

SUBSTANCE ABUSE AMONG THE GENERAL POPULATION IN THE REPUBLIC OF CROATIA

ELABORATI

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European Monitoring Centre
for Drugs and Drug Addiction



THE MINISTRY OF HEALTH
OF THE REPUBLIC OF CROATIA



GOVERNMENT OF THE
REPUBLIC OF CROATIA -
OFFICE FOR COMBATING
DRUG ABUSE



IVO PILAR
INSTITUTE
OF SOCIAL SCIENCES

Substance Abuse among the General Population in the Republic of Croatia

RESEARCH REPORT

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Institute of Social Sciences Ivo Pilar

Zagreb, Marulićev trg 19/I

PROJECT MANAGER:

Renata Glavak Tkalić, PhD.

CONSULTANTS:

Prof. Vlado Šakić, PhD.

Prof. Slavko Sakoman, PhD.

Prof. Ljiljana Kaliterna Lipovčan, PhD.

RESEARCH ASSOCIATES:

Geran-Marko Miletić, PhD.

Jelena Maričić, PhD.

Prof. Goran Milas, PhD.

Anja Wertag

Ivana Vrselja

Ivan Dević

Stanko Rihtar

Josipa Gelo

BIBLIOTHECA **ELABORATI**

Substance Abuse among the General Population in the Republic of Croatia: Research Report

AUTHORS:

Renata Glavak Tkalić, PhD.

Geran-Marko Miletić, PhD.

Jelena Maričić, PhD.

Anja Wertag

REVIEWERS:

Prof. Ljiljana Kaliterna Lipovčan, PhD.

Prof. Renata Franc, PhD.

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1. INTRODUCTION

This report contains methodology and results of the first research on the extent and patterns of substance use in the general population of the Republic of Croatia. The research was conducted by the Institute of Social Sciences Ivo Pilar, and was commissioned by the Government of the Republic of Croatia – Office for Combating Drug Abuse.

Survey into the extent and patterns of substance use amongst the general population is a key indicator (although not the only one) for the registration of drug problems. More precisely, the General Population Survey (GPS) is one out of five key epidemiological indicators developed by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)¹, and adopted by EU Member States. Other indicators are as follows: Problem Drug Use (PDU), Treatment Demand Indicator (TDI), Drug-related Deaths and Mortality (DRD) and finally Drug-related Infectious Diseases (DRID). These indicators were developed in collaboration with the Reitox network, experts across Europe and other international agencies competent in the field of drugs and drug addictions. These five key epidemiological indicators are the basis for the EMCDDA report concerning tracking of emerging trends in substance use as well as the state of drug problem in Europe. They are also an integral part of analyses that are based on the estimation of interventions impact in this field. Achievement of a comprehensive understanding of the extent of substance use problem requires analysis of all above mentioned indicators.

¹ www.emcdda.org

² Institut društvenih znanosti Ivo Pilar (2010). Studija ostvarivosti i provedivosti projekta Zlouporaba

2. PROJECT ASSIGNMENT (RATIONALE)

The starting point for determining the project assignment is the fact that substance abuse is a serious health and social problem in the Republic of Croatia that needs a more serious approach in intervention planning in order to prevent use, but also in order to reduce the damages resulting from such behaviour. To create a policy that could successfully fulfil outlined aims it is necessary to be acquainted with the main features of this phenomenon. A detailed analysis of the available official documents as well as existing scientific research on substance abuse in the Republic of Croatia (see *Studija ostvarivosti*²) revealed a lack of background information concerning this problem including a lack of information on extent and use patterns of individual types of drugs amongst the general population. Therefore the task of the scientific research project *Substance abuse among the general population in the Republic of Croatia* was to collect data that will help to assess population values of the outlined aspects of the phenomenon.

The frame of reference for research implementation were directions and methodological guidelines developed by the EMCDDA³ experts. This approach makes a cross-national analysis of survey results possible.

² Institut društvenih znanosti Ivo Pilar (2010). *Studija ostvarivosti i provedivosti projekta Zlouporaba sredstava ovisnosti u općoj populaciji Republike Hrvatske*.

³ EMCDDA. (2002). *Handbook for Surveys on Drug Use among the General Population*. Lisbon: EMCDDA.

3. AIMS OF RESEARCH

Based on the EMCDDA⁴ guidelines, the aim of the scientific research project *Substance abuse among the general population in the Republic of Croatia* was to obtain reliable and comparable measures of the extent and patterns of substance use amongst the general population, information on characteristics and use patterns amongst substance users, and the attitudes and perceptions of substance use amongst different subpopulation groups.

More precisely, the aim of the research was to obtain data on:

- 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);
- 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;
- correlates of drug use such as lifestyles, health status, mental health, other health factors, social functioning;
- the attitudes and perceptions of different population subgroups with respect to drug use, such as perception of risks or availability.

Specific aims of the research were:

- to estimate the prevalence of use of tobacco, alcohol, pharmaceuticals and illicit drugs amongst the general population by gender, age and region;
- to describe of substance users based on social and economic characteristics and patterns of drug use.

⁴ EMCDDA. (2009). An Overview of General Population Survey Key Indicator. Lisbon: EMCDDA.

4. RESEARCH METHODOLOGY

4.1. Research design

The research design used in the project *Substance abuse among the general population of the Republic of Croatia* was adapted to the project assignment which was assessment of the extent and substance use patterns amongst the general population. To obtain empirical data for that purpose the most convenient way is a research based on a single cross-sectional design. This type of design is the standard methodology used in health science and psychology for epidemiological assessments of acute or chronic conditions, and to describe some features of the population studied. In case of this study the scope of the single research was a description of substance use, precisely identifying prevalence amongst population at the time when this research was conducted. A cross-sectional design allows exploring differences (gender, age etc.) amongst particular segments of the population concerning substance use, however the main limitation of this type of research design is an inability to establish causal relationship amongst observed phenomena.

4.2. Data collection

The data was gathered by face-to-face interviews. This technique is based on a personal contact between interviewer and respondent. In our research, due to the sensitivity of the topic, it was made possible for the respondents to fill out the questionnaire on their own. The interviewer assisted them in clarifying any questions they did not understand if such problems occurred. As an additional reassurance of anonymity, respondents were given an unmarked envelope and were instructed that upon finishing with the questionnaire they had to insert the completed survey in the envelope, seal it and mix it with other unmarked envelopes of other respondents that the interviewer has already collected.

4.3. Interviewers

Interviewing, coordination and fieldwork control was carried out by outside collaborators of the Institute Pilar and coordinated and controlled by general and regional fieldwork managers. Overall, there were 145 interviewers and 16 regional fieldwork managers. Interviewers were both males and females, and majority of them

were university students. Fieldwork managers contacted all of their interviewers on a weekly basis in order to determine their progress.

Prior to conducting the fieldwork all regional and local fieldwork managers were briefed by the research team on all important aspects of the research, and then fieldwork managers briefed interviewers. Interviewers had support of their fieldwork manager, who was always available to assist them in case of difficulties in the field or with any other problems.

Interviewers also received written instructions where the complete procedure of interviewing was described in details (See APPENDIX C). They were also given a detailed list of all “street” names for individual types of drug (See APPENDIX E) and list of pharmaceuticals (See APPENDIX F).

All interviewers had a letter (See APPENDIX D) signed by the head of the Institute Pilar, which explained the purpose of the study and was given to the respondents to reassure them that the study was genuine. The letter also provided the telephone number of a contact person from the Institute (Institute Pilar’s general fieldwork manager) that could be called in case of any further questions.

4.4. Instruments

The research was carried out using the Croatian translation of the EMQ – *European Model Questionnaire*, which is standardly used in national surveys on substance use (See APPENDIX A). In this way, the international comparability of the epidemiological status in the field of substance use in the Republic of Croatia is assured. EMQ is the result of work of the group of European experts and its main focus is on prevalence of substance use. The topics covered in this survey were (1) licit drugs, (2) illicit drugs, (3) attitudes and opinions regarding drugs and drug policies, (4) relevant respondent attributes. Prevalence indicators for substance use are: lifetime prevalence (ever used), last year prevalence (used in the past twelve months) and last month prevalence (used in the past 30 days). The survey also used instruments designed to assess perceived drug availability.

Following the EMCDDA recommendation that presenting the questionnaire as a research on drug abuse or addiction prevalence in the population probably will not yield respondents’ cooperation, instructions for the questionnaire were formulated more appropriately and presented to respondents as a research on all kinds of psychoactive substances, lifestyles, health risks, etc. Hence, to mask the real aims of

the study in the questionnaire were included additional questions about before mentioned topics. There were overall 120 questions in the questionnaire and interviewing took approximately 20 minutes.

4.5. Pilot study

For the purpose of testing all aspects of the survey pilot study was conducted in March 2011 on the quota sample of respondents (N=78) from the city of Zagreb. In creating the sample different demographical (gender, age) and socio-economical (education, working status) population categories were included. Since certain types of drugs have relatively small number of users amongst the general population, pilot study included also two pre-selected target groups. One included drug addicts (N=18) and other alcohol addicts (N=19), and they were all patients treated in the Psychiatric Clinic of the University Hospital Centre “Sestre milosrdnice”. Based on the pilot study results and interviewers feedbacks some minor adjustments were made to the questionnaire (question wording and ordering, and also some questions were removed). Also, some additional explanations were added in written interviewer instructions.

4.6. Sampling

4.6.1. Target population

Although the title of the project suggests that the research was conducted amongst general population, it should be emphasized that some segments of the population had to be excluded from the study. In defining target population only private households were taken into consideration. That means that all individuals in some type of institutions, such as hospitals, prisons, therapeutic communities and correctional facilities, were excluded. Also, all individuals that did not have a permanent residence, more precisely homeless people, as well as all the individuals living in shanty towns (squatter settlements) were excluded from the study.

For defining a target population it was necessary, too, to define age more precisely since the subject of the research is not typical in some age groups and on the other hand there are some real problems that appear when interviewing certain age categories.

When conducting research amongst general population it is common not to include anyone under the age of 18, because the interviewing procedure of the minor is rather

complicated for the reason that it raises some ethical issues. But, since the trend is such that the initial use of illicit drugs often starts at this age, it was important to get an insight into the prevalence on substance use amongst minors. Therefore following the EMCDDA guidelines, minors aged between 15 and 17 were included in the research. It should be mentioned here that this age category is included in ESPAD (*European School Survey Project on Alcohol and Other Drugs*)⁵, specialized research on the prevalence of substance use, but this research includes only respondents attending school excluding thus drop outs. In the same time the practice in substance abuse research has shown that older people frequently fail to give credible answers, first and foremost because of the problems concerning memory recall.

Therefore having in mind above mentioned objective factors that influence defining target population and in line with EMCDDA guidelines (created as answer to earlier mentioned difficulties) the target population in this study were residents of the Republic of Croatia aged between 15 and 64 living in private households. In this demographic group, based on the data from the 2001 Census of the Republic of Croatia there were 2,969,981 residents.⁶

Since minors (aged 15-17) were also included in the study, the Croatian Psychological Chamber's recommendations on including minors in the research were followed. More precisely, parental consent for interviewing a child was asked for, and parents were also asked to provide privacy for their children while they were answering the questionnaire. It is important to emphasize that interviewers could not interview a minor without obtaining parental consent. Table 1 outlines the data concerning the number of minors who participated in the research. Overall, 184 minors were contacted, and for 168 of them parental consent for participating in the research was obtained. Out of 168 of them 134 fulfilled the questionnaire in the presence of a parent, but other measures to ensure anonymity of the respondents were used (i.e. it was made possible for the respondents to fill out the questionnaire on their own).

⁵ <http://www.espad.org>

⁶ The 2001 Census was used since the 2011 Census data were not available during planning and conducting this research.

TABLE 1: Participation of minors in the research

	N
total number of contacted minors	184
minors with parental consent to participate in the research	168
minors who conducted the interview in the presence of a parent	134

4.6.2. Planned sample size

Based on expected prevalence rates and the accepted margin of error for measuring substance use, it was decided that the research will be conducted on a sample size of 4,800 respondents. Furthermore the sample was divided into two subsamples. In sample of population aged 15-64 a target of 4,000 interviews was set and with oversampling additional 800 respondents aged 15-34 were included in the research. The purpose of oversampling was to get more robust sample of this segment of population that is more prone to consume all types of drug.

4.6.3. Sampling method

The research was conducted on a multistage stratified sample of the 15-64 population, using random choice of units within strata.

A starting point for creating sample was an ad hoc division of the Republic of Croatia into six relatively homogenous regions, based on cluster analyses of socio-demographic and socio-economic indicators. These regions are Slavonia, north-western Croatia, City of Zagreb, central Croatia, Istria and Primorje and Dalmatia⁷. The second stratum was defined by the type of settlement within each region, urban and other (rurban and rural) types of settlements. Sample points within this stratum were quarters (in urban areas) or whole settlements (rurban and rural), whereby a probability of their choice was proportional to their size. Overall 250 locations were chosen for this survey and it should be mentioned that no reserve sample points were used (See Table 2). Households in the selected sample points were chosen systematically from the household list (with a random selection of a first) from the locations included in the sample (urban quarters or settlements) while final selection of a respondent within a household was random (most recent birthday). There were in average 40 household addresses per location.

⁷ Above mentioned regions do not completely overlap historical and geographical regions of the Republic of Croatia, so the names used for these regions do not follow geographical boundaries; these are only terms used for the purposes of this research.

TABLE 2: Number of sample points per region

REGION	NUMBER OF SAMPLE POINTS
Slavonia	66
north-western Croatia	41
City of Zagreb	45
central Croatia	22
Istria and Primorje	29
Dalmatia	47

4.6.4. Sample frame

An important prerequisite for creating a random sample is the existence and availability of the complete list of the target population. However in the Republic of Croatia, as well as in most European countries, there is no complete and accessible list that would include all residents of the country that belong to the target group aged between 15 and 64.

In such situations national telephone register is often used to create random sample. This approach was appropriate for the purpose of this study since Croatia has high telephone coverage rates.⁸ For this study the Republic of Croatia's Central Phonebook was used as the sample frame. This register includes all telephone users of all telephone services providers in the Republic of Croatia. Hence, the phone register was used as a base for choosing household addresses that were then included in the sample.

4.6.5. Implementation of sampling

Due to the fact that the way of recruiting respondents in the field significantly affects a quality of a sample, a lot of attention was thus given to briefing interviewers on selection procedures. In written instructions there was a detailed explanation of a respondent's selection procedure, from selecting a household member with most recent birthday (in case of overlap, a younger person was interviewed) to a fact that a selected address had to be visited for at least three times in order to interview a selected person. Also, interviewers were instructed to visit the same household at different times of a day in order to increase response rate and more evenly cover all segments of population.

⁸ For example, the research conducted by the GfK agency in 2007 shows that the percentage of households with the telephone is 98% and of these 82% has a fixed line (www.gfk.hr).

In order to control if the interviewers were following outlined instructions, they were asked to make a detailed records on every attempted interview, with a notion that the records will be back-checked. For that purpose the interviewers had to fill in contact sheets (See APPENDIX B) and document the exact date and time of all visits to the selected addresses and the result of the interview (successful interview undertaken, a contact was not established, selected individual was absent for a longer period of time, appointment made, a household does not have anyone in the age range between 15 and 64, refusal at the door, refusal of the selected respondent).

Contact sheet was kept separate from the questionnaire in order to ensure respondent's anonymity.

4.6.6. Fieldwork period

The fieldwork was conducted during four months period (from May 2011 to August 2011) and within planed deadlines. The survey was conducted between May and July, and in August coordinators did the final back-check of collected data.

4.7. Data management

4.7.1. Response rate

Details of overall response rate are presented in Table 3. For the purpose of this survey 10,212 addresses were selected and from them 4,831 respondents participated in the survey (and 75 of them did not properly fill in the questionnaire). In 4,721 selected addresses the interviews were not conducted because of the refusal (including the situations in which the interviewer even after three attempts was not able to make a contact with the selected household member), and in 1,110 selected addresses the interviews were not conducted because of the frame error (where the household was without a member aged between 15 and 64, or property was vacant, derelict, demolished, not found, or used only for business).

TABLE 3: Basic information on the response rates for population survey

	GROSS SAMPLE	SUCCESSFUL INTERVIEWS	NOT PROPERLY FILLED QUESTIONNAIRES	NON-RESPONSE	FRAME ERRORS
N	10,212	4,756	75	4,271	1,110
%	100.0%	46.6%	0.7%	41.8%	10.9%

Response rate was calculated according to the following formula: $\text{response rate} = \text{number of interviews} \times 100 / N - \text{frame errors}$, and the response rate was 53.1% (Table 4).

TABLE 4: Response rate for population survey

GROSS SAMPLE	VALID SAMPLE*	RESPONSE	% RESPONSE
10,212	9,102	4,831	53,1%

* Valid sample = Gross sample – frame errors

Table 5 shows on which attempt (out of obligatory three) on selected address interview was conducted successfully, and out of 4,831 interviews in almost 90% of cases the interview was conducted successfully during the first visit.

TABLE 5: Relative number of attempts needed for successful interview

1st ATTEMPT	2nd ATTEMPT	3rd ATTEMPT
89.7%	8.2%	2.1%

4.7.2. Non-response

Table 6 outlines the gender and age of those who participated in the survey, as well as those who refused to take part in it. It should be taken into account that characteristics of those who refused to participate in the survey were estimated by the interviewers. From the Table 6, it can be seen that amongst people who participated in the survey there were less male respondents, and those aged between 30 and 49. At the same time younger respondents (aged 15-29) made up a smaller proportion of refusals compared to the sample. Potential bias that might result from these differences was reduced after weighting.

TABLE 6: Comparison of the profile of the sample for the survey with the profile of those who refused to take part in the survey

	% OF SAMPLE	% OF REFUSALS
GENDER		
Males	43.9%	47.1%
Females	56.1%	52.9%
AGE		
Younger (15-29)	30.6%	11.1%
Middle aged (30-49)	37.5%	55.9%
Older (50-64)	31.9%	33.0%

4.7.3. Age and gender

The following table shows comparison of age and gender profile of the sample with the profile of the target population (aged 15-64). It is obvious from this comparison that there are discrepancies between these two profiles. In general, females were over-represented in the survey, and concerning the age those aged between 35 and 44 were under-represented, and those aged between 55 and 64 were over-represented in the survey. In this case the weighting also had for a goal to alleviate all possible biases arising from the differences between the survey sample and the target population.

TABLE 7: Comparison by age and gender of the survey sample and the target population

	POPULATION	% POPULATION	SAMPLE ⁹	% SAMPLE
GENDER				
Males	1,475,860	49.7%	2,073	43.9%
Females	1,494,121	50.3%	2,651	56.1%
AGE				
15-24	604,237	20.3%	931	19.8%
25-34	589,928	19.9%	1,064	22.6%
35-44	650,676	21.9%	796	16.9%
45-54	633,349	21.3%	884	18.8%
55-64	491,791	16.6%	1,034	22.0%

4.7.4. Weighting

As the results obtained through researches on samples are only estimators of population values, it is important (in order to ensure more precise estimate) to reduce sample biases using an adequate process of weighting. The purpose of this procedure is to reduce sample deviation from the target population.

In this research population values were taken from the 2001 Census since more recent data, at the time of the research, was still not available. But relying on the 2001 Census data was adequate because age and gender are quite stable demographic characteristics.

The following table compares population values and the division of sample by age and gender. Finally, weights were calculated to ensure that results more precisely represent characteristics of the target population.

⁹ Unanswered questions about age or gender produced a difference in total sample sizes.

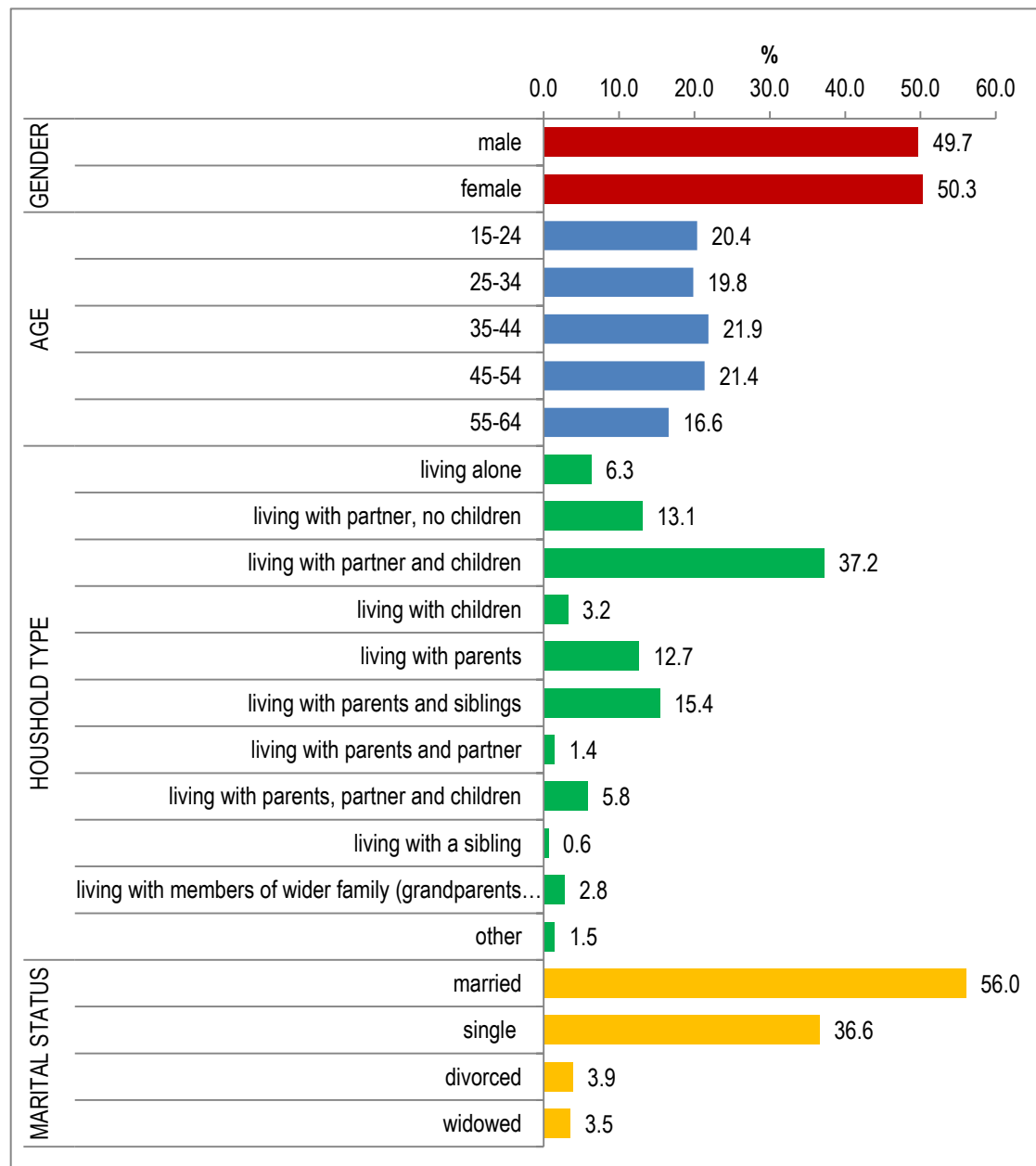
TABLE 8: List of weights used for specific demographic contingents

	YEAR OF BIRTH	POPULATION	SAMPLE	WEIGHT
Males	1946.-1951.	4.06%	4.53%	0.90
	1952.-1956.	3.66%	4.27%	0.86
	1957.-1961.	4.99%	4.47%	1.12
	1962.-1966.	5.67%	3.72%	1.52
	1967.-1971.	5.61%	3.78%	1.48
	1972.-1976.	5.34%	3.80%	1.40
	1977.-1981.	4.98%	5.41%	0.92
	1982.-1986.	5.01%	4.57%	1.09
	1987.-1991.	5.24%	5.66%	0.93
	1992.-1996.	5.14%	3.65%	1.41
Females	1946.-1951.	4.76%	7.35%	0.65
	1952.-1956.	4.08%	5.71%	0.71
	1957.-1961.	5.10%	5.51%	0.93
	1962.-1966.	5.57%	5.06%	1.10
	1967.-1971.	5.62%	4.79%	1.17
	1972.-1976.	5.35%	4.59%	1.16
	1977.-1981.	4.97%	6.35%	0.78
	1982.-1986.	4.91%	6.30%	0.78
	1987.-1991.	5.05%	6.69%	0.75
	1992.-1996.	4.91%	3.78%	1.30

4.7.5. Socio-demographic and socio-economic characteristics of weighted sample

The following two figures show the main characteristics of respondents after the process of sample weighting. Both genders are equally represented in the sample, while concerning age groups proportion of the respondents ranged between 36.6% in the 55-64 age group to 21.9% in the 35-44 age group. Concerning household type, the prevailing one was the nuclear family (parents and children) and in total two-thirds of respondents lived in that type of household. In total, 56% of respondents were married or living in non-marital cohabitation, 36.6% were unmarried, 3.9% divorced and 3.5% were widow/widower. More detailed information concerning gender, age, household type and marital status of respondents can be seen in Figure 1.

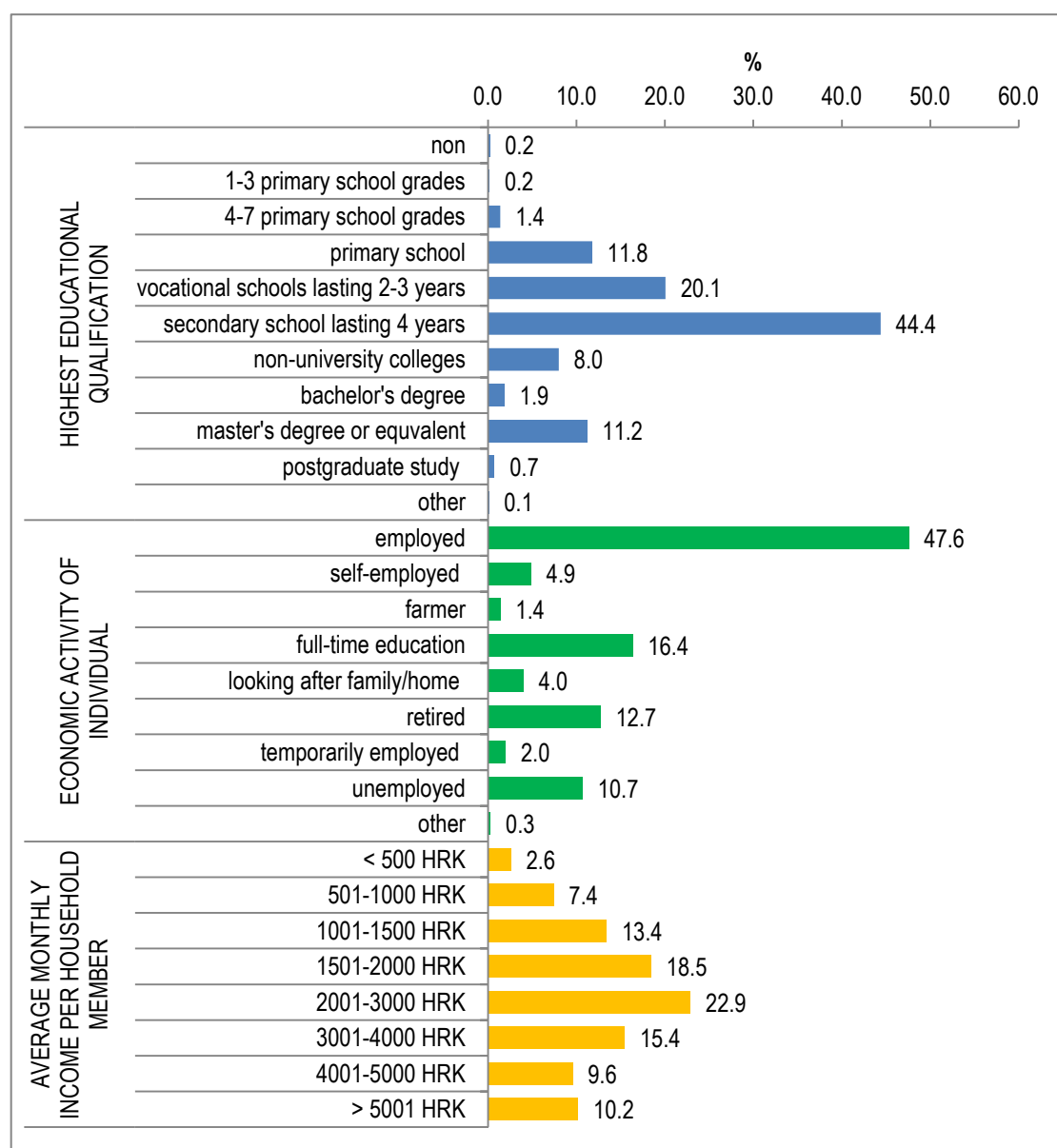
FIGURE 1: Main characteristics of respondents: gender, age, household type, and marital status (%)



Concerning socio-economic characteristics it should be mentioned that the greatest percentage of respondents indicated high school as their highest achieved level of education (64.5%). Furthermore 11.8% of respondents indicated a primary school as a highest achieved level of education, 8% of respondents finished non-university college, and 11.9% of all respondents had a faculty degree or higher. There were also 1.8% of respondents who hadn't finished primary school. Concerning working status, the majority of respondents were in paid employment (47.6%), and from other larger groups there were students and pupils (16.4%), retired respondents (12.7%) and

unemployed (10.7%). Breakdown of the respondents based on their income shows that the majority of respondents (22.9%) had an average monthly income per household member of between 2,000 and 3,000 HRK, 10% of respondents had an income under 1,000 HRK per month and per household member whereas 10.2% of respondents had an average monthly income per household member more than 5,000 HRK. More detailed information concerning the level of education, working status and household income is shown in Figure 2.

FIGURE 2: Main characteristics of respondents: highest educational qualification, economic activity of the individual, and average monthly income per household member (%)



4.7.6. Missing values

Missing values (due to a relatively small proportion – rarely higher than 2%), and answers for which consistency check indicated discrepancies were not included in the analyses.

In tables in Appendix, there is a category *skipped*. It actually means that respondents were able to skip certain questions that did not apply on them, for example if they never took cannabis in their lifetime respondents were then supposed to skip all questions concerning details linked with the use of cannabis. In the same time it was outlined in the questionnaire to which question they were to skip.

4.7.7. Statistical data processing

After coding the answers from open-ended questions, all the data was added to one database and then the process of consistency check started. The consistency check revealed that 75 questionnaires were not valid and therefore they were removed from further analyses. For the purposes of report, data collected in the survey was analysed using descriptive statistics procedures, and depending on a variable they were shown by using absolute/relative frequencies or as arithmetic mean. The analyses were done using IBM SPSS (Statistical Package for the Social Sciences).

In this report confidence intervals were used in order to indicate precision of estimates of the population prevalence rate. Confidence intervals indicate the probable error of a given survey estimate for a population parameter with an associated probability, the confidence level. In a population survey it is usual practice to create confidence intervals at the 95% level. That means that 95% of the samples would contain the true value found in population. Since this study was conducted on multistage stratified sample, confidence intervals need to be adjusted for design effect. For this reason confidence intervals (TABLE P-1) were calculated in IBM SPSS using complex sample procedure.

5. RESULTS

The chapter Results is organised into six large units: 1. Tobacco, 2. Alcohol, 3. Pharmaceuticals, 4. Illicit drugs, 5. Opinions related to drugs, and 6. Access to drugs. Results are given for all respondents (aged between 15 and 64), hereinafter in the text referred to as all adults, for young adults (aged between 15 and 34), and are also presented by gender and by age.

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

- Lifetime prevalence refers to the proportion of the respondents in a sample who reported ever using named substance. The respondent who records lifetime prevalence may or may not be currently using that substance. Lifetime prevalence should not be interpreted in a way that a respondent is seen as someone who used a substance for a longer time period or will use it again in a future.
- Last year prevalence refers to the proportion of the respondents in a sample who reported using named substance in the year prior to the research. Last year prevalence is often referred to as recent use of substance and it is an indicator of the situation in the field of substance use.
- Last month prevalence refers to the proportion of the respondents in a sample who reported using named substance during the 30 days prior to the research. Last month prevalence is often referred to as current use of named substance. However, part of the respondents who reported current substance use can be only occasional or first time users who happen to have used named substance during the 30 days prior to the research. This is why current substance use shouldn't be referred to as regular substance use.

5.1. Tobacco

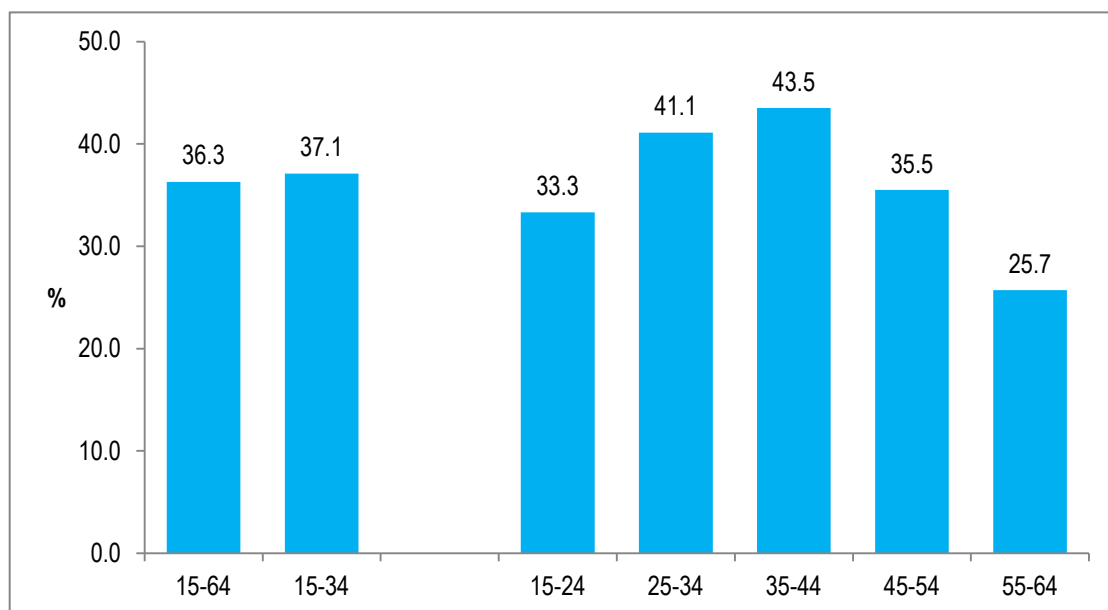
This chapter of the report contains information on the tobacco consumption (smoking tobacco in a form of cigarette, cigar or pipe), or more precisely, prevalence through different time periods (lifetime, last year, last month, present) amongst the general population in the Republic of Croatia.

5.1.1. Active smokers

All adults (aged 15-64)

Amongst all adults (aged between 15 and 64) 36.3% of respondents reported that they are active smokers (i.e. smoking cigarette, cigar or pipe) (Figure 3).

FIGURE 3: Active tobacco smokers amongst all adults, young adults and age groups (%)



Young adults (aged 15-34)

Amongst young adults (aged between 15 and 34) the proportion of active smokers (37.1%) was almost the same as amongst all adults (aged between 15 and 64) (Figure 3).

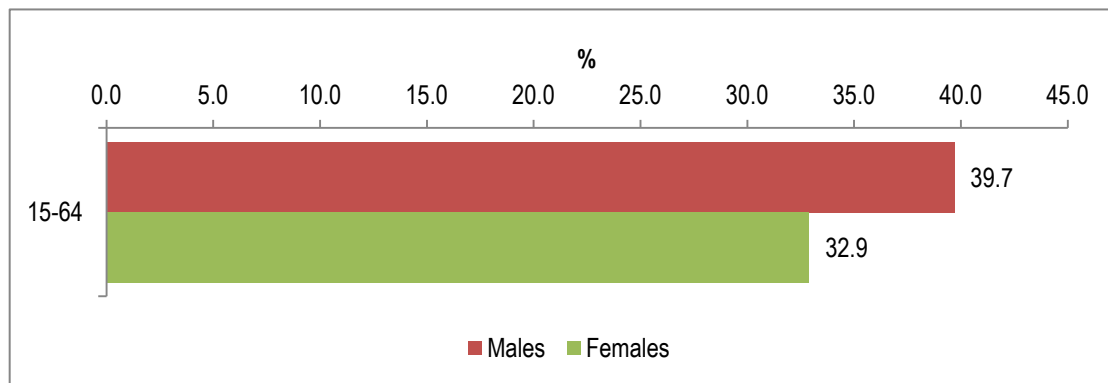
Age

The highest proportion of active smokers was amongst the 35-44 (43.5%) and 25-34 (41.1%) age groups followed by the 15-24 (33.3%) and 45-54 (35.5%) age groups. A relatively lower proportion of active smokers (25.7%) was in the 55-64 age group (Figure 3).

Gender

Amongst all adults (aged between 15 and 64) males were more likely than females to report being active smokers (39.7% of males compared to 32.9% of females) (Figure 4).

FIGURE 4: Active tobacco smokers by gender (%)

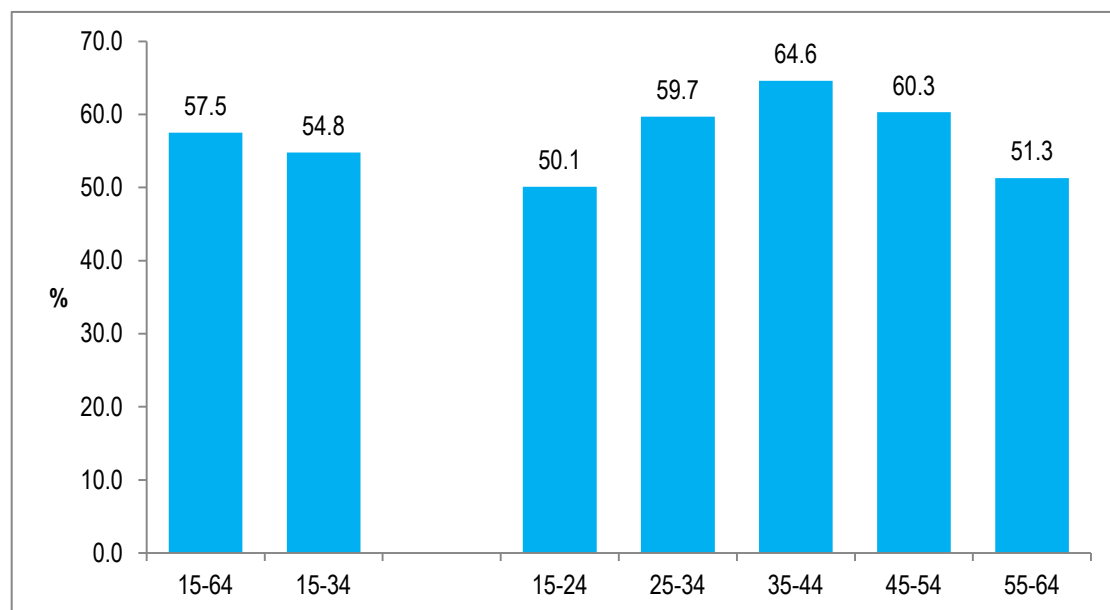


5.1.2. Lifetime prevalence of tobacco consumption

All adults (aged 15-64)

Amongst all adults the lifetime prevalence rate of tobacco consumption (Figure 5) was 57.5%, i.e. more than half of all adults reported having ever smoked in their lifetime.

FIGURE 5: Lifetime prevalence of tobacco consumption amongst all adults, young adults and age groups (%)



Young adults (aged 15-34)

Amongst young adults (aged between 15 and 34) the lifetime prevalence rate of tobacco consumption was 54.8% (Figure 5).

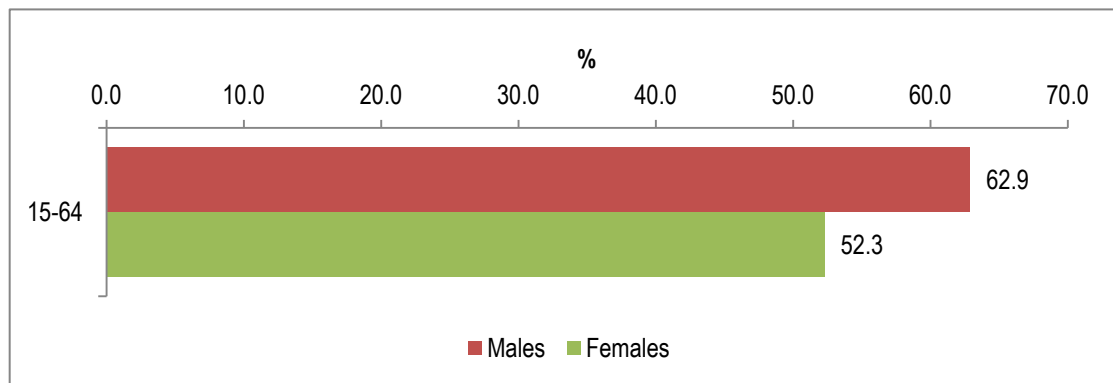
Age

The highest lifetime prevalence rate of tobacco consumption was in the 35-44 age group, in which 64.6% of respondents reported having ever smoked tobacco in their lifetime. Furthermore, in the 45-54 age group 60.3% of respondents and in the 25-34 age group 59.7% of respondents reported having ever smoked tobacco in their lifetime, whereas around half of respondents in the 15-24 (50.1%) and 55-64 (51.3%) age groups reported having ever smoked tobacco in their lifetime (Figure 5).

Gender

The lifetime prevalence rate of tobacco consumption amongst all adults aged between 15 and 64 was somewhat higher for males (62.9%) than females (52.3%) (Figure 6).

FIGURE 6: Lifetime prevalence of tobacco consumption by gender (%)

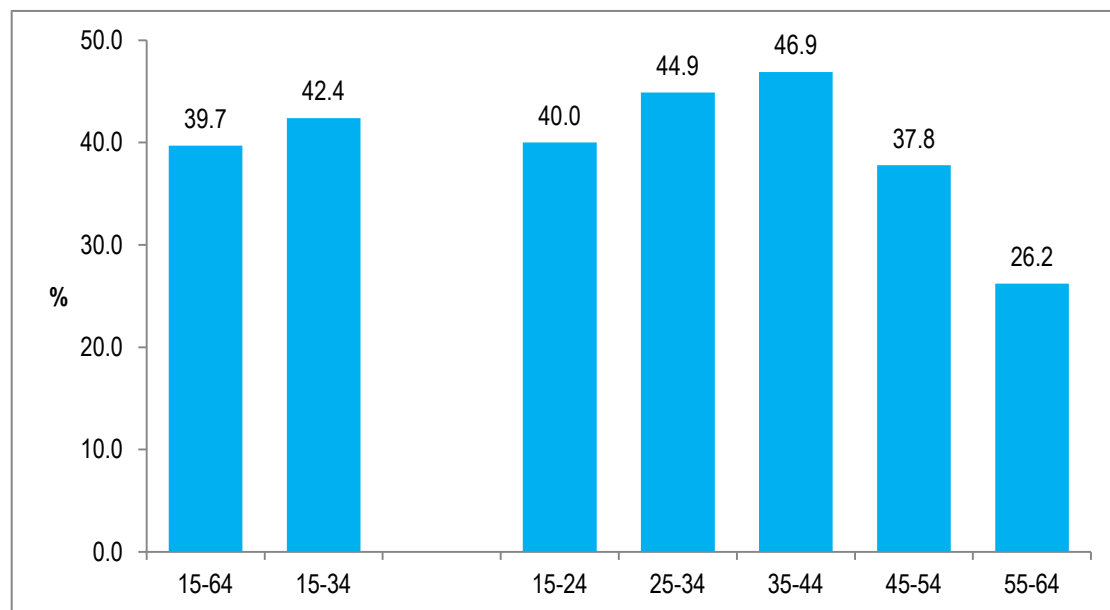


5.1.3. Last year prevalence of tobacco consumption

All adults (aged 15-64)

The last year prevalence rate of tobacco consumption amongst all adults was 39.7% (Figure 7).

FIGURE 7: Last year prevalence of tobacco consumption amongst all adults, young adults and age groups (%)



Young adults (aged 15-34)

Amongst young adults (aged between 15 and 34) the last year prevalence rate of tobacco consumption was 42.4% (Figure 7).

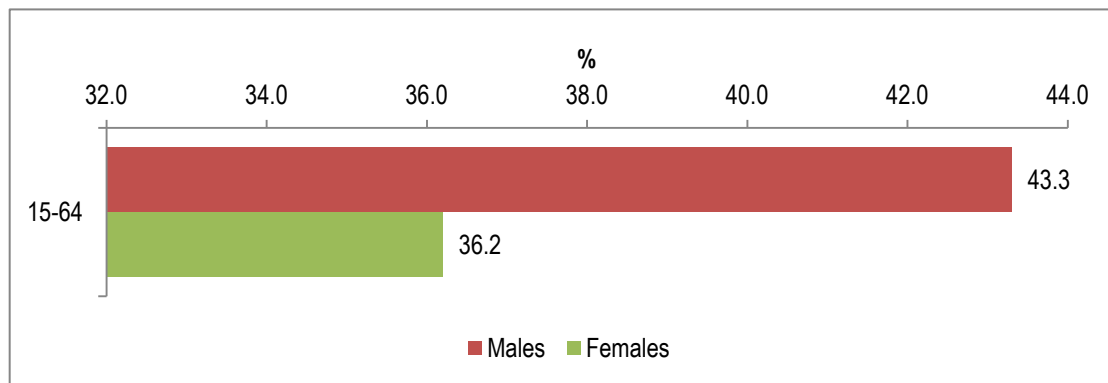
Age

Between 40% and 50% of respondents reported tobacco consumption during the past year in the 35-44, 25-34 and 15-24 age groups (46.9%, 44.9% and 40.0% respectively). Somewhat lower (but not considerably) was the last year prevalence rate of tobacco consumption in the 45-54 age group (37.8%) whereas the last year prevalence rate of tobacco consumption was lowest in the 55-64 age group (26.2%) (Figure 7).

Gender

More males than females (43.3% and 36.2% respectively) reported having smoked tobacco during the past year (Figure 8).

FIGURE 8: Last year prevalence of tobacco consumption by gender (%)

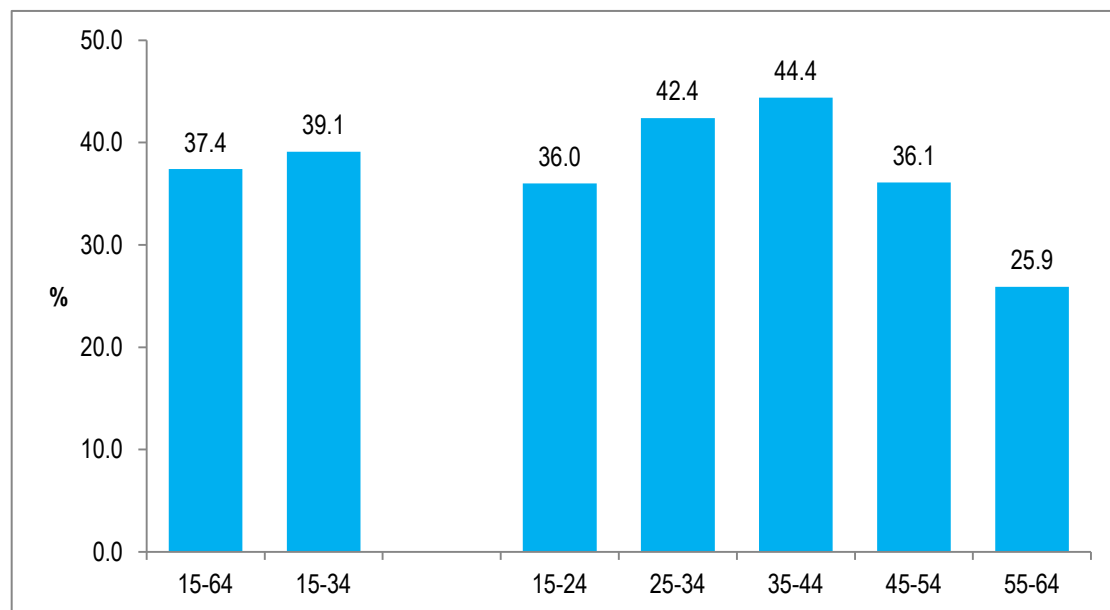


5.1.4. Last month prevalence of tobacco consumption

All adults (aged 15-64)

The last month prevalence rate of tobacco consumption amongst all adults aged between 15 and 64 was 37.4% (Figure 9).

FIGURE 9: Last month prevalence of tobacco consumption amongst all adults, young adults and age groups (%)



Young adults (aged 15-34)

The last month prevalence rate of tobacco consumption amongst young adults (aged between 15 and 34) was 39.1%, which is slightly higher than amongst all adults (Figure 9).

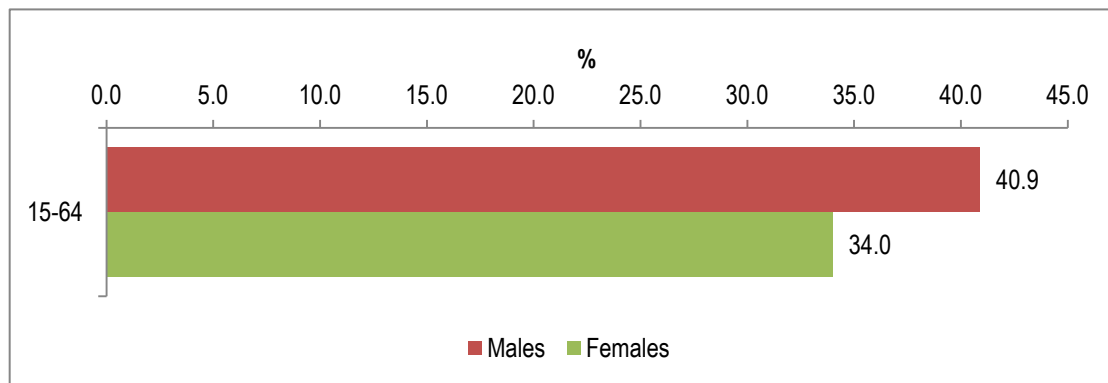
Age

The highest proportion of respondents who reported tobacco consumption in the month prior to the research was in the 35-44 (44.4%) and 25-34 (42.4%) age groups. The last month prevalence rate of tobacco consumption was slightly lower in the 45-54 (36.1%), and 15-24 (36.0 %) age groups. The lowest last month prevalence rate of tobacco consumption was in the 55-64 age group (25.9%) (Figure 9).

Gender

Amongst all adults aged between 15 and 64 slightly more males (40.9%) than females (34.0%) reported tobacco consumption in the month prior to the research (Figure 10).

FIGURE 10: Last month prevalence of tobacco consumption by gender (%)



5.2. Alcohol

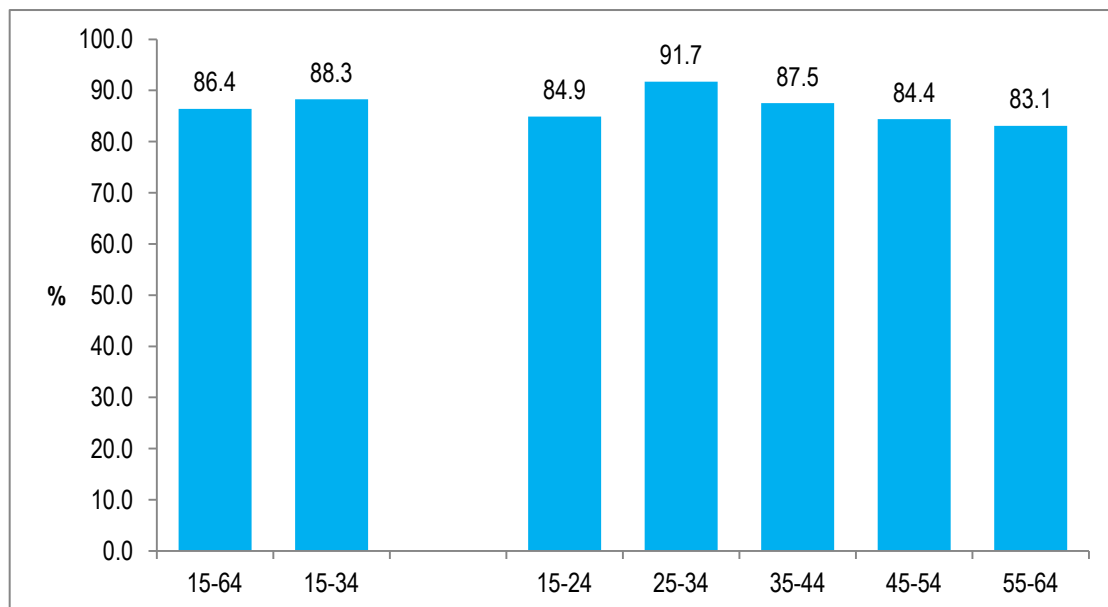
This chapter of the report contains information on the alcohol consumption. The first part of the chapter presents data concerning the prevalence of alcohol consumption amongst the general population in the Republic of Croatia through different time periods (lifetime, last year and last month) whereas in the second part of this chapter data concerning drinking habits (frequency of alcohol consumption, frequency of drinking six glasses or more of an alcoholic drink on the same occasion) are presented.

5.2.1. Lifetime prevalence of alcohol consumption

All adults (aged 15-64)

Amongst all adults (aged between 15 and 64) 86.4% of respondents reported having ever consumed alcohol (Figure 11).

FIGURE 11: Lifetime prevalence rates of alcohol consumption amongst all adults, young adults and age groups (%)



Young adults (aged 15-34)

Amongst young adults (aged between 15 and 34) the lifetime prevalence rate of alcohol consumption was 88.3%, which is almost the same as amongst all adults (Figure 11).

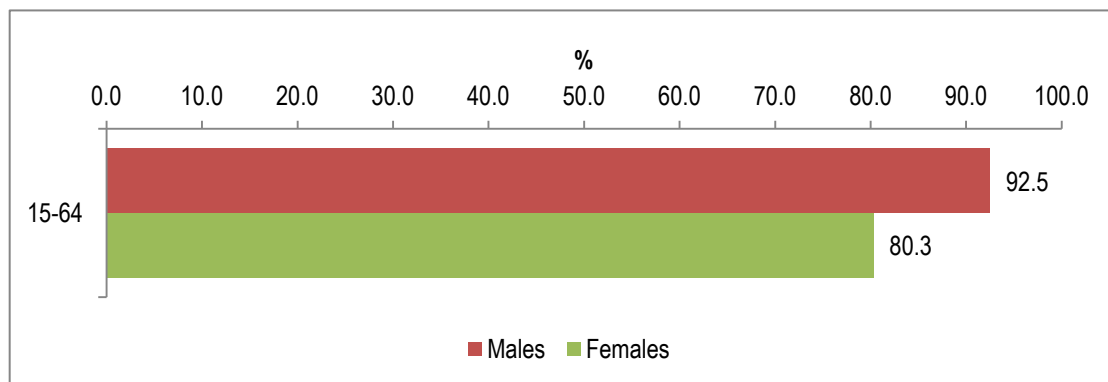
Age

The proportion of respondents reporting having ever consumed alcohol in their lifetime was similar in all age groups and ranges between 83.1% (in the 55-64 age group) and 91.7% (in the 25-34 age group) (Figure 11).

