European Monitoring Centre
for Drugs and Drug Addiction

Survey of Substance Use Among General Population in Albania

Final Report

2014

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Tirana, October 2014

Executive Summary

This report presents the results of 2014 Survey of Substance Use Among General Population in Albania.

This was the first nationwide survey conducted in Albania which included a representative population-based sample of adult individuals of both sexes with a high response rate.

The aim of the research project was to obtain data on:

1. prevalence and distribution of the consumption of different drugs in the general population, and in relevant subgroups of the population (e.g. young people, urban areas);
2. socio-demographic characteristics and patterns of drug use among those using drugs at present or in the past, including initial use and cessation of use, intensity of use;
3. correlates of drug use such as lifestyles, health status, mental health, other health factors, social functioning;
4. the attitudes and perceptions of different population subgroups with respect to drug use, such as perception of risks or availability

To meet the objectives of the study, a target of 4,800 interviews was planned and a final sample size of 3,975 interviews was achieved.

The survey was carried out using the EMCDDA Model Questionnaire (EMQ), with slight modification, and a face-to-face interviewing methodology was undertaken amongst 15 to 64 year olds.
A standardised questionnaire was used to collect the information on drug use, while the sample was selected using probability sampling.

The process of data management included the establishment of a database, data entry, management of data entry, validation and cleaning of the data, and data analyses.

All statistical analyses was conducted with SPSS for windows, version 17.0.
Binary logistic regression was used to assess the unconditional associations of covariates, introduced either as categorical, ordinal or interval variables, with substance use, separately in men and women.

Main findings of the survey

Prevalence and distribution of smoking, alcohol intake, sedatives and antidepressants, and drug use (cannabis, heroin, cocaine and LSD)

- The overall prevalence of current smoking was 27% (43% in men vs. 11% in women, P<0.001). On the other hand, the prevalence of lifetime smoking was 41% (63% in men vs. 20% in women, P<0.001). Among participants who reported current or past smoking status, mean age of commencement was about 25 years (median: 17 years).
- The overall prevalence of lifetime alcohol intake was 70% (80% in men vs. 60% in women, P<0.001). On the other hand, the overall prevalence of alcohol intake during last year was 61%. Among individuals who reported lifetime alcohol consumption, mean age of commencement was 18 years (median: 17 years).
- The prevalence of past year use of sedatives was 8.4%, whereas the prevalence of past year use of Paroxetin (one of the main antidepressant drug) was only 0.1% (only three survey participants).
- The overall lifetime prevalence of use of cannabis was about 12%. Conversely, the prevalence of past year use of cannabis was about 6%. Among participants who reported lifetime use of cannabis, mean age of commencement was about 19 years.
- The overall lifetime prevalence of use of ecstasy was 1% (39 survey participants), whereas the prevalence of past year use was only 0.2% (6 individuals).
- The lifetime prevalence of amphetamine use, on the whole, was only 0.5% (20 survey participants), whereas the prevalence of past year use of this drug was only 0.1% (only 4 study participants).
- The lifetime prevalence of cocaine was 4.6% (183 participants). Conversely, the prevalence of past year use of cocaine was 2.5% (100 individuals). Nonetheless, this finding deserves further rigorous investigation.
- The lifetime prevalence of heroin use among the overall sample of survey participants was 0.7% (27 participants), whereas the prevalence of past year use of this drug was 0.3% (only 11 individuals).
- The lifetime prevalence of LSD used was, on the whole, only 0.1% (5 individuals).

Correlates of smoking, alcohol intake, and drug use (cannabis, heroin, cocaine and LSD)

- Positive and significant predictors of *current cigarette smoking* were male gender, unemployment, being married/cohabiting and urban residence.
- Positive and significant predictors of *lifetime cigarette smoking* were male gender, university degree, unemployment, being married/cohabiting and urban residence.
- Positive and significant predictors of *alcohol intake* were age, male gender, university degree, unemployment and urban residence.
- Negative (inverse) and significant predictor of *lifetime use of cannabis* was age, whereas positive and significant determinants were male gender, university degree, unemployment and urban residence.

Introduction

This report presents the results of 2014 Survey of Substance Use Among General Population in Albania, the first such study in Albania.

The extent and pattern of drug use in the general population is one of the five key indicators produced by the EMCDDA[1], the European Monitoring Centre for Drugs and Drug Addiction. In order to ensure that reliable and comparable data is obtained in this regard, the measurement of the extent and pattern of drug use amongst the general population in Albania has been identified as one of priorities of national policies related to drug prevention.

The survey was implemented by Community Centre for Health and Wellbeing (CCHW) in partnership with Institute of Public Health (IPH) and Ministry if Ministry of Health (MoH) with financial support from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). A Research Working Group (RWG), consisting of members of the IPH, and CCHW, was formed to design, support and implement the research activities in line with the EMCDDA standards.
In the past there has been no data on the prevalence of drug use among general population in Albania, although some studies provide partial data on this phenomenon among general population and young people.

Biological and Behaviour Surveillance Study[2] (Bio-BSS Study) of 2005 provides some partial data on drug use among general population. Thus the prevalence of lifetime use (lifetime prevalence) of some drugs according this study is as follow: Marijuana 2.9 %, Cocaine 1.7 %, Valium 5.8 %, and Heroin 0.3 %. Although these figures help to better understand the problem distribution among population, the methodology of this study does not allow accurate generalizations for the entire population of Albania.

Data on lifetime prevalence of selected illicit drugs can be found in the Youth Risky Behavior Survey[3] (YRBS), second round, in 2009, carried out by the Institute of Public Health. The YRBS, a national survey, focused on the high school population, has a sample size of 3,878 school children 15–18 years old. The YRBS variable on lifetime prevalence of drug use complies with the EMCDDA case definition. The survey showed that 7.4 % of those aged 15 to 18 years had experimented with cannabis, 4.2 % with ecstasy; 1.2 % with heroin, and 3.2 % with cocaine. During the YRBS, the respondents were not asked about drug use last year (LYP) and last month (LMP). Lifetime prevalence (defined as used *at least once* in the lifetime) of illicit drug use was only slightly higher in the capital, Tirana, compared to the rest of the country probably due to underreporting, and was several times higher for males than for females. Illicit drugs have been offered to more than 8 % of the respondents, whilst they were in the school settings.

Aim and objectives of the survey

Substance abuse has become a health and social problem in Albania that needs a more comprehensive approach in intervention planning in order to prevent use, and reduce the damages resulting from such behaviour.

In Albania there is not yet conducted a survey on drug use among general population (GPS – general population survey), and as a result there is a lack of information on extent and use patterns of individual types of drugs amongst the general population.

According to the EMCDDA[4] guidelines, the main aim of the research survey ***"Substance use among the general population in Albania"*** is to provide valid, reliable and comparable information on the extent, the distribution and the patterns of drug use in the general population, the characteristics of drug users and their perceptions.

More specifically, the aim of the research project is to obtain data on:

1. prevalence and distribution of the consumption of different drugs in the general population, and in relevant subgroups of the population (e.g. young people, urban areas);
2. socio-demographic characteristics and patterns of drug use among those using drugs at present or in the past, including initial use and cessation of use, intensity of use;
3. correlates of drug use such as lifestyles, health status, mental health, other health factors, social functioning;
4. the attitudes and perceptions of different population subgroups with respect to drug use, such as perception of risks or availability

The survey was also required to:

- be representative, in that overall results are statistically reliable estimates of the prevalence of drug use in the country as a whole;
- be comparable with similar studies being conducted in the European region;
- allow analysis of results in terms of a variety of demographic factors.

To meet the objectives of the study, a target of 4,800 interviews was planned and a final sample size of 3,975 interviews was achieved.
The survey was carried out using the EMCDDA Model Questionnaire, with slight modification, and a face-to-face interviewing methodology was undertaken amongst 15 to 64 year olds. A standardised questionnaire was used to collect the information on drug use, while the sample was selected using probability sampling.

Methodology

Target population

In line with EMCDDA[1] guidelines the target population in this survey was defined as residents aged between 15 and 64 years, living in private households in Albania.
As the EMCDDA Handbook observes, surveys of this nature are typically conducted in the respondent's home for methodological and practical reasons. In addition to this, the length of the questionnaire, i.e. approximately 45 minutes interviewing time, dictated that the interview needed to be conducted in the respondent's home and not in other premises.
Since minors (aged 15-17 years) were also included in the survey, the parental consent for interviewing the child was asked , and also the privacy for their children while they answered the questionnaire.
The total number of under 18-year olds (15-17 years) respondents was 497, and for all of them a parental consent was obtained.

Instruments

Following the EMCDDA guidelines, the study instruments were the Questionnaire (Apendix 1) and Show-cards (Appendix 2). The questionnaire used was the translated (and next back-translated) version of the European *Model Questionnaire,* which is used in national surveys on substance use, with some modifications appropriate to the Albanian context. This was done in order to ensure the international comparability of the epidemiological data in of substance use.
The topics covered in this survey included:

- licit drugs
- illicit drugs
- attitudes and opinions regarding drugs and drug policies
- relevant respondent attributes

Prevalence indicators for substance were:

- lifetime prevalence (ever used)
- last year prevalence (used in the past twelve months)
- last month prevalence (used in the past 30 days)

In order to aid comprehension of certain specific questions related to drinking and use of pharmaceuticals, two types of show-cards were used:

- Showcard for the alcohol module (standard drinks)
- Showcard for the pharmaceuticals module (most common psychotropic pharmaceutical drugs in Albania)

Pilot study

For the purpose of testing all aspects of the survey a pilot study was conducted.
Firstly the survey instruments (including questionnaire and show-cards) were subject to piloting procedures. In order to ensure all questions were included with the correct wording and in the correct order the questionnaire was tested by the research and fieldwork team. Subsequently the draft questionnaire, was cross-culturally adopted (piloted) in a sample of 30 individuals aged 15-64 years in Tirana (the capital city).
After the approval of the final version by EMCDDA in June 15-20, 2014 the validation and piloting of the questionnaire took place. This process was conducted by five selected interviewers in two major cities of Albania: Tirana and Durres, respectively. A total of 137 respondents participated, of whom 72 were women and 65 were men
Based on the pilot study results and interviewers feedback, the necessary adjustments were made to the questionnaire.

Sampling

Planned sample size

Following the EMCDDA guidelines which are based on the most conservative assumptions regarding the anticipated prevalence of substance use (i.e., assumptions which tend to maximise the sample size) and also on the accepted margin of error for measuring substance use, the planned sample size for this survey was 4800 respondents. Actually, 4000 was the target sample size of population aged 15-64 years, with oversampling additional 800 respondents aged 15-34 years to be included in the survey. The purpose of oversampling was to get more robust sample of this segment of population

Sampling method

The sampling technique consisted of a stratified multistage cluster sample with probability proportional to size (PPS).
Stratification was based on 12 prefectures of Albania (in Albania, the largest administrative unit consists of "prefecture").
After the stratification process (12 strata/prefectures), four stages were conducted in the sampling process as described below:

- *Stage 1:* a random sample of one district with PPS was drawn separately for each stratum/prefecture (each prefecture in Albania consists of 2-3 districts).
- *Stage 2:* one municipality (urban areas) and one commune (rural areas) was drawn (with PPS) in each of the 12 districts selected in stage 1 (each district in Albania consists of 3-4 smaller administrative units which are referred to as "municipalities" for urban areas and "communes" for rural areas).
- *Stage 3:* one mini-municipality (the smallest administrative unit in urban areas) and one village in each commune (the smallest administrative unit in rural areas) was drawn (both with PPS) in each of the 12 municipalities and in each of the 12 communes selected in stage 2.

- *Stage 4:* a simple random sample (with PPS, based on an overall sample size of 4800) of the population aged 15-64 years was drawn in each of the 24 small administrative units (mini-municipalities and villages in urban areas and rural areas, respectively) selected in stage 3. The share of urban/rural representation was equal because the proportion of urban/rural residents in Albania is almost equal.

For all stages, the respective sampling frames were e available from the national Institute of Statistics (INSTAT: http://www.instat.gov.al/al/home.aspx) and the respective local governments.

Tables 1 presents the distribution of the overall planned sample (N=4800) according to prefecture, gender and place of residence (urban areas vs. rural areas).

Table 1: Distribution of targeted sample size according to respondents' gender and place of residence

PREFECTURE	OVERALL	MALE	FEMALE
Berat	Total=243 Urban=122 Rural=121	Total=121 Urban=61 Rural=60	Total=122 Urban=61 Rural=61
Diber	Total=235 Urban=118 Rural=117	Total=117 Urban=59 Rural=58	Total=118 Urban=59 Rural=59
Durres	Total=450 Urban=225 Rural=225	Total=225 Urban=113 Rural=112	Total=225 Urban=113 Rural=112
Elbasan	Total=507 Urban=254 Rural=253	Total=253 Urban=127 Rural=126	Total=254 Urban=127 Rural=127
Fier	Total=532 Urban=266 Rural=266	Total=266 Urban=133 Rural=133	Total=266 Urban=133 Rural=133
Gjirokaster	Total=124 Urban=62 Rural=62	Total=62 Urban=31 Rural=31	Total=62 Urban=31 Rural=31
Korce	Total=378 Urban=189 Rural=189	Total=189 Urban=95 Rural=94	Total=189 Urban=95 Rural=94
Kukes	Total=146 Urban=73 Rural=73	Total=73 Urban=37 Rural=36	Total=73 Urban=37 Rural=36
Lezhe	Total=230 Urban=115 Rural=115	Total=115 Urban=58 Rural=57	Total=115 Urban=58 Rural=57
Shkoder	Total=369 Urban=185 Rural=184	Total=184 Urban=92 Rural=92	Total=185 Urban=93 Rural=92
Tirane	Total=1285 Urban=642	Total=642 Urban=321	Total=643 Urban=322

	Rural=642	Rural=321	Rural=321
Vlore	Total=301 Urban=151 Rural=150	Total=150 Urban=75 Rural=75	Total=151 Urban=76 Rural=75
TOTAL	Total=4800 Urban=2403 Rural=2397	Total=2397 Urban=1202 Rural=1195	Total=2403 Urban=1205 Rural=1198

Table 2 exhibits the distribution of the initial 4000 individuals aged 15-64 years targeted for recruitment by gender and age-group:

Table 2: Distribution of sample size among the initial 4000 targeted individuals by prefecture and gender

Prefecture	15-64 years	Male	Female
Berat	203	101	102
Diber	196	98	98
Durres	375	187	188
Elbasan	423	211	212
Fier	443	221	222
Gjirokaster	103	51	52
Korce	315	157	158
Kukes	122	61	61
Lezhe	191	95	96
Shkoder	308	154	154
Tirane	1070	535	535
Vlore	251	125	126
Total	4000	1996	2004

Table 3 presents the distribution of the additional 800 individuals aged 15-34 years by prefecture and gender:

Table 3: Distribution of extra sample (15-34 years) according to prefecture and gender

Prefecture	Extra 15-34 years	Male	Female
Berat	40	20	20
Diber	39	19	20
Durres	75	37	38
Elbasan	84	42	42
Fier	89	44	45
Gjirokaster	21	10	11
Korce	63	31	32
Kukes	24	12	12
Lezhe	39	19	20
Shkoder	61	30	31
Tirane	215	107	108

Vlore	50	25	25
Total	**800**	**396**	**404**

Recruitement and approach of survey respondents

Selection procedure is a very important phase, because the way of recruiting respondents in the field significantly affects the sample quality.

After the selection process, the interviewers were provided with the precise address of the selected individuals. Interviewers had to visit the selected addresses, and to establish contact with the interviewees. The interview was carried out if the selected person was available, or an appointment was made to call back and interview the selected respondent.

The interviewers were instructed that a selected address had to be visited for at least three times in order to interview the selected person.

Also, interviewers had to visit the same address of the respective respondent at different times of a day in order to increase the response rate. For this survey, potential respondents were presented a support letter from the Institute of Public Health, Ministry of Health.

In order to control if the interviewers were following the instructions, they made detailed records on every attempted interview, allowing for the records to be back-checked. For that purpose, the interviewers filled in contact sheets and documented the date and time of all visits to the selected addresses and the result of the interview (Annex 3).

Data collection

The survey questionnaire was administered face-to-face by trained interviewers. These interviewers had a previous experience in interviewing however they received additional training in confidentiality and ethical behavior.
As per EMCDDA guidelines the interviews were conducted at respondent's home. This interviewing mode was chosen because of several advantages:

- The sensitive nature of the subject requires a confidential environment, which is expected to be assured at the person's home;
- Conducting the survey using an "interviewer completion" approach (rather than self-completion) is a better means of collecting information from all respondents (i.e. including those who are illiterate or who have difficulty in reading);
- Face-to-face interviews also generate higher response rates.

Prior to data collection a training session was conducted with interviewers and the staff responsible for data entering . The field staff was provided training on the component of the survey including study purpose and objectives, consent procedures, issues of confidentiality, sensitization

to issues around target group activities, roles and responsibilities of the team members and administration of the questionnaire.
The data collection process began on June 23rd 2014 in most of the prefectures. In each team, a person was appointed as the "manager" of the interviewing team, responsible for questionnaires' management. After the selection process, the interviewers were provided with the precise addresses of the selected individuals and they followed the procedures described in their guide.
The process of data collection lasted longer than the anticipated and it ended on 24 July 2014. The whole process of data collection was monitored by 5 supervisors.

DATA MANAGEMENT

Response rate

For this survey 4800 addresses were selected and from them 3,975 completed the survey questionnaire, achieving a response rate of 83%. Of those who did not complete the survey, for 493 persons (59.8%) the interview was not conducted because the interviewer even after three attempts was not able to make a contact with the selected household member, and 332 (40,2%) refused to be interviewed.
When asked for the reason they refused to take part in the survey, 185 (55,7%) gave no reason; 98 (29,5%) had no time, and 49 (14,7%) did not trust.
Table 4 presents the comparison of respondents and non-respondents by sex and age-group.

Table 4: Distribution of respondents and non-respondents by sex and age-group

Sex:	**Respondents:**	**Non-respondents:**
Men	50.3%	49.7%
Women	49.6%	50.3%
Age:	**Respondents:**	**Non-respondents**:
≤34 years	63.8%	61.3%
35-64 years	36.2%	38.7%
Residence:	**Respondents**:	**Non-respondents**:
Urban areas	52.6%	50.9%
Rural areas	47.5%	49.1%

Data entry, cleaning and processing

The process of data management included the establishment of a database, data entry, management of data entry, validation and cleaning of the data, and data analyses.
All data were coded and stored in computer files, from where they were available for statistical analysis. Data were entered by two independent operators in SPSS database, which was designed specifically for this survey.

Data comparison between the two operators were conducted in order to detect potential discrepancies in data entry. In cases where there were discrepancies and/or in cases where values were outside the acceptable range, as programmed in the software, a reexamination of the respective questionnaires was performed and corrections were made accordingly.

To verify the accuracy of the data entry, 400 (10%) questionnaires were controlled for data quality by recalling.

Data analysis

All statistical analyses were conducted with SPSS for windows, version 17.0.
Simple statistical tools, such as frequency distribution, percentages, range, proportions, mean, and median were used to analyze the data from the surveys.

Binary logistic regression was used to assess the unconditional associations of covariates, introduced either as categorical, ordinal or interval variables, with substance use, separately in men and women.

Age-adjusted odds ratios (ORs), their 95% confidence intervals (CIs) and p-values were calculated. A p-value of <0.05 will be considered as statistically significant.

Multivariable-adjusted logistic regression models were used to assess the independent associations of covariates with substance use, separately in men and women. Multivariable-adjusted ORs, their 95% CIs and p-values were calculated.

Results

Chapter I: Distribution of demographic and socioeconomic characteristics of study participants

Table 5 presents the distribution of demographic and socio-economic characteristics of study participants. Of 3975 valid questionnaires, 1998 (50.3%) were males, and 1970 (49.6%) were females. On the other hand, the sex status of 7 (0.2%) participants was not recorded. Mean age of participants was 31.6±13.5 years (range: 15-64 years) and median age was 28 years (interquartile range: 20-41 years). About 38.5% were 15-24 years, 25.3% were 25-34 years, 15.9% were 35-44 years, 9.9% were 45-54 years and 8.6% were 55-64 years.

As for the educational attainment, 97.4% of participants reported that they had attended school and only 1.1% (N=44) stated that they had never attended school. Only 33 (0.8%) participants reported primary education, 16% reported secondary education (8 years of formal schooling), whereas 33.8% reported a university degree.

As for the marital status, about 45% of study participants reported they were married at least once in their lifetime, whereas 54% reported that they had been never married in their lifetime.
About 29% of respondents were currently employed full-time, 6% were part-time employees, whereas 15% were unemployed seeking for a job.
Overall, 52.6% were urban residents compared with 47.4% of participants who were residing in rural areas of Albania.
On the whole, only 104 (2.6%) participants belonged to minority groups, as compared with 88.9% who were ethnic Albanians.

Distribution of the selected socioeconomic characteristics among the study participants is similar to the distributions provided by other population surveys (ADHS 2008-9)[5] or last Census[6] .

Table 5: Distribution of survey participants by demographic and socio-economic characteristics

Demographic and socio-economic characteristics	N (%)
Sex:	
Male	1998 (50.3)
Female	1970 (49.6)
NA	7 (0.2)
Age in years, mean (SD)	31 ± 13.5
15-24 years	1532 (38.5)
25-34 years	1006 (25.3)
35-44 years	632 (15.9)
45-54 years	394 (9.9)
55-64 years	340 (8.6)
NA	71 (1.8)
Attended school:	
Yes	3871 (97.4)
No	44 (1.1)

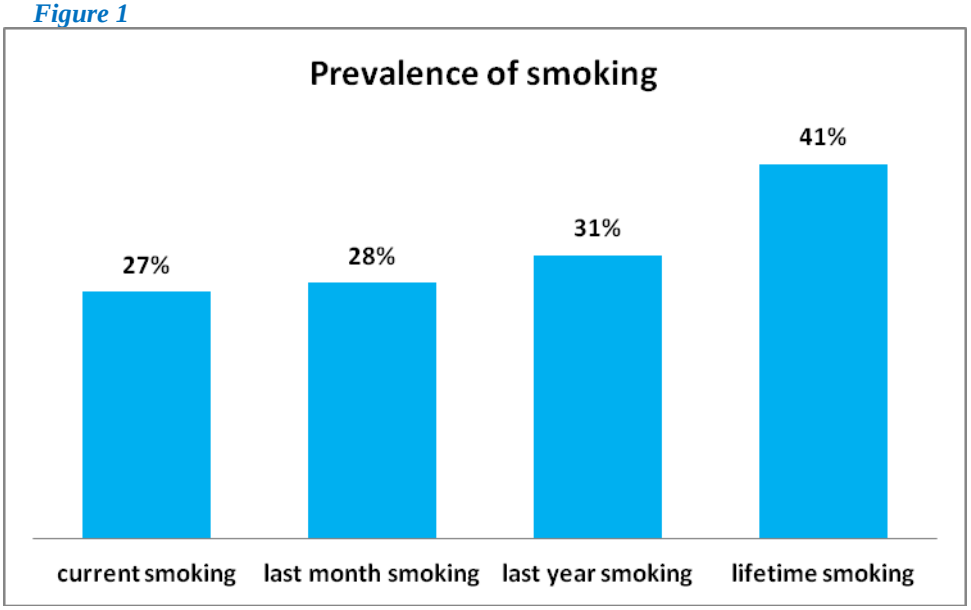
No response	7 (0.2)
Level of education:	
Primary (0-4 years)	33 (0.8)
Secondary (0-8 years)	629 (15.8)
High (9-12 years)	1915 (48.2)
University (>12 years)	1344 (33.8)
No response	29 (0.7)
Marital status:	
Yes	1735 (43.5)
No	2240 (56.4)
Place of residence:	
Urban area	2090 (52.6)
Rural area	1885 (47.4)
Employment status:	
Employed full time	1146 (28.8)
Employed part time	227 (5.7)
Self employed	579 (14.6)
Unemployed seeking for work	583 (14.7)
Unemployed not seeking for work	212 (5.3)
Student	1055 (26.5)
Pensioner	103 (2.6)
Incapable to work	40 (1)
Minority status:	
Yes	104 (2.6)
No	3535 (88.9)
Income level:	
Low	221 (15.4)
Middle	900 (62.6)
High	316 (22.0)

Chapter II: Smoking

1. Distribution of smoking status

Overall, about 27% of respondents were current smokers compared with 73% who were not current smokers. The prevalence of lifetime smoking was about 41%. Among participants who reported current or past smoking status, mean age of commencement was about 25 years (median: 17 years). Overall, about 31% of participants reported smoking during the past year, compared with 10% who did not smoke in the past 12 months. On the other hand, about 28% of participants (N=1104) reported smoking during the past month (figure 1).

