, as well as about a fifth of young adults and 22.7% of youngsters. 8,7% of adults, 7,1% of young adults and 6,8% of youngsters drink 2 to 3 times a week. Rather frequent drinking of 4 times a week or more is also reported

by 7,5% of adults and significantly less - 3,2% of young adults and 3,6% of youngsters. Table 25 contains detailed frequency of drinking by gender and by age group. (Table 21).

Table 21. General frequency of alcohol consumption, by gender. All adults, young adults and youngsters. GPS Montenegro, 2017, (%)

	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15 - 24)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
4 times per week or more	8.2	6.8	7.5	3.4	3.0	3.2	4.3	2.8	3.6
2 to 3 times per week	8.6	8.9	8.7	7.1	7.1	7.1	7.2	6.2	6.8
2 to 4 times per month	19.6	20.9	20.2	25.9	24.3	25.1	22.8	22.7	22.7
Once a month or less	63.5	63.5	63.5	63.6	65.6	64.6	65.7	68.3	66.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

IX. 2.6 Frequency of binge drinking among all adults, young adults and youngsters

Consumers of alcohol were asked how often they drunk 5 or more drinks in one occasion, if at all. One in hundred adult alcohol consumers drinks five or more drinks in a row daily or almost daily, with equal proportion between male and female adult population. 4.3% of adult consumers drink five or more drinks in a row at least once a week – 3.8% of males and 4.8% of females. At least once a month binge drinks 13% of adult male consumers and 10.8% of adult female consumers. About a third of adult consumers drink five or more drinks in one occasion less often than once a month – 29.3% of males and 31.1% of females. Interesting finding is that more adult males than females never drink by this pattern – 52.9% vs. 52.4%.

A third of young adults drinks five or more drinks in a single occasion less frequently than once a month – 32.6%. At least once a month 14.8% of young adults drink five or more drinks in a row. More than one in twenty young adults drink five or more drinks in one occasion at least once a week or daily.

Youngsters drink by a bingeing pattern similarly as young adults – some more than a third binge drink less frequently than once a month. 15% of youngsters drink by this pattern at least once

in a month, while 4.5% of them drink five or more drinks in a row at least once a week and 0.5% daily or almost daily.

Detailed distribution of frequencies of binge drinking in the three age groups is presented in the Table 22.

Table 22. General frequency of binge drinking, by gender. All adults, young adults and youngsters. GPS Montenegro, 2017, (%)

	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15 - 24)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Daily or almost daily	1.0	0.9	0.9	0.3	0.1	0.2	0.7	0.3	0.5
At least once a week	3.8	4.8	4.3	4.5	5.7	5.1	4.8	4.3	4.5
At least once a month	13.0	10.8	11.9	14.9	14.7	14.8	17.8	11.7	15.0
Less than once a month	29.3	31.1	30.2	31.1	34.3	32.6	32.6	35.3	33.9
Never	52.9	52.4	52.6	49.2	45.1	47.2	44.1	48.4	46.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

IX. 2.7 Time frame of binge drinking among all adults, young adults and youngsters

Another indicator in relation to binge drinking that was explored in the survey is time frame needed for drinking five or more alcoholic beverages in one occasion. Most adults, young adults and youngsters who reported binge drinking, drunk five or more beverages in three to four hours (41,4%,43.7% and 45.1% respectively). About a fourth of each age group reported drinking five or more drinks in a row in five to six hours. It is interesting that in all three age groups, larger proportion of females than males drink this quantity of alcoholic beverages in a shortest time period - less than an hour (2.3% females vs 1.4% males among adults, 2.9% females vs 2.1% males among young adults and 5.3% females vs.2.4 males among youngsters). One in ten adults drunk five or more alcoholic beverages relatively quickly - in one to two hours, as did even more young adults - 13.4% and youngsters -15.7%. Table 23 contains detailed time frames of binge drinking for both males and females and in total in the populations of all adults, young adults and youngsters.

Table 23. Time frame of binge drinking, by gender. All adults, young adults and youngsters. GPS Montenegro, 2017, (%)

Time frame of binge drinking	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15 - 24)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Less than an hour	1.4	2.3	1.8	1.1	2.9	2.5	2.4	5.3	3.7
1 -2 hours	9.5	9.9	9.7	14.7	12.1	13.4	18.4	12.3	15.7
3-4 hours	41.2	41.6	41.4	41.1	46.4	43.7	40.7	50.6	45.1
5-6 hours	25.0	24.9	25.0	23.9	22.0	23.0	27.7	17.8	23.4
7-8 hours	7.2	8.8	8.0	5.6	5.5	5.5	2.1	3.5	2.7
9 hours or more	15.7	12.5	14.1	12.7	11.1	11.9	8.6	10.6	9.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

IX. 2. 8 Frequency of alcohol consumption in the last 30 days among all adults, young adults and youngsters

Frequency of alcohol consumption in the last 30 days is expressed through the number of drinking days in the last 30 days. Among all adults, 7,8% drunk alcohol 20 days or more in the last 30 days, while 11.5% drunk alcohol on 10 to 19 days. Almost a third of adults drunk alcohol on 4 to 9 days (30.8%), while a half of adult consumers drunk alcohol on 1 to 3 days in the last month.

In the sample of young adults, more than a half drunk 1 to 3 days in the last 30 days (53,5%), about a third drunk on 4 to 9 days (34.8%), 8.1% drunk on 10 to 19 days in a month, while 3.6% drunk 20 days or more.

Among youngsters aged from 15 to 24 years, almost the same per cent as among young adults drunk 1 to 3 days – 53.8%. a third of youngsters drunk 4 to 9 days (33.7%), while 7.2% drunk 10 to 19 days and 5.3% drunk 20 days or more. Table 24 presents frequency of drinking in the last 30 days among the three different age groups.

Table 24. Frequency of alcohol consumption - number of drinking days in the last 30 days among consumers, by gender. All adults, young adults and youngsters. GPS Montenegro, 2017, (%)

	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15 - 34)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
20 days or more	7.9	7.6	7.8	6.6	2.6	3.6	7.1	3.1	5.3
10 to 19 days	11.4	11.6	11.5	6.7	9.6	8.1	5.6	9.2	7.2
4 to 9 days	31.4	30.3	30.8	36.7	32.7	34.8	34.3	32.8	33.7
1 to 3 days	49.3	50.4	49.9	52.0	55.2	53.5	53.0	54.8	53.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

IX. 2.9 Prevalence of alcohol intoxication in the last 12 months among all adults, young adults and youngsters

Intoxication by alcohol was a common drinking practice in 1.5% of **adults** who got drunk almost daily in the last 12 months, and another 2.0% who drunk to intoxication at least once a week. In addition, 6.1% of adults drunk to intoxication once a month during the last 12 months. A quarter of consumers drunk like this rarely in the last 12 months, while 66.3% of them never drunk to intoxication in the last year.

Intoxication was a daily practice among 0.3% **young adults**, and weekly practice among 2.1% of them. 7.4% of young adults got intoxicated at least once a month. 29.5% of young adults rarely got intoxicated in the last year, while 60.7% of them never got intoxicated in the last year.

Youngsters got intoxicated almost daily in 0.4% of cases in the last 12 months, and at least once a week in 1% of cases. 7.4% of youngsters got intoxicated at least once a month in the last 12 months. 30.3% of youngsters rarely got intoxicated in the previous year, while 60.9% of them never got intoxicated during this time period (Table 25.).

Table 25. Prevalence of intoxication in the last 12 months among consumers, by gender. All adults, young adults and youngsters. GPS Montenegro, 2017, (%)

	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15 - 34)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Almost daily	1.5	1.5	1.5	0.5	0.2	0.3	0.8	0.0	0.4
At least once a week	1.8	2.2	2.0	1.4	2.9	2.1	0.7	1.4	1.0
At least once a month	5.9	6.3	6.1	7.8	7.0	7.4	7.5	7.3	7.4
Rarely	23.8	24.4	24.1	29.8	29.2	29.5	29.3	31.4	30.3
Never in the last 12 months	67.0	65.6	66.3	60.6	60.8	60.7	61.7	59.9	60.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

IX. 2.10 Frequency of alcohol intoxication in the last 12 months among all adults, young adults and youngsters

Apart from prevalence of alcohol intoxication, survey explored frequency of intoxication in the last 12 months. Most respondents in all three groups did not get intoxicated in the last 12 months. About one in ten adults, young adults and youngsters got intoxicated only once in the previous 12 months, while slightly more got intoxicated 2 to 5 days a year. Table 26 contains detailed overview of frequency of intoxication among consumers of alcohol among all adults, young adults and youngsters, during the last 12 months.

IX 3 PHARMACEUTICALS

This chapter contains data about prevalence of use of pharmaceuticals among all adults, young adults and youngsters. Prevalence of taking sedatives and/or tranquillizers is expressed through the standard prevalence measures – lifetime use, last 12 months use and last month use). Moreover, frequency of taking sedatives and/or tranquillizers during the past month as well as data about the source of sedatives and/or tranquillizers when used last time was also explored in the survey.

During interviewing, show cards with names and images of common tranquillizers and sedatives were shown to respondents to make sure that they know what type of medicaments they are asked about. Data on the use of pharmaceuticals is presented for the three age groups – all adults (15 to 64 years), young adults (15 to 34 years) and youngsters (15 to 24 years).

Distribution of consumption of pharmaceuticals is presented also by the *level of urbanisation of the respondents' residence*, as well as by the *level of education of respondents*.

IX. 3.1 General prevalence of use of pharmaceuticals among all adults, young adults and youngsters

18.1% of **adults** aged between 15 and 64 used tranquilizers and/or sedatives in their lifetime, 11.6% used them in the last 12 months while 8.1% of adults used these medicaments in the last 30 days.

7% of **young adults** reported lifetime prevalence of use of pharmaceuticals. 3.7% reported last year use, while 2.1% reported use of pharmaceuticals in the last 30 days.

In the **youngest** population group aged between 15 and 24 years, 3.8% of respondents used tranquilizers and/or sedatives in the lifetime, 1.8% in the last 12 months and 0.3% in the last 30 days. (Figure 6.).

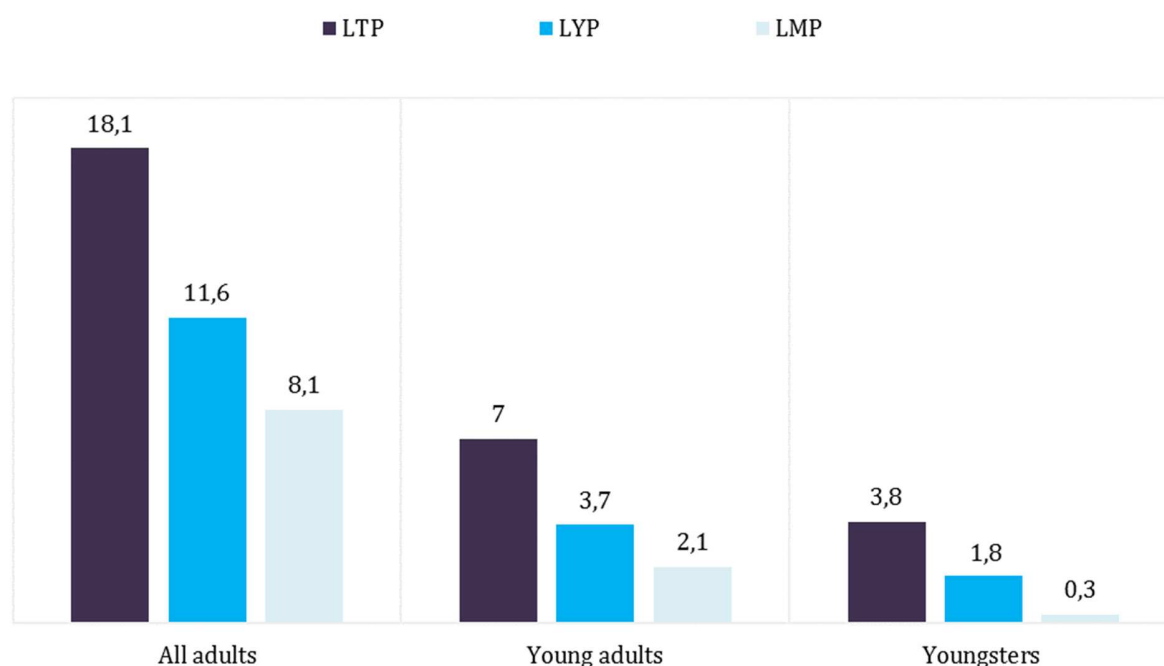


Figure 6. Prevalence of lifetime, last year and last month use of pharmaceuticals. All adults, young adults and youngsters. General Population Survey Montenegro, 2017

XI. 3.2 Prevalence of use of pharmaceuticals by gender among all adults, young adults and youngsters

Slightly more male than female **adults** used pharmaceuticals in the lifetime in all three age groups – among all adults 18.8% males vs.17.2% females, among young adults 7,1% of males versus 6.9% of males, and among youngsters 3.8% males versus 3.7% males.

