



# SUBSTANCE USE AMONG THE GENERAL POPULATION IN BOSNIA AND HERZEGOVINA IN 2018

Supported by



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The contents of this document can under no circumstances be regarded as reflecting the position of the European Union.



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## 1. Key findings

The objective of the research project *Use of substances among the general population in Bosnia and Herzegovina* is to collect data on prevalence of use of different substances among the general population, as well as the relevant subgroups of population. Thus, this part of the report presents the most important findings on prevalence of use of substances, opinion on availability and acquisition of medicines, perception and attitudes on the use of substances, and perceived risks related to substance use. Results are presented by gender, age groups, region..

### TOBACCO

#### Prevalence of active cigarette consumers

- There is 35, 2% of active cigarette consumers.
- In the age group 15 – 34 there is 26, 0% of active consumers.
- Highest percentage of cigarette consumers is in the 45 – 55 age groups and that is 44, 8%, then in the group 35 – 44 42, 9%.
- There is 40, 3% of male active cigarette consumers, and 30% of women.
- In the entity of Republic of Srpska there is 35, 5% active cigarette consumers, and 34, 5% in the Federation BiH.
- In the urban part there is 35, 8% of active consumers and 34, 7% in rural.

#### Lifetime prevalence of cigarette consumption

- 46, 7% of respondents have consumed cigarettes sometimes in their life.
- Largest number of respondents, 57,6% of them have sometimes in their life consumed cigarettes in the age group 45-54, followed by the group 55-64 with 53,4% of life consumers.
- Life prevalence of consumption of cigarettes is higher among men (53, 8%) than women (39, 6%).
- Life prevalence of cigarette consumption in the Republic of Srpska is 44, 2% and in the Federation BiH 46, 9%.
- By the type of settlement, prevalence of cigarette consumption in urban part is 48, 1% and 45, 7% in the rural part.

### ALCOHOL

#### Prevalence of alcohol consumption

- Prevalence of alcohol consumption in the last 12 months is 36, 7%.
- Largest number of respondents who have consumed alcohol last year is in the age group of 35- 44 (39, 5%) and in the age group 45 – 54 (36, 4%).
- There are 53% of male respondents who have consumed alcohol during the last year, and 20, 5% female.
- In the Federation BIH there is 24, 5%, and in the Republic of Srpska 57, 4% consumers of alcohol in the last 12 months.
- In urban part there is 36, 3%, and in rural 37, 1% consumers of alcohol in the last year.
- Prevalence of alcohol consumption in the last 30 days is 28%, highest in age group 25-34 (32,8%), males (43,9% and those from Republika Srpska (44,6%)

#### Frequency of alcohol consumption

- The highest frequency of alcohol consumption is once a month or less (38.6%) and 2 to 4 times a month (30.5%).

- 4 times a week or more is the most often frequency in the age group 55 – 64 18%, and smallest in the age group 15 – 24, 3%.

#### Frequency of drinking 6 or more glasses of alcoholic beverages on a single occasion

- Largest part of the population, 37, 5% of them, never consumes 6 or more glasses of alcohol on one occasion.
- In the total population, 0,9% of them does that every day or almost every day

## MEDICINES

#### Prevalence of consumption of medicines in the past 12 months

- Prevalence of usage of medicines in non-medicinal purposes in the past 12 months is the following: benzodiazepines 7,7%, opioids 1, 4%, stimulants 0, 1%.
- Prevalence for men: benzodiazepines 5%, opioids 1,4%, stimulants 0,1%
- Prevalence for women: benzodiazepines 10,5%, opioids 1,4%, stimulants 0,1%
- Prevalence of consumption of medicines in the course of last year in the Federation BiH is the following: benzodiazepines 8, 6%, opioids 1, 4%, and stimulants 0, 1%.
- In the Republic of Srpska: benzodiazepines 5, 8%, opioids 1, 4% and stimulants 0, 1%.

#### Prevalence of consumption of medicines in non-medicinal purposes in the past 30 days

- In the general population: benzodiazepines 5%, opioids 0, 8%, stimulants 0, 1%.
- Prevalence in the past 30 days for men: benzodiazepines 3,1%, opioids 0,5%, stimulants 0%,
- The same prevalence for women is 7% benzodiazepines, 1, 1% opioids and stimulants 0, 1%.
- Prevalence within the entities is the following: benzodiazepines (Federation BiH 5, 3%, Republic of Srpska 4%), opioids (Federation BiH 0, 8%, Republic of Srpska 0, 8%), stimulants (Federation BiH 0, 1% Republic of Srpska 0, 1%).

## ILLICIT DRUGS

#### Lifetime prevalence of drug use

- In the general population the most often used drug is cannabis, 4,1 % of respondents replied that they have sometime used this kind of drug in their lifetime, then comes the amphetamine 0,9 %, then ecstasy 0,6%, cocaine 0,5%, heroin 0,2% and LSD 0,1%
- In the age group 15-34, cannabis is the most often used drug, 6,2% of respondents replied that they have used cannabis at least once (lifetime prevalence), followed by the amphetamine with 1,4%, then ecstasy and cocaine 0,7% and heroin and LSD 0,1%.
- The most often used drug is cannabis both for men (6, 7%) and women (1, 5%); on the second place is the lifetime prevalence of amphetamine for men 1, 6% and 0, 2% for women. Regarding the ecstasy the lifetime prevalence for men is 1% and 0, 3% for women. Lifetime prevalence of use of cocaine for men is 1% and 0, 1% for women, and heroin for men 0, 4%, women 0, 1% and in the end LSD for both men and women is 0, 1%.
- At regional level, cannabis is the substance with the highest prevalence of use in both entities and it is higher in the Republic of Srpska (4, 7%) than in the Federation of BiH (3, 6%). Next substance are the amphetamines with the lifetime prevalence which is again slightly higher in the Republic of Srpska (0,6%) than in the Federation of BiH, followed by heroin with the prevalence of 0,3% in the Republic of Srpska and 0,2% in the

Federation of BiH. The substance with the lowest prevalence in both of the entities is the LSD, with 0, 2% in the Republic of Srpska and 0, 1% in the Federation of BiH.

- Lifetime prevalence of cannabis is significantly higher in urban settlements (6%) than in rural (2, 7%). For amphetamines that ratio is 1, 4% in urban against 0, 6% in rural settlements; cocaine 0, 9% in urban and 0, 3% in rural settlements. Lifetime prevalence of use of heroine for urban part is 0, 3% and for the rural 0, 1%. And in the end the lifetime prevalence of use of LSD for the urban part is 0, 2% and for the rural part is 0%.

#### Prevalence of drug use in the past 12 months

- In general population the higher prevalence is for cannabis (1, 1%), followed by amphetamines (0, 4%), ecstasy and cocaine with by 0, 1% each. Consumption of heroin and LSD was not recorded in the past 12 months.
- In the age group 15 – 34 the most often used drug is cannabis (1, 9%), followed by amphetamine (0, 5%), ecstasy and cocaine with by 0, 1%.
- Same as with the lifetime prevalence the use of illicit drugs is higher by men than by the women
- For both of the entities cannabis is the drug with highest prevalence of use during the past 12 months. In the Federation of BiH 1% and in the Republic of Srpska 1, 5%. Followed by the prevalence of amphetamines with 0, 3% in the Federation of BiH respectively 0, 4% in the Republic of Srpska. Regarding the prevalence of cocaine use, it is 0, 1% in the Federation of BiH, and in the Republic of Srpska 0, 2%.
- Expectedly higher prevalence during the past 12 months was recorded in urban settlements: cannabis 1, 8%, amphetamines 0, 6%, ecstasy 0, 2% and cocaine 0, 1%.

#### Prevalence of use during the past 30 days

- Prevalence for cannabis last month was 0, 9%, amphetamine and ecstasy by 0, 1%.
- Prevalence of drugs for the past month in the age group 15 - 34 was highest for cannabis. It amounted 1, 5% and for the amphetamines with 0, 1%. For ecstasy, cocaine, heroin and LSD the prevalence during the past month was 0%.
- Looking by gender, prevalence in the past month was highest by men than by women.
- In the Republic of Srpska, prevalence of cannabis during the past month was 1, 1% and in the Federation of BiH 0, 7%. Follows the prevalence of amphetamines, in the Republic of Srpska 0, 2% and in the Federation of BiH 0, 1%. Prevalence of ecstasy in the Republic of Srpska is 0, 2% while in the Federation of BiH that prevalence is 0%.

#### Frequencies of use during the past 30 days

- Cannabis has the most common frequency: out of the total number of monthly users of this drug, 29,6% of them use it every day or almost every day and 23,8% use cannabis few times a week.
- Out of the total number of monthly users of cannabis in the age group 15 – 34 about one third of them (36,8%) consumes cannabis at least once in a week
- For the rest of the illicit drugs, share of the monthly consumers in the sample is very small so that all the interpretations should be taken with reserve.

#### Use of New Psychoactive Substances



New psychoactive substances are defined as those that imitate the effects of drugs like cannabis, ecstasy etc... They are being called “legal highs”, “ethnobotanics” etc... They can be found in forms of pills, powders, crystals or herbal mixtures. They are being advertised and sold under the names of harmless products for everyday use, such as air fresheners, bath salts, herbal fresheners, plant fertilizers etc...

#### Lifetime use of new substances

- Lifetime prevalence of use of new substances for the general population 15- 64 is 0, 6%.

#### Use of new substances during the past 12 months

- Share of those who have used the new substances in the past 12 months for the overall population is 0,1%

#### The look of new substances

- Out of the total number of those who have used the new substances in the past 12 months in the population of 15-64, 14,7% of them says that they looked like plants with effect of drugs: 22,7% of them says that they looked like powders, crystals or pills, 29,4% says that they were liquid and 41,3 % goes on other forms
- In the 15-34 age group, out of the total number of those who have tried new substances in the past 12 months, 29,1% have tried new substances as plants, 26,3% as powder, crystals or pills and 26,3 % of them in the liquid state. 18, 3% of them consumed the new substances in some other forms.

#### Supply channels of new substances

- Out of the total number of those who have consumed these substances in the past 12 months, 29,3% have got or bought them from friends, 10,4% of them have bought them in specialized shops, 29,4 % of them have bought them from the dealers and the rest of 30,9% through other supply channels.

#### Opinions on trying of drugs and risk perception

- Majority of the population mainly condemns the use of illicit drugs comparing to alcohol and cigarettes: 76,7 condemns or strongly condemns the taking of ecstasy once or twice; 82,6% condemns or strongly condemns taking of heroin once or twice; 75,7% condemns or strongly condemns occasional use of marihuana or hashish. On the other side 53, 6% doesn't condemn the smoking of cigarettes 10 or more cigarettes per day and 61, 4% doesn't condemn the drinking of one or two alcoholic drinks weekly.
- Men tend to condemn consumption of any substance lesser than women.

#### Risk perception

- 37,2% respondents agree that there is a huge risk that they would harm themselves if they consume one or more packs of cigarettes per day, 31,7% respondents think that there is a risk, 23,7% respondents think that there is a small risk and 7,4% think that there is no risk.
- 28, 2% respondents think that there is a huge risk that they would harm themselves if they consume 5 or more drinks every weekend. 33,8% respondents think that it poses a risk, 26,5% think that is a small risk and 11,5% don't see it as a risk.
- 61,6% respondents think that it is a big risk and that they would harm themselves if they use marihuana every day, 25,2% respondents think that is risky, 9,8% think of it as a small risk and 3,4% don't think that it is risky.
- 65,2 % respondents think that consumption of ecstasy once or twice is a huge risk, 23,2% respondents consider it risky, 8,8% think of it as a small risk and 2,7% think that it is not risky at all.