Gender

Amongst all adults (aged between 15 and 64) males were more prone than females to report having ever consumed alcohol in their lifetime (92.5% and 80.3% respectively) (Figure 12).

FIGURE 12: Lifetime prevalence of alcohol consumption by gender (%)

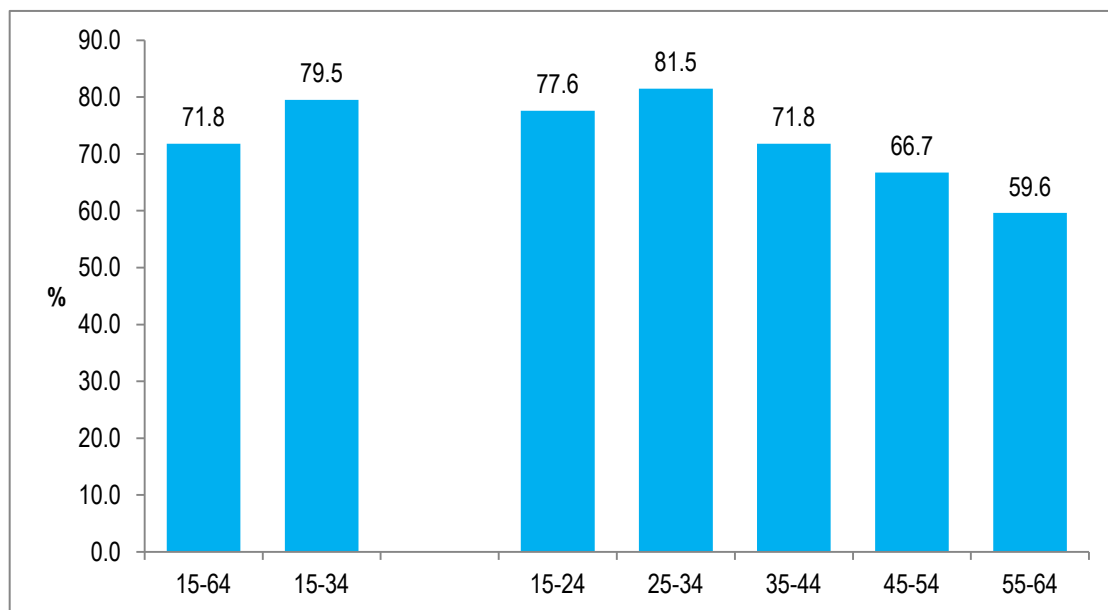


5.2.2. Last year prevalence of alcohol consumption

All adults (aged 15-64)

Amongst all adults (aged between 15 and 64) the last year prevalence rate of alcohol consumption was 71.8% (Figure 13).

FIGURE 13: Last year prevalence of alcohol consumption amongst all adults, young adults and age groups (%)



Young adults (aged 15-34)

Amongst young adults (aged between 15 and 34) the last year prevalence rate of alcohol consumption (Figure 13) was slightly higher than amongst all adults, i.e. 79.5% of young adults reported having consumed alcohol at least once during the past year.

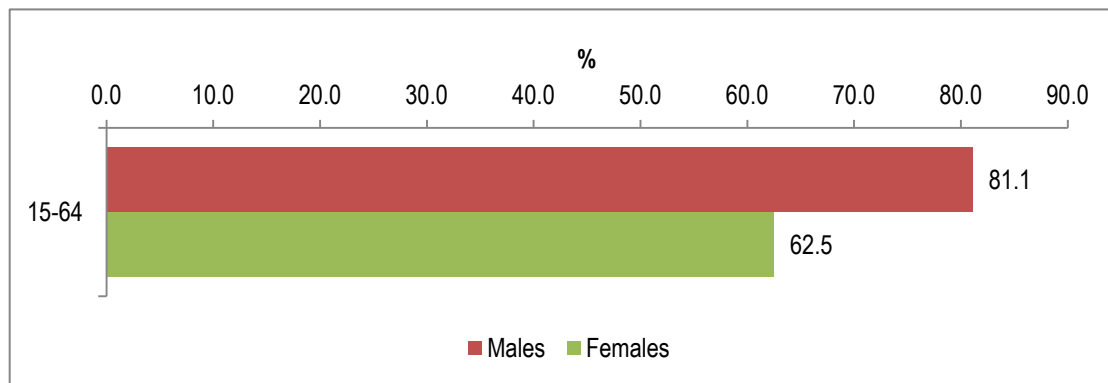
Age

The proportion of respondents who reported having consumed alcohol at least once during the last year was highest in the 25-34 age group (81.5%), and was followed by the 15-24 (77.6%), 35-44 (71.8%) and 45-54 (66.7%) age groups, whereas the last year prevalence rate of alcohol consumption was the lowest in the 55-64 (59.6%) age group (Figure 13).

Gender

Males aged between 15 and 64 were more prone than females to report having consumed alcohol during the past year (81.1% and 62.5% respectively) (Figure 14).

FIGURE 14: Last year prevalence of alcohol consumption by gender (%)

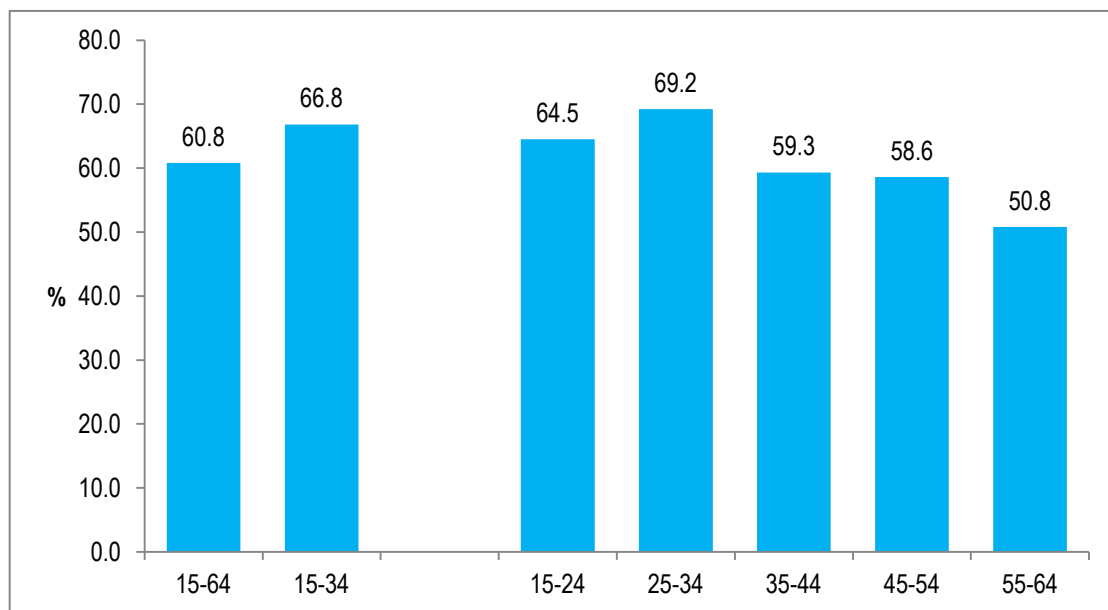


5.2.3. Last month prevalence of alcohol consumption

All adults (aged 15-64)

The last month prevalence rate of alcohol consumption amongst all adults was 60.8% (Figure 15).

FIGURE 15: Last month prevalence of alcohol consumption amongst all adults, young adults and age groups (%)



Young adults (aged 15-34)

In the 15-34 age group the last month prevalence rate of alcohol consumption (Figure 15) was slightly higher than amongst all adults, i.e. 66.8% of young adults reported having consumed alcohol during the 30 days prior to the survey.

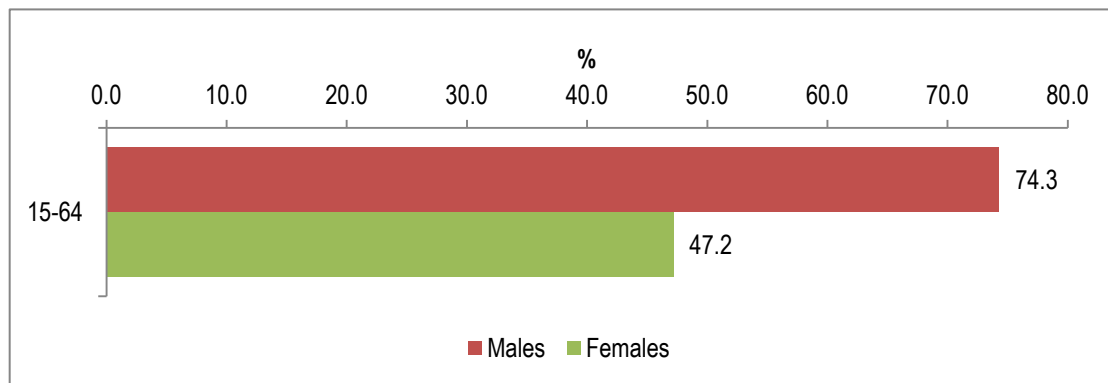
Age

The last month prevalence rate of alcohol consumption was highest amongst the 25-34 age group (69.2%) and was followed by the 15-24 (64.5%), 35-44 (59.3%), 45-54 (58.6%) and 55-64 (50.8%) age groups (Figure 15).

Gender

During the past month 74.3% of males and 47.2% of females reported having consumed alcohol (Figure 16).

FIGURE 16: Last month prevalence of alcohol consumption by gender (%)

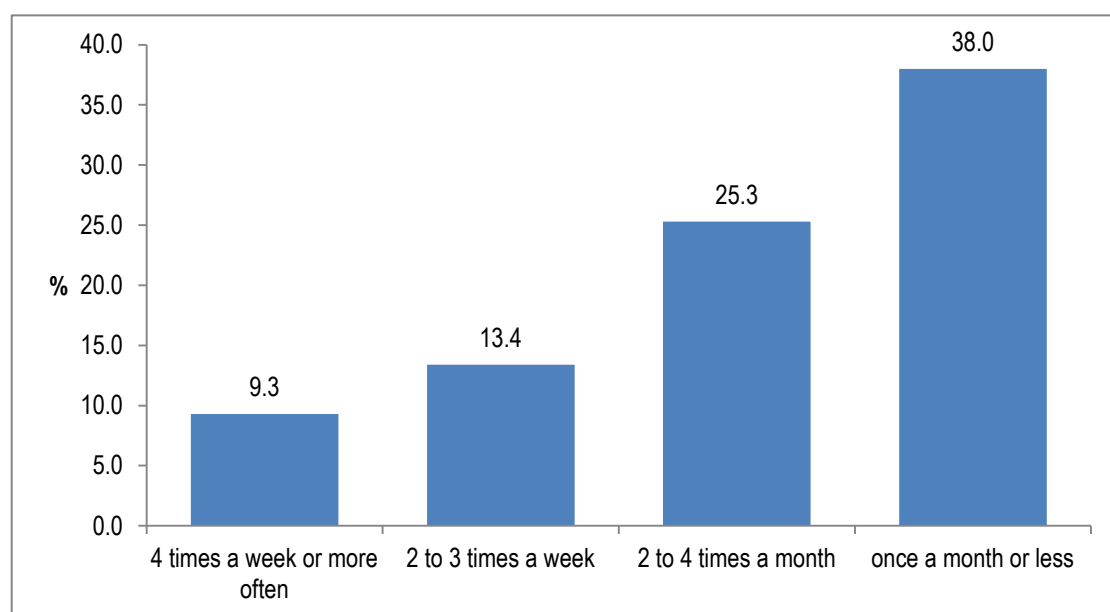


5.2.4. Frequency of alcohol consumption

All adults (aged 15-64)

Most of the respondents aged between 15 and 64 consumed alcohol once a month or less (38.0%), followed by the respondents who reported consuming alcohol 2 to 4 times a month (25.3%). Following these two groups were the respondents consuming alcohol 2 to 3 times a week (13.4%), whereas the percentage of respondents consuming alcohol 4 times a week or more was the lowest (9.3%) (Figure 17).

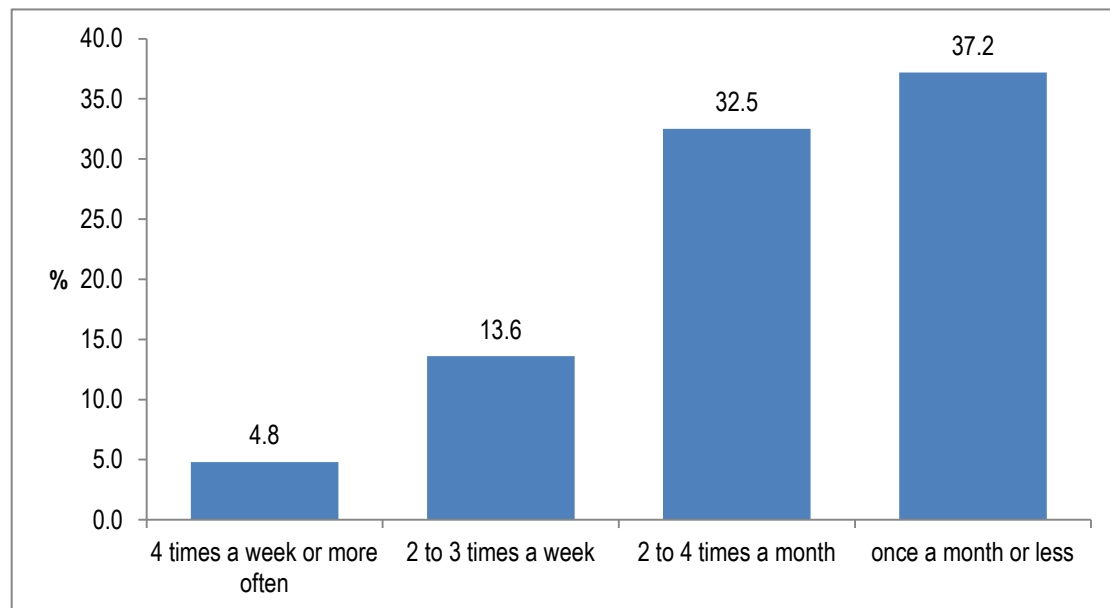
FIGURE 17: Frequency of alcohol consumption amongst all adults (%)



Young adults (age group 15-34)

Amongst young adults (aged between 15 and 34) 37.2% of respondents reported having consumed alcohol once a month or less, whereas 32.5% reported having consumed alcohol 2 to 4 times a month. The percentage of respondents reported having consumed alcohol 2 to 3 times a week was considerably lower (13.6%). Less than 5% of respondents aged between 15 and 34 reported having consumed alcohol 4 times a week or more (4.8%) (Figure 18).

FIGURE 18: Frequency of alcohol consumption amongst young adults (%)



Age

Amongst the 15-24 age group 34.6% of respondents reported having consumed alcohol 2 to 4 times a month and the percentage of those who reported having consumed it once a month or less (34.5%) was almost equal. On the other hand, percentage of respondents who reported having consumed alcohol 2 to 3 times a week (12.6%) was considerably lower, and the percentage of respondents who reported having consumed alcohol 4 times a week or more was the lowest (3.2%).

Concerning the 25-34 age group percentage of respondents who reported having consumed alcohol once a month or less was highest (40.0%), followed by the respondents who reported having consumed alcohol 2 to 4 times a month (30.4%), and those who reported having consumed alcohol 2 to 3 times a week (14.7%), whereas the proportion of respondents who reported having consumed alcohol 4 times a week or more was somewhat lower (6.5%).

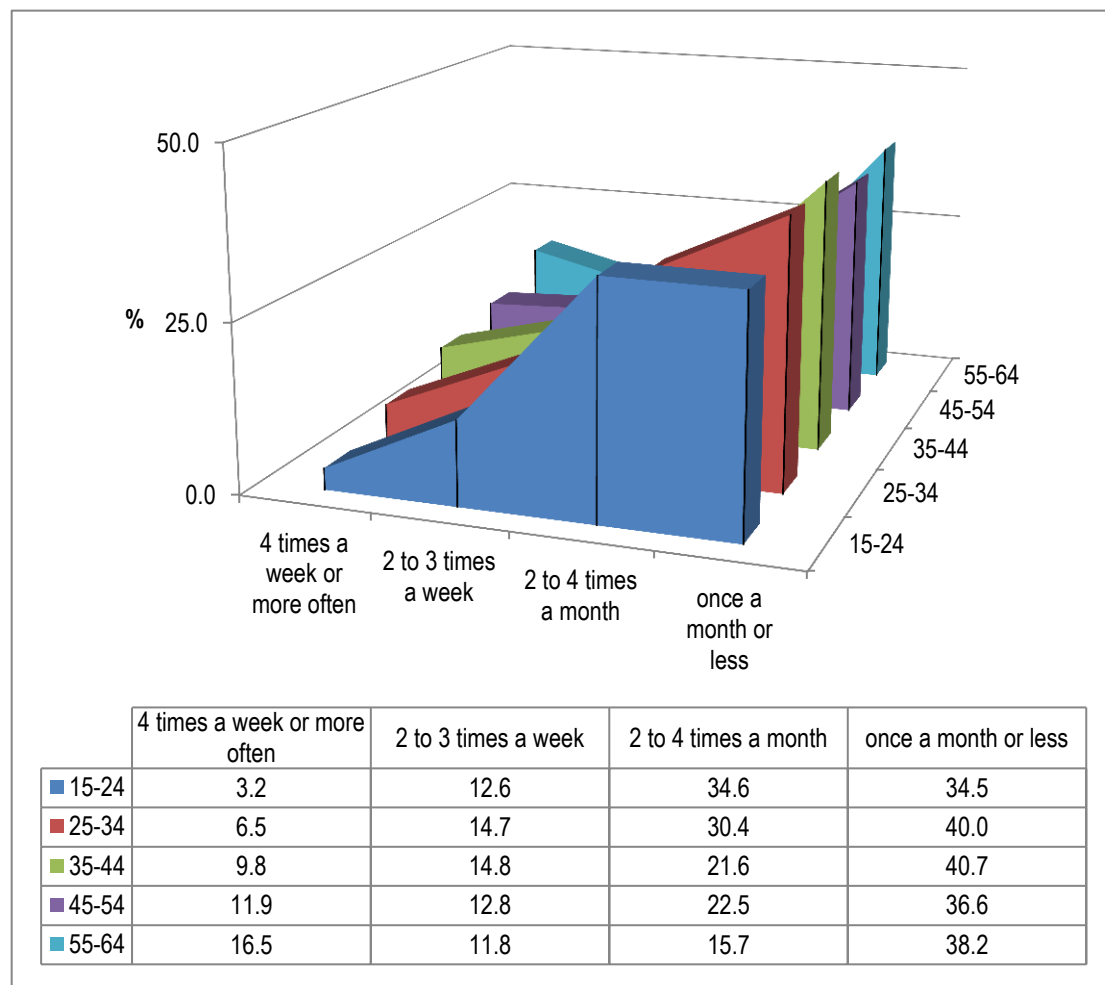
Respondents in the 35-44 age group reported having consumed alcohol mostly once a month or less (40.7%). In the same age group the percentage of respondents who reported having consumed alcohol 2 to 4 times a month was 21.6%, followed by the respondents who reported having consumed alcohol 2 to 3 times a week (14.8%), and then those who reported having consumed alcohol 4 times a week or more (9.8%).

Amongst the 45-54 age group most of the respondents reported having consumed alcohol once a month or less (36.6%), followed by the respondents who reported having consumed alcohol 2 to 4 times a month (22.5%), followed by those who

reported having consumed alcohol 2 to 3 times a week (12.8%), and then those who reported having consumed alcohol 4 times a week or more (11.9%).

In the 55-64 age group respondents reported having consumed alcohol mostly once a month or less (38.2%), followed by the respondents who reported having consumed alcohol 4 times a week or more (16.5%), and those who reported having consumed alcohol 2 to 4 times a month (15.7%), and then those who reported having consumed alcohol 2 to 3 times a week (11.8%). Even though the frequency of alcohol consumption has a tendency to be equal in all age groups (i.e. the rates of respondents who reported having consumed alcohol once a month or less is highest), it is evident that the frequency of alcohol consumption increased with increasing age (Figure 19).

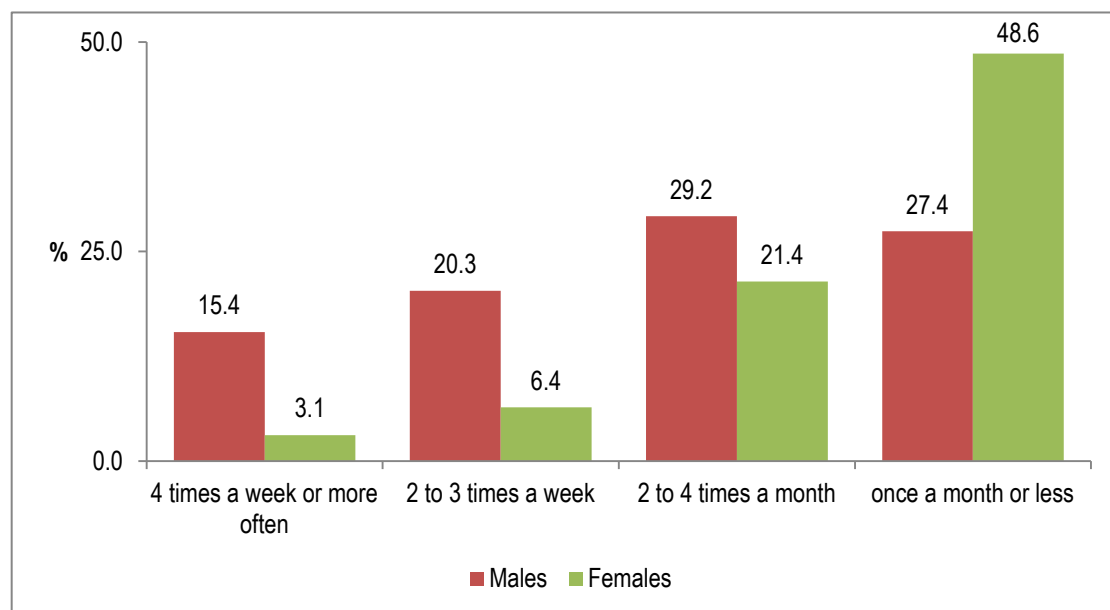
FIGURE 19: Frequency of alcohol consumption by age groups (%)



Gender

Males reported higher levels of alcohol consumption than females (Figure 20). Alcohol was consumed 4 times a week or more by 15.4% of males and 3.1% of females, and 2 to 3 times a week by 20.3% of males and 6.4% of females. The lowest difference between males and females concerning frequency of alcohol consumption was in reported consuming alcohol 2 to 4 times a month (29.2% and 21.4% respectively). Finally, 27.4% of males and 48.6% of females consumed alcohol once a month or less.

FIGURE 20: Frequency of alcohol consumption by gender (%)

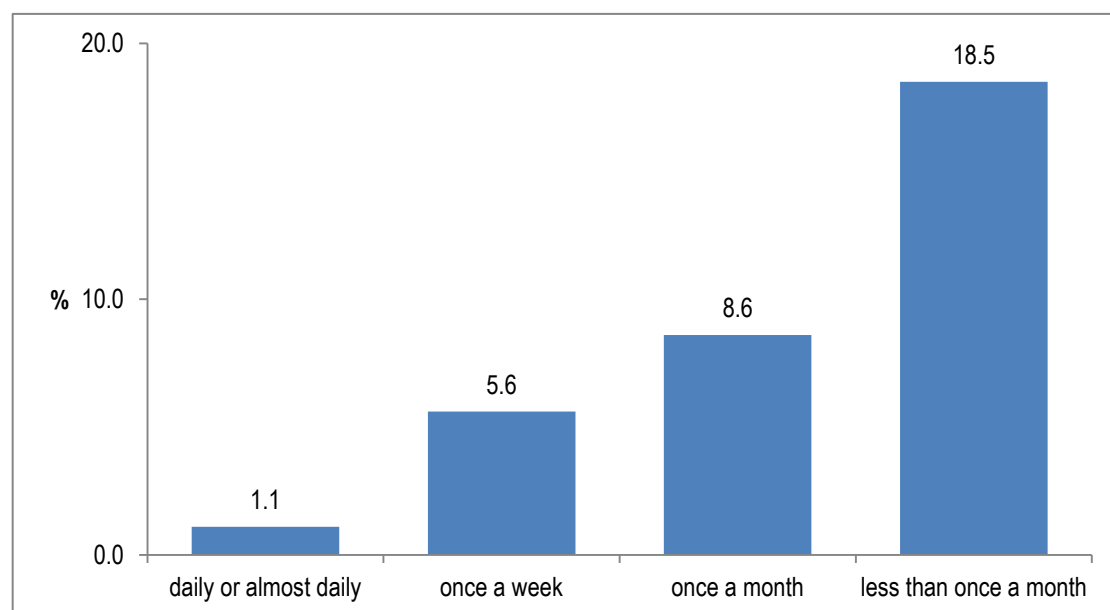


5.2.5. Frequency of drinking 6 glasses or more of an alcoholic drink on the same occasion

All adults (aged 15-64)

Somewhat less than one-fifth of all adults aged between 15 and 64 reported having consumed 6 glasses or more of an alcoholic drink on the same occasion less than once a month (18.5%), followed by those who reported drinking 6 glasses or more of an alcoholic drink on the same occasion once a month (8.6%), followed by those who reported drinking that same amount once a week (5.6%), and then those who reported drinking 6 glasses or more of an alcoholic drink on the same occasion daily or almost daily (1.1%) (Figure 21). Since drinking 6 or more glasses of an alcoholic drink on the same occasion can be seen as heavy drinking, hereinafter that term will be used instead of “drinking 6 glasses or more of an alcoholic drink on the same occasion”.

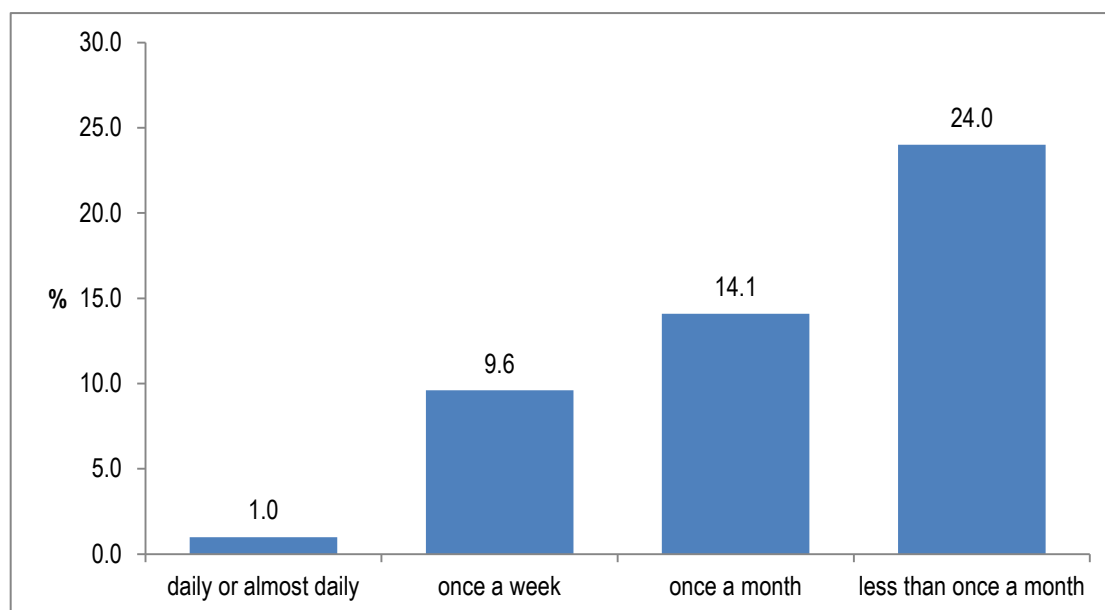
FIGURE 21: Frequency of drinking 6 glasses or more of an alcoholic drink on the same occasion amongst all adults (%)



Young adults (aged 15-34)

The most of respondents aged between 15 and 34 reported heavy drinking less than once a month (24.0%), followed by the respondents who reported heavy drinking once a month (14.1%), followed by those who reported heavy drinking once a week (9.6%) and then those who reported heavy drinking daily or almost daily (1.0%) (Figure 22).

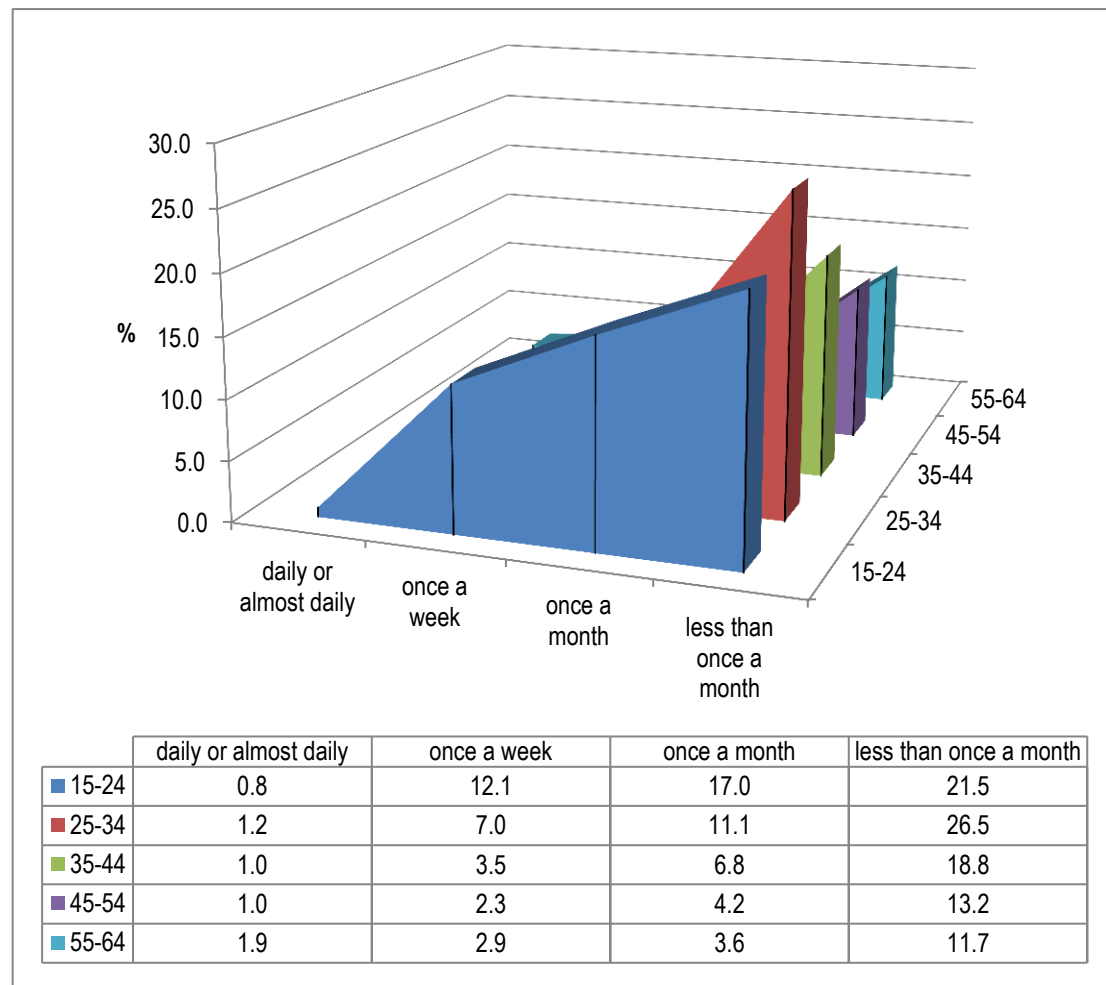
FIGURE 22: Frequency of drinking 6 glasses or more of an alcoholic drink on the same occasion amongst young adults (%)



Age

In the 15-24 age group relatively highest proportion of respondents reported drinking heavily less than once a month (21.5%), and they were followed by those who reported drinking heavily once a month (17.0%), and once a week (12.1%) whereas relatively lowest proportion of respondents reported drinking heavily daily or almost daily (0.8%). In the 25-34 age group relatively highest proportion of respondents also reported drinking heavily less than once a month (26.5%), followed by 11.1% of respondents who reported drinking heavily once a month, The proportion of respondents who reported drinking heavily once a week was somewhat lower (7.0%) and 1.2% of respondents reported drinking heavily daily or almost daily. In the 35-44 age group somewhat less than one-fifth of respondents reported drinking heavily less than once a month (18.8%), and around 5% of respondents reported drinking heavily once a month (6.8%) or once a week was (3.5%). In this same age group (35-44) 1.0% of respondents reported drinking heavily daily or almost daily. Amongst respondents in the 45-54 age group, 13.2% reported drinking heavily less than once a month whereas less than 5% of respondents reported drinking heavily once a month (4.2%), and once a week (2.3%), whereas 1.0% of respondents reported drinking heavily daily or almost daily. Amongst respondents in the 55-64 age group, 11.7% reported drinking heavily less than once a month whereas less than 5% of respondents reported drinking heavily once a month (3.6%), once a week (2.9%), and daily or almost daily (1.9%) (Figure 23).

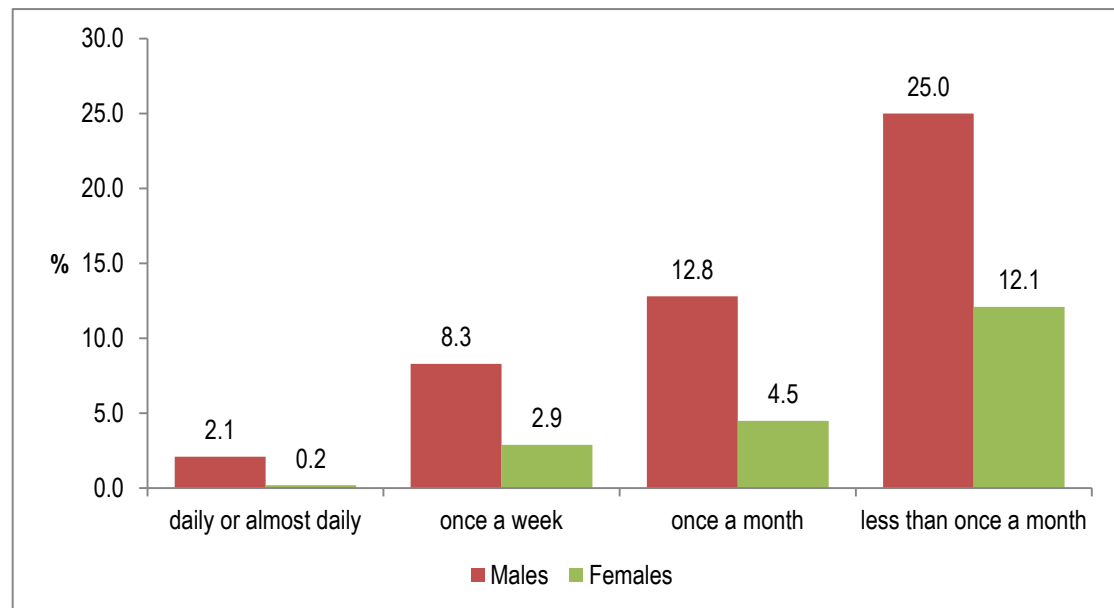
FIGURE 23: Frequency of drinking 6 glasses or more of an alcoholic drink on the same occasion by age groups (%)



Gender

Amongst all adults (aged between 15 and 64), 25.0% of males and 12.1% of females reported drinking heavily less than once a month, 12.8% of males and 4.5% of females reported drinking heavily once a month. Furthermore, 8.3% of males and 2.9% of females reported drinking heavily once a week, and 2.1% of males and 0.2% of females reported drinking heavily daily or almost daily (Figure 24).

FIGURE 24: Frequency of drinking 6 glasses or more of an alcoholic drink on the same occasion by gender (%)

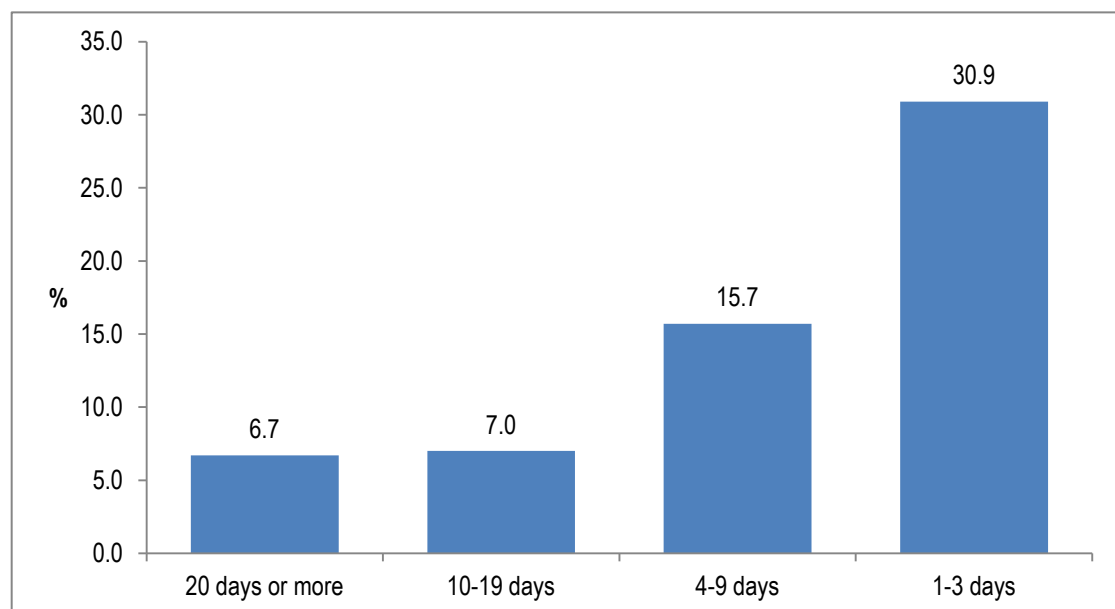


5.2.6. Number of days having taken alcohol in the last 30 days

All adults (aged 15-64)

Amongst all adults (aged between 15 and 64), 30.9% reported drinking alcohol on 1-3 days during the last 30 days, whereas the proportion of respondents drinking alcohol on 4-9 days during the last 30 days was considerably lower (15.7%). The proportions of respondents drinking alcohol on 10-19 days, and those drinking on 20 or more days during the last 30 days were two times lower compared to the percentage of respondents drinking alcohol on 4-9 days during the last 30 days (the respective figures being 7.0% and 6.7%) (Figure 25).

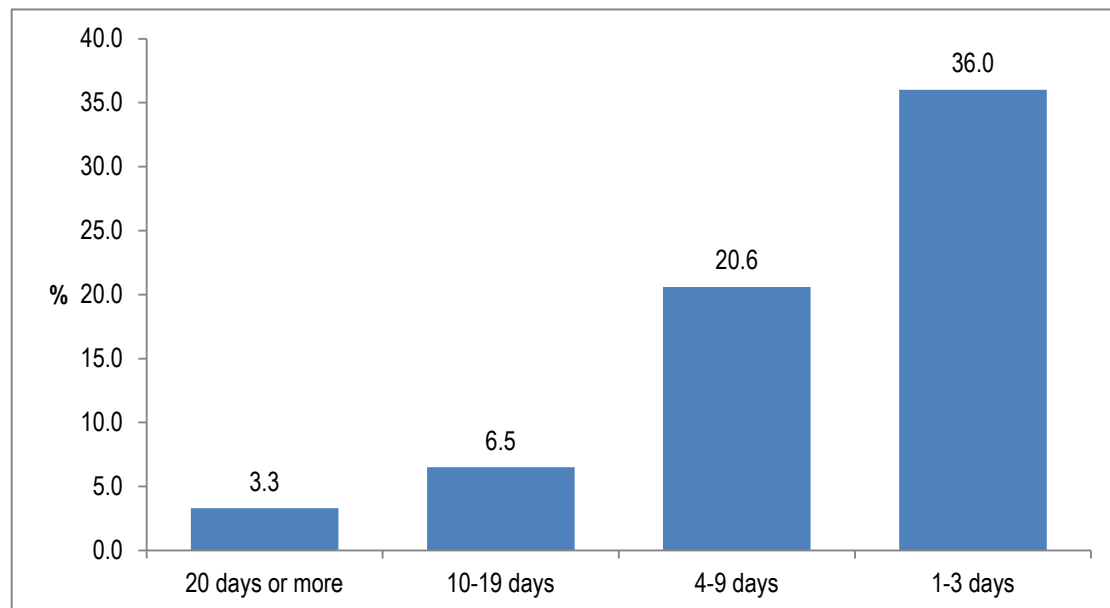
FIGURE 25: Number of days having taken alcohol in the last 30 days amongst all adults (%)



Young adults (aged 15-34)

Amongst young adults (aged between 15 and 34) proportion of those who reported drinking alcohol on 1-3 days during the past month was 36.0% whereas 20.6% of respondents reported drinking alcohol on 4-9 days during the past month. 6.5% of young adults reported drinking alcohol on 10-19 days, and 3.3% reported drinking alcohol on 20 days or more during the past month (Figure 26).

FIGURE 26: Number of days having taken alcohol in the last 30 days amongst young adults (%)



Age

The proportions of respondents who reported drinking alcohol less often were higher in all age groups than proportions of respondents who reported drinking alcohol more often. Amongst the 15-24 age group 35.3% of respondents reported drinking alcohol on 1-3 days during the past month, and 21.5% reported drinking alcohol on 4-9 days in the same period. Amongst this age group proportion of respondents who reported drinking alcohol on 10-19 days during the past month was somewhat lower (6.0%), and the proportion of respondents who reported drinking alcohol on 20 days or more during the past month was relatively lowest (1.9%).

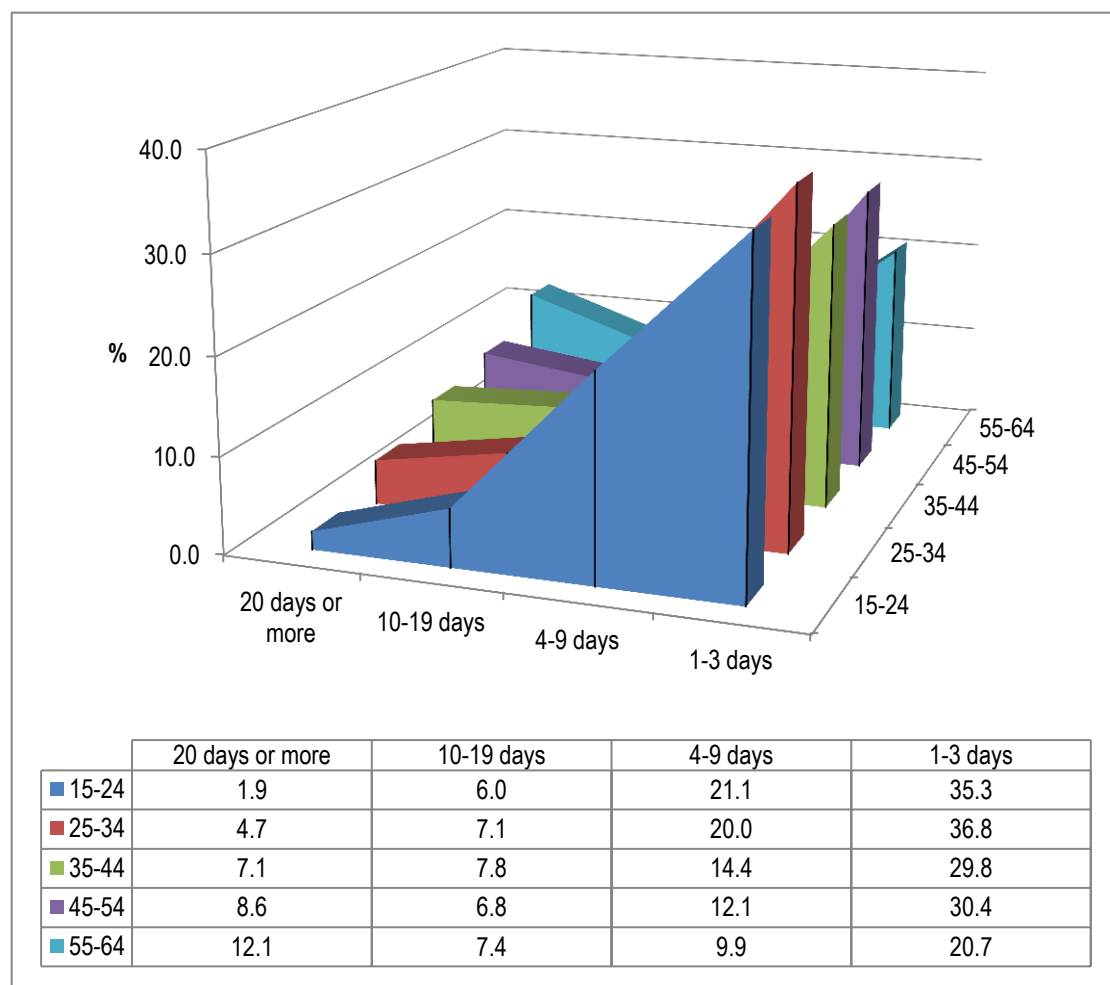
Amongst the 25-34 age group the proportions of respondents who reported drinking alcohol on 1-3 days (36.8%), on 4-9 days (20.0%), and on 10-19 days (7.1%) during the past month were similar to those in the youngest age group (15-24). But compared to the 15-24 age group somewhat more respondents aged between 25 and 34 reported drinking alcohol on 20 days or more (4.7%).

Amongst the 35-44 age group 29.8% of respondents reported drinking alcohol on 1-3 days during the past month, and 14.4% reported drinking alcohol on 4-9 days in the same period. Furthermore, in the same age group 7.8% of respondents reported drinking alcohol on 10-19 days during the past month, and 7.1% reported drinking alcohol on 20 days or more in that same period.

The proportion of respondents who reported drinking alcohol on 20 days or more during the past month was somewhat higher amongst two older age groups than in other age groups. Amongst the 45-54 age group 30.3% of respondents reported drinking alcohol on 1-3 days during the past month, and 12.1% reported drinking alcohol on 4-9 days. Also in this age group 8.6% of respondents reported drinking alcohol on 20 days or more, and 6.8% of respondents reported drinking alcohol on 10-19 days during the past month.

Amongst the 55-64 age group around one-fifth of the respondents reported drinking alcohol on 1-3 days during the past month (20.7%), whereas 12.1% reported drinking alcohol on 20 days or more. Less than 10% of the respondents reported drinking alcohol on 4-9 days (9.9%) during the past month and 7.4% reported drinking alcohol on 10-19 days during the past month (Figure 27).

FIGURE 27: Number of days having taken alcohol in the last 30 days amongst age groups (%)

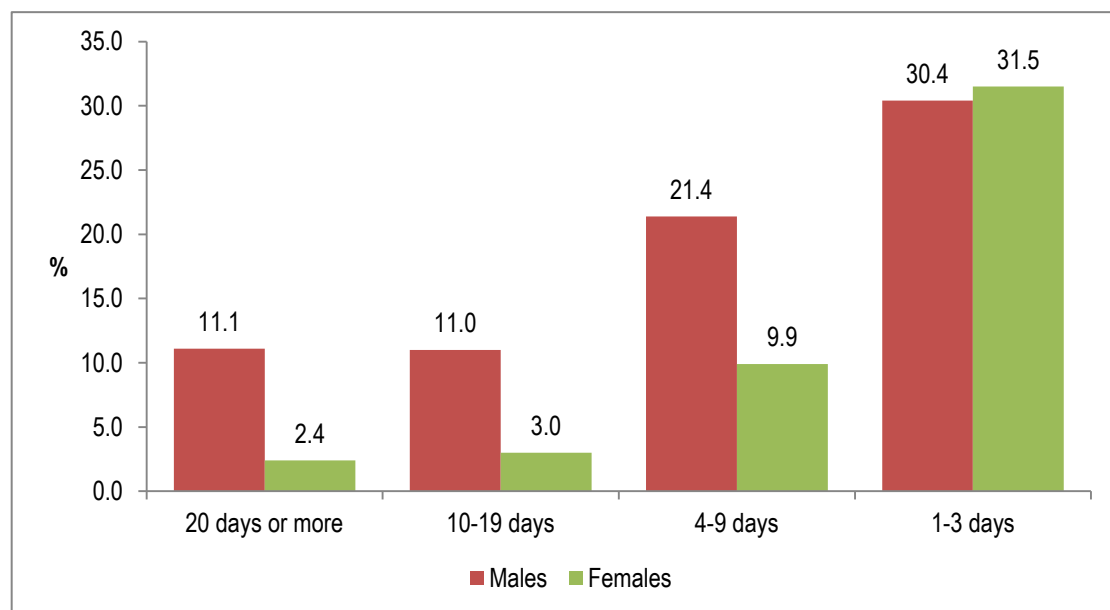


Gender

Majority of males amongst all adults reported drinking alcohol on 1-3 days during the past month (30.4%), followed by males who reported drinking alcohol on 4-9 days (21.4%), followed by males who reported drinking alcohol on 10-19 days (11.0%), and then those who reported drinking alcohol on 20 days or more (11.1%).

Females as well as males most often reported drinking alcohol on 1-3 days during the past month, and the proportion was 31.5%. Females however reported somewhat less often than males drinking alcohol on 4-9 days during the past month (9.9%). The proportion of females who reported drinking alcohol on 10-19 days and on 20 days or more was very low; the respective figures being 3.0% and 2.4% (Figure 28).

FIGURE 28: Number of days during which a respondent was drinking alcohol during the last 30 days by gender (%)



5.3. Pharmaceuticals

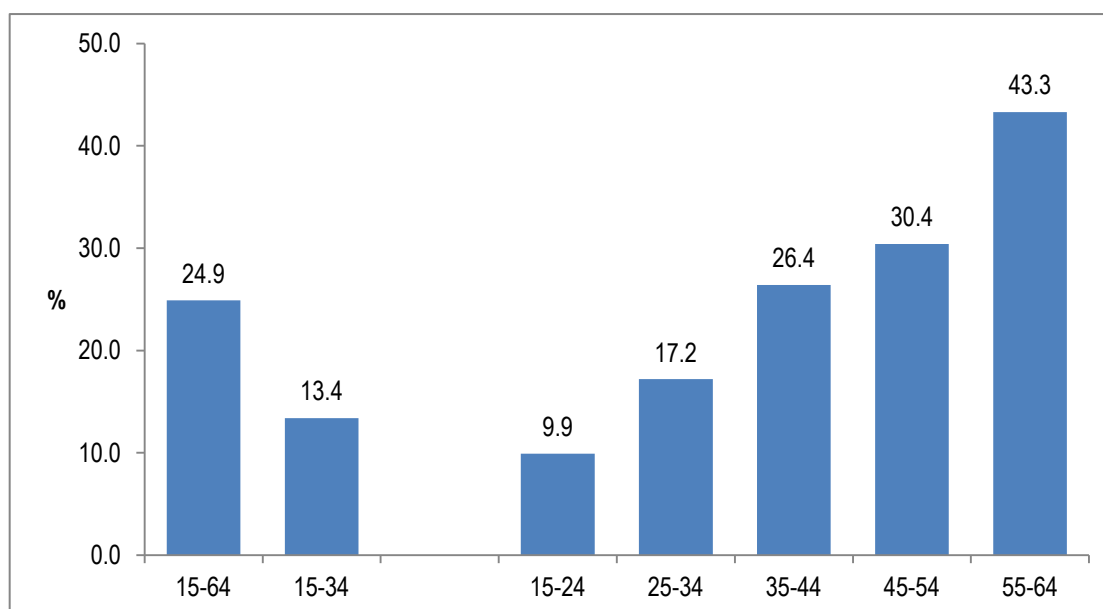
This chapter of the report contains information on the use of pharmaceuticals amongst the general population in the Republic of Croatia. For the purpose of this research the data on the use of sedatives and/or tranquillisers was gathered. In the first part of the chapter data concerning prevalence of taking sedatives and/or tranquillisers through different time periods (lifetime, last year and last month) are presented whereas in the second part of this chapter the data concerning frequency of taking sedatives and/or tranquillisers during the past month as well as data concerning the source of sedatives and/or tranquillisers when used last time (only the data from respondents who reported having taken sedatives and/or tranquillisers at least once in their lifetime were analysed) are presented.

5.3.1. Lifetime prevalence of taking sedatives and/or tranquillisers

All adults (aged 15-64)

One-fourth of all respondents (24.9%) aged between 15 and 64 reported having taken sedatives and/or tranquillisers at least once in their lifetime (Figure 29).

FIGURE 29: Lifetime prevalence of taking sedatives and/or tranquillisers amongst all adults, young adults and age groups (%)



Young adults (aged 15-34)

Amongst young adults (aged between 15 and 34) the lifetime prevalence rate of taking sedatives and/or tranquillisers was 13.4%, which is considerably lower than amongst all adults (Figure 29).

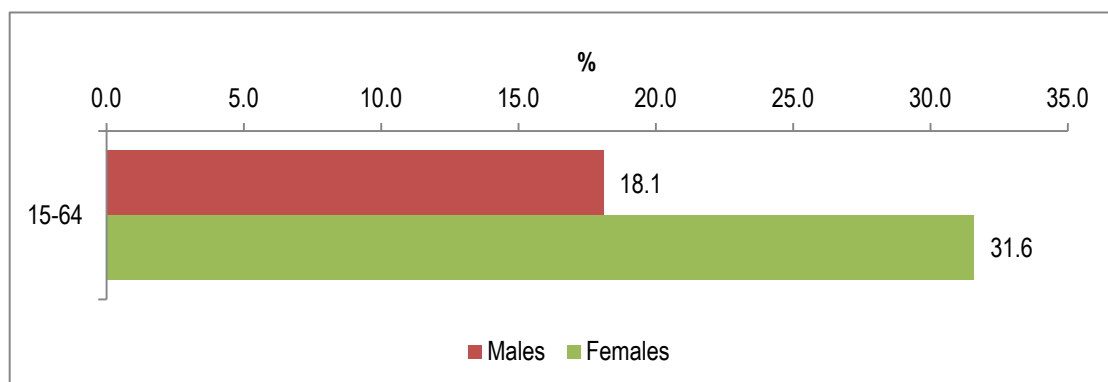
Age

The highest lifetime prevalence rate of taking sedatives and/or tranquillisers (Figure 29) was amongst the 55-64 age group (43.3%), and the lifetime prevalence rate of taking sedatives and/or tranquillisers decreased with decreasing age. More precisely, amongst the 45-54 age group the lifetime prevalence rate of taking sedatives and/or tranquillisers was 30.4%, followed by the 35-44 age group with the lifetime prevalence rate of 26.4%, followed by the 25-34 age group with the lifetime prevalence rate of 17.2%, and the lowest lifetime prevalence rate of taking sedatives and/or tranquillisers (9.9%) was found amongst the youngest age group (15-24).

Gender

The lifetime prevalence rate of taking sedatives and/or tranquillisers amongst all adults (aged 15-64) (Figure 30) was considerably higher amongst females (31.6%) than males (18.1%).