Among **young adults**, about the same proportion of males and females took pharmaceuticals in their lifetime. Slightly more young females than males used pharmaceuticals in the last 12 months - 3.3% of males and 4.0% of females. Similarly, slightly more young adult females than males used these medicaments in the last 30 days.

As regards **youngsters** aged between 15 and 24 years, about the same proportion of males and females used pharmaceuticals in their lifetime and in the last 30 days. More females than males used these medicaments in the last 12 months – 2.3% females vs.1.3% males. Table 27 shows

detailed distribution of prevalence of lifetime use, last 12 months use and last month use of pharmaceuticals among males, females and in the total samples of all adults, young adults and youngsters.

Table 27. Prevalence of lifetime, last year and last month use of pharmaceuticals. All adults, young adults and youngsters, by gender. General Population Survey Montenegro, 2017, (%)

	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15 - 34)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
LTP	18.8	17.2	18.1	7.1	6.9	7.0	3.8	3.7	3.8
LYP	12.5	10.6	11.6	3.3	4.0	3.7	1.3	2.3	1.8
LMP	8.5	7.8	8.1	1.8	2.3	2.1	0.3	0.2	0.3

IX. 3.3 Prevalence of use of pharmaceuticals by the level of education

Almost a third of respondents with no school or incomplete elementary school used pharmaceuticals in their lifetime, and almost a fifth of those with completed secondary school. More than one in five persons with postgraduate degree used these pharmaceuticals in their lifetime. Detailed distribution of lifetime prevalence of use of pharmaceuticals by the level of education is presented in the Table 28.

Table 28. Prevalence of use of pharmaceuticals by the level of education, all adults, GPS Montenegro, 2017 (%)

Highest level of education	% who used pharmaceuticals
No school or some elementary school	31.4
Elementary school	13.4
Secondary school third level	18.9
Secondary school fourth level	18.3
High school or bachelor	22.7
University (graduate degree)	17.7
Postgraduate degree	12.7

IX. 3.4 Prevalence of use of pharmaceuticals by the level of urbanisation

There seems to be small variance in prevalence of alcohol consumption between the settlements with different urbanisation level. 18.4% of urban versus 17.2% of rural inhabitants used pharmaceuticals in their lifetime. 11.8% of urban and 11.2% of rural inhabitants used pharmaceuticals in the last 12 months, while 8.8% of urban and 6.9% of rural inhabitants used pharmaceuticals in the last 30 days. (Table 29.).

Table 29. Prevalence of lifetime, last year and last month use of pharmaceuticals by the level of urbanisation. All adults, GPS Montenegro, 2017, (%)

	LTP	LYP	LMP
Urban	18.4	11.8	8.8
Rural	17.2	11.2	6.9
Total	18.0	11.6	8.1

IX. 3.5 General frequency of use of pharmaceuticals

Respondents were asked about general frequency of taking sedatives and/or tranquilisers. Results presented here refer to frequencies of use of tranquilisers and/or sedatives among the users in the three age groups – adults, young adults and youngsters.

Most adult users use these medicaments once a month or less (63.3%). Two to four times per month these medicaments are used by 16.7% of adults. More frequently, two to three times per week, sedatives and tranquilisers are used by 7% of adults. Finally, most frequently, four times a week or more, these medications are used by 13% of adults. Gender differences in frequency of use are not noticeable.

Young adults use sedatives and tranquilisers once a month or less in most cases – 78.8%. 8% of this age group use these medicaments more frequently, two to four times per month. Two to three times per week these medications are used by one in twenty adults. Finally, the most frequent use of 4 times per week or more is registered among 8.3% of young adults who use tranquilisers and sedatives.

Nine out of ten users of tranquilisers and/or sedatives among the youngest age group 15 to 24 years used these medicaments once a month or less. 3.9% of youngsters used these medications 2 to 4 times per month, while 4.7% used them 2 to 3 times per week. Finally, 2.2% of youngsters used these medicaments 4 times per week or more often.

Table 30 contains detailed distribution of frequencies of use of pharmaceuticals among males and females and in the complete population of all adults, young adults and youngsters.

Table 30. Frequency of use of pharmaceuticals among users, by gender. All adults, young adults and youngsters. GPS Montenegro, 2017, (%)

	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15-24)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
4 times per week or more	13.5	12.5	13.0	2.5	3.5	8.3	4.3	0.0	2.2
2 to 3 times a week	7.4	6.5	7.0	4.5	5.4	4.9	5.2	4.2	4.7
2 to 4 times per month	16.8	16.7	16.7	9.1	6.7	8.0	5.9	0.0	3.9
Once a month a less	62.3	64.4	63.3	73.9	84.4	78.8	84.7	95.8	90.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

IX. 3.6 Frequency of use of pharmaceuticals in the last month

Regarding recent (last month) use of pharmaceuticals expressed through the number of days in the last month when these medicaments were used, a third of adult users used these substances 1 to 3 days, 22.1% of adult users used them 4 to 9 days, 14.3% of adult users used these substances 10 to 19 days. Most frequently – 20 days or more, these medications were used by 30.3% of last month adult users.

Among young adults, one in two used these substances 1 to 3 days, one in ten used them 4 to 9 days, 3.4% used them 10 to 19 days, and one in three used these substances 20 days or more often.

Among youngsters, 40.3% used pharmaceuticals 1 to 3 days, 47.8% used them 4 to 9 days, while 11.9% used these substances 20 days or more.

Table 31 shows detailed distribution of last month frequency of taking pharmaceuticals by gender in the three observed age groups.

Table 31. Last month frequency of taking pharmaceuticals by gender – number of days. All adults, young adults and youngsters. General Population Survey Montenegro, 2017

	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15-24)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
20 days or more	34.5	25.7	30.3	42.1	26.2	33.5	20.0	0.0	11.9
10 to 19 days	15.8	12.7	14.3	7.5	0.0	3.4	0.0	0.0	0.0
4 to 9 days	21.4	22.9	22.1	21.6	1.2	10.6	80.0	0.0	47.8
1 to 3 days	28.4	38.8	33.3	28.8	72.7	52.5	0.0	10.0	40.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

IX. 3.7 Source of pharmaceuticals when last used

Most **adult** users of pharmaceuticals got them in a pharmacy with doctor's prescription – 73.4%, while in 9.3% of cases adults bought pharmaceuticals in a pharmacy without a prescription. In 15.7% of cases, pharmaceuticals were given to adult respondents by another person.

As regards **young adults**, more than a half of users of pharmaceuticals bought them in a pharmacy with doctor's prescription. Another person gave pharmaceuticals to a third of adult users, while almost one in twenty bought them in a pharmacy without a prescription.

Youngsters bought pharmaceuticals in a pharmacy in 45.7% of cases, less than young adults and adults. From the other hand, in more cases than adults and young adults they were given tranquilisers and/or sedatives by another person - 40.8%. In least occasions youngsters bought pharmaceuticals in the pharmacy without a doctor's prescription – 1.8%. Table 32 contains detailed distribution of proportion of each source of pharmaceuticals among males and females and in the total population of adults, young adults and youngsters.

IX 4 ANY ILLICIT DRUG

This chapter contains data on the use of **illicit drugs** in the sample of adults, in the sample of young adults and in the sample of youngsters. “Illicit drugs” in this survey include cannabis, ecstasy, amphetamines, cocaine, heroin, LSD. Moreover, tables contain data on the use of new psychoactive substances, even though these substances are not defined as illicit drugs.

IX. 4.1 Prevalence of use of any illicit drug among all adults, young adults and youngsters

8.7% of **adults** used illicit drugs in their lifetime, 5.4% used illicit drugs in the last year, while 2.3% of adults used illicit drugs in the last month.

Prevalence of use of illicit drugs is the highest in the sample of **young adults**, where 14.3% used drugs ever, 11.2% used drugs in the last 12 months, while 4.5% of young adults used illicit drugs in the last month.

Somewhat lower prevalence is registered in the sample of youngsters aged between 15 and 24 years – 13.8% used illicit drugs in their lifetime, one in ten used illicit drugs in the last 12 months and 3.7% used them in the last month (Figure 7.).

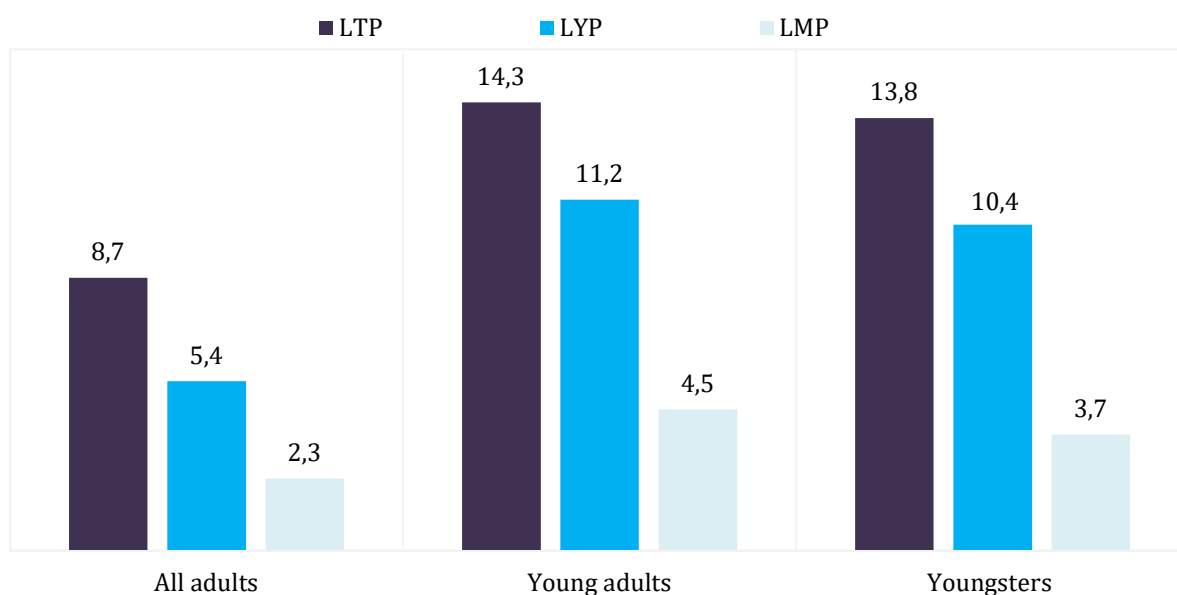


Figure 7. Lifetime, last year and last month prevalence of use of **any drug**. All adults, young adults and youngsters. General population survey Montenegro, 2017 (%)

IX. 4.2 Prevalence of use of any illicit drug among all adults, young adults and youngsters by gender

More adult males than females used any type of drug during lifetime – 9.4% males vs.7.9% females. More adult males also used drugs in the last year – 6.0% vs. 4.7% of adult females, as did in the last 30 days – 2.5% males vs. 2% of females.

Among young adults, males also slightly prevail in the use of any drug – 15.5% vs.13.0% females in the lifetime, 12.5% vs. 9.7% females in the last 12 months, and 4.6% vs. 4.3% females in the last 30 days.

The highest difference between the two genders in prevalence of taking illicit drugs is evident in the population of youngsters – 16.0% of young males used any drug in their lifetime, as opposed to 11.4% young females. 12.0% of young males used illicit drugs in the last 12 months, compared to 8.5% of young females, while 3.9% of young males used these substances in the last 30 days vs. 3.4% of females.

Table 33 presents lifetime, last year and last month prevalence of use of any drug, in the population of all adults, young adults and youngsters.