- Consumption of cocaine or crack once or twice is considered as huge risk by 71,5% respondents, 19,7 think that it is risky, 6,7% that it is a small risk and 2,1 respondents don't consider it to be risky.

#### Availability of drugs in Bosnia and Herzegovina

- Most of respondents 63% think that it would be impossible, very difficult or difficult for them personally to get cannabis for themselves within 24 hours and 23, 3% respondents think that it would be very simple or simple for them to get cannabis within 24 hours for personal use.
- In the total population, 70% think that it would be impossible, very difficult or difficult to get ecstasy for themselves within the 24 hours, while 14,4% respondents think that it would be very easy or easy to get ecstasy for personal use within 24 hours.
- 71, 5% respondents think that it would be impossible, very difficult or difficult to get amphetamine for themselves within 24 hours, while 13, 1% think that it would be very easy or easy to get it.
- For 75, 4% respondents it is impossible, very difficult or difficult to get cocaine for themselves within 24 hours, while 9, 5% think that it would be very easy or easy to get it within 24 hours.
- Three thirds of respondents, 76, and 4% of them think that it would be impossible, very difficult or difficult to get heroin for themselves within 24 hours, and 8, 6% respondents think that it would be very easy or easy to get it within 24 hours.
- 75, 5% respondents think that it would be impossible, very difficult or difficult to get, and 8, 7% respondents think that it would be easy or very easy for them to get LSD within 24 hours.

#### Personally knowing someone who uses drugs

- In the general population 13,2% of them have said that they know someone who uses cannabis , 3,9% ecstasy, 3,5% amphetamine, 3,1% cocaine, 2,1% heroin 1,4% of those who know someone who is using LSD.

#### Getting offered drugs during the last year

- In the general population 5,8% have been offered cannabis at least once in the past year in Bosnia and Herzegovina while 2,5% of them have been offered cannabis at least once outside of Bosnia and Herzegovina in the same period of time.
- 1,6% of them have been offered ecstasy as well as amphetamines at least once during the past year in Bosnia and Herzegovina and 0,8% was offered cocaine respectively LSD during past year in Bosnia and Herzegovina.
- 1, 2% were offered ecstasy respectively 1% amphetamines during the past year outside of Bosnia and Herzegovina. Cocaine, heroin and LSD have been offered in less than 1% cases during the past year outside of Bosnia and Herzegovina.

## 2. Background

### 2.1. National context

Surveys on use of psychoactive substances, respectively of alcohol, tobacco, medicines and illicit drugs have been conducted a couple of times over the past fifteen years in Bosnia and Herzegovina. Those surveys have most often been conducted separately in the two entities in Bosnia and Herzegovina (Federation BiH and the Republic of Srpska) without coordination and different methodology. Also, most of the surveys have been conducted in specific target groups, rarely on general population. During 2011, two surveys in households have been conducted over general population, one in FBIH and the other in RS. But, the surveys have used different methodologies and respondents of different age groups, so that the results could not be reliably compared, and any comparison must be made with caution. European survey on alcohol and other drugs in schools (ESPAD [<http://www.espad.org/>]) was conducted in BiH for the first time in 2008 and another ESPAD survey conducted in RS in the spring of 2011, and in FBIH in autumn 2011<sup>1</sup>.

In the spring of 2018, the Council of Ministers of BiH has sent the proposal on National Strategy of Supervision over Narcotic Drugs, Prevention and Suppression 2018-2023 in Bosnia and Herzegovina to the Parliament of BiH who adopted the proposal<sup>2</sup>. Integral part of this strategy is the development and conduction of continuous surveys respectively creation of the Protocol on Information Systems for Narcotic Drugs in Bosnia and Herzegovina, in which it is necessary to define the situation regarding the collection of data on narcotic drugs, the main institutions involved in data collection, the principles and mechanisms of reporting, indicators related to each information subsystem, reporting forms, reporting indicators towards the EU, the UN and other international institutions.

Result of active conduction of this strategy is also the implementation of General Population Survey (GPS) in autumn 2018, for the first time in Bosnia and Herzegovina. Unlike all previous surveys, this survey was conducted on territory of the whole of BiH on general population and by the standards developed by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). This means that the results of the survey are comparable with the data from the countries of European Union but also the data from the countries that are in the process of preparation and accession with the European Union from our immediate neighborhood, who conducted this same research (Serbia, Montenegro, Northern Macedonia, Albania and Kosovo\*).

Ipsos has for the first time conducted a survey on use of substances among general population in Bosnia and Herzegovina for the needs of European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Survey on spread and patterns of use of addictive substances in general population (General Population Surveys – GPS) is only one of the five epidemiological indicators developed by EMCDDA and accepted by the countries members of the European Union. Other indicators are: problematic use of drugs (Problem Drug Use – PDU), demands for treatment (Treatment demand indicator – TDI), drug related deaths and mortality among users (Drug-related deaths and mortality – DRD) and various infection diseases related with drug use (Drug-related infectious diseases – DRID).

This survey report presents results of the survey conducted in the period from August to October 2018 in general population of Bosnia and Herzegovina in the age of 15 -64.

### 2.2. Survey objectives

General objective of the research project “Use of substances among general population in Bosnia and Herzegovina” is to get the data on:

- Prevalence and distribution of consumption of various substances in general population (15-64), with special emphasis on the sub-group of young persons (15-34);

<sup>1</sup> <http://www.espad.org/country/bosnia-and-herzegovina>

[http://www.espad.org/sites/espad.org/files/The\\_2011\\_ESPAD\\_Report\\_FULL\\_2012\\_10\\_29.pdf](http://www.espad.org/sites/espad.org/files/The_2011_ESPAD_Report_FULL_2012_10_29.pdf)

<http://www.espad.org/sites/espad.org/files/TD0116475ENN.pdf>

<sup>2</sup> <http://msb.gov.ba/dokumenti/strateski/default.aspx?id=16731&langTag=bs-BA>

\* This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

- Socio-demographic characteristics and patterns of use of illicit drugs among those who use drugs currently or have been using them in the past including the termination of use and intensity of use;
- Opinion on availability and acquisition of drugs, perception and attitudes on use of drugs and risk detection with various exposures between the selected age groups.

Specific objectives of the survey were

- Assess frequency of use of tobacco, alcohol, pharmaceuticals and illicit drugs in general population by gender and age;
- Describe the users of the above mentioned substances based on the reasons and attitudes on use and their statements regarding the acquisition.

## 3. Methodology

### 3.1. Data collection method

Collection of data was done using the CAPI (computer assisted personal interviewing) face to face method. At some of the sensitive questions (personal use of illicit drugs), the respondents were enabled to read the answers to questions on their own with personal assistance from trained interviewers. Survey was anonymous which means that the personal information of the respondents were stored in another data base that was not connected with the data base of responses. That personal information (names, contacts etc...) were used in purposes of control of work of interviewers only.

### 3.2. Questionnaire

Ipsos has used the standardized EMCDDA European Model Questionnaire<sup>3</sup> (EMQ), including additional modules: availability, pharmaceuticals and other voluntary modules. The course of interview lasted for 14 minutes on average. Due to the sensitivity of the subject, the survey was presented to the respondents as survey on assessment of quality of life, life styles and health hazards of citizens of Bosnia and Herzegovina.

### 3.3. Interviewers

A total of about 100 interviewers and seven co-coordinators / supervisors participated in the project, who underwent detailed training on key aspects of the project. The training was done in two phases, central in the head quarters of the agency led by the project leader and fieldwork manager and regionally led by the regional coordinators. The training included three topics: getting acquainted with basic GPS information, methodology and the questionnaire. Control of work of interviewers was made in three ways, by telephone checks where 1328 interviews in total were checked, by repeated visit of the field supervisor to the households in what way 304 interviewers have been checked and by direct supervision of interviewers during the interviews in what way 489 interviews were controlled.

### 3.4. Pilot survey

After the training of interviewers was finished, a pilot survey on the sample size of n=150 respondents was conducted. The total of about fifty interviewers participated in the pilot survey that was conducted on the quota sample and in all the regions and within the regions in urban as well as in rural settlements. After the pilot was conducted, no problems with the instrument or with the subject of the survey were determined. It has been measured that the course of interview lasted 15 minutes on average and the response rate of 68%.

<sup>33</sup> <http://www.emcdda.europa.eu/html.cfm/index58052EN.html>

## 3.5. Sample

### 3.5.1. Target population

Although it was already said that the survey was conducted on general population of citizens in Bosnia and Herzegovina in the age of 15 to 64, one should have in mind that some parts of the population were excluded from the survey. Those are all those who live in some kind of institutional accommodation (hospitals, jails, educational institutions, therapeutic communities etc...) or don't have permanent residence (homeless people, those who live in unregistered/ illegal settlements) because the criteria for selection of respondents is that they live in private households. This is why the target population of the survey are the citizens of Bosnia and Herzegovina in the age of 15-64 who live in private households.

### 3.5.2. Sample size

Total sample size for this survey is  $n=5000$  respondents. Before the very conduction of the survey it was decided not to do the oversampling of the population of age 15-34 because their share in the total target population is 39% and that share was also expected in the sample. After the end of the survey the share of the 15-34 population in the total sample was 35,46%. Somewhat lower share of this population in the sample than in the real population can be explained by the fact that the Census was made in 2013 and that in the past 5 years there was significantly increase in emigration of young people from BiH to countries of the European Union. This deficiency was subsequently corrected by weighting the data prior to the analysis.

### 3.5.3. Sampling methods

Survey was conducted on probabilistic multistage stratified sample in size of 5000 respondents in the way that 625 basic and 13 spare locations have been sampled and by 8 interviews was done in each of them. The sample is two-stage stratified, based on the regions (13 regions) and based on type of settlement (rural and urban) which is how one came to 26 stratum within which the locations for interviewing (primary sampling units) were selected by systematic sampling. Stratification secured that the number of locations within individual stratum is proportional with the share of stratum in the population. Besides, the settlements within the stratum were ordered by size and interviewing locations were systematically selected (random choice of the first and constant step in selection of rest of the locations) which is how one secured that the sample includes settlements proportionally to their size. Secondary sampling units were the households. The method of random walk with pre-defined starting point was used in selection of households. Starting point is being selected from the list of streets that belong to that settlement. After selection of household, the respondent was selected using the random choice from the list of all household members in the age of 15-64.

## 3.6. Data management

### 3.6.1. Response rate

Response rate (also known as completion rate or return rate) in survey research refers to the number of people whom answered the survey divided by the number of people in the sample. There are several measures that were implemented to increase response rate:

- Having good interviewers and experienced supervisors means better quality data and higher response rates, both of which are crucial for ensuring reliable data that stands up to scrutiny;
- Proper introduction made by interviewers can enhance the credibility of the research and lead to higher response rates;
- A random probability sampling procedure cannot on its own guarantee an unbiased sample and high quality data. In addition, several other requirements should be met during the fieldwork, to maintain the random procedures through to the interview stage, and to maximize the response rate and in so doing ameliorate the effects of non-response bias. At a minimum, these include:
  - Repeat visits to maximize the chances of contact with the sample ( up to four visits)

- Varying the timing of contact to maximize contact and ensure respondents with different lifestyles are included in the sample (different part of day / week)
- Also, we always try to train interviewers to make a distinction between soft and hard refusals; soft refusals could still be converted and this should enable us more precise targeting of persons who could change their opinion and take part in the survey.

All this should help increase response rate and decrease possible sample structure skews.