FIGURE 30: Lifetime prevalence of taking sedatives and/or tranquillisers by gender (%)

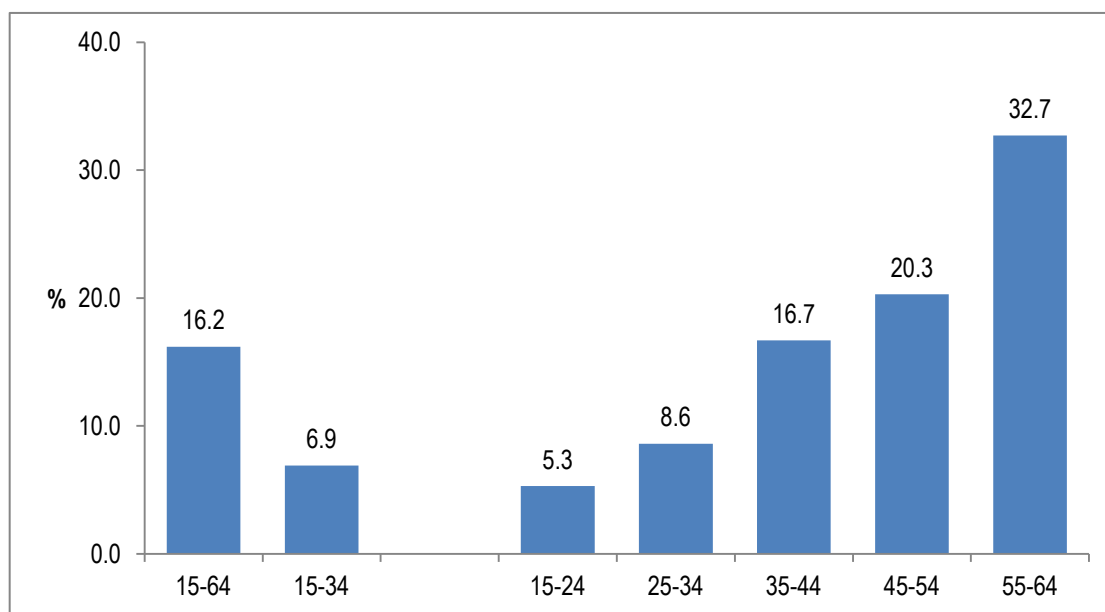


5.3.2. Last year prevalence of taking sedatives and/or tranquillisers

All adults (aged 15-64)

16.2% of respondents aged between 15 and 64 reported having taken sedatives and/or tranquillisers at least once in the year prior to the research (Figure 31).

FIGURE 31: Last year prevalence of taking sedatives and/or tranquillisers amongst all adults, young adults and age groups (%)



Young adults (aged 15-34)

Amongst the respondents aged between 15 and 34 (young adults), the last year prevalence rate of taking sedatives and/or tranquillisers was 6.9%, which was considerably lower than amongst all adults (Figure 31).

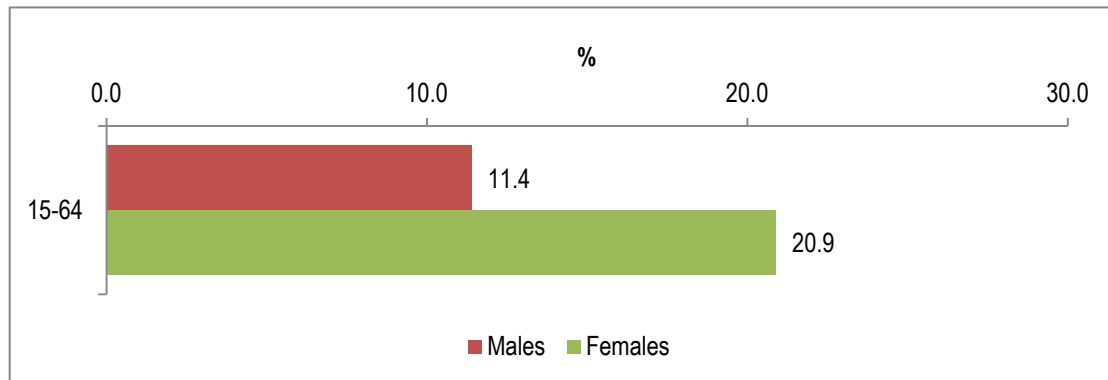
Age

The highest last year prevalence rate of taking sedatives and/or tranquillisers (Figure 31) was amongst respondents aged between 55 and 64 (32.7%), and the prevalence rate of taking sedatives and/or tranquillisers decreased with decreasing age. More precisely, amongst the 45-54 age group the last year prevalence rate was 20.3%, amongst the 35-44 age group it was 16.7%, amongst the 25-34 age group the last year prevalence rate was 8.6%, and finally the lowest last year prevalence rate of taking sedatives and/or tranquillisers was amongst the 15-24 age group (5.3%).

Gender

The last year prevalence rate of taking sedatives and/or tranquillisers amongst adults aged between 15 and 64 (Figure 32) was twice as high amongst females (20.9%) than males (11.4%).

FIGURE 32: Last year prevalence of taking sedatives and/or tranquillisers by gender (%)

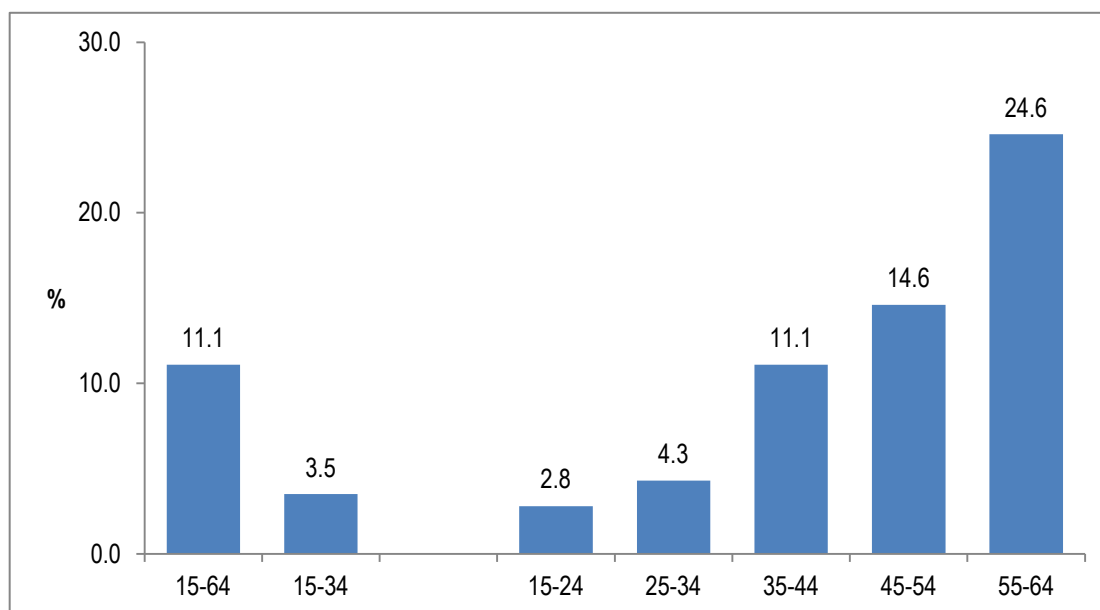


5.3.3. Last month prevalence of taking sedatives and/or tranquillisers

All adults (aged 15-64)

In the month prior to the research, 11.1% of respondents aged between 15 and 64 have at least once taken sedatives and/or tranquillisers (Figure 33).

FIGURE 33: Last month prevalence of taking sedatives and/or tranquillisers amongst all adults, young adults and age group (%)



Young adults (aged 15-34)

Amongst respondents aged between 15 and 34 (young adults), the last month prevalence rate of taking sedatives and/or tranquillisers was considerably lower (3.5%) than amongst all adults (Figure 33).

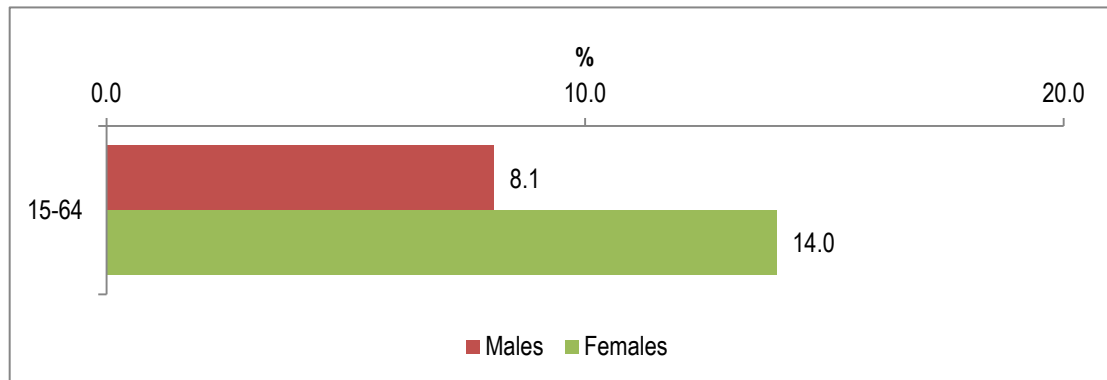
Age

The last month prevalence rate of taking sedatives and/or tranquillisers was the highest amongst the 55-64 age group (24.6%) and prevalence rate of taking sedatives and/or tranquillisers decreased with decreasing age. More precisely, for the 45-54 age group the last month prevalence rate of taking sedatives and/or tranquillisers was 14.6%, for the 35-44 age group 11.1%, for the 25-34 age group 4.3%, and finally the last month prevalence rate was the lowest for the 15-24 age group (2.8%).

Gender

The last month prevalence rate of taking sedatives and/or tranquillisers amongst respondents aged between 15 and 64 (Figure 34) was slightly higher amongst females (14.0%) than males (8.1%).

FIGURE 34: Last month prevalence of taking sedatives and/or tranquillisers by gender (%)

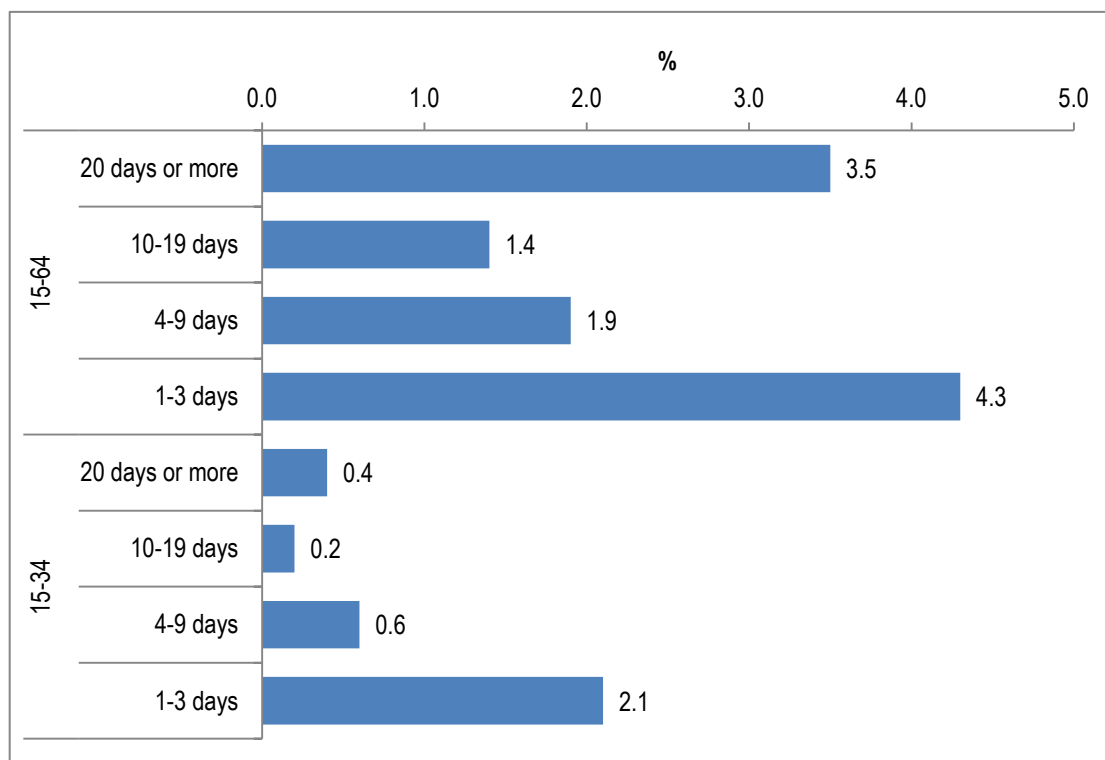


5.3.4. Frequency of taking sedatives and/or tranquillisers during the past month

All adults (aged 15-64)

Amongst all adults (aged between 15 and 64) 4.3% of respondents reported having taken sedatives and/or tranquillisers on 1-3 days during the last 30 days, followed by the respondents who reported having taken sedatives and/or tranquillisers on 4-9 days (1.9%), followed by those who reported having taken them on 10-19 days (1.4%), and then those who reported having taken sedatives and/or tranquillisers on 20 days or more (3.5%) (Figure 35).

FIGURE 35: Frequency of taking sedatives and/or tranquillisers during the past month amongst all adults and young adults (%)



Young adults (aged 15-34)

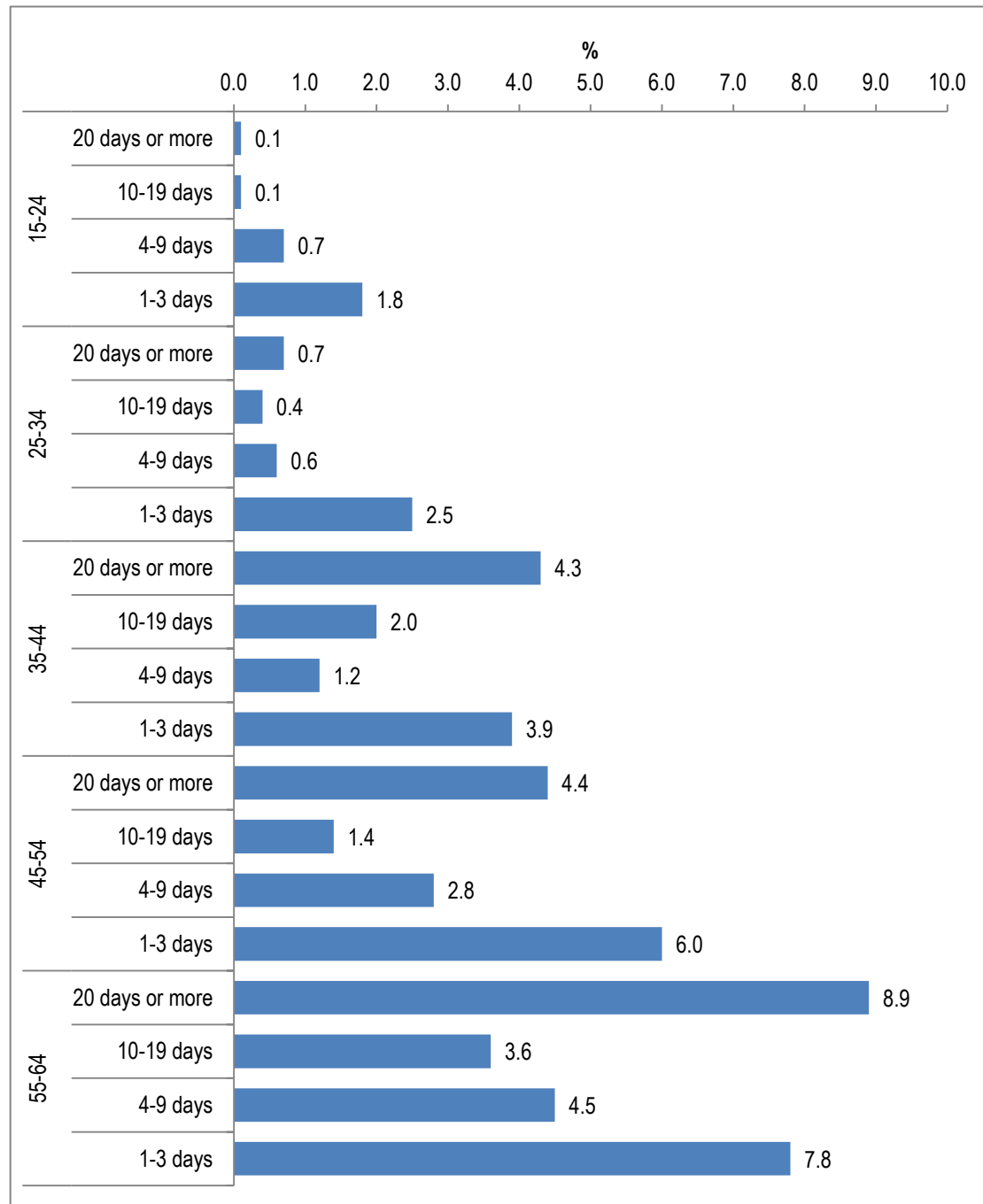
Amongst young adults (aged between 15 and 34) 2.1% of respondents reported having taken sedatives and/or tranquillisers on 1-3 days during the past month, followed by 0.6% of respondents who reported having taken sedatives and/or tranquillisers on 4-9 days during the past month, followed by 0.2% of respondents who reported having taken sedatives and/or tranquillisers on 10-19 days, and then 0.4% of respondents who

reported having taken sedatives and/or tranquillisers on 20 days or more during the past month (Figure 35).

Age

The highest proportion of respondents who reported having taken sedatives and/or tranquillisers during the past month (Figure 36) was amongst the 55-64 age group. In that age group 7.8% of respondents reported having taken sedatives and/or tranquillisers on 1-3 days during the last 30 days, 4.5% of respondents reported having taken sedatives and/or tranquillisers on 4-9 days during the past month, 3.6% of respondents reported having taken sedatives and/or tranquillisers on 10-19 days, and finally 8.9% of respondents reported having taken sedatives and/or tranquillisers on 20 days or more during the past month. Amongst the 45-54 age group sedatives and/or tranquillisers were taken on 1-3 days during the past month by 6.0% of respondents. In that same age group 2.8% of respondents reported having taken sedatives and/or tranquillisers on 4-9 days during the past month, 1.4% of respondents reported having taken sedatives and/or tranquillisers on 10-19 days, and 4.4% of respondents reported having taken sedatives and/or tranquillisers on 20 days or more during the past month. Amongst the 35-44 age group 3.9% of respondents reported having taken sedatives and/or tranquillisers on 1-3 days during the past month, 1.2% of respondents reported having taken them on 4-9 days, 2.0% of respondents reported having taken them on 10-19 days, and 4.3% of respondents reported having taken sedatives and/or tranquillisers on 20 days or more during the past month. In the 25-34 age group 2.5% of respondents reported having taken sedatives and/or tranquillisers on 1-3 days during the past month. In that same age group 0.6% of respondents reported having taken sedatives and/or tranquillisers on 4-9 days during the past month, 0.4% reported having taken them on 10-19 days, and finally 0.7% of respondents reported having taken them on 20 days or more. Amongst the 15-24 age group 1.8% of respondents reported having taken sedatives and/or tranquillisers on 1-3 days during the past month, 0.7% of respondents reported having taken them on 4-9 days and 0.1% of respondents reported having taken them on 10-19 days, and the same proportion of respondents in this age group reported having taken sedatives and/or tranquillisers on 20 days or more during the past month.

FIGURE 36: Frequency of taking sedatives and/or tranquillisers during the past month by age groups (%)

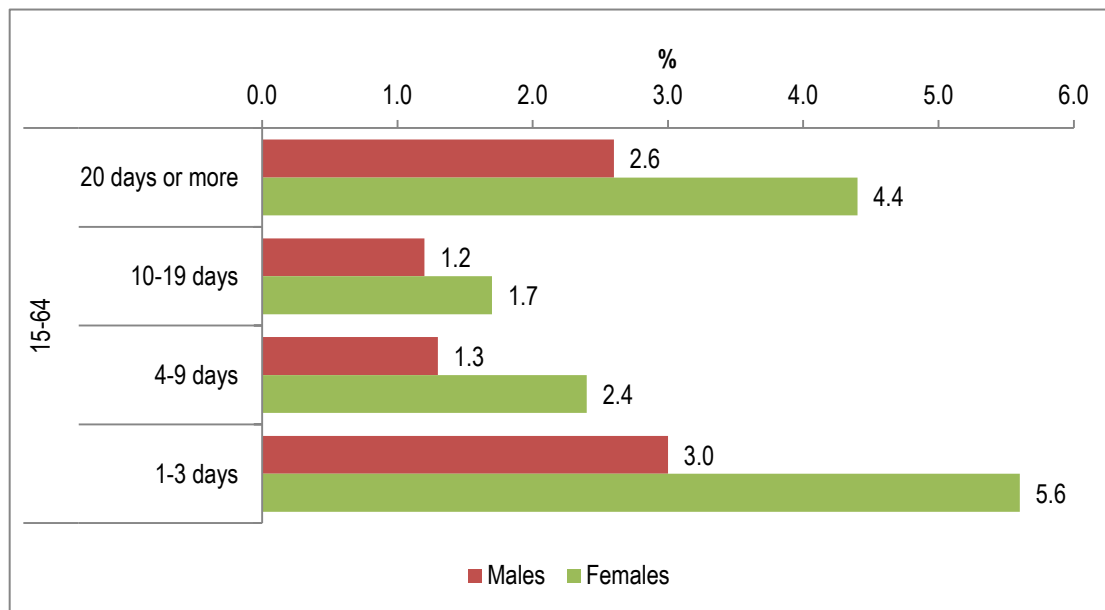


Gender

Amongst all adults (aged 15-64) frequency of taking sedatives and/or tranquillisers during the past month was higher for females than males (Figure 37). More precisely, 5.6% of females and 3.0% of males reported having taken sedatives and/or tranquillisers on 1-3 days during the past month, 2.4% of females and 1.3% of males reported having taken sedatives and/or tranquillisers on 4-9 days in that same period,

furthermore, 1.7% of females and 1.2% of males reported having taken sedatives and/or tranquillisers on 10-19 days, and finally 4.4% of females and 2.6% of males reported having taken sedatives and/or tranquillisers on 20 days or more during the past month.

FIGURE 37: Frequency of taking sedatives and/or tranquillisers during the past month by gender (%)



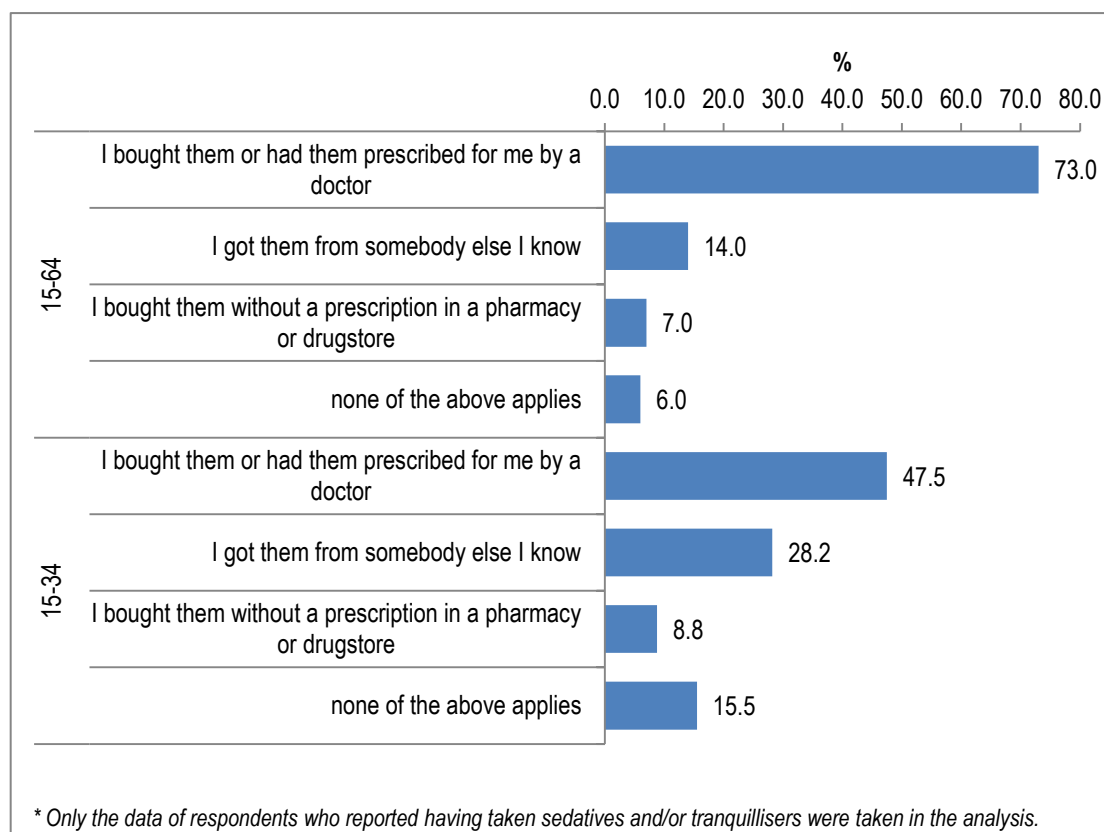
5.3.5. Source of sedatives and/or tranquillisers when used last time

In analysing the data concerning the source of sedatives and/or tranquillisers when used last time only the answers given by those respondents who reported having taken sedatives and/or tranquillisers at least once in their lifetime were analysed. This question was included into the survey in order to establish a possible pattern in taking sedatives and/or tranquillisers not prescribed by a doctor, i.e. taking sedatives and/or tranquillisers for nonmedical purposes.

All adults (aged 15-64)

Amongst the 15-64 age group 73.0% of respondents reported that the last time they took sedatives and/or tranquillisers they bought them or had them prescribed by a doctor, 14.0% of respondents reported getting them from somebody they knew, 7.0% of respondents reported buying them without a prescription in a pharmacy and remaining 6.0% of respondents reported obtaining sedatives and/or tranquillisers from some other source (Figure 38).

FIGURE 38: Source of sedatives and/or tranquillisers when used last time amongst all adults and young adults (%)*



Young adults (aged 15-34)

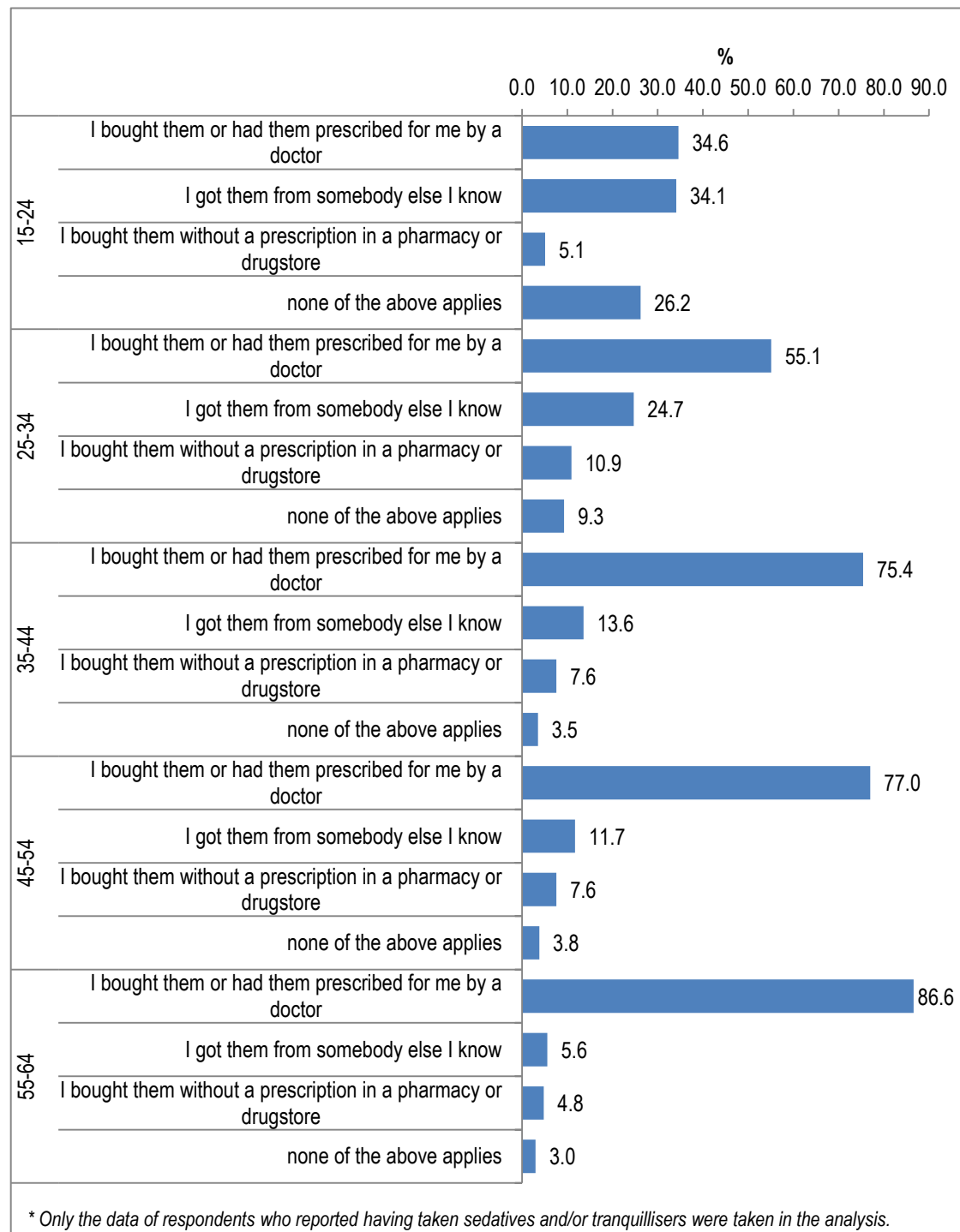
Use of sedatives and/or tranquillisers without a prescription is less common amongst young adults (aged between 15 and 34) than amongst all adults (aged between 15 and 64). More precisely, 47.5% of young adults when they used sedatives and/or tranquillisers last time bought them or had them prescribed by a doctor, 28.2% got them from someone they knew, 8.8% bought them without a prescription in a pharmacy and remaining 15.5% obtained sedatives and/or tranquillisers from some other source (Figure 38).

Age

Use of sedatives and/or tranquillisers with prescription increased with increasing age (Figure 39). Amongst the 15-24 age group 34.6% of respondents reported that the last time they took sedatives and/or tranquillisers they either bought them or had them prescribed by a doctor. In that same age group 34.1% of respondents reported getting them from somebody they knew, 5.1% reported buying sedatives and/or tranquillisers without a prescription in a pharmacy, whereas 26.2% of respondents in that age group reported obtaining them in some other way. Amongst the 25-34 age group 55.1% of respondents reported that the last time they took sedatives and/or tranquillisers they either bought them or had them prescribed by a doctor. In that same age group 24.7% of respondents reported getting them from somebody they knew, and 10.9% of respondents reported buying sedatives and/or tranquillisers without a prescription in a pharmacy. Finally remaining 9.3% of respondents aged between 25 and 34 reported obtaining them in some other way. Amongst the 35-44 age group 75.4% of respondents reported that the last time they took sedatives and/or tranquillisers they either bought them or had them prescribed by a doctor. In that same age group 13.6% of respondents reported getting them from somebody they knew, 7.6% of respondents reported buying them in a pharmacy without a prescription, and remaining 3.5% of respondents reported obtaining sedatives and/or tranquillisers in some other way. Amongst the 45-54 age group 77.0% of respondents reported that the last time they took sedatives and/or tranquillisers they either bought them or had them prescribed by a doctor. In that same age group 11.7% of respondents reported getting them from somebody they knew, 7.6% of respondents reported buying sedatives and/or tranquillisers in a pharmacy without a prescription, and 3.8% of respondents reported obtaining sedatives and/or tranquillisers in some other way. Amongst the 55-64 age group 86.6% of respondents reported that the last time they took sedatives and/or tranquillisers they either bought them or had them prescribed by a doctor. In that same age group 5.6% of respondents reported getting sedatives and/or tranquillisers from somebody they knew, 4.8% of respondents reported buying them in a pharmacy

without a prescription, and remaining 3.0% reported obtaining sedatives and/or tranquillisers in some other way.

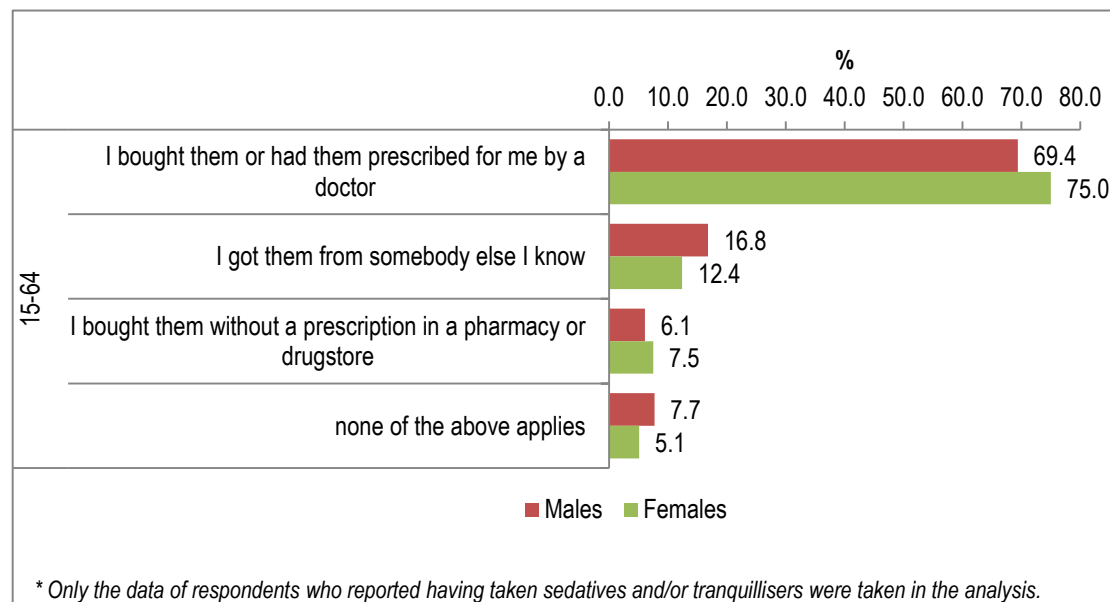
FIGURE 39: Source of sedatives and/or tranquillisers when used last time amongst age groups (%)*



Gender

Concerning the source of sedatives and/or tranquillisers when used last time, analysis showed that females somewhat more than males bought them or had them prescribed by a doctor (Figure 40). More precisely, amongst all adults (aged between 15 and 64) 75.0% of females and 69.4% of males reported buying sedatives and/or tranquillisers or having them prescribed by a doctor. Further on, 12.4% of females and 16.8% of males reported getting sedatives and/or tranquillisers from somebody they knew, 7.5% of females and 6.1% of males reported buying them in a pharmacy without a prescription, and remaining 5.1% of females and 7.7% of males reported that the last time they took sedatives and/or tranquillisers they had obtained them in some other way.

FIGURE 40: Source of sedatives and/or tranquillisers when used last time by gender (%)*



5.4. Illicit drugs

This chapter of the report contains information on the use of illicit drugs amongst the general population in the Republic of Croatia. In the first part of the chapter data relating to prevalence of illicit drug use on a lifetime, last year and last month bases were presented. This data refers to illicit drugs in general as well as to the individual types of drug (cannabis, ecstasy, amphetamines, cocaine, heroin and LSD). In the second part of this chapter data concerning frequency of taking illicit drugs during the past month and age of initial use of drugs were presented.

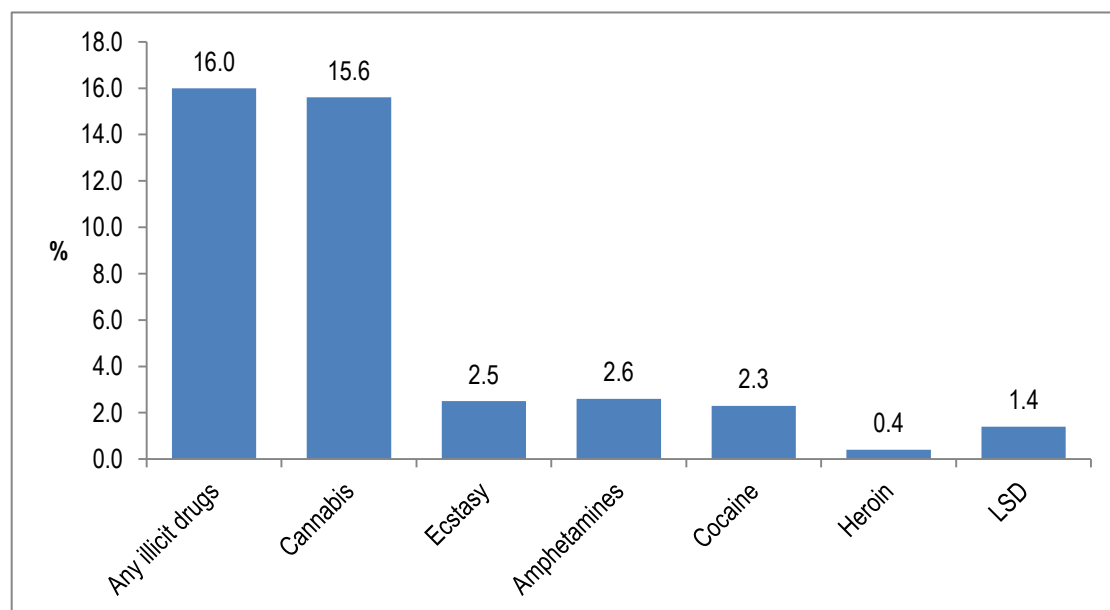
It is important to stress that the term “any illicit drugs” refers to taking one or more of following drugs: cannabis, amphetamines, ecstasy, cocaine, heroin and LSD.

5.4.1 Lifetime prevalence of taking illicit drugs

All adults (aged 15-64)

Amongst all adults (aged between 15 and 64) 16.0% reported having ever taken any illicit drugs in their lifetime (Figure 41).

FIGURE 41: Lifetime prevalence of taking illicit drugs amongst all adults (%)

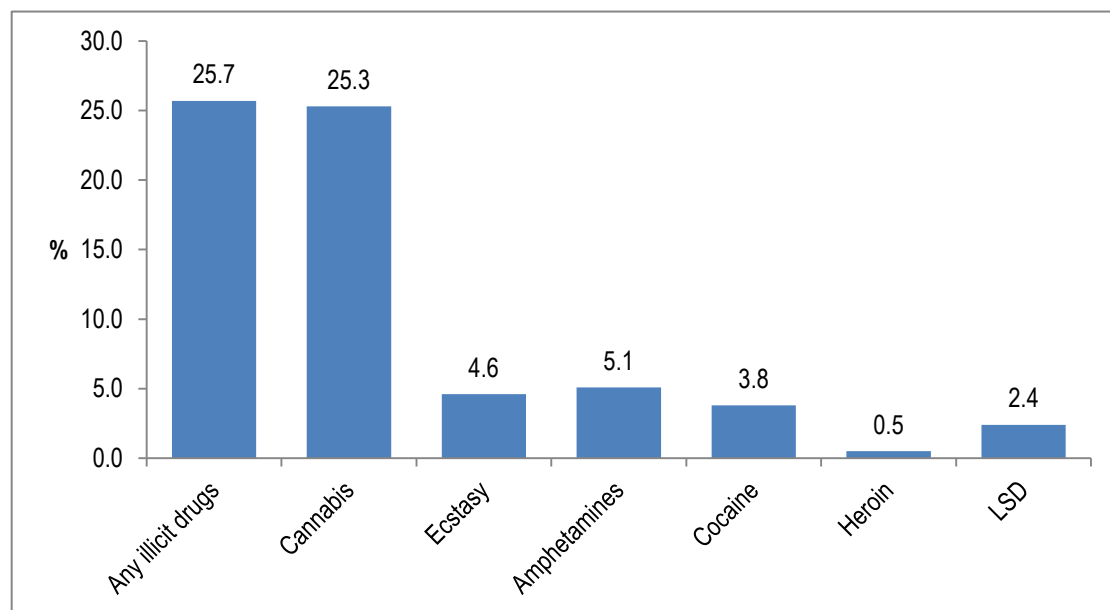


Amongst all adults (aged between 15 and 64), cannabis was the most commonly used illicit drug and 15.6% of respondents reported having ever taken this type of drug in their lifetime. The lifetime prevalence rates of taking other individual types of drugs amongst respondents aged 15-64 were considerably lower (below 3%), and were as follows: amphetamines 2.6%, ecstasy 2.5%, cocaine 2.3%, LSD 1.4%, and heroin 0.4%.

Young adults (aged 15-34)

Amongst the 15-34 age group (young adults) the lifetime prevalence rate of taking any illicit drugs was much higher than amongst all adults. Around one-fourth of respondents (25.7%) aged 15-34 reported having ever taken any illicit drugs in their lifetime (Figure 42).

FIGURE 42: Lifetime prevalence of taking illicit drugs amongst young adults (%)

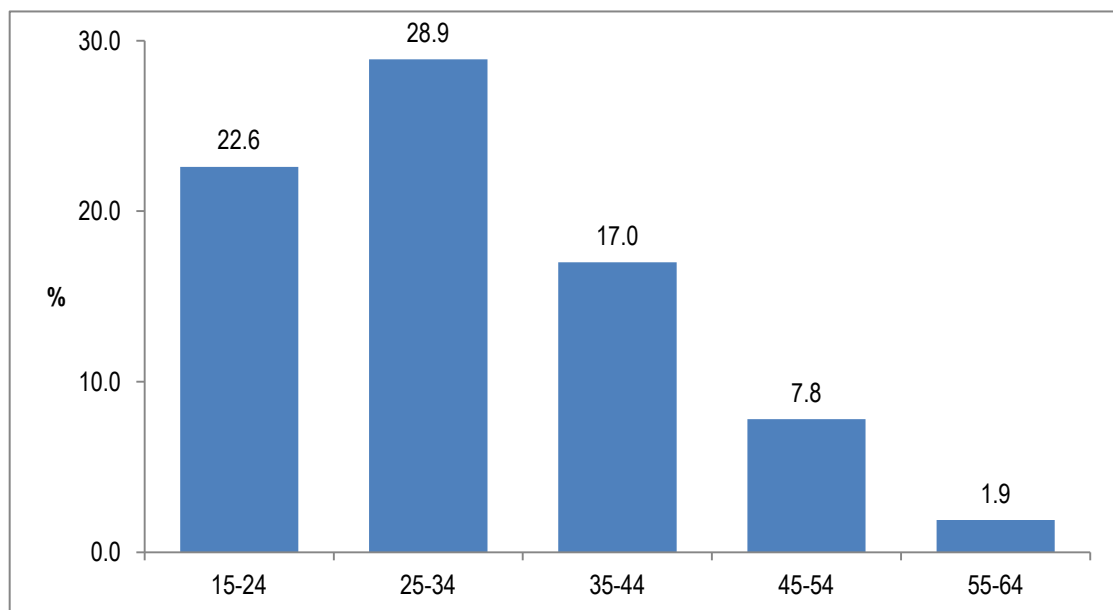


The lifetime prevalence rate of taking illicit drugs amongst young adults (15-34) was highest for cannabis with around one-fourth of young adults (25.3%) reporting having ever taken cannabis in their lifetime, whereas the lifetime prevalence rates of taking other drugs within this age group were considerably lower: amphetamines 5.1%, ecstasy 4.6%, cocaine 3.8%, LSD 2.4%, and heroin 0.5%.

Age

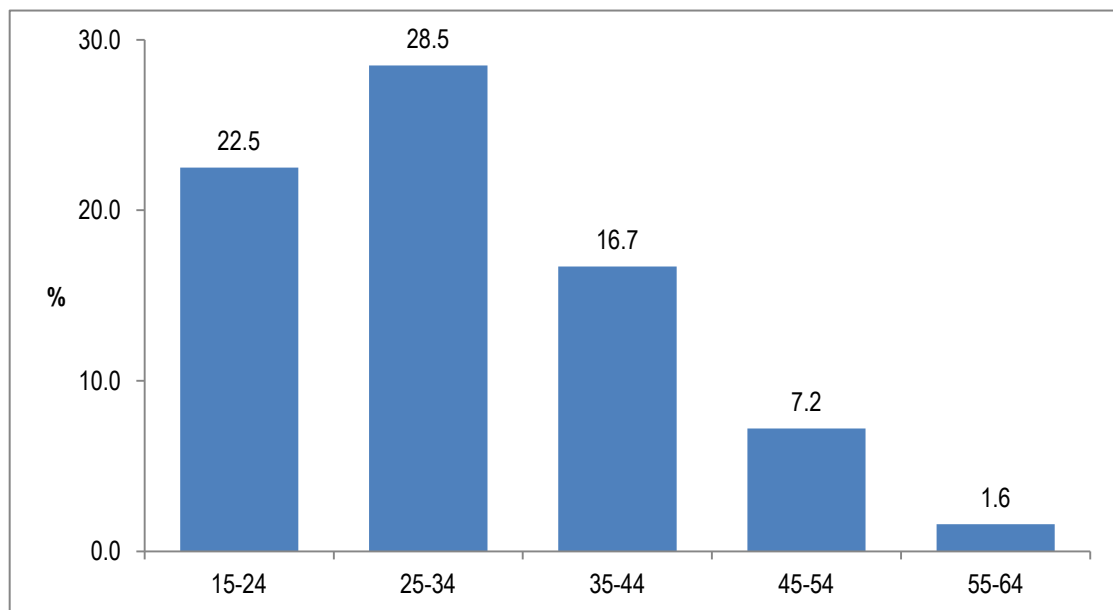
The highest lifetime prevalence rate of taking any illicit drugs (Figure 43) was amongst respondents in the 25-34 age group (28.9%), followed by the 15-24 (22.6%) and 35-44 (17.0%) age groups. Substantially lower prevalence rate of taking any illicit drugs was reported amongst the 45-54 (7.8%), and 55-64 (1.9%) age groups.

FIGURE 43: Lifetime prevalence of taking any illicit drugs by age groups (%)



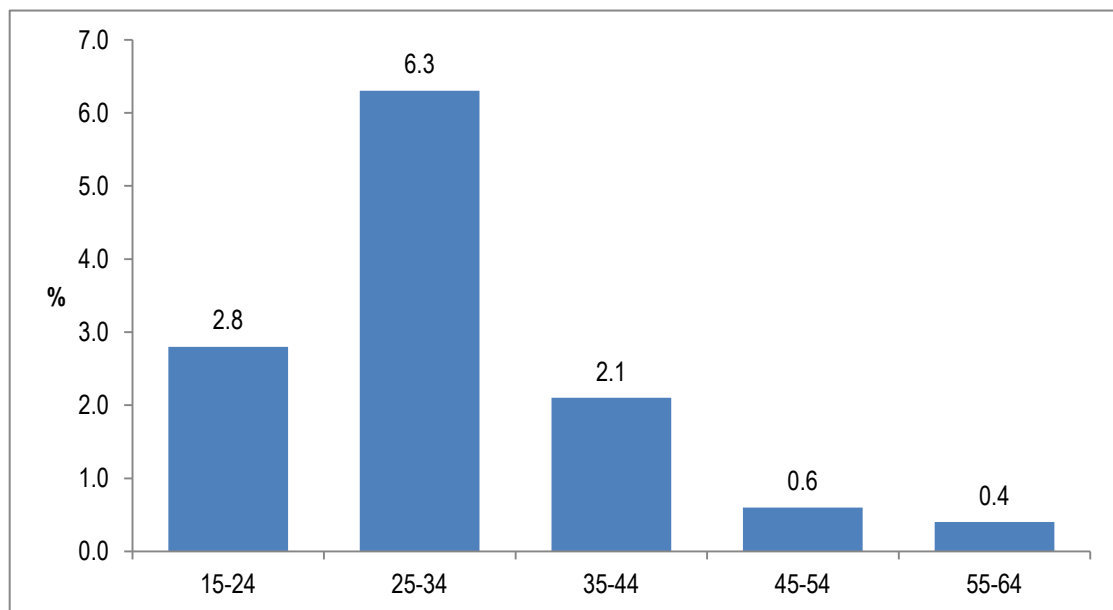
The lifetime prevalence rates of taking individual types of drugs varied with age. More precisely, the lifetime prevalence rate of using cannabis (Figure 44) was highest amongst respondents in the 25-34 age group (28.5%), followed by the 15-24 (22.5%) and 35-44 (16.7%) age groups. A somewhat lower lifetime prevalence rate of using cannabis was reported amongst respondents in the 45-54 age group (7.2%), and the lifetime prevalence rate was the lowest in the 55-64 age group (1.6%).

FIGURE 44: Lifetime prevalence of taking cannabis by age groups (%)



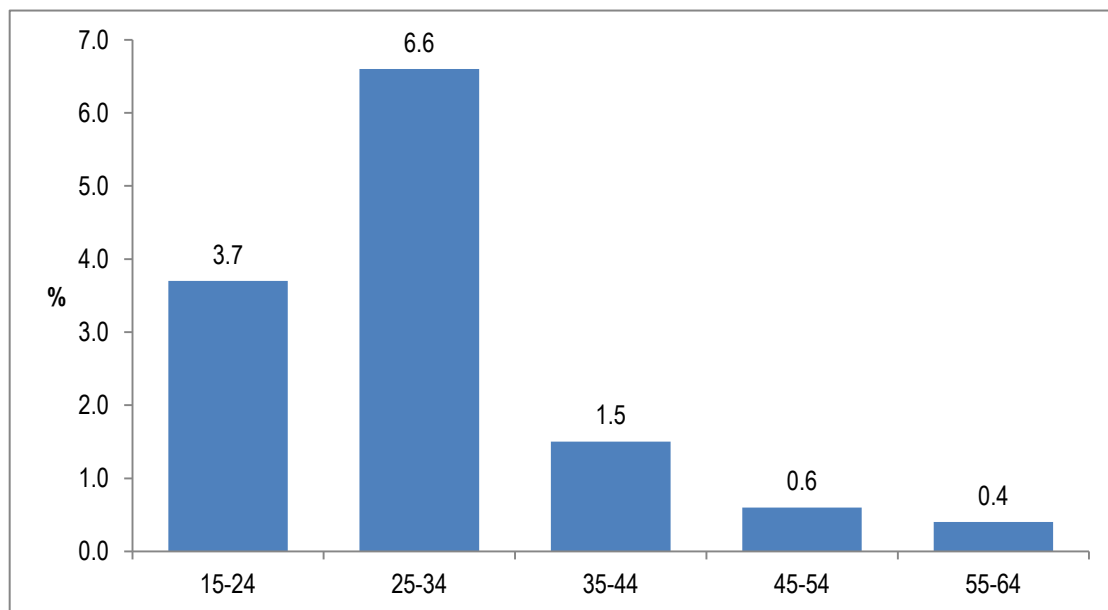
The lifetime prevalence rates of using illicit drugs other than cannabis in all age groups were relatively low. More precisely, the lifetime prevalence rate of taking ecstasy (Figure 45) was highest amongst respondents in the 25-34 age group (6.3%), followed by the 15-24 (2.8%), and 35-44 (2.1%) age groups, whereas amongst the 45-54 and 55-64 age groups the lifetime prevalence rate were considerably lower, respective numbers being 0.6% and 0.4%.

FIGURE 45: Lifetime prevalence of taking ecstasy by age groups (%)



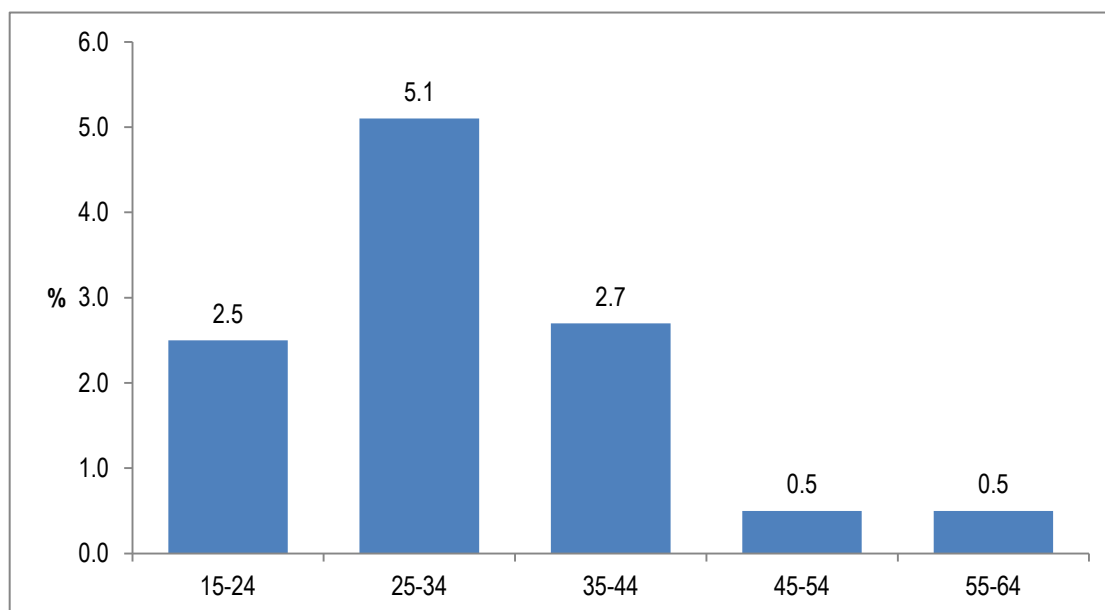
The lifetime prevalence rate of taking amphetamines (Figure 46) was highest amongst respondents in the 25-34 age groups (6.6%), followed by the 15-24 (3.7%) age group. The lifetime prevalence rates of taking amphetamines amongst other age groups were below 2%; in the 35-44 age group the lifetime prevalence rate was 1.5%, in the 45-54 age group the lifetime prevalence rate was 0.6%, and finally the lifetime prevalence rate in the 55-64 age group was 0.4%.