Figure 1



2. Smoking status by age, gender and place of residence

Among participants who reported current or past smoking status, mean age of commencement was about 25 years (median: 17 years). Among young adults, (age between 15-34), both, the current and lifetime smoking prevalences were almost equally with prevalences among all adults (age between 15-64), (27.6% and 41.4%). On the other hand, the prevalence of current smoking (figure 2) and the prevalence of lifetime smoking (figure 3) were higher in 25-34 age group (34% and 48.5% respectively) compared with other age-groups.

Figure 2

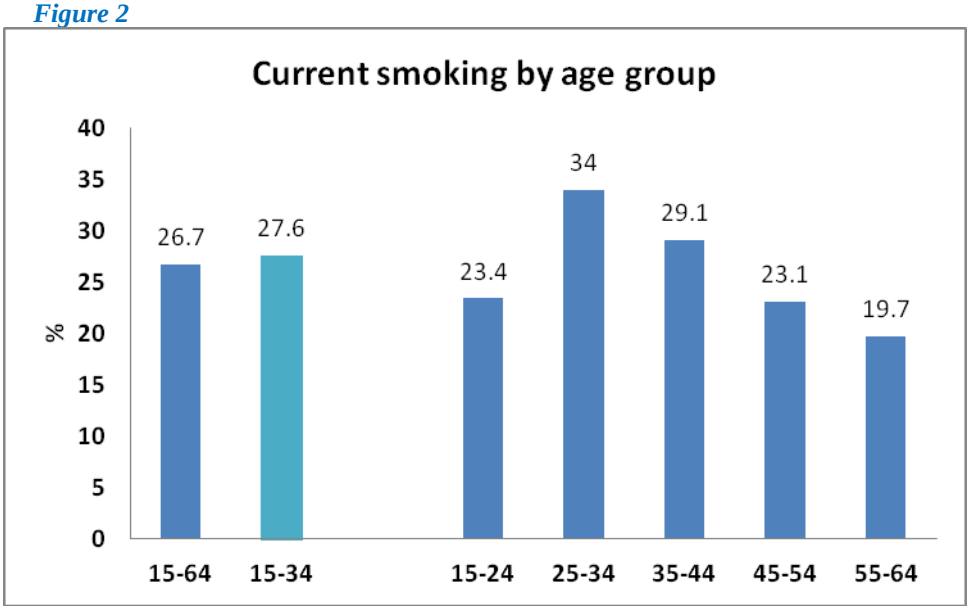
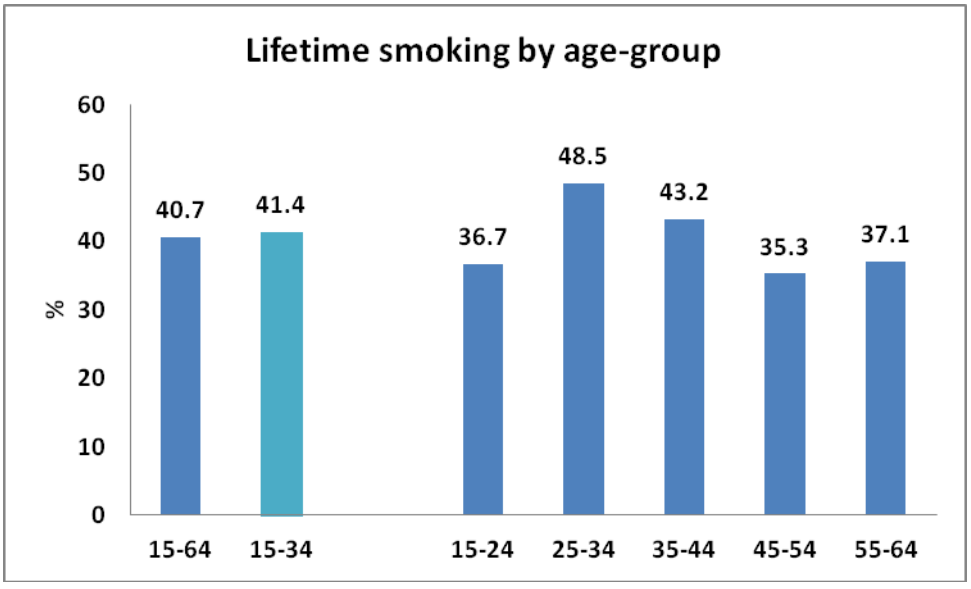
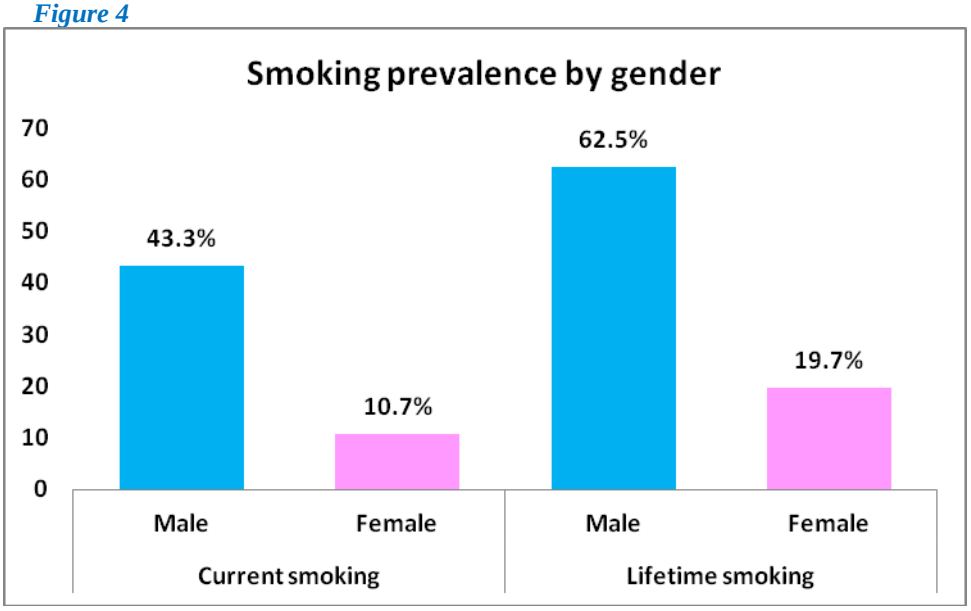


Figure 3



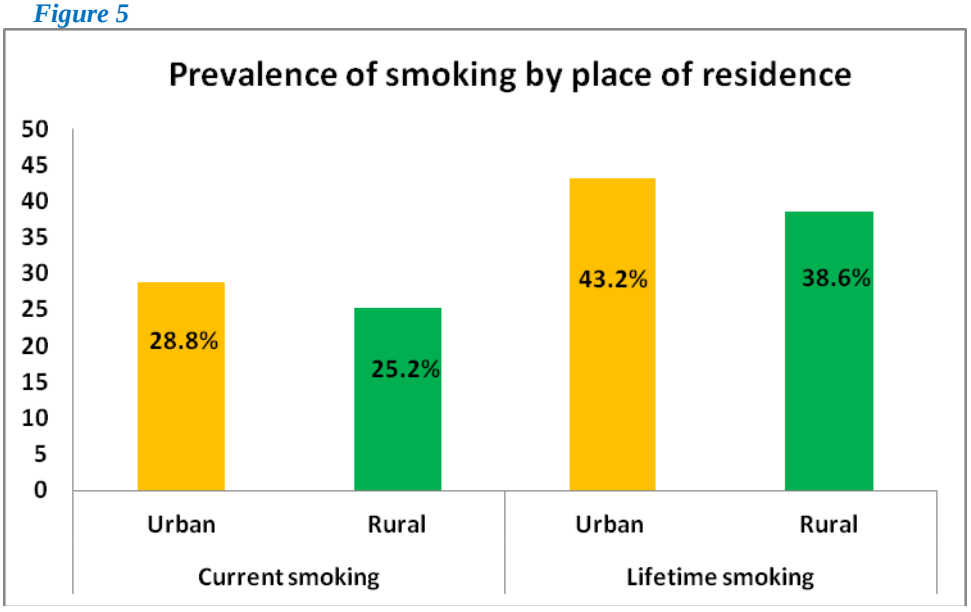
Both, the prevalences of current smoking and lifetime smoking were significantly higher in males compared with females (43.3% vs. 10.7% for current smoking) and (62.5 % vs. 19.7% for lifetime smoking), (figure 4).

Figure 4



As for place of residence, (figure 5) in both cases (current and lifetime smoking), the prevalence was higher in urban areas compared with rural areas (28.8% vs. 25.2% for current smoking) and (43.2% vs. 38.6%).

Figure 5

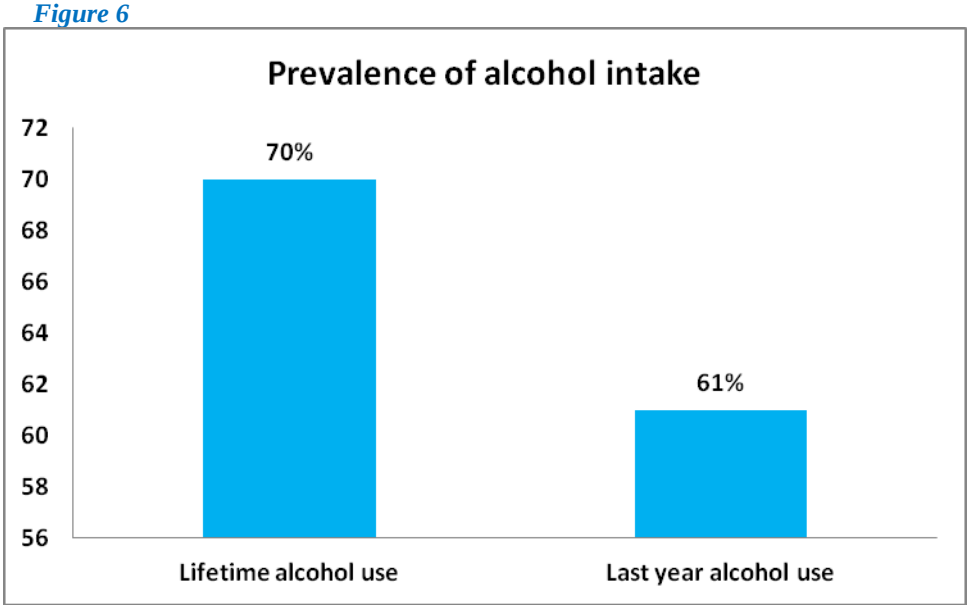


Chapter III: Alcohol

1. Distribution of alcohol use among study participants

Overall, about 70% of survey participants reported they had drunk alcohol in their lifetime compared with 30% who had never drank alcohol. The prevalence of alcohol intake during last year was 61% (figure 6).

Figure 6



Individuals who reported alcohol consumption were additionally asked whether they ever had experienced a feeling of guilt or remorse after a drinking session in their lifetime. Of 2275 eligible participants for this question, 421 (18.5%) answered positively, as opposed to 1816 (79.8%) individuals who answered negatively. Only 38 (1.6%) individuals either didn't know or refused to respond to this question.

Furthermore, of 2275 eligible participants, 198 (8.7%) reported that they had failed at least once to do what was normally expected from them because of drinking , as opposed to 2031 (89.3%) individuals who did not report any failure in this regard. Only 47 (2.0%) individuals either didn't know or refused to respond to this question.

2. Alcohol use by age, gender and place of residence

As for the mean age of alcohol consumption, among those who reported lifetime alcohol consumption (N=2246), mean age of commencement was 17.7±5.3 years (range: 5-54 years; median: 17 years; interquartile range: 15-20 years).

Both, the prevalences of lifetime and last year alcohol use were very similar (about 70% for lifetime alcohol use and 61% for last year alcohol use) among all adults (age 15-64) and young adults (age

15-34). On the other hand, the prevalence of lifetime alcohol use (about 77%) and the prevalence of last year alcohol use (70%) were higher in 25-34 age group, compared with other age groups (figure 7 and figure 8).

Figure 7

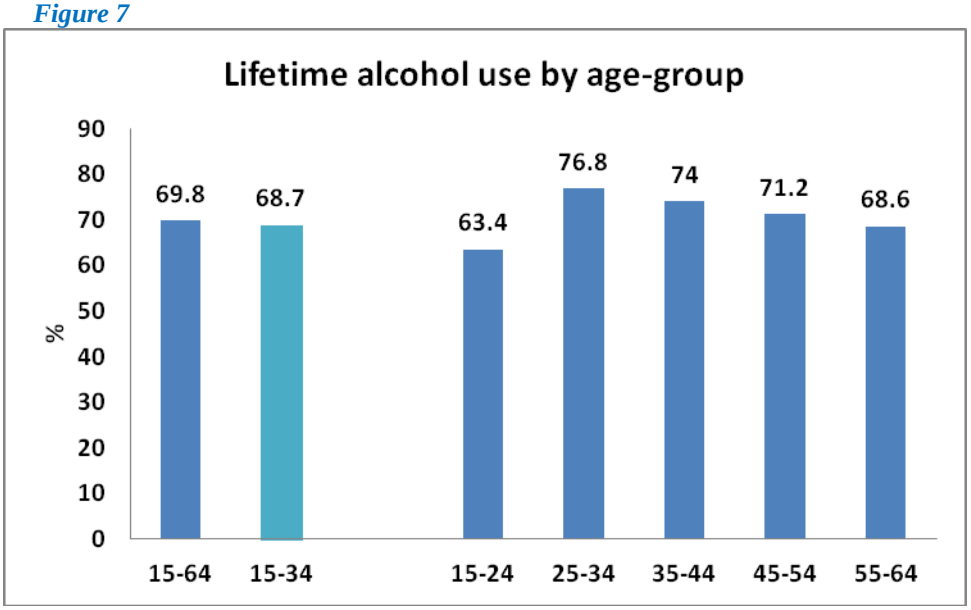
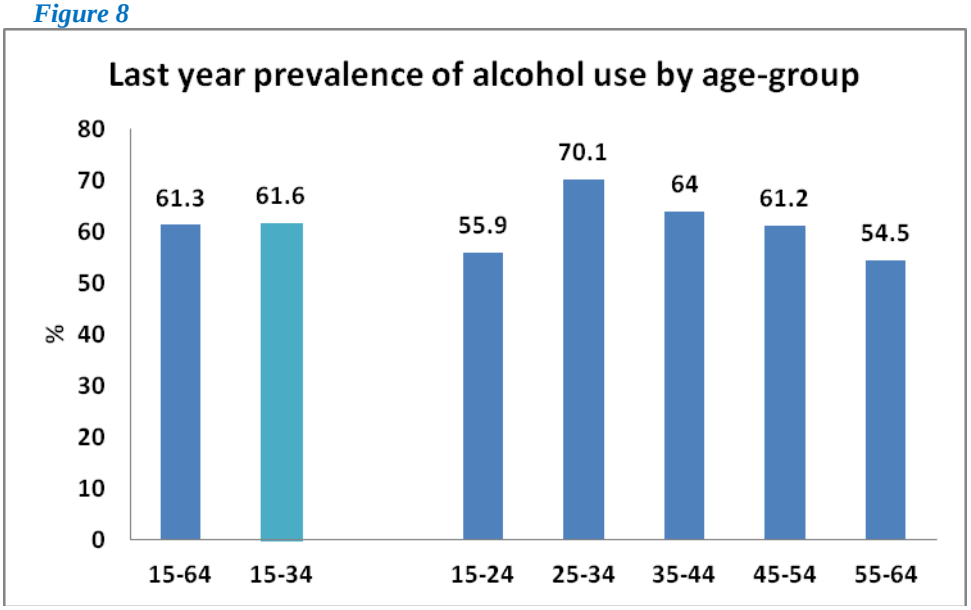
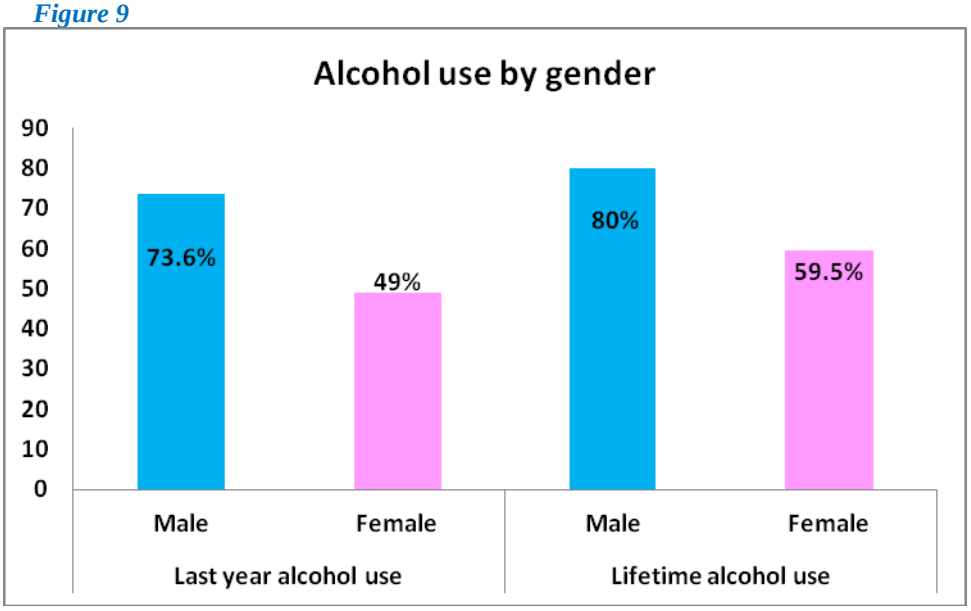


Figure 8



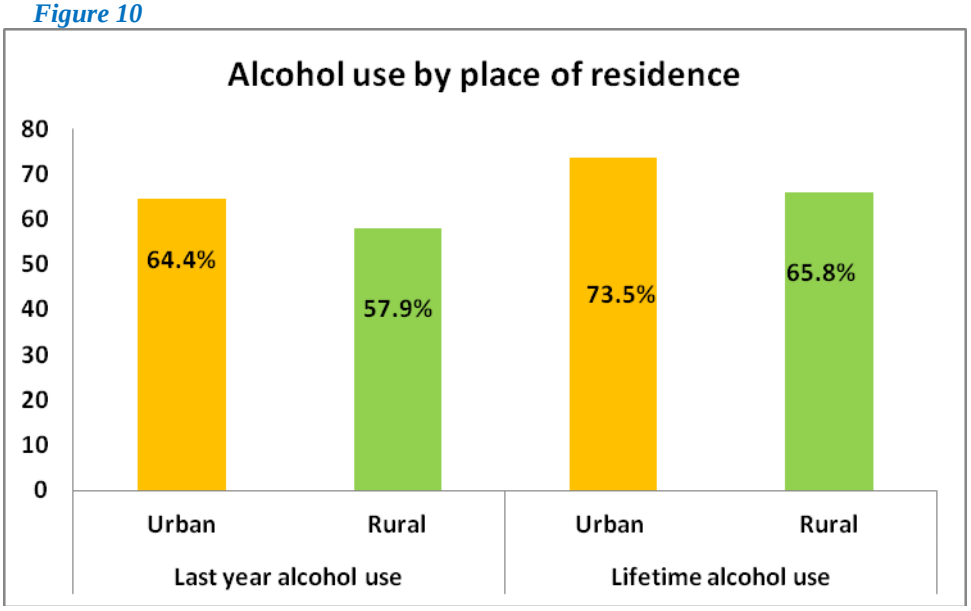
Both, the prevalences of lifetime alcohol use and last year alcohol use, were significantly higher in males compared with females: 80.1% vs. 59.5% for lifetime alcohol use and 73.6 vs. 49% for last year alcohol use, (figure 9).

Figure 9



As for place of residence (figure 10), in both cases (last year and lifetime alcohol consumption), the prevalence was higher in urban areas compared with rural areas (64.4% vs. 57.9% for last year) and (73.5% vs. 65.8%).

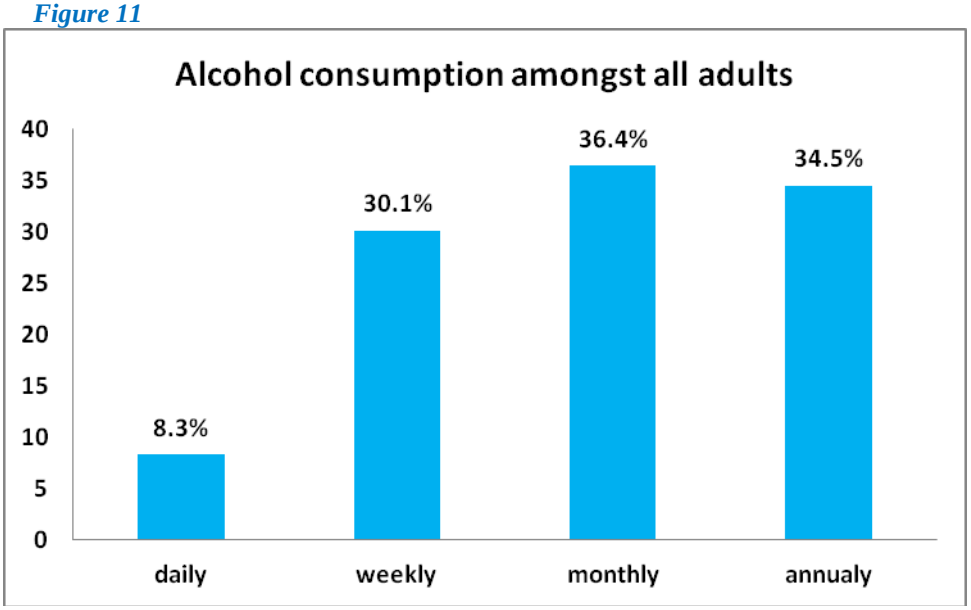
Figure 10



3. **Frequency of alcohol consumption**

Among individuals who reported alcohol consumption (figure 11), about 36% of them reported a monthly intake (1-3 days per month), followed by 35% of participants with a yearly intake (1-11 times per year). On the other hand, about 30% of individuals reported a weekly intake (1-6 days per week) and about 8% reported a daily intake of alcohol (7 days per week).

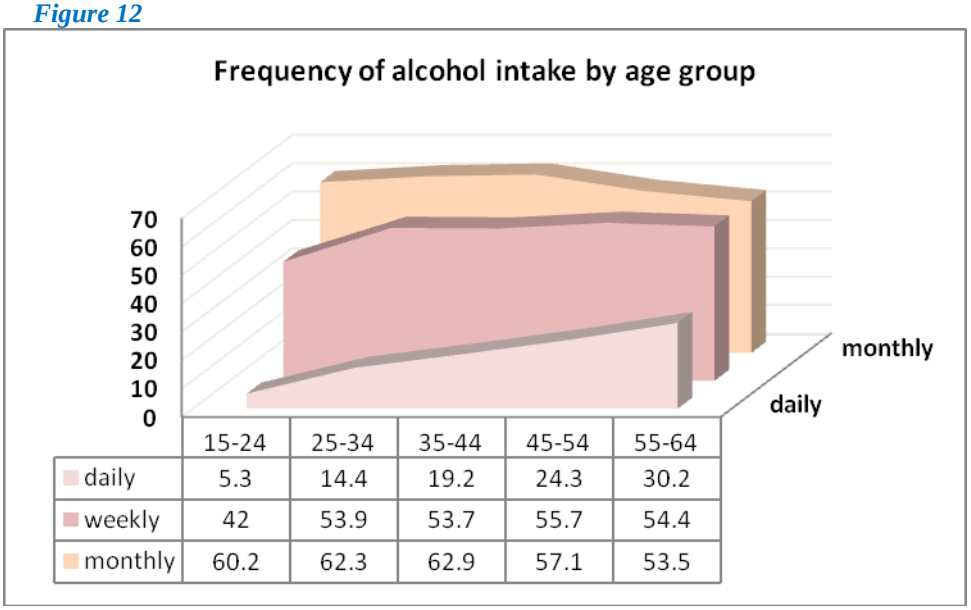
Figure 11



As for the frequency of alcohol consumption by age-group (figure 12), it was noted that individuals aged 55-64 years had the highest intake (30.2%), followed by the age-group 45-54 years (24.3%). Regarding the weekly consumption of alcohol (1-6 days per week), the highest intake was evident in the age-group over 24 years (55.7% for the age-group 45-54 years, 53.9% for the age-group 25-35 years and 53.7% for the age-group 35-44 years).

Conversely, the monthly consumption (1-3 days per month) of alcohol was the highest among individuals aged 35-44 years (62.9%), followed by participants aged 25-34 years (62.3%) and those aged 15-24 years (60.2%).