**Table 1. Gross sample, sample size and response rate**

Number of contacts (gross sample)	7217
Not eligible	279
Refusal	1479
Other Non Response	65
Non-contact	40
Unknown eligibility, contacted	32
Unknown eligibility, non-contact	179
Completed interviews	5143
Excluded after control	143
Complete valid interviews	5000
<b>Response rate</b>	<b>71%</b>

Interviewers were required to attempt to contact each sampled household four times. In 87,86% of cases (out of the successful 5000 interviews), the interview was conducted successfully during the first visit. Table below shows at which attempt (out of the obligatory four) the interview was successfully conducted. We did not experience any major problems with data collection. Even though general elections were held in October and a lot of polls were in the field through the country we reached expected response rate. Interviewers did not report any crucial obstacles. Only few interviewers reported refusals due to topic of the research.

**Table 2. Number of attempts and successful interviews**

Number of attempts	Number of successful interview	%
One	4393	87,86
Two	521	10,42
Three	79	1,58
Four	7	0,14

### 3.6.2. Non response

Table 3 shows types of refusals at different attempts. In table are shown frequency of answers (responses), not cases (contacts) because one contact (refusal) could have multiple reasons (answers).

Table 3. Non-response

Attempt	Too busy	Bad experience with the polls	Does not take part in polls	Other reasons*	DK/NA	TOTAL
First	528	208	455	70	25	<b>1286</b>
Second	76	44	105	7	-	<b>232</b>
Third	13	3	9	2	-	<b>27</b>
Fourth	1	1	2	-	-	<b>4</b>
<b>TOTAL</b>	<b>618</b>	<b>256</b>	<b>571</b>	<b>79</b>	<b>25</b>	<b>1549</b>

\* Most frequently answers for other reasons: does not want to open the door; topic is not interesting;

Table 4 shows other reasons beside refusals why contacted household/ respondent was not selected

**Table 4. Other reasons beside refusals**

	Total
Resident household(s), but not eligible for the survey	223
Named respondent deceased	3
Named respondent not living at address	53
Withdrawn by office	7
Physically or mentally unable / incompetent	35
Household language barrier	6
Away / in hospital throughout field period	5
Ill at home during field period	2
Other non-response	51
Address inaccessible	30
Moved/address wrong - unable to attempt contact at new address/phone number	25
Information refused about whether resident(s) are eligible	6
Other unknown eligibility	25
Other non-contact	124
<b>TOTAL</b>	<b>595</b>



### 3.6.3. Weighting

Within SPSS statistical package basic data processing is conducted in order to prepare the data for processing. Besides that, corrections of structure of the realized sample to ensure that it is identical with structure of population are done statistically, by the method of so-called post stratification or weighting. Structure of the sample is usually slightly distorted and it deviates from population structure, particularly in case of field surveys, because there are certain groups of people / entities who refuse to participate in the survey more frequently than others. For this reason, it is necessary to make correction of observed deviations to ensure that the obtained sample fully represents the given population. Weighting is one of the key stages of the survey, critical to ensure the correct representation of the survey population in the survey results. Weighting schemes was developed and included as weighting variables in the final interview data SPSS file. Rim-weighting (raking ratio) procedure was used; weighting classes: age, sex, region and type of settlement (Census 2013 margins). Calculated survey weights reflect the probability of being sampled, adjustments for no response, as well as poststratification adjustments. The procedure is performed using specially designed software for RIM weighting.

**Table 5. Sample, weighted sample and population (%)**

Gender	AGE	Weighted sample %	Population 15-64 %	Sample %	Weight
Male	15 - 19	4,96	5,03	3,86	1,286136
	20 - 24	4,64	4,7	5,24	0,886412
	25 - 29	5,14	5,2	4,24	1,211322
	30 - 34	5,11	5,17	5	1,021999
	35 - 39	5,01	5,08	3,82	1,312277
	40 - 44	4,83	4,89	3,42	1,412542
	45 - 49	5,17	5,23	3,72	1,389753
	50 - 54	5,41	5,48	4,4	1,229786
	55 - 59	4,99	5,05	4,44	1,123992
Female	60 - 65	4,72	4,22	6,48	0,728507
	15 - 19	4,68	4,74	2,58	1,815504
	20 - 24	4,42	4,47	5,38	0,821187
	25 - 29	4,89	4,95	3,9	1,253985
	30 - 34	4,93	4,99	5,26	0,937107
	35 - 39	4,89	4,95	5,16	0,948245
	40 - 44	4,75	4,81	5,54	0,857585
	45 - 49	5,2	5,26	5,4	0,963000
	50 - 54	5,58	5,65	6,16	0,906018
	55 - 59	5,28	5,35	6,5	0,813039
60 - 65	5,38	4,76	9,5	0,566004	



### 3.6.4. Socio-demographic and socio-economic characteristics of the weighted sample

Figure 6. Socio-demographic and socio-economic characteristics: age, region, gender N=5000 (%)

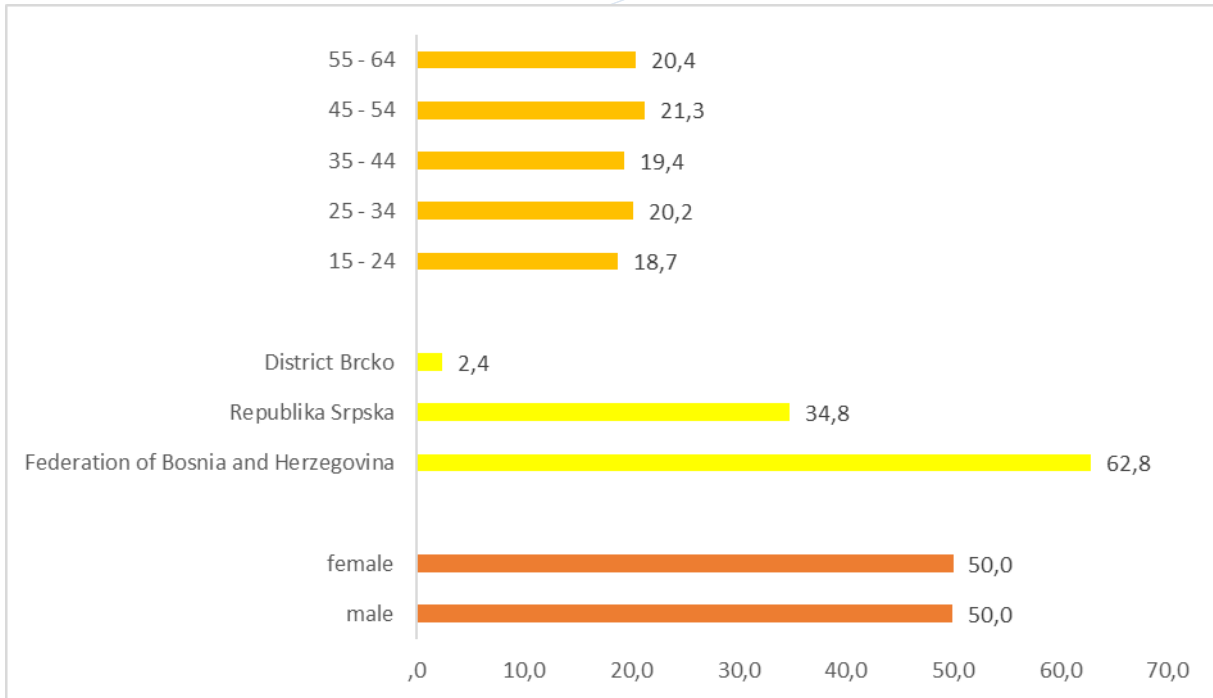
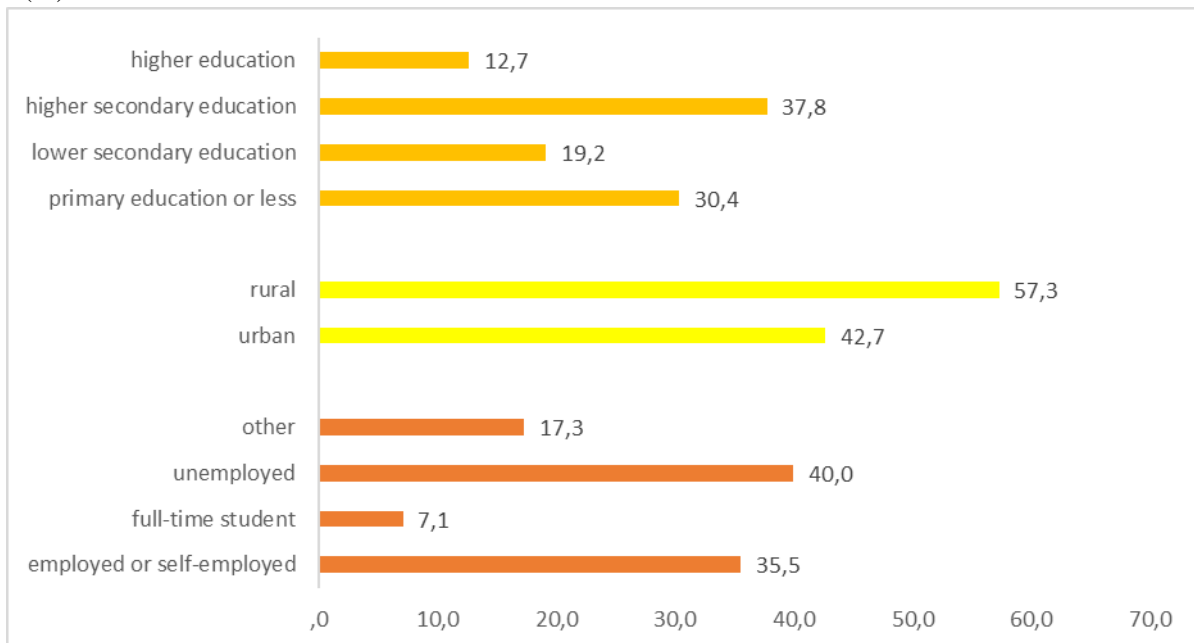


Figure 7. Socio-demographic and socio-economic characteristics: education, type of settlement, employment status, N=5000 (%)





### 3.6.5. Missing values

Missing values (unanswered questions, the questions that have been skipped by the respondents when completing the survey questionnaire) as well as the answers for which after the consistency checking was found that they deviate from the control questions, were not included into the analysis due to their relatively small share (rarely higher than 2%).

## 4. Survey results

Survey results section is organized in 5 chapters: 1. Tobacco, 2. Alcohol, 3. Medicines, 4. Drugs, 5. Attitudes on drugs. Results were given for the general population of respondents (age group 15-64), for the young adults (between the age of 15 and 34), for the for ten-year age groups and by gender, region and type of settlement in which respondents live. There are a couple of basic terms that are being associated with the prevalence of the taking of addictive substances:

- any use during the person's life (or lifetime prevalence), also called 'lifetime experience',
- any use during the previous year (or last 12 months prevalence), also called 'recent use',
- any use during the previous month (or last 30 days prevalence), also called 'current use'.

'Lifetime experience' alone will not capture the current drug situation among adults (although it is considered useful among school children) as it also includes people that tried drugs a long time ago. On the other hand, it is a framework measure; it can give a first rough estimation of the extent of drug experience for low prevalence drugs. Lifetime experience measures can help to estimate patterns of use such as incidence, length of drug use, or continuation or discontinuation of use. Last year prevalence ('recent use') produces lower figures, but better reflects the more recent situation, although often use could be occasional. Combination of lifetime experience and recent use can give basic information on drug use patterns (e.g. as discontinuation of use — people that have used in the past, have not used in the last year — or continuation of use — those that have used in the past, have also used in the last year — when incidence of use is taken into account, although after a certain age, incidence of drug use is usually very low).