FIGURE 46: Lifetime prevalence of taking amphetamines by age groups (%)



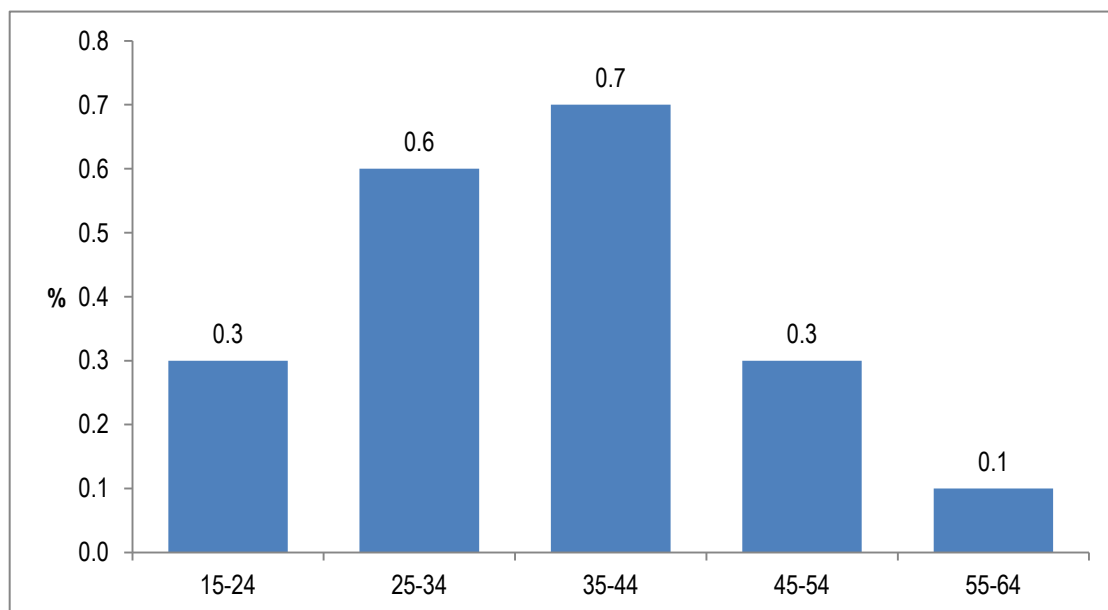
The highest lifetime prevalence rate of taking cocaine (Figure 47) was in the 25-34 age group (5.1%), followed by the 35-44 (2.7%), and 15-24 (2.5%) age groups. The lowest lifetime prevalence rates of taking cocaine (below 1%) were in the 45-54 (0.5%), and in the 55-64 (0.5%) age groups.

FIGURE 47: Lifetime prevalence of taking cocaine by age groups (%)



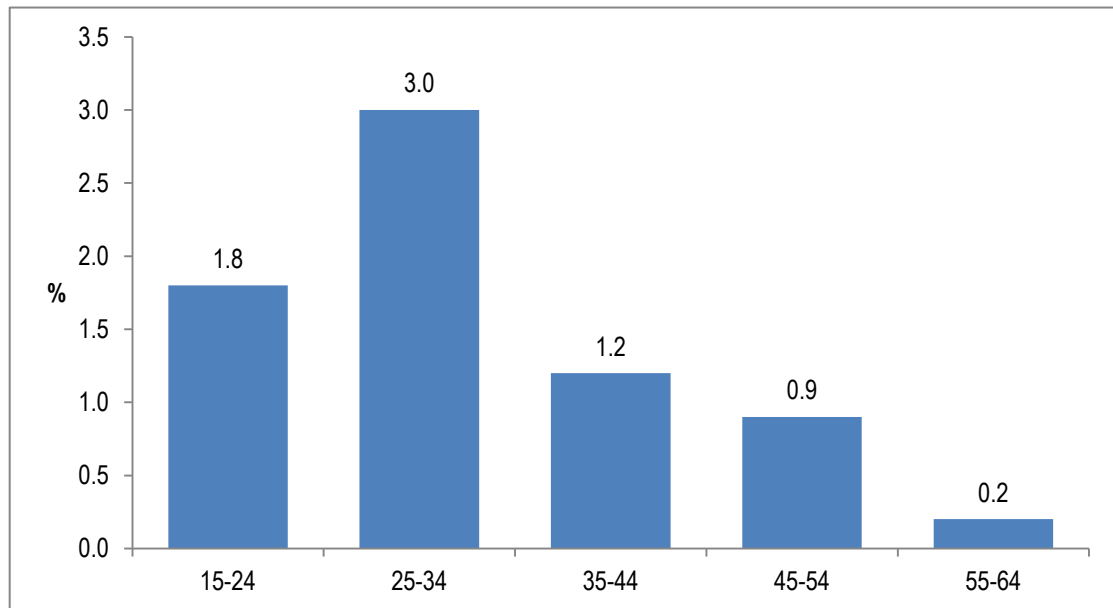
The lifetime prevalence rate of taking heroin (Figure 48) was lowest of all illicit drugs. In all age groups the lifetime prevalence rates of taking heroin were very low (below 1%). More precisely, the lifetime prevalence rate of taking heroin amongst the respondents in the 35-44 age group was 0.7%, in the 25-34 age group the lifetime prevalence rate was 0.6%, in the 15-24 and 45-54 age groups the lifetime prevalence rate was 0.3%, and in the 55-64 age group the lifetime prevalence rate of taking heroin was 0.1%.

FIGURE 48: Lifetime prevalence of taking heroin by age groups (%)



The lifetime prevalence rate of taking LSD (Figure 49) was likewise highest amongst respondents in the 25-34 age group (3.0%), followed by the 15-24 (1.8%) and 35-44 (1.2%) age groups. The lowest lifetime prevalence rates of taking LSD (below 1%) were in the 45-54 (0.9%), and 55-64 (0.2%) age groups.

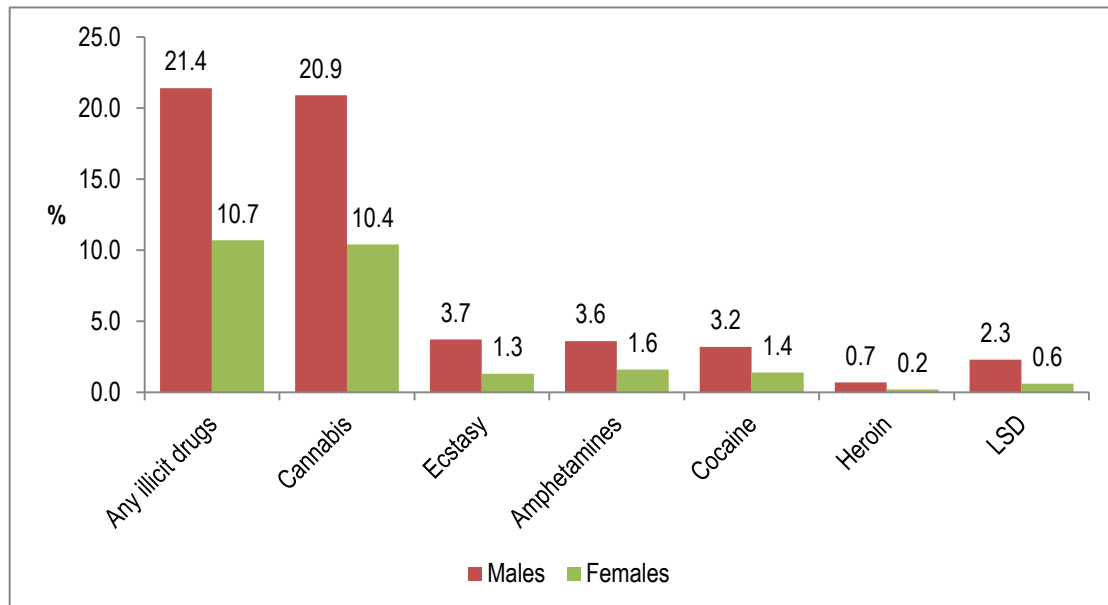
FIGURE 49: Lifetime prevalence of taking LSD by age groups (%)



Gender

The lifetime prevalence rate of taking any illicit drug amongst respondents aged between 15 and 64 (Figure 50) was two times higher for males than females (the respective numbers being 21.4% and 10.7%).

FIGURE 50: Lifetime prevalence of taking illicit drugs by gender (%)



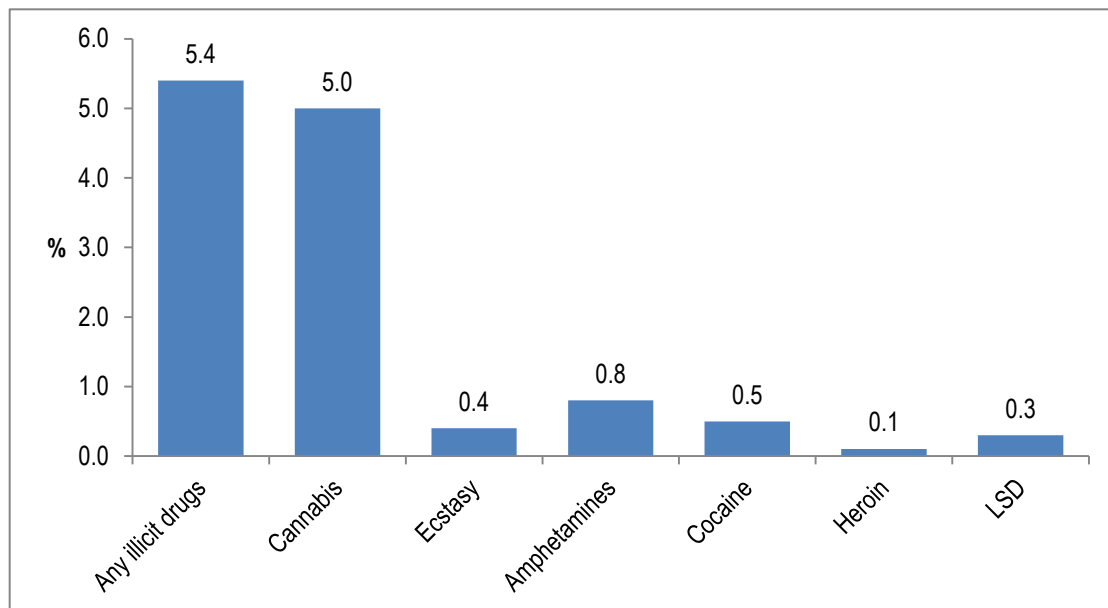
The lifetime prevalence rate of taking the individual types of drugs amongst respondents aged between 15 and 64 was considerably higher for males than females (Figure 50). More precisely, twice more males than females reported ever having taken cannabis (20.9% and 10.4% respectively). The lifetime prevalence rates of taking all other types of drugs amongst males and females were considerably lower. More precisely, 3.7% of males and 1.3% of females reported having ever taken ecstasy in their lifetime, 3.6% of males and 1.6% of females reported having ever taken amphetamines in their lifetime, 3.2% of males and 1.4% of females reported having ever taken cocaine in their lifetime, 2.3% of males and 0.6% of females reported having ever taken LSD in their lifetime, whereas the lowest lifetime prevalence rate was found for heroin use (0.7% among males compared to 0.2% among females).

5.4.2. Last year prevalence of taking illicit drugs

All adults (aged 15-64)

Amongst all adults (aged between 15 and 64) 5.4% reported having taken any illicit drugs at least once in the year prior to the survey (Figure 51).

FIGURE 51: Last year prevalence of taking illicit drugs amongst all adults (%)

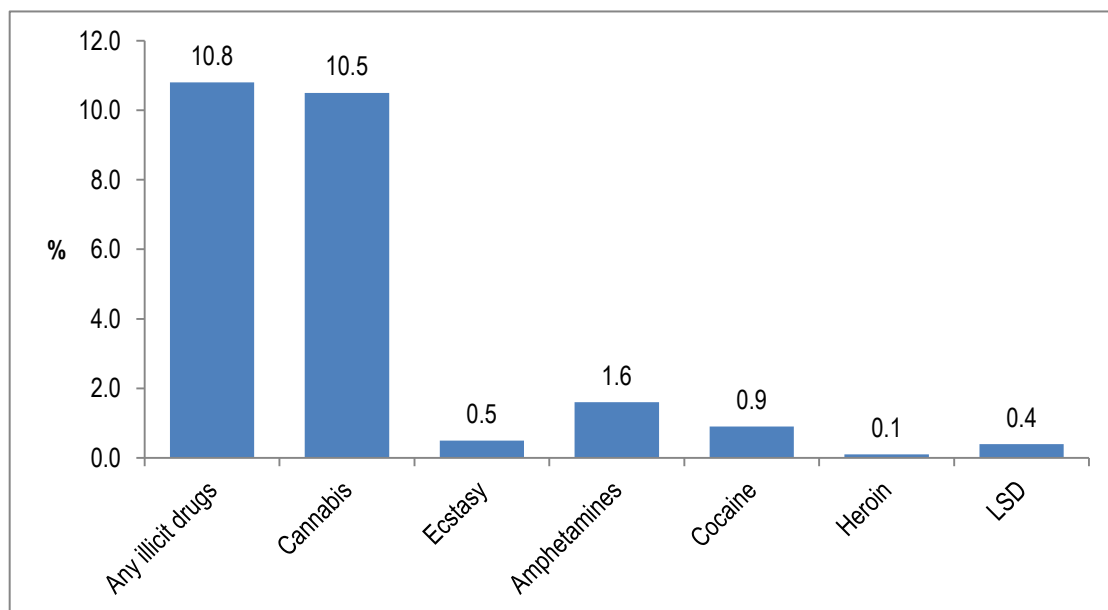


Most commonly used illicit drug was cannabis with 5.0% of respondents aged between 15 and 64 reporting having taken it at least once in the year prior to the survey. The last year prevalence rates of taking other illicit drugs amongst respondents aged 15-64 were considerably lower (below 1%): amphetamines 0.8%, cocaine 0.5%, ecstasy 0.4%, LSD 0.3%, and heroin 0.1%.

Young adults (aged 15-34)

Amongst respondents aged between 15 and 34 (young adults) the last year prevalence rate of using any illicit drug was 10.8% (Figure 52), or around one-tenth of the respondents in that age group reported having taken some type of illicit drug at least once in the year prior to the survey.

FIGURE 52: Last year prevalence of taking illicit drugs amongst young adults (%)

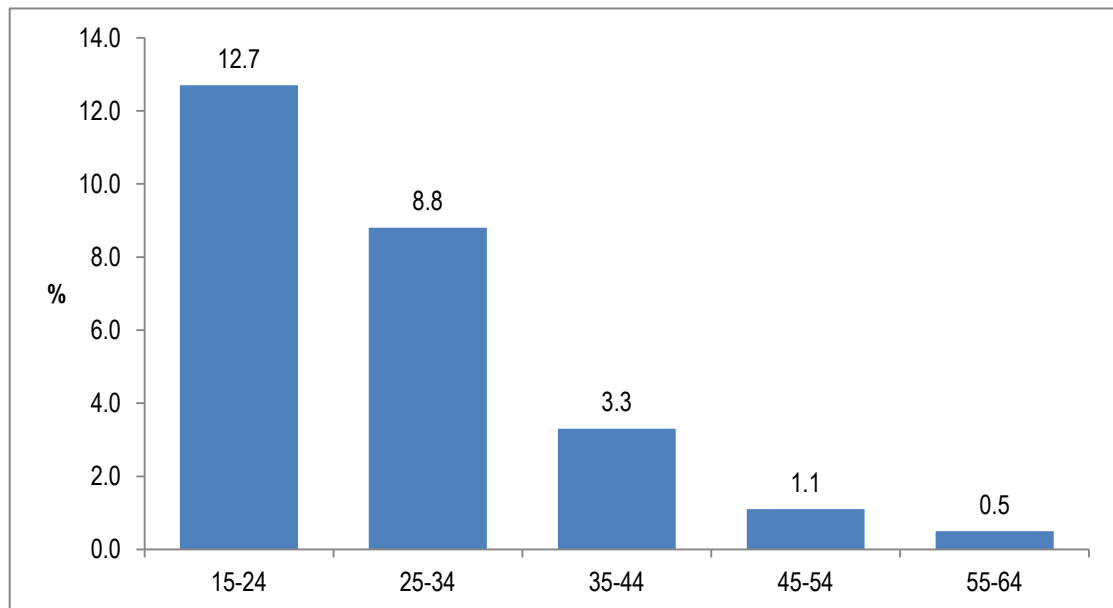


The last year prevalence rate of taking illicit drugs amongst young adults was highest for cannabis with around one-tenth (10.5%) of respondents aged between 15 and 34 reporting having taken cannabis for at least once during the last year. The last year prevalence rates of taking other illicit drugs amongst young adults were considerably lower (below 2%): amphetamines 1.6%, cocaine 0.9%, ecstasy 0.5%, LSD 0.4%, and heroin 0.1%.

Age

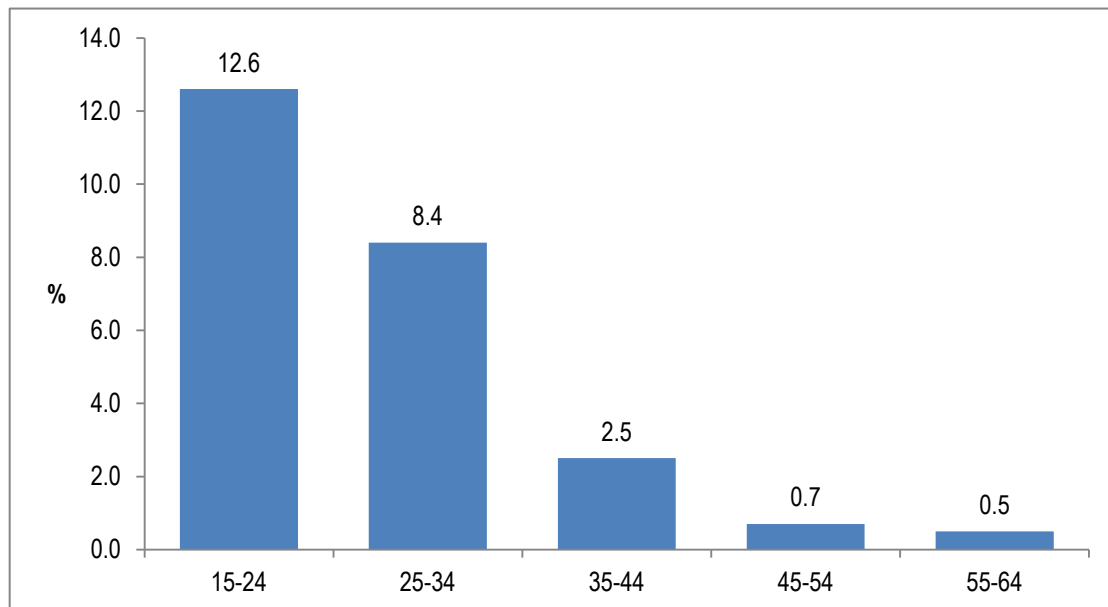
The highest last year prevalence rate of taking any illicit drugs (Figure 53) was amongst respondents in the 15-24 age group (12.7%), followed by the 25-34 (8.8%) age group. The last year prevalence rate of taking any illicit drugs was considerably lower amongst respondents in the 35-44 (3.3%), 45-54 (1.1%), and 55-64 (0.5%) age groups.

FIGURE 53: Last year prevalence of taking any illicit drugs by age groups (%)



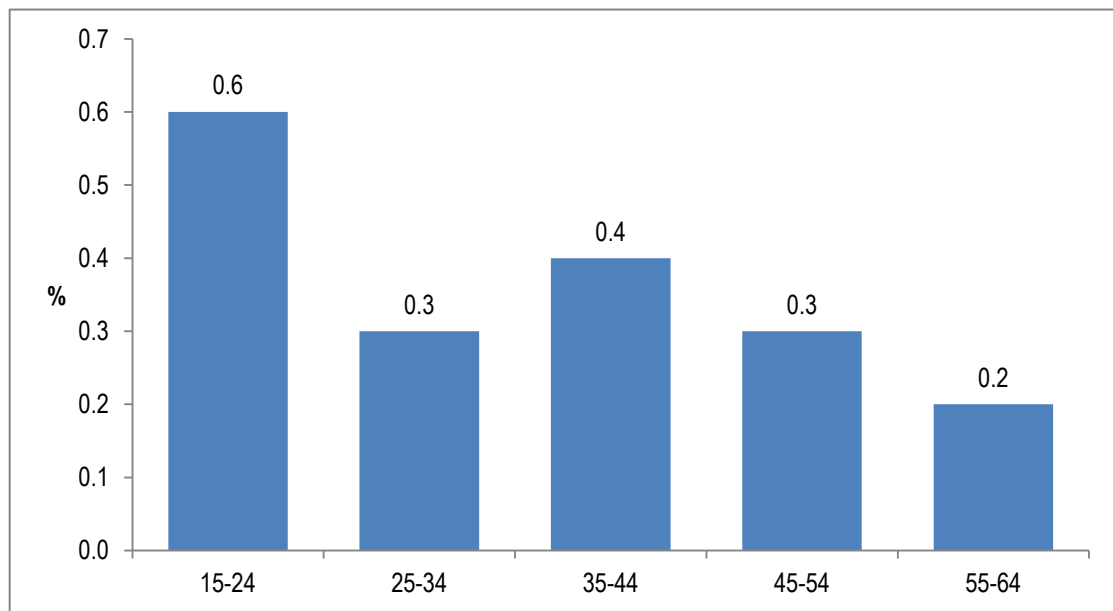
The last year prevalence rates of taking any illicit drugs varied with age. More precisely, the last year prevalence rate of taking cannabis (Figure 54) was highest in the 15-24 age group (12.6%), followed by the 25-34 (8.4%) age group. The last year prevalence rates of taking cannabis were considerably lower in the 35-44 (2.5%), 45-54 (0.7%), and 55-64 (0.5%) age groups.

FIGURE 54: Last year prevalence of taking cannabis by age groups (%)



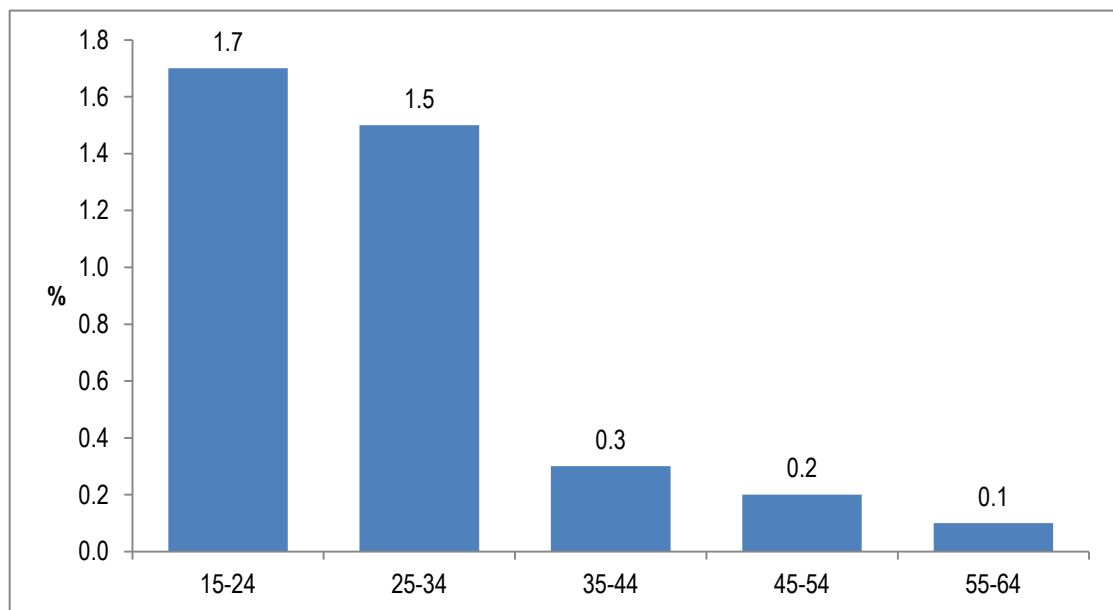
The last year prevalence rates of taking illicit drugs other than cannabis in all age groups were very low. The last year prevalence rates of taking ecstasy (Figure 55) in all age groups were below 1%, more precisely, in the 15-24 age group the last year prevalence rate was 0.6%, in the 35-44 age group the last year prevalence rate was 0.4%, in the 25-34 age group the last year prevalence rate was 0.3%, in the 45-54 age group the last year prevalence rate was 0.3%, and in the 55-64 age group the last year prevalence rate was 0.2%.

FIGURE 55: Last year prevalence of taking ecstasy by age groups (%)



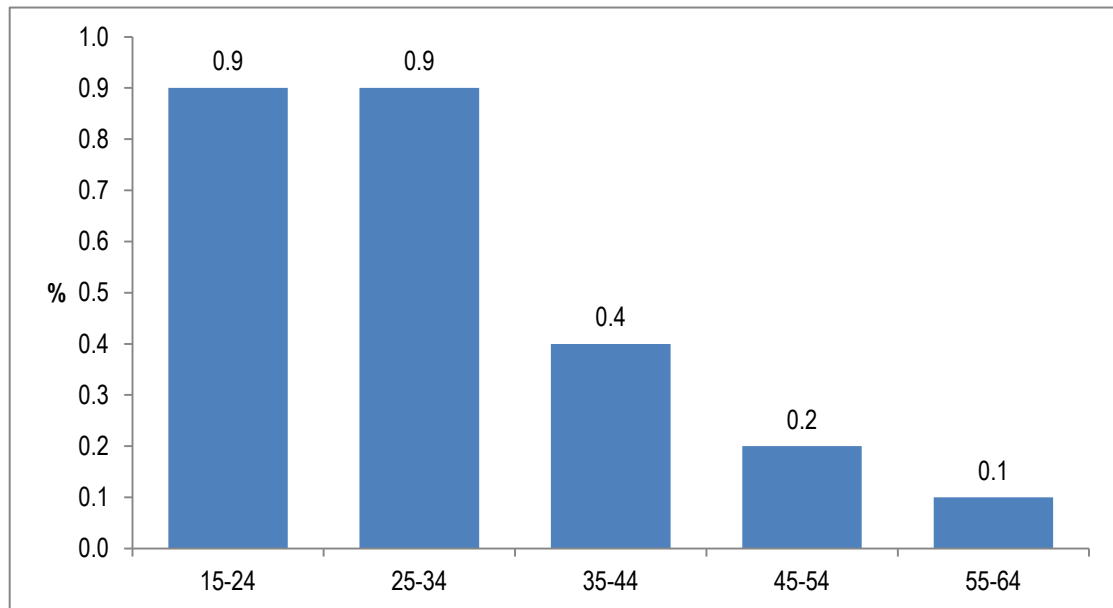
The last year prevalence rates of taking amphetamines (Figure 56) were likewise very low amongst all age groups (below 2%). The highest last year prevalence rate of taking amphetamines was amongst respondents in the 15-24 age group (1.7%), followed by the 25-34 age group (1.5%). The last year prevalence rates of taking amphetamines for other age groups were considerably lower, more precisely, the last year prevalence rate for those in the 35-44 age group was 0.3%, for those in the 45-54 age group the last year prevalence rate was 0.2%, and for those in the 55-64 age group the last year prevalence rate was 0.1%.

FIGURE 56: Last year prevalence of taking amphetamines by age groups (%)



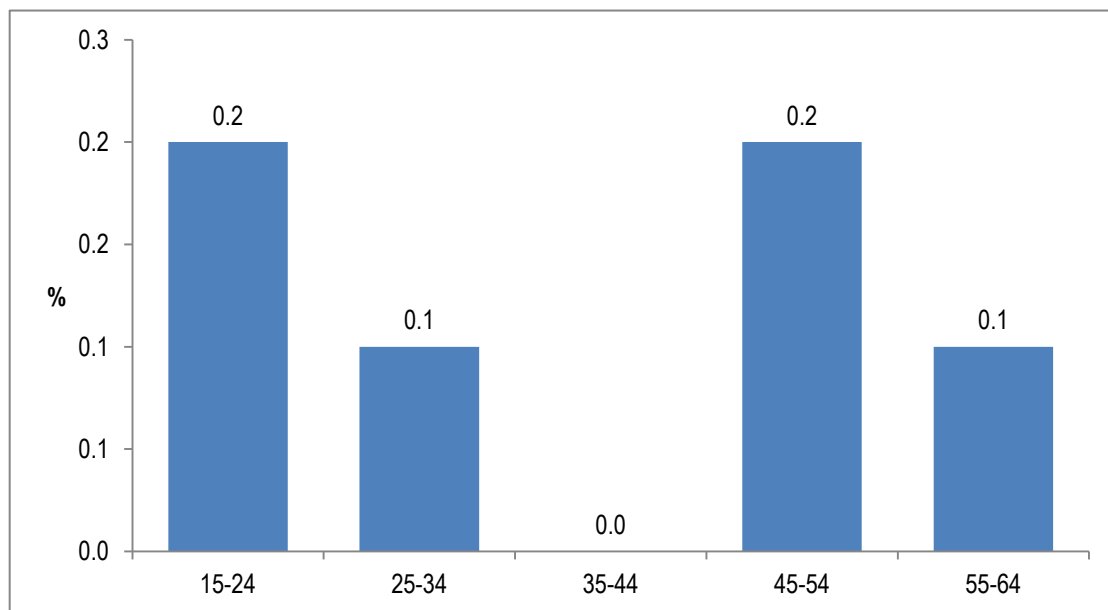
The last year prevalence rates of taking cocaine (Figure 57) were likewise very low amongst all age groups (below 1%): in the 15-24 and 25-34 age groups the last year prevalence rate of taking cocaine was 0.9%, followed by the 35-44 age group (0.4%), followed by the 45-54 age group (0.2%), and then by the 55-64 age group (0.1%).

FIGURE 57: Last year prevalence rate of taking cocaine by age groups (%)



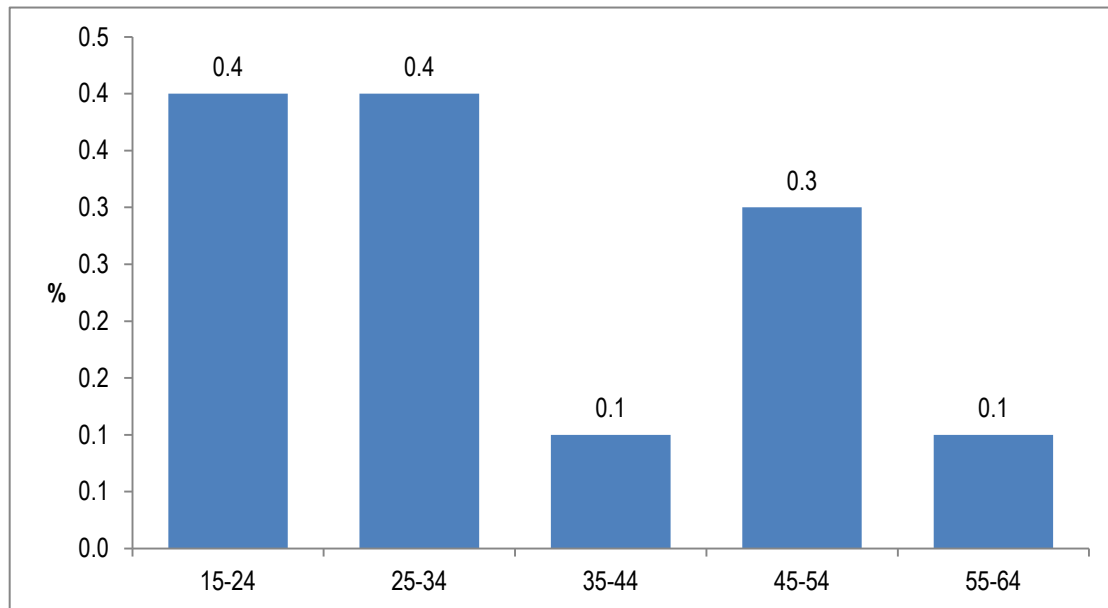
The last year prevalence rate of taking heroin (Figure 58) was lowest compared to prevalence rates of taking other types of illicit drugs and was very low amongst all age groups. More precisely, in the 15-24 and 45-54 age groups the last year prevalence rate of taking heroin was 0.2%, and in the 25-34 and 55-64 age groups the last year prevalence rate was 0.1%. The respondents aged between 35 and 44 years did not report taking heroin during the last year.

FIGURE 58: Last year prevalence of taking heroin by age groups (%)



The last year prevalence rate of taking LSD (Figure 59) was likewise very low. More precisely, in the 15-24 and 25-34 age groups the last year prevalence rate was 0.4%, in the 45-54 age group the last year prevalence rate was 0.3%, and in the 35-44 and 55-64 age groups the last year prevalence rate of taking LSD was 0.1%.

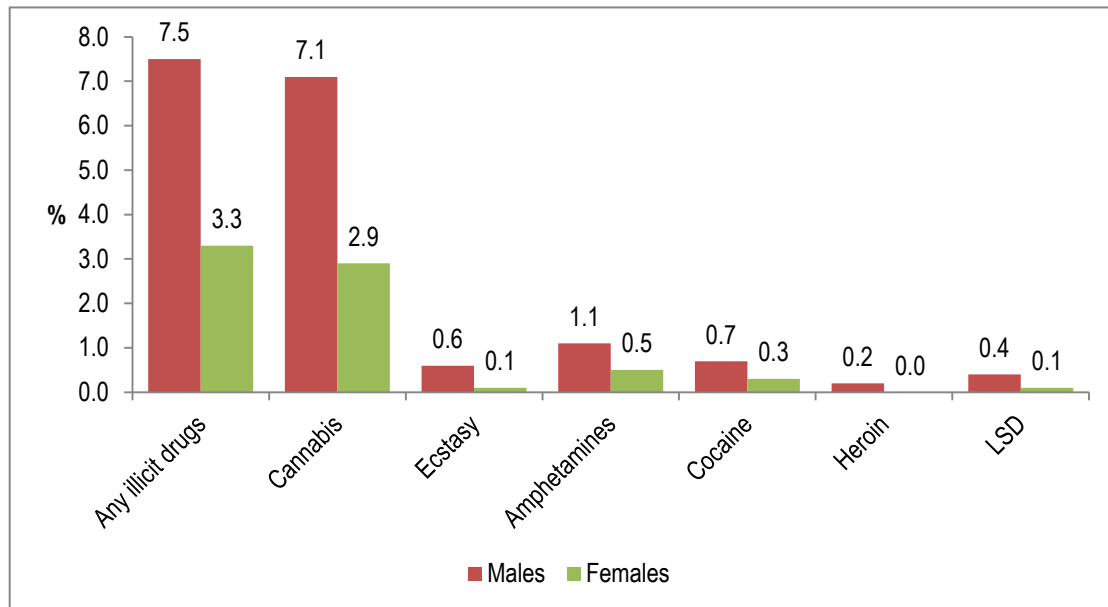
FIGURE 59: Last year prevalence of taking LSD by age groups (%)



Gender

The last year prevalence rate of taking any illicit drug among respondents aged between 15 and 64 was two times higher for males than females (7.5% and 3.3% respectively) (Figure 60).

FIGURE 60: Last year prevalence of taking illicit drugs by gender (%)



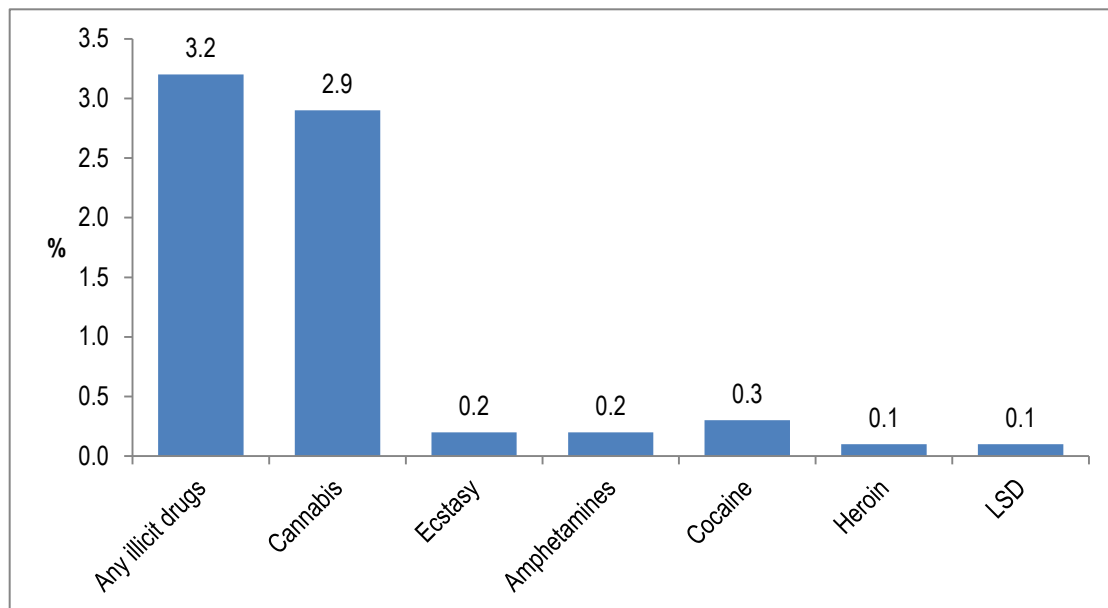
The last year prevalence rate of taking individual types of drugs amongst respondents aged between 15 and 64 was higher for males than females (Figure 60). The last year prevalence rate of taking cannabis amongst males was 7.1% and amongst females 2.9%, whereas the last year prevalence rates of taking other types of illicit drugs were quite low (around 1% or below). More precisely, the last year prevalence rate of taking amphetamines amongst males was 1.1% and females 0.5%; the last year prevalence rate of taking cocaine amongst males was 0.7% and 0.3% amongst females; ecstasy use in the last year was reported by 0.6% of males and 0.1% of females; and the last year prevalence rate of taking LSD amongst males was 0.4% and 0.1% amongst females. The lowest last year prevalence rate was for heroin with 0.2% of males aged between 15 and 64 reporting having taken it at least once in the year prior to the survey. No female reported having taken heroin in the last year.

5.4.3. Last month prevalence of taking illicit drugs

All adults (aged 15-64)

Amongst all adults (aged between 15 and 64) 3.2% reported having taken any illicit drugs at least once in the month prior to the survey (Figure 61).

FIGURE 61: Last month prevalence of taking illicit drugs amongst all adults (%)

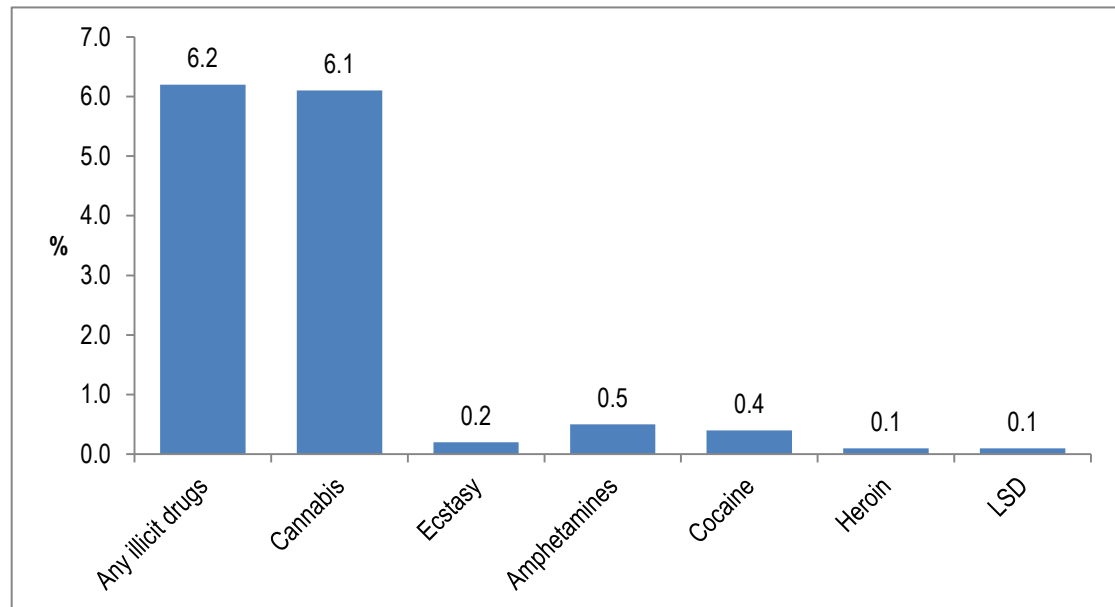


Most commonly used illicit drug in the month preceding the survey was cannabis with 2.9% of respondents aged between 15 and 64 reporting having taken it at least once in the 30 days prior to the survey. The last month prevalence rates of taking other types of illicit drugs were considerably lower (up to 0.3%): cocaine 0.3%, amphetamines 0.2%, ecstasy 0.2%, LSD, and heroin 0.1%.

Young adults (aged 15-34)

The last month prevalence rate of taking any illicit drugs amongst respondents aged 15-34 (young adults) was 6.2%, and it was almost two times higher than the last month prevalence rate amongst all adults (Figure 62).

FIGURE 62: Last month prevalence of taking illicit drugs amongst young adults (%)

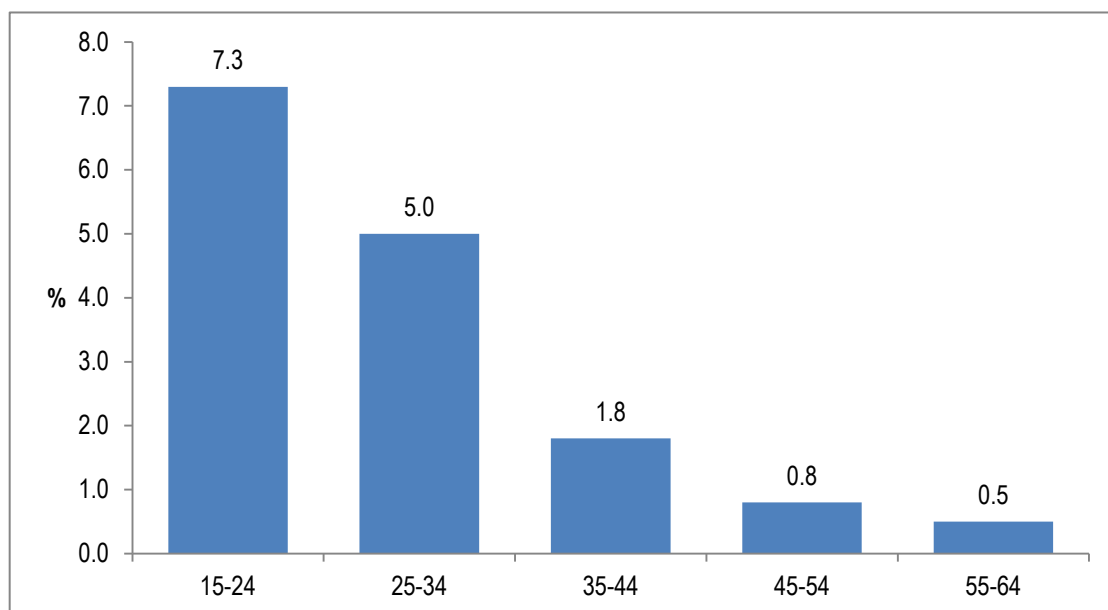


The last month prevalence rate of taking illicit drugs amongst respondents aged 15-34 (young adults) was highest for cannabis (6.1%) whereas the last month prevalence rates for other individual types of drugs were very low (up to 0.5%): amphetamines 0.5%, cocaine 0.4%, ecstasy 0.2%, heroin, and LSD 0.1%.

Age

The last month prevalence rate of taking any illicit drugs (Figure 63) was highest amongst the 15-24 age group, followed by the 25-34 age group (7.3% and 5.0% respectively). The last month prevalence rate of taking any illicit drugs was considerably lower (below 2%) amongst other age groups, more precisely, in the 35-44 age group the last month prevalence rate was 1.8%, in the 45-54 age group the last month prevalence rate was 0.8%, and in the 55-64 age group the last month prevalence rate was 0.5%.

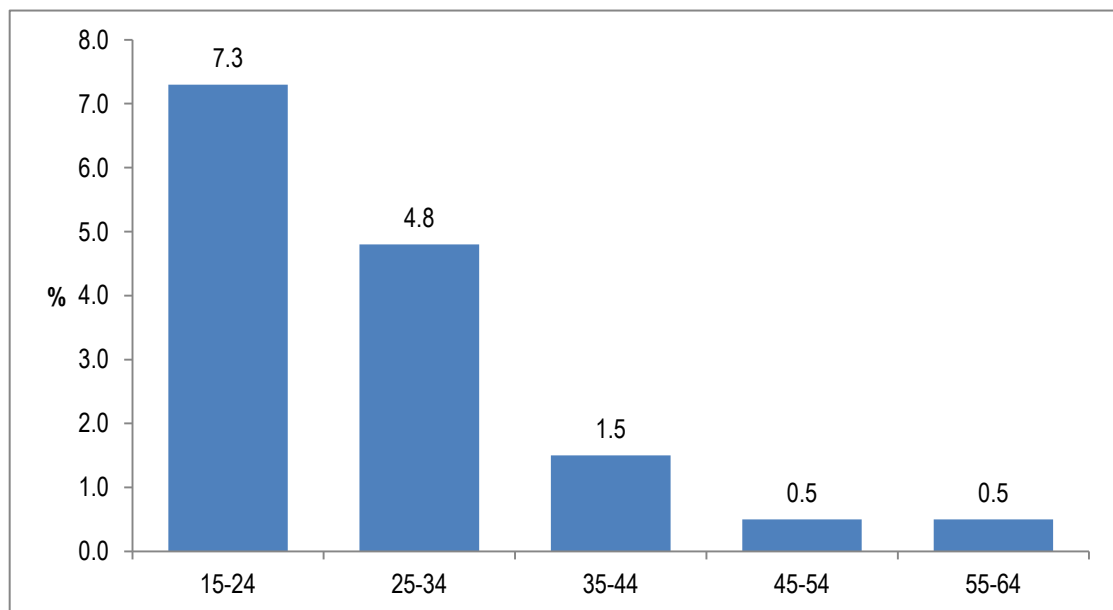
FIGURE 63: Last month prevalence of taking any illicit drugs by age groups (%)



The last month prevalence rates of taking illicit drugs other than cannabis were very low. Therefore, detailed analyses assessing age and gender differences is given only for cannabis whereas age and gender analyses of the last month prevalence rates of taking other illicit drugs can be seen in Table P-35 (ecstasy), Table P-36 (amphetamines), Table P-37 (cocaine), Table P-38 (heroin), and Table P-39 (LSD).

The last month prevalence rate of taking cannabis (Figure 64) was highest amongst the 15-24 age group (7.3%) followed by the 25-34 (4.8%) age group whereas the last month prevalence rate of taking cannabis was considerably lower (below 2%) for other age groups. More precisely, amongst those aged between 35 and 44 the last month prevalence rate of taking cannabis was 1.5%, and in the 45-54 and 55-64 age groups the last month prevalence rate was 0.5%.

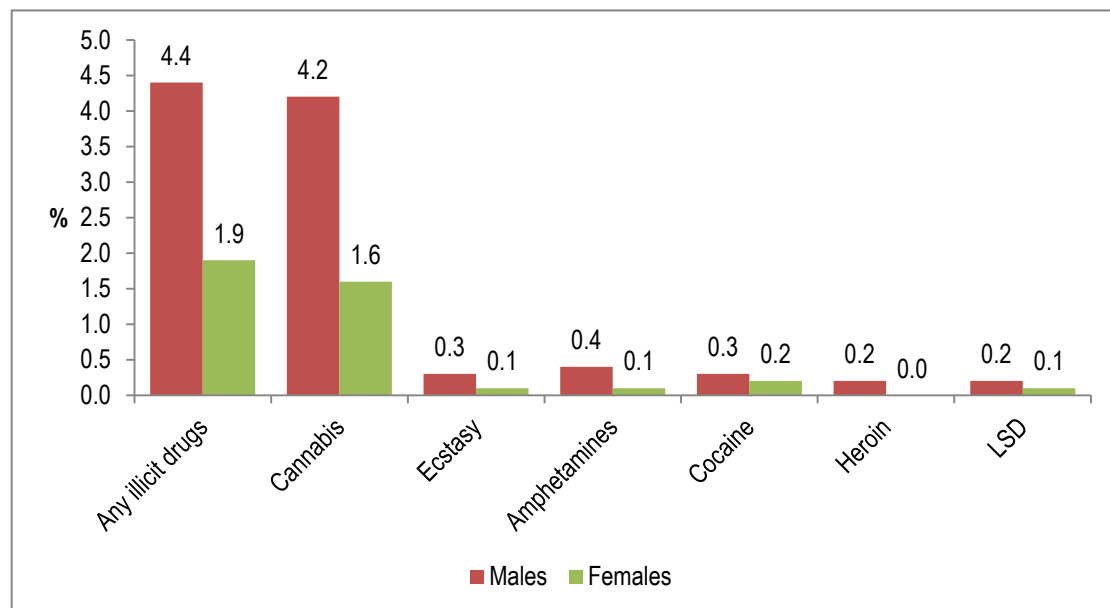
FIGURE 64: Last month prevalence of taking cannabis by age groups (%)



Gender

The last month prevalence rate of taking any illicit drugs amongst all adults (aged 15-64) (Figure 65) was two times higher for males than females (4.4% and 1.9% respectively).

FIGURE 65: Last month prevalence of taking illicit drugs by gender (%)

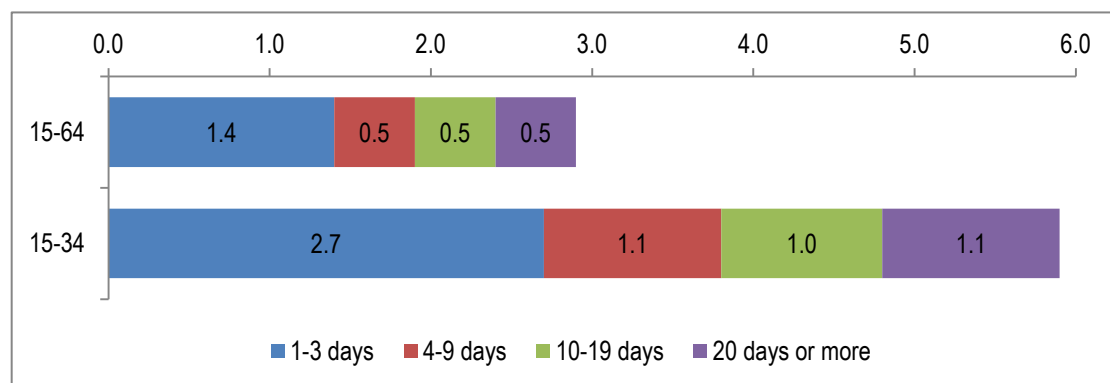


The last month prevalence rates of taking the individual types of drug amongst respondents aged between 15 and 64 (Figure 65) were higher for males than females. The last month prevalence rate of taking cannabis was 4.2% for males compared to 1.6% for females whereas the last month prevalence rates of taking illicit drugs other than cannabis were very low. More precisely, the last month prevalence rate of taking amphetamines for males was 0.4% and for females was 0.1%; the last month prevalence rate of taking cocaine for males was 0.3% compared to 0.2% for females; the last month prevalence rate of taking ecstasy was 0.3% for males compared to 0.1% for females; the last month prevalence rate of taking LSD for males was 0.2% compared to 0.1% for females; and the lowest last month prevalence rate was for heroin with 0.2% of males reporting having taken heroin whereas no female reported taking heroin during the month prior to the survey.

5.4.4. Last month frequency of taking illicit drugs

As the last month prevalence rates of taking illicit drugs were very low, consequently frequencies of taking illicit drugs in the last month were likewise very low. For that reason only the last month frequency of taking cannabis was shown in the Figure 66, and the frequency of taking other illicit drugs during the past month can be seen in Table P-41 (ecstasy), Table P-42 (amphetamines), Table P-43 (cocaine), Table P-44 (heroin) and Table P-45 (LSD).

FIGURE 66: Frequency of taking cannabis during the last month amongst all adults and young adults (%)



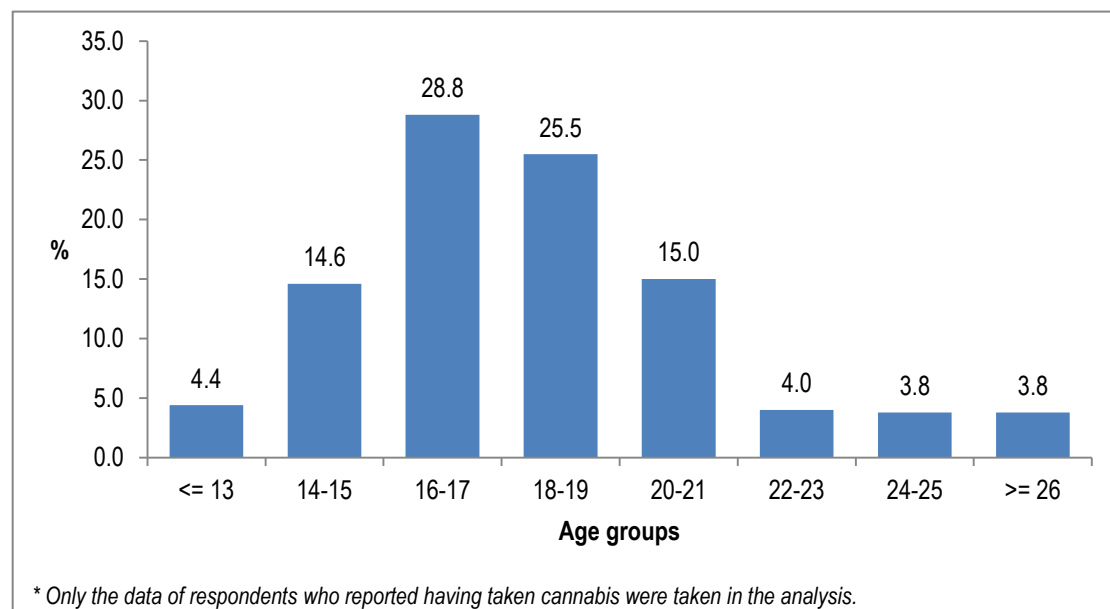
Amongst all adults aged between 15 and 64 cannabis was taken by 1.4% of respondents on 1-3 days in the last 30 days, and 0.5% of respondents reported having taken cannabis on 4-9 days, 10-19 days and 20 and more days in the last 30 days. Amongst young adults (aged 15-34) 2.7% of respondents reported having taken cannabis on 1-3 days during the past month, 1.1% of respondents reported having taken cannabis on 4-9 days and 20 days or more during the past month, and 1.0% of respondents reported having taken cannabis on 10-19 days during the past month. Detailed analyses assessing age and gender differences in the last month frequency of taking illicit drugs weren't shown in figures because of very small frequencies of taking, but can be seen in Table P-40.

5.4.5. Age of initial use of cannabis

All adults (15-64)

Amongst all adults (aged between 15 and 64) who had ever taken cannabis the average age of initial use was 18 years and 3 months ($M=18.3$, $sd=4.09$) (Table P-46). The distribution of the age of initial use of cannabis amongst all adults who had ever taken cannabis was as follows: 28.8% of respondents reported that they took cannabis for the first time when they were between 16 and 17 years old, 25.5% reported that they were between 18 and 19 years old, 14.6% reported that they were aged between 14 and 15 years, and 4.4% reported that they were aged 13 or younger. Further on, 15.0% of respondents reported that they took cannabis for the first time when they were aged between 20 and 21 years, whereas the proportion of those who took cannabis for the first time at the age of 22 or older decreases. More precisely, 4.0% of respondents reported that they took cannabis for the first time when they were aged between 22 and 23 years, 3.8% reported that they were aged between 24 and 25 years, and the same percentage reported that they took cannabis for the first time at the age of 26 or older. Almost half of all adults (47.8%) who reported having ever used cannabis were under 18 when they used it for the first time (Figure 67).