Table 33. Lifetime, last year and last month prevalence of use of any illicit drug by gender. All adults, young adults and youngsters. General population survey Montenegro, 2017 (%)

ANY DRUG	ALL ADULTS (15- 64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15-24)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
LTP	9.4	7.9	8.7	15.5	13.0	14.3	16.0	11.4	13.8
LYP	6.0	4.7	5.4	11.8	9.6	10.7	12.0	8.5	10.4
LMP	2.5	2.0	2.3	4.6	4.3	4.5	3.2	3.4	3.3

IX. 4.3 Prevalence of use of any illicit drug by the level of education, all adults

Observed through the level of education, proportion of lifetime drug consumers is the highest among those who have completed high school or bachelor level (12.2%), university (11.5%) or a postgraduate degree (24.7%). One in ten respondents with no school or some elementary

school used drugs in their lifetime. Detailed distribution of proportion of drug use by the level of education is presented in the Table 34.

Table 34. Lifetime prevalence of use of any illicit drug by the level of education, all adults. General population survey Montenegro, 2017 (%)

Highest level of education	% of lifetime users of any drug
No school or some elementary school	9.9
Elementary school	3.4
Secondary school third level	6.4
Secondary school fourth level	9.3
High school or bachelor	12.2
University (graduate degree)	11.5
Postgraduate degree	24.7
Total	8.7

IX. 4.4 Prevalence of use of any illicit drug by the level of urbanisation

Analysis of prevalence of use of any drug by the level of urbanisation shows that prevalence of use of any drug in the lifetime and in the last year is more than twice higher in the urban areas, while last month prevalence of use of any drug is almost twice higher. (Table 35.).

Table 35. Prevalence of lifetime, last year and last month use of any drug by the level of urbanisation. All adults, GPS Montenegro, 2017, (%)

	All adults (15 to 64)		
	LTP	LYP	LMP
Urban	10.7	6.6	2.7
Rural	4.8	3.0	1.5
Total	8.7	5.4	2.3

IX 5 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 lifetime, last year and last month personal use of cannabis, frequency of last month use, age at the initiation of cannabis use, source of cannabis when last used, etc. Results are presented separately for the whole sample (15 to 64 years) and for the sample of young adults (15 to 34) and youngsters (15 to 24).

IX. 5.1 General prevalence of use of cannabis among all adults, young adults and youngsters

Cannabis is the most frequently used individual drug in the survey, in all three age groups – all adults (15 to 64 years), young adults (15 to 34 years) and youngsters (15 to 24 years). Prevalence of use of cannabis is the highest among youngsters aged between 15 and 24, where almost one in four used this drug in the lifetime (18.7%). 13% of youngsters used cannabis in the last year, which is also the highest prevalence of the three age groups, just as 6.7% who used cannabis in the last month. In the general population of 15 to 64, less than one in ten used cannabis ever (8.1%), slightly less than one in twenty used it in the last 12 months (4.6%), while slightly less than one in fifty used it in the last 30 days (1.8%) (Figure 9.).

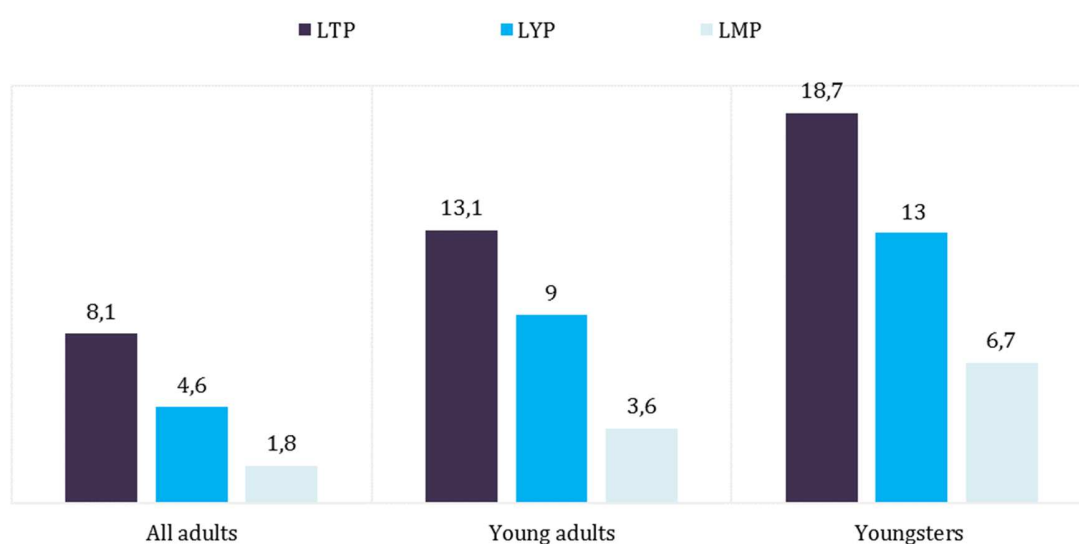


Figure 9. Lifetime, last year and last month prevalence of use of cannabis. All adults, young adults and youngsters. General Population Survey Montenegro, 2017

IX. 5.2 Prevalence of use of cannabis by gender among all adults, young adults and youngsters

One per cent more of **adult** males than adult females used cannabis during lifetime – 8.6% of males vs. 7.6% of females. Slightly more adult males also used drugs in the last year – 4.9% vs. 4.3% of adult females, as did in the last 30 days – 2.0% males vs. 1.6% of females.

Among **young adults**, males prevail by almost two per cents over females in the use of cannabis – 13.9% of males vs. 12.1% of females in the lifetime, 9.5% of males vs. 8.5% of females in the last 12 months, while 3.5% of young males and slightly more of young females (3.7%) used these substances in the last 30 days.

The highest difference between the two genders in prevalence of taking illicit drugs is evident in the population of **youngsters** in last year prevalence of use – 7.5% of young males used cannabis in the last year, as opposed to 18.9% young females. Young females who used cannabis ever, used it in the last year as well. Prevalence of the last month use of cannabis is also higher among young females than among young males (7.6% vs. 5.9%). Prevalence of lifetime use is similar between young males and young females – 18.6% vs. 18.9%.

Table 36 contains lifetime, last year and last month prevalence of cannabis use by gender, in the population of all adults, young adults and youngsters.

Table 36. Lifetime, last year and last month prevalence of cannabis use by gender. All adults, young adults and youngsters. General Population Survey Montenegro, 2017

	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15-24)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
LTP	8.6	7.6	8.1	13.9	12.1	13.1	13.4	10.1	11.9
LYP	4.9	4.3	4.6	9.5	8.5	9.0	9.1	7.3	8.3
LMP	2.0	1.6	1.8	3.5	3.7	3.6	2.5	2.2	2.4

IX. 5.3 Prevalence of use of cannabis by the level of education

Table 37 Prevalence of use of cannabis by the level of education, all adults. General population survey Montenegro, 2017 (%)

Highest level of education	% of users
No school or some elementary school	9.9
Elementary school	3.3
Secondary school third level	5.9
Secondary school fourth level	8.6
High school or bachelor	11.8
University (graduate degree)	10.8
Postgraduate degree	23.9
TOTAL	8.1

IX. 5.4 Prevalence of use of cannabis by the level of urbanisation

One in ten (9.9%) inhabitants of the urban areas used cannabis in their **lifetime**, as opposed to almost a half less of inhabitants of the rural areas, where one in twenty (4.8%) used cannabis in their lifetime.

In the **last year**, 5.7% of inhabitants of the urban areas used this drug, and twice less inhabitants of the rural areas - 2.5%.

Similarly, **in the last month**, almost one in fifty inhabitants of the urban areas used cannabis, contrasted to 1.3% of inhabitants of the rural areas (Table 38.).

Table 38. Prevalence of lifetime, last year and last month use of cannabis, by the level of urbanisation, all adults. General population survey Montenegro, 2017 (%)

	All adults (15-64)		
	LTP	LYP	LMP
Urban	9.9	5.7	2.1
Rural	4.8	2.5	1.3
Total	8.1	4.6	1.8

IX. 5.5 Frequency of use of cannabis in the last month

Most **adult users of cannabis** used it 4 to 9 days in the last month – 44.7%. A third of users used this drug 1 to 3 days in the last month. 16.5% of adult users used cannabis rather frequently - 10 to 19 days in a month and another 5.6% used it 20 days or more in the last month.

A half of **young adults** who used cannabis in the last month used it 4 to 9 days (51.3%). Almost a third used this drug 1 to 3 days in the last month (30.5%). 13.1% used cannabis 10 to 19 days, while one in twenty young adult users of cannabis used this drug on 20 days or more.

Among **youngsters who used cannabis** in the last month, almost a half used it 4 to 9 days (46.6%), while 37.1% used it 1 to 3 days and 16.3% used this drug 10 to 19 days in the last month (Table 39.).

Table 39. Frequency of use of cannabis among the users, by gender. All adults, young adults and youngsters. General population survey Montenegro, 2017 (%)

	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15- 24)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
20 days or more	5.4	5.9	5.6	3.4	6.8	5.1	0.0	0.0	0.0
10 to 19 days	16.6	16.5	16.5	7.6	18.9	13.1	7.4	27.9	16.3
4 to 9 days	47.7	40.8	44.7	61.5	40.6	51.3	69.5	17.0	46.6
1 to 3 days	30.3	36.8	33.2	27.4	33.7	30.5	23.1	55.1	37.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

IX. 5.6 Source of cannabis when last used

27,2% of **adult users** got cannabis from a friend and 33,7% from an acquaintance. 30,3% got it from a dealer.

For a third of **young adult** users, acquaintance was a source of cannabis when last used in 32,8% of cases, a dealer in 33% of cases, while a friend gave it to them in 26,9% of cases.

Among **youngsters**, predominant source of cannabis when last used was an acquaintance – 35,8% of users from this age group got it from this source. 25,7% of users among youngsters got cannabis from a dealer, and 22,2% from a friend.

Cannabis was never bought through internet, or through the delivery service (Table 40.).

Table 40. Source of cannabis when last used, by gender. All adults, young adults and youngsters.
 General Population Survey Montenegro, 2017

	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15 - 24)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
From a friend	28.7	25.5	27.2	28.8	24.8	26.9	35.0	28.2	22.2
From a relative	7.7	6.4	7.1	7.8	1.8	5.1	0.0	3.5	1.5
From an acquaintance	38.0	28.7	33.7	37.3	27.5	32.8	39.1	31.0	35.8
From an unknown person	1.7	1.7	1.7	2.2	2.2	2.2	4.5	5.4	4.9
From a dealer	23.9	37.8	30.3	24.0	43.8	33.0	21.4	31.9	25.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

IX. 5.7 Way of obtaining cannabis when last used

Predominant way of procuring cannabis when it was last used among adults, young adults and youngsters was getting it from someone or sharing it within a group of people. 64,8% of adult users got it this way while 34,9% bought it. 64,5% of young adult users shared it in a group or got it from someone, while 35,1% bought it. 74,6% of cannabis users among youngsters shared cannabis in a group or got it from someone, while 25,4% bought it. (Table 41.).

Table 41. Way of obtaining cannabis when last used, by gender. All adults, young adults and youngsters. General Population Survey Montenegro, 2017

	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15 - 24)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
I bought it	34.9	34.9	34.9	31.1	40.0	35.1	25.1	25.8	25.4
I got it or it was shared in a group	64.6	65.1	64.8	68.1	60.0	64.5	74.9	74.2	74.6
Other	0.6	0.0	0.3	0.7	0.0	0.4	0.0	0.0	0.0

IX 6 DRUGS OTHER THAN CANNABIS

Cannabis is the most frequently used drug, sometimes even considered “gateway” to drugs, hence it was of interest to explore prevalence of use of other drugs used without using cannabis in the population of all adults, young adults and youngsters. This chapter contains data on the prevalence of use of drugs **other than cannabis**.

IX. 6.1 General prevalence of use of drugs other than cannabis among all adults, young adults and youngsters

Three per cents of adults used drugs other than cannabis in their lifetime, 5.6% of young adults, and almost one in twenty youngsters (4.8%). In the last year, 2.2% of adults, one in twenty young adults (4.9%) and 4.3% youngsters used illicit drugs other than cannabis. In the last month, about one in hundred adults used illicit drugs other than cannabis (0.9%), about one in fifty young adults (1.8%), and 1,5% of youngsters. Figure 8 presents prevalence of lifetime, last year and last month prevalence of use of drugs other than cannabis among all adults, young adults and youngsters.