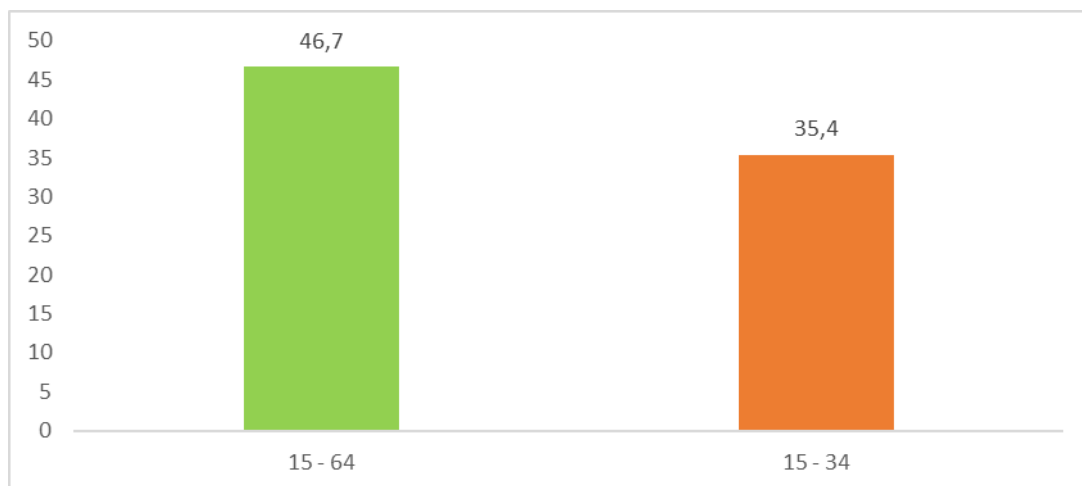
### 4.1. Tobacco

#### 4.1.1. Lifetime prevalence of tobacco consumption

General population 15 – 64 and young adults 15 - 34

There is higher lifetime prevalence in general population (46, 7%) then by young adults 15 – 34 (35, 4%).

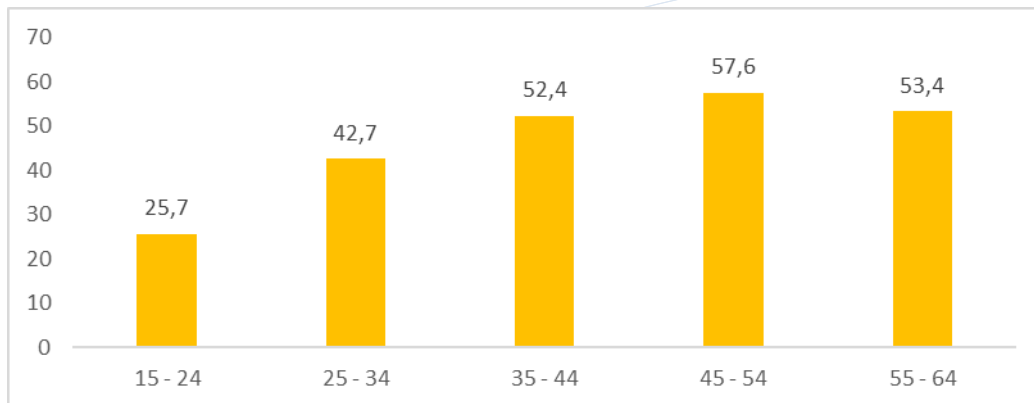
Figure 8. Lifetime prevalence of tobacco among 15- 64 years old (N=5000) and young adults (N=1947) (%)



#### Ten-years age groups

There is the highest lifetime prevalence in the 45 – 54 age groups (57, 6%), followed by the respondents from the age group 55 – 64 (53, 4%), and the lowest in the age group 15 – 24 (25, 7%).

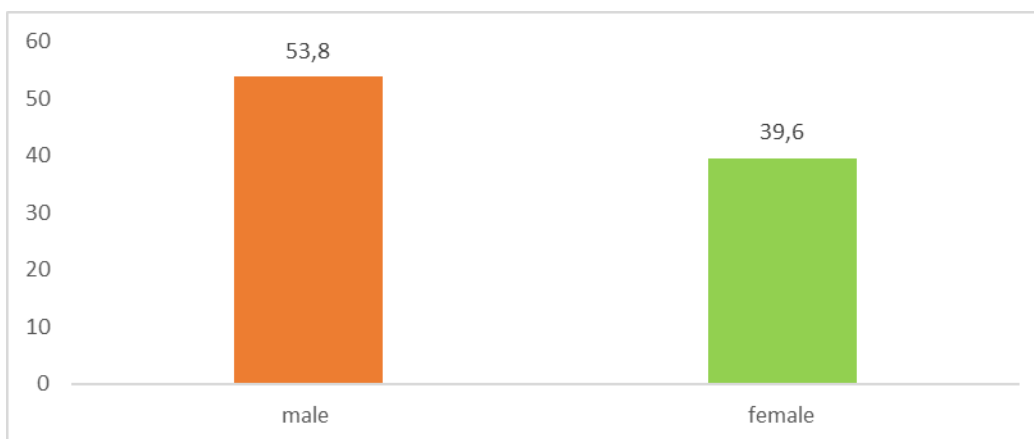
Figure 9. Lifetime prevalence of tobacco among 15-24 and other age groups, N=5000, (%)



Gender

There is significant lifetime prevalence in men (53, 8%) then in women (39, 6%).

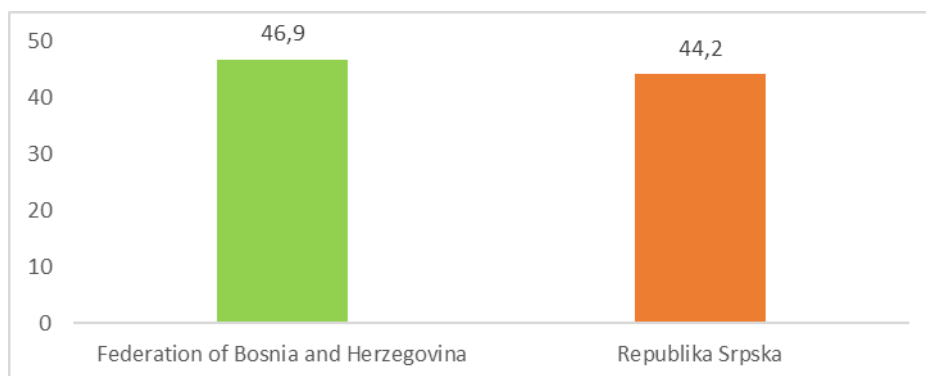
Figure 10. Lifetime prevalence of tobacco among 15- 64 years old, by gender. N=5000, (%)



Region

There are no differences between the entities in the lifetime prevalence of cigarettes consumption. U the Federation of BIH it amounts 46, 9%, and in the Republic of Srpska 44, 2%.

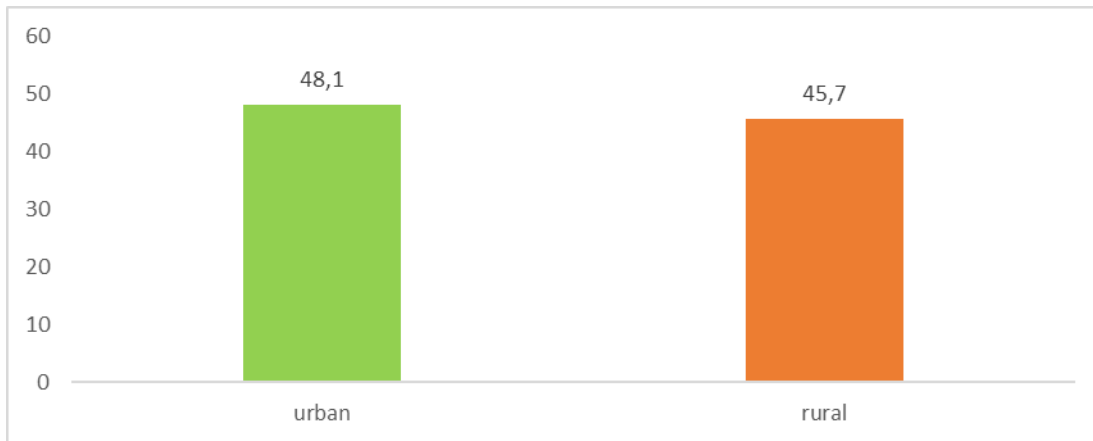
Figure 11. Lifetime prevalence of tobacco among 15- 64 years old, by region, N=5000, (%)



## Type of settlement

By the type of settlement in which the respondents live, there is no significant difference in lifetime prevalence of tobacco consumption.

Figure 12. Lifetime prevalence of tobacco among 15- 64 years old, by type of settlement, N=5000, (%)

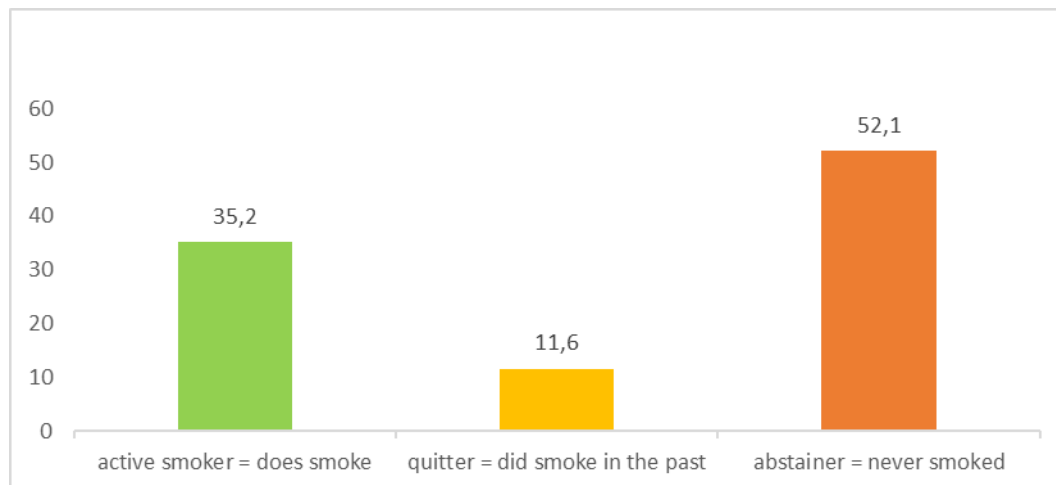


## 4.1.2. Active smokers, quitters and abstainers

### General population 15 – 64

There are about one third of active smokers; every second is not a smoker and one in ten used to smoke sometimes in the past.

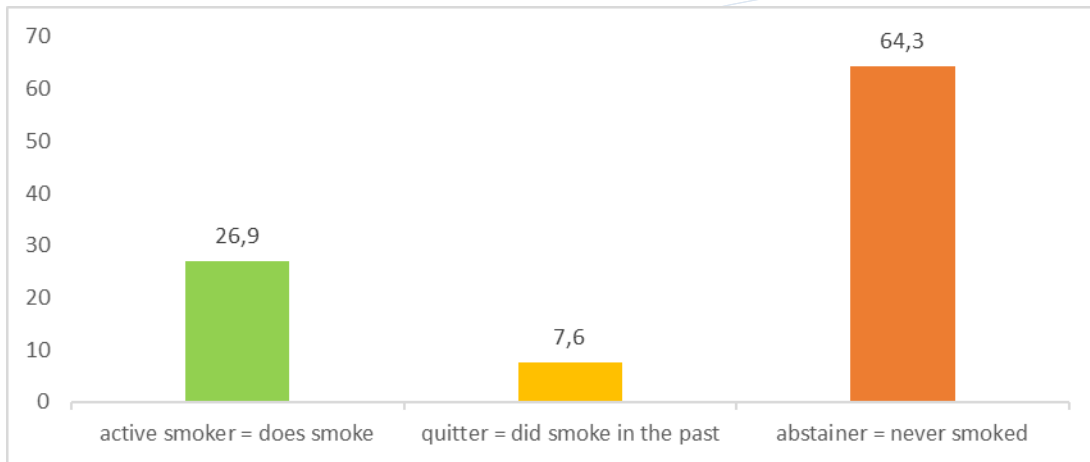
Figure 13. Tobacco consumption among 15- 64 years old, N=5000, (%).