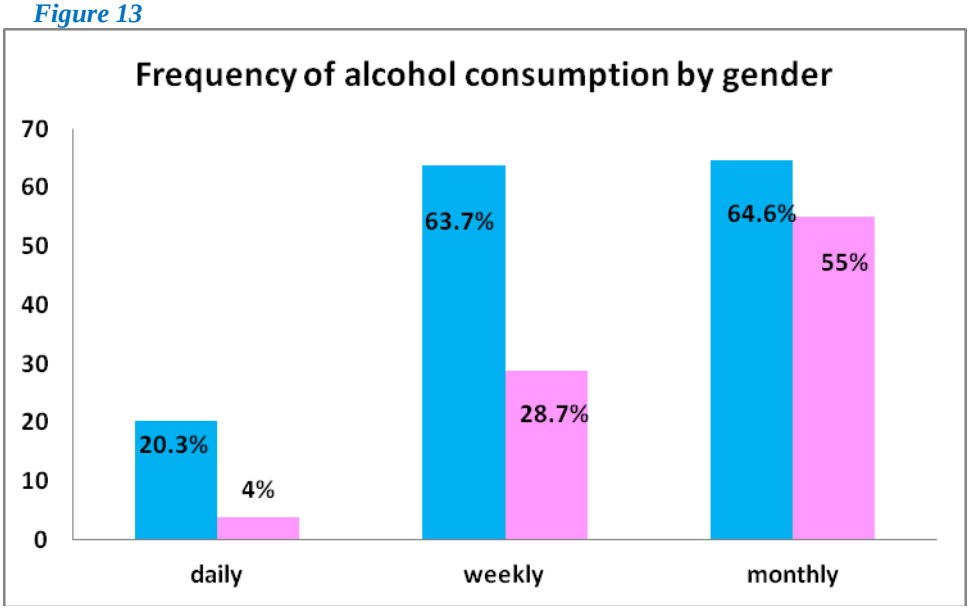
Figure 12



	15-24	25-34	35-44	45-54	55-64
daily	5.3	14.4	19.2	24.3	30.2
weekly	42	53.9	53.7	55.7	54.4
monthly	60.2	62.3	62.9	57.1	53.5

Regarding sex distribution, the prevalence of alcohol consumption in all cases was higher among males compared with females and the largest difference was for the daily intake, with 20.3% in males and 4% in females (figure 13).

Figure 13



4. Maximal mean number of drinks taken in one occasion

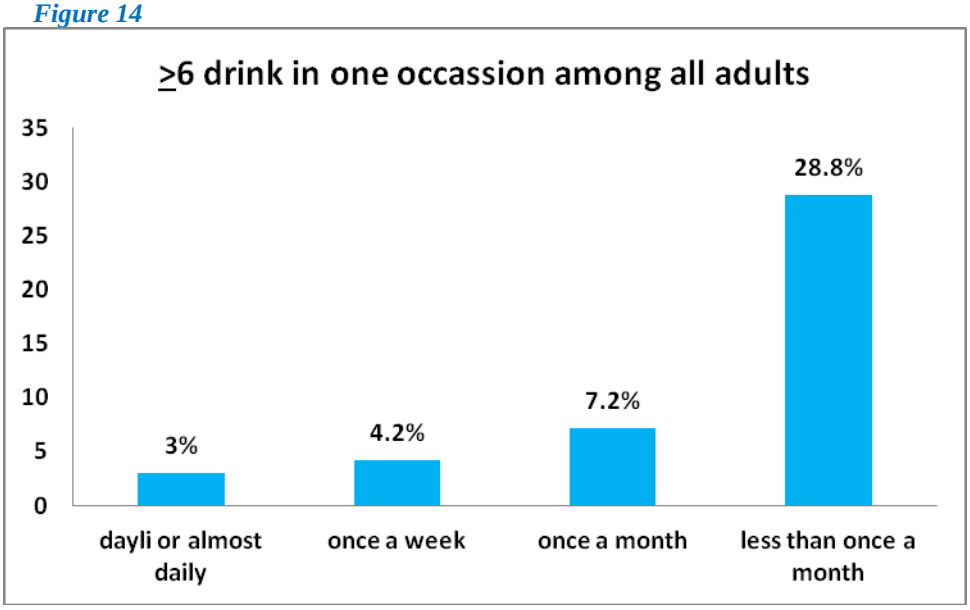
Among individuals who reported alcohol intake in the past 12 months (N=334), mean number of maximum number ofdrinks taken in one occasion was 10.1±7.3 units (range: 1-50 drinks; median: 9 drinks; interquartile range: 5-14 drinks).

5. Drinking 6 or more drinks in one occasion

Among all adults

Among individuals who reported alcohol use, 28.8% of them reported a consumption of ≥6 drinks in one occasion *less than once per month,* 7.2% *once per month,* 4.2% *once per week* and 3% *daily or almost daily* (figure 14).

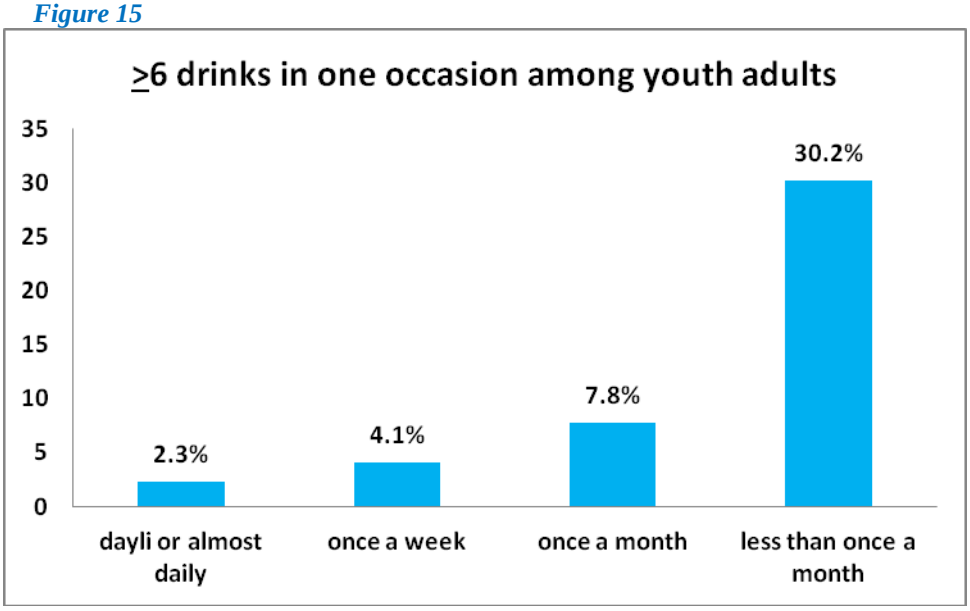
Figure 14



Among youth adults

Among participants who used alcohol, 30.2% of them reported a consumption of ≥ 6 drinks in one occasion *less than once per month,* 7.8% *once per month,* 4.1% *once per week* and *2.3% daily or almost daily (*figure 15*).*

Figure 15



6. Taking sometimes a drink in the morning

Among participants who reported alcohol intake (N=2275), 237 (10.4%) reported that they sometimes took a drink in the morning when they first got up, as opposed to 2020 (88.8%) who did not report to engage in this behavior. Only 18 (0.8%) participants either did not know or refused to answer to this question.

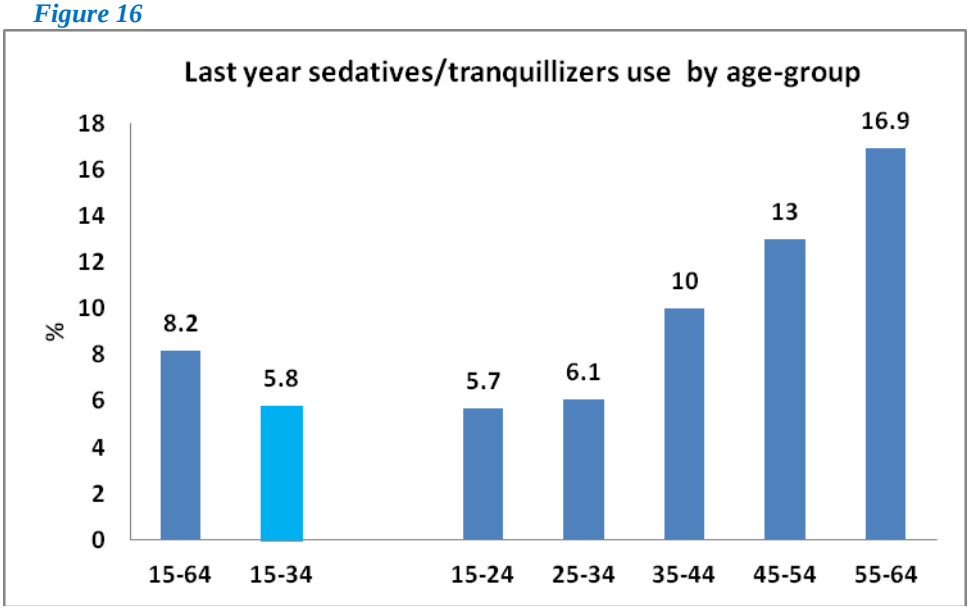
Chapter IV: Pharmaceuticals

1. The last year prevalence of sedatives and/or tranquillizers use by age, gender and place of residence

The last year prevalence of taking sedatives or tranquillizer was 8.5% (N=335) compared with 90% of participants that they had not taken any sedatives or tranquillizers during the past 12 months.

Among young adults, (age between 15-34), the last year prevalence of sedatives or tranquillizers use was significally lower than prevalence among all adults (age between 15-64), (5.8% vs. 8.2%). On the other hand, the last year prevalence of sedatives or tranquillizers use (figure 16) was higher in oldest age group (age 55-64), and lower in younger age group (age 15-24), (16.9% vs. 5.7% respectively).

Figure 16



The last year prevalence of sedatives/tranquillizers use was higher in females compared to males (9.2% vs. 7.7%), (figure 17), and significantly higher in urban areas compared to rural areas (10.1% vs. 6.6%), (figure 18).

Figure 17

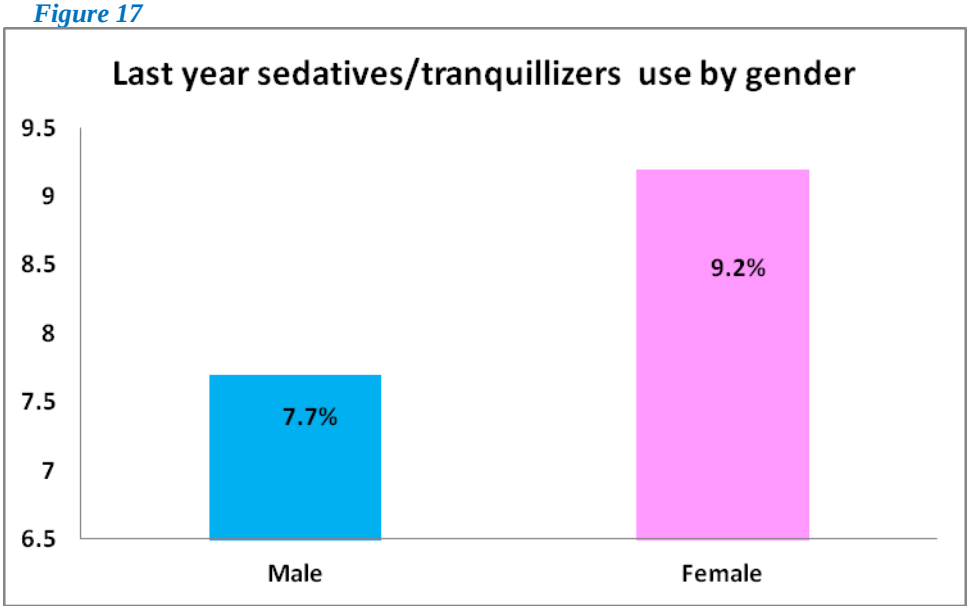
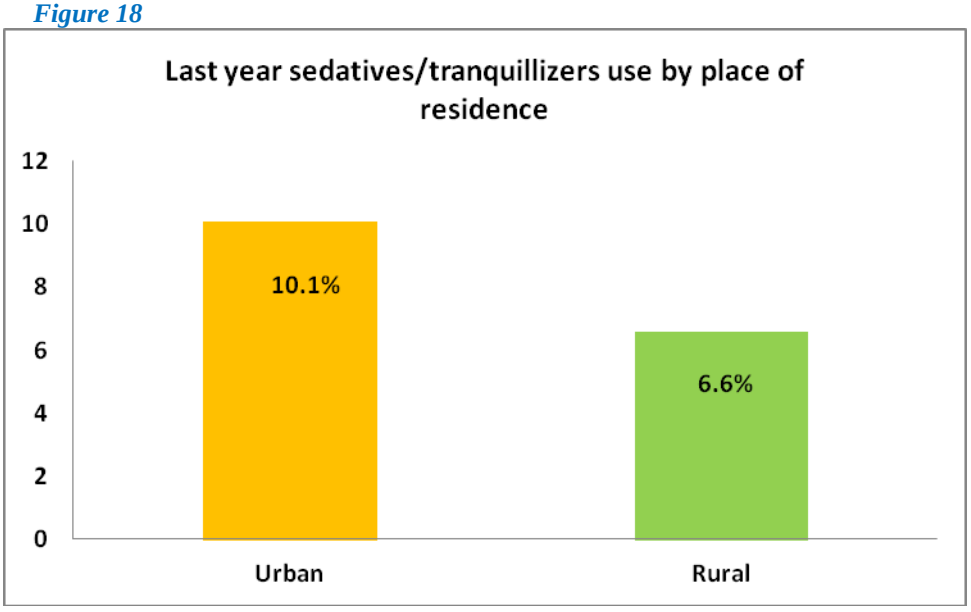


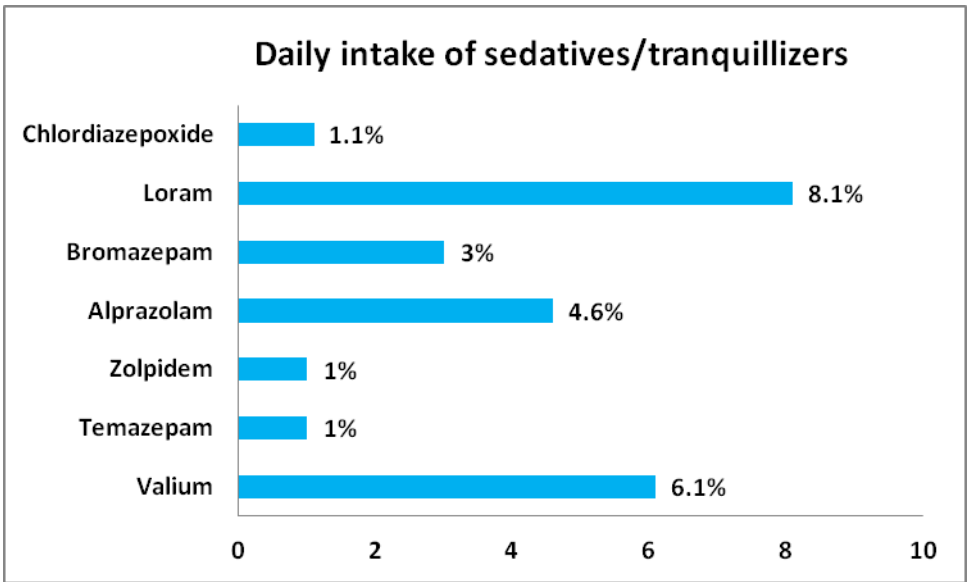
Figure 18



2. Frequency of sedatives and/or tranquillizers use

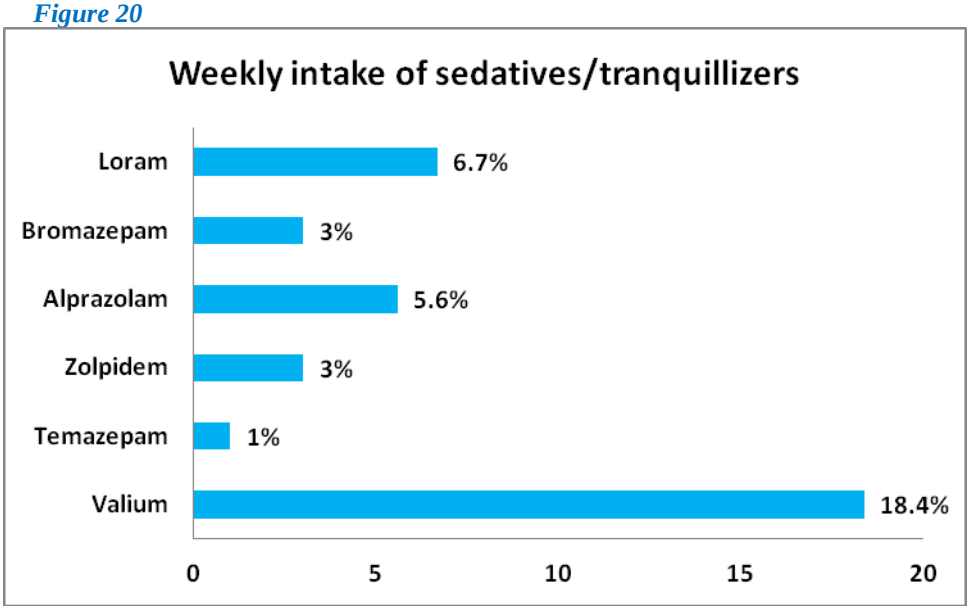
Among participants who used sedatives and/or tranquillizers on a *daily* basis, (figure 19), Loram was the most frequent drug used (8.1%), followed by Valium (6.1%) and Alprazolam (4.6%).

Figure 19



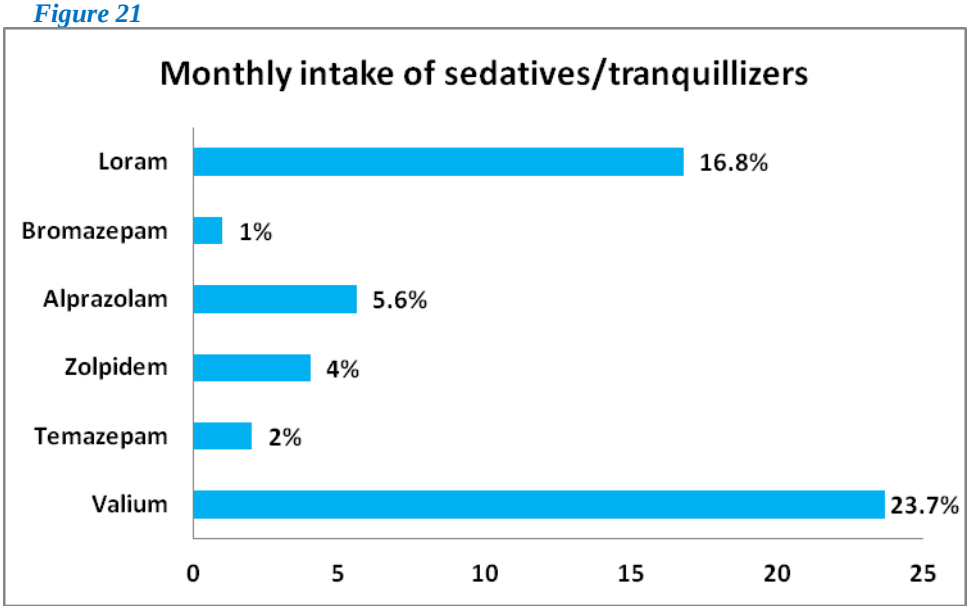
Among individuals who used sedatives and/or tranquillizers on a *weekly* basis (1-6 days per week) (figure 20), Valium was the most frequent drug used (18.4%), followed by Loram (6.7%) and Alprazolam (5.6%).

Figure 20



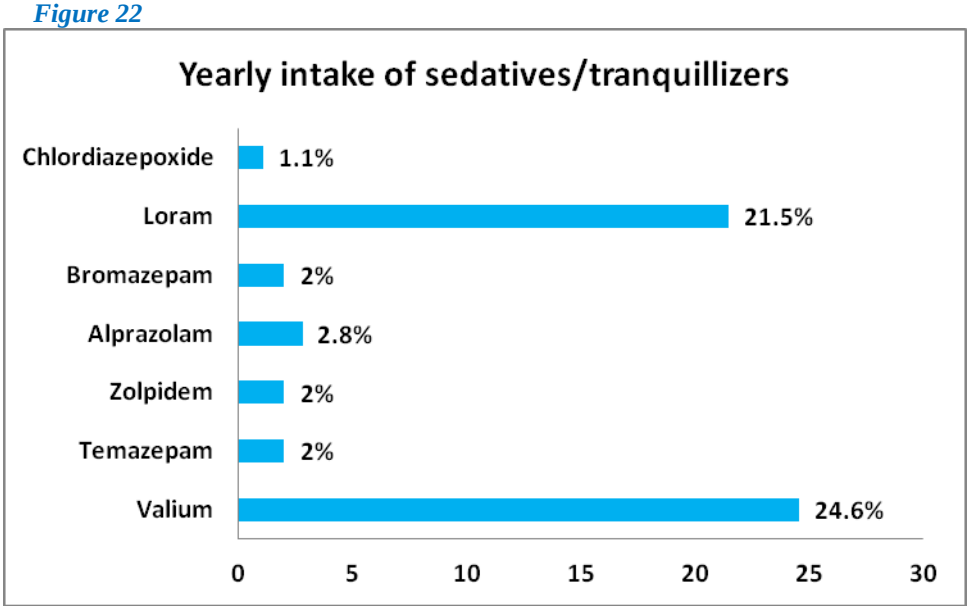
Among participants who used sedatives and/or tranquillizers on a *monthly* basis (1-3 days per month) (figure 21), the two most frequently used drugs were Valium (23.7%) and Loram (16.8%).

Figure 21



Similar to the monthly consumption described above, among participants who used sedatives and/or tranquillizers on a *yearly* basis (1-11 days a year) (figure 22), the two most frequently used drugs were Valium (24.6%) and Loram (21.5%).

Figure 22

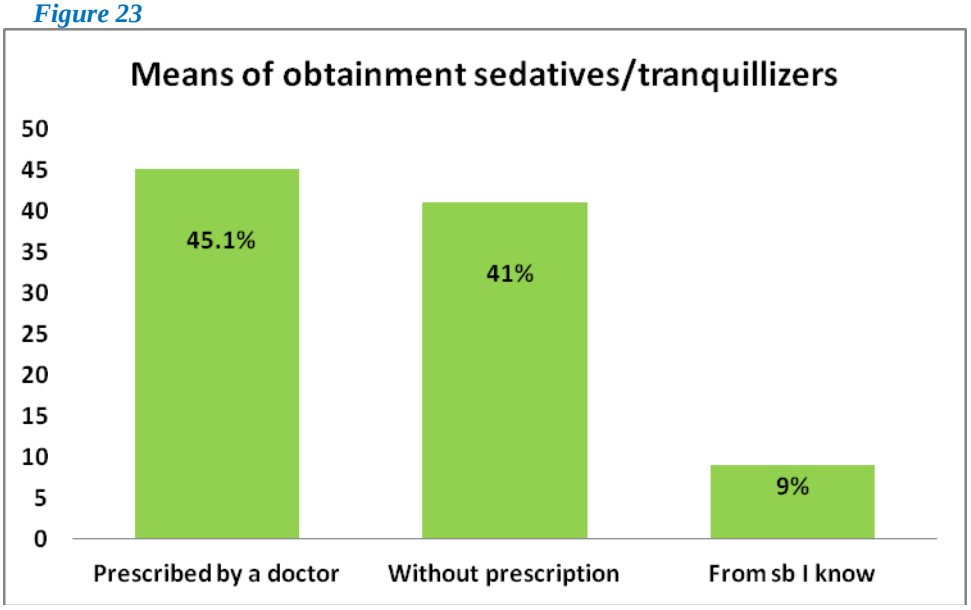


3. Means of obtainment of sedatives or tranquillizers taken in the last occasion

As for the means of obtainment of sedatives or tranquillizers taken in the last occasion, among 264 participants who provided a valid answer, 119 (45.1%) reported that they bought these drugs or had them prescribed by a doctor; 24 (9.1%) reported that they got these drugs from somebody else they knew; 108 (40.9%) stated that they bought these drugs without a prescription in a pharmacy, and;

only 13 (4.9%) of participants stated that they used other means of supply for the sedatives or tranquillizers they took in their last occasion (figure 23).