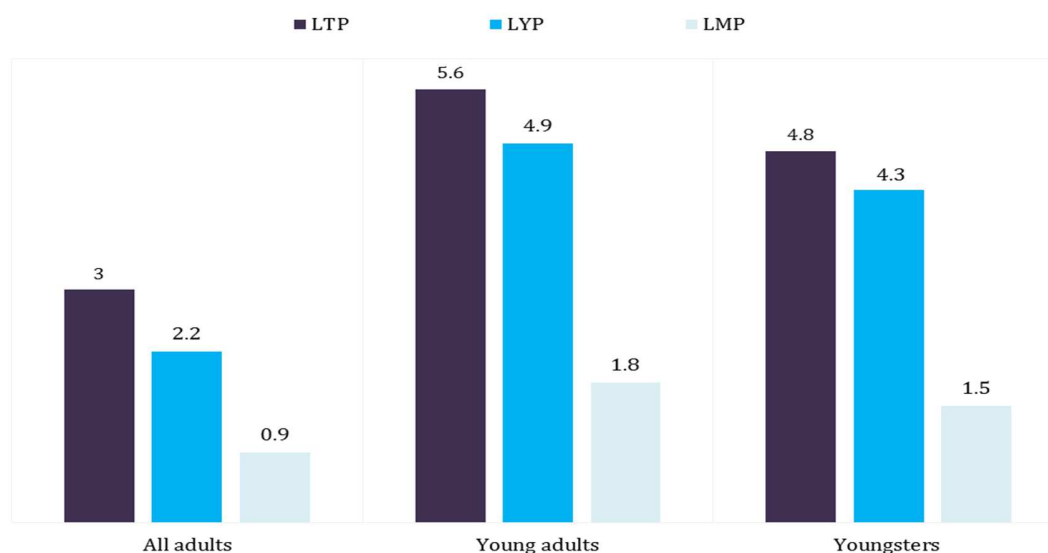


Figure 8. Lifetime, last year and last month prevalence of use of drugs other than cannabis. All adults, young adults and youngsters. General Population Survey Montenegro, 2017

IX. 6.2 Prevalence of use of drugs other than cannabis by gender, among all adults, young adults and youngsters

Gender proportion of lifetime, last year and last month prevalence of use of illicit drugs other than cannabis in all three age groups shows that males prevail in the use of these substances compared to females. The most significant gender differences were registered among youngsters, where 6.8% of males used illicit drugs other than cannabis in their lifetime, compared to 2.6% of females; 5.8/% of males used these substances in the last year versus 2.6% of females, while slightly more females used them in the last month (Table 42).

Table 42. Lifetime, last year and last month prevalence of use of drugs other than cannabis by gender. All adults, young adults and youngsters. General Population Survey Montenegro, 2017

DRUGS BUT CANNABIS	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15-24)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
LTP	3.8	2.2	3.0	6.9	4.2	5.6	6.8	2.6	4.8
LYP	2.8	1.7	2.2	5.8	3.9	4.9	5.8	2.6	4.3
LMP	1.1	0.7	0.9	2.2	1.4	1.8	1.4	1.7	1.5

IX. 6.3 Prevalence of use of drugs other than cannabis by the level of education

Observed through the level of education, proportion of lifetime consumers of dugs other than cannabis is the highest among those who have completed high school or bachelor level (3.8%), university (3.9%) or a postgraduate study (5.1%). 3.1% of respondents with no school or some elementary school used drugs other than cannabis in their lifetime.

Detailed distribution of proportions of use of drugs other than cannabis by the level of education is presented in the Table 43.

Table 43. Lifetime prevalence of use of drugs other than cannabis by the level of education, all adults. General Population Survey Montenegro, 2017

Highest level of education	% of lifetime users of any drug, all adults
No school or some elementary school	3.1
Elementary school	1.0
Secondary school third level	1.8
Secondary school fourth level	3.5
High school or bachelor	3.8
University (graduate degree)	3.9
Postgraduate degree	5.1
Total	3.0

IX. 6.4 Prevalence of use of drugs other than cannabis by level of urbanisation

Drugs other than cannabis are used more than twice more often in the urban areas than in the rural ones, in all three time periods (Table 44.).

Table 44. Prevalence of lifetime, last year and last month use of drugs other than cannabis, by the level of urbanisation. All adults, GPS Montenegro, 2017, (%)

	All adults (15-64)		
	LTP	LYP	LMP
Urban	3.8	3.0	1.2
Rural	1.4	0.8	0.3
Total	3.0	2.2	0.9

IX 7 OTHER DRUGS - ECSTASY, AMPHETAMINES, HEROIN, COCAINE, LSD AND NPS

This chapter contains data on the lifetime, last year and last month prevalence of personal use of other illicit drugs that were explored in the survey – ecstasy, amphetamines, heroin, cocaine, LSD and NPS, for the whole sample (15 to 64 years) and for the sample of young adults (15 to 34 years) and youngsters (15 to 24 years).

Cocaine is the drug most used after cannabis, in all of the three age groups. It was used by 2,5% of all adults, 4.5% of young adults and 3,4% of youngsters in the lifetime. In the last year, this drug was used by 1,8% of adults, 3,7% of young adults and 3,1% of youngsters. Finally, recent use of cocaine was reported by 0,7% of adults, 1.3% of young adults and 0.9% of youngsters.

1.1% of adults used **ecstasy** in their lifetime, 0.9% in the last year and 0.2% in the last month. 2.3% of young adults used this drug in their lifetime, 2.1% in the last year and 0.5% in the last month. 1.3% of youngsters used ecstasy in their lifetime, all of them used this drug in the last year, while 0.5% used it in the last month.

Amphetamines are used by 0.5% of adults in the lifetime, 0.1% in the last year and 0.1% in the last month. 1.2% of young adults used this drug in the lifetime, 0.3% in the last year and 0.3% in the last month. Prevalence of use of amphetamines among youngsters is low - 0.7% in the lifetime, and 0.3% in the last year and same in the last month.

Lifetime prevalence of **heroin** use among adults is 0.7%, while last year prevalence is 0.4% and last month prevalence is 0.2%. Slightly higher prevalence is registered in the sample of young adults - 1.3% used it in the lifetime, 0.7% in the last year and 0.2% in the last month. Youngsters used this drug in their lifetime in less than one per cent of cases -0.8%, in the last year – 0.7% and in the last month 0.1% of cases.

LSD is the drug with the lowest lifetime prevalence of use - 0.2% in the population of adults, 0.2% in the population of young adults and 0.1% among youngsters.

New psychoactive substances also have very low prevalence in this survey - 0.2% of adults and young adults used these substances in their lifetime, and 0.4% of youngsters.

Tables 45a, 45b and 45c contain detailed overview of lifetime, last year and last month prevalence of use of drugs other than cannabis among all adults, young adults and youngsters, by gender.

Table 45a. Lifetime, last year and last month prevalence of use of illicit drugs by gender among all adults. General Population Survey Montenegro, 2017

ALL ADULTS (15-64)	Lifetime prevalence			Last year prevalence			Last month prevalence		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ecstasy	1.4	0.8	1.1	1.2	0.5	0.9	0.2	0.2	0.2
Amphetamines	0.7	0.3	0.5	0.2	0.1	0.1	0.2	0.0	0.1
Heroin	1.0	0.5	0.7	0.4	0.4	0.4	0.1	0.2	0.2
Cocaine	3.0	1.9	2.5	2.0	1.5	1.8	0.8	0.6	0.7
LSD	0.2	0.2	0.2	0.2	0.2	0.2	0.0	0.0	0.0
NPS	0.2	0.1	0.2	0.2	0.1	0.2	/	/	/

Table 45b. Lifetime, last year and last month prevalence of use of illicit drugs by gender among young adults. General Population Survey Montenegro, 2017

YOUNG ADULTS (15-34)	Lifetime prevalence			Last year prevalence			Last month prevalence		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ecstasy	3.0	1.6	2.3	2.7	1.4	2.1	0.5	0.5	0.5
Amphetamines	1.6	0.6	1.2	0.4	0.3	0.3	0.5	0.0	0.3
Heroin	1.7	0.9	1.3	0.7	0.7	0.7	0.1	0.3	0.2
Cocaine	5.3	3.6	4.5	4.0	3.4	3.7	1.4	1.2	1.3
LSD	0.4	0.2	0.3	0.0	0.0	0.0	0.0	0.0	0.0
NPS	0.4	0.1	0.2	0.4	0.1	0.2	/	/	/

Table 45c. Lifetime, last year and last month prevalence of use of illicit drugs by gender, among youngsters. General Population Survey Montenegro, 2017

YOUNGSTERS (15-24)	Lifetime prevalence			Last year prevalence			Last month prevalence		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ecstasy	2.0	0.6	1.3	2.0	0.6	1.3	0.5	0.5	0.5
Amphetamines	1.1	0.1	0.7	0.4	0.1	0.3	0.5	0.0	0.3
Heroin	1.3	0.3	0.8	1.0	0.3	0.7	0.2	0.0	0.1
Cocaine	4.3	2.4	3.4	3.7	2.4	3.1	0.5	1.3	0.9
LSD	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0
NPS	0.6	0.1	0.4	0.6	0.1	0.4	/	/	/

IX 8 PREVALENCE OF USE OF SUBSTANCES BY TEN-YEAR AGE GROUPS

This chapter contains data on the prevalence of use of all substances included in the survey questionnaire by the ten-year age groups and by gender, for the three time periods – lifetime, last year and last month. Illicit substances are most used at most in the age group 25-34, followed by the members of the age group 15-24 years. From the other hand, licit substances pharmaceuticals, alcohol and tobacco are mostly used in the two oldest age groups 45-54 years and 55-64 years (Table 46,47,48.).

Table 46. Lifetime prevalence of use of psychoactive substances by ten-year age groups, General Population Survey Montenegro, 2017

LTP	15-24 (M)	15-24 (F)	15-24 (total)	25-34 (M)	25-34 (F)	25-34 (total)	35-44 (M)	35-44 (F)	35-44 (total)	45-54 (M)	45-54 (F)	45-54 (total)	55-64 (M)	55-64 (F)	55-64 (total)
Any illegal drugs	16	11,4	13,8	15,1	14,5	14,8	8,9	9	9	5,6	2,6	4,1	1,5	2,6	2
Cannabis	13,4	10,1	11,9	14,5	13,9	14,2	8,5	9	8,8	5,4	2,5	4	1,5	2,6	2
Heroin	1,3	0,3	0,8	2,1	1,5	1,8	1,3	0,5	0,8	0,2	0	0,1	0	0	0
Cocaine	4,3	2,4	3,4	6,2	4,7	5,5	2,6	1,3	1,9	1,4	0,8	1,1	0,3	0,6	0,4
Amphetamines	1,1	0,1	0,7	2	1,1	1,6	0	0,5	0,3	0	0	0	0	0	0
Ecstasy	2	0,6	1,3	3,9	2,4	3,2	1,1	0,8	0,9	0	0	0	0	0	0
LSD	0	0,1	0,1	0,9	0,3	0,6	0	0,7	0,3	0	0	0	0	0	0
Sedatives and/or tranquillisers	3,8	3,7	3,8	10,1	9,7	9,9	19	15,9	17,4	27,4	22,4	24,9	33,4	31,9	32,7
Solvents or inhalants	1,3	0,7	1	0,8	0	0,4	0	0,6	0,3	0,1	0,2	0,2	0,9	0,3	0,6
Anabolic steroids	4,1	0,6	2,5	3,5	2,2	2,9	2	1,2	1,6	0,3	0,2	0,3	0	0	0
NPS	0,6	0,1	0,4	0,2	0	0,1	0,3	0,5	0,4	0	0	0	0	0	0
Alcohol	60	57,4	58,8	69,3	72,9	71	60,7	65,3	63,1	62,9	59,1	61,1	64,1	61,7	62,9
Tobacco	31,3	26,3	29	47,1	47,5	47,3	55	56,5	55,8	69,6	58,8	64,4	65,4	63,1	64,2

Table 47 Last year prevalence of use of psychoactive substances by ten-year age groups, General Population Survey Montenegro, 2017