### Young adults 15 – 34

Comparing to the general population, the share of active smokers in the young adults group is 26, 7%.

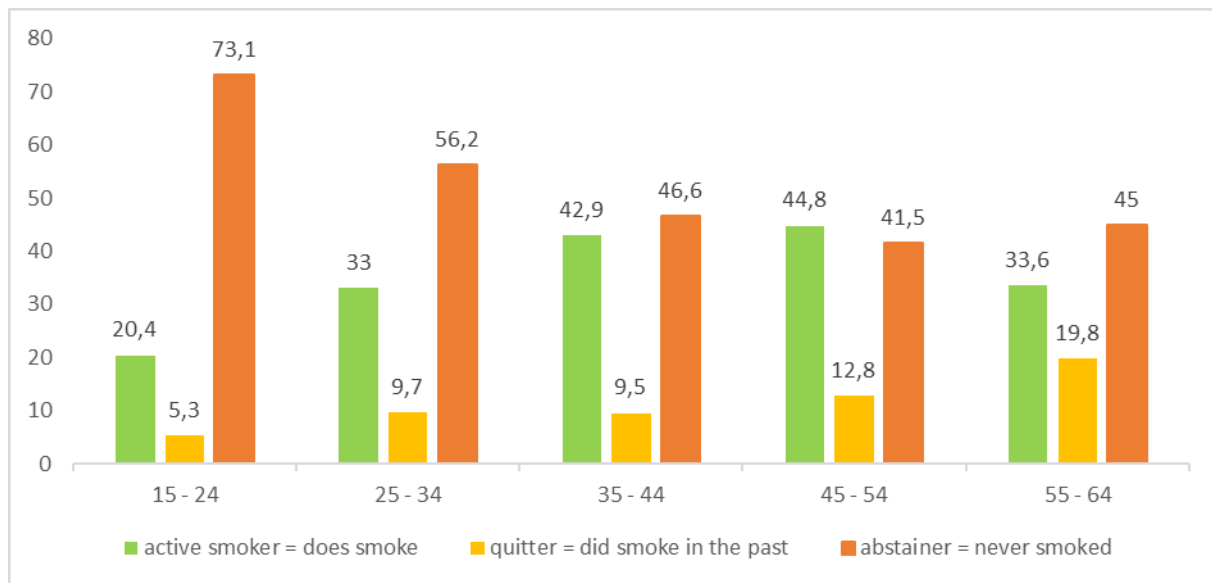
Figure 14. Tobacco consumption among 15-34 (younger adults), N=1947, (%)



Ten-years age groups

Biggest number of active smokers we have in the 45 – 54 age group, 44, and 8% of them, followed by the 35 – 44 age group with 42, 9% active smokers. Biggest share of those who have never smoked is in the younger age groups.

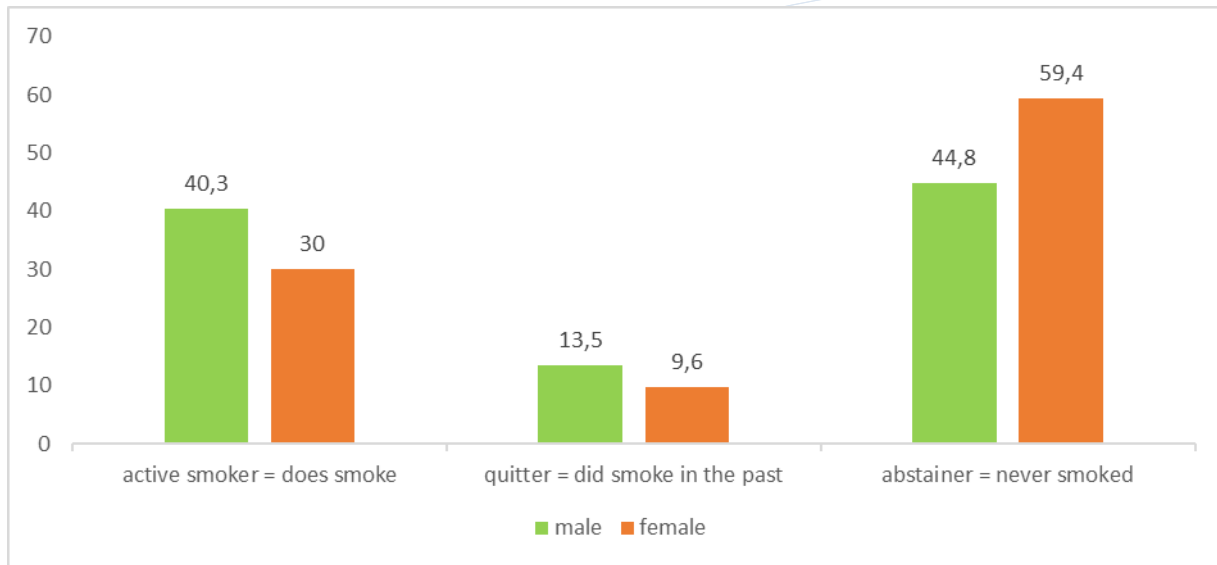
Figure 15. Tobacco consumption among 15- 64 years old, by age groups, N=5000, (%)



Gender

There are significantly more active smokers among the men (40, 3%) than among the women (30%) respectively there is significantly bigger share of those who have never smoked among the women than among men.

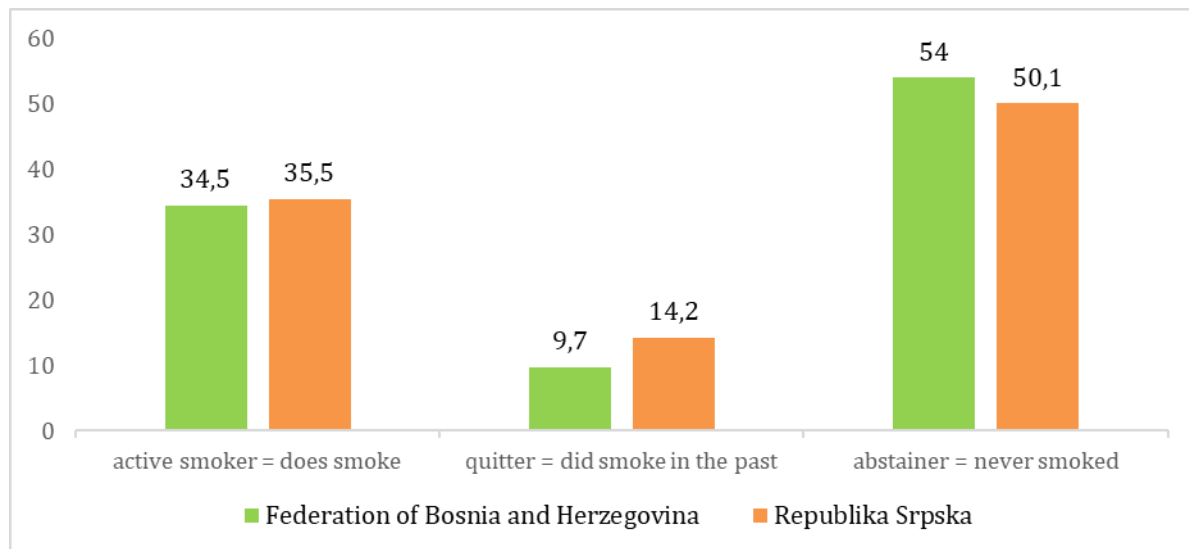
Figure 16. Tobacco consumption among 15- 64 years old by gender, N=5000, (%)



### Regions

There are no significant differences by entities when it comes to active smokers and those who never used to smoke. But there is a significant difference in those who have quit smoking. Biggest share of those is in the Republic of Srpska (14, 2%) than in the Federation of BIH (9, 7%). This can be explained by different legislation and its implementation in the Republic of Srpska than in the Federation of BIH.

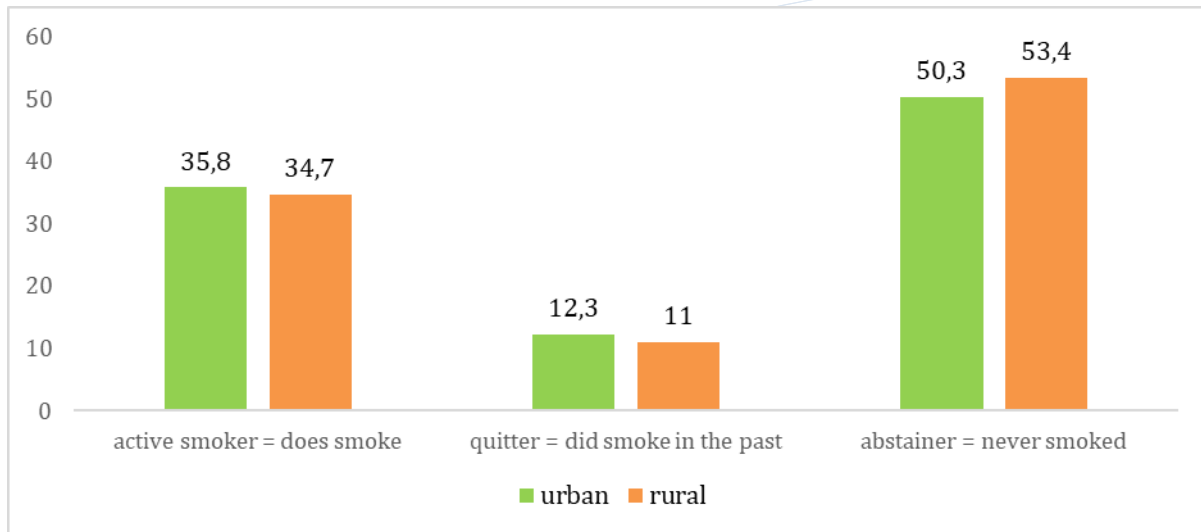
Figure 17. Tobacco consumption among 15- 64 years old by region, N=5000 (%)



### Type of settlement

When it comes to the tobacco consumption habits there are no differences with regards to the type of settlement.

Figure 18. Tobacco consumption among 15- 64 years old by type of settlement, N=5000, (%)



## 4.2. Alcohol

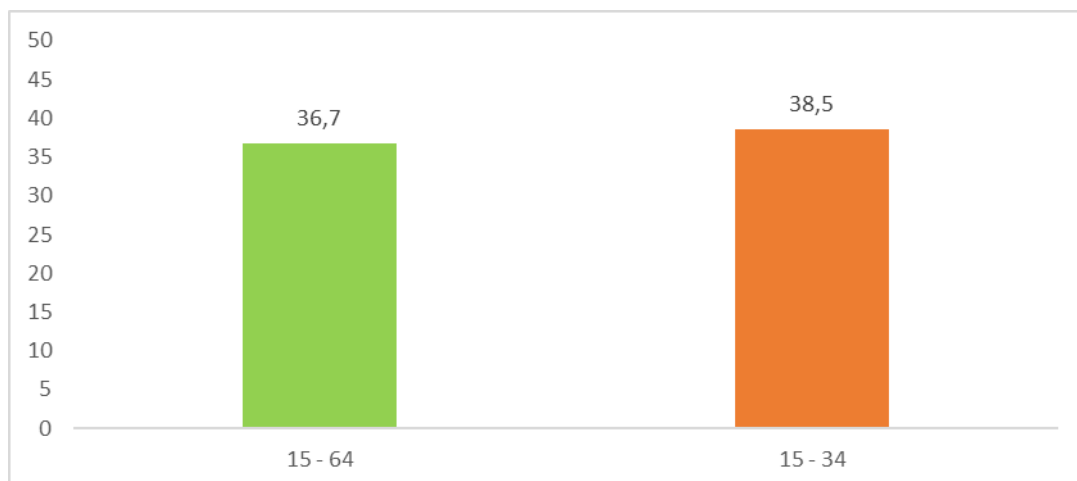
This section contains the information on alcohol consumption. First part of the section contains information on prevalence of use of alcohol in the past 12 months before the survey and on prevalence of the use of alcohol in the past 30 days before the survey. Second part of the section contains information on frequency of consumption of alcohol and frequency of consumption of six glasses or more of alcoholic drinks on one occasion.