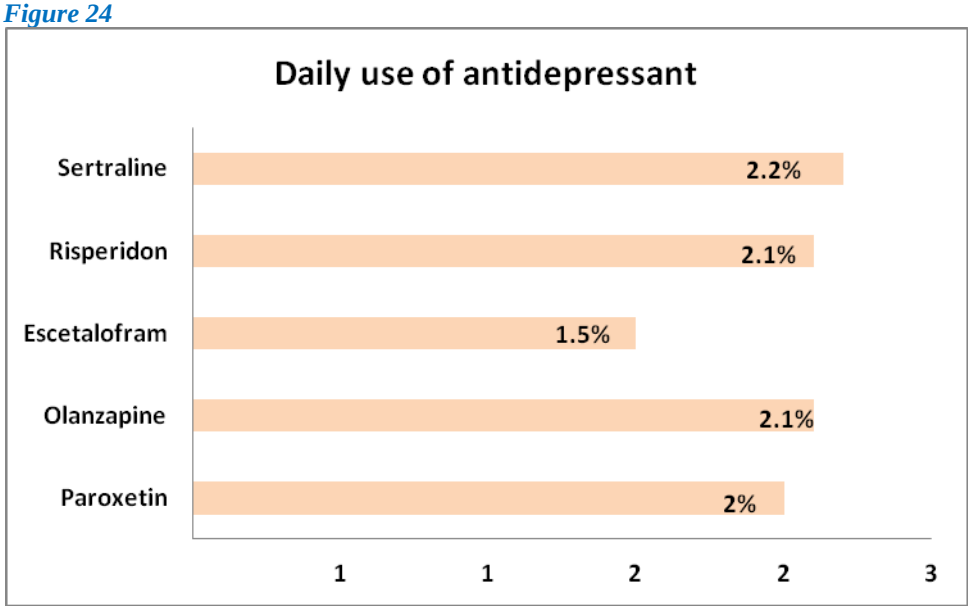
Figure 23



4. Frequency of antidepressant use

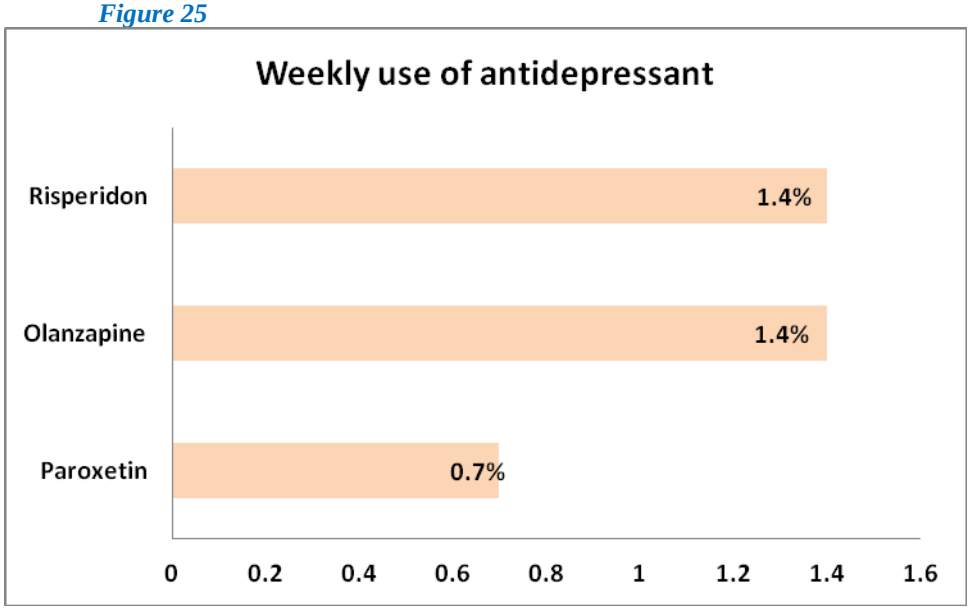
Among participants with a daily use of antidepressant, Sertraline (2.2%), Risperidon and Olanzapine (2.1%) and Paroxetin (2%) were the most frequently used drugs (figure 24).

Figure 24



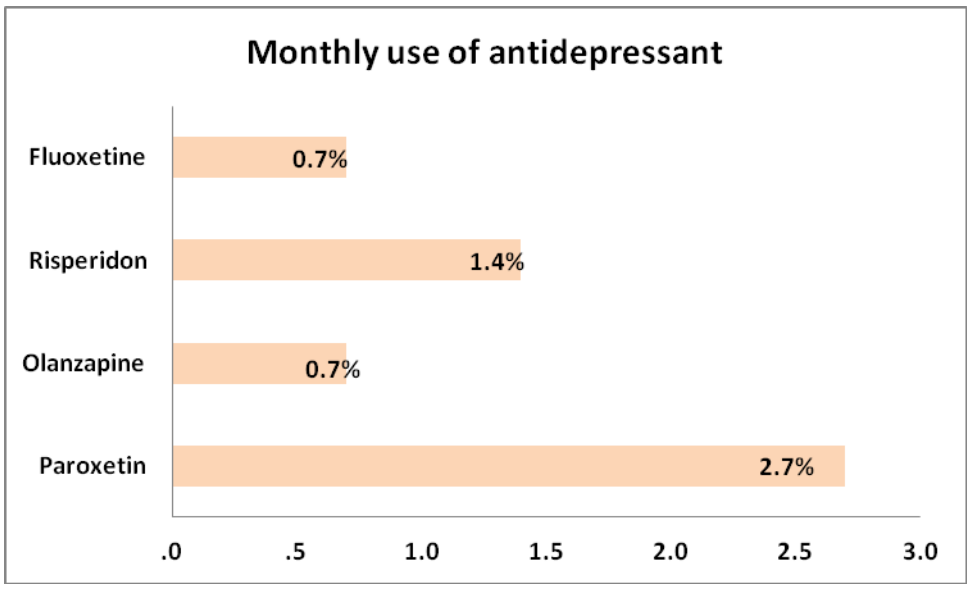
Among respondents with a *weekly* (1-6 days per week) use of antidepressant, Risperidon and Olanzapine (1.4%) and Paroxetin (0.7%%) were the most frequently used drugs (figure 25).

Figure 25



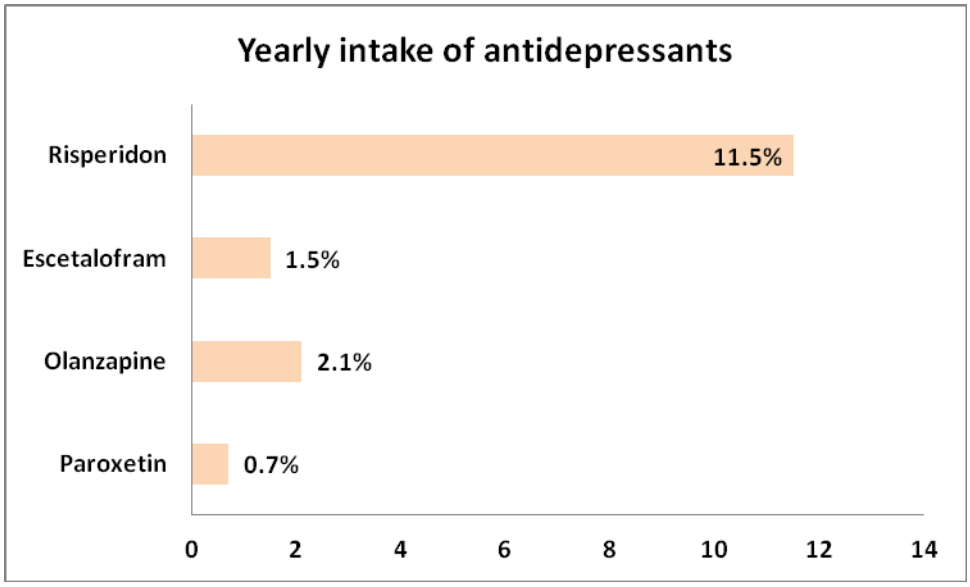
Among those who reported a *monthly* use (1-3 days per month) of antidepressants, Paroxetin (2.7%) and Risperidon (1.4) were the most frequently used drugs (figure 26).

Figure 26



Among respondents with a *yearly* use (1-11 times per year) of antidepressants, Risperidon (11.5%) was the most frequently used drug (figure 27).

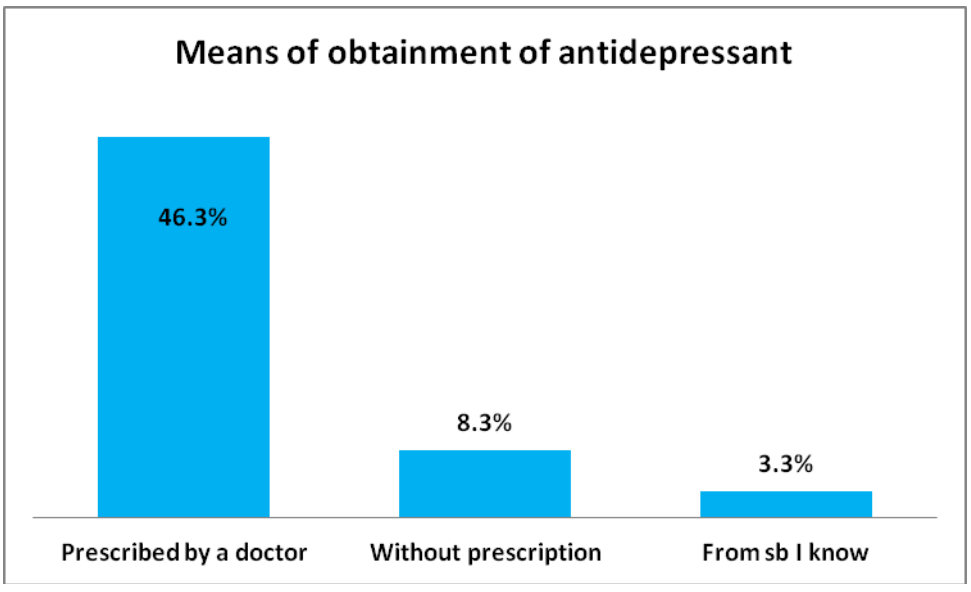
Figure 27



5. Means of obtainment of antidepressants taken in the last occasion

As for the means of obtainment of antidepressants taken in the last occasion, among 121 participants who provided a valid answer, 56 (46.3%) reported that they bought these drugs or had them prescribed by a doctor; 4 (3.3%) reported that they got these drugs from somebody else they knew; 10 (8.3%) stated that they bought these drugs without a prescription in a pharmacy; and 51 (42.1%) of participants stated that they used other means of supply for the antidepressants they took in their last occasion (figure 28).

Figure 28

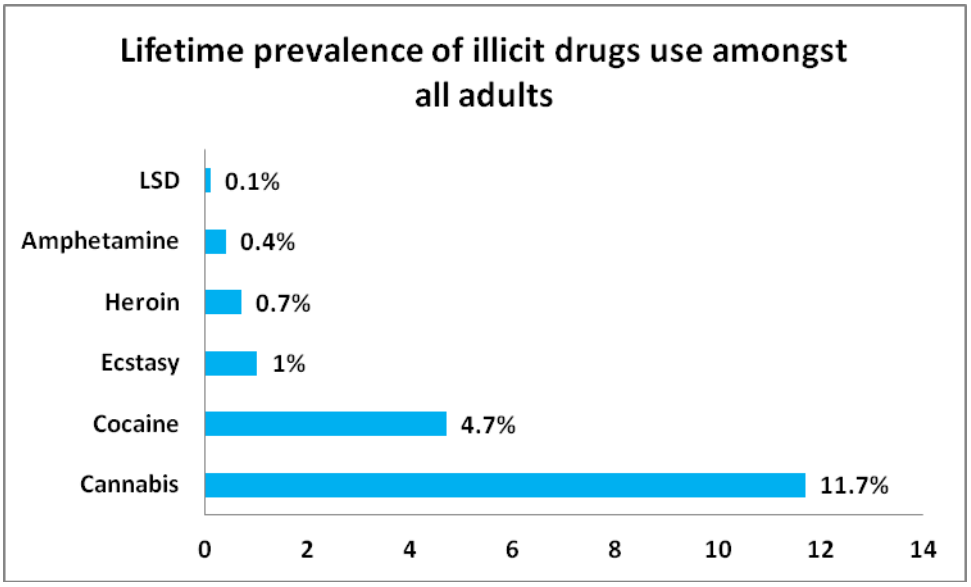


Chapter V: Illicit drugs

1. Distribution of illicit drugs among study participants

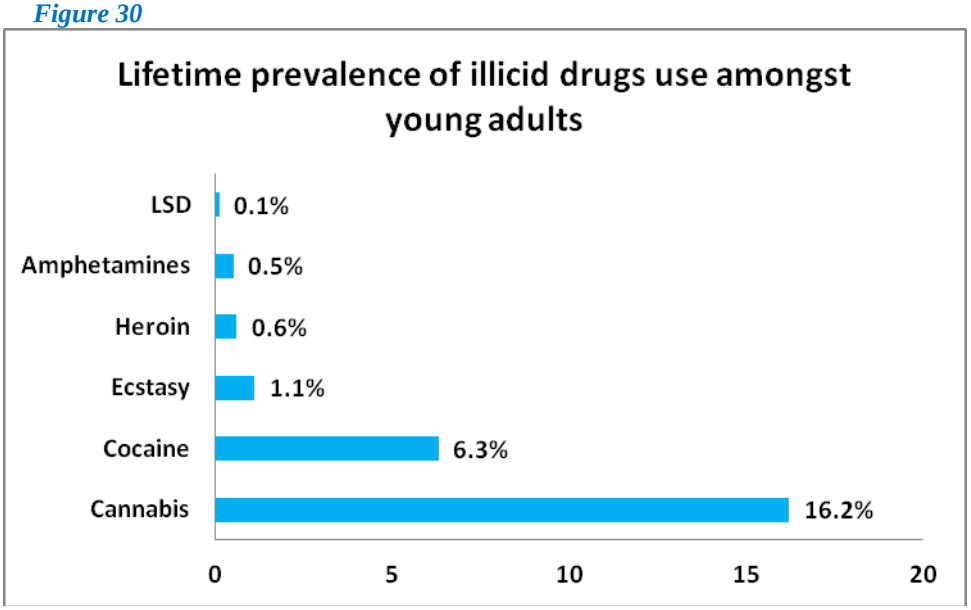
a. Amongst all adults (age 15-64), the most commonly used illicit drugs in their life were cannabis (11.6%) and cocaine (4.7%). The lifetime prevalence of other types of illicit drugs were considerably lower (≤ 1%) and were as follows: ecstasy 1%, heroine 0.7%, amphetamine 0.4% and LSD 0.1%, (figure 29).

Figure 29



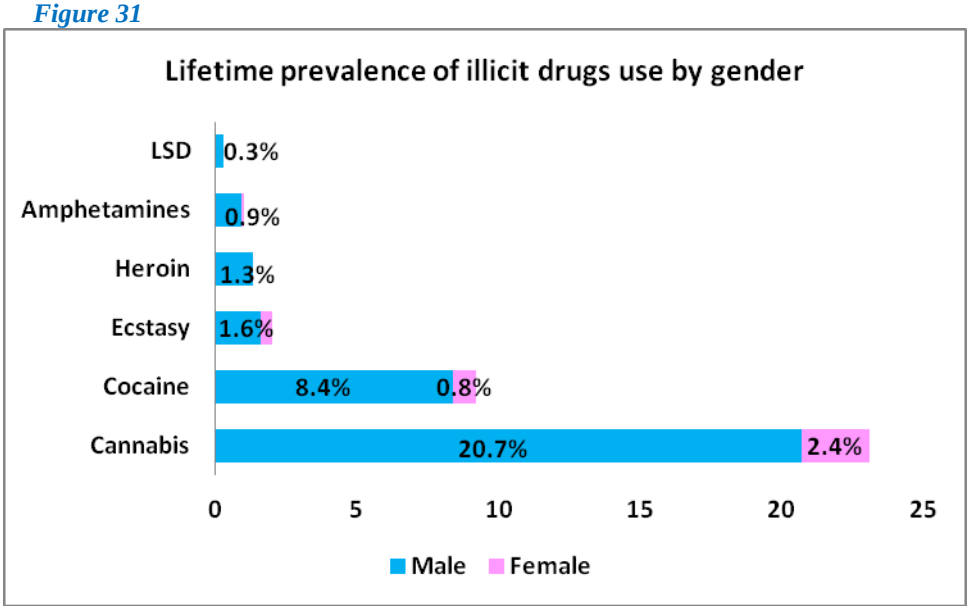
The lifetime prevalences of illicit drugs use amongst young adults (aged 15-34) were higher than amongst all adults for cannabis (16.2% vs. 11.7%) and cocaine (6.3% vs. 4.7%) (figure 30).

Figure 30



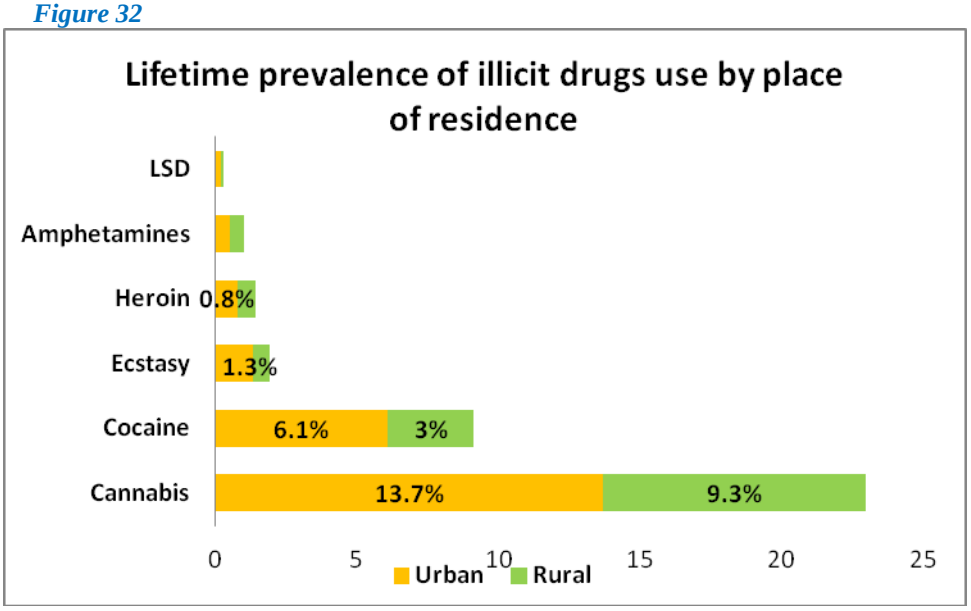
The lifetime prevalences of illicit drugs use amongst all adults were considerably higher in males compared with females (8-10 times higher for cannabis and cocaine) (figure 31).

Figure 31



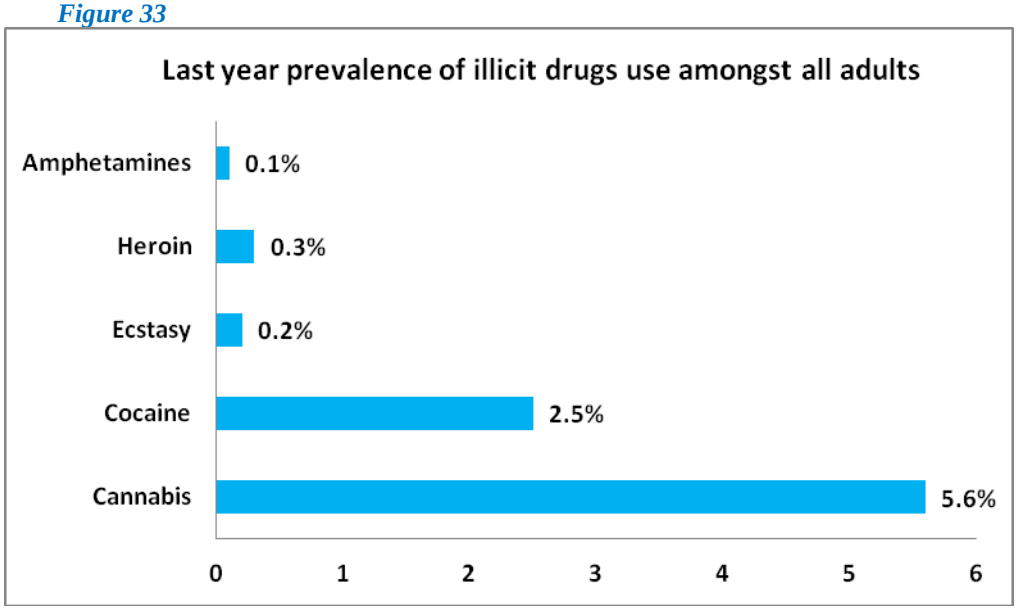
As for place of residence, the lifetime prevalences of illicit drugs were higher in urban areas compared to rural areas, for cannabis (13.7% vs. 9.3%), for cocaine (6.1% v.s 3%) and for ecstasy (1.3% vs. 0.6%) respectively (figure 32).

Figure 32



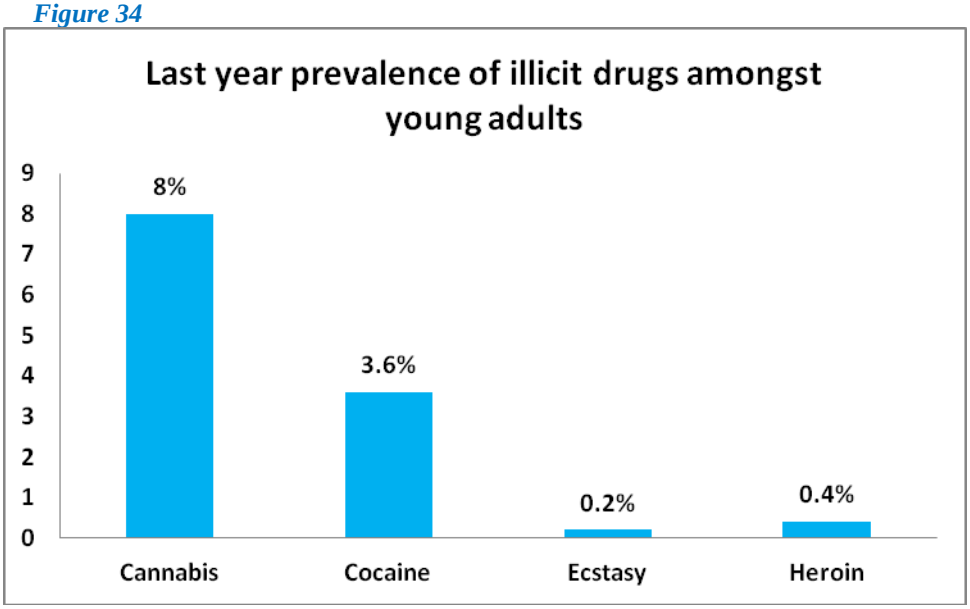
b. The last year prevalences of cannabis and cocaine use amongst all adults were 5.6% and 2.5% respectively, whereas the last year prevalence of other types of illicit drugs (ecstasy, heroine, amphetamine) were considerably lower (< 0.5%) (figure 33).

Figure 33



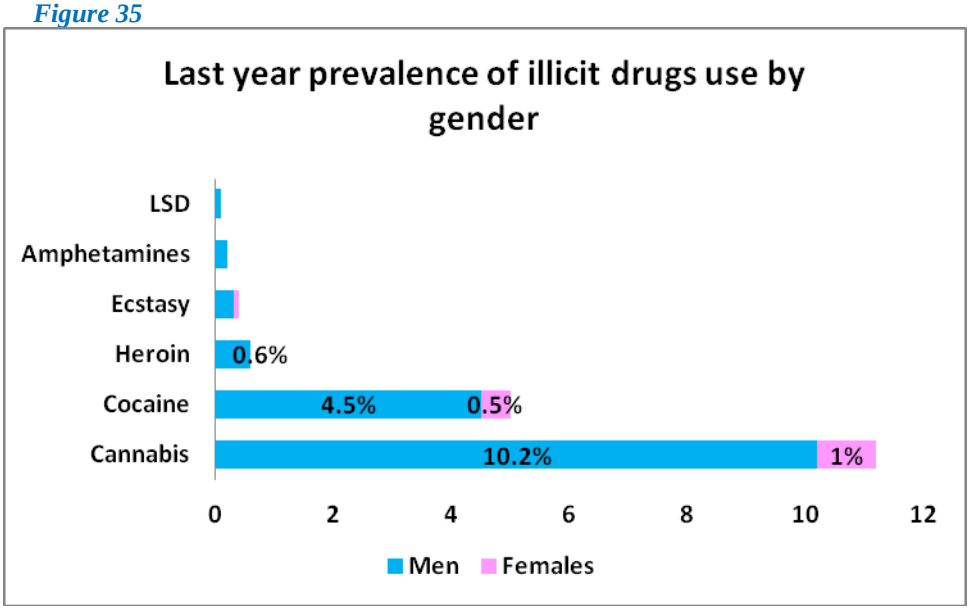
The last year prevalences of illicit drugs use amongst young adults (aged 15-34) were higher than amongst all adults for cannabis (8% vs. 5.6%) and cocaine (3.6% vs. 2.5%) (figure 34).