LYP	15-24 (M)	15-24 (F)	15-24 (total)	25-34 (M)	25-34 (F)	25-34 (total)	35-44 (M)	35-44 (F)	35-44 (total)	45-54 (M)	45-54 (F)	45-54 (total)	55-64 (M)	55-64 (F)	55-64 (total)
Any illegal drugs	12	8.5	10.4	11.6	10.6	11.1	4.3	3.5	3.9	1.5	1	1.3	0.2	0.7	0.4
Cannabis	9.1	7.1	8.3	9.9	9.6	9.7	3.9	3.5	3.7	1.5	0.8	1.2	0.2	0.7	0.4
Heroin	1	0.3	0.7	0.5	1	0.8	0.7	0.5	0.6	0	0	0	0	0	0
Cocaine	3.7	2.4	3.1	4.2	4.2	4.2	1.8	0.7	1.2	0.4	0.2	0.3	0	0	0
Amphetamines	0.4	0.1	0.2	0.4	0.4	0.4	0	0	0	0	0	0	0	0	0
Ecstasy	2	0.6	1.3	3.4	2.1	2.8	0.7	0	0.3	0.3	0	0	0	0	0
LSD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sedatives and/or tranquillisers	1.3	2.3	1.8	5.2	5.6	5.4	11.4	7.4	9.3	19	14	16.5	25.4	22.4	23.9
Solvents or inhalants	0	0	0	0	0	0	0	0	0	0	0.2	0.1	0.5	0	0.2
Anabolic steroids	2.3	0.6	1.5	2.1	1.1	1.6	1.4	0.8	1.1	0	0.2	0.1	0	0	0
Alcohol	51.5	50.9	51.2	55.7	58.4	56.9	49	50.2	49.7	49.7	48.3	49	46	43.8	44.9
Tobacco	23.9	21.6	22.8	33.5	38.3	35.8	42	41.4	41.7	53.6	39.6	46.8	43.2	41.9	42.5
NPS	0.6	0.1	0.4	0.2	0	0.1	0.3	0.5	0.4	0	0	0	0	0	0

Table 48. Last month prevalence of use of psychoactive substances by ten-year age groups General Population Survey Montenegro, 2017

LMP	15-24 (M)	15-24 (F)	15-24 (total)	25-34 (M)	25-34 (F)	25-34 (total)	35-44 (M)	35-44 (F)	35-44 (total)	45-54 (M)	45-54 (F)	45-54 (total)	55-64 (M)	55-64 (F)	55-64 (total)
Any illegal drugs	3,2	3,4	3,3	5,9	5,2	5,6	2,8	1,1	1,9	0,7	0	0,3	0	0,4	0,2
Cannabis	2,5	2,2	2,4	4,4	5	4,7	2,3	0,6	1,4	0,7	0	0,3	0	0,4	0,2
Heroin	0,2	0	0,1	0	0,5	0,2	0,4	0,5	0,4	0	0	0	0	0	0
Cocaine	0,5	1,3	0,9	2,3	1,2	1,8	0,9	0,7	0,8	0	0	0	0	0	0
Amphetamines	0,5	0	0,3	0,6	0	0,3	0	0	0	0	0	0	0	0	0
Ecstasy	0,5	0,5	0,5	0,6	0,5	0,6	0	0	0	0	0	0	0	0	0
LSD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sedatives and/or tranquillisers	0,3	0,2	0,3	3,2	4,2	3,7	5,6	4,1	4,8	11,2	10,9	11,1	21,3	18,1	19,7
Solvents or inhalants	0	0	0	0	0	0	0	0	0	0	0,2	0,1	0	0	0
Anabolic steroids	1,8	0,4	1,2	1,8	1,1	1,5	1,4	0,8	1,1	0	0,2	0,1	0	0	0
Alcohol	42,8	38	40,6	44,6	51,2	47,8	38,7	45,4	42,3	40,8	40,1	40,4	40,8	37,8	39,3
Tobacco	19,7	19	19,4	31,1	34,3	32,7	40,1	39	39,5	52	38,4	45,4	41,5	40,2	40,9

X AGE AT THE FIRST USE OF PSYCHOACTIVE SUBSTANCES

This chapter presents data on the age at the first use of psychoactive substances. For each substance - both legal and illegal drugs, results are presented as a range of years from the lowest to the highest age, as well as the median age of the first use of substance. Data about the age of the first use of substances is presented for the three age groups – all adults aged from 15 to 64, young adults aged from 15 to 34 and youngsters aged from 15 to 24.

Among **all adults**, age of the first **cigarette** ranges from 6 to 46 years, with the mean age 18 years. Range of years when the first **alcoholic beverage** was consumed was from 7 to 57 years, while the mean age was 18 years. Although some first consumed it as early as at the age of 14, on average **pharmaceuticals** seem to be substance with initiation of use at the rather higher age – mean age for these medicaments is 36 years. For all **illicit drugs**, mean age of the first consumption was at the age of 20 or later. **Cannabis** is the drug whose start of use happens at the lowest age (13 years), but the second lowest age is that of initiation of use of cocaine -14, followed by heroin – 16.

In the sample of **young adults** age range when young adults smoked their first cigarette is 6 to 31 years, with mean age 17 years. Age range of the first alcoholic beverage is 7 to 30 years, with mean age 16.6 years. Lowest age of initiation of use is similar as for the all adults, while for almost all illicit drugs but cannabis, mean age of initiation of use is 20 years or more. Pharmaceuticals again seem to be a substance with the latest initiation of use – in this sample, it was at the average age of 22.6 when these substances were first used.

Among **youngsters**, age range of the first cigarette is from 6 to 24 years, while the mean age is 16 years. Age when young respondents first tried alcoholic beverage ranges from 7 to 21 years, while the mean age is 15.7 years. For illicit drugs, mean age of the first use is around the age of 18 and 19 years.

Table 49 contains detailed overview of the age range and the mean age of first use of all psychoactive substances, for population of all adults, young adults and youngsters.

Table 49. Age range and mean age when substances were first consumed. All adults, young adults and youngsters. General Population Survey Montenegro, 2017

	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15-24)		
	Low	High	Mean	Low	High	Mean	Low	High	Mean
TOBACCO	6	46	18	6	31	17	6	24	16
ALCOHOL	7	57	18	7	30	16.6	7	21	15.7
PHARMACEUTICALS	14	63	36	14	34	22.6	14	24	18.1
CANNABIS	13	35	20	13	27	18.5	15	22	17.6
ECSTASY	18	35	22.5	18	27	21.8	18	22	19.8
AMPHETAMINES	17	28	22	17	26	21.3	17	21	18.3
COCAINE	14	45	23.4	14	32	21.7	16	22	19
HEROIN	16	30	21.3	16	25	20.6	16	21	18.7
LSD	19	30	25.2	18	30	21.1	18	18	18

XI PERSONALLY KNOWING PEOPLE WHO USE DRUGS

For each drug, respondents were asked if they personally knew people who use it. Personally knowing someone was defined in the survey as *„knowing a person and his/her behaviour in relation to the use of a substance personally, not indirectly through experience and perception of other people or hearsay “*. Numerous respondents commented during interviewing that they knew someone who is using drugs, but they cannot know exactly what type of drug that person is using.

Results show that almost one in four **adults** knows someone who is using cannabis – 23.4% of adult males and 22,7% of adult females. One in twenty adults knows someone who is using ecstasy (5.3%). 2.9% of adults knows someone who is using amphetamines. 6.2% of adults personally know users of heroin, and 6.5% know users of cocaine. Only about one in hundred adults knows someone who is using LSD. Almost a quarter of adults know someone who is using any type of drug - 24.7%.

More than a third of **young adults** -36.8% know someone who is using cannabis. One in ten young adults knows someone who is using ecstasy, equally to knowing someone who is using heroin. Even more young adults know someone who is using cocaine – 11.9%, while a smaller per cent - 5.8% of young adults know users of amphetamines and LSD 1.9%. For any drug, proportion of young adults who know users is 38.9%. This means that among ten young adults, four will personally know someone who is using illegal drug or drugs.

Proportion of **youngsters** who know users of different drugs is similar to that of young adults – 36% know users of cannabis, 9.8% know users of ecstasy, 6.6% know users of amphetamines, 9.5% know heroin users, while 10.7% know users of cocaine. Least proportion of youngsters know users of LSD – 1.6%. For any drug, proportion of people who know users of any drug is 38.5%. This also means that among ten youngsters, four will personally know someone who is using illegal drug or drugs.

Table 50 provides detailed overview of proportion of all adults, young adults and youngsters who personally know people who use illegal drugs, by gender and in total.

Table 50. Personally knowing people who use illegal drugs, by gender. All adults, young adults and youngsters. General Population Survey Montenegro, 2017

PERSONALLY KNOWING PEOPLE WHO USE:	ALL ADULTS (15 - 64)			YOUNG ADULTS (15 - 34)			YOUNGSTERS (15 - 24)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
CANNABIS	23.4	22.7	23.0	36.0	37.7	36.8	35.6	36.4	36.0
ECSTASY	5.8	4.8	5.3	10.5	9.4	10.0	10.6	8.9	9.8
AMPHETAMINES	3.4	2.4	2.9	7.1	4.4	5.8	7.7	5.3	6.6
HEROIN	6.6	5.9	6.2	11.0	8.7	9.9	9.7	9.2	9.5
COCAINE	6.7	6.3	6.5	12.5	11.3	11.9	11.7	9.7	10.7
LSD	1.5	0.8	1.1	2.4	1.4	1.9	2.1	0.9	1.6
ANY DRUG	25.7	23.6	24.7	39.4	38.4	38.9	39.8	37.0	38.5

XII ASSESSMENT OF DRUG USE AMONG FRIENDS

For each drug, respondents were asked to assess how many of their friends use it – none, just a few, a half of them, most of them or all of them.

17.4% of **adults** consider that their friends use *cannabis* – 12.1% think this for “just a few” of their friends, 1.5% think that “a half” of their friends use this drug, while a per cent of adults think that “most” or “all” of their friends use cannabis.

Assessment of use of *ecstasy* is lower– 3.3% of adults assess that their friends use this drug, among them 2.8% think that “just a few” of their friends use it.

As for the use of *amphetamines* – 2.2% of adults think that their friends use this drug, out of them 2% think that “just a few” of their friends use it.

Heroin is considered used by friends by 4.7% of adult respondents – in 4.3% of cases they think that “just a few” of their friends use it.

About the same as for the heroin, 4.5% of adults think that their friends use *cocaine*, with the difference that 3.6% think that “just a few” of their friends use this drug, while 0.6% think that “a half” of their friends use it.

LSD is assessed used by friends by 0.8% of adults in this survey.

Young adults have a higher assessment of the prevalence of use of drugs among their friends. More than a quarter (26.1%) think that their friends use *cannabis*. Among them a fifth think that “just a few” of their friends use this drug, 3.1% think that “a half” of their friends use it, while 2.4% of young adults think that “most” or “all” of their friends use cannabis.

Out of the 6.6% of young adults who think that their friends use *ecstasy*, 5.6% think that “just a few” of their friends use this drug.

4.3% of young adults think that their friends use *amphetamines*, most of them think that “only a few” use these substances.

7.3% of young adults think that their friends use *heroin*, however, most think this for “just a few” friends (6.7%).

8.5% of young adults think that their friends use *cocaine*, most think that “just a few” of their friends use this stimulant drug while one per cent of young adults think that “a half” of their friends use it.

Finally, assessment of use of LSD among friends is the lowest, as 1.5% of young adults consider that “just a few” of their friends use this hallucinogen.

Somewhat higher assessment of drug use among friends is found among *youngsters*. 27% of them think that their friends use *cannabis* – 20.2% think this for “just a few” friends, while 3.8% think “a half” of their friends use cannabis and 2.2% think that “most” of their friends use cannabis.

6.8% of youngsters think that their friends use *ecstasy*, majority of 5.7% think this for “just a few” friends.

5.1% of youngsters think that their friends use *amphetamines*, among them 4.8% think this for “just a few” friends.

7.2% of youngsters think that their friends use *heroin*, among them 6.5% think this for “just a few” friends.

7.1% of young adults think that their friends use *cocaine* – 5.8% think that it is “just a few” friends who use this drug, while 1.2% think that “a half” of their friends use it, and one per cent of youngsters think that most or all of their friends use cocaine.

Finally, LSD is assessed used by friends by 1.1% of youngsters, who all think that “just a few” of their friends use it.

Table 51 presents an overview of assessment of how many friends use illicit drugs, by gender for all adults, young adults and youngsters.