### 4.2.1. Prevalence of alcohol consumption in the past 12 months

General population 15 – 64

Share of respondents in general population who have consumed alcohol last year is 36,7%.

Figure 19. Last 12 months prevalence of alcohol use among 15- 64 years old (N=5000) and 15-34 years old (N=1947), (%)





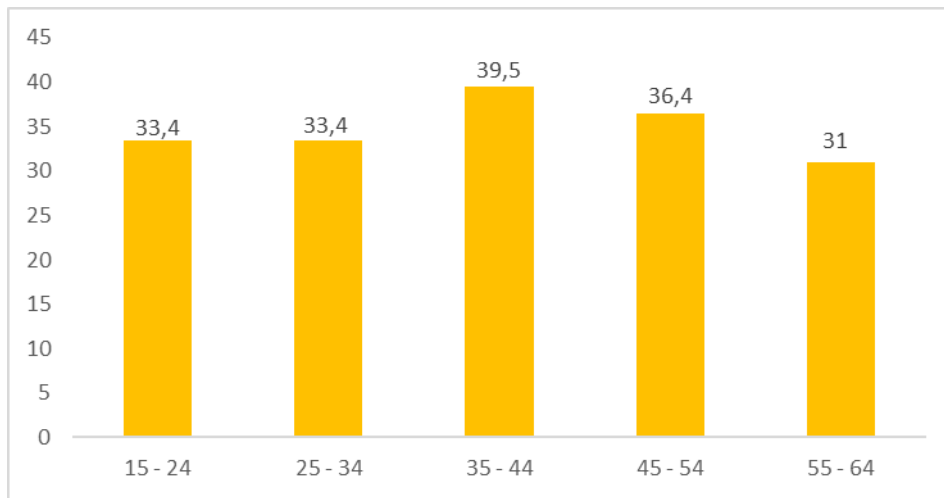
### Young adults 15 – 34

There is no statistically significant difference between the general population and young adults regarding the annual prevalence of alcohol consumption.

### Ten-years age groups

The highest prevalence of alcohol consumption in the past 12 months is in the age group of 35 – 44 (39,5%) and the lowest in the age group 55 – 64 (31%).

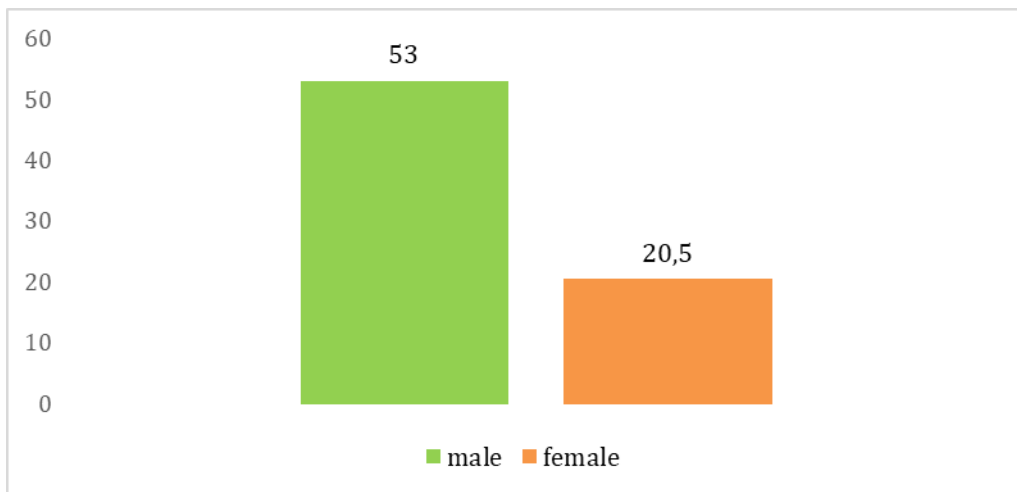
Figure 20. Last 12 months prevalence of alcohol use among 15- 64 years old by age groups, N=5000, (%)



### Gender

Same as in cigarettes consumption, the difference between men and women is significant. Prevalence in the past 12 months for men amounts 53% and 20,5% for women.

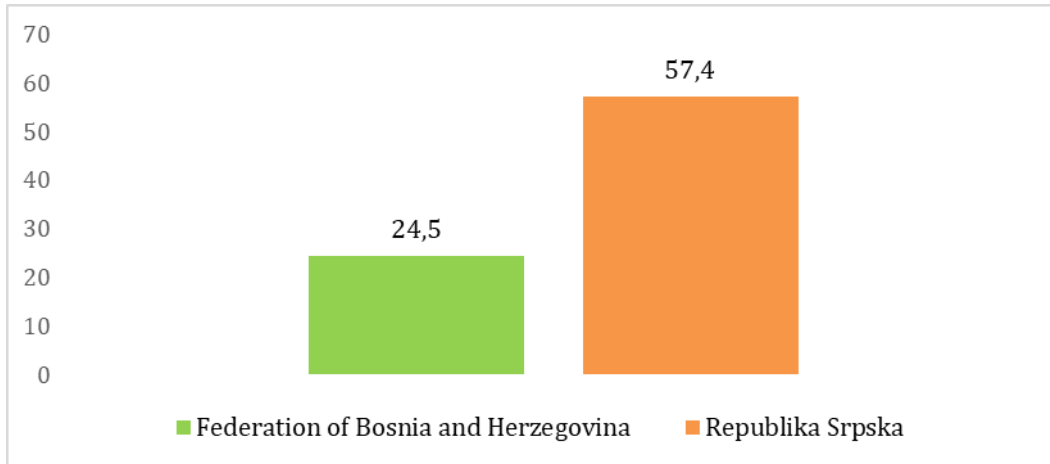
Figure 21. Last 12 months prevalence of alcohol use among 15- 64 years old by gender, N=5000, (%)



## Region

Difference between the entities in Bosnia and Herzegovina is significant in consumption of alcohol, respectively in the Republic of Srpska is 57,4%, and in the Federation of BIH 24,5%.

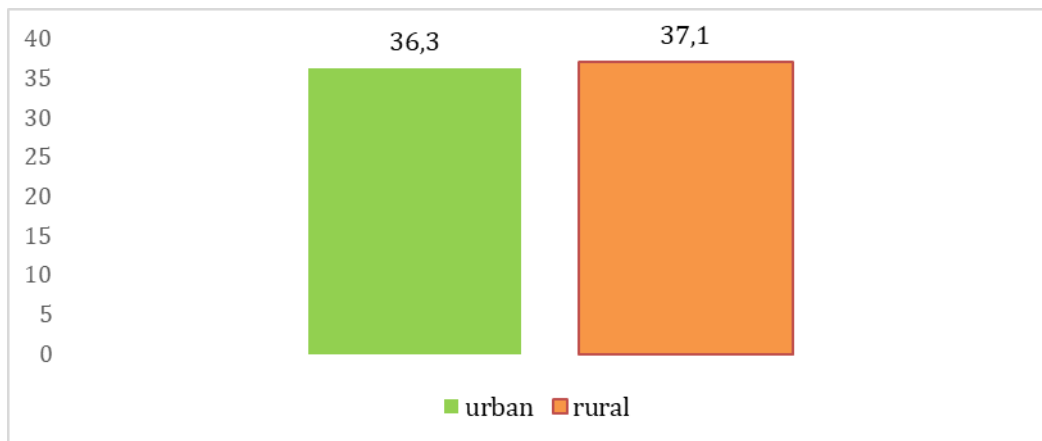
Figure 22. Last 12 months prevalence of alcohol use among 15- 64 years old by region, N=5000, (%)



## Type of settlement

There is no significant difference between the type of settlement in which the respondents live, the share is about equal in urban and in rural areas.

Figure 23. Last 12 months prevalence of alcohol use among 15- 64 years old by type of settlement, N=5000, (%)

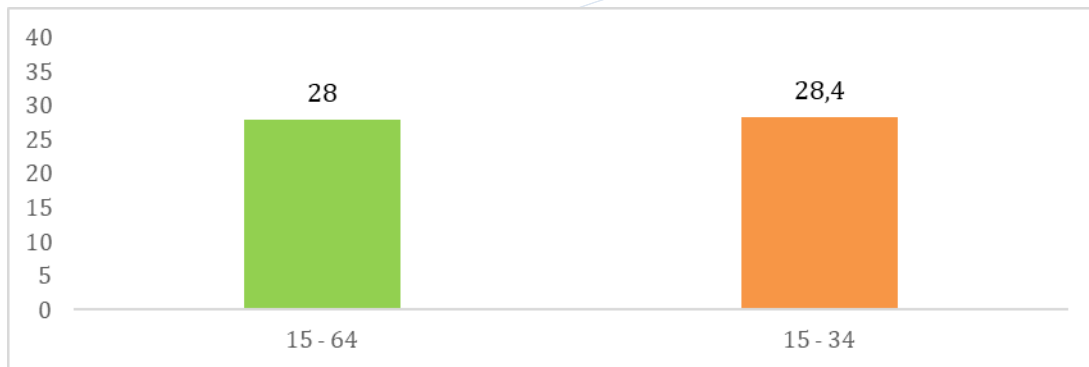


## 4.2.2. Prevalence of alcohol consumption in the past 30 days

### General population 15 – 64

Share of those who have consumed alcohol in the past 30 days in the general population amounts 28%.

Figure 24. Last 30 days prevalence of alcohol use among 15- 64 years old (N=5000) and 15-34 years old (N=1947), (%)



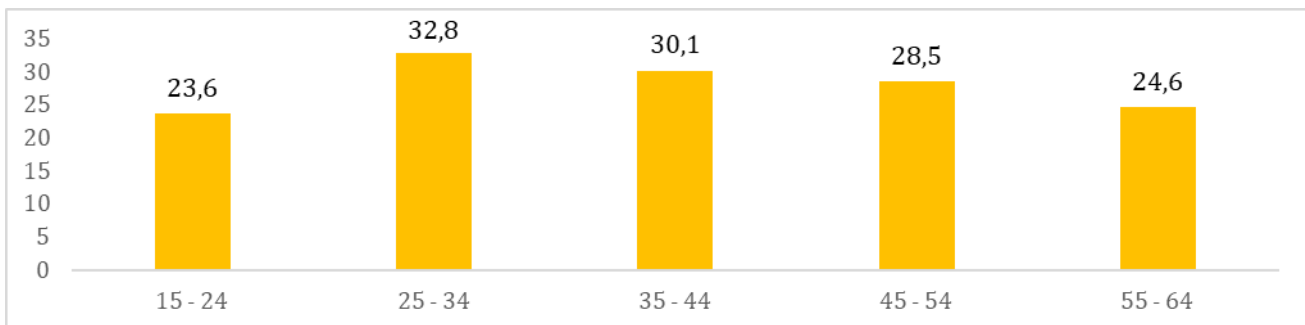
#### Young adults 15 – 34

Prevalence for the age group of young adults does not differ from the general population.