Figure 34



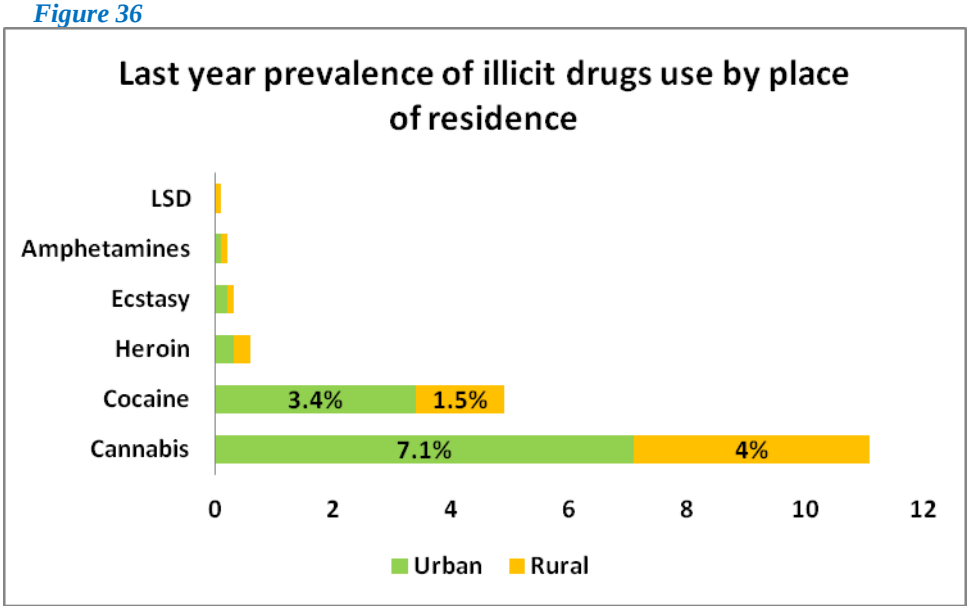
For all types of drugs, the last year prevalence of illicit use was higher in males compared with females (figure 35). Hence, past year use of cannabis was 10.2% in males versus 1% in females; past year use of cocaine was 4.5 in males and 0.5% in females. On the other hand, past year use of heroine was evident only among males with a prevalence of 0.6%.

Figure 35



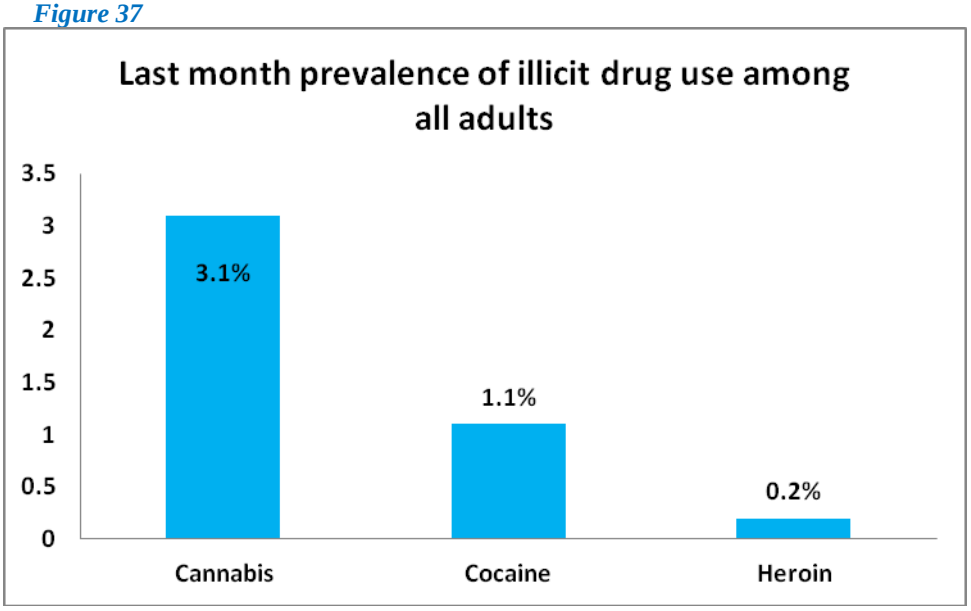
Similarly, for all types of drugs, past year prevalence of illicit use was higher in urban areas compared to rural areas (figure 36). Thus, past year use of cannabis was 7.1% in urban areas versus 4% in rural areas; past year use of cocaine was 3.4% in urban areas versus 1.5% in rural areas.

Figure 36



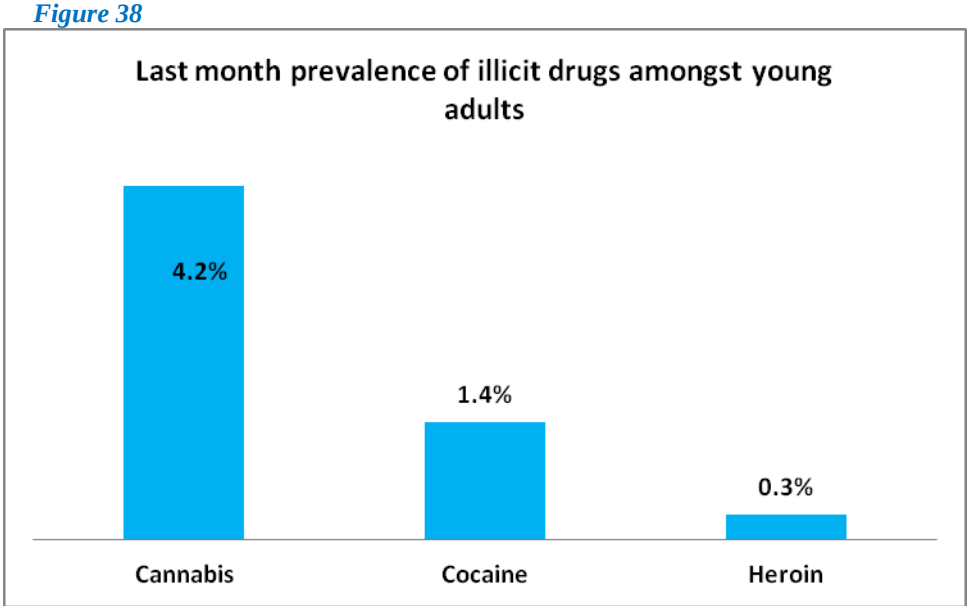
c. The last month prevalences of cannabis and cocaine use amongst all adults were 3.1% and 1.1% respectively, whereas there is no report for using amphetamine, LSD and ecstasy during last month (figure 37).

Figure 37



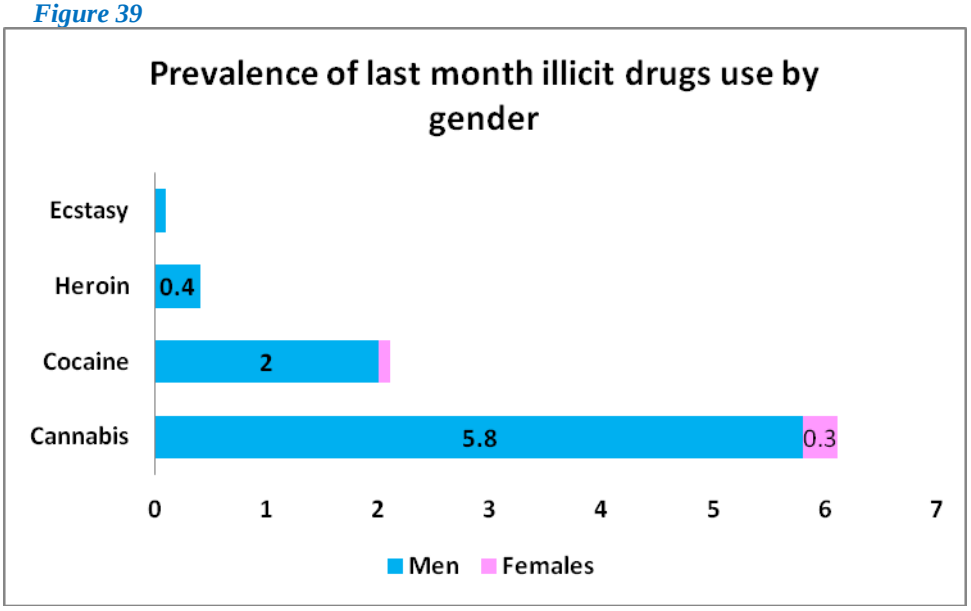
In addition, the last month prevalences of illicit drugs use amongst young adults were slightly higher than amongst all adults for cannabis (4.2% vs. 3.1%) and for cocaine (1.4% vs.1.1%) respectively (figure 38).

Figure 38



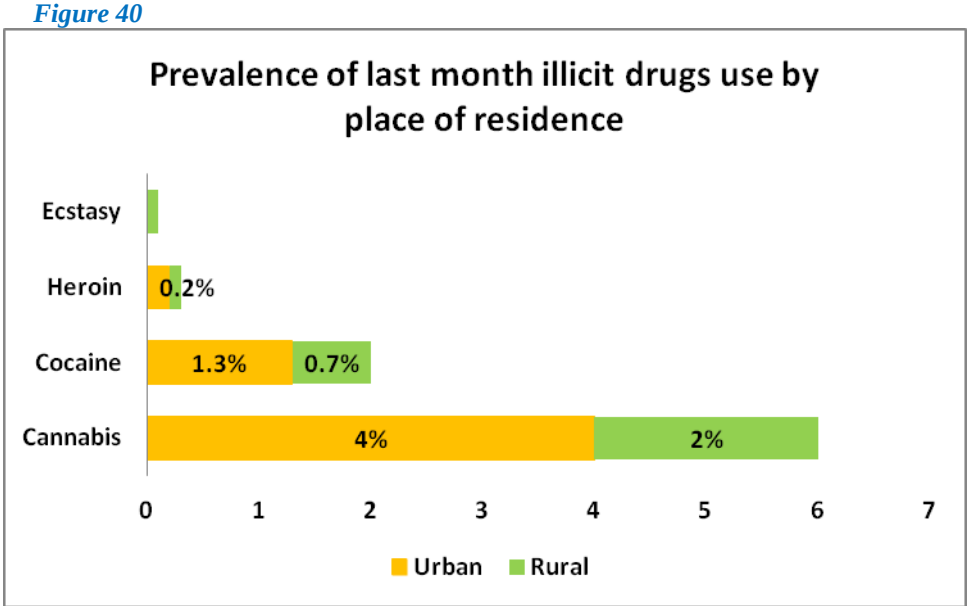
Regarding the sex distribution, last month prevalence of illicit drug use was higher in males compared with females (figure 39). The last month use of cannabis was 5.8% in men versus 0.3% in women. On the other hand, in males only, the prevalence of last month use of cocaine was 2%.

Figure 39



Regarding the place of residence, for all types of drugs, last month prevalence of illicit use was higher in urban areas compared with rural areas (figure 40). Last month use of cannabis was 4% in urban areas and 2% in rural areas; last month use of cocaine was 1.3% in urban areas and 0.7% in rural areas.

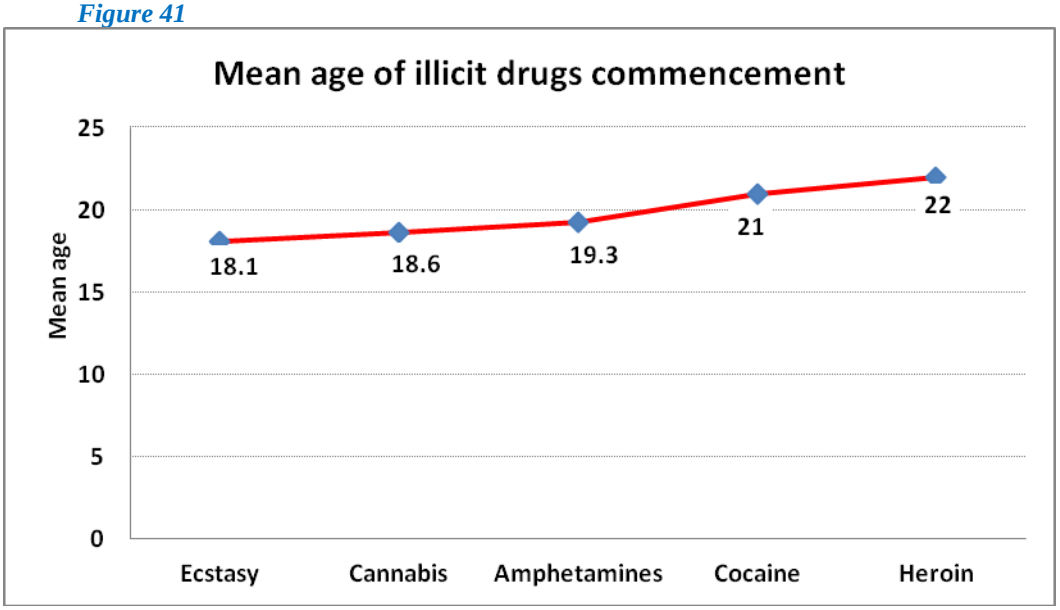
Figure 40



2. Mean age of commencement of illicit drugs

Mean age of commencement of illicit drugs varied from 18.1 years (for ecstasy) to 22 years (for heroine). Mean age of commencement of hard drugs was significantly higher compared with ecstasy and cannabis (figure 41).

Figure 41



3. Prevalence of illicit drug use by age group

a. Cannabis use by age group

The lifetime prevalence of cannabis (table 6) use was the highest in the age-group 25-34 years (17.9%), followed by the age-group15-24 years (14.7%) and next the age-group 35-44 years (7%). On the contrary, last year prevalence of cannabis use was higher in the age-group 15-24 years (8.2%), followed by the age-group 25-34 years (7.8%) and subsequently the age-group 35-44 years (2.2%).
In addition, last month prevalence of cannabis use was higher in the age-group 25-34 years (4.7%) and the age-group 15-24 vjec (3.9%).

Table 6: Prevalence of cannabis use by age groups (%)

	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	P-value
Lifetime prevalence	14.7	17.9	7	2	0.6	**<0.01**
Last year prevalence	8.2	7.8	2.2	0.5	0.3	**<0.01**
Last month prevalence	3.9	4.7	1.4	0.5	0.3	**<0.01**

b. Cocaine use by age-group

In general, all prevalences of cocaine use (lifetime, last year and last month) were the highest in the age-group 25-34 years (table 7). Hence, the lifetime prevalence of cocaine use was the highest in

the age-group 25-34 years (9.5%), followed by the age-group 15-24 years (4.2%) and next by the age-group 35-44 years (3%).
Similarly, the last year prevalence of cocaine use was the highest in the age-group 25-34 years (5.2%), followed by the age-group 15-24 years (2.6%) and subsequently by the age-group 35-44 years (1.4%).
Furthermore, the last month prevalence of cocaine use was the highest in the age-group 25-34 years (2.4%) and next in the age-groups 15-24 years and 35-44 years (0.8%).

Table 7: Prevalence of cocaine use by age groups (%)

	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	P-value
Lifetime prevalence	4.2	9.5	3	0.5	0.6	**<0.01**
Last year prevalence	2.6	5.2	1.4	0	0	**<0.01**
Last month prevalence	0.8	2.4	0.8	0	0	**0.003**

c. Heroin use by age-group

Compared with the use of cannabis and cocaine, the use of heroine was lower for all the age-groups (table 8). The lifetime prevalence of heroin use was the highest in the age-group 35-44 years (1.1%), followed by the age-group 25-34 vjec (1%) and next by the age-groups 15-24 years and 45-54 years (0.5%). On the other hand, both the last year and last month prevalence of heroin use were higher in the age-groups 25-34 years and 15-24 years.

Table 8: Prevalence of heroin use by age groups (%)

	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	P-value
Lifetime prevalence	0.5	1	1.1	0.5	0	0.38
Last year prevalence	0.3	0.5	0	0.3	0	0.55
Last month prevalence	0.3	0.3	0	0	0	0.61

d. Ecstasy use by age group

The lifetime prevalence of ecstasy use (table 9) was the highest in the age-group 25-34 years (1.8%), followed by the age-group 35-44 years (1%) and the age-group 45-54 years (0.8%).
Conversely, the last year and last month prevalence of ecstasy use for all age-groups were lower than 0.5%, with a predominance in the age-group 25-34 years (0.4% and 0.1%, respectively).

Table 9: Prevalence of ecstasy use by age groups (%)

	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	P-value
Lifetime prevalence	0.6	1.8	1	0.8	0.6	0.2
Last year prevalence	0	0.4	0	0.3	0.3	0.42
Last month prevalence	0	0.1	0	0	0	0.83

e. Amphetamine use by age-group

The lifetime prevalence of Amphetamine use (table 10) was the highest in the age-group 25-34 years (1%), followed by the age-group 45-54 years (0.5%) and the age-group 15-24 years (0.3%). In addition, the last year and last month prevalences of amphetamine use were 0.2% and 0.1%, respectively, whereas for all the other age-groups these estimates were 0%.

Table 10: Prevalence of amphetamine use by age groups (%)

	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	P-value
Lifetime prevalence	0.3	1	0.2	0.5	0	0.22
Last year prevalence	0	0.2	0	0	0	0.48
Last month prevalence	0	0.1	0	0	0	0.75

f. LSD use by age group

Regarding the use of LSD, only the age-group 15-24 years reported use of these substances, with a very low prevalence rate (lifetime prevalence was 0.3%, whereas last year prevalence was only 0.1%). All the other age-groups did not report any use of LSD (table 11).

Table 11: Prevalence of LSD use by age groups (%)

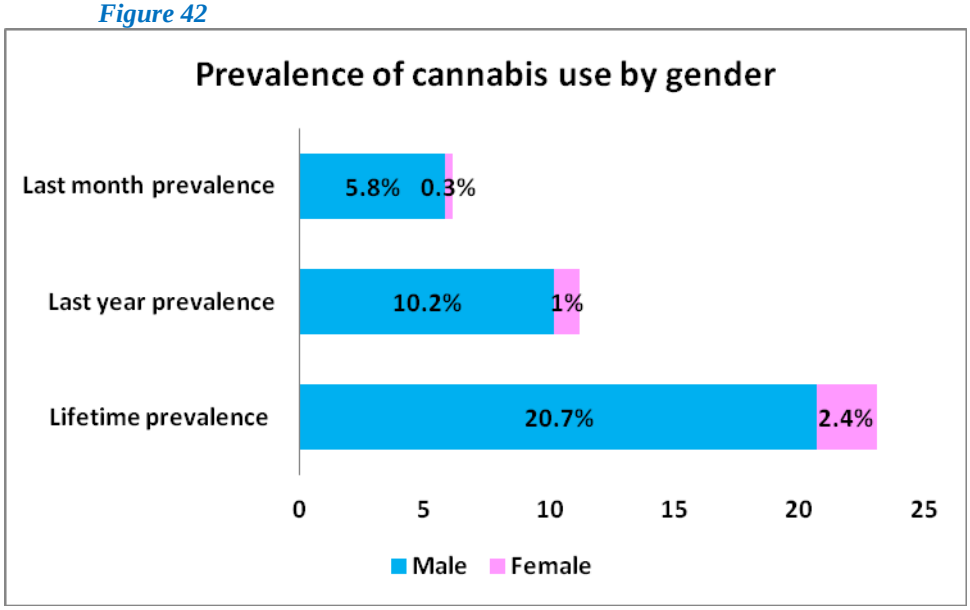
	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	P-value
Lifetime prevalence	0.3	0	0	0	0	0.03
Last year prevalence	0.1	0	0	0	0	0.75
Last month prevalence	0	0	0	0	0	0.47

4. Prevalence of illicit drugs use by sex

a. Cannabis use by sex

For all parameters, the prevalence of cannabis use was significantly higher in men compared with women. Hence, the lifetime prevalence of cannabis use was 20.7% in males versus 2.4% in females. Conversely, the last year prevalence of cannabis use was 10.2% in males versus 1% in females. Finally, the last month prevalence of cannabis use was 5.8% in males compared with only 0.3% in females (figure 42).

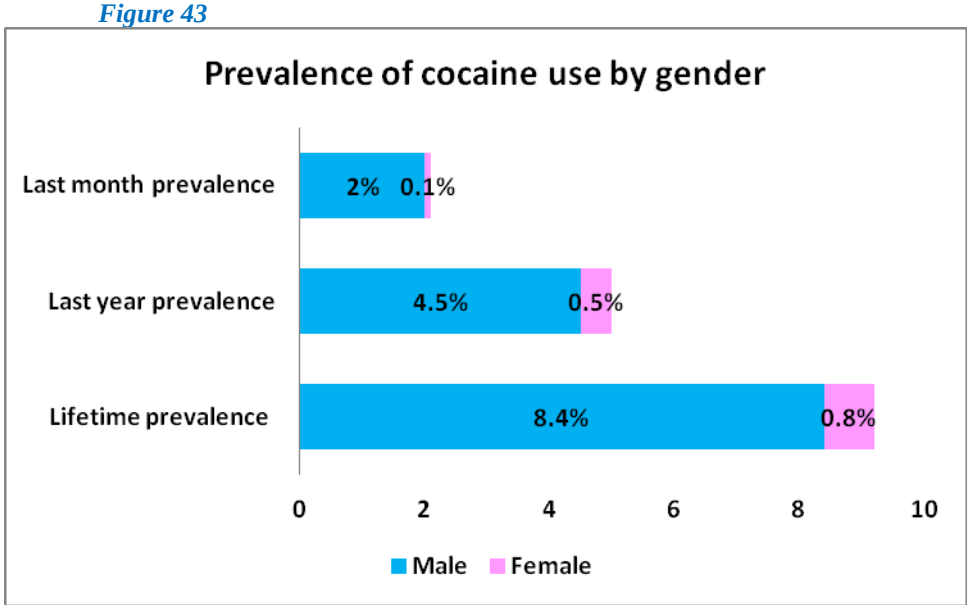
Figure 42



b. Cocaine use by gender

Similar to the pattern of cannabis use, the prevalence of cocaine use was significantly higher in men than in women. Thus, the lifetime prevalence of cocaine use was 8.4% in males versus only 0.8% in females. The last year prevalence of cocaine use was 4.5% in males compared with only 0.5% in females. The last month prevalence of cocaine use was 2% in males compared with only 0.1% in females (figure 43).

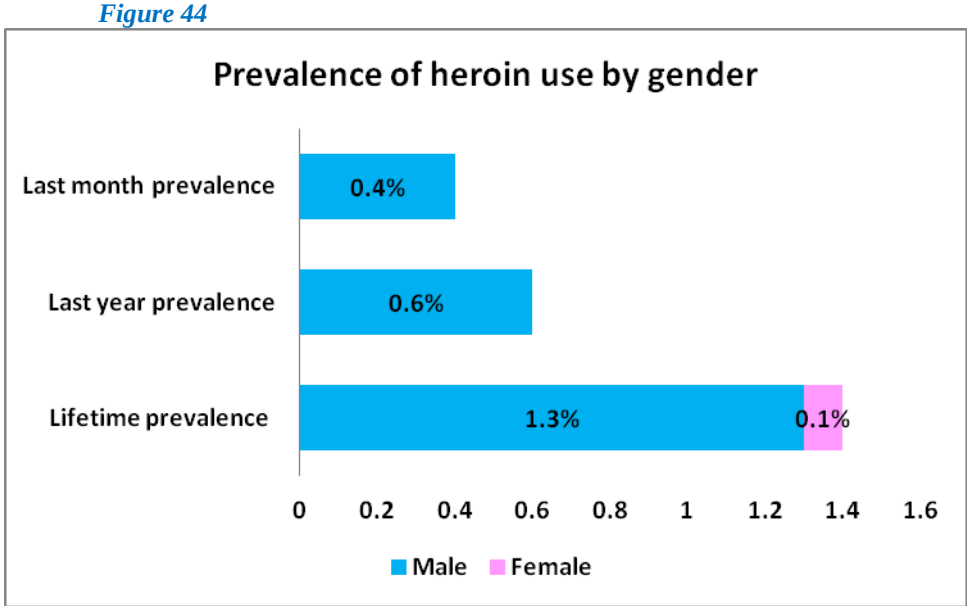
Figure 43



c. Heroin use by gender

The lifetime prevalence of heroin use was 1.3% in males compared with only 0.1% in females. In men**,** the last year prevalence of heroin use was 0.6% and the last month prevalence of heroin use was 0.4%. There were no females who reported a consumption of heroin during past month or during past year (figure 44).