FIGURE 67: Age of initial use of cannabis amongst all adults (%)*



5.4.6. Age of initial use of illicit drugs other than cannabis

Amongst all adults (aged between 15 and 64) who had ever taken illicit drugs other than cannabis the age of initial use was lowest for ecstasy. The average age of initial use of ecstasy, amongst those respondents who reported ever taking it, was 19 years and 3 months ($M=19.3$, $sd=3.61$). Around one-fourth (Figure 68) of respondents who had ever taken ecstasy ($N=112$) reported that they took ecstasy for the first time when they were aged between 18 and 19 years (25.5%), 23.8% reported that they were aged between 16 and 17 years, 18.0% reported that they were aged between 20 and 21 years, and 10.2% of respondents reported that they took ecstasy for the first time when they were between 14 and 15 years old. Other age groups were less represented.

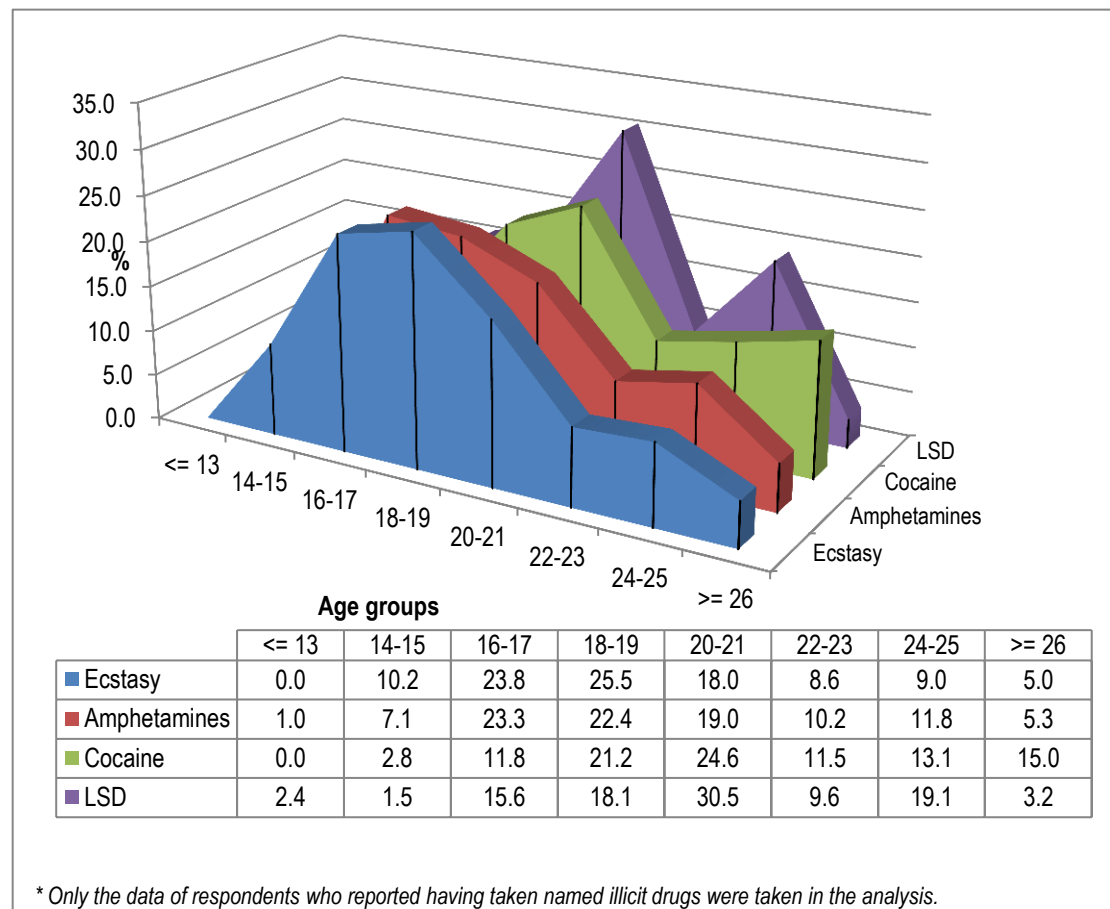
Amongst those respondents who had ever taken amphetamines the average age of initial use was 19 years and 8 months ($M=19.7$, $sd=3.71$). Most of the respondents who had ever taken amphetamines ($N=115$) reported that they took it for the first time at age between 16 and 17 years (23.3%), followed by the 18-19 (22.4%), and 20-21 (19.0%) age groups. The proportion of respondents who reported that they took amphetamines for the first time when they were aged between 24-25 and 22-23 years was somewhat lower (11.8% and 10.2% respectively). Other age groups were less represented (Figure 68).

The average age of initial use of cocaine amongst those who had ever taken it was 21 years and 10 months ($M=21.8$, $sd=5.20$). Around one-fourth (Figure 68) of respondents who had ever taken cocaine ($N=99$) reported that they took it for the first time when they were aged between 20 and 21 years (24.6%), and somewhat less respondents (21.2%) reported that they took cocaine for the first time when they were aged between 18 and 19 years. Furthermore, 15% of respondents who had ever taken cocaine reported that they took it for the first time when they were aged 26 years or older, followed by the 24-25 (13.1%), 22-23 (11.5%), and 16-17 (11.8%) age groups. The lowest percentage of respondents reported that they took cocaine for the first time when they were aged between 14 and 15 years (2.8%).

The average age of initial use of LSD amongst those who had ever taken it was 20 years and 6 months ($M=20.5$, $sd=3.33$). Almost one-third of respondents (Figure 68) who had ever taken LSD ($N=61$) reported that they took it for the first time when they were aged between 20 and 21 years (30.5%), followed by the 24-25 (19.1%), 18-19 (18.1%), 16-17 (15.6%), and 22-23 (9.6%) age groups. Other age groups were less represented.

Since the number of respondents who reported ever taking heroin was very low (N=18), the average age of initial use of heroin has not been calculated, and in the Table P-49 are listed only age frequencies, and they showed that 5 out of 18 respondents reported that they took heroin for the first time when they were aged between 20 and 21 years and 4 out of 18 respondents reported that they took heroin for the first time when they were aged between 16 and 17 years.

FIGURE 68: Age of initial use of individual types of illicit drug amongst all adults (%)*



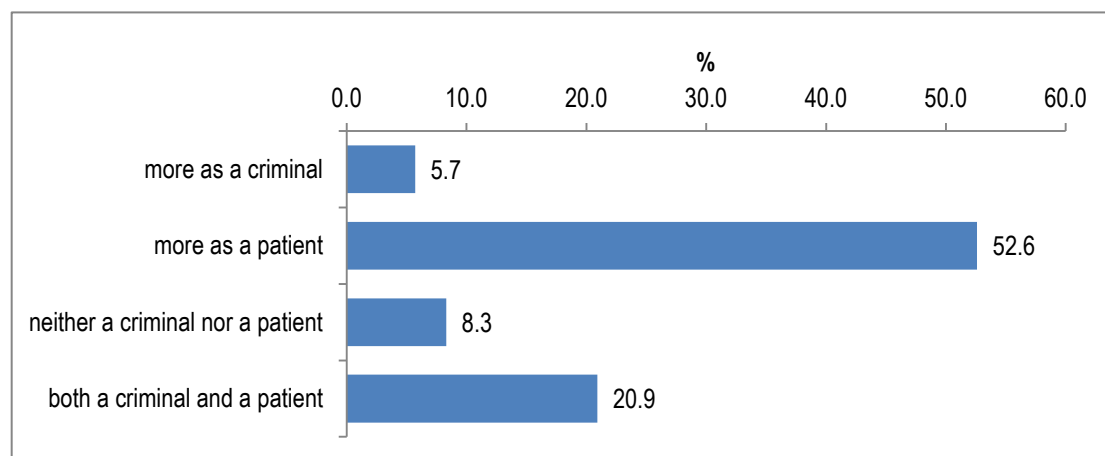
5.5. Opinions about drug addicts, drug policies, substance use and perception of risk associated with substances use

Additional questions about some attitudes and opinions concerning drug addicts, drug related policy, substance use, and perception of risks associated with substance use were included in this research conducted amongst the general population of the Republic of Croatia. Results are given for all respondents (aged between 15 and 64).

5.5.1. Opinions about drug addicts

When asked about an opinion about a drug addict (Figure 69) around half of all adults (52.6%) said that they perceive a drug addict more as a patient than as a criminal, 20.9% said that they perceive a drug addict as both a criminal and a patient, 8.3% said that they perceive a drug addict as a neither criminal nor a patient, and finally 5.7% said that they perceive a drug addict more as a criminal than as a patient.

FIGURE 69: Opinions about drug addicts amongst all adults (%)



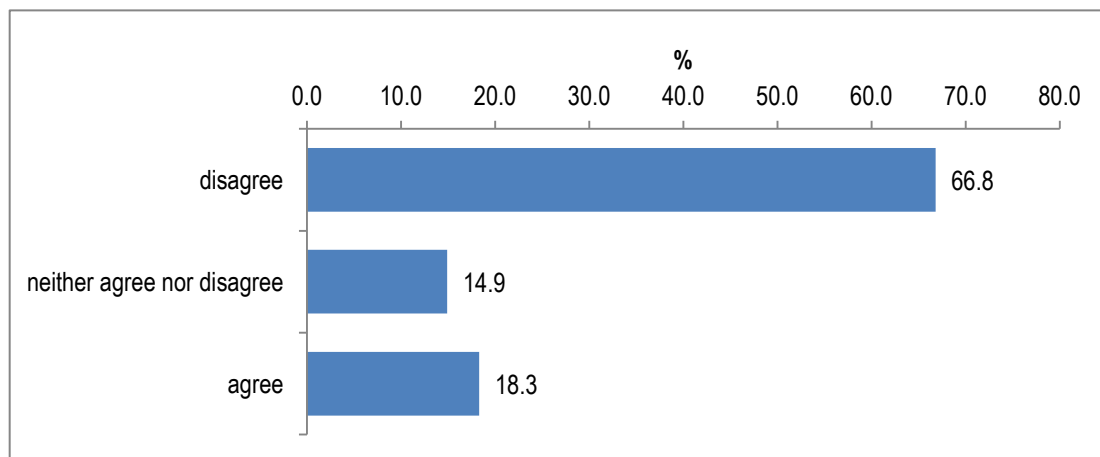
5.5.2. Opinions about drug policies

Concerning opinions about drug policies, respondents were asked questions about their attitudes towards allowing people to take drugs (marijuana or hashish and heroin).

Opinions about allowing people to take marijuana or hashish

Two-thirds of respondents (66.8%) disagree with the statement that people should be permitted to take marijuana or hashish, 18.3% agree that people should be permitted to take marijuana or hashish, and 14.9% of respondents stated that they neither agree nor disagree with that statement (Figure 70).

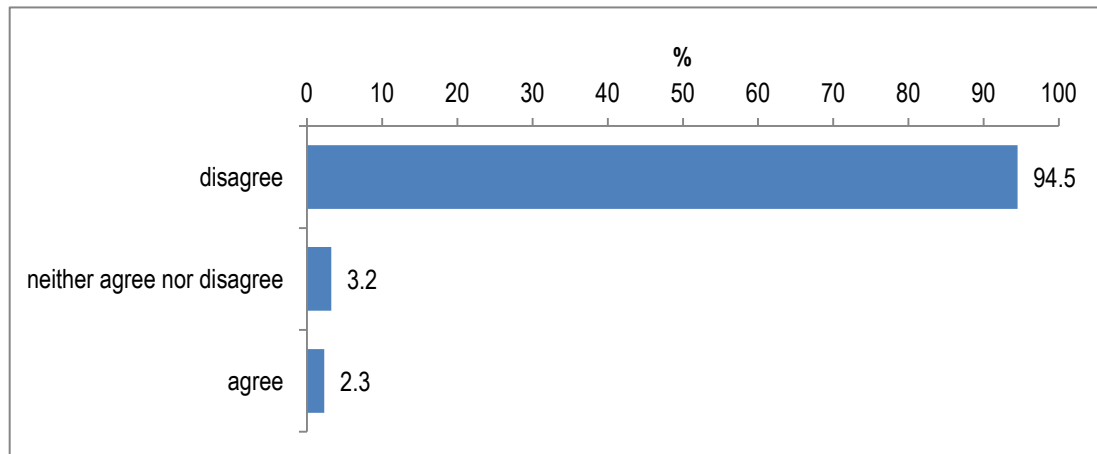
FIGURE 70: Opinions about allowing people to take marijuana or hashish amongst all adults (%)



Opinions about allowing people to take heroin

When asked about allowing people to take heroin, almost all adults (94.5%) are of the opinion that people should not be permitted to take heroin, and only 2.3% of respondents believe that people should be permitted to take heroin (Figure 71).

FIGURE 71: Opinions about allowing people to take heroin amongst all adults (%)



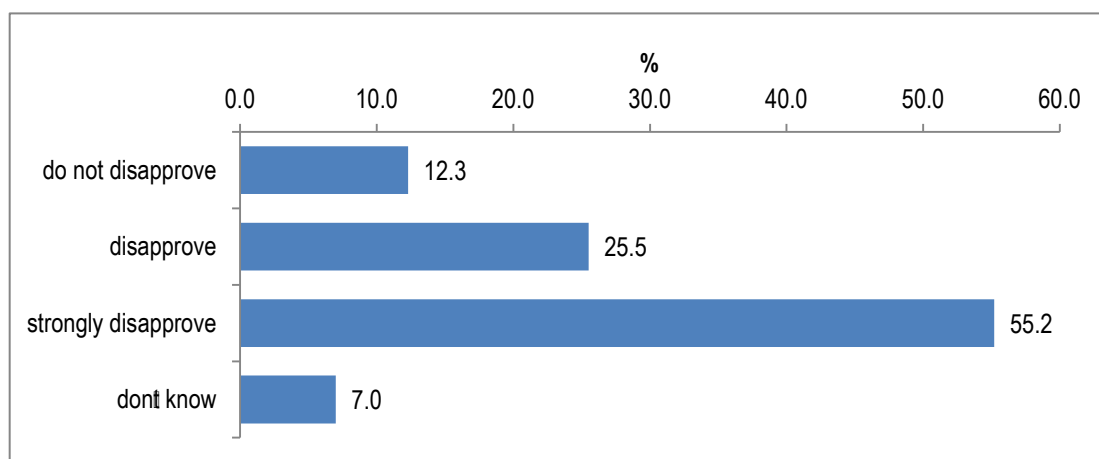
5.5.3. Opinions about trying illicit drugs

Attitudes toward trying licit and illicit drugs were asked through series of questions about degree of disapproval of people doing certain things such as: trying ecstasy once or twice, trying heroin once or twice, smoking 10 or more cigarettes a day, drinking one or two drinks several times a week, and occasionally smoking marijuana or hashish.

Disapproval of trying ecstasy once or twice

Majority of all adults (80.7%) disapprove trying ecstasy once or twice, whereby 55.2% strongly disapproves, 25.5% disapproves of such behaviour, and 12.3% do not disapprove trying ecstasy once or twice (Figure 72).

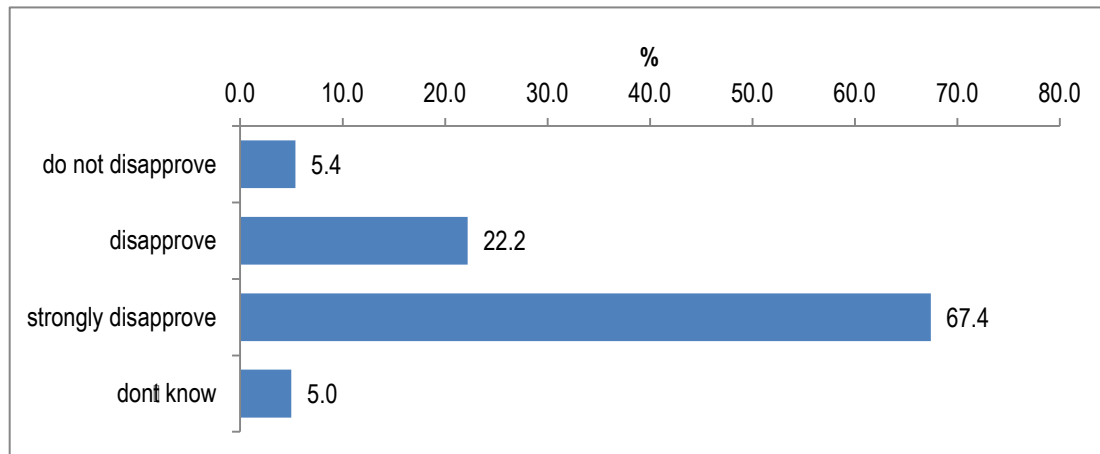
FIGURE 72: Opinions about trying ecstasy once or twice amongst all adults (%)



Disapproval of trying heroin once or twice

Concerning trying heroin once or twice, majority of all adults (89.6%) disapprove of such behaviour, whereby 67.4% strongly disapproves, 22.2% disapproves, and 5.4% do not disapprove trying heroin once or twice (Figure 73).

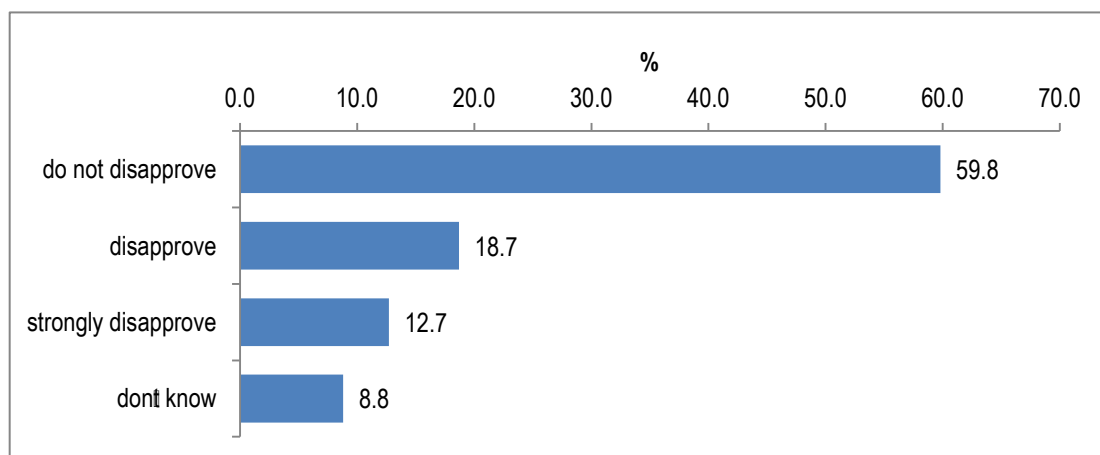
FIGURE 73: Opinions about trying heroin once or twice amongst all adults (%)



Disapproval of having one or two drinks several times a week

Concerning having one or two drinks several times a week 59.8% of respondents aged 15-64 do not disapprove, 18.7% disapprove, and 12.7% strongly disapprove of such behaviour (Figure 74).

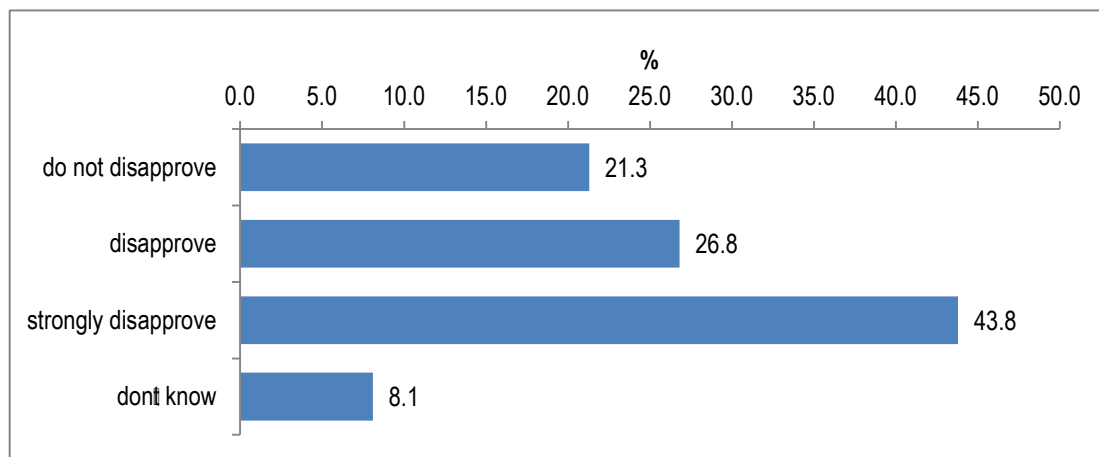
FIGURE 74: Opinions about having one or two drinks several times a week amongst all adults (%)



Disapproval of smoking marijuana or hashish occasionally

Amongst all adults relative majority (43.8%) of respondents strongly disapproves smoking marijuana or hashish occasionally, 26.8% disapprove, and 21.3% do not disapprove of such behaviour (Figure 75).

FIGURE 75: Opinions about smoking marijuana or hashish occasionally amongst all adults (%)



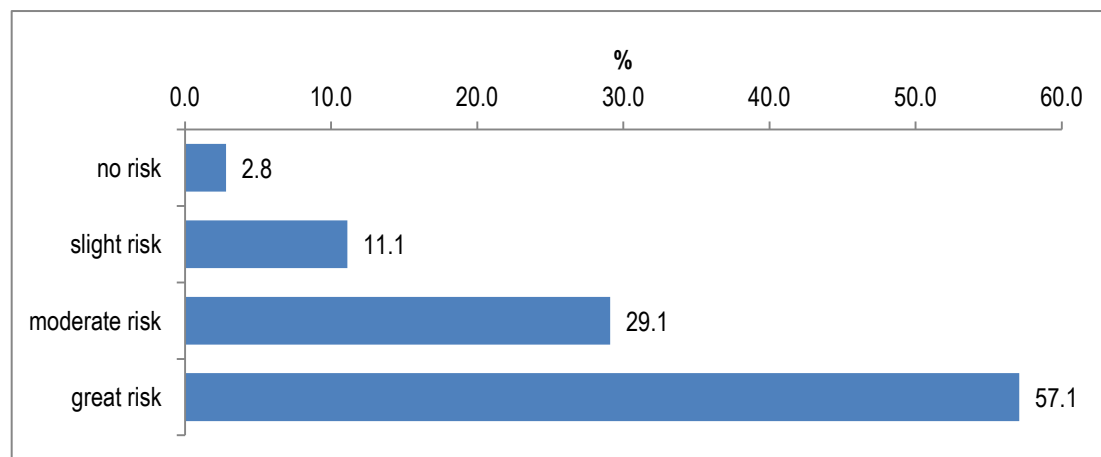
5.5.4 Perception of risk associated with substances use

Degree of perceived risk associated with the use of different types of substances was measured through questions concerning respondents' perception of risk of people harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes a day, have five or more alcoholic drinks each weekend, smoke marijuana regularly, try ecstasy once or twice, try cocaine (or crack) once or twice, or try heroin once or twice.

Perception of risk associated with smoking one or more packs of cigarettes a day

Majority of all adults (57.1%) consider that there is a great risk of people harming themselves if they smoke one or more packs of cigarettes a day, 29.1% consider that there is a moderate risk, 11.1% consider that there is a slight risk, and only 2.8% of respondents consider that there is no risk associated with such behaviour (Figure 76).

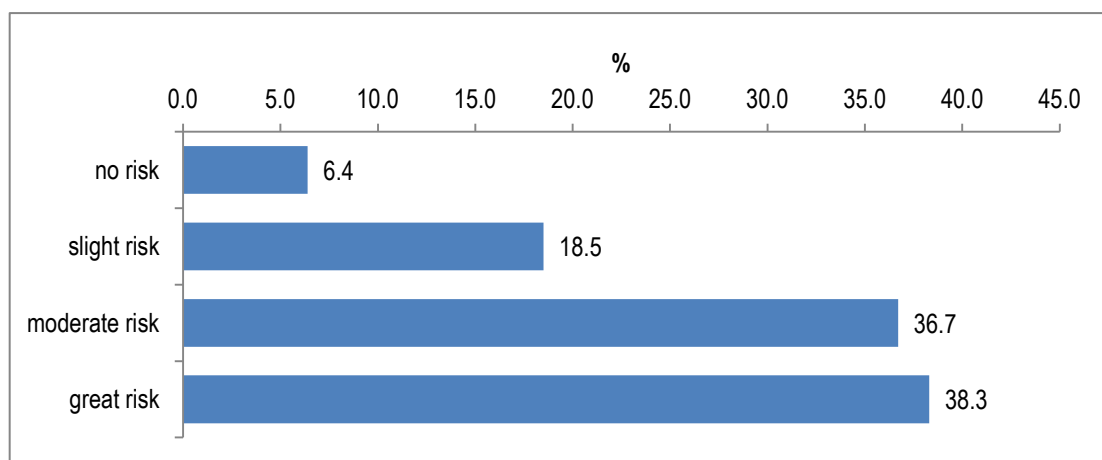
FIGURE 76: Perception of risk associated with smoking one or more packs of cigarettes a day amongst all adults (%)



Perception of risk associated with having five or more drinks each weekend

Considering risk associated with having five or more drinks each weekend, 38.3% of respondents consider that there is a great risk associated with such behaviour and 36.7% consider that there is a moderate risk, furthermore 18.5% of respondents consider that there is a slight risk attached to having five or more drinks each weekend, and 6.4% consider that there is no risk associated with such behaviour (Figure 77).

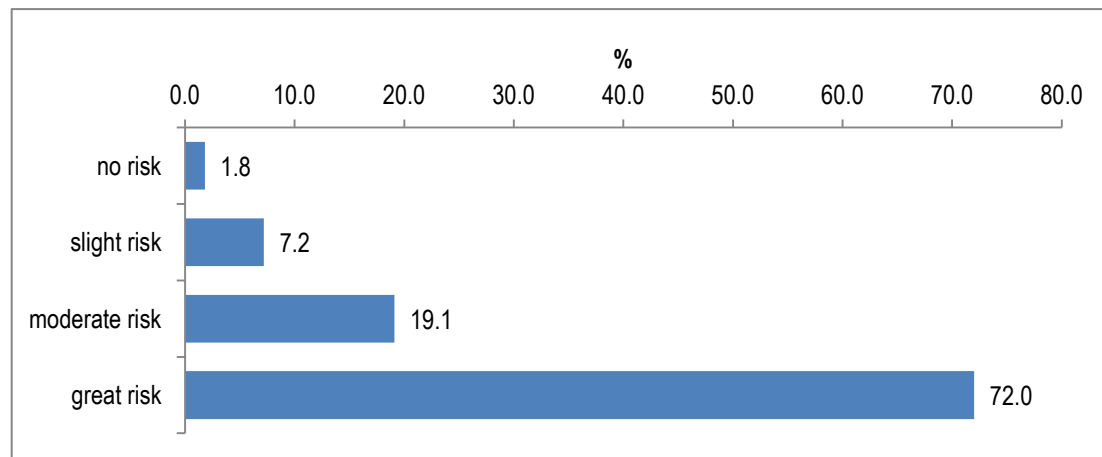
FIGURE 77: Perception of risk associated with having five or more drinks each weekend amongst all adults (%)



Perception of risk associated with smoking marijuana or hashish regularly

Amongst respondents aged between 15 and 64 dominant answer (72.0%) to the question concerning perception of risk associated with regularly smoking marijuana or hashish was that there is a great risk of people harming themselves if they smoke marijuana or hashish regularly. Furthermore, 19.1% consider that there is a moderate risk associated with smoking marijuana or hashish regularly, 7.2% consider that there is a slight risk, and 1.8% consider that there is no risk associated with such behaviour (Figure 78).

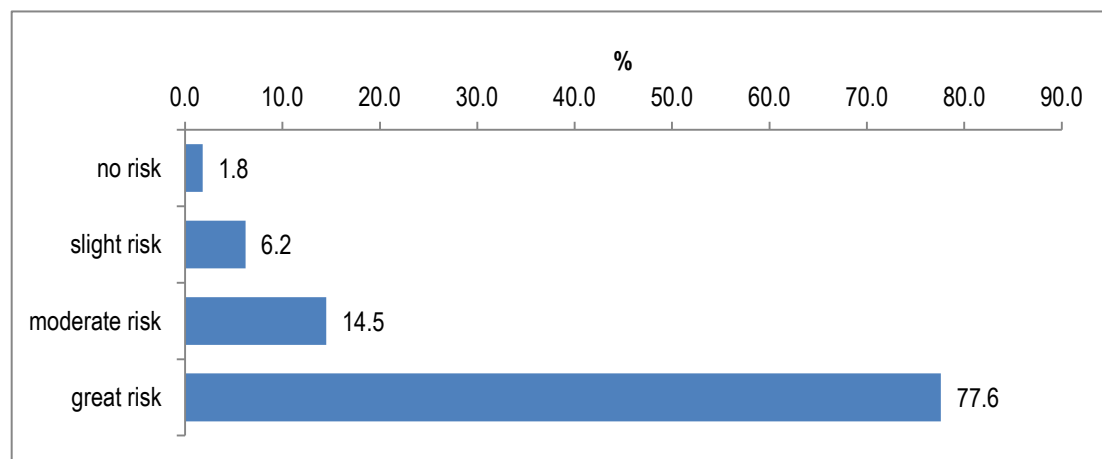
FIGURE 78: Perception of risk associated with smoking marijuana or hashish regularly amongst all adults (%)



Perception of risk associated with trying ecstasy once or twice

Respondents aged between 15 and 64 predominantly consider (77.6%) that there is a great risk associated with trying ecstasy once or twice, 14.5% consider that there is a moderate risk, 6.2% consider that there is a slight risk, and only 1.8% of respondents consider that there is no risk associated with such behaviour (Figure 79).

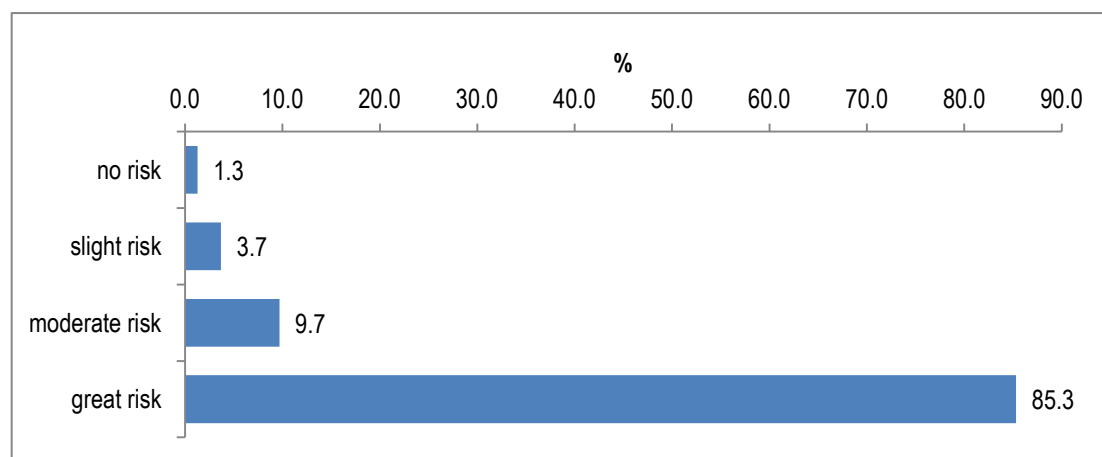
FIGURE 79: Perception of risk associated with trying ecstasy once or twice amongst all adults (%)



Perception of risk associated with trying cocaine (or crack) once or twice

Respondents aged between 15 and 64 predominantly perceive (85.3%) a great risk associated with trying cocaine (or crack) once or twice, 9.7% consider that there is a moderate risk, 3.7% consider that there is a slight risk, and 1.3% consider that there is no risk associated with such behaviour (Figure 80).

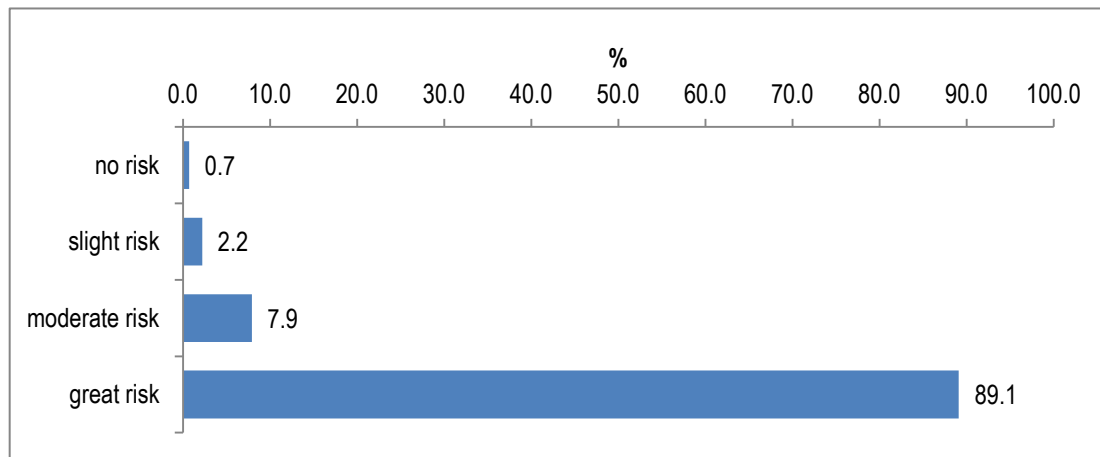
FIGURE 80: Perception of risk associated with trying cocaine (or crack) once or twice amongst all adults (%)



Perception of risk associated with trying heroin once or twice

Amongst all adults (aged between 15 and 64) 89.1% of respondents consider that there is a great risk associated with trying heroin once or twice, 7.9% consider that there is a moderate risk, 2.2% consider that there is a slight risk, and merely 0.7% of respondents consider that there is no risk associated with trying heroin once or twice (Figure 81).

FIGURE 81: Perception of risk associated with trying heroin once or twice amongst all adults (%)



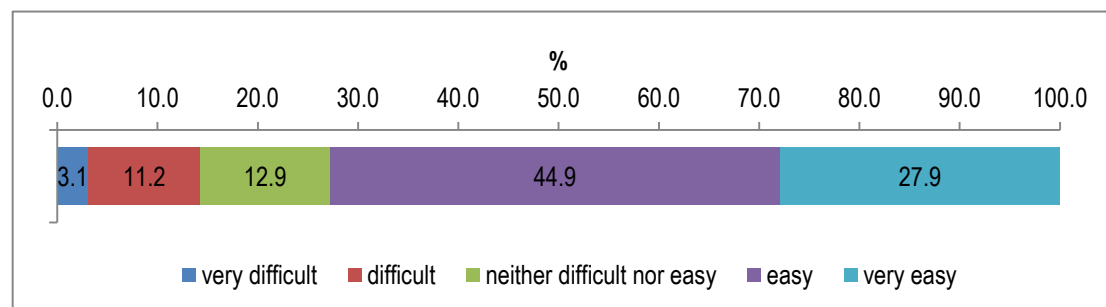
5.6. Drug availability in the Republic of Croatia

This chapter of the report presents opinions about availability of drugs in the Republic of Croatia. More precisely, data concerning perception of access to drugs (personal and in general), personal experience of drug availability, perception of personal ability of obtaining individual types of substance and personally knowing people who take illicit drugs are presented in this chapter. Results are given for all respondents (aged between 15 and 64).

5.6.1. Perceived general access to any drugs

For estimation of drug availability in the Republic of Croatia respondents were asked about perception of general access to drugs. Amongst all adults (aged between 15 and 64) 44.9% of respondents believe that drugs are easy to obtain, whereas 27.9% believe that drugs are very easy to obtain in the Republic of Croatia. Furthermore, 12.9% of all adults believe that drugs are neither difficult nor easy to obtain, 11.2% believe that drugs are difficult to obtain and only 3.1% believe that drugs are very difficult to obtain in the Republic of Croatia (Figure 82).

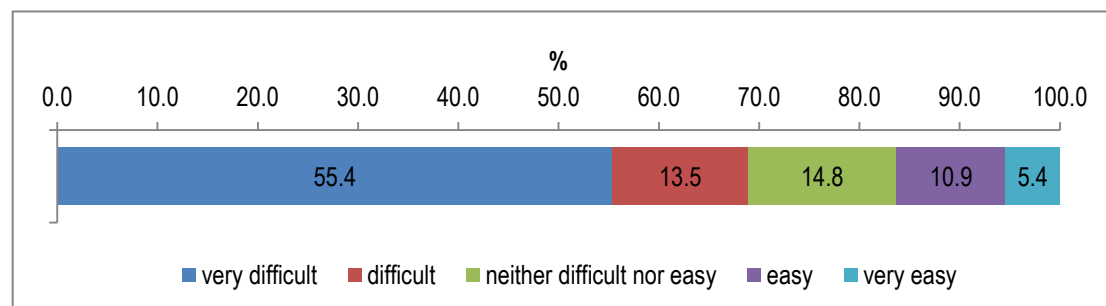
FIGURE 82: Perceived general access to any drugs amongst all adults (%)



5.6.2. Perceived access to any drugs personally

Even though the majority of respondents believe that access to drugs in the Republic of Croatia is easy, when asked how easy it would be for them personally to obtain drugs, more than half of all adults (55.4%) stated that it would be very difficult to get them. Furthermore, 13.5% of respondents stated that to them personally it would be difficult to obtain drugs, 14.8% stated that to them personally drugs are neither difficult nor easy to obtain, 10.9% stated that to them personally drugs as easy to obtain, and 5.4% stated that to them personally drugs are very easy to obtain (Figure 83).

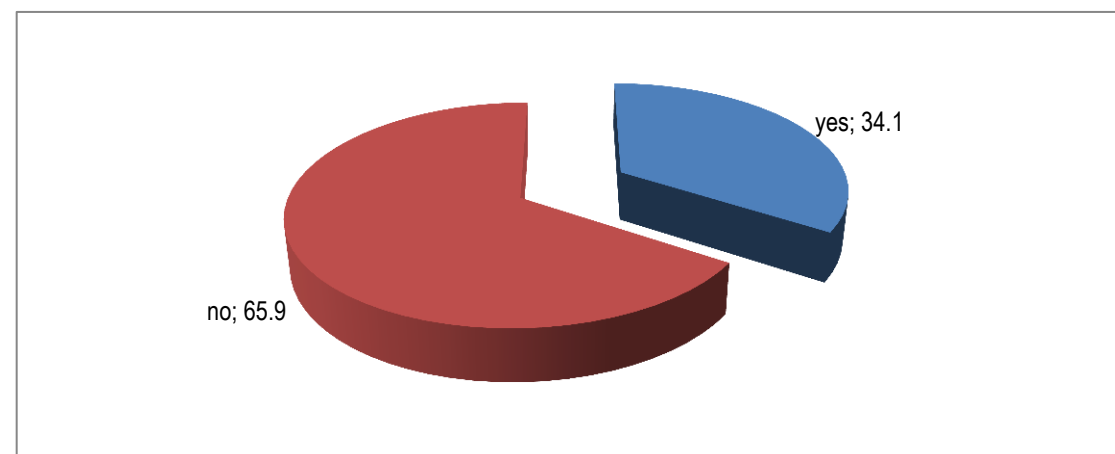
FIGURE 83: Perceived access to any drugs personally amongst all adults (%)



5.6.3. Personal experience of drug availability

Concerning personal experience of drug availability, respondents were asked a direct question whether he/she has ever been offered any illicit drug in the Republic of Croatia (Figure 84). Amongst all adults around one-third (34.1%) of respondents reported having been offered an illicit drug in the Republic of Croatia, and 65.9% reported that they have never been offered an illicit drug in Croatia.

FIGURE 84: Personal experience of drug availability amongst all adults (%)



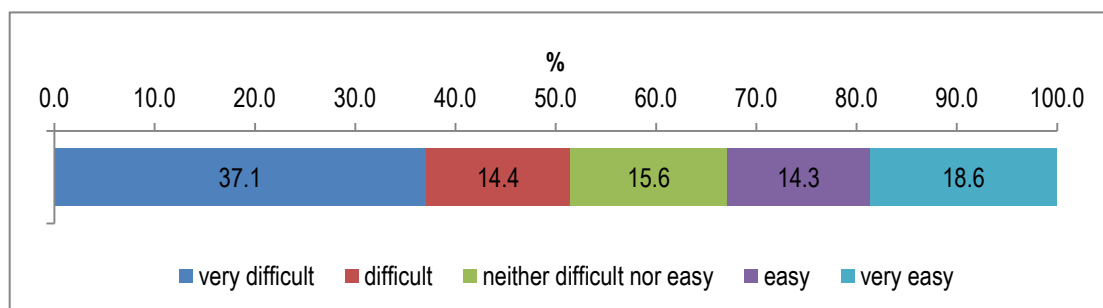
5.6.4. Perceived personal access to individual types of substances

Concerning perception of personal access to individual types of substances, respondents were asked how difficult would it be for them personally, if they wanted to, to obtain individual types of substance (marijuana or hashish, ecstasy, amphetamines, cocaine, heroin, LSD, sedatives and/or tranquillisers, as well as beer, wine, hard liquor and cigarettes) within 24 hours.

Perceived personal access to marijuana or hashish

The majority of respondents (51.5%) consider that it would be difficult or very difficult for them personally (if they wanted to) to obtain marijuana or hashish within 24 hours, and 32.9% of respondents consider that for them it would be easy or very easy to obtain marijuana or hashish within 24 hours (Figure 85.).

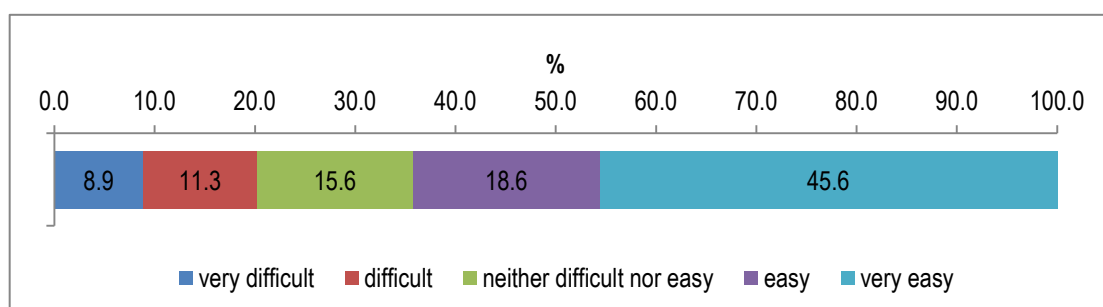
FIGURE 85: Perceived personal access to marijuana or hashish amongst all adults (%)



Perceived personal access to ecstasy

Amongst all adults 64.2% of respondents consider that obtaining ecstasy within 24 hours (if they wanted to) would be difficult or very difficult for them, and 20.2% consider that obtaining ecstasy within 24 hours would be easy or very easy for them. Detailed distribution of answers on this question can be seen in the Figure 86.

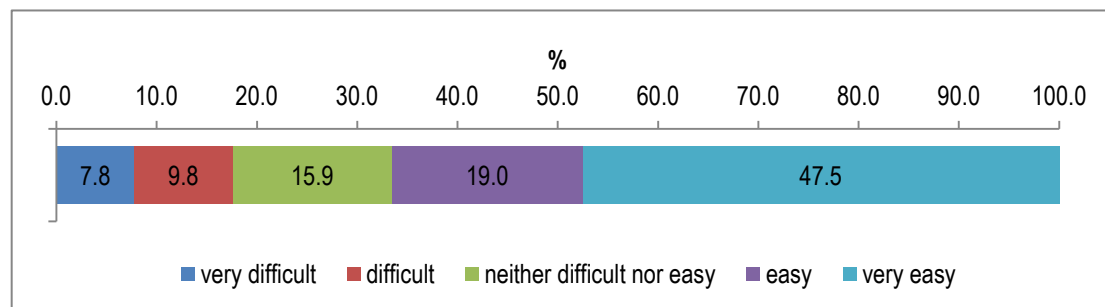
FIGURE 86: Perceived personal access to ecstasy amongst all adults (%)



Perceived personal access to amphetamines

When asked to assess how difficult would it be for them to obtain amphetamines (for example speed) within 24 hours (if they wanted to), the majority of respondents (66.5%) said that that would be difficult or very difficult and 17.6% said that obtaining amphetamines within 24 hours would be easy or very easy for them. Detailed distribution of answers on this question can be seen in the Figure 87.

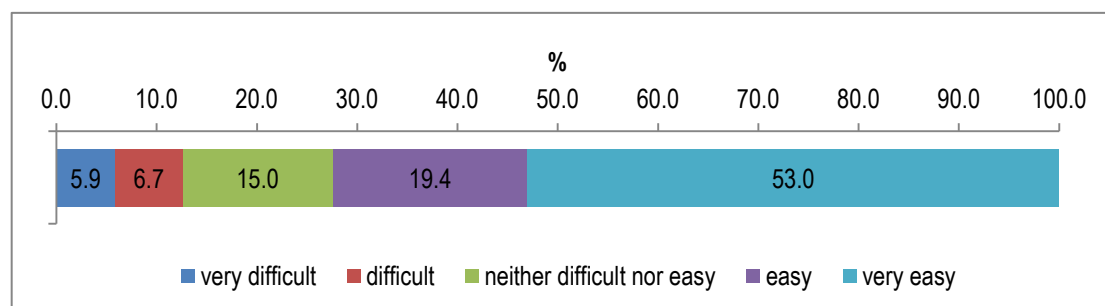
FIGURE 87: Perceived personal access to amphetamines amongst all adults (%)



Perceived personal access to cocaine

When asked to assess how difficult would it be for them to obtain cocaine within 24 hours (if they wanted to), majority of respondents (72.4%) said that that would be difficult or very difficult, and 12.6% said that obtaining cocaine within 24 hours would be easy or very easy for them. Detailed distribution of answers on this question can be seen in the Figure 88.

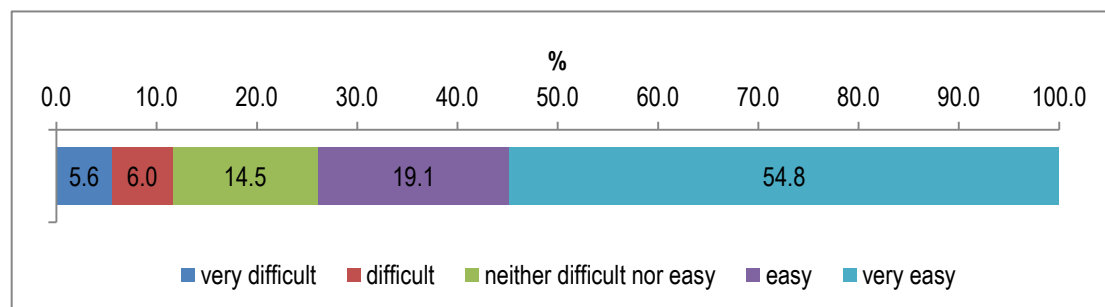
FIGURE 88: Perceived personal access to cocaine amongst all adults (%)



Perceived personal access to heroin

The majority of respondents aged between 15 and 64 (73.9%) consider that obtaining heroin within 24 hours would be difficult or very difficult for them, and 11.6% consider that obtaining heroin within 24 hours would be easy or very easy. Detailed distribution of answers on this question can be seen in the Figure 89.

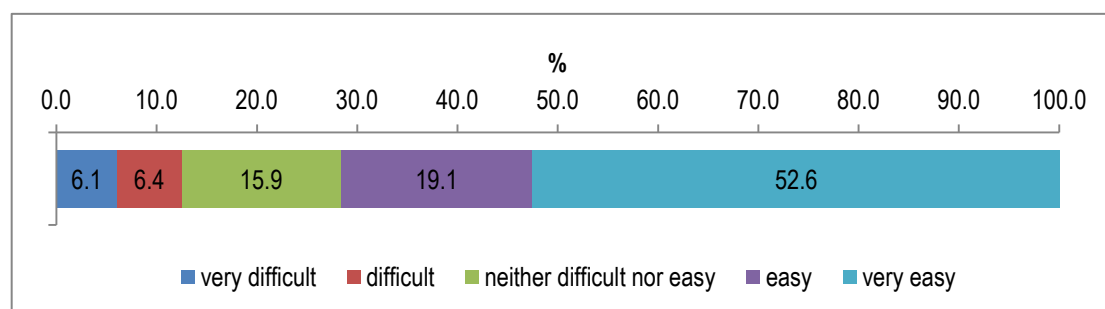
FIGURE 89: Perceived personal access to heroin amongst all adults (%)



Perceived personal access to LSD

When asked to assess how difficult would it be for them to obtain LSD within 24 hours, majority of respondents (71.7%) said that that would be difficult or very difficult, and 12.5% said that obtaining cocaine within 24 hours would be easy or very easy for them. Detailed distribution of answers on this question can be seen in the Figure 90.

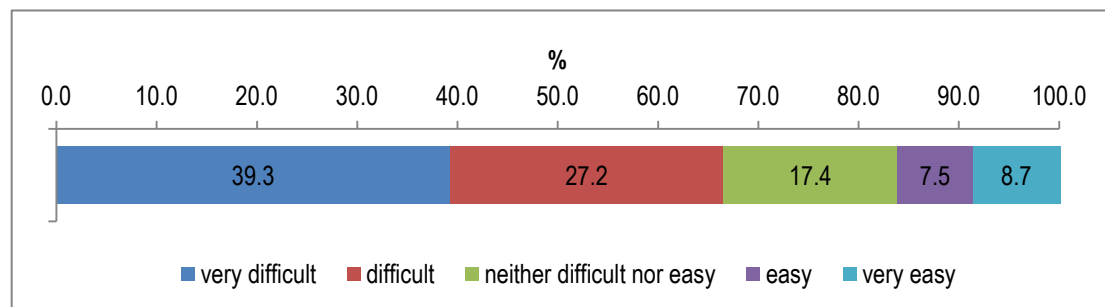
FIGURE 90: Perceived personal access to LSD amongst all adults (%)



Perceived personal access to sedatives and/or tranquillisers

Unlike with other substances, when asked to assess how difficult would it be for them (if they wanted to) to obtain sedatives and/or tranquillisers (for example: Normabel, Praxiten, Xanax) within 24 hours, dominant answers were easy or very easy (66.5%), and 16.2% of respondents said that that would be difficult or very difficult for them. Detailed distribution of answers on this question can be seen in the Figure 91.

FIGURE 91: Perceived personal access to sedatives and/or tranquillisers amongst all adults (%)

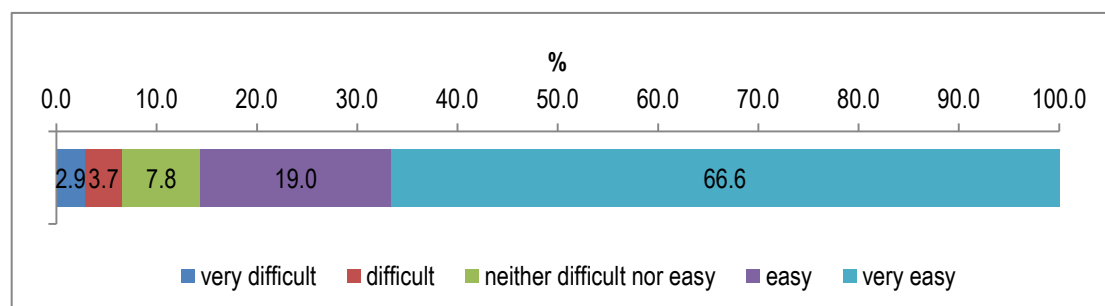


Perceived personal access to beer

Minors (aged 15-17)

Answers to questions concerning perception of personal access to alcoholic drinks and cigarettes (i.e. substances legally available to all 18+ residents of the Republic of Croatia) were analysed only for the subsample of respondents under the age of 18 (N=222). Majority of respondents under the age of 18 (85.6%) consider that obtaining beer within 24 hours would be easy or very easy for them, and only 6.6% consider that that would be difficult or very difficult for them (Figure 92).

FIGURE 92: Perceived personal access to beer amongst minors (%)

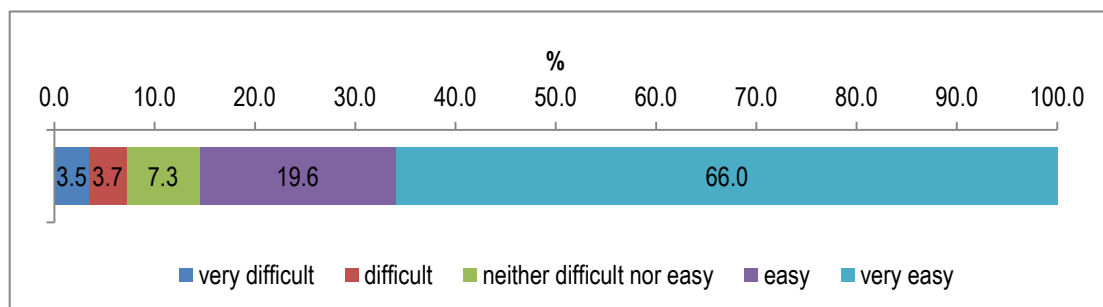


Perceived personal access to wine

Minors (aged 15-17)

When asked to assess how difficult would it be for them (if they wanted to) to obtain wine within 24 hours, majority of respondents under the age of 18 (85.6%) consider that that would be easy or very easy, and only 7.2% consider that obtaining wine within 24 hours would be difficult or very difficult for them (Figure 93).

FIGURE 93: Perceived personal access to wine amongst minors (%)

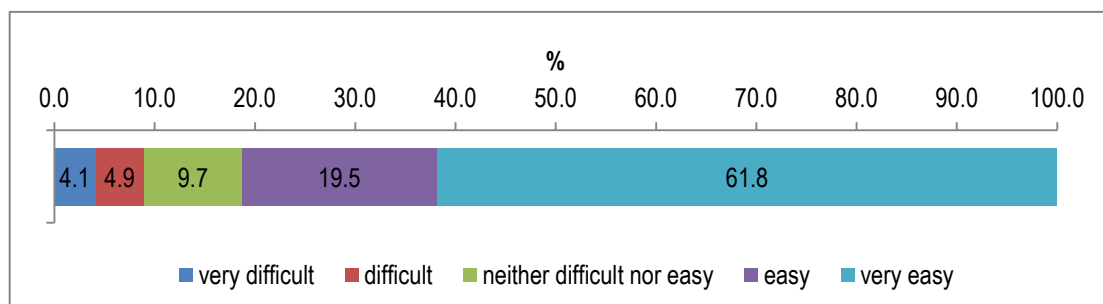


Perceived personal access to hard liquor

Minors (aged 15-17)

When asked to assess how difficult would it be to obtain hard liquor within 24 hours, majority of respondents under the age of 18 (81.3%) consider that that would be easy or very easy, and 9.0% consider that obtaining hard liquor within 24 hours would be difficult or very difficult for them (Figure 94).