Table 51. Assessment how many friends use illicit drugs. All adults, young adults and youngsters.
 General Population Survey Montenegro, 2017

HOW MANY FRIENDS USE	ALL ADULTS (15 - 64)					YOUNG ADULTS (15 - 34)					YOUNGSTERS (15 - 24)				
	None	A few	A half	Most	All	None	A few	A half	Most	All	None	A few	A half	Most	All
CANNABIS	85.4	12.1	1.5	0.8	0.2	73.9	20.6	3.1	1.9	0.5	73.1	20.2	3.8	2.2	0.7
ECSTASY	96.7	2.8	0.3	0.1	0.0	93.4	5.6	0.7	0.3	0.0	93.2	5.7	0.7	0.3	0.0
AMPHETAMINES	97.8	2.0	0.1	0.1	0.0	95.7	4.1	0.1	0.1	0.0	94.9	4.8	0.0	0.3	0.0
HEROIN	95.3	4.3	0.3	0.1	0.0	92.7	6.7	0.5	0.0	0.2	92.8	6.5	0.4	0.0	0.3
COCAINE	95.5	3.6	0.6	0.2	0.1	91.5	6.7	1.0	0.4	0.4	92.1	5.8	1.2	0.6	0.3
LSD	99.2	0.3	0.8	0.0	0.0	98.5	1.5	0.0	0.0	0.0	98.9	1.1	0.0	0.0	0.0

XIII OPINIONS AND ATTITUDES

Respondents were asked about their opinions and attitudes towards various subjects related to the use and users of psychoactive substances. Results are presented in this chapter, for the sample of adults, of young adults and youngsters, by gender and in total.

XIII. 1. Perception of drug addicts

Perception of drug addicts among adults, young adults and youngsters was explored by the question: *“Do you perceive drug addict more as a criminal or as a patient?”*

More than a half of **adults** – 52.3%, perceive drug addict “more as a patient” - 51.2% of males and 53.3% of females. However, more than a quarter of adults perceive drug addict “both as a criminal and a patient” -28.4% of males and 26.1% of females. 6.8% of adults perceive drug addict as “neither a criminal nor a patient”, while almost one in ten adults are indecisive about their attitude to drug addict.

Young adults have similar distribution of attitudes towards drug addicts – 53.5% perceive drug addict “more as a patient” – 51.7% of males and 55.5% of females, while 22.3% of young adults perceive drug addict as “both a criminal and a patient”. One in ten young adults perceives drug addict as “neither a criminal nor a patient”, and the same proportion of young adults are indecisive about their perception of drug addicts.

The highest proportion of **youngsters** perceive drug addict “more as a patient” -55.5%, but also the highest proportion of youngsters perceive drug addict “more as a criminal” – 4.9%. One in five youngsters perceive drug addict as “both a criminal and a patient”. 8.4% of youngsters perceive drug addict as “neither a criminal nor a patient”, while 11.4% could not decide what their attitude towards drug addicts was (Table 52.).

Table 52. Attitudes towards drug addicts, by gender. All adults, young adults and youngsters.
General Population Survey Montenegro, 2017

PERCEPTION OF A DRUG ADDICT	ALL ADULTS (15 - 64)			YOUNG ADULTS (15 - 34)			YOUNGSTERS (15 - 24)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
More as a criminal	4.6	4.7	4.6	5.1	3.6	4.4	5.6	4.1	4.9
More as a patient	51.2	53.3	52.3	51.7	55.5	53.5	53.3	56.8	55.5
Neither a criminal nor a patient	7.1	6.6	6.8	9.0	10.1	9.5	8.5	8.3	8.4
Both a criminal and a patient	28.4	26.1	27.3	24.3	20.1	22.3	22.0	18.5	20.4
I don't know/I can't decide	8.7	9.3	9.0	9.8	10.7	10.2	10.6	12.3	11.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

XIII. 2. Attitude towards liberal use of cannabis

Respondents were asked whether they agree or disagree with the following claim: *“People should be permitted to take cannabis”*. 78% of **adults** completely disagree with this claim, and another 9.1% mostly disagree. 6.9% of adults are indecisive about this claim. From the other hand, 6% of adults “mostly agree” or “completely agree” that people should be permitted to take cannabis.

Among **young adults**, majority – 81.4% “completely disagree” or “mostly disagree” with the claim about liberal use of cannabis. Somewhat less than one in ten (9%) of young adults are indecisive about this claim, and another one in ten young adults (9.8%) “mostly agree” or “completely agree” that people should be permitted to take cannabis.

Among **youngsters**, distribution of attitudes is similar as among young adults, majority – 81.7% “completely disagree” or “mostly disagree” with the claim about liberal use of cannabis. One in ten (10.1%) of young adults are indecisive about this claim, and (8.2%) “mostly agree” or “completely agree” that people should be permitted to take cannabis.

Table 53 presents distribution of prevalence of attitudes towards the liberal use of heroin between the two genders and in total, in the population of all adults, young adults and youngsters.

Table 53. Prevalence of attitudes towards the liberal use of cannabis. All adults, young adults and youngsters. General Population Survey Montenegro, 2017

ATTITUDE TOWARDS LIBERAL USE OF CANNABIS	ALL ADULTS (15 - 64)			YOUNG ADULTS (15 - 34)			YOUNGSTERS (15 - 24)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
I completely disagree	76.7	79.4	78.0	69.1	70.1	69.6	67.9	72.2	69.9
I mostly disagree	8.9	9.2	9.1	11.3	12.4	11.8	12.4	11.1	11.8
Neither agree nor disagree	7.8	6.0	6.9	9.7	8.1	9.0	11.6	8.4	10.1
I mostly agree	3.4	3.1	3.3	4.6	5.1	4.8	3.4	5.5	4.3
I completely agree	3.1	2.3	2.7	5.4	4.2	4.8	4.8	2.9	3.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

XIII. 3. Attitude towards liberal use of heroin

Respondents were asked whether they agree or disagree with the following claim: “People should be permitted to take heroin”. 96% of **adults** „completely disagree” or “mostly disagree” with this claim. 2,3% of adults are indecisive about this claim. From the other hand, 1,7% of adults “mostly agree” or “completely agree” that people should be permitted to take heroin.

Among **young adults**, majority – 95,1% “completely disagree” or “mostly disagree” with the claim about liberal use of heroin. 2.5% of young adults are indecisive about this claim. 2,3% of young adults “mostly agree” or “completely agree” that people should be permitted to take heroin.

Among **youngsters**, distribution of attitudes is similar as among young adults, majority – 94% “completely disagree” or “mostly disagree” with the claim about liberal use of heroin. 3,4% of young adults are indecisive about this claim, and (2,6%) “mostly agree” or “completely agree” that people should be permitted to take heroin.

Table 54 presents distribution of prevalence of attitudes towards the liberal use of heroin between the two genders and in total, in the population of all adults, young adults and youngsters.

Table 54. Prevalence of attitudes towards the liberal use of cannabis. All adults, young adults and youngsters. General Population Survey Montenegro, 2017

ATTITUDE LIBERAL USE OF HEROIN	ALL ADULTS (15 - 64)			YOUNG ADULTS (15 - 34)			YOUNGSTERS (15 - 24)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
I completely disagree	90.7	91.2	91.0	88.4	89.2	88.7	85.8	88.9	87.2
I mostly disagree	5.3	4.7	5.0	6.8	6.1	6.4	7.9	5.5	6.8
Neither agree nor disagree	2.7	1.9	2.3	3.0	2.0	2.5	4.1	2.5	3.4
I mostly agree	0.7	1.1	0.9	0.7	0.9	0.8	0.7	1.0	0.9
I completely agree	0.6	1.1	0.8	1.2	1.8	1.5	1.4	2.1	1.7

XIII. 4. Attitude towards various patterns of use of psychoactive substances, all adults

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 Table 61 for each pattern of substance use, for all adults.

Most adults, almost a half (45.2%) do not disapprove of **smoking ten or more cigarettes per day**, while 48,4% disapprove or strongly disapprove this. Young adults do not disapprove smoking ten or more cigarettes a day in 41,6% of cases, while they disapprove or strongly disapprove this 51,4% of cases. Finally, 37,4% of youngsters do not disapprove of smoking ten or more cigarettes each day, while 55.9% of youngsters disapprove or strongly disapprove this pattern of tobacco consumption.

Drinking one or a few drinks several times a week is not disapproved by 63,6% of adults, while 40% of adults disapprove or strongly disapprove this type of drinking. 63.1% of young

adults do not disapprove, while 51,4% of them disapprove or strongly disapprove drinking one or a few drinks several times a week. Smallest percent of disapproval of this type of drinking behaviour is registered among youngsters - in 37,4% of cases they do not disapprove while in 33,8% of cases they disapprove or strongly disapprove this.

Smoking cannabis occasionally is disapproved by 87.1% of adults, while 7.7% do not disapprove of it. Young adults disapprove of smoking cannabis occasionally in 81.9% of cases, while they do not disapprove it in 12.6% of cases. Youngsters seem to have most liberal attitude – they disapprove smoking cannabis occasionally in 82.5% of cases, while more than one in ten does not disapprove of it.

Trying ecstasy once or twice is disapproved by 92.9% of **adults**, while only 2.9% do not disapprove of it. **Young adults** disapprove of trying ecstasy once or twice in 91.3% of cases, while in 4.5% of cases they do not disapprove it. Youngsters disapprove of trying ecstasy once or twice in 91.3% of cases, while in 3.6% of cases they do not disapprove of it.

Finally, attitude towards **trying heroin once or twice** is generally disapproving - 2.3% in the population of all adults, 3.2% in the population of young adults and 2.6% in the population of youngsters do not disapprove of it. 94% of adults disapprove or strongly disapprove of trying heroin once or twice, as do 92.8% of young adults and 92.6% of youngsters.

Table 55 presents detailed overview of attitudes towards the mentioned patterns of use of psychoactive substances in the population of all adults, young adults and youngsters.

Table 55. Prevalence of approving/disapproving attitudes towards different patterns of use of psychoactive substances. All adults, young adults and youngsters. General Population Survey Montenegro, 2017

APPROVING OF	ALL ADULTS (15 - 64)				YOUNG ADULTS (15 - 34)				YOUNGSTERS (15 - 24)			
	I do not disapprove	I disapprove	I strongly disapprove	I don't know	I do not disapprove	I disapprove	I strongly disapprove	I don't know	I do not disapprove	I disapprove	I strongly disapprove	I don't know
Smoking 10+ cigarettes daily	45.2	29.9	18.5	6.3	41.6	31.1	20.3	6.9	37.4	34.7	21.2	6.7
Drinking one or a few drinks several times a week	63.6	20.2	10.7	5.6	63.1	20.5	11.2	5.2	60.6	22.5	11.3	5.7
Smoking cannabis occasionally	7.7	24.5	62.6	5.2	12.6	27.8	54.1	5.5	11.5	29.6	52.9	6.0
Trying ecstasy once or twice	2.9	20.0	72.9	4.1	4.5	21.3	70.0	4.2	3.6	23.1	68.2	5.1
Trying heroin once or twice	2.3	18.9	75.1	3.8	3.2	19.7	73.1	4.0	2.6	22.4	70.2	4.9

XIII 5. Assessment of risk of various patterns of use of psychoactive substances

In this survey, respondents were asked to estimate risk from various patterns of use of psychoactive substances with „no risk”, “small risk”, “moderate risk” or “great risk”.

Smoking one or more packs of cigarettes daily is estimated as a great risk by 45,1% of adults, 46.4% think that risk is „small “or „moderate “, while 8.4% think that there is no risk in smoking one or more packs of cigarettes a day.

Young adults think smoking one or more packs of cigarettes a day is a great risk in 43.3% of cases, that risk is small or moderate think 49.1% of young adults, while 7,6% think that this quantity of smoked cigarettes represents no risk.

Less than a half (43,9%) of youngsters think smoking one or more packs of cigarettes a day bears a great risk, while a half (49,4%) think the risk is small or moderate, and another 6,6% think there is no risk in smoking one or more packs of cigarettes a day.

Perception of risk from **drinking five or more drinks each weekend** seems to be lowering with age. This pattern of drinking is perceived as “no risk” by 9,2% of adults, 8,7% of young adults and 7,3% of youngsters. About a third of respondents in each of the three population groups perceive this drinking pattern as great risk – 32.5% among adults, 30.2% among young adults and 31.9% among youngsters. In 58.8% of cases all adults, 61.1% of cases young adults and 60.8% of cases youngsters perceive risk from drinking five or more drinks each weekend as “moderate” or “low”.

Perception of **smoking cannabis regularly** as a behaviour with great risk is the highest among all adults – 83.2%, lower in the population of young adults – 76% while it is the lowest in the population of youngsters – 75%. This is perceived as a low or moderate risk by 16% of adults, by 22.5% of young adults and by 23.9% of youngsters. Smoking cannabis regularly is thought to be as a safe behaviour by 0.8% of adults, 5% of young adults and 1.1% of youngsters.