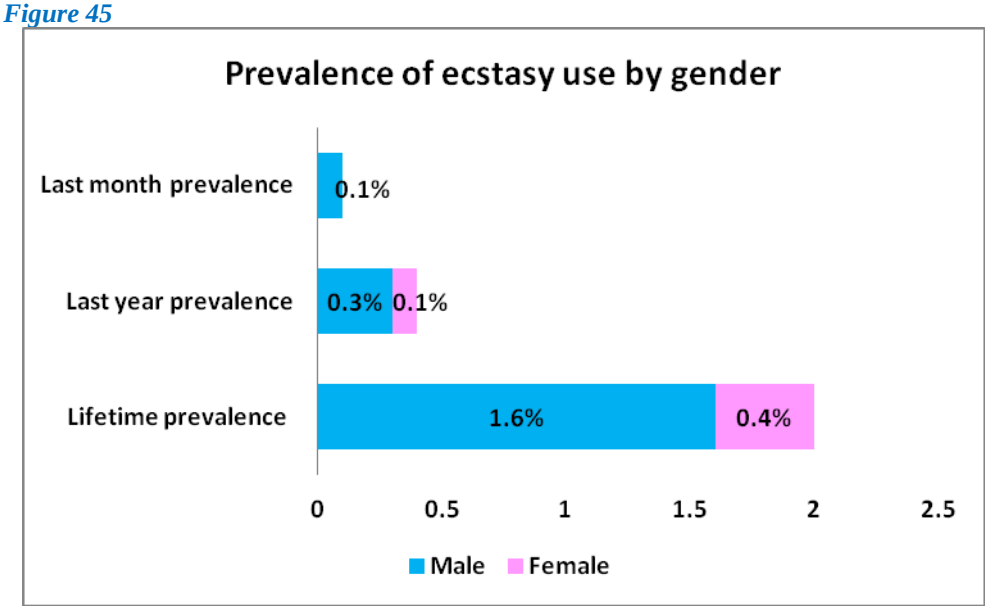
Figure 44



d. Ecstasy use by gender

The lifetime prevalence of ecstasy use was 1.6% in males versus 0.4% in females. The last year prevalence of ecstasy use was 0.3% in males compared with 0.1% in females. Finally, the last month prevalence of ecstasy use was 0.1% in males, whereas no females reported use of ecstasy during the past 30 days (figure 45).

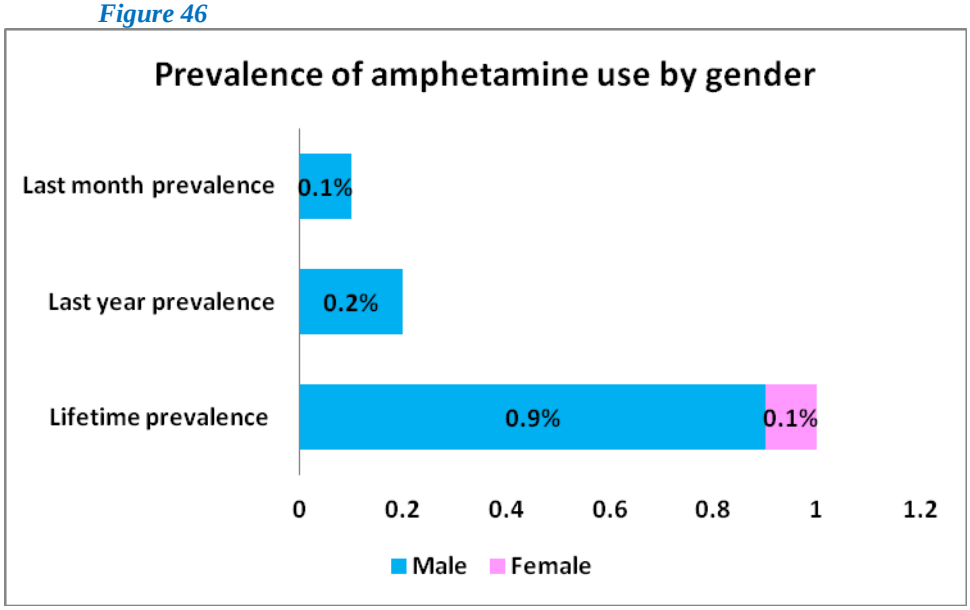
Figure 45



e. Amphetamine use by gender

The lifetime prevalence of amphetamine use was 0.9% in males compared with 0.1% in females. Among males, the last year prevalence of amphetamine use was 0.2% and the last month prevalence of amphetamine use was 0.1%. on the other hand, no females reported use of heroine during the past month or the past year (figure 46).

Figure 46



f. LSD use by gender

Use of LSD was very rare. Only 0.3% of males had ever used it, and only 0.1% of men had used LSD during the past year. On the other hand, no women reported use of LSD (given the fairly small estimates, no figure is provided for the use of LSD).

5. Frequency of illicit drugs

Participants were asked about the frequency of past month use of illicit drugs including cannabis, ecstasy, amphetamines, cocaine, heroin and LSD.

Among participants who reported cannabis use, 16% (N=16) reported that they took cannabis on at least 20 days during the past month; 12% stated that they took cannabis on 10-19 days; 19% on 4-9 days; and 53% took these drugs on 1-3 days during the past month.

Among two individuals who had taken amphetamines in the past month, one of them had used amphetamines 10-19 days, whereas the other one had taken these drugs only 1-3 days.

Overall, 17 (0.4%) individuals reported that they took cocaine 1-3 days during the past month, 4 (0.1%) of participants took cocaine 4-9 days, 5 (0.1%) used it 10-19 days and further 4 (0.1%) used cocaine at least for 20 days during the past month.

Among individuals who reported heroin use in the past month, 3 of them had used it for at least 20 days, whereas further 4 participants had used heroin for 1-3 days.

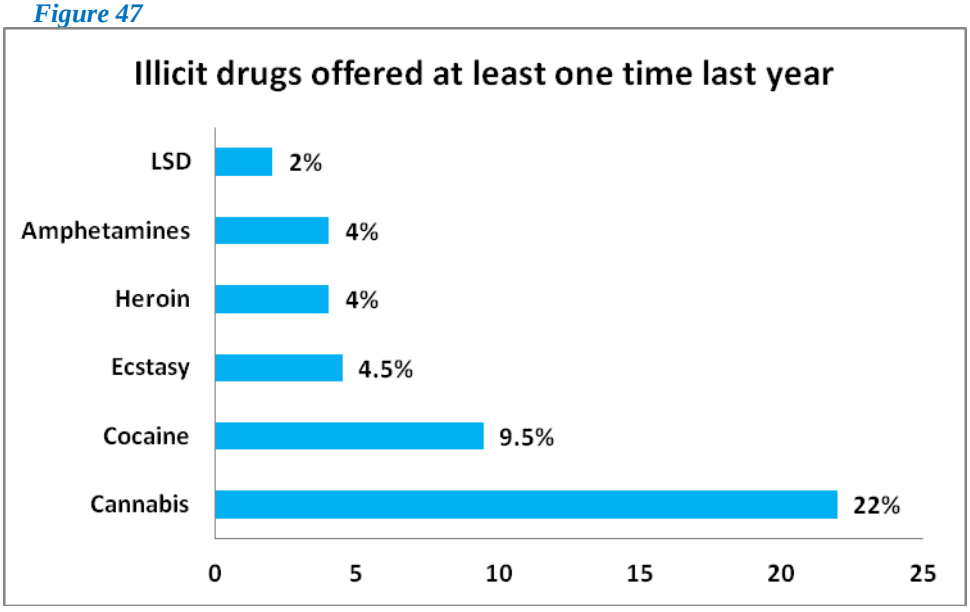
No participants reported use of LSD during the past 30 days.

6. Frequency of illicit drugs offers to survey participants

Respondents were asked *how many times have they been offered illicit drugs (either free of charge or to buy),* such as: cannabis, ecstasy, amphetamines, cocaine, heroin and LSD.

At least one time within last 12 months, respondents reported that they have been offered different types of illicit drugs, as follows: 22% cannabis, 9.5% cocaine, 4.5% ecstasy and 4% heroin and amphetamines (figure 47).

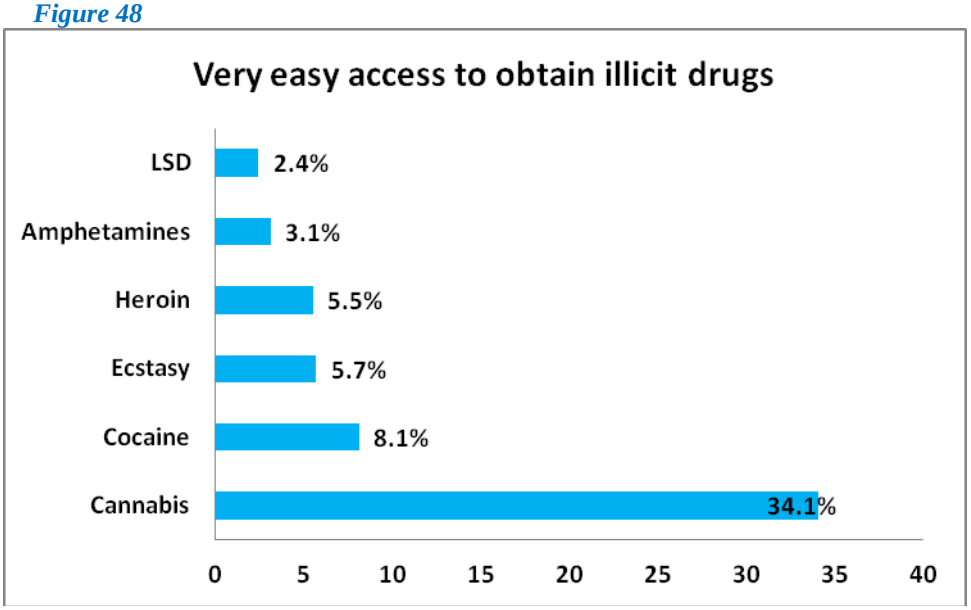
Figure 47



7. Access to illicit drugs

Respondents were asked *how difficult or easy do they think it would be for them to obtain illicit drugs within 24 hours, if they wanted some.* 34% of participants considered they had *very easy access* to obtain cannabis within 24 hours if they really wanted some compared with 8.1% for cocaine, 5.7% for ecstasy, 5.5% for heroin, 3.1% for amphetamines and 2.4% for LSD (figure 48).

Figure 48

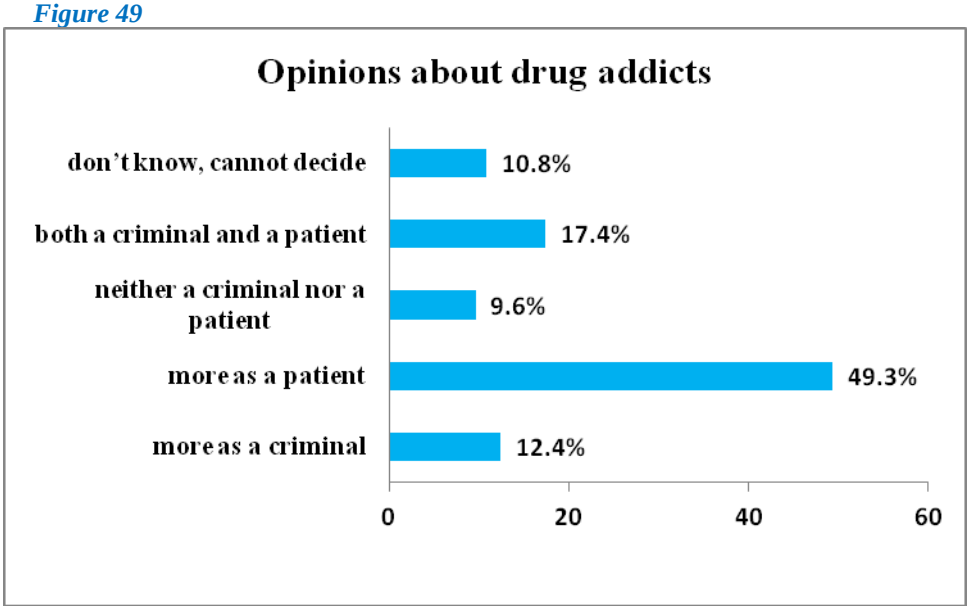


Chapter VI: Attitudes towards drug use

1. Opinions about drug addicts

The respondents were asked about how they perceived a drug addict. Around half of them 1960 (49.3%) perceived it more as a patient, whereas 491 (12.4%) participants reported they perceived a drug addict more as a criminal. On the other hand, 381 (49.3%) individuals perceived neither as a criminal nor as a patient, whereas 691 (17.4%) perceived it as both a criminal and a patient (figure 49).

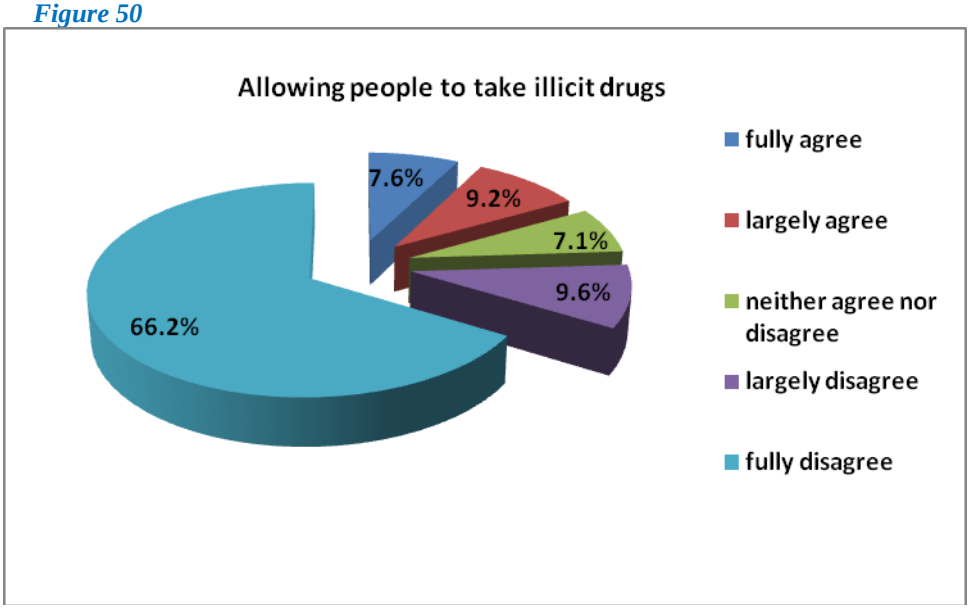
Figure 49



2. Opinions about allowing people to take illicit drugs

Overall, 301 (7.6%) individuals fully agreed that people should be permitted to take hashish or marijuana, and further 365 (9.2%) largely agreed with this statement. On the other hand, 284 (7.1%) participants had neutral attitudes, whereas 2630 (66.2%) individuals fully disagreed with this statement (figure 50).

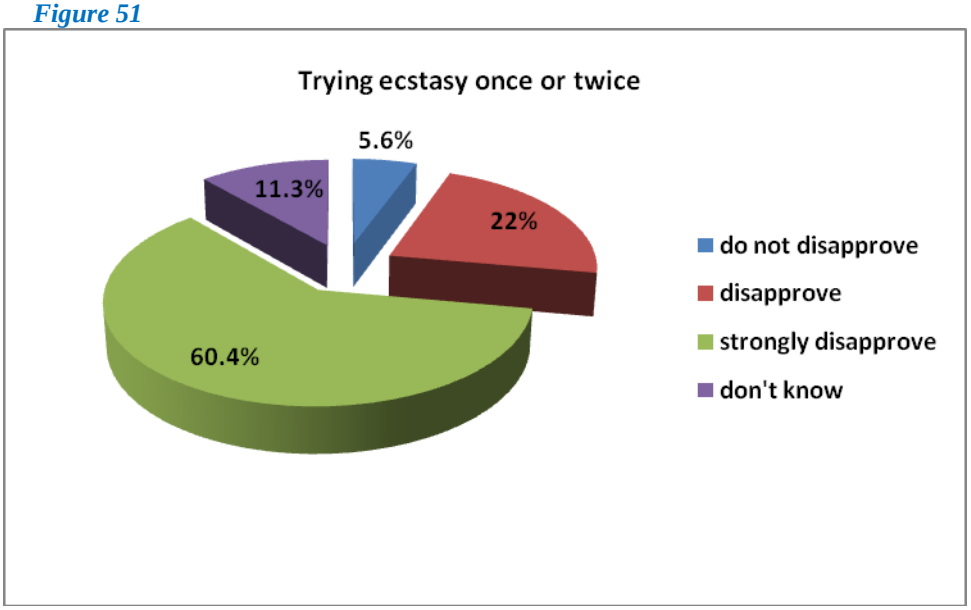
Figure 50



3. Opinions about trying illicit drugs

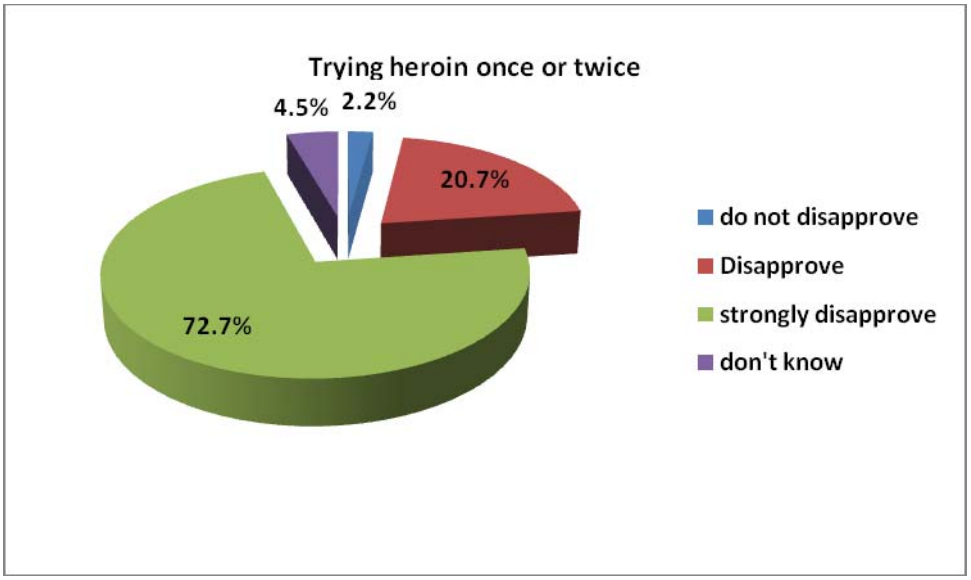
As for the attitudes towards ecstasy use, 221 (5.6%) individuals did not disapprove trying of this drug once or twice. On the other hand, 2399 (60.4%) participants strongly disapproved trying ecstasy even for one time (figure 51).

Figure 51



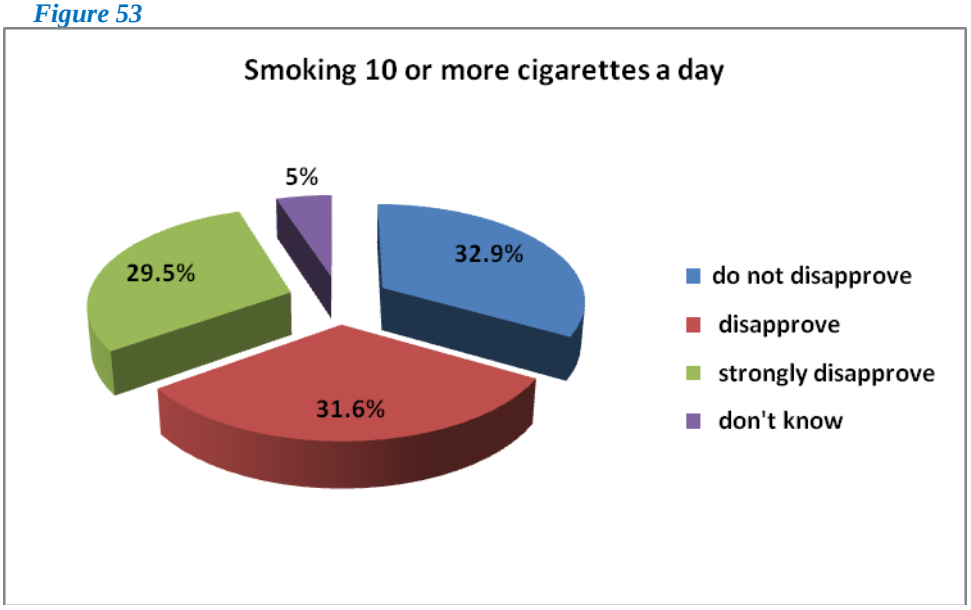
Regarding the attitudes towards heroin use, 86 (2.2%) individuals did not disapprove trying of this drug once or twice. On the other hand, 2873 (72.7%) participants strongly disapproved trying heroin even for one time (figure 52).

Figure 52



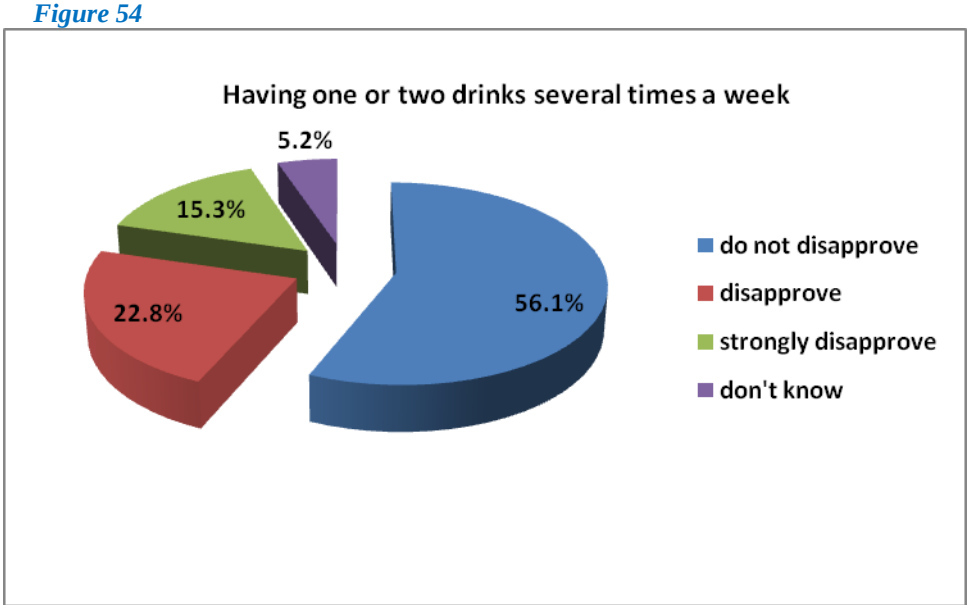
As for the attitudes towards smoking, 1308 (32.9%) individuals did not disapprove smoking 10 or more cigarettes a day. On the other hand, 1174 (29.5%) participants strongly disapproved this unhealthy behavior (figure 53).

Figure 53



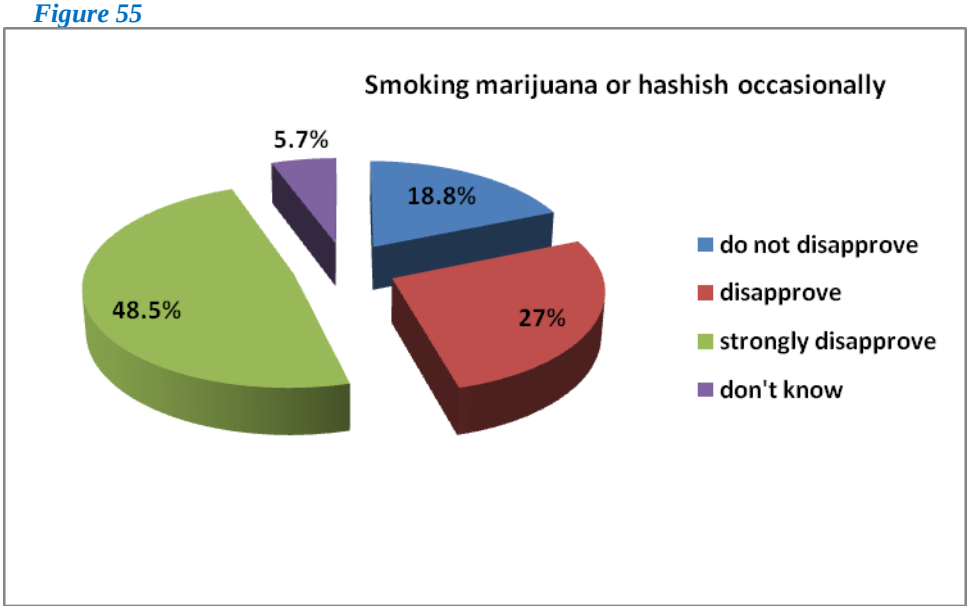
Regarding the attitudes towards alcohol intake, 2229 (56.1%) participants did not disapprove the consumption of one or two drinks several times per week. Conversely, 607 (15.3%) individuals strongly disapproved the intake of 1-2 drinks several times/week (figure 54).