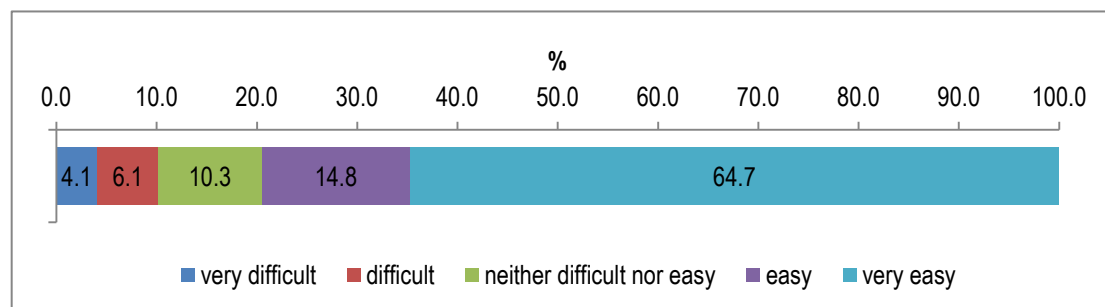
FIGURE 94: Perceived personal access to hard liquor amongst minors (%)



Perceived personal access to cigarettes

Same as with assessing personal access to alcoholic drinks, minors dominantly (79.5%) consider that for them would be easy or very easy to obtain cigarettes within 24 hours, and 10.2% consider that obtaining cigarettes within 24 hours would be difficult or very difficult for them (Figure 95).

FIGURE 95: Perceived personal access to cigarettes amongst minors (%)

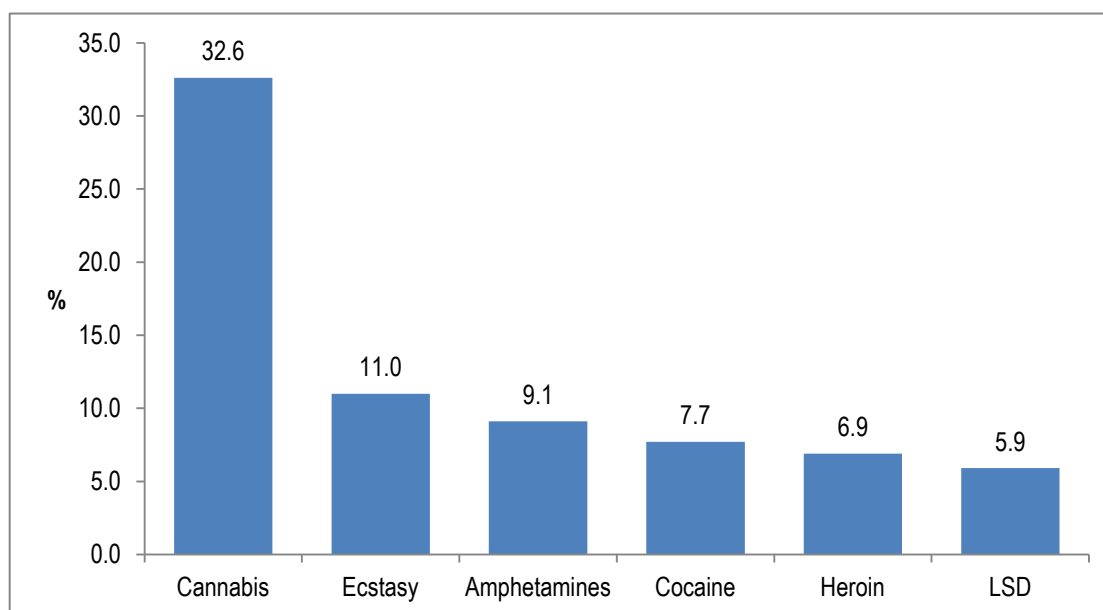


5.6.5. Personally knowing people who take illicit drugs

Question concerning personally knowing people who take illicit drugs was also included in the research. This question was asked before each set of questions about individual types of drug. This was a “warming-up” question to help and ease answering other questions concerning use of illicit drugs and to avoid asking respondent immediately about his/hers use of illicit drugs. Also, this question can be used as an additional or alternative estimation of prevalence of taking illicit drugs especially with drugs that have a small prevalence of use. Answer to this question can also be interpreted as a risk factor or predictor of use of illicit drugs since the risk from using illicit drugs is higher amongst those who know people who take illicit drugs because in that case drugs are more available to them.

Around one-third (32.6%) of respondents amongst all adults reported personally knowing people who take cannabis and 67.4% reported that they do not know people who take cannabis (Figure 96).

FIGURE 96: Percentage of people amongst all adults who personally know people who take drugs (%)



Furthermore, amongst all adults (aged 15-64), 11.0% of respondents reported personally knowing people who take ecstasy, 9.1% reported personally knowing people who take amphetamines, 7.7% reported personally knowing people who take cocaine, 6.9% reported personally knowing people who take heroin, and 5.9% reported personally knowing people who take LSD (Figure 96).

6. RESEARCH FINDINGS AND CONCLUDING REMARKS

The aim of the scientific-research project *Substance abuse among the general population in the Republic of Croatia* was to collect data on the prevalence of use of different types of substances amongst the general population as well as relevant population sub-groups. Therefore in this final part of the report, the most important findings on the prevalence of substance use, and attitudes and opinions regarding drugs and drug policies, as well as drug availability will be presented. It is important to emphasize that the results refer to the target population which, for the purpose of this research, includes all the residents of the Republic of Croatia aged between 15 and 64 living in the private households (N=4,756), hereinafter in the text referred to as all adults. In this demographic contingent there were 2,969,981 inhabitants (Census 2001). Also, the results for the 15-34 age group (N=1,995), hereinafter in the text referred to as young adults, were separately presented. In this demographic contingent there were 1,194,165 inhabitants (Census 2001). Furthermore, the most important results for all adults are presented by age and gender.

TOBACCO

Prevalence of active tobacco consumption

- Around one out of three adults is an active smoker (36.3%).
- Amongst young adults 37.1% reported being active smokers.
- The percentage of active smokers was highest in the 35-44 (43.5%), and 25-34 (41.1%) age groups.
- The proportion of male active smokers (39.7%) was relatively higher compared to female active smokers (32.9%).

Lifetime prevalence of tobacco consumption

- More than half of all adults reported having ever smoked tobacco in their lifetime (57.5%).
- The lifetime prevalence of tobacco consumption amongst young adults was 54.8%.
- The highest lifetime prevalence rate of tobacco consumption was in the 35-44 age group (64.6%).
- The lifetime prevalence rate of tobacco consumption was higher amongst males (62.9%) than females (52.3%).

Last year prevalence of tobacco consumption

- During the past year 39.7% of all adults smoked tobacco.
- Last year prevalence rate of tobacco consumption amongst young adults was 42.4%.
- The highest last year prevalence rate of tobacco consumption was in the 35-44 age group (46.9%), followed by the 25-34 age group (44.9%).
- Last year prevalence rate of tobacco consumption was slightly higher amongst males (43.3%) than females (36.2%).

Last month prevalence of tobacco consumption

- In the month prior to the research 37.4% of all adults smoked tobacco.
- The last month prevalence rate of tobacco consumption amongst young adults was 39.1%.
- The highest last month prevalence rate of tobacco consumption was in the 35-44 age group (44.4%), followed by the 25-34 age group (42.4%).
- During the past month somewhat more males (40.9%) than females (34.0%) reported tobacco consumption.

ALCOHOL

Prevalence of alcohol use

- The majority of all adults reported having ever consumed alcohol in their lifetime (86.4%). Furthermore, 71.8% of all adults reported alcohol consumption during the past year, and 60.8% reported alcohol consumption during the past month.
- The lifetime prevalence rate of alcohol consumption amongst young adults was 88.3%. In the same age group the last year prevalence rate of alcohol consumption was 79.5%, and the last month prevalence rate was 66.8%.
- The highest lifetime prevalence rate of alcohol consumption was amongst those aged between 25 and 34 (91.7%), and in the same age group was the highest last year prevalence rate of alcohol consumption (81.5%), as well as the last month prevalence rate (69.2%).
- Alcohol consumption prevalence rates were higher amongst males than females – the lifetime prevalence rate of alcohol consumption was 92.5% amongst males and 80.3% amongst females, the last year prevalence rate was

81.1% amongst males and 62.5% amongst females, and the last month prevalence rate amongst males was 74.3% and 47.2% amongst females.

Frequency of alcohol consumption

- Amongst all adults 38.0% reported having consumed alcohol once a month or less. Alcohol was consumed 2 to 4 times a month by 25.3% of all adults, 2 to 3 times a week by 13.4% of all adults, and 4 times a week or more by 9.3% of all adults.
- Amongst young adults 37.2% reported having consumed alcohol once a month or less. Alcohol was consumed 2 to 4 times a month by 32.5% of young adults, 2 to 3 times a week by 13.6% of young adults, and 4 times a week or more by 4.8% of young adults.
- Consuming alcohol 4 times a week or more was most frequent in the 55-64 age group (16.5%).
- Five times more males than females reported having consumed alcohol 4 times a week or more (15.4% and 3.1% respectively).

Frequency of drinking six glasses or more of an alcoholic drink on the same occasion (heavy drinking)

- Six glasses or more of an alcoholic drink on the same occasion (heavy drinking) was drunk once a month by 8.6% of all adults, once a week by 5.6%, and daily or almost daily by 1.1% of all adults. Somewhat less than one-fifth of all adults (18.5%) reported drinking heavily less than once a month.
- Six glasses or more of an alcoholic drink on the same occasion (heavy drinking) was drunk once a month by 14.1% of young adults, once a week by 9.6%, and daily or almost daily by 1.0% of young adults. Somewhat less than one-quarter of young adults (24.0%) were drinking heavily less than once a month.
- Around 1% of respondents in all age groups reported daily heavy drinking. In the 15-24 age group the proportion of those who reported drinking heavily once a month (17.1%) was the highest, and was followed by those who reported drinking heavily once a week (12.1%). In the 25-34 age group the proportion of those who reported drinking heavily less than once a month (26.5%) was the highest.
- Men were more likely to report heavy drinking than women. Two times more males (25.0%) than females (12.1%) reported drinking heavily less than once a month, and in the same time 2.1% of males and 0.2% of females reported daily heavy drinking.

PHARMACEUTICALS

Lifetime prevalence of taking sedatives and/or tranquillisers

- One in four adults (24.9%) reported taking sedatives and/or tranquillisers ever in their lifetime.
- The lifetime prevalence of taking sedatives and/or tranquillisers amongst young adults was 13.4%.
- The highest lifetime prevalence rate of taking sedatives and/or tranquillisers was in the 55-64 age group (43.3%).
- The lifetime prevalence of taking sedatives and/or tranquillisers was considerably higher amongst females (31.6%) than males (18.1%).

Last year prevalence of taking sedatives and/or tranquillisers

- In the year prior to the research 16.2% of all adults have taken sedatives and/or tranquillisers at least once.
- Last year prevalence rate of taking sedatives and/or tranquillisers amongst young adults was 6.9%.
- The highest prevalence rate of taking sedatives and/or tranquillisers during the past year was in the 55-64 age group (32.7%).
- Last year prevalence rate of taking sedatives and/or tranquillisers amongst females was two times higher (20.9%) than amongst males (11.4%).

Last month prevalence of taking sedatives and/or tranquillisers

- In the month prior to the research 11.1% of all adults have at least once taken sedatives and/or tranquillisers.
- The last month prevalence rate of taking sedatives and/or tranquillisers amongst young adults was 3.5%.
- The highest prevalence rate of taking sedatives and/or tranquillisers during the past month was in the 55-64 age group (24.6%). The last month prevalence rate of taking sedatives and/or tranquillisers was somewhat higher amongst females (14.0%) than males (8.1%).

⇒ Considering the problem of taking sedatives and/or tranquillisers it is important to emphasise that 73.0% of all adults and 47.5% of young adults reported that the last time when they used sedatives and/or tranquillisers they had them prescribed by a doctor.

ILLICIT DRUGS

Lifetime prevalence of taking illicit drugs

- Amongst all adults, 16.0% reported ever taking any illicit drugs in their lifetime. The most commonly used illicit drug was cannabis, and 15.6% of all adults reported taking this drug at some point in their life. The lifetime prevalence rates of taking other types of illicit drugs were considerably lower (below 3%): amphetamines 2.6%, ecstasy 2.5%, cocaine 2.3%, LSD 1.4%, and heroin 0.4%.
- Around one-quarter (25.7%) of young adults reported ever having used any illicit drug in their lifetime. One in four respondents (25.3%) in that age group reported taking cannabis at some point in their life whereas for other illicit drugs the lifetime prevalence rates were considerably lower: amphetamines 5.1%, ecstasy 4.6%, cocaine 3.8%, LSD 2.4%, and heroin 0.5%.
- The highest lifetime prevalence rate of taking any illicit drug was amongst those aged between 25 and 34 (28.9%), and was followed by the 15-24 and 35-44 age groups (22.6% and 17.0% respectively).
- More male than female adults reported ever having used any illicit drug at least once in their lifetime (21.4% and 10.7% respectively). The lifetime use of cannabis was two times higher among males (20.9%) than females (10.4%). The lifetime use of illicit drugs other than cannabis was two to three times higher among males than females. More precisely, ecstasy was used by 3.7% of males and 1.3% of females, amphetamines were used by 3.6% of males and 1.6% of females, cocaine was used by 3.2% of males, and 1.4% of females, LSD was used by 2.3% of males and 0.6% of females, and heroin had the lowest lifetime prevalence rate – it was used by 0.7% of males and 0.2% of females.

Last year prevalence of taking illicit drugs

- Among all adults, 5.4% reported having used some type of illicit drug at least once during the year prior to the research. Cannabis was the most commonly used illicit drug, and 5.0% of all adults reported having used it during the past year. The last year prevalence rate of taking any illicit drugs other than cannabis was considerably lower (below 1%): amphetamines 0.8%, cocaine 0.5%, ecstasy 0.4%, LSD 0.3%, and heroin 0.1%.
- Around one-tenth of young adults (10.8%) reported having used some type of illicit drug during the past year. One in ten young adults reported having used cannabis at least once during the past year (10.5%). The last year prevalence

rate of taking any illicit drugs other than cannabis was considerably lower (below 2%): amphetamines 1.6%, cocaine 0.9%, ecstasy 0.5%, and heroin 0.1%.

- The highest last year prevalence rate of taking any illicit drugs was amongst those aged between 15 and 24 (12.7%), followed by the 25-34 age group (8.8%).
- Last year prevalence rate of taking any illicit drugs was two time higher amongst males (7.5%) than females (3.3%). Two times more males than females reported having used cannabis during the past year (7.1% and 2.9% respectively). The last year prevalence rate of taking illicit drugs other than cannabis among both males and females was very low (at around 1%).

Last month prevalence of taking illicit drugs

- In the month prior to the research 3.2% of all adults reported having used any illicit drugs. The most frequently used illicit drug was cannabis, and 2.9% of all adults reported taking this drug during the past month. The last month prevalence rate of taking any illicit drugs other than cannabis was considerably lower (up to 0.3%): cocaine 0.3%, amphetamines 0.2%, ecstasy 0.2%, LSD 0.1%, and heroin 0.1%.
- The last month prevalence rate of taking any illicit drugs amongst young adults was 6.2%. Among young adults, 6.1% reported taking cannabis during the past month and the last month prevalence rate of taking any illicit drugs other than cannabis was considerably lower (up to 0.5%): amphetamines 0.5%, cocaine 0.4%, ecstasy 0.2%, heroin 0.1%, and LSD 0.1%.
- The highest last month prevalence rate of taking any illicit drugs was amongst those aged between 15 and 24 (7.3%), followed by the 25-34 age group (5.0%).
- The last month prevalence rate of taking any illicit drugs was two time higher among males (4.4%) than females (1.9%). More specifically, 4.2% of males and 1.6% females reported having used cannabis during the past month, and the last month prevalence rate of taking any illicit drugs other than cannabis was very low (up to 0.4%).

OPINIONS ABOUT DRUG ADDICTS, DRUG POLICIES, SUBSTANCE USE AND PERCEPTIONS OF RISKS ASSOCIATED WITH SUBSTANCE USE

Opinions about drug addicts

- Amongst all adults 52.6% reported that they perceive a drug addict more as a patient than as a criminal, 20.9% reported that they perceive a drug addict as both a patient and a criminal, 8.3% perceive a drug addict as neither a patient nor a criminal, and finally 5.7% perceive a drug addict more as a criminal than as a patients.

Opinions about drug policies

- Two-thirds of all adults (66.8%) disagree that people should be permitted to take cannabis, 18.3% of all adults agree that people should be permitted to take cannabis, and the rest (14.9%) had a neutral opinion. Disagreement with the statement that people should be permitted to take cannabis increases with increasing age. Males are more inclined than females to have a positive attitude towards permitting people to take cannabis (22.5% and 14.1% respectively).
- Only 2.3% of all adults stated that they agree that people should be permitted to take heroin. Disagreement with the statement that people should be permitted to take heroin is characteristic for all age and gender groups.

Opinions about trying illicit drugs

- More than two-thirds of all adults (70.6%) disapprove of smoking marijuana or hashish occasionally. Disapproval of smoking marijuana or hashish occasionally increases with increasing age.
- Negative opinion about trying ecstasy had 80.7% of all adults. Disapproval of trying ecstasy increases with increasing age.
- Amongst all adults, 89.6% disapproved trying heroin. Disapproval of trying heroin increases with increasing age.

Opinions about tobacco consumption and drinking alcohol

- Concerning smoking ten or more cigarettes a day results are almost unanimous: 99% of respondents of all age and gender groups were against it.
- More than half of all adults (59.8%) have nothing against drinking one or two drinks several times a week. The approval of such behaviour slightly increases with increasing age.

- Males were somewhat more prone than females to approve drinking one or two drinks several times a week (67.5% and 52.2% respectively).

Perception of risk associated with tobacco consumption and drinking alcohol

- More than half of all adults (57.1%) perceived a great risk from smoking one or more packs of cigarettes a day. Rate of perceived great risk from smoking one or more packs of cigarettes daily increases with increasing age. Females were somewhat more inclined than males to assess great risk from smoking one or more packs of cigarettes daily (61.2% and 52.9% respectively).
- Amongst all adults, 38.3% assessed the risk from drinking five or more alcoholic drinks every weekend as great, 36.7% perceived this as moderate risk and 18.5% as slight risk. Rate of perceived great risk from drinking five or more alcoholic drinks every weekend increases with increasing age. Females were more inclined than males to perceive this risk as being great.

Perception of risk associated with taking illicit drugs

- Risk associated with regularly smoking cannabis was assessed as being great by 72.0% of all adults. Females were somewhat more inclined than males to assess the risk from regularly smoking cannabis as being great (76.5% of females compared with 67.4% of males).
- Risk associated with trying ecstasy was assessed as being great by 77.6% of all adults.
- Risk associated with trying cocaine was assessed as being great by 85.3% of all adults.
- Risk associated with trying heroin was assessed as being great by 89.1% of all adults.
- The percentage of perceived great risk from the use of all illicit drugs increases with increasing age.

ATTITUDES TOWARD DRUG AVAILABILITY IN THE REPUBLIC OF CROATIA

Perceived access to drugs

- More than two-thirds of all adults (72.8%) believe that drugs are available in the Republic of Croatia.

- More than half of all adults (55.4%) reported that drugs are not available to them personally. The percentage of all adults who perceive that drugs are available to them personally decreases with increasing age.

Personal experience of drug availability

- Around one-third of all adults (34.1%) reported having been offered illicit drugs in the Republic of Croatia. Amongst young adults, more than half (53.2%) reported having been offered illicit drugs. Higher proportions of people that have been offered some types of drugs were associated with lower age.
- Males more often than females reported having been offered some type of drug in the Republic of Croatia (41.5% of males compared to 26.9% of females).

Perceived personal access to individual types of substances

- Concerning perception of personal access to cannabis, ecstasy, amphetamines, cocaine, heroin and LSD between half of all adults (51.5% for cannabis) and three-quarters of all adults (73.9% for heroin) reported that for them it would be very difficult to obtain these types of drugs. The proportion of people thinking that it would be difficult to obtain illicit drugs increased with increasing age. Males were somewhat more likely than females to assess that for them it would be easy to obtain these types of drug.
- Around two-thirds of all adults (66.5%) assessed that obtaining sedatives and/or tranquillisers would be easy for them. Respondents in the 35+ age groups compared with respondents in the under 35 age groups were more inclined to assess obtaining sedatives and/or tranquillisers as being easy.
- Around 80% of minors (under the age of 18), regardless of the gender, assess obtaining alcohol drinks (beer, wine and hard liquor) and cigarettes as easy.

Personally knowing people who take illicit drugs

- Around one-third of all adults (32.6%) reported personally knowing a cannabis user and around half of young adults (51.8%) reported the same. Proportion of the respondents who reported personally knowing a cannabis user decreases with increasing age. Males compared with females have more often reported personally knowing a cannabis user (37.9% compared to 27.3%).
- Around one-tenth or less of all adults reported knowing someone who uses ecstasy, amphetamines, cocaine, heroin, or LSD (ranging from 5.9% for LSD

users to 13.0% for ecstasy users). The proportion of all adults who know someone that uses some of the earlier mentioned drugs decreases with the increasing age. Males more often than females reported knowing people who take illicit drugs.

CONCLUDING REMARKS

This research, as well as others on the substance use the amongst general population, has certain limitations. In this research, as outlined in the introduction, only individuals living in private households were included. Some groups of respondents amongst which it was expected to have higher prevalence of substance use (e.g. homeless, individuals in hospitals, prisons, therapeutic communities and correctional facilities) were not included in the research. Furthermore, questions concerning taking illicit drugs are seen as very sensitive and therefore, even though measures to insure respondent's anonymity were used (e.g. possibility of filling in the questionnaire on their own, use of unmarked envelopes for filled questionnaires), it is possible that respondents did not answer sincerely or they minimised their own use of substances. Therefore, it is possible that the use of illicit drugs is more common than the results show. Also, it is possible that the sincere answer concerning taking licit substances differs depending on the type of substance, for example it is likely that drinking alcohol among women is more stigmatizing than smoking cigarettes. Despite using special measures in introducing the research to the respondents (as being a research on the quality of life, life style and health risks), it is possible that the topic of the research was the reason for refusing to participate in it. Research results showed that amongst several subgroups there were very low prevalence rates in taking some types of illicit drugs (because their prevalence is quite rare even amongst general population), and these values are even lower than margin of error and therefor are too small for any reliable prevalence assessment. Precisely because of that, other relevant indicators should be included in prevalence assessment (e.g. the capture-recapture method for problem use of drugs, and conducting research aimed at specific population subgroups, such as prisoners or minors in correctional facilities). In addition, analysis of the prevalence rates of consuming some types of illicit drugs by age and gender showed some very small differences, and in some cases confidences intervals of these differences overlapped (See Table P-1, P-2 and P-3 in Appendix A), which lead us to a conclusion that in these cases observed differences are not statistically significant but rather occurred by chance.

Despite mentioned limitations this is a first research of this type in the Republic of Croatia, and it is therefore very important since it gives, on a national level, an overview of the substance use amongst the general population. This information is fundamental for understanding and assessing the situation in the field of substance use, defining priorities, and forming and evaluating strategies on fight against substance abuse. Also, due to the standardised methodology and the use of *European Model Questionnaire* obtained data is comparable with data from other European countries. Future regular and systematic researches are necessary in order to follow trends concerning substance use in the Republic of Croatia, because this information is important for regulation and control of substance use, particularly of illicit drugs. Further on, regular research gives wider perspective for policy interventions in different contexts, as well as for modification of laws concerning drugs.

APPENDIX A: QUESTIONNAIRE

Poštovani!

Institut društvenih znanosti Ivo Pilar iz Zagreba provodi anketu na osnovi koje će se procjenjivati kvaliteta života, životni stilovi i zdravstveni rizici stanovništva Hrvatske.

U anketu je uključeno oko 5.000 osoba, a Vi ste u naš uzorak izabrani sasvim slučajno. Zbog važnosti podataka koji se prikupljaju, molimo Vas da iskreno odgovorite na sva pitanja u anketi. Anketa je anonimna, što znači da je ne potpisujete, a podaci će se koristiti samo kao skupina podataka za statističke obrade i neće se analizirati na razini pojedinaca.

Molimo Vas da nam izidete ususret i uz pomoć našeg anketara iskreno odgovorite na pitanja iz ankete. Kako bi se osigurala anonimnost Vaših odgovora, molimo da anketu – nakon što odgovorite na sva pitanja – stavite u predviđenu kuvertu zajedno s ostalim anketama.

Unaprijed zahvaljujemo i srdačno Vas pozdravljamo!

NAJPRIJE BISMO VAS MOLILI DA NAM ODGOVORITE NA NEKOLIKO PITANJA O VAŠEM ŽIVOTU.

1. Molimo Vas da nam odgovorite koliko ste zadovoljni pojedinostima u svom životu, koristeći ocjene od 0 = nimalo nisam zadovoljan, 5 = ni zadovoljan ni nezadovoljan do 10 = u potpunosti sam zadovoljan.

Koliko ste zadovoljni...?	nimalo nisam zadovoljan					ni zadovoljan ni nezadovoljan					u potpunosti sam zadovoljan				
1. svojim životnim standardom	0	1	2	3	4	5	6	7	8	9	10				
2. svojim zdravljem	0	1	2	3	4	5	6	7	8	9	10				
3. onim što postizete u životu	0	1	2	3	4	5	6	7	8	9	10				
4. svojim odnosima s bližnjima	0	1	2	3	4	5	6	7	8	9	10				
5. osjećajem vlastite sigurnosti (fizičke)	0	1	2	3	4	5	6	7	8	9	10				
6. pripadnošću okolini u kojoj živite	0	1	2	3	4	5	6	7	8	9	10				
7. osjećajem sigurnosti u budućnost	0	1	2	3	4	5	6	7	8	9	10				
8. svojim životom u cijelosti?	0	1	2	3	4	5	6	7	8	9	10				

2. Kako biste ocijenili svoje zdravstveno stanje u cijelosti?

1. vrlo loše
2. loše
3. osrednje
4. dobro
5. vrlo dobro

3. Kad uzmete sve u obzir, što biste rekli koliko ste sretni?

izrazito nesretan						ni sretan ni nesretan						izrazito sretan
0	1	2	3	4	5	6	7	8	9	10		

4. Koliko je u Vašem slučaju TOČNA ili NETOČNA svaka od dolje navedenih tvrdnji?

	potpuno netočno	uglavnom netočno	niti točno niti netočno	uglavnom točno	potpuno točno
1. Čini mi se da se razbolim lakše nego drugi ljudi.	1	2	3	4	5
2. Zdraviji sam od drugih ljudi svoje dobi.	1	2	3	4	5
3. Mislim da će mi se zdravlje pogoršati.	1	2	3	4	5
4. Zdravlje mi je odlično.	1	2	3	4	5
5. Imam zdrave prehrambene navike.	1	2	3	4	5
6. Redovito vježbam.	1	2	3	4	5
7. Često sam pod stresom.	1	2	3	4	5

SLIJEDI NEKOLIKO PITANJA O DUHANU I PUŠENJU.

5. Pušite li duhan (cigarete, cigare, lulu i slično)?

1. da
2. ne

6. Jeste li ikada pušili duhan (cigarete, cigare, lulu i slično)?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 17.

7. Koliko ste godina imali kad ste prvi put pušili duhan (cigarete, cigare, lulu i slično)?

_____ godina

8. Jeste li pušili u posljednjih 12 mjeseci?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 11.

9. Jeste li pušili u posljednjih 30 dana?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 11.

10. Koliko ste cigareta pušili u prosjeku dnevno u posljednjih 30 dana?

1. ne pušim svaki dan
2. do 5 cigareta
3. od 5 do 10 cigareta
4. od 10 do 20 cigareta
5. od 20 do 30 cigareta
6. od 30 do 40 cigareta
7. više od 40 cigareta

11. Jeste li ikada redovito (svakodnevno) pušili duhan (cigarete, cigare, lulu i slično)?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 14.

12. Koliko dugo taj period traje ili je trajao?

1. do 6 mjeseci
2. 6-12 mjeseci
3. 1-5 godine
4. 5-10 godina
5. 10-15 godina
6. 15-20 godina
7. 20-30 godina
8. više od 30 godina

13. Koliko ste godina imali kad ste počeli redovito pušiti?

_____ godina

14. Slijedi popis razloga koje ljudi navode kao motive za pušenje duhana (cigareta, cigara, lule i sličnoga). Molimo Vas da na ljestvici od 1 (nikada nije prisutan) do 5 (uvijek je prisutan) procijenite u kojoj je mjeri svaki od navedenih razloga prisutan ili je bio prisutan kod Vas prilikom pušenja, uzimajući u obzir svaku situaciju u kojoj ste pušili duhan (cigarete, cigare, lulu i slično).

pušim ili sam pušio duhan (cigarete, cigare, lulu i slično)	nikada	ponekad	polovicu vremena	većinu vremena	uvijek
1. zato što mi to pruža ugodan osjećaj	1	2	3	4	5
2. kako bih zaboravio svoje brige	1	2	3	4	5
3. kako bih se uklopio među grupu koja mi se sviđa	1	2	3	4	5
4. zato što mi to pomaže da uživam na zabavama	1	2	3	4	5
5. zato što mi se sviđa taj osjećaj	1	2	3	4	5
6. kako bih se oraspoložio kad sam loše volje	1	2	3	4	5
7. kako se ne bih osjećao izostavljeno	1	2	3	4	5
8. zato što su društvena okupljanja tako zabavna	1	2	3	4	5

15. Želite li prestati pušiti?

1. da
2. ne
3. nisam siguran
4. ne pušim → PRIJEDITE NA PITANJE BROJ 17.

16. Je li Vam u proteklih godinu dana netko savjetovao da prestanete pušiti? (zaokružite odgovor u svakom redu)

	da	ne
1. liječnik	1	2
2. drugi zdravstveni radnici	1	2
3. članovi obitelji	1	2
4. netko drugi, tko? _____	1	2

SLIJEDI NEKOLIKO PITANJA O ALKOHOLU.

17. Koliko ste godina imali kad ste prvi put popili alkoholno piće?

1. _____ godina
2. nisam nikada konzumirao alkohol → PRIJEDITE NA PITANJE BROJ 32.

18. Jeste li pili bilo kakav alkohol u posljednjih 12 mjeseci?

1. da
2. ne

19. Koliko često pijete alkohol?

1. 4 puta tjedno ili više
2. 2-3 puta tjedno
3. 2-4 puta mjesečno
4. jednom mjesečno ili rjeđe

20. Koliko često pijete vino (uključujući gemišt i bevandu)?

1. svakodnevno
2. 4-6 puta tjedno
3. 2-3 puta tjedno
4. 2-4 puta mjesečno
5. jednom mjesečno ili rjeđe
6. nekoliko puta godišnje ili rjeđe
7. ne pijem uopće

21. Koliko često pijete pivo?

1. svakodnevno
2. 4-6 puta tjedno
3. 2-3 puta tjedno
4. 2-4 puta mjesečno
5. jednom mjesečno ili rjeđe
6. nekoliko puta godišnje ili rjeđe
7. ne pijem uopće

22. Koliko često pijete žestoka pića?

1. svakodnevno
2. 4-6 puta tjedno
3. 2-3 puta tjedno
4. 2-4 puta mjesečno
5. jednom mjesečno ili rjeđe
6. nekoliko puta godišnje ili rjeđe
7. ne pijem uopće

23. Ako pijete svakodnevno bilo koje alkoholno piće, koliko ste godina imali kad ste svakodnevno počeli piti alkohol?

1. _____ godina
2. ne pijem svakodnevno niti jedno alkoholno piće

24. Koliko često popijete šest ili više čaša alkoholnog pića zaredom?

1. svaki dan ili gotovo svaki dan
2. jednom tjedno
3. jednom mjesečno
4. manje nego jednom mjesečno
5. nikada

25. Jeste li pili bilo kakav alkohol u posljednjih 30 dana?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 28.

26. Tijekom zadnjih 30 dana, koliko ste dana pili ikakav alkohol?

1. 20 ili više dana
2. 10-19 dana
3. 4-9 dana
4. 1-3 dana

27. Koliko ste čaša ili boca pića popili u posljednjih tjedan dana?

	broj
1. pivo (broj boca 0.33 l ili 0.5 l)	
2. vino (broj čaša 0.2 l)	
3. gemišt, bevanda (broj čaša 0.2 l)	
4. žestoko piće (broj čašica 0.03 l)	

28. Slijedi popis razloga koje ljudi navode kao motive za pijenje alkohola. Molimo Vas da procijenite na ljestvici od 1 (nikada nije prisutan) do 5 (uvijek je prisutan) u kojoj je mjeri svaki od razloga prisutan ili bio prisutan kod Vas prilikom pijenja alkohola, uzimajući u obzir svaku situaciju u kojoj ste pili alkohol.

pijem ili sam pio alkohol	nikada	ponekad	polovicu vremena	većinu vremena	uvijek
1. zato što je to zabavno	1	2	3	4	5
2. kako bih zaboravio svoje brige	1	2	3	4	5
3. kako me drugi ne bi zadirkivali zato što ne pijem	1	2	3	4	5
4. kako bih bio društveniji	1	2	3	4	5
5. zato što mi to pruža ugodan osjećaj	1	2	3	4	5
6. kako bih se oraspoložio kada sam loše volje	1	2	3	4	5
7. kako se ne bih osjećao izostavljeno	1	2	3	4	5
8. zato što su društvena okupljanja tako zabavna	1	2	3	4	5

29. Je li Vam u proteklih godinu dana netko savjetovao da manje pijete? (zaokružite odgovor u svakom redu)

	da	ne
1. liječnik	1	2
2. drugi zdravstveni radnici	1	2
3. članovi obitelji	1	2
4. netko drugi, tko? _____	1	2

30. Smatrate li da imate problem s pijenjem alkohola?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 32.

31. Jeste li zbog tog problema bili u kontaktu s nekom zdravstvenom ustanovom?

1. da
2. ne

SLIJEDI NEKOLIKO PITANJA O LIJEKOVIMA.

32. Jeste li ikada uzeli ikakve lijekove za smirenje ili spavanje (npr. Normabel, Praxiten, Xanax)?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 38.

33. Jeste li u posljednjih 12 mjeseci uzeli ikakve lijekove za smirenje ili spavanje (npr. Normabel, Praxiten, Xanax)?

1. da
2. ne

34. Koliko često uzimate lijekove za smirenje ili spavanje (npr. Normabel, Praxiten, Xanax)?

1. 4 puta tjedno ili više
2. 2-3 puta tjedno
3. 2-4 puta mjesečno
4. jednom mjesečno ili rjeđe

35. Jeste li uzeli bilo koje lijekove za smirenje ili spavanje u posljednjih 30 dana (npr. Normabel, Praxiten, Xanax)?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 37.

36. Tijekom zadnjih 30 dana, koliko dana ste uzimali lijekove za smirenje ili spavanje (npr. Normabel, Praxiten, Xanax)?

1. 20 ili više dana
2. 10-19 dana
3. 4-9 dana
4. 1-3 dana

37. Zadnji put kad ste uzeli lijekove za smirenje ili spavanje, kako ste do njih došli (npr. Normabel, Praxiten, Xanax)?

1. kupio sam ih ili dobio na liječnički recept
2. dobio sam ih od nekog
3. kupio sam ih bez recepta u ljekarni
4. ništa od navedenoga

SLIJEDI NEKOLIKO PITANJA O DROGAMA.

38. Poznajete li Vi osobno nekoga tko uzima marihuanu ili hašiš?

1. da
2. ne

39. Jeste li ikada uzeli marihuanu ili hašiš?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 48.

40. Koliko ste godina imali kad ste prvi put uzeli marihuanu ili hašiš?

_____ godina

41. Jeste li uzeli marihuanu ili hašiš u posljednjih 12 mjeseci?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 44.

42. Jeste li uzeli marihuanu ili hašiš u posljednjih 30 dana?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 44.

43. Tijekom posljednjih 30 dana, koliko dana ste uzimali marihuanu ili hašiš?

1. 20 ili više dana
2. 10-19 dana
3. 4-9 dana
4. 1-3 dana

44. Slijedi popis razloga koje ljudi navode kao motive za uzimanje marihuane. Molimo Vas da procijenite na ljestvici od 1 (nikada nisu prisutni) do 5 (uvijek su prisutni) u kojoj je mjeri svaki od razloga prisutan ili bio prisutan kod Vas prilikom uzimanja marihuane, uzimajući u obzir svaku situaciju u kojoj ste uzimali marihuanu.

uzimam ili sam uzimao marihuanu	nikada	ponekad	polovicu vremena	većinu vremena	uvijek
1. zato što mi ona pruža ugodan osjećaj	1	2	3	4	5
2. zato što mi ona pomaže kada se osjećam depresivno ili nervozno	1	2	3	4	5
3. kako me drugi ne bi zadirkivali zato što ne uzimam	1	2	3	4	5
4. kako bih bio društveniji	1	2	3	4	5
5. kako bih bolje upoznao samog sebe	1	2	3	4	5
6. zato što je to zabavno	1	2	3	4	5
7. kako bih zaboravio svoje brige	1	2	3	4	5
8. zato što moji prijatelji navaljuju da uzmem	1	2	3	4	5
9. zato što mi ona pomaže da uživam na zabavama	1	2	3	4	5
10. kako bih proširio svoju svjesnost	1	2	3	4	5

45. Jeste li ikada redovito uzimali marihuanu ili hašiš?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 48.

46. Koliko je dugo taj period trajao?

1. do 3 mjeseci
2. 3-6 mjeseci
3. 6-12 mjeseci
4. 1-2 godine
5. više od 2 godine

47. Koliko ste godina imali kad ste počeli redovito uzimati marihuanu ili hašiš?

_____ godina

48. Poznajete li Vi osobno nekoga tko uzima ecstasy?

1. da
2. ne

49. Jeste li ikada uzeli ecstasy?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 54.

50. Koliko ste godina imali kad ste prvi put uzeli ecstasy?

_____ godina

51. Jeste li uzeli ecstasy u posljednjih 12 mjeseci?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 54.

52. Jeste li uzeli ecstasy u posljednjih 30 dana?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 54.

53. Tijekom zadnjih 30 dana, koliko dana ste uzimali ecstasy?

1. 20 ili više dana
2. 10-19 dana
3. 4-9 dana
4. 1-3 dana

54. Poznajete li Vi osobno nekoga tko uzima amfetamine (npr. speed)?

1. da
2. ne

55. Jeste li ikada uzeli amfetamine (npr. speed)?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 60.

56. Koliko ste godina imali kad ste prvi put uzeli amfetamine (npr. speed)?

_____ godina

57. Jeste li uzeli amfetamine u posljednjih 12 mjeseci (npr. speed)?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 60.

58. Jeste li uzeli amfetamine u posljednjih 30 dana (npr. speed)?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 60.

59. Tijekom zadnjih 30 dana, koliko dana ste uzimali amfetamine (npr. speed)?

1. 20 ili više dana
2. 10-19 dana
3. 4-9 dana
4. 1-3 dana

60. Poznajete li Vi osobno nekoga tko uzima kokain?

1. da
2. ne

61. Jeste li ikada uzeli kokain?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 66.

62. Koliko ste godina imali kad ste prvi put uzeli kokain?

_____ godina

63. Jeste li uzeli kokain u posljednjih 12 mjeseci?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 66.

64. Jeste li uzeli kokain u posljednjih 30 dana?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 66.

65. Tijekom posljednjih 30 dana, koliko dana ste uzimali kokain?

1. 20 ili više dana
2. 10-19 dana
3. 4-9 dana
4. 1-3 dana

66. Poznajete li Vi osobno nekoga tko uzima heroin?

1. da
2. ne

67. Jeste li ikada uzeli heroin?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 72.

68. Koliko ste godina imali kad ste prvi put uzeli heroin?

_____ godina

69. Jeste li uzeli heroin u posljednjih 12 mjeseci?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 72.

70. Jeste li uzeli heroin u posljednjih 30 dana?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 72.

71. Tijekom posljednjih 30 dana, koliko dana ste uzimali heroin?

1. 20 ili više dana
2. 10-19 dana
3. 4-9 dana
4. 1-3 dana

72. Poznajete li Vi osobno nekoga tko uzima LSD (trip)?

1. da
2. ne

73. Jeste li ikada uzeli LSD (trip)?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 78.

74. S koliko ste godina prvi put uzeli LSD (trip)?

_____ godina

75. Jeste li uzeli LSD (trip) u posljednjih 12 mjeseci?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 78.

76. Jeste li uzeli LSD (trip) u posljednjih 30 dana?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 78.

77. Tijekom posljednjih 30 dana, koliko dana ste uzimali LSD (trip)?

1. 20 ili više dana
2. 10-19 dana
3. 4-9 dana
4. 1-3 dana

SLIJEDI NEKOLIKO PITANJA O NEKIM VAŠIM STAVOVIMA.

78. Smatrate li ovisnika o drogama više kriminalcem ili pacijentom?

1. više kriminalcem
2. više pacijentom
3. niti kriminalcem niti pacijentom
4. i kriminalcem i pacijentom
5. ne znam, ne mogu odlučiti

79. U kojoj mjeri se slažete ili ne slažete sa sljedećim tvrdnjama?

	nimalo se ne slažem	uglavnom se ne slažem	niti se ne slažem niti se slažem	uglavnom se slažem	u potpunosti se slažem
1. Ljudima bi trebalo biti dozvoljeno uzimanje marihuane ili hašiša.	1	2	3	4	5
2. Ljudima bi trebalo biti dozvoljeno uzimanje heroina.	1	2	3	4	5
3. Ovisnost je bolest.	1	2	3	4	5
4. Igre na sreću su bezopasan oblik zabave.	1	2	3	4	5
5. Bilo bi bolje kada bi ljudi manje sudjelovali u igrama na sreću.	1	2	3	4	5

80. Ljudi se međusobno razlikuju po tome protivite li se ili ne nekim postupcima drugih ljudi. Navest ćemo nekoliko postupaka koje neki ljudi mogu činiti. Možete li nam reći jeste li Vi bliže tome da nemate ništa protiv, protiv ste ili ste izrazito protiv kada ljudi čine neki od navedenih postupaka?

	nemam ništa protiv toga	protiv toga sam	izrazito sam protiv toga	ne znam
1. isprobavanje ecstasyja jednom ili dvaput	1	2	3	4
2. isprobavanje heroina jednom ili dvaput	1	2	3	4
3. pušenje 10 ili više cigareta dnevno	1	2	3	4
4. ispijanje jednog ili dvaju pića nekoliko puta tjedno	1	2	3	4
5. povremeno pušenje marihuane ili hašiša	1	2	3	4

81. Sada nas zanima što Vi mislite koliko ljudi riskiraju da si naštetite, fizički ili na druge načine, ako čine određene stvari. Ponovno ćemo navesti nekoliko stvari koje neki ljudi mogu raditi. Molimo Vas da nam kažete smatrate li da kod takvih postupaka nema rizika, rizik je mali, umjeren ili velik.

	nema rizika	mali rizik	umjeren rizik	velik rizik
1. pušenje jedne ili više kutija cigareta dnevno	1	2	3	4
2. ispijanje pet ili više alkoholnih pića svaki vikend	1	2	3	4
3. redovito pušenje marihuane ili hašiša	1	2	3	4
4. isprobavanje ecstasyja jednom ili dvaput	1	2	3	4
5. isprobavanje kokaina (ili cracka) jednom ili dvaput	1	2	3	4
6. isprobavanje heroina jednom ili dvaput	1	2	3	4

SLIJEDI JOŠ NEKOLIKO PITANJA VEZANIH UZ VAŠE ISKUSTVO S ALKOHOLOM I DROGAMA.

82. Smatrate li da Vi osobno imate problem s uzimanjem droga?

1. ne uzimam droge → PRIJEDITE NA PITANJE BROJ 85.
2. da
3. ne → PRIJEDITE NA PITANJE BROJ 84.

83. Jeste li zbog tog problema bili u kontaktu s nekom zdravstvenom ustanovom?

1. da
2. ne

84. Je li Vam u proteklih godinu dana netko savjetovao da prestanete s uzimanjem droga? (zaokružite odgovor u svakom redu)

	da	ne
1. liječnik	1	2
2. drugi zdravstveni radnici	1	2
3. članovi obitelji	1	2
4. netko drugi	1	2

85. Je li netko u Vašoj obitelji imao problem s alkoholom?

1. da, tko? _____
2. ne
3. ne znam

86. Je li se netko u Vašoj obitelji liječio od alkoholizma?

1. da, tko? _____
2. ne
3. ne znam

87. Je li netko u Vašoj obitelji imao problem s drogama?

1. da, tko? _____
2. ne
3. ne znam

88. Je li se netko u Vašoj obitelji liječio od ovisnosti o drogama?

1. da, tko? _____
2. ne
3. ne znam

89. Prema Vašem mišljenju, koliko su droge općenito dostupne?

1. nimalo nisu dostupne
2. donekle su dostupne
3. niti su dostupne niti nedostupne
4. prilično su dostupne
5. dostupne su u velikoj mjeri

90. Koliko su droge dostupne Vama osobno?

1. nimalo nisu dostupne
2. donekle su dostupne
3. niti su dostupne niti nedostupne
4. prilično su dostupne
5. dostupne su u velikoj mjeri

91. Je li Vama osobno u Hrvatskoj ikad ponuđena neka droga?

1. da
2. ne

92. Kada biste to željeli, koliko bi Vama osobno bilo lako ili teško nabaviti svako od navedenih sredstava u roku od 24 sata?

	vrlo lako	lako	niti lako niti teško	teško	vrlo teško
1. marihuana ili hašiš	1	2	3	4	5
2. ecstasy	1	2	3	4	5
3. amfetamini (npr. speed)	1	2	3	4	5
4. kokain	1	2	3	4	5
5. heroin	1	2	3	4	5
6. LSD (trip)	1	2	3	4	5
7. sredstva za smirenje ili spavanje (npr. Normabel, Praxiten, Xanax)	1	2	3	4	5
8. pivo	1	2	3	4	5
9. vino	1	2	3	4	5
10. žestoka pića	1	2	3	4	5
11. cigarete	1	2	3	4	5

SLIJEDI NEKOLIKO PITANJA O IGRAMA NA SREĆU.

93. Jeste li ikada u životu igrali igre na sreću?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 96.

94. Jeste li igrali igre na sreću u posljednjih 12 mjeseci?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 96.

95. Tijekom posljednjih 30 dana, koliko ste dana igrali sljedeće igre:

	uopće nisam	1-3 dana	4-9 dana	10-19 dana	20 ili više dana
1. lutrija (srećke)	1	2	3	4	5
2. loto	1	2	3	4	5
3. kladioničke igre	1	2	3	4	5
4. bingo	1	2	3	4	5
5. keno	1	2	3	4	5
6. toto (sportska prognoza)	1	2	3	4	5
7. casino igre s kuglicama, kartama ili kockicama	1	2	3	4	5
8. igre na sreću na automatima	1	2	3	4	5
9. online (internet) igre na sreću	1	2	3	4	5

96. Poznajete li Vi osobno nekoga tko ima probleme povezane s igranjem igara na sreću?

1. da
2. ne

97. Smatrate li da ste Vi osobno ikada imali probleme povezane s igranjem igara na sreću?

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 99.

98. Jeste li u posljednjih 30 dana imali osjećaj da Vam je igranje igara na sreću prouzrokovalo probleme?

1. uopće nisam
2. malo
3. umjereno
4. znatno
5. izrazito

SLIJEDI NEKOLIKO PITANJA KOJA SE ODNOSE NA NEKA VAŠA ISKUSTVA ILI ZAPAZANJA VEZANA UZ VAŠE MJESTO ILI GRAD.

99. Predstavljaju li navedene osobe problem u Vašem susjedstvu?

	uopće ne	uglavnom ne	uglavnom predstavljaju	izrazit problem	ne znam/ne mogu ocijeniti
1. osobe pod utjecajem alkohola	1	2	3	4	5
2. osobe koje uzimaju droge	1	2	3	4	5
3. preprodavači droga	1	2	3	4	5
4. pripadnici maloljetničkih bandi	1	2	3	4	5
5. netko drugi, tko? _____	1	2	3	4	5

100. Koliko se osjećate fizički sigurnim u sljedećim situacijama? Ako nikada niste bili u takvim situacijama, procijenite kako biste se osjećali da se nađete u takvoj situaciji.

	vrlo nesigurnim	donekle nesigurnim	donekle sigurnim	vrlo sigurnim
1. Kad ste noću sami na ulicama vašega grada/mjesta?	1	2	3	4
2. Kad ste noću sami u svom domu?	1	2	3	4
3. Kad se noću vozite u sredstvima javnog prijevoza (npr. tramvaj, autobus, vlak)?	1	2	3	4
4. Općenito u životu?	1	2	3	4
5. Kad na ulici sretnete osobu pod utjecajem alkohola?	1	2	3	4
6. Kad na ulici sretnete osobu za koju Vam se čini da je ovisnik o drogama ili da uzima droge?	1	2	3	4

101. U proteklih godinu dana jeste li ikada bili zabrinuti da bi Vam netko mogao ukrasti auto:

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 104.
3. nemam auto → PRIJEDITE NA PITANJE BROJ 104.

102. Koliko puta ste bili zabrinuti zbog moguće krađe auta u posljednjih godinu dana? (broj puta) _____ puta

103. Posljednji put kada ste bili zabrinuti zbog krađe auta, koliko ste se osjećali zabrinuti:

1. vrlo malo
2. malo
3. prilično
4. jako
5. ne sjećam se

104. U proteklih godinu dana jeste li ikada bili zabrinuti da bi Vam netko mogao provaliti u kuću/stan:

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 107.

105. Koliko puta ste bili zabrinuti zbog moguće provale u kuću/stan posljednjih godinu dana? (broj puta) _____ puta

106. Posljednji put kada ste bili zabrinuti zbog provale, koliko ste se osjećali zabrinuti:

1. vrlo malo
2. malo
3. prilično
4. jako
5. ne sjećam se

107. U proteklih godinu dana jeste li ikada bili zabrinuti da bi Vas netko mogao fizički napasti:

1. da
2. ne → PRIJEDITE NA PITANJE BROJ 110.

108. Koliko puta ste bili zabrinuti zbog mogućeg fizičkog napada u posljednjih godinu dana? (broj puta) _____ puta

109. Posljednji puta kada ste bili zabrinuti zbog fizičkog napada, koliko ste se osjećali zabrinuti:

1. vrlo malo
2. malo
3. prilično
4. jako
5. ne sjećam se

NA KRAJU, MOLIMO VAS JOŠ NEKOLIKO PODATAKA O VAMA OSOBNO.

110. Spol

1. muški
2. ženski

111. Godina rođenja:

112. Tip kućanstva kojem pripadate:

1. živim sam
2. živim s partnerom bez djece
3. živim s partnerom i djecom
4. živim s djecom
5. živim s roditeljima
6. živim s roditeljima i braćom
7. živim s roditeljima i partnerom
8. živim s roditeljima, partnerom i djecom
9. živim s bratom/sestom
10. živim s članovima šire obitelji (baka, djed i sl.)
11. ostalo, što _____

113. Broj osoba u kućanstvu (uključujući i Vas)?

	broj
1. do 18 godina starosti	
2. od 19 do 64 godine starosti	
3. 65 godina ili više	

114. Radna aktivnost?

1. zaposlen (u radnom odnosu u poduzeću ili ustanovi)
2. samozaposleni obrtnik/privatni poduzetnik
3. poljoprivrednik
4. učenik/student
5. kućanica
6. umirovljenik
7. privremeno zaposlen (sezonski radnik i sl.)
8. nezaposlen
9. ostalo, što _____

115. U kakvom naselju živite?

1. selo
2. manji grad
3. veći grad

116. U kakvom ste naselju proveli najveći dio svog djetinjstva?

1. selo
2. manji grad
3. veći grad

117. Koju ste školu završili? Molimo Vas da navedete najviši postignuti stupanj obrazovanja.

1. bez škole
2. 1-3 razreda osnovne škole
3. 4-7 razreda osnovne škole
4. potpuna osnovna škola
5. dvogodišnja ili trogodišnja srednja škola (KV ili VKV)
6. četverogodišnja srednja škola
7. viša škola
8. prvostupnik
9. fakultet, visoka škola, diplomski studij
10. poslijediplomski studij (znanstveni magisterij, doktorat)
11. ostalo, što _____

118. Bračni status

1. oženjen/udana
2. neoženjen/neudana
3. rastavljen/rastavljena
4. udovac/udovica

119. Koliki je približno sadašnji mjesečni prihod PO ČLANU Vašeg kućanstva (ukupni prihod - plaće, mirovine, eventualni honorari - podijeljen s brojem članova)?

1. manje od 500 kuna
2. više od 500, manje od 1.000 kuna
3. više od 1.000, manje od 1.500 kuna
4. više od 1.500, manje od 2.000 kuna
5. više od 2.000, manje od 3.000 kuna
6. više od 3.000, manje od 4.000 kuna
7. više od 4.000, manje od 5.000 kuna
8. više od 5.000 kuna

120. S obzirom na ukupna primanja u vašemu kućanstvu, kako biste procijenili svoj životni standard?

1. znatno ispodprosječnim
2. ispodprosječnim
3. prosječnim
4. iznadprosječnim
5. znatno iznadprosječnim

ZAHVALJUJEMO NA SURADNJI!

POPUNJAVA ANKETAR PRIJE STAVLJANJA UPITNIKA U KUVERTU!

Mjesto: _____

Šifra lokacije (troznamenkasti broj s popisa adresa): _____

Datum anketiranja: _____

Trajanje anketiranja: _____

Šifra anketara: _____

Način primjene upitnika: 1. metodom licem u lice
2. ispunio ga je ispitanik uz moju pomoć
3. ispunio ga je ispitanik bez moje pomoći

APPENDIX B: CONTACT SHEET

OBRAZAC ZA KONTAKTE

UPUTE ZA ISPUNJAVANJE OBRASCA ZA KONTAKTE

Anketiranje treba provesti na adresama s popisa. Kad se ne uspije na osnovnim adresama, treba ići na rezervne (redom), i to za svaki uzorak zasebno. Na svakoj lokaciji treba obaviti **16 anketa na uzorku od 15 do 64 godine te 3 ili 4 ankete na uzorku od 15 do 34 godine** (ovisno jesu li na popisu za taj uzorak 3 ili 4 osnovne adrese). Osim u slučaju odbijanja ili nevaljane adrese, odnosno u slučaju odsutnosti (svih ukućana ili osobe koja je zadnja imala rođendan), na svaku adresu treba se ponovno vratiti, ako treba i još dva puta. Svaki pokušaj anketiranja, bez obzira na to je li anketa obavljena ili nije, treba evidentirati u obrascu za kontakte.

Uvijek prvo treba upisati šifru lokacije i redni broj kućanstva s popisa adresa.

Primjeri ispunjavanja

PRIMJER 1: Ako adresa ne postoji, zaokruži se odgovarajući broj (1 u rubrici 'ažurnost popisa'), datum i vrijeme pri 1. pokušaju anketiranja, potom da anketa nije obavljena (2 u rubrici 'Anketa je obavljena?'), a zatim se više ništa ne ispunjava. Anketar ide na sljedeću adresu.

PRIMJER 2: Za pokušaj na drugoj adresi koristi se novi obrazac. Ako adresa postoji, ali ne i kućanstvo (prezime na toj adresi), zaokruži se odgovarajući broj (3 u rubrici 'ažurnost popisa'), dodaju se obilježja zgrade i potom se više ništa ne ispunjava.