#### Ten-years age groups

Biggest share of those who have consumed alcohol in the past 30 days is in the 25-34 age group (32,8%), then in the age group 35 – 44 (30,1%) while the lowest prevalence is by the youngest and the oldest .

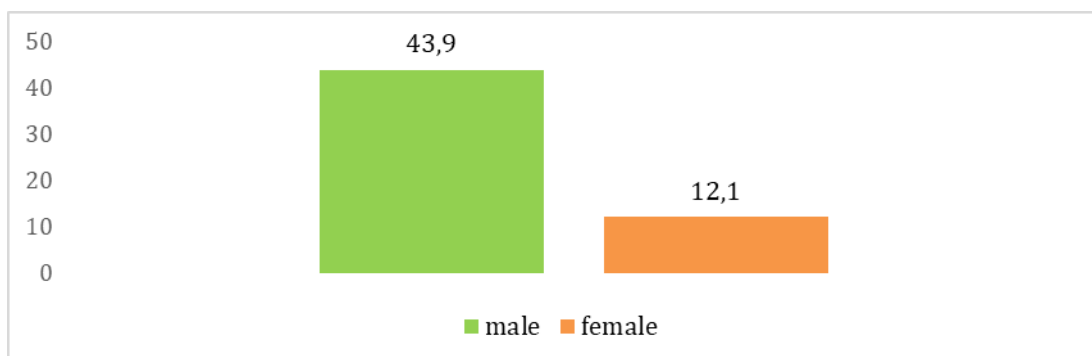
Figure 25. Last 30 days prevalence of alcohol use among 15- 64 years old by age groups, N=5000, (%)



#### Gender

Similar as with the lifetime prevalence here too there is significantly higher prevalence by men (43, 9%) then by the women (12, 1%).

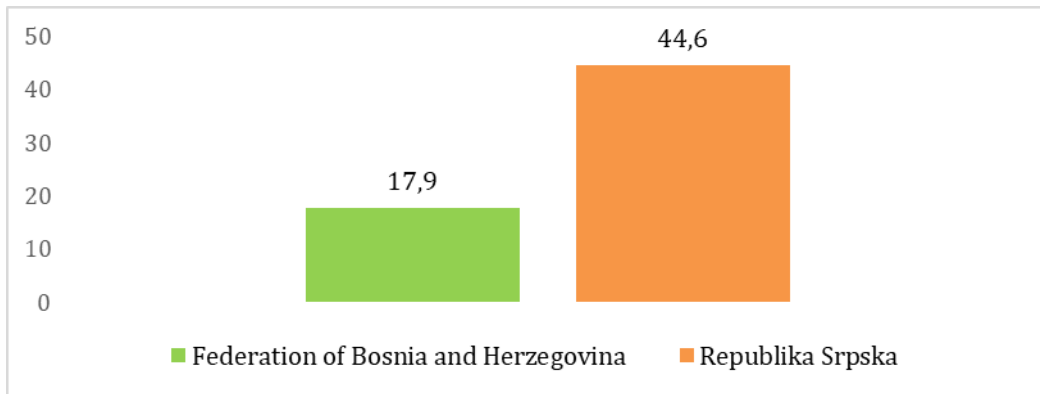
Figure 26. Last 30 days prevalence of alcohol use among 15- 64 years old by gender, N=5000, (%)



## Region

In the entity of Republic of Srpska there is significantly higher prevalence in the past 30 days (44,6%) than in the Federation of BiH (17,9%).

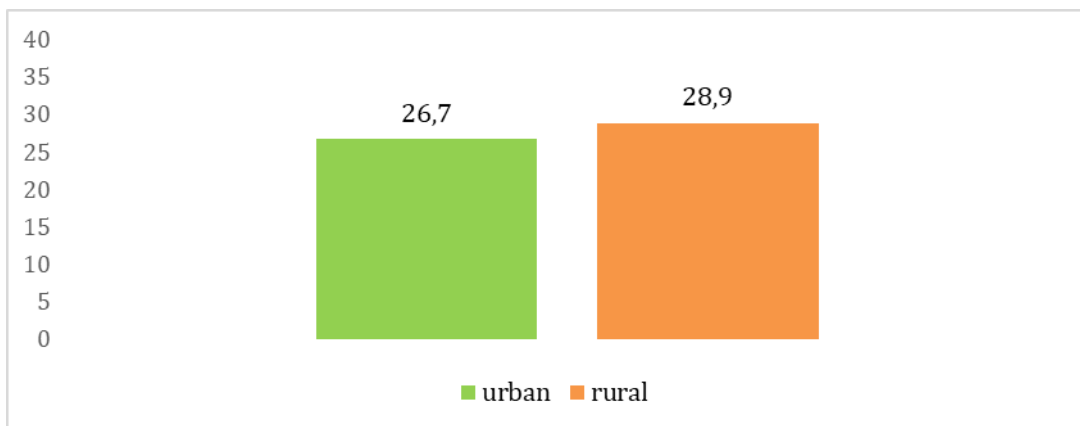
Figure 27. Last 30 days prevalence of alcohol use among 15- 64 years old by region, N=5000, (%)



## Type of settlement

There is no difference in prevalence of alcohol consumption during the past 30 days between the areas that the respondents live in. It amounts 26, 7% in urban and 28, 9% in rural settlements.

Figure 28. Last 30 days prevalence of alcohol use among 15- 64 years old by type of settlement, N=5000, (%)



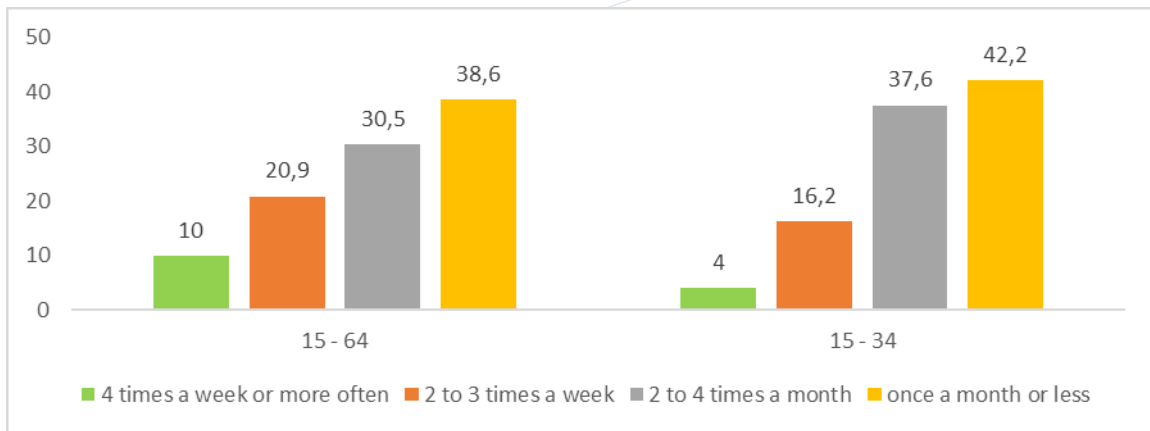
### 4.2.3. General frequency of alcohol consumption

This part contains the information on general frequency of use of alcohol. Results will be presented for: general population 15 – 64, young adults 15 – 34, ten-years age groups, gender, region and type of settlement.

#### General population 15 – 64

Highest frequency of alcohol consumption is once a month or less (38, 6%), then 2 to 4 times a month (30, 5%). One out of ten consumers uses alcohol four times a week or more often.

Figure 29. General frequency of alcohol consumption: alcohol consumers aged 15 – 64 (N=1800) and young adults aged 15 – 34 (N=734) - (%)



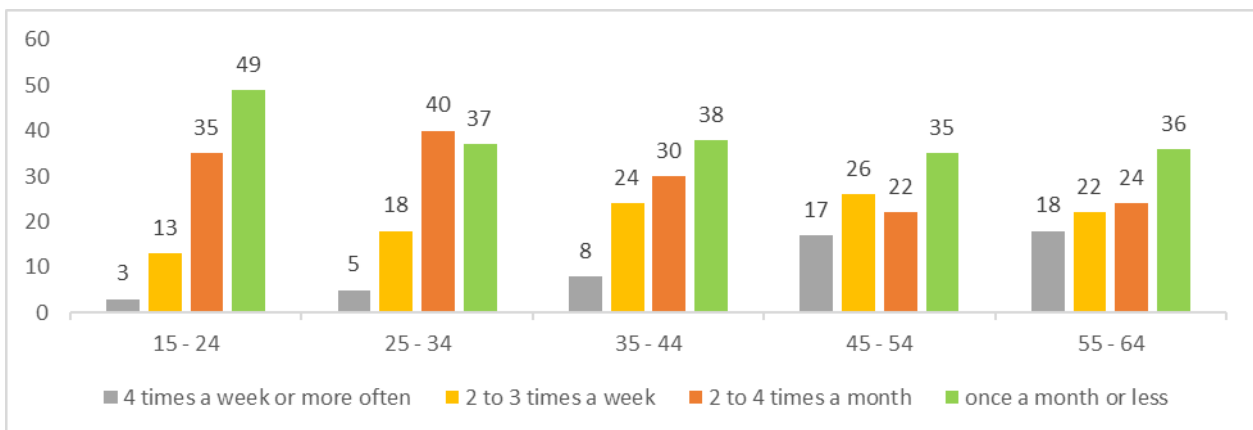
### Young adults 15 – 34

Comparing to the general population, there is slightly more of those who consume alcohol 2 to 4 times a month among young adults (37,6%).

### Ten-years age groups

Looking at the results by ten-years age groups we see that the frequency of consumption on monthly level increases with age. That is how the in oldest age group (55-64) there is 40% of those who consume alcohol 2 to 4 times a week and more often respectively there are 43% of such in the 45-54 age group. In the youngest age group (15-24) there are in total 16% of those who consume alcohol 2 to 3 times a week and more often respectively there are 23% of such in the age group 25-34.

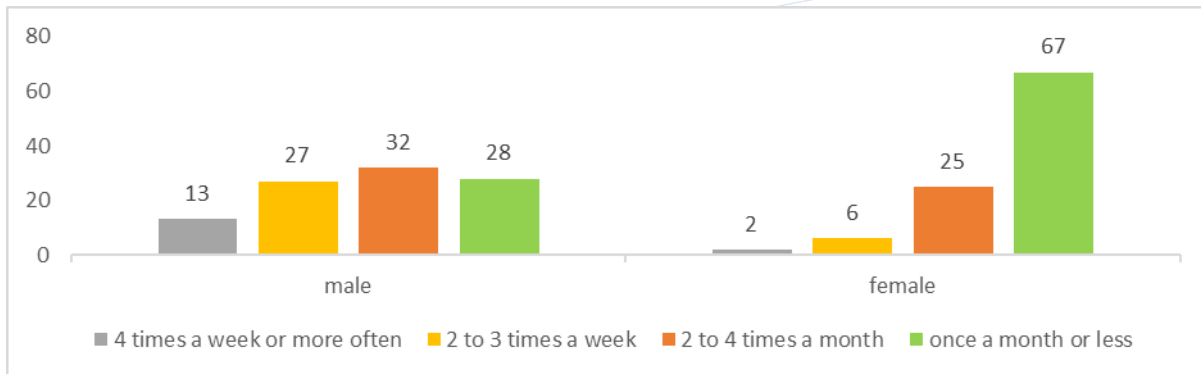
Figure 30. General frequency of alcohol consumption by age groups, N=1800, (%)



### Gender

Men are more prone to alcohol consumption. We see that 2 thirds of women who consume alcohol do that once a month or less frequent while by men there is less than one third of such. On the other side 40% of male consumers of alcohol consumes it 2 to 3 times a week or more often.