Figure 54



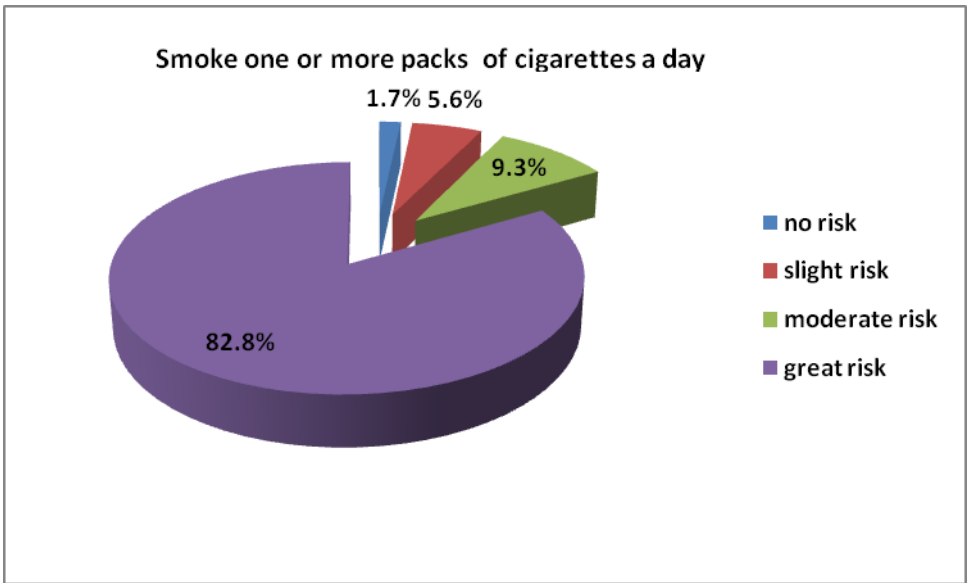
About 19% of survey participants did not disapprove the occasional smoking of hashish or marijuana, as opposed to 48.5% of those who strongly disapproved this behavior (figure 55).

Figure 55



On the other hand, 68 (1.7%) participants considered that there is no health risk involved with smoking marijuana or hashish regularly, compared with 3292 (82.8%) individuals who believed that there is a great risk involved with this health behavior (figure 56).

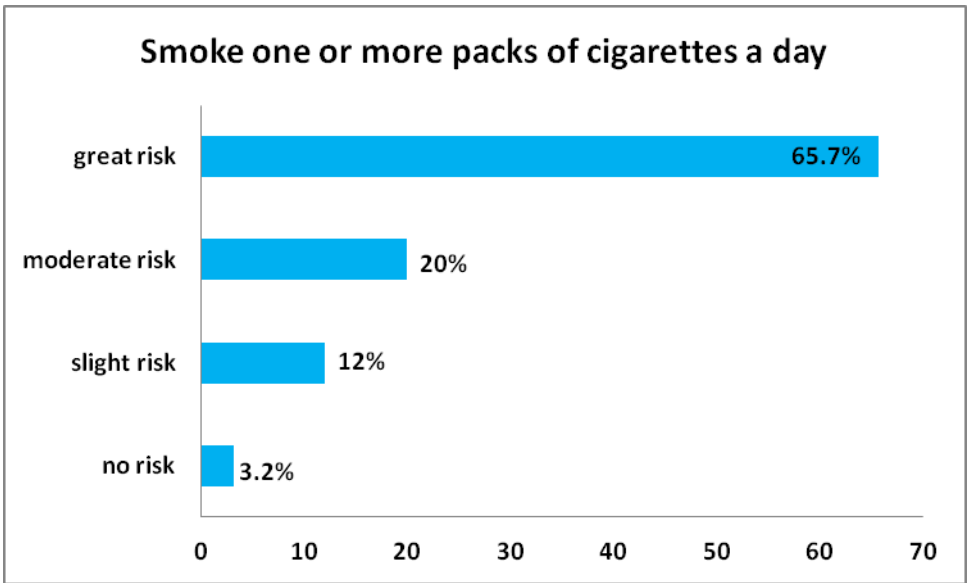
Figure 56



4. Perception of risk associated with substances use

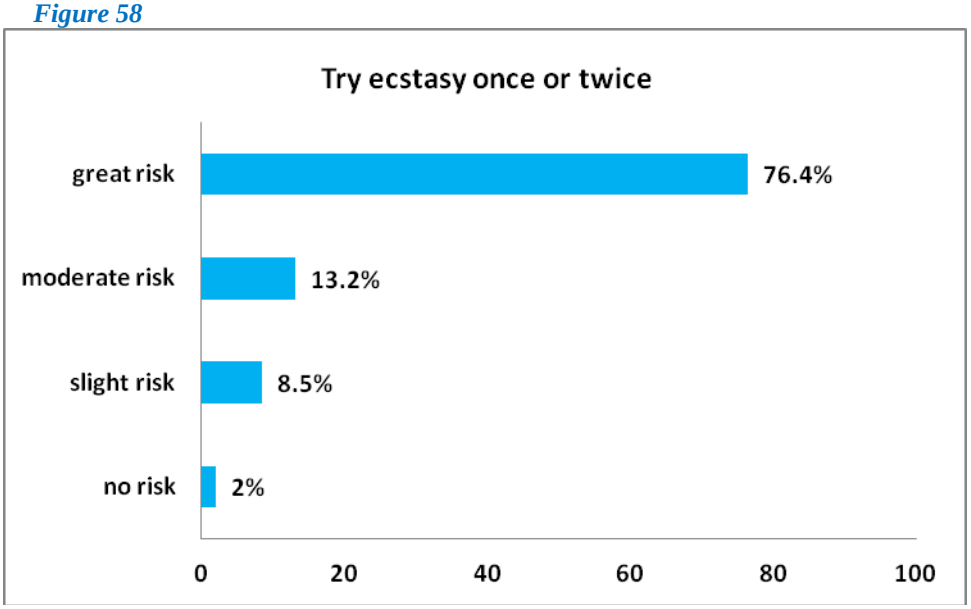
Regarding smoking, 126 (3.2%) participants considered that there is no risk involved with smoking at least one pack of cigarettes per day, whereas 2604 (65.7%) individuals who believed that there is a great risk involved with this unhealthy behavior (figure 57).

Figure 57



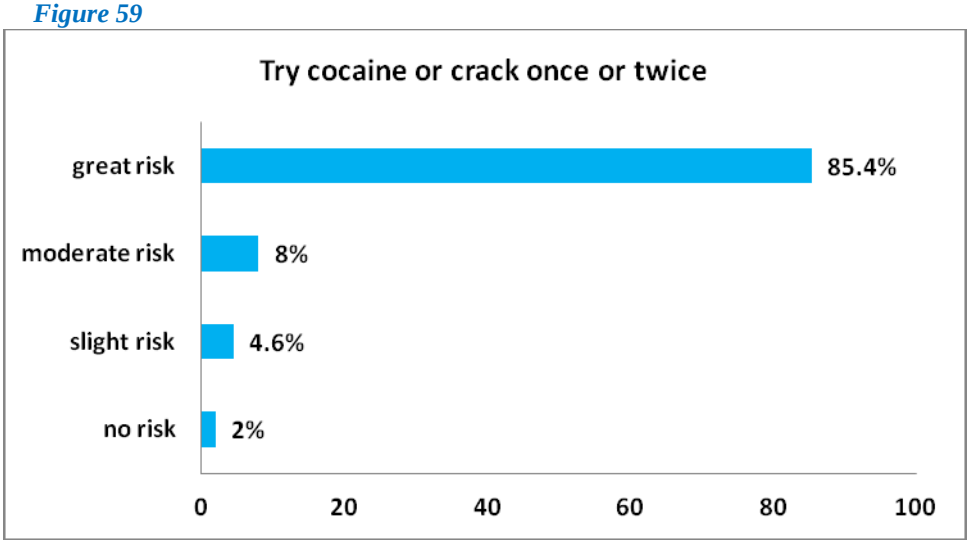
About 76% of survey participants considered there is a great risk involved with trying ecstasy once or twice, compared with only 2% of those who did not perceive any risk involved with this health behavior (figure 58).

Figure 58



Finally, about 85% of study participants considered there is a great risk involved with trying of cocaine of crack once or twice, compared with only 2% of individuals who deemed no health risk at all involved with this behavior (figure 59).

Figure 59


Try cocaine or crack once or twice
great risk
85.4%
moderate risk
8%
slight risk
4.6%
no risk
2%
0
20
40
60
80
100

Chapter VII: Main correlates of cigarette smoking, alcohol intake, use of marijuana, cocaine and heroin

a. Current cigarette smoking

In crude (unadjusted) logistic regression models, current cigarette smoking was positively and significantly related to male gender (OR=6.36, 95%CI=5.38-7.53), unemployment (OR=1.51, 95%CI=1.26-1.83) and urban residence (OR=1.20, 95%CI=1.04-1.38). On the other hand, there was no significant relationship with age, educational attainment or marital status (table 12).

In multivariable-adjusted models, current cigarette smoking was positively and significantly associated with male gender (OR=7.30, 95%CI=6.11-8.72), unemployment (OR=1.62, 95%CI=1.31-2.00), being married/cohabiting (OR=1.50, 95%CI=1.21-1.85) and urban residence (OR=1.27, 95%CI=1.09-1.49).

Table 12: Main correlates of current cigarette smoking; Odds ratios (ORs) from binary logistic regression

Variable	No current smokers (N=2898)*	Current smokers (N=1076)*	Unadjusted models		Multivariable-adjusted models‡	
			OR (95% CI)†	P	OR (95% CI)	P
Sex:						
Men	1133 (39.2)	865 (80.4)	6.36 (5.38-7.53)	<0.001	7.30 (6.11-8.72)	<0.001
Women	1758 (60.8)	43.3 (19.6)	reference		reference	
Educational level:						
University degree	992 (34.2)	352 (32.7)	0.93 (0.81-1.09)	0.369	1.15 (0.97-1.37)	0.100
No university degree	1906 (65.8)	724 (67.3)	reference		reference	
Employment status:						
Unemployed	382 (13.2)	201 (18.7)	1.51 (1.26-1.83)	<0.001	1.62 (1.31-2.00)	<0.001
Employed/student/retired	2516 (86.8)	875 (81.3)	reference		reference	
Marital status:						
Married/cohabiting	1620 (55.9)	619 (57.5)	1.07 (0.93-1.23)	0.358	1.50 (1.21-1.85)	<0.001
Single	1278 (44.1)	457 (42.5)	reference		reference	
Place of residence:						
Urban area	1488 (51.4)	601 (55.9)	1.20 (1.04-1.38)	0.012	1.27 (1.09-1.49)	<0.001
Rural area	1409 (48.6)	475 (44.1)	reference		reference	

* *Number of individuals and column percentages (in parenthesis).*
† OR: current smoking vs. no current smoking.
‡ This model was simultaneously adjusted for all covariates presented in the table.

b. Lifetime cigarette smoking

In crude (unadjusted) logistic regression models, lifetime cigarette smoking was positively and significantly related to male gender (OR=6.81, 95%CI=5.90-7.86), university degree (OR=1.19, 95%CI=1.04-1.35), unemployment (OR=1.31, 95%CI=1.10-1.56) and urban residence (OR=1.23, 95%CI=1.08-1.39). On the other hand, there was no significant relationship with age, or marital status (table 13).

In multivariable-adjusted models, lifetime cigarette smoking was positively and significantly associated with male gender (OR=8.37, 95%CI=7.17-9.78), university degree (OR=1.60, 95%CI=1.36-1.88), unemployment (OR=1.48, 95%CI=1.20-1.81), being married/cohabiting (OR=1.64, 95%CI=1.34-1.99) and urban residence (OR=1.24, 95%CI=1.07-1.44). On the other hand, there was evidence of a borderline statistically significant inverse relationship with age (OR=0.99, 95%CI=0.97-1.00).

Table 13: Main correlates of lifetime cigarette smoking; Odds ratios (ORs) from binary logistic regression

Variable	Never smokers (N=2898)*	Lifetime smokers (N=1076)*	Unadjusted models		Multivariable-adjusted models‡	
			OR (95% CI)†	P	OR (95% CI)	P
Sex:						
Men	750 (32.2)	1248 (76.3)	6.81 (5.90-7.86)	<0.001	8.37 (7.17-9.78)	<0.001
Women	1582 (67.8)	387 (23.7)	reference		reference	
Educational level:						
University degree	754 (32.2)	590 (36.1)	1.19 (1.04-1.35)	0.012	1.60 (1.36-1.88)	<0.001
No university degree	1584 (67.8)	1046 (63.9)	reference		reference	
Employment status:						
Unemployed	310 (13.3)	273 (16.7)	1.31 (1.10-1.56)		1.48 (1.20-1.81)	
Employed/student/ retired	2028 (86.7)	1363 (83.3)	reference	0.003	reference	<0.001
Marital status:						
Married/cohabiting	1297 (55.5)	942 (57.6)	1.09 (0.96-1.24)	0.192	1.64 (1.34-1.99)	<0.001
Single	1041 (44.5)	694 (42.4)	reference		reference	
Place of residence:						
Urban area	1181 (50.5)	909 (55.6)	1.23 (1.08-1.39)	0.002	1.24 (1.07-1.44)	0.004
Rural area	1157 (49.5)	727 (44.4)	reference		reference	

* *Number of individuals and column percentages (in parenthesis).*
† OR: current smoking vs. no current smoking.
‡ This model was simultaneously adjusted for all covariates presented in the table.

c. Alcohol intake

In crude (unadjusted) logistic regression models, alcohol intake was positively and significantly related to age (OR=1.01, 95%CI=1.01-1.02) male gender (OR=2.70, 95%CI=2.34-3.10), university degree (OR=1.69, 95%CI=1.46-1.97), being married/cohabiting (OR=1.27, 95%CI=1.10-1.45) and urban residence (OR=1.45, 95%CI=1.27-1.66). On the other hand, there was no significant relationship with employment status (table 14).
In multivariable-adjusted models, alcohol intake was positively and significantly associated with age (OR=1.01, 95%CI=1.00-1.02), male gender (OR=3.12, 95%CI=2.69-3.62), university degree (OR=1.89, 95%CI=1.61-2.22), unemployment (OR=1.24, 95%CI=1.01-1.52) and urban residence (OR=1.37, 95%CI=1.19-1.59). On the other hand, there was evidence of a borderline statistically significant positive relationship with being married/cohabiting (OR=1.30, 95%CI=1.08-1.58).

Table 14: Main correlates of alcohol intake; Odds ratios (ORs) from binary logistic regression

Variable	Non drinkers (N=1210)*	Alcohol drinkers (N=2765)*	Unadjusted models		Multivariable-adjusted models†	
			OR (95% CI)*	P	OR (95% CI)	P
Sex:						
Men	405 (33.6)	1593 (57.7)	2.70 (2.34-3.10)	<0.001	3.12 (2.69-3.62)	<0.001
Women	806 (66.4)	1169 (42.3)	reference		reference	
Educational level:						
University degree	314 (26)	1030 (37.3)	1.69 (1.46-1.97)	<0.001	1.89 (1.61-2.22)	<0.001
No university degree	896 (74)	1735 (62.7)	reference		reference	
Employment status:						
Unemployed	171 (14.1)	412 (14.9)	1.06 (0.88-1.29)	0.529	1.24 (1.01-1.52)	0.039
Employed/student/ Retired	1039 (85.9)	2353 (85.1)	reference		reference	
Marital status:						
Married/cohabiting	633 (52.3)	1607 (58.1)	1.27 (1.10-1.45)	0.001	1.30 (1.08-1.58)	0.007
Single	577 (47.7)	1158 (41.9)	reference		reference	
Place of residence:						
Urban area	558 (46.1)	1532 (55.4)	1.45 (1.27-1.66)	<0.001	1.37 (1.19-1.59)	<0.001
Rural area	652 (53.9)	1233 (44.6)	reference		reference	

* *Number of individuals and column percentages (in parenthesis).*
†OR: current smoking vs. no current smoking.
‡ This model was simultaneously adjusted for all covariates presented in the table.

d. Lifetime use of cannabis

In crude (unadjusted) logistic regression models, lifetime use of cannabis was inversely and significantly related to age (OR=0.96, 95%CI=0.95-0.97), but positively and significantly associated with male gender (OR=10.63, 95%CI=7.70-14.48), university degree (OR=1.30, 95%CI=1.06-1.59), unemployment (OR=1.72, 95%CI=1.35-2.19), being single (OR=2.47, 95%CI=2.02-3.02) and urban residence (OR=1.54, 95%CI=1.26-1.88).

In multivariable-adjusted models, lifetime use of cannabis was inversely and significantly related to age (OR=0.95, 95%CI=0.94-0.96), but positively and significantly associated with male gender (OR=11.78, 95%CI=8.59-16.17), university degree (OR=1.57, 95%CI=1.25-1.97), unemployment (OR=2.02, 95%CI=1.54-2.65) and urban residence (OR=1.61, 95%CI=1.29-2.01). On the other hand, upon-multivariable adjustment, the association with marital status disappeared (table 15).

Table 15: Main correlates of lifetime use of cannabis; odds ratios (ORs) from binary logistic regression

Variable	No use of cannabis (N=3515)*	Use of cannabis (N=460)*	Unadjusted models		Multivariable-adjusted models†	
			OR (95% CI)*	P	OR (95% CI)	P
Sex:						
Men	1586 (45.2)	412 (89.8)	10.63 (7.80-14.48)	<0.001	11.78 (8.59-16.17)	<0.001
Women	1923 (54.8)	47 (10.2)	reference		reference	
Educational level:						
University degree	1164 (33.1)	180 (39.1)	1.30 (1.06-1.59)	0.010	1.57 (1.25-1.97)	<0.001
No university degree	2351 (66.9)	280 (60.9)	reference		reference	
Employment status:						
Unemployed	484 (13.8)	99 (21.5)	1.72 (1.35-2.19)		2.02 (1.54-2.65)	
Employed/student/ retired	3031 (86.2)	361 (78.5)	reference	<0.001	reference	<0.001
Marital status:						
Married/cohabiting	2071 (58.9)	169 (36.7)	2.47 (2.02-3.02)	<0.001	0.93 (0.70-1.23)	0.597
Single	1444 (41.1)	291 (63.3)	reference		reference	
Place of residence:						
Urban area	1805 (51.4)	285 (62)	1.54 (1.26-1.88)	<0.001	1.61 (1.29-2.01)	<0.001
Rural area	1710 (48.6)	175 (38)	reference		reference	

* *Number of individuals and column percentages (in parenthesis).*
† OR: current smoking vs. no current smoking.
‡ This model was simultaneously adjusted for all covariates presented in the table.

e. Lifetime use of cocaine

In crude (unadjusted) logistic regression models, lifetime use of cocaine was inversely and significantly related to age (OR=0.98, 95%CI=0.96-0.99), but positively and significantly associated with male gender (OR=11.14, 95%CI=6.64-18.68), university degree (OR=1.67, 95%CI=1.24-2.25), being single (OR=1.79, 95%CI=1.32-2.41) and urban residence (OR=2.06, 95%CI=1.49-2.83).
In multivariable-adjusted models, lifetime use of cocaine was inversely and significantly related to age (OR=0.97, 95%CI=0.96-0.99), but positively and significantly associated with male gender (OR=11.92, 95%CI=7.07-20.09), university degree (OR=1.81, 95%CI=1.32-2.49) and urban residence (OR=1.93, 95%CI=1.39-2.70). On the other hand, upon-multivariable adjustment, the association with marital status disappeared. There was no significant relationship with employment status either in crude/unadjusted models, or in multivariable-adjusted models (table 16).

Table 16: Main correlates of lifetime use of cocaine; odds ratios (ORs) from binary logistic regression

Variable	No use of cocaine (N=3792)*	Use of cocaine (N=183)*	Unadjusted models		Multivariable-adjusted models†	
			OR (95% CI)*	P	OR (95% CI)	P
Sex:						
Men	1831 (48.4)	167 (91.3)	11.14 (6.64-18.68)	<0.001	11.92 (7.07-20.09)	<0.001
Women	1954 (51.6)	16 (8.7)	reference		reference	
Educational level:						
University degree						
No university degree	1261 (33.3)	83 (45.4)	1.67 (1.24-2.25)	0.001	1.81 (1.32-2.49)	<0.001
	2531 (66.7)	100 (54.6)	reference		reference	
Employment status:						
Unemployed	553 (14.6)	30 (16.4)	1.15 (0.77-1.72)	0.499	1.35 (0.89-2.07)	0.160
Employed/student /retired	3239 (85.4)	153 (83.6)	reference		reference	
Marital status:						
Married/cohabiting	1630 (43)	105 (57.4)	1.79 (1.32-2.41)	<0.001	0.95 (0.63-1.44)	0.824
Single	2162 (57)	78 (42.6)	reference		reference	
Place of residence:						
Urban area	1964 (51.8)	126 (68.9)	2.06 (1.49-2.83)	<0.001	1.93 (1.39-2.70)	<0.001
Rural area	1828 (48.2)	57 (31.1)	reference		reference	

* *Number of individuals and column percentages (in parenthesis).*
† OR: current smoking vs. no current smoking.
‡ This model was simultaneously adjusted for all covariates presented in the table.

Discussion

Cannabis consumption prevalence in Albania results higher compared to some South-Eastern European Countries such as Romania, Bulgaria and Greece. On the other hand, a recent population survey in Serbia showed the same profile. Nonetheless, there are many other countries of EU where GPS studies have demonstrated higher rates. (Italy, presented in the table 17, France, Spain, UK, Czech Republic etc.).

Table 17: Cannabis prevalence (%) in Albania as compared to selected EU Countries (latest GPS) [source: http://www.emcdda.europa.eu/countries]

	Italy (2012)	Germany (2012)	Albania (2014)	Austria (2008)	Greece (2004)	Bulgaria (2012)	Romania (2010)
Life time prevalence	32.0	23.0	11.6	14.2	8.9	7.3	1.5
Last 12 months prevalence	14.3	4.7	5.6	3.5	1.7	2.7	0.4
Last 30 days prevalence	6.9	2.2	3.1	1.7	0.9	1.4	0.1

Among other illicit drugs a fact to be discussed here is the relatively high prevalence of cocaine use compared to other drugs; when compared to other GPS data from EU countries, Albania is ranked in high prevalence categories. Further investigation is needed to clarify or to explain this pattern.

The data produced by this first GPS in Albania should be compared with caution to those provided by school based national surveys. Youth Risky Behaviour Survey (YRBS 2009), showed a lifetime prevalence of 7.4 % for cannabis among school students (15 to 18 years of age). (4.2 % with ecstasy, 3.2 % with cocaine and 1.2 % with heroin). In 2011, the European School Project on Alcohol and other Drugs (ESPAD) among 15-16-year-old school students showed for cannabis respectively, lifetime prevalence 4.4 %, last year prevalence 3.7 % and last month prevalence 2.2 %.

This GPS survey shows that cannabis has been used at least once (lifetime prevalence) by about 11.5% of the Albanians of 15- 64-year-olds. Considerable differences exist between males and females, where the reported cannabis use among males is 10 times higher than females. Variation is also seen by place of residence, where those in urban areas are more likely to have ever used cannabis than those in rural areas (13.7% and 9.3% respectively).

The lifetime prevalence of cannabis is highest among age group 25-34 and 15-24 (17.9% and 14.7% respectively).

In GPS cocaine use ranks the second after cannabis demonstrating a different pattern from what have been seen in school based surveys of some years ago, where ecstasy resulted the drug of choice after cannabis.

Interestingly, in Albania these very high differences remain even in the case of smoking and alcohol consumption and could reflect social and gender related traditions and trends in the country.