PRIMJER 3: Ako je adresa kućanstva točna (dakle, na određenoj adresi postoji kućanstvo s popisa), ispuni se prvi dio obrasca, a zatim se u drugi dio (1. pokušaj) dalje upisuje ono što se dogodilo. Ako ste uspjeli naći osobu koja ima zadnji rođendan u kućanstvu i obavili ste anketu, tada ćete u okviru tablice za 1. pokušaj upisati da je anketa obavljena (1 u rubrici 'Anketa je obavljena?'), upisati broj osoba dobi od 15-64 (odnosno od 15-34) godine u kućanstvu i datum rođendana osobe koju ste anketirali, i time ste završili ispunjavanje obrasca. Ako je osoba maloljetna, ispunjavate i sljedeću rubriku ('Jesu li roditelji bili prisutni anketiranju?').

PRIMJER 4: Ako anketiranje pri 1. pokušaju nije uspjelo zbog bilo kojeg razloga, treba zaokružiti odgovarajući broj u predloženim rubrikama (popuniti sve iz prvog dijela obrasca te datum i vrijeme kontakta iz drugog dijela obrasca i zaokružiti 2 u rubrici 'Anketa je obavljena?'). Kada se ponovo vraćate u isto kućanstvo (zato što niste uspjeli obaviti anketu prvi put ili primjerice, zbog dogovora za drugi termin ili odsutnosti ukućana ili osobe koja je zadnja imala rođendan), ispunit ćete i ono što se traži za 2. pokušaj. Ako se vraćate treći put, ispunit ćete sve što treba za 2. pokušaj, a potom i za 3. pokušaj.

U slučaju odbijanja pokušajte saznati razlog (zaokružite odgovarajući broj kod pitanja 'Anketa je odbijena, koji je razlog?') te procijenite obilježja osobe koja je odbila sudjelovati u istraživanju (zaokružite odgovarajući broj kod pitanja 'Osoba koja je odbila'), a potom prijedite na novi obrazac pri pokušaju anketiranja na novoj adresi.

Svaki obrazac treba OBVEZNO VRATITI jer je sastavni dio anketnog postupka.

I. DIO

Šifra lokacije (prepisati s popisa adresa):

Redni broj kućanstva (prepisati s popisa adresa):

Ažurnost popisa: (zaokružiti broj)

- 1 adresa ne postoji
- 2 nije stambeni objekt
- 3 ne postoji izabrano prezime na toj adresi

Objekt je: (zaokružiti broj)

- 1 obiteljska kuća
- 2 manja zgrada (do 3 kata)
- 3 veća zgrada (4 i više katova)

Stanje objekta: (zaokružiti broj)

- 1 loše (zapušteno, prijava...)
- 2 osrednje
- 3 dobro (čisto, održavano...)

ŠIFRA ANKETARA:

II. DIO

1. POKUŠAJ

Datum kontakta (upisati):

Vrijeme kontakta (sat/minute, upisati):

Anketa je obavljena? (zaokružiti broj) 1. da 2. ne

Ako je obavljena (upisati):

broj članova u dobi 15-64 godine:

datum zadnjeg rođendana u kućanstvu:

ako je anketirana malodobna osoba, jesu li roditelji

bili prisutni anketiranju? (zaokružiti broj) 1. da 2. ne

Ako nije obavljena, koji je razlog? (zaokružiti broj)

1 nitko ne otvara

2 izabrana osoba je duže odsutna

3 dogovoreno za drugi termin

4 ne postoji osoba 15 - 64 godine u kućanstvu

5 odbijanje na vratima

6 odbijanje izabrane osobe

7 odbijanje roditelja (za malodobne)

Ako je odbijena, koji je razlog? (zaokružiti broj)

1 ne želi navesti

2 trenutno nema vremena

3 nikad nema vremena

4 nikad ne sudjeluje u anketama

5 ankete su preduge

6 već je previše puta anketiran

7 naporno je

8 nametljivo je

9 boji se zlouporabe podataka

10 ne vjeruje da će ostati anonimn

11 boji se za vlastitu sigurnost

12 ne zanima ga tematika

13 ne vidi u tome nikakvu (osobnu) korist

14 loše (zdravstveno) stanje

15 ostalo, upisati:

Osoba koja je odbila je (procjena, zaokružiti brojeve):

1 muškarac

2 žena

1 mlađa

2 srednje dobi

3 starija

1 slabo obrazovana

2 srednje ili bolje obrazovana

3. POKUŠAJ

Datum kontakta (upisati):

Vrijeme kontakta (sat/minute, upisati):

Anketa je obavljena? (zaokružiti broj) 1. da 2. ne

Ako je obavljena (upisati):

broj članova u dobi 15-64 godine:

datum zadnjeg rođendana u kućanstvu:

ako je anketirana malodobna osoba, jesu li roditelji

bili prisutni anketiranju? (zaokružiti broj) 1. da 2. ne

Ako nije obavljena, koji je razlog? (zaokružiti broj)

1 nitko ne otvara

2 izabrana osoba je duže odsutna

3 dogovoreno za drugi termin

4 ne postoji osoba 15 - 64 godine u kućanstvu

5 odbijanje na vratima

6 odbijanje izabrane osobe

7 odbijanje roditelja (za malodobne)

Ako je odbijena, koji je razlog? (zaokružiti broj)

1 ne želi navesti

2 trenutno nema vremena

3 nikad nema vremena

4 nikad ne sudjeluje u anketama

5 ankete su preduge

6 već je previše puta anketiran

7 naporno je

8 nametljivo je

9 boji se zlouporabe podataka

10 ne vjeruje da će ostati anonimn

11 boji se za vlastitu sigurnost

12 ne zanima ga tematika

13 ne vidi u tome nikakvu (osobnu) korist

14 loše (zdravstveno) stanje

15 ostalo, upisati:

Osoba koja je odbila je (procjena, zaokružiti brojeve):

1 muškarac

2 žena

1 mlađa

2 srednje dobi

3 starija

1 slabo obrazovana

2 srednje ili bolje obrazovana

Datum kontakta (upisati):

Vrijeme kontakta (sat/minute, upisati):

Anketa je obavljena? (zaokružiti broj) 1. da 2. ne

Ako je obavljena (upisati):

broj članova u dobi 15-64 godine:

datum zadnjeg rođendana u kućanstvu:

ako je anketirana malodobna osoba, jesu li roditelji

bili prisutni anketiranju? (zaokružiti broj) 1. da 2. ne

Ako nije obavljena, koji je razlog? (zaokružiti broj)

1 nitko ne otvara

2 izabrana osoba je duže odsutna

3 dogovoreno za drugi termin

4 ne postoji osoba 15 - 64 godine u kućanstvu

5 odbijanje na vratima

6 odbijanje izabrane osobe

7 odbijanje roditelja (za malodobne)

Ako je odbijena, koji je razlog? (zaokružiti broj)

1 ne želi navesti

2 trenutno nema vremena

3 nikad nema vremena

4 nikad ne sudjeluje u anketama

5 ankete su preduge

6 već je previše puta anketiran

7 naporno je

8 nametljivo je

9 boji se zlouporabe podataka

10 ne vjeruje da će ostati anonimn

11 boji se za vlastitu sigurnost

12 ne zanima ga tematika

13 ne vidi u tome nikakvu (osobnu) korist

14 loše (zdravstveno) stanje

15 ostalo, upisati:

Osoba koja je odbila je (procjena, zaokružiti brojeve):

1 muškarac

2 žena

1 mlađa

2 srednje dobi

3 starija

1 slabo obrazovana

2 srednje ili bolje obrazovana

APPENDIX C: INTERVIEWER INSTRUCTIONS

UPUTE UZ ANKETIRANJE

Cilj je ovog istraživanja utvrditi prevalenciju uporabe sredstava ovisnosti u općoj populaciji Hrvatske. Ista istraživanja provode se u zemljama članicama Europske Unije, uz istu metodologiju i zajednički osnovni upitnik. U Hrvatskoj su naručitelji istraživanja Ured za suzbijanje zlouporabe droga Vlade Republike Hrvatske i Ministarstvo zdravstva Republike Hrvatske. **VAŽNO:** Ispitanicima istraživanje treba predstaviti kao istraživanje kvalitete života, životnih stilova i zdravstvenih rizika stanovništva Hrvatske.

Istraživanje se provodi anonimnom anketom u otprilike 5000 kućanstava izabranih slučajnim postupkom (ukupno 250 lokacija) na području cijele Hrvatske. Obuhvaćena su dva uzorka: ispitanici u dobi od 15 do 64 godine i oni u dobi 15 do 34 godine.

Na svakoj lokaciji treba obaviti 16 anketa među ispitanicima u dobi od 15 do 64 godine te 3 ili 4 ankete među ispitanicima u dobi od 15 do 34 godine (ovisno o tome koliko je osnovnih adresa na popisu svake lokacije). Svaki će anketar dobiti duplo više adresa od broja anketa koje treba napraviti na toj lokaciji.

Pri pokušaju anketiranja osobu koja je otvorila vrata treba upoznati s ciljem istraživanja i zamoliti da se anketira jedna osoba iz njihovog kućanstva u dobi između 15 i 64 godine (odnosno 15 i 34 godine). Prvo treba upitati koliko ima takvih osoba u kućanstvu, a potom upitati tko je **zadnji imao rođendan. Tu osobu treba anketirati.** Ako u domaćinstvu živi samo jedna osoba, tada se anketira nju. Ako dvije osobe imaju rođendan na isti dan, anketira se ona koja je mlađa. U slučaju neuspjelog pokušaja anketiranja predviđene osobe svaki je anketar dužan još najmanje dva puta pokušati obaviti anketu u istom kućanstvu u različitim vremenskim terminima.

Uzorak će biti reprezentativan samo ako: 1. ispravno izaberete osobu; 2. nikada ne anketirate zamjenu; 3. potrudite se da stupite u kontakt i obavite razgovor na svakoj dobivenoj adresi; 4. upotrijebite svoje vještine kako bi pridobili ispitanika za sudjelovanje.

Kontaktiranim osobama naglasite anonimnost i povjerljivost odgovora (vidjeti kasnije u tekstu) te važnost istraživanja (rezultati će biti objavljeni iduće godine, kao statistički podatci, u obliku usporedbe među europskim zemljama). Uvjerite ih da su njihovi odgovori od velike važnosti za konačni ishod studije. Ako vam je odabrani ispitanik rekao da je previše zauzet, pokušajte da ga zamoliti da se vratite u prikladnije vrijeme. Drugim riječima, pokušajte odraditi intervju s odabranim ispitanikom.

VAŽNO: MALOLJETNI ISPITANICI. S obzirom na to da su ispitanici u kategoriji od 15 do 17 godina maloljetni, za njihovo sudjelovanje u istraživanju potrebna je **usmena suglasnost roditelja ili staratelja**. Roditelj ili staratelj ima pravo prisustvovati intervjuu ako to želi, ali anketari trebaju objasniti važnost provođenja istraživanja u privatnosti i zamoliti roditelja odnosno staratelja da im to osiguraju. Nakon što intervju završi, treba zabilježiti u obrascu za kontakte je li u kućanstvu zadnji rođendan imala osoba u dobi od 15 do 17 godina, je li roditelj odnosno staratelj dao pristanak za istraživanje ili ne, te je li roditelj odnosno staratelj bio prisutan kod provođenja intervjua.

Anketar može sam procijeniti može li ispitanik sam popunjavati upitnik ili ne. Treba pokušati osigurati privatnost za provođenje intervjua, s obzirom na osjetljivost teme istraživanja (uporaba duhana, alkohola, lijekova i ilegalnih droga), pa mnogi ne bi o tome htjeli razgovarati pred članovima svojih obitelji. Ako se ni na koji način ne može osigurati privatnost, bolje je dati ispitaniku da sam popunjava anketu. Za većinu to će trajati oko 15 minuta, tako da je moguće anketirati i na kućnom pragu. Ako je anketar primljen u domaćinstvo, a prisutni su ostali članovi obitelji, treba reći nešto poput „ne želim ih uznemiravati, možemo li provesti intervju u hodniku, kuhinji ili nekoj drugoj prostoriji gdje možemo biti na samo?“

Ispitanika na početku razgovora treba uvjeriti da je anketa anonimna. Njihova imena i pojedinačne adrese neće biti povezani s njihovim odgovorima. Istaknite da se nakon provođenja intervjua anketa neće potpisivati te da će se staviti u kuvertu, zalijepiti i staviti među ostale popunjene kuverte. Nakon toga nitko neće moći povezati pojedinu upitnik s konkretnim kućanstvom.

Morate postavljati pitanja točno onako kako su napisana, redoslijedom kojim se pojavljuju. Ne smijete odavati bilo kakve emocije ili reakcije na bilo koji odgovor na postavljena pitanja. Morate djelovati zainteresirani za ono što vam ispitanik kaže kako biste ga ohrabрили da nastavi odgovarati, ali nemojte raspravljati s njima niti iznositi svoje mišljenje o temi istraživanja ili odgovorima koje ste dobili. Kao odgovor na pitanje: "Čemu služi istraživanje?" kad dodete na temu ovisnosti možete reći ispitaniku da svatko ima mišljenje o rasprostranjenosti uporabe sredstava ovisnosti u Hrvatskoj, a nitko zapravo ne zna koliki su stvarni razmjeri uporabe i da se to nastoji utvrditi te da je zbog toga njihovo sudjelovanje u istraživanje izrazito važno.

Ispitaniku trebate dati pozivno pismo ravnatelja Instituta Pilar te mu reći da može kontaktirati Institut Pilar (kontakt telefon: 01/ 4886-827 ili 01/ 4886-152) ako ima dodatnih pitanja, što je detaljno objašnjeno u pozivnom pismu.

Pri ispunjavanju ankete ispitaniku po potrebi dajte na uvid popis lijekova i popis s „uličnim“ nazivima određenih vrsta droga (ako nije siguran je li neki lijek koji je uzimao lijek za smirenje ili spavanje odnosno ako zna „ulični“ naziv za droge, ali ne i onaj koji je naveden u anketi).

Sva su pitanja postavljena na sličan način, stoga morate paziti da koristite točne upute i čitate pitanja točno onako kako su postavljena. Nemojte pretpostavljati da znate odgovor na određeno pitanje zbog odgovora na prethodno pitanje. Kod pitanja u kojima se traži točna dob ili broj dana, a ispitanik nije siguran u odgovor, zamolite ga da procijeni najbolje što može. Na primjer, ako razgovarate s pušačem u četrdesetim godinama i on se ne može sjetiti je li prvi put pušio cigarete s 14 ili 15 godina, zamolite ga da on sam kaže kada misli da je to bilo. Pokušajte dobiti odgovore na sva pitanja.

Upute uz pojedina pitanja

Pitanje 6 odnosi se na to je li ispitanik ikada pušio duhan (cigarete, cigare, lulu i slično). Ako je ispitanik samo jedanput probao pušiti, tada je odgovor NE!

Pitanje 45 odnosi se na dob početka redovitog konzumiranja marihuane ili hašiša. Riječ "redovito" znači različite stvari različitim ljudima, pa ako Vas ispitanik pita što mislite pod "redovito", uputite ga da on sam procijeni što je njemu redovito i u skladu s tim odgovori na pitanje. Ako ispitanik nije nikada koristio marihuanu, ovo pitanje mu neće biti postavljeno.

Pitanja 38, 48, 54, 60, 66, 72 odnose se na to poznaje li ispitanik osobno nekoga tko koristi određenu vrstu droge. To se odnosi na sadašnje vrijeme. Ako je ispitanik ranije znao nekoga tko je koristio ili koristi droge, ali trenutno ne poznaje nikoga osobno, tada je odgovor NE.

Pitanje 81. Naglašavamo da se u ovom pitanju radi o **riziku** određenih ponašanja, a ne o tome koliko ispitanici navedena ponašanja odobravaju ili ne. Možete podsjetiti ispitanike na to tako što ćete im to pročitati i naglasiti riječi "riskirati da si naštetite, fizički ili na druge načine".

Ispitanik treba dati SAMO JEDAN ODGOVOR NA SVAKO PITANJE. Ako se dvoumi između dva ili više odgovora, zamolite ga da odabere najprikladniji. Ako osjetite da je ispitaniku neugodno odgovarati na pitanja, podsjetite ga na povjerljivost i anonimnost njegovih odgovora.

KONTROLA

Vaš će rad biti kontroliran i to isključivo na temelju evidencije o realiziranim adresama koju obavezno morate navesti u predviđenom obrascu. Osim provjere jeste li uopće bili na pojedinim adresama koje ste naveli u popisu, kontrolori će provjeriti i postupak anketiranja (jeste li anketirali osobu koja je zadnja imala rođendan, jeste li se držali dogovorene procedure s listićima i kuvertama, postavili sva pitanja i sl.).

Ako se utvrdi lažiranje ili bilo kakve nepravilnosti u postupku anketaru neće biti plaćena ni jedna anketa i više neće biti angažiran kao suradnik. Isplata će se obaviti nakon provedene kontrole, u roku od približno mjesec dana po završetku anketiranja isključivo putem ugovora student-servisa koje trebate dostaviti zajedno s anketama.

UPUTE ZA ISPUNJAVANJE OBRASCA ZA KONTAKTE

Anketiranje treba provesti na adresama s popisa. Kad se ne uspije na osnovnim adresama, treba ići na rezervne (redom), i to za svaki uzorak zasebno. Na svakoj lokaciji treba obaviti **16 anketa na uzorku od 15 do 64 godine te 3 ili 4 ankete na uzorku od 15 do 34 godine** (ovisno jesu li na popisu za taj uzorak 3 ili 4 osnovne adrese). Osim u slučaju odbijanja ili nevaljane adrese, odnosno u slučaju odsutnosti (svih ukućana ili osobe koja je zadnja imala rođendan), na svaku adresu treba se ponovno vratiti, ako treba i još dva puta.

Svaki pokušaj anketiranja, bez obzira na to je li anketa obavljena ili nije, treba evidentirati u obrascu za kontakte.

Uvijek prvo treba upisati šifru lokacije i redni broj kućanstva s popisa adresa.

Primjeri ispunjavanja

PRIMJER 1:

Ako adresa ne postoji, zaokruži se odgovarajući broj (1 u rubrici 'ažurnost popisa'), datum i vrijeme pri 1. pokušaju anketiranja, potom da anketa nije obavljena (2 u rubrici 'Anketa je obavljena?'), a zatim se više ništa ne ispunjava. Anketar ide na sljedeću adresu.

PRIMJER 2:

Za pokušaj na drugoj adresi koristi se novi obrazac. Ako adresa postoji, ali ne i kućanstvo (prezime na toj adresi), zaokruži se odgovarajući broj (3 u rubrici 'ažurnost popisa'), dodaju se obilježja zgrade i potom se više ništa ne ispunjava.

PRIMJER 3:

Ako je adresa kućanstva točna (dakle, na određenoj adresi postoji kućanstvo s popisa), ispuni se prvi dio obrasca, a zatim se u drugi dio (1. pokušaj) dalje upisuje ono što se dogodilo. Ako ste uspjeli naći osobu koja ima zadnji rođendan u kućanstvu i obavili ste anketu, tada ćete u okviru tablice za 1. pokušaj upisati da je anketa obavljena (1 u rubrici 'Anketa je obavljena?'), upisati broj osoba dobi od 15-64 (odnosno od 15-34) godine u kućanstvu i datum rođendana osobe koju ste anketirali, i time ste završili ispunjavanje obrasca. Ako je osoba maloljetna, ispunjavate i sljedeću rubriku ('Jesu li roditelji bili prisutni anketiranju?').

PRIMJER 4:

Ako anketiranje pri 1. pokušaju nije uspjelo zbog bilo kojeg razloga, treba zaokružiti odgovarajući broj u predloženim rubrikama (popuniti sve iz prvog dijela obrasca te datum i vrijeme kontakta iz drugog dijela obrasca i zaokružiti 2 u rubrici 'Anketa je obavljena?'). Kada se ponovo vraćate u isto kućanstvo (zato što niste uspjeli obaviti anketu prvi put ili primjerice, zbog dogovora za drugi termin ili odsutnosti ukućana ili osobe koja je zadnja imala rođendan), ispunit ćete i ono što se traži za 2. pokušaj. Ako se vraćate treći put, ispunit ćete sve što treba za 2. pokušaj, a potom i za 3. pokušaj.

U slučaju odbijanja pokušajte saznati razlog (zaokružite odgovarajući broj kod pitanja 'Anketa je odbijena, koji je razlog?') te procijenite obilježja osobe koja je odbila sudjelovati u istraživanju (zaokružite odgovarajući broj kod pitanja 'Osoba koja je odbila je'), a potom prijedite na novi obrazac pri pokušaju anketiranja na novoj adresi.

Svaki obrazac treba OBVEZNO VRATITI jer je sastavni dio anketnog postupka.

APPENDIX D: LETTER TO SURVEY RESPONDENTS

Broj: 05/2-73/11-1156/881

Zagreb, 06. svibnja 2011.

Marulićev trg 19/I
10 000 Zagreb
p.p. 277
Croatia

TEL: (+385 1) 4886-800
FAX: (+385 1) 4828-296

Žiro-račun:
2360000-1101455340
OIB: 32840574937

E-mail: ured@pilar.hr
<http://www.pilar.hr>

Poštovana/i,

Institut društvenih znanosti Ivo Pilar iz Zagreba provodi anketu na osnovi koje će se procjenjivati kvaliteta života, životni stilovi i zdravstveni rizici stanovništva Hrvatske.

U anketu je uključeno oko 5.000 osoba, a Vi ste u naš uzorak izabrani sasvim slučajno. Zbog važnosti podataka koji se prikupljaju, molimo Vas da iskreno odgovorite na sva pitanja u anketi. Anketa je anonimna, ne potpisujete je, a sve što ćete odgovoriti koristit će se isključivo kao skup podataka za statističku obradu i znanstvene analize.

Molimo Vas da nam izidete u susret i uz pomoć našeg anketara iskreno odgovorite na pitanja iz ankete.

Ako želite provjeriti identitet anketara ili dobiti dodatne informacije u vezi s anketom, možete nazvati brojeve telefona naših znanstvenika koji rade na projektu: kontakt osoba *Ivana Vrselja* 01/4886-859 ili *Ivan Dević* 01/ 4886-152 svakim danom u vremenu od 10 do 16 sati.

Zahvaljujemo na suradnji.

S poštovanjem,


Prof. dr. sc. Vlado Šakić

APPENDIX E: LIST OF STREET NAMES FOR ILLICIT DRUGS

ULIČNI NAZIVI ZA DROGE
<p>KANABIS (MARIHUANA, HAŠIŠ)</p> <p>marihuana - žiža, trava, vutra, mara, marica, joint, džoja, grass, gonja, Mary Jane, mjuta, frula, smoke, pot...</p> <p>hašiš – shit, tiš, čistak (hašiš za pušenje u luli)</p>
<p>ECSTASY</p> <p>- MDMA, ex, wex, bombon, bonkas, ekstaza</p>
<p>AMFETAMINI</p> <p>- speed, brzina</p> <p>metamfetamini – Meth, chalk, kristal, ice (led)</p>
<p>KOKAIN</p> <p>- bijelo, koka, snjeguljica, snješko, koki, koks, speedball (kokain+heroin)</p>
<p>HEROIN</p> <p>- dop, hors, džank, žuto, smeđe</p>
<p>LSD</p> <p>- trip, acid, kiselina, šećerna kocka</p>

APPENDIX F: LIST OF PHARMACEUTICALS

**LIJEKOVI ZA SMIRENJE I SPAVANJE
(poredano po abecedi)**

Ansilan

Apaurin

Cerson

Diazepam

Dormicum

Fluzepam

Helex

Lekotam

Lexaurin

Lexillum

Lorsilan

Misar

Normabel

Oksazepam

Praxiten

Rivotril

Sanval

Valium

Zan

Zonadin

Xanax

APPENDIX G: TABLES WITH DETAILED SURVEY RESULTS

Drug use in the Republic of Croatia: Confidence Intervals

TABLE P-1: Life time prevalence of drug use: confidence intervals (%)

		All adults (15-64)			Young adults (15-34)			Age categories				
		Total	Males	Females	Total	Males	Females	15-24	25-34	35-44	45-54	55-64
tobacco	%	57.5	62.9	52.3	54.8	58.1	51.3	50.1	59.7	64.6	60.3	51.3
	CI-	55.5	60.2	49.8	51.9	54.2	47.6	46.2	56.3	60.9	56.7	48.3
	CI+	59.5	65.4	54.8	57.7	62.0	55.0	53.9	62.9	68.1	63.8	54.3
alcohol	%	86.4	92.5	80.3	88.3	91.0	85.4	84.9	91.7	87.5	84.4	83.1
	CI-	84.6	90.8	77.7	86.1	88.4	82.4	81.4	89.6	84.4	81.4	80.0
	CI+	88.1	94.0	82.7	90.2	93.1	88.0	87.9	93.4	90.0	87.1	85.8
pharmaceuticals	%	24.9	18.1	31.6	13.4	10.1	16.9	9.9	17.2	26.4	30.4	43.3
	CI-	23.3	16.2	29.5	11.6	7.9	14.6	7.7	14.7	23.2	27.1	39.5
	CI+	26.5	20.2	33.7	15.5	12.8	19.5	12.5	19.9	29.8	33.9	47.2
any illicit drugs	%	16.0	21.4	10.7	25.7	32.6	18.6	22.6	28.9	17.0	7.8	1.9
	CI-	14.4	19.0	9.2	23.0	28.9	15.8	19.3	25.4	14.4	5.8	1.2
	CI+	17.8	24.1	12.3	28.7	36.6	21.8	26.4	32.6	20.0	10.4	3.0
cannabis	%	15.6	20.9	10.4	25.3	32.0	18.4	22.5	28.2	16.7	7.2	1.6
	CI-	14.0	18.4	8.9	22.6	28.3	15.6	19.1	24.8	14.2	5.3	1.0
	CI+	17.5	23.6	12.0	28.3	36.0	21.6	26.2	31.9	19.6	9.7	2.6
ecstasy	%	2.5	3.7	1.3	4.6	6.5	2.6	2.8	6.3	2.1	0.6	0.4
	CI-	2.0	2.9	.9	3.4	4.7	1.6	1.8	4.5	1.3	0.3	0.2
	CI+	3.2	4.8	1.9	6.1	8.9	4.1	4.4	8.8	3.5	1.5	1.2
amphetamines	%	2.6	3.6	1.6	5.1	6.5	3.6	3.7	6.6	1.5	0.6	0.4
	CI-	1.9	2.6	1.1	3.7	4.5	2.4	2.3	4.6	0.9	0.2	0.2
	CI+	3.5	5.1	2.4	7.0	9.5	5.5	5.9	9.3	2.7	1.9	1.1
cocaine	%	2.3	3.2	1.4	3.8	5.1	2.5	2.5	5.1	2.7	0.5	0.5
	CI-	1.7	2.3	0.9	2.7	3.5	1.5	1.4	3.6	1.7	0.2	0.2
	CI+	3.1	4.5	2.1	5.4	7.4	4.1	4.4	7.4	4.2	1.4	1.2
heroin	%	0.4	0.7	0.2	0.5	0.6	0.3	0.3	0.6	0.7	0.3	0.1
	CI-	0.2	0.4	0.1	0.2	0.3	0.1	0.1	0.3	0.3	0.1	0.0
	CI+	0.7	1.1	0.5	1.1	1.5	1.0	1.3	1.5	1.8	1.1	0.8
LSD	%	1.4	2.3	0.6	2.4	3.6	1.1	1.8	3.0	1.2	0.9	0.2
	CI-	1.1	1.6	0.4	1.6	2.4	0.6	1.1	1.9	0.6	0.4	0.1
	CI+	1.9	3.2	1.0	3.4	5.4	1.9	3.0	4.6	2.5	1.8	0.9

* The term "any illicit drugs" refers to taking one or more of following drugs: cannabis, amphetamines, ecstasy, cocaine, heroin, and LSD.

TABLE P-2: Last year prevalence of drug use: confidence intervals (%)

		All adults (15-64)			Young adults (15-34)			Age categories				
		Total	Males	Females	Total	Males	Females	15-24	25-34	35-44	45-54	55-64
tobacco	%	39.7	43.3	36.2	42.4	44.9	39.8	40.0	44.9	46.9	37.8	26.2
	CI-	37.9	40.9	33.9	39.6	41.1	36.4	36.2	41.7	43.2	34.6	23.8
	CI+	41.6	45.7	38.5	45.2	48.8	43.3	44.0	48.1	50.6	41.1	28.7
alcohol	%	71.8	81.1	62.5	79.5	85.1	73.8	77.6	81.5	71.8	66.7	59.6
	CI-	69.8	78.9	59.9	76.9	82.0	70.3	73.7	78.6	68.1	63.2	56.0
	CI+	73.7	83.1	65.1	81.8	87.7	77.0	81.0	84.1	75.2	70.0	63.0
pharmaceuticals	%	16.2	11.4	20.9	6.9	5.2	8.7	5.3	8.6	16.7	20.3	32.7
	CI-	14.9	9.9	19.2	5.7	3.8	7.0	3.8	7.0	14.1	17.6	29.3
	CI+	17.5	13.1	22.8	8.3	7.1	10.7	7.2	10.5	19.7	23.3	36.2
any illicit drugs	%	5.3	7.4	3.3	10.7	14.4	6.9	12.7	8.7	3.3	1.0	0.5
	CI-	4.5	6.1	2.6	8.9	11.6	5.4	10.2	6.7	2.2	0.5	0.2
	CI+	6.4	9.0	4.2	12.9	17.8	8.9	15.6	11.2	5.0	2.1	1.3
cannabis	%	5.0	7.1	2.9	10.5	14.3	6.6	12.6	8.4	2.5	0.7	0.5
	CI-	4.2	5.8	2.3	8.7	11.5	5.1	10.1	6.5	1.7	0.3	0.2
	CI+	6.0	8.7	3.8	12.7	17.7	8.6	15.6	10.9	3.9	1.6	1.2
ecstasy	%	0.4	0.6	0.1	0.5	0.7	0.2	0.6	0.3	0.4	0.3	0.2
	CI-	0.2	0.3	0.1	0.2	0.3	0.0	0.2	0.1	0.1	0.1	0.0
	CI+	0.7	1.1	0.4	1.0	1.9	0.7	1.6	1.5	1.7	1.1	0.8
amphetamines	%	0.8	1.1	0.5	1.6	2.0	1.2	1.7	1.5	0.3	0.2	0.1
	CI-	0.5	0.6	0.2	0.9	1.1	0.6	0.9	0.8	0.1	0.0	0.0
	CI+	1.2	1.8	0.9	2.7	3.8	2.2	3.1	2.8	1.1	1.1	0.8
cocaine	%	0.5	0.7	0.3	0.9	1.2	0.7	1.0	0.9	0.4	0.2	0.1
	CI-	0.3	0.4	0.2	0.5	0.5	0.3	0.3	0.5	0.1	0.1	0.0
	CI+	0.9	1.3	0.7	1.9	2.6	1.6	2.7	1.7	1.2	1.0	0.8
heroin	%	0.1	0.2	0.0	0.1	0.2	0.1	0.2	0.1	0.0	0.2	0.1
	CI-	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	CI+	0.4	0.6	0.2	1.1	1.5	0.6	1.3	0.8	0.8	1.1	0.8
LSD	%	0.3	0.4	0.1	0.4	0.5	0.3	0.4	0.4	0.1	0.3	0.1
	CI-	0.2	0.2	0.1	0.2	0.2	0.1	0.1	0.2	0.0	0.1	0.0
	CI+	0.5	0.8	0.4	0.8	1.3	0.8	1.0	1.1	1.0	1.1	0.8

* The term "any illicit drugs" refers to taking one or more of following drugs: cannabis, amphetamines, ecstasy, cocaine, heroin, and LSD.

TABLE P-3: Last month prevalence of drug use: confidence intervals (%)

		All adults (15-64)			Young adults (15-34)			Age categories				
		Total	Males	Females	Total	Males	Females	15-24	25-34	35-44	45-54	55-64
tobacco	%	37.4	40.9	34.0	39.1	42.1	36.0	36.0	42.4	44.4	36.1	25.9
	CI-	35.7	38.5	31.8	36.4	38.3	32.7	32.2	39.3	40.7	32.9	23.5
	CI+	39.3	43.3	36.3	41.9	46.0	39.5	39.8	45.6	48.2	39.4	28.4
alcohol	%	60.8	74.3	47.2	66.8	77.2	56.0	64.5	69.2	59.3	58.6	50.8
	CI-	58.8	71.9	44.8	64.1	73.9	52.5	60.5	65.9	55.3	55.0	47.3
	CI+	62.7	76.6	49.7	69.3	80.2	59.4	68.3	72.2	63.2	62.1	54.3
pharmaceuticals	%	11.1	8.1	14.0	3.5	3.2	3.8	2.8	4.3	11.1	14.6	24.6
	CI-	10.1	6.9	12.6	2.7	2.2	2.8	1.7	3.2	9.1	12.4	21.6
	CI+	12.1	9.6	15.5	4.6	4.8	5.2	4.4	5.8	13.5	17.1	27.9
any illicit drugs	%	3.2	4.4	1.9	6.2	8.5	3.9	7.3	5.0	1.8	0.8	0.5
	CI-	2.5	3.4	1.4	4.9	6.3	2.9	5.4	3.7	1.1	0.3	0.2
	CI+	3.9	5.8	2.5	7.9	11.3	5.3	9.9	6.8	3.2	1.8	1.3
cannabis	%	2.9	4.2	1.6	6.1	8.4	3.7	7.3	4.8	1.5	0.5	0.5
	CI-	2.3	3.2	1.2	4.7	6.2	2.7	5.4	3.5	0.8	0.2	0.2
	CI+	3.7	5.5	2.3	7.8	11.2	5.1	9.9	6.6	2.6	1.3	1.2
ecstasy	%	0.2	0.3	0.1	0.2	0.2	0.1	0.1	0.2	0.3	0.3	0.1
	CI-	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0
	CI+	0.4	0.8	0.2	0.7	1.6	0.6	0.6	1.7	1.1	1.1	0.6
amphetamines	%	0.2	0.4	0.1	0.5	0.8	0.2	0.6	0.3	0.0	0.2	0.1
	CI-	0.1	0.2	0.0	0.2	0.3	0.0	0.3	0.1	0.0	0.0	0.0
	CI+	0.5	1.0	0.3	1.1	2.0	0.7	1.5	1.0	0.5	1.1	0.8
cocaine	%	0.3	0.3	0.2	0.4	0.4	0.3	0.3	0.5	0.3	0.2	0.1
	CI-	0.2	0.2	0.1	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.0
	CI+	0.5	0.8	0.5	1.0	1.4	0.9	1.2	1.2	1.1	1.0	0.8
heroin	%	0.1	0.2	0.0	0.1	0.2	0.1	0.2	0.1	0.0	0.2	0.1
	CI-	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	CI+	0.4	0.6	0.2	1.1	1.5	0.6	1.3	0.8	0.8	1.1	0.8
LSD	%	0.1	0.2	0.1	0.1	0.1	0.1	0.0	0.2	0.1	0.3	0.0
	CI-	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0
	CI+	0.3	0.5	0.3	0.4	0.8	0.6	1.0	0.8	1.0	1.1	1.1

* The term "any illicit drugs" refers to taking one or more of following drugs: cannabis, amphetamines, ecstasy, cocaine, heroin, and LSD.

Tables with the data on tobacco consumption

TABLE P-4: Active tobacco smokers amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4672	36.3	39.7	32.9
Young adults (15-34); N=1878	37.1	39.7	34.5
15-24; N=952	33.3	34.4	32.1
25-34; N=926	41.1	45.2	36.9
35-44; N=1021	43.5	48.0	39.0
45-54; N=999	35.5	39.2	31.7
55-64; N=773	25.7	28.8	22.9

TABLE P-5: Lifetime prevalence of tobacco consumption amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4633	57.5	62.9	52.3
Young adults (15-34); N=1860	54.8	58.1	51.3
15-24; N=945	50.1	53.3	46.7
25-34; N=915	59.7	63.2	56.1
35-44; N=1018	64.6	69.0	60.1
45-54; N=990	60.3	67.2	53.4
55-64; N=766	51.3	60.5	43.1

TABLE P-6: Last year prevalence of tobacco consumption amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4614	39.7	43.3	36.2
Young adults (15-34); N=1851	42.4	44.9	39.8
15-24; N=940	40.0	41.2	38.8
25-34; N=911	44.9	48.8	40.9
35-44; N=1015	46.9	51.9	41.8
45-54; N=984	37.8	41.5	34.1
55-64; N=763	26.2	29.4	23.4

TABLE P-7: Last month prevalence of tobacco consumption amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4615	37.4	40.9	34.0
Young adults (15-34); N=1850	39.1	42.1	36.0
15-24; N=939	36.0	38.0	33.7
25-34; N=911	42.4	46.4	38.3
35-44; N=1014	44.4	48.5	40.3
45-54; N=986	36.1	39.3	32.9
55-64; N=765	25.9	29.1	23.0

Tables with the data on alcohol consumption

TABLE P-8: Lifetime prevalence rates of alcohol consumption amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4621	86.4	92.5	80.3
Young adults (15-34); N=1867	88.3	91.0	85.4
15-24; N=948	84.9	87.0	82.7
25-34; N=919	91.7	95.1	88.2
35-44; N=1004	87.5	93.1	81.9
45-54; N=987	84.4	93.7	75.0
55-64; N=763	83.1	94.3	73.3

TABLE P-9: Last year prevalence of alcohol consumption amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4630	71.8	81.1	62.5
Young adults (15-34); N=1860	79.5	85.1	73.8
15-24; N=941	77.6	80.9	74.1
25-34; N=919	81.5	89.5	73.5
35-44; N=1012	71.8	82.0	61.5
45-54; N=992	66.7	78.0	55.3
55-64; N=766	59.6	73.6	47.4

TABLE P-10: Last month prevalence of alcohol consumption amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4633	60.8	74.3	47.2
Young adults (15-34); N=1865	66.8	77.2	56.0
15-24; N=943	64.5	72.3	56.2
25-34; N=922	69.2	82.3	55.8
35-44; N=1010	59.3	76.0	42.6
45-54; N=989	58.6	72.0	45.0
55-64; N=768	50.8	67.6	35.8

TABLE P-11: Frequency of alcohol consumption amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4467			
4 times a week or more	9.3	15.4	3.1
2 to 3 times a week	13.4	20.3	6.4
2 to 4 times a month	25.3	29.2	21.4
once a month or less	38.0	27.4	48.6
skipped	14.0	7.6	20.5
Young adults (15-34); N=1841			
4 times a week or more	4.8	8.1	1.4
2 to 3 times a week	13.6	21.0	5.9
2 to 4 times a month	32.5	36.0	28.8
once a month or less	37.2	25.8	49.0
skipped	11.9	9.1	14.9
15-24; N=937			
4 times a week or more	3.2	5.5	0.7
2 to 3 times a week	12.6	18.5	6.3
2 to 4 times a month	34.6	37.1	31.9
once a month or less	34.5	25.9	43.5
skipped	15.2	13.0	17.6
25-34; N=904			
4 times a week or more	6.5	10.8	2.1
2 to 3 times a week	14.7	23.6	5.6
2 to 4 times a month	30.4	34.9	25.7
once a month or less	40.0	25.7	54.5
skipped	8.4	4.9	12.1
35-44; N=958			
4 times a week or more	9.8	16.8	2.7
2 to 3 times a week	14.8	23.2	6.1
2 to 4 times a month	21.6	25.9	17.2
once a month or less	40.7	26.9	54.8
skipped	13.1	7.2	19.2
45-54; N=947			
4 times a week or more	11.9	19.2	4.3
2 to 3 times a week	12.8	19.5	5.9
2 to 4 times a month	22.5	28.0	16.9
once a month or less	36.6	26.8	46.7
skipped	16.2	6.5	26.1
55-64; N=722			
4 times a week or more	16.5	28.3	6.0
2 to 3 times a week	11.8	15.5	8.4
2 to 4 times a month	15.7	16.6	14.9
once a month or less	38.2	33.6	42.2
skipped	17.9	6.0	28.5

TABLE P-12: Frequency of drinking 6 glasses or more of an alcoholic drink on the same occasion amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4599			
daily or almost daily	1.1	2.1	0.2
once a week	5.6	8.3	2.9
once a month	8.6	12.8	4.5
less than once a month	18.5	25.0	12.1
never	52.4	44.2	60.6
skipped	13.6	7.5	19.8
Young adults (15-34); N=1858			
daily or almost daily	1.0	1.7	0.3
once a week	9.6	12.9	6.2
once a month	14.1	18.3	9.7
less than once a month	24.0	27.5	20.3
never	39.6	30.6	48.9
skipped	11.8	9.0	14.6
15-24; N=941			
daily or almost daily	0.8	1.5	0.2
once a week	12.1	14.6	9.4
once a month	17.0	21.5	12.2
less than once a month	21.5	20.8	22.2
never	33.5	28.6	38.6
skipped	15.2	13.0	17.4
25-34; N=917			
daily or almost daily	1.2	2.0	0.3
once a week	7.0	11.1	2.9
once a month	11.1	14.9	7.2
less than once a month	26.5	34.5	18.4
never	45.9	32.7	59.3
skipped	8.3	4.9	11.8
35-44; N=1007			
daily or almost daily	1.0	2.0	0.0
once a week	3.5	6.5	0.5
once a month	6.8	12.2	1.4
less than once a month	18.8	26.3	11.3
never	57.4	46.1	68.7
skipped	12.5	6.9	18.1
45-54; N=978			
daily or almost daily	1.0	1.9	0.0
once a week	2.3	3.9	0.6
once a month	4.2	7.5	0.8
less than once a month	13.2	22.4	4.1
never	63.7	57.8	69.5
skipped	15.7	6.4	25.0
55-64; N=756			
daily or almost daily	1.9	3.7	0.3
once a week	2.9	4.9	1.0
once a month	3.6	6.2	1.2
less than once a month	11.7	20.2	4.0
never	62.9	59.3	66.2
skipped	17.1	5.7	27.3

TABLE P-13: Number of days having taken alcohol in the last 30 days amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4581			
20 days or more	6.7	11.1	2.4
10-19 days	7.0	11.0	3.0
4-9 days	15.7	21.4	9.9
1-3 days	30.9	30.4	31.5
skipped	39.7	26.0	53.2
Young adults (15-34); N=1844			
20 days or more	3.3	5.2	1.2
10-19 days	6.5	10.5	2.5
4-9 days	20.6	27.6	13.3
1-3 days	36.0	33.5	38.6
skipped	33.6	23.1	44.3
15-24; N=938			
20 days or more	1.9	2.9	0.8
10-19 days	6.0	9.1	2.7
4-9 days	21.1	27.2	14.8
1-3 days	35.3	32.9	37.7
skipped	35.7	27.8	44.0
25-34; N=907			
20 days or more	4.7	7.7	1.7
10-19 days	7.1	11.9	2.2
4-9 days	20.0	28.1	11.9
1-3 days	36.8	34.1	39.6
skipped	31.4	18.2	44.6
35-44; N=1005			
20 days or more	7.1	11.7	2.6
10-19 days	7.8	12.8	2.8
4-9 days	14.4	19.7	9.1
1-3 days	29.8	31.7	27.9
skipped	40.9	24.2	57.7
45-54; N=973			
20 days or more	8.6	14.3	2.9
10-19 days	6.8	10.2	3.3
4-9 days	12.1	17.5	6.8
1-3 days	30.4	29.6	31.2
skipped	42.1	28.4	55.9
55-64; N=759			
20 days or more	12.1	21.4	4.0
10-19 days	7.4	11.2	4.0
4-9 days	9.9	13.1	7.1
1-3 days	20.7	21.4	20.2
skipped	49.8	32.9	64.7

Tables with the data on taking pharmaceuticals

TABLE P-14: Lifetime prevalence of taking sedatives and/or tranquillisers amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4630	24.9	18.1	31.6
Young adults (15-34); N=1853	13.4	10.1	16.9
15-24; N=942	9.9	8.4	11.4
25-34; N=911	17.2	11.9	22.4
35-44; N=1015	26.4	22.1	30.6
45-54; N=992	30.4	21.1	39.7
55-64; N=771	43.3	29.1	55.8

TABLE P-15: Last year prevalence of taking sedatives and/or tranquillisers amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4632	16.2	11.4	20.9
Young adults (15-34); N=1857	6.9	5.2	8.7
15-24; N=942	5.3	4.5	6.1
25-34; N=915	8.6	5.9	11.2
35-44; N=1014	16.7	13.1	20.3
45-54; N=993	20.3	13.4	27.4
55-64; N=769	32.7	22.8	41.4

TABLE P-16: Last month prevalence of taking sedatives and/or tranquillisers amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4615	11.1	8.1	14.0
Young adults (15-34); N=1847	3.5	3.2	3.8
15-24; N=940	2.8	3.3	2.2
25-34; N=907	4.3	3.2	5.5
35-44; N=1010	11.1	8.8	13.4
45-54; N=991	14.6	10.4	18.8
55-64; N=776	24.6	16.7	31.6

TABLE P-17: Frequency of taking sedatives and/or tranquillisers during the past month amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4618			
20 days or more	3.5	2.6	4.4
10-19 days	1.4	1.2	1.7
4-9 days	1.9	1.3	2.4
1-3 days	4.3	3.0	5.6
skipped	88.9	91.9	85.9
Young adults (15-34); N=1845			
20 days or more	0.4	0.2	0.6
10-19 days	0.2	0.3	0.2
4-9 days	0.6	0.7	0.5
1-3 days	2.1	1.9	2.4
skipped	96.6	96.9	96.3
15-24; N=939			
20 days or more	0.1	0.0	0.2
10-19 days	0.1	0.2	0.0
4-9 days	0.7	1.0	0.3
1-3 days	1.8	2.1	1.6
skipped	97.3	96.7	97.9
25-34; N=905			
20 days or more	0.7	0.4	1.0
10-19 days	0.4	0.4	0.3
4-9 days	0.6	0.4	0.7
1-3 days	2.5	1.7	3.3
skipped	95.9	97.1	94.7
35-44; N=1014			
20 days or more	4.3	3.7	4.8
10-19 days	2.0	2.0	2.1
4-9 days	1.2	0.6	1.8
1-3 days	3.9	2.6	5.3
skipped	88.6	91.2	86.0
45-54; N=992			
20 days or more	4.4	4.4	4.5
10-19 days	1.4	0.7	2.2
4-9 days	2.8	1.8	3.8
1-3 days	6.0	3.5	8.5
skipped	85.4	89.6	81.0
55-64; N=767			
20 days or more	8.9	4.9	12.4
10-19 days	3.6	2.9	4.1
4-9 days	4.5	3.2	5.6
1-3 days	7.8	5.6	9.6
skipped	75.3	83.3	68.3

TABLE P-18: Source of sedatives and/or tranquillisers when used last time amongst all adults, young adults, age groups and by gender (%)*

	Total	Gender	
		Males	Females
All adults (15-64); N=1137			
I bought them or had them prescribed for me by a doctor	73.0	69.4	75.0
I got them from somebody else I know	14.0	16.8	12.4
I bought them without a prescription in a pharmacy or drugstore	7.0	6.1	7.5
none of the above applies	6.0	7.7	5.1
Young adults (15-34); N=247			
I bought them or had them prescribed for me by a doctor	47.5	44.4	49.4
I got them from somebody else I know	28.2	28.6	28.0
I bought them without a prescription in a pharmacy or drugstore	8.8	8.3	9.0
none of the above applies	15.5	18.7	13.6
15-24; N=91			
I bought them or had them prescribed for me by a doctor	34.6	37.6	32.3
I got them from somebody else I know	34.1	38.9	30.4
I bought them without a prescription in a pharmacy or drugstore	5.1	2.3	7.3
none of the above applies	26.2	21.2	30.0
25-34; N=155			
I bought them or had them prescribed for me by a doctor	55.1	49.5	58.0
I got them from somebody else I know	24.7	20.9	26.7
I bought them without a prescription in a pharmacy or drugstore	10.9	12.7	9.9
none of the above applies	9.3	16.8	5.3
35-44; N=263			
I bought them or had them prescribed for me by a doctor	75.4	73.8	76.5
I got them from somebody else I know	13.6	15.7	12.1
I bought them without a prescription in a pharmacy or drugstore	7.6	6.5	8.3
none of the above applies	3.5	4.1	3.0
45-54; N=298			
I bought them or had them prescribed for me by a doctor	77.0	72.5	79.4
I got them from somebody else I know	11.7	17.6	8.6
I bought them without a prescription in a pharmacy or drugstore	7.6	5.5	8.6
none of the above applies	3.8	4.4	3.4
55-64; N=329			
I bought them or had them prescribed for me by a doctor	86.6	84.0	87.8
I got them from somebody else I know	5.6	6.8	5.1
I bought them without a prescription in a pharmacy or drugstore	4.8	4.2	5.0
none of the above applies	3.0	5.0	2.1

* Only the data of respondents who reported having taken sedatives and/or tranquillisers were taken in the analysis.

Tables with the data on taking illicit drugs

TABLE P-19: Lifetime prevalence of taking any illicit drugs amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4663	16.0	21.4	10.7
Young adults (15-34); N=1872	25.7	32.6	18.6
15-24; N=949	22.6	27.8	17.2
25-34; N=923	28.9	37.7	20.0
35-44; N=1021	17.0	25.8	8.2
45-54; N=996	7.8	9.6	6.0
55-64; N=773	1.9	2.2	1.7

* The term "any illicit drugs" refers to taking one or more of following drugs: cannabis, amphetamines, ecstasy, cocaine, heroin and LSD.

TABLE P-20: Lifetime prevalence of taking cannabis amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4636	15.6	20.9	10.4
Young adults (15-34); N=1863	25.3	32.0	18.4
15-24; N=943	22.5	27.4	17.2
25-34; N=919	28.5	36.8	19.6
35-44; N=1014	16.7	25.2	8.1
45-54; N=992	7.2	9.2	5.2
55-64; N=767	1.6	1.9	1.4

TABLE P-21: Lifetime prevalence of taking ecstasy amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4621	2.5	3.7	1.3
Young adults (15-34); N=1853	4.6	6.5	2.6
15-24; N=940	2.8	4.3	1.3
25-34; N=913	6.3	8.7	3.9
35-44; N=1012	2.1	3.4	0.9
45-54; N=992	0.6	1.1	0.2
55-64; N=763	0.4	0.7	0.2

TABLE P-22: Lifetime prevalence of taking amphetamines amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4602	2.6	3.6	1.6
Young adults (15-34); N=1854	5.1	6.5	3.6
15-24; N=941	3.7	4.4	3.0
25-34; N=913	6.6	8.8	4.3
35-44; N=1007	1.5	2.8	0.2
45-54; N=978	0.6	0.8	0.4
55-64; N=764	0.4	0.7	0.2

TABLE P-23: Lifetime prevalence of taking cocaine amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4610	2.3	3.2	1.4
Young adults (15-34); N=1850	3.8	5.1	2.5
15-24; N=940	2.5	3.0	2.0
25-34; N=910	5.1	7.3	2.9
35-44; N=1014	2.7	3.9	1.4
45-54; N=983	0.5	0.8	0.2
55-64; N=764	0.5	0.5	0.5

TABLE P-24: Lifetime prevalence of taking heroin amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4613	0.4	0.7	0.2
Young adults (15-34); N=1854	0.5	0.6	0.3
15-24; N=941	0.3	0.2	0.4
25-34; N=913	0.6	1.1	0.2
35-44; N=1012	0.7	1.1	0.2
45-54; N=985	0.3	0.5	0.0
55-64; N=763	0.1	0.2	0.0

TABLE P-25: Lifetime prevalence of taking LSD amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4603	1.4	2.3	0.6
Young adults (15-34); N=1843	2.4	3.6	1.1
15-24; N=933	1.8	2.6	0.9
25-34; N=910	3.0	4.7	1.2
35-44; N=1014	1.2	2.2	0.2
45-54; N=984	0.9	1.1	0.7
55-64; N=762	0.2	0.5	0.0

TABLE P-26: Last year prevalence of taking any illicit drugs amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4662	5.4	7.5	3.3
Young adults (15-34); N=1871	10.8	14.5	7.0
15-24; N=949	12.7	16.9	8.3
25-34; N=922	8.8	12.0	5.6
35-44; N=1021	3.3	5.0	1.6
45-54; N=996	1.1	1.3	0.8
55-64; N=773	0.5	1.0	0.2

* For the purposes of this study, "any illicit drugs" refers to cannabis, amphetamines, ecstasy, cocaine, heroin and LSD.

TABLE P-27: Last year prevalence of taking cannabis amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4623	5.0	7.1	2.9
Young adults (15-34); N=1855	10.5	14.3	6.6
15-24; N=939	12.6	16.5	8.5
25-34; N=915	8.4	12.0	4.8
35-44; N=1013	2.5	3.9	1.2
45-54; N=990	0.7	1.1	0.4
55-64; N=766	0.5	1.0	0.0

TABLE P-28: Last year prevalence of taking ecstasy amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4624	0.4	0.6	0.1
Young adults (15-34); N=1858	0.5	0.7	0.2
15-24; N=942	0.6	1.0	0.2
25-34; N=916	0.3	0.5	0.2
35-44; N=1011	0.4	0.6	0.2
45-54; N=992	0.3	0.5	0.0
55-64; N=763	0.2	0.2	0.2

TABLE P-29: Last year prevalence of taking amphetamines amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4601	0.8	1.1	0.5
Young adults (15-34); N=1854	1.6	2.0	1.2
15-24; N=941	1.7	2.0	1.3
25-34; N=913	1.5	2.1	1.0
35-44; N=1006	0.3	0.6	0.0
45-54; N=979	0.2	0.3	0.0
55-64; N=762	0.1	0.2	0.0

TABLE P-30: Last year prevalence of taking cocaine amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4614	0.5	0.7	0.3
Young adults (15-34); N=1851	0.9	1.2	0.7
15-24; N=940	0.9	1.4	0.4
25-34; N=911	0.9	1.0	0.9
35-44; N=1014	0.4	0.6	0.2
45-54; N=986	0.2	0.3	0.2
55-64; N=763	0.1	0.2	0.0

TABLE P-31: Last year prevalence of taking heroin amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4616	0.1	0.2	0.0
Young adults (15-34); N=1856	0.1	0.2	0.1
15-24; N=942	0.2	0.2	0.2
25-34; N=913	0.1	0.2	0.0
35-44; N=1011	0.0	0.0	0.0
45-54; N=986	0.2	0.3	0.0
55-64; N=763	0.1	0.2	0.0

TABLE P-32: Last year prevalence of taking LSD amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4604	0.3	0.4	0.1
Young adults (15-34); N=1845	0.4	0.5	0.3
15-24; N=934	0.4	0.6	0.2
25-34; N=928	0.4	0.5	0.3
35-44; N=1012	0.1	0.3	0.0
45-54; N=984	0.3	0.3	0.2
55-64; N=762	0.1	0.2	0.0

TABLE P-33: Last month prevalence of taking any illicit drugs amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4662	3.2	4.4	1.9
Young adults (15-34); N=1880	6.2	8.5	3.9
15-24; N=949	7.3	9.7	4.9
25-34; N=922	5.0	7.2	2.9
35-44; N=1021	1.8	2.8	0.9
45-54; N=996	0.8	1.0	0.6
55-64; N=773	0.5	1.0	0.2

* For the purposes of this study, "any illicit drugs" refers to cannabis, amphetamines, ecstasy, cocaine, heroin and LSD.