Trying ecstasy once or twice is regarded as a great risk by 91% of adults, 86.6% of young adults and 86.4% of youngsters. For 8.5% of adults, 12.3% of young adults and 12.9% of youngsters, trying ecstasy once or twice is moderately or low risky behaviour. Finally, 0.5% of adults, 1.1% of young adults and 0.7% of youngsters consider this a non-risky behaviour.

Trying cocaine once or twice is regarded as a great risk by 92.3% of adults and much less- 89.1% of young adults and 89% of youngsters. For 7.3% of adults, 11.1% of young adults and 10.7% of youngsters, trying cocaine once or twice is moderately or low-risky behaviour. Finally, 0.4% of adults, 0.8% of young adults and 0.3% of youngsters consider one or two consumptions of cocaine a non-risky behaviour.

Trying heroin once or twice is, expectedly, perceived as behaviour with great risk by the largest proportions of respondents in all three age groups. Still, less is so perceived among young adults (91.9%) and youngsters (91.1%) than among adults (93.5%). Some think that trying heroin once or twice is not risky – 0.2% of adults and 0.3% of young adults, while none of the youngsters think so. Rather significant proportion – 6.3% of adults, 7.8% of young adults and 8.9% of youngsters think that trying heroin once or twice bears a low or a moderate risk.

Detailed distribution of prevalence of risk – related attitudes among adults, young adults and youngsters is presented in the Table 56.

Table 56. Assessment of risk of various patterns of use of psychoactive substances. All adults, young adults and youngsters. General Population Survey Montenegro, 2017

	All adults (15 to 64)				Young adults (15 to 34)				Youngsters (15 to 24)			
	No risk	Low risk	Moderate risk	Great risk	No risk	Low risk	Moderate risk	Great risk	No risk	Low risk	Moderate risk	Great risk
Smoking 1+ packs of cigarettes daily	8.4	18.1	28.3	45.1	7.6	20.0	29.1	43.3	6.6	19.8	29.6	43.9
Drinking 5+ drinks each weekend	9.2	24.4	33.9	32.5	8.7	27.2	33.9	30.2	7.3	26.2	34.6	31.9
Smoking cannabis regularly	0.8	4.1	11.9	83.2	1.5	6.6	15.9	76.0	1.1	6.6	17.3	75.0
Trying ecstasy once or twice	0.5	2.2	6.3	91.0	1.1	3.2	9.1	86.6	0.7	4.3	8.6	86.4
Trying cocaine once or twice	0.4	1.8	5.5	92.3	0.8	2.5	7.6	89.1	0.3	2.9	7.8	89.0
Trying heroin once or twice	0.2	1.5	4.8	93.5	0.3	2.0	5.8	91.9	/	2.5	6.4	91.1

XIV EXPOSURE TO DRUGS

Participants in the survey were asked to remember if they had ever been offered drugs, either in the country or abroad. Respondents in all three age groups were most exposed to cannabis, which was offered to 17.5% of adults to 30.5% of young adults and to 29.3% of youngsters, either in the country or abroad. Cocaine is the second most offered drug - 4.1% of all adults, 8% of young adults and 7% of youngsters were offered this drug either in the country or abroad. Ecstasy is less frequently offered – 3.3% of adults, 6.5% of young adults and 5.9% of youngsters were offered this drug, while heroin was offered to 2.2% of adults, 4.1% of young adults and 3.7% of youngsters in the lifetime, either in the country or abroad.

Prevalence of exposure to illicit drugs both in the country and abroad, as well as in either of the two places, for all three age groups, is presented in the tables 57a, 57b and 57c.

Table 57a. Exposure to drugs **in the country**, all adults, young adults and youngsters. General Population Survey Montenegro, 2017 (%)

	IN THE COUNTRY								
	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15-24)		
	M	F	T	M	F	T	M	F	T
CANNABIS	16,7	14,5	15,6	28,8	26,6	27,7	29,7	23,5	26,8
ECSTASY	3,4	2,2	2,8	6,7	4,9	5,8	7,3	3,8	5,7
AMPHETAMINES	2,0	1,1	1,5	4,3	2,4	3,4	4,7	2,0	3,4
COCAINE	4,1	3,3	3,7	8,5	6,6	7,6	8,0	5,5	6,8
HEROIN	2,5	1,3	1,9	4,8	2,6	3,7	4,1	2,5	3,3
LSD	0,8	0,4	0,6	1,5	0,6	1,1	1,0	0,4	0,7
ANY DRUG	17,4	15,5	16,5	30,1	28,4	29,3	30,2	24,6	27,5

Table 57b. Exposure to drugs **abroad**, all adults, young adults and youngsters. General Population Survey Montenegro, 2017 (%)

	ABROAD								
	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15-24)		
	M	F	T	M	F	T	M	F	T
CANNABIS	4,3	4,0	4,1	6,6	7,0	6,8	8,2	4,5	6,4
ECSTASY	1,0	0,8	0,9	1,8	1,3	1,6	1,2	1,2	1,2
AMPHETAMINES	0,4	0,4	0,4	0,7	0,5	0,6	0,4	0,6	0,5
COCAINE	1,0	1,0	1,0	1,6	1,1	1,4	0,6	1,3	1,0
HEROIN	0,5	0,3	0,4	0,4	0,8	0,6	0,2	1,0	0,6
LSD	0,3	0,1	0,2	0,4	0,2	0,3	0,2	0,1	0,2
ANY DRUG	5,3	4,7	5,0	8,9	8,2	8,5	9,8	6,1	8,1

Table 57c. Exposure to drugs **in the country or abroad**, all adults, young adults and youngsters. General Population Survey Montenegro, 2017 (%)

	IN THE COUNTRY OR ABROAD								
	ALL ADULTS (15-64)			YOUNG ADULTS (15-34)			YOUNGSTERS (15-24)		
	M	F	T	M	F	T	M	F	T
CANNABIS	18.7	16.3	17.5	31.5	29.4	30.5	33.3	24.9	29.3
ECSTASY	3.9	2.7	3.3	7.5	5.5	6.5	7.5	4.1	5.9
AMPHETAMINES	2.0	1.4	1.7	4.4	2.8	3.6	4.7	2.7	3.7
COCAINE	4.6	3.6	4.1	9.2	6.6	8.0	8.3	5.5	7.0
HEROIN	2.8	1.6	2.2	4.8	3.2	4.1	4.1	3.4	3.7
LSD	1.0	0.4	0.7	1.7	0.6	1.2	1.0	0.5	0.8
ANY DRUG	19.3	17.3	18.3	32.9	30.8	31.9	33.7	25.9	30.1

Respondents are also asked about the number of times they were offered drugs in the country or abroad, either free of charge or to buy. Cannabis, cocaine and heroin seem to be the drugs most offered. Table 58 presents range of times each drug was offered in the country and abroad from the lowest to the highest and the mean number of times drug was offered in the lifetime and in the last year, for all adults.

Table 58. Lifetime and last year exposure to drugs. Lowest, highest and mean number of times in Montenegro and abroad, all adults. General Population Survey Montenegro, 2017

ALL ADULTS (15 to 64)												
	In the country, ever			Abroad, ever			In the country, last year			Abroad, last year		
	Lowest	Highest	Mean	Lowest	Highest	Mean	Lowest	Highest	Mean	Lowest	Highest	Mean
CANNABIS	1	700	16.3	1	100	5.8	0	365	3.8	0	10	1.2
ECSTASY	1	20	4.6	1	20	4.6	0	30	2.3	1	3	0.7
AMPHETAMINES	1	100	8.9	1	20	5.4	0	3	0.1	0	5	1.2
COCAINE	1	200	17.6	1	10	4.1	0	100	4.6	0	10	0.8
HEROIN	1	200	16.8	1	20	5.0	0	100	4.6	0	10	2.0
LSD	1	50	5.8	1	20	4.0	0	10	1.1	0	5	0.3

In the Standard reporting tables – Annex 10 of this Report, data on the exposure to drugs is presented in yet another way – through the categories of low, medium or high exposure.

XV PERCEIVED EASINESS TO GET ILLICIT DRUGS

Respondents were asked how easy it would be for them to get each drug within 24 hours, if they wanted. Perception of easiness to get drugs differs between drugs, but proportion of respondents who think that it would be “rather easy” or “easy” to get a drug is almost never under one in four. Pharmaceuticals seem to be easiest to get, in all three age groups almost two thirds of respondents think these substances are rather easy or easy to get. Cannabis is also perceived easy available by a half of young adults and youngsters, as well as by more than a third (38%) of adults. Ecstasy, amphetamines, cocaine and heroin are all seen as easy to get by almost one in five adults and one in four young adults and youngsters. Availability of LSD is seen as the lowest but still rather high – 16.6% of adults and a fifth of young adults and youngsters find this drug easy or rather easy to get. Detailed overview of perceived availability of different drugs by gender, in the population of all adults, young adults and youngsters, is presented in the Table 59.

Table 59. Perceived easiness to get illicit drugs. Percentage of responses "fairly easy" or "very easy". All adults, young adults and youngsters. General Population Survey Montenegro, 2017

	ALL ADULTS			YOUNG ADULTS			YOUNGSTERS		
	Male	Female	Total	Male	Female	Total	Female	Total	Male
PHARMACEUTICALS	64.4	65.6	64.8	66.5	67.1	66.8	63.7	60.2	62.1
CANNABIS	38.5	37.5	38	52.4	51.8	52.1	51.9	46.2	49.3
ECSTASY	21.7	19.8	20.8	29.3	27.9	28.7	29.1	26.5	27.8
AMPHETAMINES	19.9	18.0	19.0	26.6	24.2	25.5	25.4	23.9	24.7
COCAINE	20.0	19.2	19.6	25.8	25.2	25.5	24.2	22.3	23.3
HEROIN	19.4	18.2	18.7	24.6	23.8	24.3	21.3	22.2	21.7
LSD	17.6	15.7	16.6	22.0	20.2	21.1	19.9	17.9	19.0

XVI SUMMARY RESULT TABLES

In summary of the survey results, tables below present standard prevalence levels of use of all explored substances in the population of all adults and young adults by gender.

A particular document with the EMCDDA standard reporting tables (ST1) is attached to this Report as Annex 10.

Table 60. Lifetime prevalence of use of all substances by gender. All adults. General population survey Montenegro, 2017 (%)

LTP (15-64)	Male	Female	Total	Lower CI 95 (Total)	Upper CI 95 (Total)
Any illegal drugs	9.4	7.9	8.7		
Cannabis	8.6	7.6	8.1		
Heroin	1.0	0.5	0.7		
Cocaine	3.0	1.9	2.5		
Amphetamines	0.7	0.3	0.5		
Ecstasy	1.4	0.8	1.1		
LSD	0.2	0.2	0.2		
Sedatives and/or tranquillisers	18.8	17.2	18.0		
Solvents or inhalants	0.6	0.3	0.5		
Anabolic steroids	1.7	0.7	1.2		
Alcohol	63.6	63.4	63.5		
Tobacco	53.7	51.1	52.4		
NPS	0.2	0.1	0.2		

Table 61. Lifetime prevalence of use of all substances by gender. Young adults. General Population Survey Montenegro, 2017 (%)

LTP (15-34)	Male	Female	Total	Lower CI 95 (Total)	Upper CI 95 (Total)
Any illegal drugs	15.5	13	14.3		
Cannabis	13.9	12.1	13.1		
Heroin	1.7	0.9	1.3		
Cocaine	5.3	3.6	4.5		
Amphetamines	1.6	0.6	1.2		
Ecstasy	3	1.6	2.3		
LSD	0.4	0.2	0.3		
Sedatives and/or tranquillisers	7.1	6.9	7		
Solvents or inhalants	1	0.3	0.7		
Anabolic steroids	3.1	1.2	2.2		
Alcohol	64.8	65.6	65.2		
Tobacco	39.5	37.5	38.6		
NPS	0.4	0.1	0.2		

Table 62. Last year prevalence of use of all substances by gender. All adults. General population survey Montenegro, 2017 (%)