Rates of alcohol consumption and smoking showed by GPS are comparable to other representative population based surveys carried out in the past. As it has been predicted in other studies[7] smoking and drinking prevalence among females should have been increased during recent years because it is driven by strong social trends (women at higher social classes, those at work and those most educated smoke and drink more in Albania)

GPS shows that consumption of tranquillisers and sedatives is moderate in Albania with less than 10% of respondents reporting to have used them. Is to be underlined that almost half of them take those medications without a doctors' prescription. The consumption of antidepressants is very low and the overwhelming majority of persons who reported to have taken them had done so upon a doctor's advice. Again, these data are in line with other data shown in other studies in Albania[8].

Appendix 1

QUESTIONNAIRE FOR GENERAL POPULATION SURVEY IN LINE WITH EMCDDA STANDARTS IN ALBANIA

Id1) District:_____ Id2) Urban/Rural:____ Id3) Respondent_____ Id4) Minority: Yes/No

Code of interviewer _____ Code of supervisor _____

INTRODUCTION

Good morning/afternoon/evening. My name is ....., and I work for Community Center for Health and Wellbeing, which is contracted by the European Monitoring Center for Drug and Drug Addictions. We are conducting a study today about lifestyles such as alcohol, tobacco and drugs, and I'd like to ask you some questions..
We would like to stress that all information you give in the questionnaire will be treated confidentially. No information about you as an individual, including your name and address, will be passed on to anyone outside this research study. All the details collected are purely for the purpose of research and the information is used purely for statistical purposes.

TOBACCO

1. Do you smoke tobacco products, such as cigarettes, cigars or a pipe?

1	☐ Yes	
2	☐ No	88
☐	Don`t know	99
☐	Refused	

*If the answer to this question is "**YES - GO** to question **3***

2. Have you ever smoked tobacco products in the past?

1	☐ Yes	
2	☐ No	88
☐	Don`t know	99
☐	Refused	

*If the answer to this question is "**NO"; "Don`t know"; Refused" - GO** to Question **8***

3. At what age did you smoke tobacco products for the first time?

_____ **Insert Age (in full years)**

88	☐	Don`t know
99	☐	Refused

4. During the last 12 months have you smoked tobacco products?

1	☐	Yes

2	☐	No	88
☐		Don`t know	99
☐		Refused	

*If the answer to this question is "**NO"; "Don`t know"; Refused" - GO** to Question **8***

5. During the last 30 days have you smoked tobacco products?

1	☐	Yes	
2	☐	No	88
☐		Don`t know	99
☐		Refused	

*If the answer to this question is "**NO"; "Don`t know"; Refused" - GO** to Question **8***

6. During the last 30 days on how many days have you smoked?

_____ Insert figure (no. days)

88	☐	Don`t know
99	☐	Refuse

7. During the last 30 days how many cigarettes have you smoked on an average day?

1	☐	1- 5 cigarettes per day
2	☐	6-10 cigarettes per day
3	☐	11-20 cigarettes per day
4	☐	>20 cigarettes per day
88	☐	Don`t know
99	☐	Refused

ALCOHOL

8. HAVE YOU EVER DRUNK ALCOHOL? (IF ANSWER IS 1, 88, 99 GO TO Q28)

1	☐	Yes	
2	☐	No	88
☐		Don`t know	99
☐		Refused	

*If the answer to this question is "**NO"; "Don`t know"; Refused" - GO** to Question **28***

9. At what age did you first drink alcohol 'beyond sips or tastes'?

_____ **Insert Age (in full years)**

88	☐	Don`t know
99	☐	Refuse

10. In the last 12 months have consumed alcohol? (If Answer is 1, 88, 99 GO to Q24)

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refuse

*If the answer to this question is "**NO"; "Don`t know"; Refused" - GO** to Question **24***

11. How often did you drink beer in the past 12 months?

1	Every day
2	5-6 days a week
3	3-4 days a week
4	1-2 days a week
5	2-3 days a month
6	Once a month
7	6-11 days a year
8	2-5 times a year
9	Once
10	I did not drink beer in the last 12 months, but I drunk earlier
11	I never drank beer in my life, only a few sips

*If the answer to this question is "**10-OR 11 GO** to question **13**.*

12. How much did you drink on average on the days when you drank beer in the past 12 months ?

Number of bottles (330 ml) _____

88 Don`t know

99 Refused

13. How often did you drink wine in the past 12 months?

1	Every day
2	5-6 days a week
3	3-4 days a week
4	1-2 days a week
5	2-3 days a month
6	Once a month
7	6-11 days a year
8	2-5 times a year
9	Once
10	I did not drink wine in the last 12 months, but I drunk earlier
11	I never drank wine in my life, only a few sips

*If the answer to this question is "**10 OR 11 - GO** to question **15**.*

14. How much did you drink on average on the days when you drank wine in the past 12 months?

Number of glasses (200 ml) _____

88 Don`t know

99 Refused

15. How often did you drink raki in the past 12 months?

1	Every day
2	5-6 days a week
3	3-4 days a week
4	1-2 days a week
5	2-3 days a month
6	Once a month
7	6-11 days a year
8	2-5 times a year
9	Once
10	I did not drink raki in the last 12 months, but I drunk earlier
11	I never drank raki in my life, only a few sips

*If the answer to this question is "**10 OR 11 - GO** to question **17**.*

16. How much did you drink on average on the days when you drank raki in the past 12 months?

Number of (Albanian) shots[1] _____

88 Don`t know

99 Refused

17. How often did you drink spirits (e.g., vodka, gin, whisky, cognac) in the past 12 months?

1	Every day
2	5-6 days a week
3	3-4 days a week
4	1-2 days a week
5	2-3 days a month
6	Once a month
7	6-11 days a year
8	2-5 times a year
9	Once
10	I did not drink spirits in the last 12 months, but I drunk earlier
11	I never drank spirits in my life, only a few sips

*If the answer to this question is "**10 OR 11 - GO** to question to **A_FILTER** question*

18. How much did you drink on average on the days when you drank spirits in the past 12 months?

Number of glasses (50 ml)_____

88 Don`t know

99 Refused

A_ FILTER

Male 1 ⟶ Go to Q 19

Female 2 ⟶ Go to Q 21

[1] An Albanian shot is 50 ml

FOR MALES:

19. How often in the past 12 months, have you had SIX drinks or more on one occasion, which is; beer 7 bottles; **raki** 6 shots; **spirits** 6 glasses; **wine** 4.5 glasses. (Show alcohol description provided in show card A*).*

1	Every day
2	5-6 days a week
3	3-4 days a week
4	1-2 days a week
5	2-3 days a month
6	Once a month
7	6-11 times a year
8	2-5 times a year
9	Once a year
10	Never in the past 12 months

If the answer to this question is **"Never in the past 12 months" -** ***GO*** *to question* ***24***

20. How often in the past 12 months, have you had TWELVE drinks or more on one occasion, which is; beer 14 bottles; **raki** 12 shots; **spirits** 12 glasses; **wine** 9 glasses. Show alcohol description provided in show card A*).*

1	Every day
2	5-6 days a week
3	3-4 days a week
4	1-2 days a week
5	2-3 days a month
6	Once a month
7	6-11 times a year
8	2-5 times a year
9	Once a year
10	Never in the past 12 months

If the answer to this question is **"Never in the past 12 months -** ***GO*** *to question* ***24****.*

FOR FEMALES:

21. How often in the past 12 months, have you had FOUR drinks or more on one occasion, which is; beer 5 bottles; **raki** 4 shots; **spirits** 4 glasses; **wine** 3 glasses. Show alcohol description provided in show card A*).*

1	Every day
2	5-6 days a week
3	3-4 days a week
4	1-2 days a week
5	2-3 days a month
6	Once a month
7	6-11 times a year
8	2-5 times a year
9	Once a year
10	Never in the past 12 months

If the answer to this question is **"Never in the past 12 months -** ***GO*** *to question* ***24****.*

22. How often in the past 12 months, have you had EIGHT drinks or more on one occasion, which is; beer 10 bottles; **raki** 8 shots; **spirits** 8 glasses; **wine** 6 glasses. Show alcohol description provided in show card A*).*

1	Every day
2	5-6 days a week
3	3-4 days a week
4	1-2 days a week
5	2-3 days a month
6	Once a month
7	6-11 times a year
8	2-5 times a year
9	Once a year
10	Never in the past 12 months

Note to interviewer: If the answer to this question is **"Never in the past 12 months -** ***GO*** *to question* ***24****.*

FOR ALL:

23. What was the maximum number of drinks you have had on one occasion during past 12 months?

One drink is 1 bottle of beer; 1 glass of wine; 1 shot of raki; 1 glass of spirit

Number of drinks _____

24. Have you had a feeling of guilt or remorse after drinking?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refuse

25. Have you had a friend or family member tell you about things you said or did while you were drinking that you did not remember?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refuse

26. Have you failed to do what was normally expected from you because of drinking?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refuse

27. Do you sometimes take a drink in the morning when you first get up?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refuse

PHARMACEUTICALS

28. During the last 12 months, have you taken any sedatives or tranquillizers?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refuse

*If the answer to this question is "**NO"; "Don`t know"; Refused" - GO** to Question **33***

29. During the last 12 months, how often have you taken any sedatives or tranquillizers? (Show Card B for specific substances and record code appropriately for each drug) ask all questions horizontally for each type of tranquilizers).

FREQUENCY OF USE	291 Valium	29.2 Temazepam	29.3 Zolpidem	29.4 Alprazolam	29.5 Bromazepam	29.6 Loram	29.7 Chlordiazepoxide
Every day	1	1	1	1	1	1	1
5-6 times a week	2	2	2	2	2	2	2
3-4 times a week	3	3	3	3	3	3	3
1-2 times a week	4	4	4	4	4	4	4
2-3 times a month	5	5	5	5	5	5	5

once a month	6	6	6	6	6	6	6
6-11 times a year	7	7	7	7	7	7	7
2-5 times a year	8	8	8	8	8	8	8
once a year	9	9	9	9	9	9	9
I did not take in last 12 months but I used earlier.	10	10	10	10	10	10	10
I never used in my life.	11	11	11	11	11	11	11
Don`t know	88	88	88	88	88	88	88
Refused	99	99	99	99	99	99	99

30. The last occasion you took sedatives or tranquillizers, how had you obtained them?
1. I bought them or had them prescribed for me by a doctor.
2. I got them from somebody else I know.
3. I bought them without a prescription in a pharmacy
4. None of the above applies.
88. Don't 'know
99. Refused

31. During the last 12 months, have you taken any antidepressants? (Show Card B for specific substances and record code appropriately for each drug) (Ask all questions horizontally for each type of anti – depressants).

	31.1 Paroxetin	31.2 Olanzapine	31.3 Escetalofram	31.4 Risperidon	31.5 Fluoxetine	31.6 Sertraline
FREQUENCY OF USE						
Every day	1	1	1	1	1	1
5-6 times a week	2	2	2	2	2	2
3-4 times a week	3	3	3	3	3	3
1-2 times a week	4	4	4	4	4	4
2-3 times a month.	5	5	5	5	5	5
Once a month	6	6	6	6	6	6
6-11 times a year	7	7	7	7	7	7
2-5 times a year	8	8	8	8	8	8
Once a year	9	9	9	9	9	9

I did not take last 12 months, but I use earlier	10	10	10	10	10	10
I never used in my life.	11	11	11	11	11	11
Don`t know	88	88	88	88	88	88
Refused	99	99	99	99	99	99

32. The last occasion you took anti –depressants, how had you obtained them?
1. I bought or had them prescribed for me by a doctor.
2. I got them from somebody else I know.
3. I bought them without a prescription in a pharmacy.
4. None of the above applies.

ILLICIT DRUGS

CANNABIS

33. Do you personally know people who take hashish or marijuana?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refuse

34. Have you ever taken hashish or marijuana yourself?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refuse

If answer to question is "**NO**" - **GO** to question **39**

35. At what age did you take hashish or marijuana for the first time?

_____

88	☐	Don't know
99	☐	Refused

36. During the last 12 months, have you taken hashish or marijuana?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

If answer to question is "**NO**" - **GO** to question **39**

37. During the last 30 days, have you taken hashish or marijuana?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

If answer to question is "**NO**" - **GO** to question **39**

38. During the last 30 days, on how many days did you take hashish or marijuana?

1	☐	20 days or more
2	☐	10-19 days
3	☐	4-9 days
4	☐	1-3 days
88	☐	Don`t know
99	☐	Refused

39. Within the last 12 months, how many times have you been offered hashish or marijuana (*either free of charge or to buy*)?

1. None
2. Once or twice
3. 3 to 5 times
4. 6 to 9 times
5. 10 to 19 times
6. 20 to 39 times
7. 40 times or more
88. Don`t know
99. Refused

40. How difficult or *easy* do you think it would be for you personally to obtain hashish or marijuana within 24 hours, if you wanted some?

1. Impossible
2. Very difficult
3. Fairly difficult
4. Fairly easy
5. Very easy access
88. Don`t know
99. Refused

ECSTASY

41. Do you personally know people who take ecstasy?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

42. Have you ever taken ecstasy yourself?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

If answer to question is "**NO**" - **GO** to question **47**

43. At what age did you take ecstasy for the first time?

_____

88☐ Don't know

99☐ Refused

44. During the last 12 months, have you taken ecstasy?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

If answer to question is "**NO**" - **GO** to question **47**

45. During the last 30 days, have you taken ecstasy?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

If answer to question is "**NO" - GO** to question **47**

46. During the last 30 days, on how many days did you take ecstasy?

1	☐	20 days or more
2	☐	10-19 days
3	☐	4-9 days
4	☐	1-3 days
88	☐	Don`t know
99	☐	Refused

47. Within the last 12 months, how many times have you been offered Ecstasy (*either free of charge or to buy*)?

1. None
2. Once or twice
3. 3 to 5 times
4. 6 to 9 times
5. 10 to 19 times
6. 20 to 39 times
7. 40 times or more

88. Don`t know

99. Refused

48. How difficult or *easy* do you think it would be for you personally to obtain Ecstasy within 24 hours, if you wanted some?

1. Impossible
2. Very difficult
3. Fairly difficult
4. Fairly easy
5. Very easy access
88. Don`t know
99. Refused

AMPHETAMINES

49. Do you personally know people who take amphetamines?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

50. Have you ever taken amphetamines yourself? (If Answer is "NO", GO to Q 55)

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

If answer to question is "**NO" - GO** to question **55**

51. At what age did you take amphetamines for the first time?

_____

88☐ Don't know

99☐ Refused

52. During the last 12 months, have you taken amphetamines?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

If answer to question is "**NO" - GO** to question **55**

53. During the last 30 days, have you taken amphetamines?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

If answer to question is "**NO" - GO** to question **55**

54. During the last 30 days, on how many days did you take amphetamines?

1 ☐	20 days or more
2 ☐	10-19 days
3 ☐	4-9 days
4 ☐	1-3 days
88☐	Don`t know
99☐	Refused

55. Within the last 12 months, how many times have you been offered amphetamines (*either free of charge or to buy*)?

1. None
2. Once or twice
3. 3 to 5 times
4. 6 to 9 times
5. 10 to 19 times
6. 20 to 39 times
7. 40 times or more
88. Don`t know
99. Refused

56. How difficult or *easy* do you think it would be for you personally to obtain amphetamines within 24 hours, if you wanted some?

1. Impossible
2. Very difficult
3. Fairly difficult
4. Fairly easy
5. Very easy access
88. Don`t know
99. Refused

COCAINE

57. Do you personally know people who take cocaine?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

58. Have you ever taken cocaine yourself?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

If answer to question is "**NO" - GO** to question **63**

59. At what age did you take cocaine for the first time?

_____	
88☐	Don't know
99☐	Refused

60. the last 12 months, have you taken cocaine?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

If answer to question is "**NO" - GO** to question **63**

61. During the last 30 days, have you taken cocaine?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

If answer to question is "**NO" - GO** to question **63**

62. During the last 30 days, on how many days did you take cocaine?

1	☐	20 days or more
2	☐	10-19 days
3	☐	4-9 days
4	☐	1-3 days
88☐		Don`t know
99☐		Refused

63. Within the last 12 months, how many times have you been offered cocaine (*either free of charge or to buy*)?

1. None
2. Once or twice
3. 3 to 5 times
4. 6 to 9 times
5. 10 to 19 times
6. 20 to 39 times
7. 40 times or more
88. Don`t know
99. Refused

64. How difficult or *easy* do you think it would be for you personally to obtain cocaine within 24 hours, if you wanted some?

1. Impossible
2. Very difficult
3. Fairly difficult
4. Fairly easy
5. Very easy access
88. Don`t know
99. Refused

HEROIN

65. Do you personally know people who take heroine?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

66. Have you ever taken heroine?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

If answer to question is "**NO" - GO** to question **71**

67. At what age did you take heroine for the first time?

_____

88☐ Don`t know

99☐ Refused

68. During the last 12 months, have you taken heroine?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

If answer to question is "**NO" - GO** to question **71**

69. During the last 30 days, have you taken heroine?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

If answer to question is "**NO" - GO** to question **71**

70. During the last 30 days, on how many days did you take heroine?

1 ☐	20 days or more
2 ☐	10-19 days
3 ☐	4-9 days
4 ☐	1-3 days
88☐	Don`t know
99☐	Refused

71. Within the last 12 months, how many times have you been offered heroine (*either free of charge or to buy*)?

1. None
2. Once or twice
3. 3 to 5 times
4. 6 to 9 times
5. 10 to 19 times
6. 20 to 39 times
7. 40 times or more
88. Don`t know
99. Refused

72. How difficult or *easy* do you think it would be for you personally to obtain heroine within 24 hours, if you wanted some?

1. Impossible
2. Very difficult
3. Fairly difficult
4. Fairly easy
5. Very easy access
88. Don`t know
99. Refused

LSD

73. Do you personally know people who take LSD?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

74. Have you ever taken LSD?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

If answer to question is "**NO" - GO** to question **79**

75. At what age did you take LSD for the first time?

_____	
88☐	Don't know
99☐	Refused

76. During the last 12 months, have you taken LSD?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

If answer to question is "**NO" - GO** to question **79**

77. During the last 30 days, have you taken LSD?

1	☐	Yes
2	☐	No
88	☐	Don`t know
99	☐	Refused

If answer to question is "**NO" - GO** to question **79**

78. During the last 30 days, on how many days did you take LSD?

1	☐	20 days or more
2	☐	10-19 days
3	☐	4-9 days
4	☐	1-3 days
88	☐	Don`t know
99	☐	Refused

79. Within the last 12 months, how many times have you been offered LSD (*either free of charge or to buy*)?

1. None
2. Once or twice
3. 3 to 5 times
4. 6 to 9 times
5. 10 to 19 times
6. 20 to 39 times
7. 40 times or more
88. Don`t know
99. Refused

80. How difficult or *easy* do you think it would be for you personally to obtain LSD within 24 hours, if you wanted some?

1. Impossible
2. Very difficult
3. Fairly difficult
4. Fairly easy
5. Very easy access
88. Don`t know
99. Refused

OPINIONS

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

1☐	more as a criminal
2☐	more as a patient
3☐	neither a criminal nor a patient
4☐	both a criminal and a patient
5☐	don.t know, cannot decide

82. To what extent do you agree or disagree with the following statement: 'People should be permitted to take hashish or marijuana'?

1☐	fully agree
2☐	largely agree
3☐	neither agree nor disagree
4☐	largely disagree
5☐	fully disagree

83. To what extent do you agree or disagree with the following statement:

People should be permitted to take heroin?

1☐	fully agree
2☐	largely agree
3☐	neither agree nor disagree
4☐	largely disagree
5☐	fully disagree

Instruction: *Individuals differ according to whether or not they disapprove of people doing certain things. I will mention a few things which some people may do. Can you tell me if you would not disapprove, disapprove or strongly disapprove when people do any of these things?*

84. Trying ecstasy once or twice

1☐	do not disapprove
2☐	disapprove
3☐	strongly disapprove
4☐	don`t know

85. Trying heroin once or twice

1☐	do not disapprove
2☐	disapprove
3☐	strongly disapprove
4☐	don`t know

86. Smoking 10 or more cigarettes a day

1☐	do not disapprove
2☐	disapprove
3☐	strongly disapprove
4☐	don`t know

87. Having one or two drinks several times a week

1☐	do not disapprove
2☐	disapprove
3☐	strongly disapprove
4☐	don`t know

88. Smoking marijuana or hashish occasionally

1☐	do not disapprove
2☐	disapprove
3☐	strongly disapprove
4☐	don`t know

Instruction: *Now I would like to know how much do you think that people risk harming themselves, physically or in other ways, if they do certain things. I will again mention a few things which some people may do. Please tell me if you consider it to be no risk, a slight risk, a moderate risk or a great risk if people do such things.*

89. Smoke one or more packs of cigarettes a day

1☐	no risk
2☐	slight risk
3☐	moderate risk
4☐	great risk

90. Have five or more drinks each weekend

1☐	no risk
2☐	slight risk
3☐	moderate risk
4☐	great risk

91. Smoke marijuana or hashish regularly

1☐	no risk
2☐	slight risk
3☐	moderate risk
4☐	great risk

92. Try ecstasy once or twice

1☐	no risk
2☐	slight risk
3☐	moderate risk
4☐	great risk

93. Try cocaine or crack once or twice

1☐	no risk
2☐	slight risk
3☐	moderate risk
4☐	great risk

SOCIODEMOGRAPHIC INFORMATION

RECORD SEX OF THE RESPONDENT	MALE 1 FEMALE 2

How old were you at your last birthday?	AGE IN COMPLETED YEARS [__|__] **NO RESPONSE 99**

Have you ever attended school?	YES 1 NO 2 NO RESPONSE 9

What is the highest level of school you completed: primary, secondary or higher?	PRIMARY, 4 classes 1 SECONDARY, 8 classes 2 HIGHER, 12 classes 3 University 4 NO RESPONSE 99

Have you *ever* been married?	YES 1 NO 2 NO RESPONSE 9

Are you *currently* married or living with a man/woman with whom you have a sexual relationship?	currently married, living with spouse	1
	currently married, living with other sexual partner	2
	currently married, not living with spouse or any other sexual partner	3
	not married, living with sexual partner	4
	not married, not living with sexual partner	5
	NO RESPONSE	99

Employment Status:

1. Employed full-time
2. Employed part-time
3. Self-Employed
4. Unemployed seeking for work
5. Unemployed not seeking for work
6. Student
7. Pensioner
8. Incapable of work

Appendix 2

Show Card A

SHOWCARD A: Alcohol Beverages

	Frequency/ Description	1. Beer 330 ml (bottle) 	2. Shots of Raki (50 ml) 	3. Whiskey/Vodka glasses 50 ml. 	4. Wine glasses 200 Ml 	5. Combination of any 6 drinks 
	Quantity	(5 bottles)	(4 shots)	(4 glasses)	(6 glasses)	(Any Combination of 6 drinks)
Question 10 CODES FOR RESPONSES						
1	Every day	1	1	1	1	1
2	5 – 6 times a week	2	2	2	2	2
3	3 – 4 times a week	3	3	3	3	3
4	1 – 2 times a week	4	4	4	4	4
5	2 – 3 times a month	5	5	5	5	5
6	Once a month	6	6	6	6	6
7	6 – 11 times a year	7	7	7	7	7
8	2 – 5 times a year	8	8	8	8	8
9	Once a year	9	9	9	9	9
10	Never in the past 12 months	10	10	10	10	10
11	I never drank in my life	11	11	11	11	11

Show card B

Sedatives and tranquillizers

ANTIDEPRESANTS

Appendix 3:

Contact sheet

ID	Participated in the first attempt		Participated in the second attempt		Participated in the third attempt		For non-participants: reason for refusal
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	
	Date of interview: _______ Time of interview: _______ Length of interview: ______ People present in the house during the interview: (yes/no)		Date of interview: _______ Time of interview: _______ Length of interview: ______ People present in the house during the interview: (yes/no)		Date of interview: _______ Time of interview: _______ Length of interview: ______ People present in the house during the interview: (yes/no)		
	Date of interview: _______ Time of interview: _______ Length of interview: ______ People present in the house during the interview: (yes/no)		Date of interview: _______ Time of interview: _______ Length of interview: ______ People present in the house during the interview: (yes/no)		Date of interview: _______ Time of interview: _______ Length of interview: ______ People present in the house during the interview: (yes/no)		
	Date of interview: _______ Time of interview: _______ Length of interview: ______ People present in the house during the interview: (yes/no)		Date of interview: _______ Time of interview: _______ Length of interview: ______ People present in the house during the interview: (yes/no)		Date of interview: _______ Time of interview: _______ Length of interview: ______ People present in the house during the interview: (yes/no)		

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