TABLE P-34: Last month prevalence of taking cannabis amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4623	2.9	4.2	1.6
Young adults (15-34); N=1855	6.1	8.4	3.7
15-24; N=939	7.3	9.5	5.0
25-34; N=915	4.8	7.2	2.4
35-44; N=1013	1.5	2.3	0.7
45-54; N=990	0.5	0.8	0.2
55-64; N=766	0.5	1.0	0.0

TABLE P-35: Last month prevalence of taking ecstasy amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4625	0.2	0.3	0.1
Young adults (15-34); N=1858	0.2	0.2	0.1
15-24; N=942	0.1	0.0	0.2
25-34; N=916	0.2	0.5	0.0
35-44; N=1011	0.3	0.6	0.0
45-54; N=992	0.3	0.5	0.0
55-64; N=764	0.1	0.0	0.2

TABLE P-36: Last month prevalence of taking amphetamines amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4602	0.2	0.4	0.1
Young adults (15-34); N=1854	0.5	0.8	0.2
15-24; N=941	0.6	1.1	0.2
25-34; N=913	0.3	0.5	0.2
35-44; N=1007	0.0	0.0	0.0
45-54; N=979	0.2	0.3	0.0
55-64; N=776	0.1	0.2	0.0

TABLE P-37: Last year prevalence of taking cocaine amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4614	0.3	0.3	0.2
Young adults (15-34); N=1850	0.4	0.4	0.3
15-24; N=939	0.3	0.4	0.2
25-34; N=911	0.5	0.5	0.5
35-44; N=1014	0.3	0.3	0.2
45-54; N=987	0.2	0.3	0.2
55-64; N=763	0.1	0.2	0.0

TABLE P-38: Last month prevalence of taking heroin amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4617	0.1	0.2	0.0
Young adults (15-34); N=1856	0.1	0.2	0.1
15-24; N=942	0.2	0.2	0.2
25-34; N=913	0.1	0.2	0.0
35-44; N=1011	0.0	0.0	0.0
45-54; N=987	0.2	0.3	0.0
55-64; N=763	0.1	0.2	0.0

TABLE P-39: Last month prevalence of taking LSD amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4605	0.1	0.2	0.1
Young adults (15-34); N=1845	0.1	0.1	0.1
15-24; N=934	0.0	0.0	0.0
25-34; N=911	0.2	0.2	0.2
35-44; N=1012	0.1	0.3	0.0
45-54; N=984	0.3	0.3	0.2
55-64; N=763	0.0	0.0	0.0

TABLE P-40: Frequency of taking cannabis during the last month amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4618			
20 days or more	0.5	0.8	0.1
10-19 days	0.5	0.8	0.1
4-9 days	0.5	0.8	0.3
1-3 days	1.4	1.6	1.2
skipped	97.2	96.0	98.4
Young adults (15-34); N=1851			
20 days or more	1.1	1.8	0.3
10-19 days	1.0	1.8	0.3
4-9 days	1.1	1.6	0.7
1-3 days	2.7	2.9	2.4
skipped	94.1	91.9	91.9
15-24; N=938			
20 days or more	1.3	2.0	0.5
10-19 days	1.3	2.3	0.2
4-9 days	0.8	1.2	0.5
1-3 days	3.8	3.8	3.9
skipped	92.8	90.7	95.0
25-34; N=913			
20 days or more	0.8	1.5	0.2
10-19 days	0.8	1.2	0.3
4-9 days	1.4	2.0	0.9
1-3 days	1.5	2.1	1.0
skipped	95.4	93.2	97.6
35-44; N=1011			
20 days or more	0.0	0.0	0.0
10-19 days	0.1	0.3	0.0
4-9 days	0.3	0.6	0.0
1-3 days	0.9	1.1	0.7
skipped	98.7	98.0	99.3
45-54; N=990			
20 days or more	0.3	0.5	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.2	1.2	0.2
skipped	99.5	99.2	99.8
55-64; N=766			
20 days or more	0.0	0.0	0.0
10-19 days	0.1	0.2	0.0
4-9 days	0.1	0.2	0.0
1-3 days	0.2	0.5	0.0
skipped	99.5	99.0	100.0

TABLE P-41: Frequency of taking ecstasy during the last month amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4625			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.1	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.1	0.2	0.0
skipped	99.8	99.7	99.9
Young adults (15-34); N=1858			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.2	0.2	0.1
skipped	99.8	99.8	99.9
15-24; N=942			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.1	0.0	0.2
skipped	99.9	100.0	99.8
25-34; N=916			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.2	0.5	0.0
skipped	99.8	99.5	100.0
35-44; N=1011			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.3	0.6	0.0
skipped	99.7	99.4	100.0
45-54; N=992			
20 days or more	0.1	0.2	0.0
10-19 days	0.0	0.3	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.2	0.2	0.0
skipped	99.7	99.5	100.0
55-64; N=764			
20 days or more	0.0	0.0	0.0
10-19 days	0.1	0.0	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.0	0.0	0.2
skipped	99.9	100.0	99.8

TABLE P-42: Frequency of taking amphetamines during the last month amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4602			
20 days or more	0.0	0.0	0.0
10-19 days	0.1	0.2	0.0
4-9 days	0.0	0.1	0.0
1-3 days	0.1	0.2	0.1
skipped	99.8	99.5	99.9
Young adults (15-34); N=1854			
20 days or more	0.0	0.0	0.0
10-19 days	0.2	0.3	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.3	0.5	0.2
skipped	99.5	99.2	99.8
15-24; N=941			
20 days or more	0.0	0.0	0.0
10-19 days	0.2	0.4	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.4	0.7	0.2
skipped	99.4	98.9	99.8
25-34; N=913			
20 days or more	0.0	0.0	0.0
10-19 days	0.1	0.2	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.2	0.2	0.2
skipped	99.7	99.5	99.8
35-44; N=1007			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.0	0.0	0.0
skipped	100.0	100.0	100.0
45-54; N=979			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.2	0.3	0.0
1-3 days	0.0	0.0	0.0
skipped	99.8	99.7	100.0
55-64; N=762			
20 days or more	0.0	0.0	0.0
10-19 days	0.1	0.2	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.0	0.0	0.0
skipped	99.9	99.8	100.0

TABLE P-43: Frequency of taking cocaine during the last month amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4614			
20 days or more	0.0	0.0	0.0
10-19 days	0.1	0.1	0.1
4-9 days	0.1	0.1	0.0
1-3 days	0.2	0.2	0.1
skipped	99.7	99.7	99.8
Young adults (15-34); N=1850			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.4	0.4	0.3
skipped	99.6	99.6	99.7
15-24; N=939			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.3	0.4	0.2
skipped	99.7	99.6	99.8
25-34; N=911			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.5	0.5	0.5
skipped	99.5	99.5	99.5
35-44; N=1014			
20 days or more	0.0	0.0	0.0
10-19 days	0.1	0.0	0.2
4-9 days	0.1	0.3	0.0
1-3 days	0.0	0.0	0.0
skipped	99.7	99.7	99.8
45-54; N=987			
20 days or more	0.0	0.0	0.0
10-19 days	0.2	0.3	0.2
4-9 days	0.0	0.0	0.0
1-3 days	0.0	0.0	0.0
skipped	99.8	99.7	99.8
55-64; N=763			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.1	0.2	0.0
1-3 days	0.0	0.0	0.0
skipped	99.9	99.8	100.0

TABLE P-44: Frequency of taking heroin during the last month amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4617			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.1	0.0
4-9 days	0.1	0.1	0.0
1-3 days	0.0	0.0	0.0
skipped	99.9	99.8	100.0
Young adults (15-34); N=1856			
20 days or more	0.1	0.1	0.1
10-19 days	0.0	0.0	0.0
4-9 days	0.1	0.1	0.0
1-3 days	0.0	0.0	0.0
skipped	99.9	99.8	99.9
15-24; N=942			
20 days or more	0.1	0.0	0.2
10-19 days	0.0	0.0	0.0
4-9 days	0.1	0.2	0.0
1-3 days	0.0	0.0	0.0
skipped	99.8	99.8	99.8
25-34; N=913			
20 days or more	0.1	0.2	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.0	0.0	0.0
skipped	99.9	99.8	100.0
35-44; N=1011			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.0	0.0	0.0
skipped	100.0	100.0	100.0
45-54; N=987			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.2	0.3	0.0
1-3 days	0.0	0.0	0.0
skipped	99.8	99.7	100.0
55-64; N=763			
20 days or more	0.0	0.0	0.0
10-19 days	0.1	0.2	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.0	0.0	0.0
skipped	99.9	99.8	100.0

TABLE P-45: Frequency of taking LSD during the last month amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4605			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.1	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.1	0.1	0.0
skipped	99.9	99.8	99.9
Young adults (15-34); N=1856			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.1	0.1	0.1
skipped	99.9	99.9	99.9
15-24; N=942			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.0	0.0	0.0
skipped	100.0	100.0	100.0
25-34; N=913			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.2	0.2	0.2
skipped	99.8	99.8	99.8
35-44; N=1011			
20 days or more	0.0	0.0	0.0
10-19 days	0.1	0.3	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.0	0.0	0.0
skipped	99.9	99.7	100.0
45-54; N=987			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.1	0.0	0.2
1-3 days	0.2	0.3	0.0
skipped	99.7	99.7	99.8
55-64; N=763			
20 days or more	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0
4-9 days	0.0	0.0	0.0
1-3 days	0.0	0.0	0.0
skipped	100.0	100.0	100.0

TABLE P-46: Average age of initial use of cannabis amongst all adults, young adults, age groups and by gender (%)*

	Total	Gender	
		Males	Females
All adults (15-64); N=700			
M	18.26	18.30	18.16
sd	4.085	3.998	4.267
Young adults (15-34); N=463			
M	17.14	17.05	17.31
sd	2.431	2.424	2.441
15-24; N=205			
M	16.40	16.26	16.65
sd	1.947	2.005	1.823
25-34; N=258			
M	17.73	17.67	17.85
sd	2.613	2.547	2.744
35-44; N=163			
M	19.69	20.05	18.56
sd	4.101	4.235	3.461
45-54; N=65			
M	21.67	21.67	21.69
sd	6.956	6.646	7.723
55-64; N=10**			
M	-	-	-
sd	-	-	-

* Only the data of respondents who reported having taken cannabis were taken in the analysis.

** Average age of initial use of cannabis weren't shown, due to the relatively small numbers of respondents in this age group.

M – arithmetic mean, sd – standard deviation

TABLE P-47: Age of initial use of cannabis amongst all adults, young adults, age groups and by gender (%)*

	Total	Gender	
		Males	Females
All adults (15-64); N=700			
<= 13	4.4	5.3	2.9
14-15	14.6	14.2	15.3
16-17	28.8	26.7	33.3
18-19	25.5	25.7	25.2
20-21	15.0	15.7	13.6
22-23	4.0	4.2	3.7
24-25	3.8	4.3	2.9
>= 26	3.8	4.0	3.1
Young adults (15-34); N=463			
<= 13	5.4	6.7	3.4
14-15	19.6	19.6	19.4
16-17	32.9	31.6	35.3
18-19	25.9	26.1	25.3
20-21	12.0	12.4	11.4
22-23	2.6	2.2	3.4
24-25	1.2	1.1	1.5
>= 26	0.4	0.3	0.5
15-24; N=205			
<= 13	6.8	8.8	3.1
14-15	27.3	26.9	28.1
16-17	38.0	38.2	37.6
18-19	21.9	21.2	23.1
20-21	5.2	3.5	8.3
22-23	1.0	1.4	0.0
24-25	0.0	0.0	0.0
>= 26	0.0	0.0	0.0
25-34; N=258			
<= 13	4.4	4.9	3.6
14-15	13.4	14.0	12.2
16-17	28.9	26.5	33.3
18-19	29.0	30.0	27.2
20-21	17.5	19.3	14.0
22-23	4.0	2.8	6.2
24-25	2.1	1.8	2.7
>= 26	0.7	0.5	0.9
35-44; N=163			
<= 13	1.6	1.2	2.9
14-15	5.0	4.7	5.9
16-17	24.5	21.0	35.3
18-19	26.6	27.6	23.5
20-21	20.0	19.7	20.7
22-23	5.1	5.8	2.9
24-25	10.4	12.8	3.0
>= 26	6.8	7.1	5.9
45-54; N=65			
<= 13	4.6	6.8	0.0
14-15	4.8	5.1	4.3
16-17	12.2	8.5	19.8
18-19	20.3	16.3	28.5
20-21	24.0	26.5	19.0
22-23	12.0	13.6	8.6
24-25	5.1	2.5	10.3
>= 26	16.8	20.3	9.4
55-64; N=10**			
<= 13	0.0	0.0	0.0
14-15	0.0	0.0	0.0
16-17	2.0	2.0	0.0
18-19	2.0	2.0	1.0
20-21	1.0	0.0	0.0
22-23	0.0	1.0	0.0
24-25	1.0	0.0	1.0
>= 26	4.0	1.0	3.0

* Only the data of respondents who reported having taken cannabis were taken in the analysis.

** In this age group were shown only frequencies, due to the relatively small number of cases.

TABLE P-48: Average age of initial use of individual types of illicit drug amongst all adults (%)

All adults (15-64)	Total
ecstasy, N=112	
M	19.26
sd	3.613
amphetamines, N=115	
M	19.72
sd	3.705
cocaine, N=99	
M	21.84
sd	5.202
LSD, N=61	
M	20.46
sd	3.328
heroin, N=18**	
M	-
sd	-

* Only the data of respondents who reported having taken named illicit drugs were taken in the analysis.

** In this age group were shown only frequencies, due to the relatively small number of cases.

M – arithmetic mean, sd – standard deviation

TABLE P-49: Age of initial use of individual types of illicit drug amongst all adults (%)

	ecstasy N=112	amphetamines N=115	cocaine N=99	LSD N=61	heroin N=18**
All adults (15-64)					
<= 13	0.0	1.0	0.0	2.4	1
14-15	10.2	7.1	2.8	1.5	1
16-17	23.8	23.3	11.8	15.6	4
18-19	25.5	22.4	21.2	18.1	3
20-21	18.0	19.0	24.6	30.5	5
22-23	8.6	10.2	11.5	9.6	3
24-25	9.0	11.8	13.1	19.1	0
>= 26	5.0	5.3	15.0	3.2	1

* Only the data of respondents who reported having taken named illicit drugs were taken in the analysis.

** In this age group were shown only frequencies, due to the relatively small number of cases.

Tables with the data on opinions about drug addicts, drug policies, substance use and perception of risk associated with substances use

TABLE P-50: Opinions about drug addicts amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4660			
more as a criminal	5.7	6.6	4.8
more as a patient	52.6	49.6	55.6
neither a criminal nor a patient	8.3	9.5	7.1
both a criminal and a patient	20.9	21.2	20.6
don't know / cannot decide	12.4	13.0	11.9
Young adults (15-34), N=1874			
more as a criminal	4.2	4.7	3.7
more as a patient	49.1	46.8	51.5
neither a criminal nor a patient	12.4	14.8	9.8
both a criminal and a patient	20.4	19.6	21.3
don't know / cannot decide	13.9	14.1	13.6
15-24. N=951			
more as a criminal	4.3	5.1	3.5
more as a patient	46.5	43.2	50.0
neither a criminal nor a patient	14.4	18.2	10.4
both a criminal and a patient	20.0	19.1	20.9
don't know / cannot decide	14.8	14.4	15.2
25-34. N=924			
more as a criminal	4.1	4.3	3.9
more as a patient	51.8	50.5	53.1
neither a criminal nor a patient	10.3	11.4	9.2
both a criminal and a patient	20.9	20.0	21.8
don't know / cannot decide	12.9	13.8	12.1
35-44. N=1019			
more as a criminal	4.3	4.5	4.1
more as a patient	56.5	53.4	59.7
neither a criminal nor a patient	6.4	6.8	5.9
both a criminal and a patient	22.2	22.3	22.0
don't know / cannot decide	10.6	12.9	8.2
45-54. N=996			
more as a criminal	5.8	7.8	3.8
more as a patient	57.4	53.7	61.1
neither a criminal nor a patient	5.3	5.0	5.7
both a criminal and a patient	20.2	21.1	19.3
don't know / cannot decide	11.3	12.4	10.1
55-64. N=771			
more as a criminal	11.1	13.2	9.2
more as a patient	49.6	45.7	53.0
neither a criminal nor a patient	4.9	5.7	4.2
both a criminal and a patient	21.5	24.4	19.0
don't know / cannot decide	13.0	11.1	14.6

TABLE P-51: Opinions about allowing people to take marijuana or hashish amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4661			
fully disagree	53.3	48.2	58.4
largely disagree	13.5	13.6	13.5
neither agree nor disagree	14.9	15.7	14.0
largely agree	9.6	11.1	8.2
fully agree	8.7	11.4	5.9
Young adults (15-34), N=1876			
fully disagree	39.1	31.9	46.6
largely disagree	15.4	14.5	16.4
neither agree nor disagree	18.5	19.5	17.5
largely agree	13.4	15.8	10.9
fully agree	13.6	18.3	8.8
15-24. N=951			
fully disagree	37.7	33.0	42.7
largely disagree	16.0	14.7	17.4
neither agree nor disagree	19.3	18.6	20.1
largely agree	13.1	15.5	10.5
fully agree	13.8	18.2	9.2
25-34. N=925			
fully disagree	40.5	30.8	50.4
largely disagree	14.8	14.4	15.3
neither agree nor disagree	17.7	20.5	14.8
largely agree	13.6	16.0	11.2
fully agree	13.3	18.3	8.3
35-44. N=1023			
fully disagree	53.4	48.7	58.1
largely disagree	14.6	15.4	13.9
neither agree nor disagree	14.7	15.7	13.7
largely agree	9.4	10.4	8.4
fully agree	7.9	9.9	5.9
45-54. N=992			
fully disagree	62.8	60.8	64.7
largely disagree	12.2	13.2	11.2
neither agree nor disagree	13.4	13.1	13.8
largely agree	6.8	7.2	6.4
fully agree	4.9	5.7	4.0
55-64. N=770			
fully disagree	75.7	73.4	77.8
largely disagree	9.3	9.3	9.2
neither agree nor disagree	8.1	9.3	7.1
largely agree	4.4	4.9	4.0
fully agree	2.5	3.2	2.0

TABLE P-52: Opinions about allowing people to take heroin amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4659			
fully disagree	88.0	86.4	89.6
largely disagree	6.5	7.7	5.3
neither agree nor disagree	3.2	3.7	2.8
largely agree	1.1	1.2	0.9
fully agree	1.2	1.0	1.4
Young adults (15-34), N=1876			
fully disagree	85.0	82.5	87.4
largely disagree	8.7	10.0	7.3
neither agree nor disagree	4.1	4.7	3.4
largely agree	0.9	1.3	0.6
fully agree	1.4	1.4	1.3
15-24. N=951			
fully disagree	83.9	81.8	86.1
largely disagree	9.7	11.5	7.7
neither agree nor disagree	4.3	4.6	4.1
largely agree	0.9	1.1	0.8
fully agree	1.1	1.0	1.3
25-34. N=925			
fully disagree	86.0	83.3	88.8
largely disagree	7.6	8.5	6.8
neither agree nor disagree	3.8	4.8	2.7
largely agree	0.9	1.5	0.3
fully agree	1.6	1.9	1.4
35-44. N=1021			
fully disagree	88.5	87.1	89.9
largely disagree	6.2	7.6	4.8
neither agree nor disagree	2.7	3.6	1.8
largely agree	1.3	1.4	1.1
fully agree	1.3	0.3	2.3
45-54. N=993			
fully disagree	90.7	89.8	91.5
largely disagree	4.5	5.5	3.6
neither agree nor disagree	2.5	2.4	2.7
largely agree	1.2	1.1	1.3
fully agree	1.1	1.1	1.0
55-64. N=769			
fully disagree	91.1	90.7	91.5
largely disagree	4.1	4.7	3.6
neither agree nor disagree	2.8	2.7	2.8
largely agree	1.0	1.0	1.0
fully agree	1.0	1.0	1.0

TABLE P-53: Opinions about trying ecstasy once or twice amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4656			
do not disapprove	12.3	14.0	10.6
disapprove	25.5	24.6	26.4
strongly disapprove	55.2	53.2	57.2
don't know	7.0	8.2	5.8
Young adults (15-34), N=1875			
do not disapprove	18.6	21.5	15.7
disapprove	28.6	26.6	30.6
strongly disapprove	44.4	42.0	46.8
don't know	8.5	10.0	6.9
15-24. N=951			
do not disapprove	18.4	21.2	15.4
disapprove	28.0	26.2	29.8
strongly disapprove	44.6	42.2	47.1
don't know	9.1	10.4	7.7
25-34. N=924			
do not disapprove	18.8	21.7	16.0
disapprove	29.2	27.0	31.4
strongly disapprove	44.1	41.8	46.5
don't know	7.8	9.5	6.1
35-44. N=1021			
do not disapprove	11.6	14.2	8.9
disapprove	28.2	26.2	30.1
strongly disapprove	52.6	51.1	54.1
don't know	7.7	8.5	6.9
45-54. N=991			
do not disapprove	7.5	7.3	7.7
disapprove	22.7	22.4	23.0
strongly disapprove	64.8	64.2	65.5
don't know	5.0	6.1	3.8
55-64. N=769			
do not disapprove	4.1	3.4	4.7
disapprove	18.1	20.0	16.4
strongly disapprove	72.7	70.5	74.6
don't know	5.2	6.1	4.3

TABLE P-54: Opinions about trying heroin once or twice amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4652			
do not disapprove	5.4	6.0	4.7
disapprove	22.2	22.4	21.9
strongly disapprove	67.4	65.3	69.5
don't know	5.0	6.3	3.9
Young adults (15-34), N=1872			
do not disapprove	7.1	7.8	6.3
disapprove	25.3	25.7	24.9
strongly disapprove	61.5	59.2	63.8
don't know	6.2	7.3	5.0
15-24. N=950			
do not disapprove	7.4	8.1	6.7
disapprove	25.5	26.1	24.9
strongly disapprove	60.1	57.7	62.7
don't know	7.0	8.1	5.7
25-34. N=922			
do not disapprove	6.8	7.6	6.0
disapprove	25.0	25.2	24.8
strongly disapprove	62.8	60.7	65.0
don't know	5.4	6.5	4.3
35-44. N=1021			
do not disapprove	5.5	6.4	4.6
disapprove	24.2	23.9	24.4
strongly disapprove	65.2	63.2	67.1
don't know	5.2	6.5	3.9
45-54. N=990			
do not disapprove	4.1	4.5	3.7
disapprove	18.9	17.8	20.1
strongly disapprove	73.4	72.8	74.1
don't know	3.5	4.9	2.1
55-64. N=768			
do not disapprove	2.6	2.9	2.3
disapprove	16.2	18.0	14.6
strongly disapprove	77.1	74.1	79.8
don't know	4.1	4.9	3.3

TABLE P-55: Opinions about smoking 10 or more cigarettes a day amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4677			
do not disapprove	0.2	0.2	0.2
disapprove	99.7	99.8	99.7
strongly disapprove	0.1	0.1	0.1
don't know	0.0	0.0	0.0
Young adults (15-34), N=1879			
do not disapprove	0.2	0.1	0.3
disapprove	99.6	99.7	99.6
strongly disapprove	0.1	0.2	0.1
don't know	0.0	0.0	0.0
15-24. N=952			
do not disapprove	0.3	0.3	0.3
disapprove	99.6	99.5	99.7
strongly disapprove	0.1	0.2	0.0
don't know	0.0	0.0	0.0
25-34. N=927			
do not disapprove	0.2	0.0	0.3
disapprove	99.6	99.8	99.5
strongly disapprove	0.2	0.2	0.2
don't know	0.0	0.0	0.0
35-44. N=1023			
do not disapprove	0.3	0.3	0.2
disapprove	99.7	99.7	99.8
strongly disapprove	0.0	0.0	0.0
don't know	0.0	0.0	0.0
45-54. N=999			
do not disapprove	0.1	0.0	0.2
disapprove	99.9	100.0	99.8
strongly disapprove	0.0	0.0	0.0
don't know	0.0	0.0	0.0
55-64. N=776			
do not disapprove	0.1	0.2	0.0
disapprove	99.8	99.8	99.8
strongly disapprove	0.1	0.0	0.2
don't know	0.0	0.0	0.0

TABLE P-56: Opinions about having one or two drinks several times a week amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4653			
do not disapprove	59.8	67.5	52.2
disapprove	18.7	14.5	22.8
strongly disapprove	12.7	9.4	15.9
don't know	8.8	8.6	9.0
Young adults (15-34), N=1873			
do not disapprove	63.8	71.2	56.2
disapprove	15.9	11.6	20.4
strongly disapprove	9.2	7.0	11.4
don't know	11.1	10.3	11.9
15-24. N=951			
do not disapprove	61.3	67.0	55.3
disapprove	15.2	12.4	18.1
strongly disapprove	10.6	8.7	12.7
don't know	12.9	11.9	13.8
25-34. N=922			
do not disapprove	66.4	75.5	57.1
disapprove	16.7	10.7	22.8
strongly disapprove	7.6	5.3	10.0
don't know	9.3	8.5	10.0
35-44. N=1021			
do not disapprove	60.1	67.7	52.5
disapprove	19.0	14.1	24.0
strongly disapprove	12.3	9.7	14.8
don't know	8.6	8.5	8.7
45-54. N=991			
do not disapprove	55.8	63.1	48.5
disapprove	21.3	17.3	25.3
strongly disapprove	15.3	11.8	18.8
don't know	7.6	7.8	7.3
55-64. N=768			
do not disapprove	54.8	63.4	47.2
disapprove	21.5	18.9	23.8
strongly disapprove	18.5	12.3	24.0
don't know	5.2	5.4	5.0

TABLE P-57: Opinions about smoking marijuana or hashish occasionally amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4654			
do not disapprove	21.3	25.7	17.0
disapprove	26.8	26.4	27.2
strongly disapprove	43.8	39.3	48.2
don't know	8.1	8.6	7.6
Young adults (15-34), N=1874			
do not disapprove	32.1	39.0	25.1
disapprove	27.2	26.3	28.1
strongly disapprove	30.2	24.7	35.8
don't know	10.5	10.0	11.0
15-24. N=951			
do not disapprove	32.7	38.8	26.4
disapprove	25.3	25.7	24.9
strongly disapprove	29.4	24.6	34.3
don't know	12.6	11.0	14.4
25-34. N=923			
do not disapprove	31.5	39.2	23.8
disapprove	29.2	26.9	31.4
strongly disapprove	31.1	24.9	37.4
don't know	8.2	9.0	7.5
35-44. N=1020			
do not disapprove	20.5	24.4	16.7
disapprove	28.8	26.9	30.8
strongly disapprove	42.0	38.0	45.9
don't know	8.7	10.7	6.6
45-54. N=991			
do not disapprove	13.7	15.9	11.5
disapprove	27.4	27.7	27.2
strongly disapprove	53.5	50.7	56.3
don't know	5.4	5.7	5.0
55-64. N=769			
do not disapprove	6.0	6.1	5.8
disapprove	22.3	24.1	20.6
strongly disapprove	66.7	63.9	69.2
don't know	5.1	5.9	4.3

TABLE P-58: Perception of risk associated with smoking one or more packs of cigarettes a day amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4630			
no risk	2.8	3.4	2.2
slight risk	11.1	12.8	9.4
moderate risk	29.1	30.9	27.2
great risk	57.1	52.9	61.2
Young adults (15-34), N=1860			
no risk	3.0	4.0	2.0
slight risk	13.3	15.4	11.0
moderate risk	30.6	31.4	29.7
great risk	53.2	49.1	57.3
15-24. N=942			
no risk	3.3	4.0	2.5
slight risk	14.8	16.7	12.9
moderate risk	31.9	31.7	32.0
great risk	50.1	47.6	52.6
25-34. N=918			
no risk	2.7	4.1	1.4
slight risk	11.7	14.2	9.2
moderate risk	29.2	31.1	27.4
great risk	56.4	50.6	62.1
35-44. N=1016			
no risk	2.6	3.1	2.1
slight risk	10.3	10.5	10.0
moderate risk	29.8	34.7	24.9
great risk	57.3	51.6	63.0
45-54. N=987			
no risk	2.2	2.4	2.0
slight risk	9.3	10.6	8.0
moderate risk	28.1	29.1	27.2
great risk	60.4	58.0	62.8
55-64. N=767			
no risk	3.3	3.7	3.0
slight risk	9.0	12.0	6.5
moderate risk	25.7	27.0	24.7
great risk	61.9	57.4	65.8

TABLE P-59: Perception of risk associated with having five or more drinks each weekend amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4629			
no risk	6.4	8.9	3.9
slight risk	18.5	22.4	14.8
moderate risk	36.7	36.6	36.8
great risk	38.3	32.1	44.5
Young adults (15-34), N=1859			
no risk	8.5	11.3	5.7
slight risk	24.2	27.9	20.4
moderate risk	37.8	36.0	39.7
great risk	29.5	24.8	34.3
15-24. N=942			
no risk	9.4	12.2	6.6
slight risk	25.9	29.2	22.5
moderate risk	37.0	33.6	40.7
great risk	27.6	25.1	30.2
25-34. N=917			
no risk	7.6	10.4	4.8
slight risk	22.4	26.6	18.2
moderate risk	38.6	38.5	38.7
great risk	31.4	24.5	38.3
35-44. N=1017			
no risk	5.5	8.7	2.3
slight risk	17.3	21.6	13.0
moderate risk	38.2	40.4	36.1
great risk	39.0	29.3	48.6
45-54. N=986			
no risk	3.6	5.1	2.2
slight risk	14.0	17.1	10.9
moderate risk	36.4	37.9	35.0
great risk	45.9	39.9	51.9
55-64. N=766			
no risk	5.9	8.4	3.7
slight risk	12.4	16.2	9.1
moderate risk	32.5	31.2	33.6
great risk	49.2	44.2	53.5

TABLE P-60: Perception of risk associated with smoking marijuana or hashish regularly amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4621			
no risk	1.8	2.8	0.8
slight risk	7.2	9.4	4.9
moderate risk	19.1	20.4	17.7
great risk	72.0	67.4	76.5
Young adults (15-34), N=1853			
no risk	3.3	5.0	1.5
slight risk	11.3	14.9	7.6
moderate risk	25.5	27.7	23.3
great risk	60.0	52.4	67.6
15-24. N=940			
no risk	3.9	6.4	1.3
slight risk	11.5	14.0	8.9
moderate risk	25.9	26.7	25.0
great risk	58.8	52.9	64.8
25-34. N=914			
no risk	2.6	3.4	1.7
slight risk	11.1	15.8	6.3
moderate risk	25.2	28.8	21.5
great risk	61.2	52.0	70.4
35-44. N=1016			
no risk	1.2	2.0	0.5
slight risk	6.9	9.1	4.8
moderate risk	19.0	20.1	17.9
great risk	72.9	68.8	76.9
45-54. N=985			
no risk	0.7	1.2	0.2
slight risk	3.5	4.0	3.0
moderate risk	14.9	14.4	15.5
great risk	80.9	80.5	81.3
55-64. N=767			
no risk	0.2	0.3	0.2
slight risk	2.3	3.2	1.5
moderate risk	9.0	10.3	7.8
great risk	88.5	86.3	90.5

TABLE P-61: Perception of risk associated with trying ecstasy once or twice amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4628			
no risk	1.8	2.6	1.0
slight risk	6.2	7.2	5.2
moderate risk	14.5	14.7	14.4
great risk	77.6	75.6	79.5
Young adults (15-34), N=1859			
no risk	2.9	4.2	1.5
slight risk	9.6	10.7	8.6
moderate risk	19.6	20.2	19.0
great risk	67.9	64.9	70.9
15-24. N=941			
no risk	3.4	5.7	1.1
slight risk	8.8	9.0	8.6
moderate risk	19.5	19.3	19.6
great risk	68.3	66.0	70.7
25-34. N=918			
no risk	2.3	2.8	1.9
slight risk	10.5	12.4	8.5
moderate risk	19.8	21.1	18.4
great risk	67.5	63.7	71.2
35-44. N=1017			
no risk	1.8	2.5	1.1
slight risk	6.6	9.3	3.9
moderate risk	14.8	14.6	15.1
great risk	76.8	73.6	79.9
45-54. N=986			
no risk	0.5	0.5	0.4
slight risk	2.6	2.5	2.7
moderate risk	10.9	11.5	10.4
great risk	86.0	85.4	86.5
55-64. N=765			
no risk	0.6	1.0	0.3
slight risk	1.7	1.2	2.2
moderate risk	6.4	4.9	7.8
great risk	91.2	92.9	89.7

TABLE P-62: Perception of risk associated with trying cocaine (or crack) once or twice amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4629			
no risk	1.3	1.9	0.7
slight risk	3.7	4.3	3.2
moderate risk	9.7	10.3	9.1
great risk	85.3	83.6	86.9
Young adults (15-34), N=1859			
no risk	2.0	3.0	0.9
slight risk	6.4	6.7	6.1
moderate risk	13.2	14.5	11.9
great risk	78.4	75.8	81.1
15-24. N=941			
no risk	2.8	5.1	0.5
slight risk	6.5	6.3	6.6
moderate risk	13.6	14.2	13.0
great risk	77.1	74.4	79.9
25-34. N=918			
no risk	1.1	0.9	1.4
slight risk	6.4	7.1	5.6
moderate risk	12.8	14.8	10.7
great risk	79.7	77.2	82.3
35-44. N=1017			
no risk	1.5	1.7	1.4
slight risk	3.2	5.4	1.1
moderate risk	10.5	10.8	10.3
great risk	84.7	82.2	87.2
45-54. N=986			
no risk	0.5	0.8	0.2
slight risk	1.4	0.9	1.9
moderate risk	6.6	6.9	6.2
great risk	91.5	91.4	91.7
55-64. N=766			
no risk	0.4	0.7	0.2
slight risk	0.8	1.0	0.7
moderate risk	4.2	3.2	5.2
great risk	94.5	95.1	94.0

TABLE P-63: Perception of risk associated with trying heroin once or twice amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4629			
no risk	0.7	1.0	0.4
slight risk	2.2	2.4	2.0
moderate risk	7.9	8.2	7.7
great risk	89.1	88.4	89.9
Young adults (15-34), N=1859			
no risk	1.0	1.5	0.5
slight risk	3.8	3.8	3.7
moderate risk	10.6	11.1	10.0
great risk	84.7	83.6	85.8
15-24. N=941			
no risk	1.2	2.3	0.2
slight risk	4.4	4.6	4.2
moderate risk	11.3	11.3	11.3
great risk	83.1	81.8	84.3
25-34. N=918			
no risk	0.8	0.7	0.9
slight risk	3.1	3.1	3.2
moderate risk	9.8	10.8	8.7
great risk	86.3	85.4	87.2
35-44. N=1017			
no risk	0.8	0.8	0.7
slight risk	1.7	2.8	0.7
moderate risk	8.5	9.1	8.0
great risk	88.9	87.2	90.6
45-54. N=986			
no risk	0.5	0.8	0.2
slight risk	0.7	0.3	1.2
moderate risk	5.9	5.7	6.1
great risk	92.9	93.2	92.6
55-64. N=766			
no risk	0.4	0.5	0.3
slight risk	0.8	0.7	0.8
moderate risk	3.4	2.9	3.8
great risk	95.4	95.9	95.0

Tables with the data on opinions about availability of drugs in the Republic of Croatia

TABLE P-64: Perceived general access to any drugs amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4635			
very difficult	3.1	3.2	3.0
difficult	11.2	12.9	9.6
neither difficult nor easy	12.9	14.0	11.8
easy	44.9	43.4	46.3
very easy	27.9	26.5	29.3
Young adults (15-34), N=1866			
very difficult	3.2	3.4	3.0
difficult	11.7	13.6	9.7
neither difficult nor easy	12.9	14.4	11.3
easy	44.8	42.8	46.9
very easy	27.4	25.8	29.2
15-24. N=944			
very difficult	4.0	4.9	3.1
difficult	12.7	14.6	10.6
neither difficult nor easy	13.2	13.9	12.5
easy	43.3	40.6	46.2
very easy	26.8	26.0	27.6
25-34. N=922			
very difficult	2.4	1.8	2.9
difficult	10.6	12.5	8.7
neither difficult nor easy	12.5	15.0	10.1
easy	46.4	45.2	47.5
very easy	28.1	25.5	30.8
35-44. N=1016			
very difficult	2.2	2.6	1.8
difficult	12.2	14.5	9.8
neither difficult nor easy	12.1	13.9	10.3
easy	46.8	44.0	49.6
very easy	26.7	25.0	28.4
45-54. N=992			
very difficult	4.2	4.4	4.0
difficult	9.6	11.0	8.2
neither difficult nor easy	12.0	11.0	12.9
easy	44.0	44.0	44.0
very easy	30.2	29.5	30.9
55-64. N=761			
very difficult	2.8	1.9	3.5
difficult	10.9	11.1	10.7
neither difficult nor easy	15.3	17.0	13.8
easy	43.4	43.4	43.5
very easy	27.6	26.6	28.5

TABLE P-65: Perceived access to any drugs personally amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4621			
very difficult	55.4	50.2	60.5
difficult	13.5	14.8	12.2
neither difficult nor easy	14.8	15.1	14.4
easy	10.9	13.1	8.7
very easy	5.4	6.8	4.1
Young adults (15-34), N=1864			
very difficult	37.2	31.8	42.7
difficult	18.3	18.9	17.8
neither difficult nor easy	18.2	18.7	17.7
easy	17.9	20.1	15.8
very easy	8.4	10.6	6.1
15-24. N=944			
very difficult	34.6	32.1	37.2
difficult	18.4	18.6	18.3
neither difficult nor easy	16.3	15.7	16.9
easy	20.8	20.6	21.0
very easy	9.9	13.0	6.6
25-34. N=920			
very difficult	39.8	31.4	48.3
difficult	18.2	19.2	17.2
neither difficult nor easy	20.2	21.9	18.4
easy	15.0	19.5	10.4
very easy	6.9	8.1	5.6
35-44. N=1008			
very difficult	57.2	51.4	62.9
difficult	14.1	16.3	12.0
neither difficult nor easy	13.7	12.6	14.7
easy	9.4	12.0	6.9
very easy	5.6	7.7	3.5
45-54. N=986			
very difficult	68.3	64.0	72.5
difficult	10.5	12.3	8.6
neither difficult nor easy	13.6	13.8	13.4
easy	5.2	7.9	2.5
very easy	2.5	2.1	3.0
55-64. N=763			
very difficult	80.8	78.0	83.3
difficult	4.9	5.5	4.4
neither difficult nor easy	9.3	10.9	8.0
easy	3.2	3.7	2.7
very easy	1.8	2.0	1.6

TABLE P-66: Personal experience of drug availability amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4562			
yes	34.1	41.5	26.9
no	65.9	58.5	73.1
Young adults (15-34), N=1829			
yes	53.2	60.2	46.1
no	46.8	39.8	53.9
15-24. N=924			
yes	53.5	58.6	48.2
no	46.5	41.4	51.8
25-34. N=905			
yes	53.0	61.9	44.1
no	47.0	38.1	55.9
35-44. N=1004			
yes	35.0	48.5	21.7
no	65.0	51.5	78.3
45-54. N=972			
yes	18.9	22.5	15.2
no	81.1	77.5	84.8
55-64. N=756			
yes	6.4	8.9	4.2
no	93.6	91.1	95.8

TABLE P-67: Perceived personal access to cannabis amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4609			
very easy	18.6	20.8	16.4
easy	14.3	16.1	12.4
neither difficult nor easy	15.6	17.3	13.9
difficult	14.4	13.1	15.8
very difficult	37.1	32.7	41.5
Young adults (15-34), N=1862			
very easy	27.6	30.0	25.1
easy	18.7	20.5	16.8
neither difficult nor easy	17.6	18.6	16.6
difficult	12.5	10.5	14.5
very difficult	23.6	20.4	27.0
15-24. N=943			
very easy	28.7	30.9	26.3
easy	20.9	23.1	18.6
neither difficult nor easy	16.5	16.6	16.5
difficult	11.2	7.3	15.3
very difficult	22.7	22.0	23.4
25-34. N=919			
very easy	26.5	29.1	23.8
easy	16.4	17.8	15.1
neither difficult nor easy	18.7	20.6	16.8
difficult	13.8	13.8	13.7
very difficult	24.6	18.7	30.7
35-44. N=1013			
very easy	18.1	22.3	13.8
easy	13.9	15.0	12.7
neither difficult nor easy	16.7	17.9	15.4
difficult	14.7	13.9	15.4
very difficult	36.7	30.8	42.6
45-54. N=981			
very easy	10.7	11.4	10.1
easy	12.2	13.3	11.1
neither difficult nor easy	14.1	15.5	12.6
difficult	17.2	16.9	17.5
very difficult	45.8	42.9	48.7
55-64. N=754			
very easy	7.1	7.0	7.2
easy	6.5	9.7	3.7
neither difficult nor easy	11.2	15.2	7.6
difficult	15.4	13.7	16.9
very difficult	59.8	54.4	64.5

TABLE P-68: Perceived personal access to ecstasy amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4602			
very easy	8.9	10.5	7.2
easy	11.3	12.3	10.3
neither difficult nor easy	15.6	16.0	15.2
difficult	18.6	19.0	18.1
very difficult	45.6	42.1	49.1
Young adults (15-34), N=1861			
very easy	11.2	13.4	8.9
easy	14.5	14.5	14.4
neither difficult nor easy	18.4	17.9	19.0
difficult	21.3	22.5	20.1
very difficult	34.6	31.7	37.6
15-24. N=943			
very easy	9.0	11.2	6.7
easy	15.5	15.2	15.8
neither difficult nor easy	18.9	17.4	20.4
difficult	23.5	23.7	23.3
very difficult	33.1	32.5	33.8
25-34. N=918			
very easy	13.4	15.7	11.1
easy	13.4	13.8	13.0
neither difficult nor easy	18.0	18.4	17.5
difficult	19.0	21.2	16.8
very difficult	36.1	30.8	41.5
35-44. N=1013			
very easy	10.4	13.0	7.8
easy	10.8	13.3	8.3
neither difficult nor easy	15.9	16.1	15.7
difficult	18.7	17.4	20.0
very difficult	44.2	40.2	48.2
45-54. N=976			
very easy	5.7	6.5	5.0
easy	10.2	10.0	10.3
neither difficult nor easy	13.6	13.8	13.4
difficult	16.7	18.0	15.5
very difficult	53.8	51.7	55.8
55-64. N=752			
very easy	5.1	4.8	5.3
easy	5.7	8.2	3.6
neither difficult nor easy	11.0	14.0	8.5
difficult	14.1	13.7	14.4
very difficult	64.1	59.4	68.2

TABLE P-69: Perceived personal access to amphetamines amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4601			
very easy	7.8	9.4	6.3
easy	9.8	10.5	9.0
neither difficult nor easy	15.9	16.3	15.6
difficult	19.0	19.4	18.6
very difficult	47.5	44.4	50.6
Young adults (15-34), N=1861			
very easy	10.5	13.6	7.4
easy	11.9	11.9	11.9
neither difficult nor easy	18.9	17.6	20.3
difficult	21.8	22.4	21.1
very difficult	36.9	34.6	39.3
15-24. N=942			
very easy	9.1	12.3	5.8
easy	12.3	12.2	12.4
neither difficult nor easy	19.8	17.8	22.0
difficult	23.1	22.0	24.3
very difficult	35.6	35.7	35.5
25-34. N=918			
very easy	11.9	14.9	8.9
easy	11.5	11.6	11.5
neither difficult nor easy	18.0	17.3	18.6
difficult	20.3	22.7	17.9
very difficult	38.2	33.4	43.1
35-44. N=1011			
very easy	8.0	9.3	6.7
easy	9.7	12.2	7.2
neither difficult nor easy	16.9	17.8	15.9
difficult	18.6	17.7	19.6
very difficult	46.8	43.0	50.6
45-54. N=975			
very easy	4.9	5.0	4.8
easy	9.2	8.7	9.8
neither difficult nor easy	12.9	13.6	12.3
difficult	17.6	19.2	16.1
very difficult	55.3	53.6	57.1
55-64. N=770			
very easy	4.7	4.3	5.0
easy	5.3	6.9	3.8
neither difficult nor easy	11.2	14.4	8.3
difficult	14.2	14.0	14.4
very difficult	64.7	60.4	68.6

TABLE P-70: Perceived personal access to amphetamines amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4603			
very easy	5.9	7.2	4.6
easy	6.7	6.9	6.5
neither difficult nor easy	15.0	16.3	13.7
difficult	19.4	19.7	19.1
very difficult	53.0	49.9	56.0
Young adults (15-34), N=1862			
very easy	7.3	9.5	5.0
easy	7.5	6.8	8.1
neither difficult nor easy	17.2	17.8	16.6
difficult	22.4	22.5	22.4
very difficult	45.6	43.4	47.9
15-24. N=942			
very easy	5.5	6.7	4.2
easy	7.4	6.4	8.4
neither difficult nor easy	18.0	19.1	17.0
difficult	24.9	23.2	26.7
very difficult	44.2	44.6	43.8
25-34. N=920			
very easy	9.1	12.4	5.8
easy	7.5	7.2	7.9
neither difficult nor easy	16.4	16.5	16.2
difficult	19.9	21.7	18.1
very difficult	47.0	42.2	52.0
35-44. N=1013			
very easy	6.5	7.7	5.3
easy	6.8	8.5	5.1
neither difficult nor easy	16.8	19.0	14.5
difficult	19.8	19.0	20.5
very difficult	50.2	45.8	54.6
45-54. N=976			
very easy	3.8	4.3	3.3
easy	6.8	6.2	7.3
neither difficult nor easy	12.5	12.5	12.6
difficult	17.4	19.1	15.6
very difficult	59.6	57.9	61.2
55-64. N=752			
very easy	4.5	4.3	4.7
easy	4.7	6.0	3.6
neither difficult nor easy	10.3	13.4	7.6
difficult	14.1	14.0	14.2
very difficult	66.4	62.3	69.9

TABLE P-71: Perceived personal access to amphetamines amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4602			
very easy	5.6	7.0	4.2
easy	6.0	6.0	6.0
neither difficult nor easy	14.5	15.7	13.3
difficult	19.1	19.2	19.1
very difficult	54.8	52.1	57.5
Young adults (15-34), N=1861			
very easy	6.9	9.6	4.1
easy	6.5	5.4	7.7
neither difficult nor easy	15.7	15.6	15.7
difficult	22.3	22.3	22.4
very difficult	48.6	47.1	50.1
15-24. N=943			
very easy	5.3	7.3	3.2
easy	7.5	6.2	8.8
neither difficult nor easy	16.0	16.3	15.7
difficult	24.4	22.4	26.5
very difficult	46.8	47.8	45.8
25-34. N=918			
very easy	8.5	12.0	5.0
easy	5.6	4.5	6.7
neither difficult nor easy	15.3	14.9	15.8
difficult	20.2	22.2	18.2
very difficult	50.4	46.4	54.5
35-44. N=1013			
very easy	6.0	7.1	4.8
easy	6.0	7.9	4.1
neither difficult nor easy	17.1	19.9	14.3
difficult	18.9	17.6	20.3
very difficult	52.0	47.5	56.5
45-54. N=976			
very easy	3.8	4.3	3.3
easy	6.0	5.3	6.7
neither difficult nor easy	12.7	12.9	12.4
difficult	16.9	17.9	15.9
very difficult	60.7	59.6	61.8
55-64. N=752			
very easy	4.4	4.0	4.7
easy	4.5	5.7	3.4
neither difficult nor easy	10.3	13.6	7.4
difficult	14.4	14.7	14.1
very difficult	66.4	61.9	70.3

TABLE P-72: Perceived personal access to LSD amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64), N=4536			
very easy	6.1	7.5	4.7
easy	6.4	6.5	6.2
neither difficult nor easy	15.9	17.3	14.4
difficult	19.1	19.6	18.6
very difficult	52.6	49.1	56.0
Young adults (15-34), N=1831			
very easy	7.4	9.7	5.0
easy	7.0	6.2	7.8
neither difficult nor easy	18.8	19.3	18.2
difficult	22.0	22.8	21.2
very difficult	44.8	42.0	47.7
15-24. N=927			
very easy	6.3	7.8	4.8
easy	7.6	7.5	7.6
neither difficult nor easy	19.3	20.2	18.3
difficult	22.9	22.3	23.5
very difficult	44.0	42.2	45.8
25-34. N=904			
very easy	8.5	11.7	5.2
easy	6.4	4.8	8.0
neither difficult nor easy	18.2	18.3	18.2
difficult	21.1	23.3	18.8
very difficult	45.8	41.9	49.7
35-44. N=1000			
very easy	6.7	8.3	5.1
easy	6.7	8.0	5.4
neither difficult nor easy	17.5	20.1	15.0
difficult	18.8	17.8	19.9
very difficult	50.2	45.8	54.7
45-54. N=964			
very easy	4.2	4.6	3.9
easy	6.2	5.7	6.7
neither difficult nor easy	12.8	13.4	12.2
difficult	17.4	19.0	15.8
very difficult	59.4	57.5	61.3
55-64. N=742			
very easy	4.5	4.3	4.6
easy	4.6	6.3	3.2
neither difficult nor easy	10.5	13.6	7.7
difficult	14.5	14.5	14.6
very difficult	65.9	61.3	70.0

TABLE P-73: Perceived personal access to sedatives and/or tranquillisers amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4604			
very easy	39.3	36.9	41.6
easy	27.2	26.4	27.9
neither difficult nor easy	17.4	18.5	16.3
difficult	7.5	8.2	6.7
very difficult	8.7	9.9	7.5
Young adults (15-34); N=1859			
very easy	34.1	32.5	35.9
easy	27.2	26.5	28.0
neither difficult nor easy	19.0	20.1	17.8
difficult	9.2	9.7	8.7
very difficult	10.4	11.2	9.6
15-24; N=943			
very easy	30.5	29.6	31.5
easy	27.7	27.0	28.4
neither difficult nor easy	20.0	21.5	18.4
difficult	10.2	10.3	10.0
very difficult	11.7	11.7	11.7
25-34; N=916			
very easy	37.9	35.5	40.3
easy	26.8	26.0	27.6
neither difficult nor easy	17.9	18.7	17.2
difficult	8.2	9.0	7.4
very difficult	9.2	10.8	7.5
35-44; N=1014			
very easy	43.7	42.9	44.6
easy	27.3	25.8	28.7
neither difficult nor easy	15.3	15.5	15.2
difficult	6.3	7.6	5.1
very difficult	7.3	8.2	6.4
45-54; N=979			
very easy	41.5	38.7	44.3
easy	27.6	26.7	28.5
neither difficult nor easy	16.3	16.6	16.1
difficult	6.6	7.8	5.3
very difficult	8.0	10.2	5.8
55-64; N=752			
very easy	43.1	38.0	47.5
easy	26.2	26.5	25.8
neither difficult nor easy	17.8	21.4	14.7
difficult	5.8	5.8	5.9
very difficult	7.1	8.3	6.0

TABLE P-74: Perceived personal access to beer amongst minors, by gender (%)

15-17; N=226	Total	Gender	
		Males	Females
very easy	66.6	70.5	62.9
easy	19.0	15.4	22.5
neither difficult nor easy	7.8	9.0	6.7
difficult	3.7	5.1	2.2
very difficult	2.9	0.0	5.6

TABLE P-75: Perceived personal access to wine amongst minors, by gender (%)

15-17; N=226	Total	Gender	
		Males	Females
very easy	66.0	69.2	62.9
easy	19.6	16.7	22.5
neither difficult nor easy	7.3	9.0	5.6
difficult	3.7	5.1	2.2
very difficult	3.5	0.0	6.7

TABLE P-76: Perceived personal access to hard liquor amongst minors, by gender (%)

15-17; N=226	Total	Gender	
		Males	Females
very easy	61.8	65.4	58.4
easy	19.5	14.1	24.7
neither difficult nor easy	9.7	12.8	6.7
difficult	4.9	6.4	3.4
very difficult	4.1	1.3	6.7

TABLE P-77: Perceived personal access to cigarettes amongst minors, by gender (%)

15-17; N=226	Total	Gender	
		Males	Females
very easy	64.7	66.7	62.9
easy	14.8	11.5	18.0
neither difficult nor easy	10.3	12.8	7.9
difficult	6.1	7.7	4.5
very difficult	4.1	1.3	6.7

TABLE P-78: Personally knowing people who take cannabis amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4661	32.6	37.9	27.3
Young adults (15-34); N=1874	51.8	58.4	45.0
15-24; N=950	55.6	59.9	51.0
25-34; N=924	47.9	56.9	38.9
35-44; N=1020	30.8	39.9	21.7
45-54; N=996	16.5	18.1	14.0
55-64; N=771	9.1	8.4	9.7

TABLE P-79: Personally knowing people who take ecstasy amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4639	11.0	13.0	9.0
Young adults (15-34); N=1866	19.7	22.5	16.9
15-24; N=949	21.3	23.6	18.8
25-34; N=917	18.2	21.3	15.0
35-44; N=1018	7.9	10.9	4.8
45-54; N=993	4.0	4.3	3.7
55-64; N=762	2.6	2.7	2.5

TABLE P-80: Personally knowing people who take amphetamines amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4648	9.1	11.1	7.1
Young adults (15-34); N=1870	17.7	21.4	13.9
15-24; N=947	18.3	21.8	14.7
25-34; N=923	17.0	20.9	13.1
35-44; N=1020	4.7	6.4	3.0
45-54; N=991	3.3	3.4	3.1
55-64; N=767	1.4	1.2	1.7

TABLE P-81: Personally knowing people who take cocaine amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4649	7.7	9.5	6.0
Young adults (15-34); N=1871	12.8	14.8	10.6
15-24; N=947	11.3	11.4	11.3
25-34; N=924	14.2	18.4	10.0
35-44; N=1021	6.3	9.0	3.6
45-54; N=988	4.0	4.9	3.1
55-64; N=769	2.1	2.2	2.0

TABLE P-82: Personally knowing people who take heroin amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4640	6.9	8.3	5.6
Young adults (15-34); N=1870	10.3	11.9	8.7
15-24; N=947	10.0	11.1	8.8
25-34; N=923	10.6	12.7	8.5
35-44; N=1015	6.5	8.8	4.1
45-54; N=988	4.1	4.9	3.3
55-64; N=768	3.0	2.7	3.3

TABLE P-83: Personally knowing people who take LSD amongst all adults, young adults, age groups and by gender (%)

	Total	Gender	
		Males	Females
All adults (15-64); N=4644	5.9	7.3	4.6
Young adults (15-34); N=1870	11.3	13.4	9.0
15-24; N=948	11.3	14.0	8.5
25-34; N=922	11.2	12.8	9.6
35-44; N=1019	3.3	4.5	2.1
45-54; N=989	2.6	3.2	1.9
55-64; N=767	0.9	1.0	0.8

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