LYP (15-64)	Male	Female	Total	Lower CI 95 (Total)	Upper CI 95 (Total)
Any illegal drugs	6	4.7	5.4		
Cannabis	4.9	4.3	4.6		
Heroin	0.4	0.4	0.4		
Cocaine	2	1.5	1.8		
Amphetamines	0.2	0.1	0.1		
Ecstasy	1.2	0.5	0.9		
LSD	0	0	0		
Sedatives and/or tranquillisers	12.5	10.6	11.6		
Solvents or inhalants	0.1	0	0.1		
Anabolic steroids	1.1	0.5	0.8		
Alcohol	50.4	50.2	50.3		
Tobacco	39.2	36.9	38.1		
NPS	0.2	0.1	0.2		

Table 63. Last year prevalence of use of all substances by gender. Young adults, 15-34. General population survey Montenegro, 2017 (%)

LYP (15-34)	Male	Female	Total	Lower CI 95 (Total)	Upper CI 95 (Total)
Any illegal drugs	11.8	9.6	10.7		
Cannabis	9.5	8.5	9		
Heroin	0.7	0.7	0.7		
Cocaine	4	3.4	3.7		
Amphetamines	0.4	0.3	0.3		
Ecstasy	2.7	1.4	2.1		
LSD	0	0	0		
Sedatives and/or tranquillisers	3.3	4	3.7		
Solvents or inhalants	0	0	0		
Anabolic steroids	2.2	0.9	1.6		
Alcohol	53.6	54.9	54.2		
Tobacco	28.9	30.4	29.6		
NPS	0.4	0.1	0.2		

Table 64. Last month prevalence of use of all substances by gender. All adults, 15-64. General population survey Montenegro, 2017 (%)

LMP (15-64)	Male	Female	Total	Lower CI 95 (Total)	Upper CI 95 (Total)
Any illegal drugs	2.5	2	2.3		
Cannabis	2	1.6	1.8		
Heroin	0.1	0.2	0.2		
Cocaine	0.8	0.6	0.7		
Amphetamines	0.2	0	0.1		
Ecstasy	0.2	0.2	0.2		
LSD	0	0	0		
Sedatives and/or tranquillisers	8.5	7.8	8.1		
Solvents or inhalants	0.1	0	0.1		
Anabolic steroids	1	0.5	0.7		
Alcohol	41.6	42.6	42.1		
Tobacco	36.8	34.6	35.7		

Table 65. Last month prevalence of use of all substances by gender. Young adults, 15-34. General population survey Montenegro, 2017 (%)

LMP (15-34)	Male	Female	Total	Lower CI 95 (Total)	Upper CI 95 (Total)
Any illegal drugs	4.6	4.3	4.5		
Cannabis	3.5	3.7	3.6		
Heroin	0.1	0.3	0.2		
Cocaine	1.4	1.2	1.3		
Amphetamines	0.5	0	0.3		
Ecstasy	0.5	0.5	0.5		
LSD	0	0	0		
Sedatives and/or tranquillisers	1.8	2.3	2.1		
Solvents or inhalants	0	0	0		
Anabolic steroids	1.8	0.8	1.3		
Alcohol (EMQ)	43.7	45	44.3		
Tobacco (EMQ)	25.6	27.1	26.3		

XVII CHALLENGES AND LESSONS LEARNED

Challenges encountered in this survey can be broadly defined as challenges of the very design and methodology of the household survey, and challenges of the fieldwork. In the end of this chapter, most significant lessons learned are presented.

XVII. 1 Challenges of the survey design and methodology

Findings of this type of the survey are reliant on self-reporting measures, which typically bears limitations that were controlled as much as possible. It is however expected that honesty/image management in this type of the survey is less possible to control, since it goes without saying that participants are less likely to be honest about measures relating to drug use than about those relating to tobacco use or other health-related behaviours. Also, the level at which participants will want to manage how they appear will no doubt vary depending on personality, which means that the level of dishonesty may vary significantly between different groups that a study is trying to compare.

It is paramount that effective methods for controlling bias in a study are utilized. Some of the problems of self-reporting were countered through the careful design and application of self-reporting measures, as well as through statistical techniques devised to attempt to pick out dishonest reporting. This problem was also attenuated by ensuring respondents of anonymity and confidentiality of responses, both through the careful oral introduction of the interviewers at the first contact with the sampled respondents and in a formal written form, through the Letter for Respondents. However, assuring complete anonymity was impracticable due to the very nature of the household-based survey, where interviewers visit respondents in their household.

In the type of administration of the survey instrument that was selected for this survey, the interview bias - tendency of the interviewer to subconsciously obtain answers that support preconceived notions, might have influenced the results. This is most evident when certain

words are emphasized during the interview or when clarifications of the interventions are provided that are not part of the questionnaire.

In summary, as in any survey where self-report measures are used to draw conclusions about human behaviour, it is worth bearing in mind the multitude of problems associated with such measures, and how they might impact on the validity of the conclusions that have been drawn.

XVII. 2 Challenges of the fieldwork

In the very beginning of the fieldwork, a period of rather severe weather conditions occurred in the whole country. In most municipalities it was impossible to reach even the urban households, let alone rural ones, which were completely disconnected from the traffic communications for a while, especially in the northern parts of the country. This caused a significant global delay in the data collection plan. Hence it is highly recommended that data collection in the future should take place in autumn or in the spring.

Some interviewers needed more time to get familiar with the terminology and the subject of the questionnaire. This would be probably less present were it possible to have a longer training sessions for the interviewers, with one whole day devoted to training about specific substances which are the subject of the survey; or to have another training day after the interviewers have spent some days in the fieldwork. Unfortunately, availability of the resources for the survey did not allow two-day trainings or a reunion of all interviewers for the second day of the training, but this would be a good practice for the future surveys.

In certain enumeration areas, there was a higher percentage of rejections, explained by the fact that inhabitants of these areas are often contacted in various surveys, either by scientific institutions, NGOs or by a consumer satisfaction surveys and sale offers. They are hence more reluctant to even hear the purpose of the survey, but reject interviewers immediately.

More to the point, some buildings at certain locations from the sample were extremely hard to even enter, since they have a strict entrance control and security measures. These areas are infamous for this fact in other surveys as well, as they usually generate very low response rates.

In some municipalities interviewers had a problem finding people from the Household lists as they do not live there for some part of the year, for instance during the winter. This was common both in the northern parts where many inhabitants move to another city for the harsh winter conditions, and in the coastal region where there is a lot of properties inhabited only during the summer season. In some municipalities in the north, there was a recent migration movement when many members of the households left their residence.

As interviewers were required to visit the same household three times in order to attempt to conduct the interview, in a number of cases it happened that during the first or second contact they agree with the respondents for another term which is more appropriate for them, and then when they re-visit the household at the agreed term, nobody opens the door. Hence this finally results in an unsuccessful interview out of the three attempts.

The similar situation happened when after one or two unsuccessful attempts of contact interviewers finally reach a household, only to find out that the household member who last had a birthday is absent for a longer time. This can be overcome by a less strict application of the “last birthday” respondent selection rule, i.e. by allowing selection of the person who last had a birthday among those present in the household at the moment. This would relieve the process of reaching respondents to the interviewers to a significant extent.

Some respondents were revolted by the subject of the survey. Although they responded first questions about general health and use of tobacco and alcohol, once they were asked questions about drugs, they felt either very uncomfortable, or even terminated further interviewing.

It was challenging for the interviewers to conduct the interview with older and less educated respondents, especially in rural areas, who may have never heard of some types of drugs and had trouble understanding the drug related terminology.

Finally, all the above mentioned circumstances sometimes had a demotivating effect to the interviewers, because they had to put in a lot of efforts and sometimes that turned to be in vain as it resulted in an unsuccessful interview. Some of them were exposed to unpleasant rejections

and reactions due to the very subject of the survey, and many of them commented that this was the most difficult survey they had ever participated in.

XVII. 3 Lessons learned

Most important lessons learned in the study are the following:

- ✓ There is an evident need for updating Lists of Households. New census of population in 2021 will solve this to a great extent. If then following GPS is implemented before the results of the census become available, pre-testing of the sample should be done to decrease the frame error of the sample.
- ✓ Close and intensive supervision and control of the fieldwork is essential for the quality of the fieldwork.
- ✓ Where mistakes, oversights or other forms of incomplete procedure of filling the field documents is identified, immediate corrections must be demanded from the interviewers
- ✓ Twice as much time as it was available in this GPS must be planned for the next GPS - at least three or four months must be planned for the field data collection, just as for the data entry and editing and for the data analysis and reporting.
- ✓ The best time for the fieldwork is spring or autumn, in order to increase efficacy of the fieldwork and avoid potential bias caused by absence of respondents or unfavourable weather conditions.
- ✓ Survey instrument is adequate for the survey of drug use in the general population, but designed as a wider-range instrument on the quality of life, lifestyles and health risks, it has a positive effect to the rate of participation in the study. Still, in the next GPS it is advisable to consider including a fewer number of optional modules and questions, especially if time available for the survey is limited.
- ✓ Inclusion of questions about the new psychoactive substances should be reconsidered once more as these questions did not prove relevant.
- ✓ Additional measures to increase response rate might 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.

XVIII RECOMMENDATIONS

1. Survey on the use of psychoactive substances among the general population represents an essential source of data about prevalence and patterns of use of psychoactive substances in the general population. Therefore, findings of the survey should be used as a solid foundation for developing and targeting the state policy in drug area.
2. It is crucial to fully integrate implementation of the school surveys and general population surveys on the use of psychoactive substances in all relevant strategies and action plans, as well as to assure sustainability by planning adequate resources for repetition of the surveys every four years. It is crucial that once the baseline has been established, surveys are repeated every four years, to be able to estimate and monitor trends and changes in prevalence and patterns of use of psychoactive substances and target the drug policy in accordance with these changes.
3. All stakeholders involved in implementation of the state drug policy must strongly commit to implementation of actions and interventions planned by the relevant state policies and strategic documents in the area of substance use, such as: Law on limiting the use of tobacco products, National strategy for control of tobacco use, Law on tourism, Law on public order, etc. National strategy for the prevention of alcohol abuse and alcohol-related disorders in Montenegro 2012-2020, Strategy of Montenegro for the prevention of drug abuse 2013-2020, etc.
4. It is highly recommended that the state policy concentrate more intensively to preventive approaches and programmes in the area of use of psychoactive substances in the educational system aimed at strengthening social and emotional skills and capacities of families and children to resist peer and environmental pressures to take part in unfavourable risky behaviours. All schools should have a clear policy on alcohol, tobacco and drugs and what measures should be taken from the school to prevent these problems to occur, as well as an action plan for how to handle problems if they arise.

5. It is a well-established fact that parents have an important impact on the attitudes or behaviour of their children, and working to improve parental skills is highly effective from a substance use prevention view. Implementing parental support programs is highly recommended. A more restrictive attitude among parents on smoking, serving and/or buying alcohol to their children and especially on drugs, is proven to lead to decreased level of consumption among young people.
6. Reducing availability has been proven to be one of the most effective actions in reducing consumption of psychoactive substances. The availability limiting efforts should, when it comes to young people, be aimed at limiting the possibilities to get hold of drugs, alcohol and tobacco. Alcohol is the most used psychoactive substance in the country, perceived as non-harmful by a significant proportion of young people, and therefore deserves great attention and significant resources in prevention.
7. As this study showed a rather distorted perception of harmfulness of hazardous patterns of alcohol and drugs consumption among young people, such as binge drinking or weekend drug consumption, awareness raising campaigns and education about harmful effects and hazards of such patterns, just as education about specific ways of harm reduction, is also very recommended.
8. Public health institutions should identify and utilize effective modalities of collection and dissemination of contemporary knowledge, guidelines and procedures regarding preventive and treatment methods, as well as documents and reports of the relevant institutions and bodies with regard to the use of substances.
9. Study indicates an evident need for improvement of the general awareness about illicit psychoactive substances and among the general population, especially in rural areas of the country and among mid-aged and older inhabitants.

XIX LIST OF ANNEXES

Annex 1 GPS Questionnaire in Montenegro – “Questionnaire on life quality, lifestyles and health risks of inhabitants of Montenegro”

Annex 2 List of additional questions in GPS questionnaire in Montenegro

Annex 3 Show-cards:

- Show-card for alcohol questions
- Show-card for questions on pharmaceuticals
- Show-card for question on drugs (street names of drugs)
- Show-card for questions on opinions and attitudes

Annex 4 Contact Sheet

Annex 5 Manual for interviewers

Annex 6 Manual for supervisors

Annex 7 Letter for Respondents

Annex 8 Authentication Letter for interviewers

Annex 9 Authentication Letter for supervisors

Annex 10. ST1 - Standardised results and methodology of adult national population surveys on drug use - version 1/2017