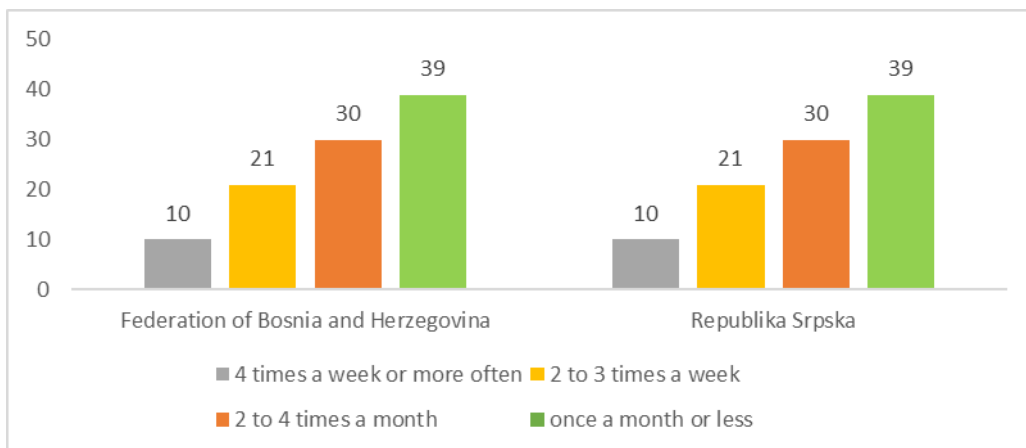
Figure 31. General frequency of alcohol consumption by gender, N=1800, (%)



### Region

We can say that the consumption habits by frequency of consumption of alcohol are identical although in the Republic of Srpska there is significantly bigger share of consumers in the general population.

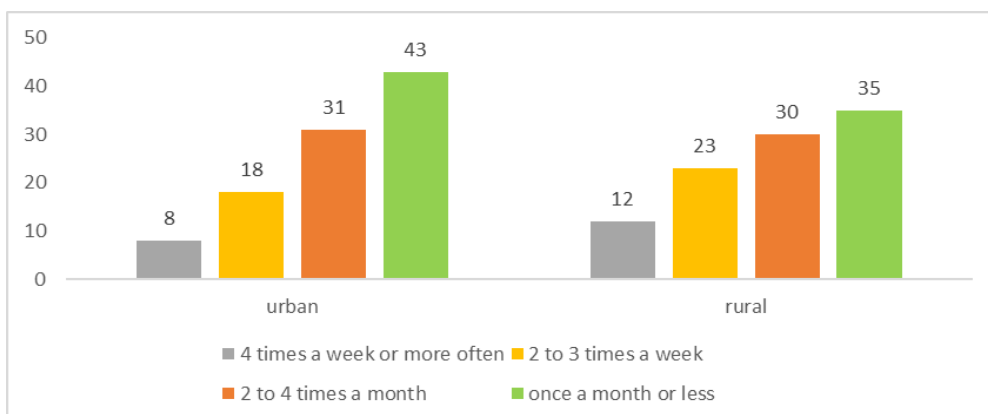
Figure 32. General frequency of alcohol consumption by region, FBiH (N=750), RS (N=982), (%)



### Type of settlement

In rural areas the share of those who consume alcohol once a month or less frequent is bigger than the share of those who consume alcohol 2 to 3 times a week and more often (35%) than it is the case with the urban areas (26%).

Figure 33. General frequency of alcohol consumption by type of settlement, N=5000, (%)



#### 4.2.4. Frequency of alcohol consumption in the past 30 days

In this section we will see the results of frequency of alcohol consumption in the past 30 days for the general population 15-64, young adults, ten-years age groups, gender, age, region and type of settlement.

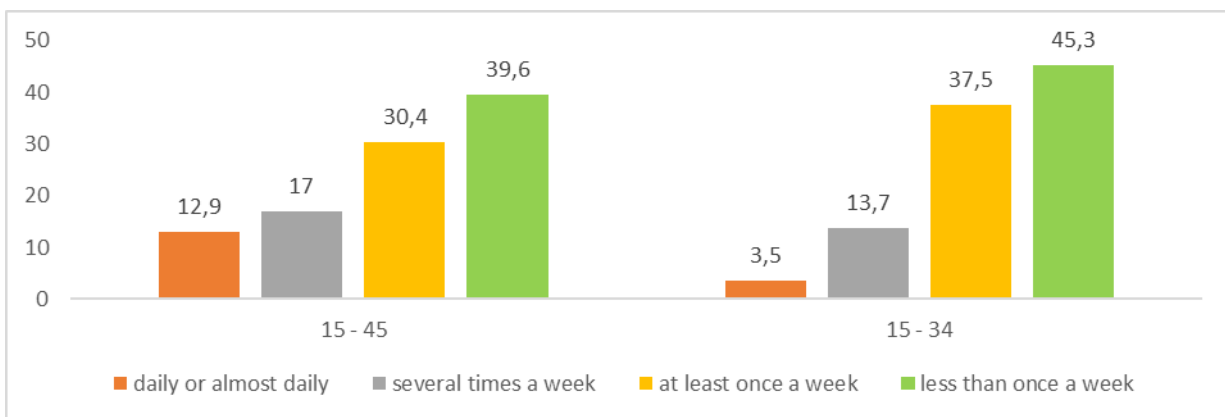
##### General population 15 – 64

In biggest number of cases alcohol was consumed less frequent than once a week (39, 6%) and at least once a week (30, 4%). Smallest share is of those consumers who have consumed alcohol every day or almost every day during the past month (12, 9%).

##### Young adults 15 – 34

In the target group of young adults 15-34 the biggest share is of those who have consumed alcohol less than once a week (45,3%) and the smallest share of those who have consumed alcohol every day or almost every day (3,5).

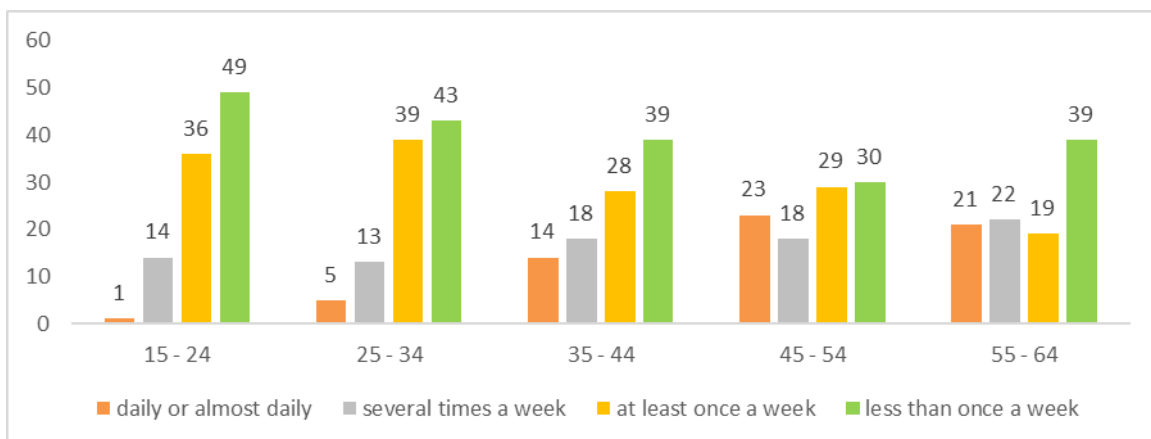
Figure 34. General frequency of alcohol consumption in the past 30 days: alcohol consumers aged 15 – 64 (N=1230) and young adults aged 15 – 34 (N=487), (%)



##### Ten-years age groups

Older age groups, respectively older than 45 are more prone to consumption of alcohol every or almost every day respectively a couple of times a week than other age groups.

Figure 35. General frequencies of alcohol consumption in the past 30 days by age groups, N=1230, (%)

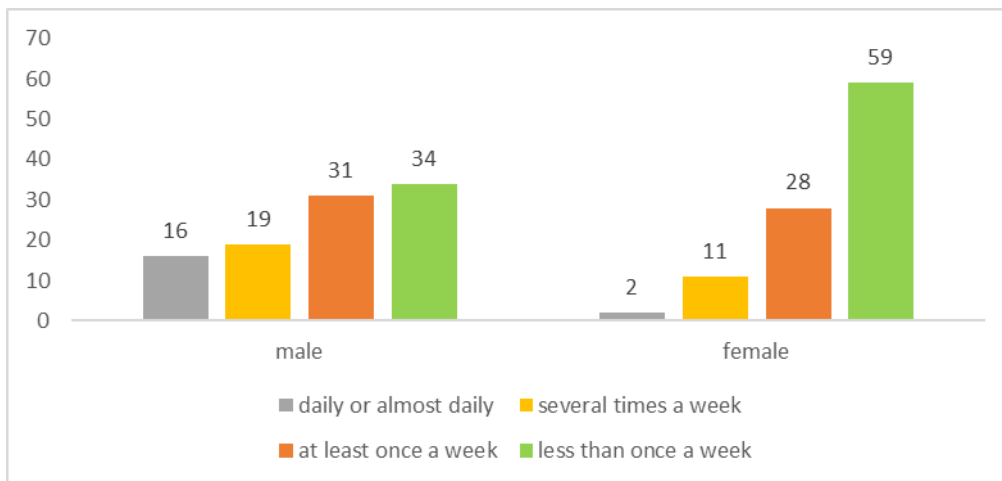


## Gender

Significant difference in frequency of consumption of alcohol between men and women is also visible in case of consumption of alcohol during the past 30 days.

Significantly bigger share of those who consume alcohol every day is in men (16%) than in women (2%). There is also significantly bigger share of those who have consumed alcohol less than once a week among women (59%) than by men (34%).

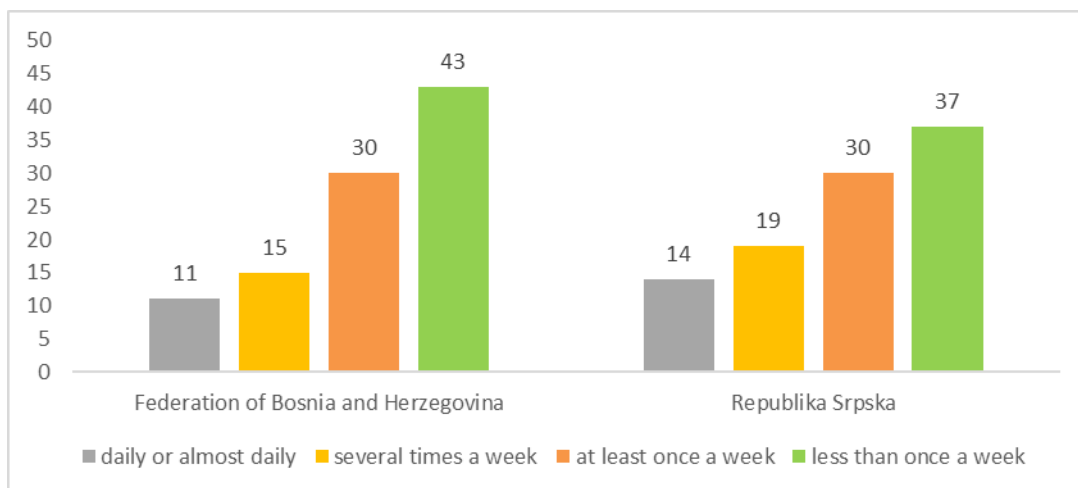
Figure 36. General frequencies of alcohol consumption in the past 30 days by gender, N=1230, (%)



## Region

There is no significant difference between the entities in frequency of alcohol consumption during the past 30 days.

Figure 37. General frequencies of alcohol consumption during the past 30 days by region, N= 1230 (%)

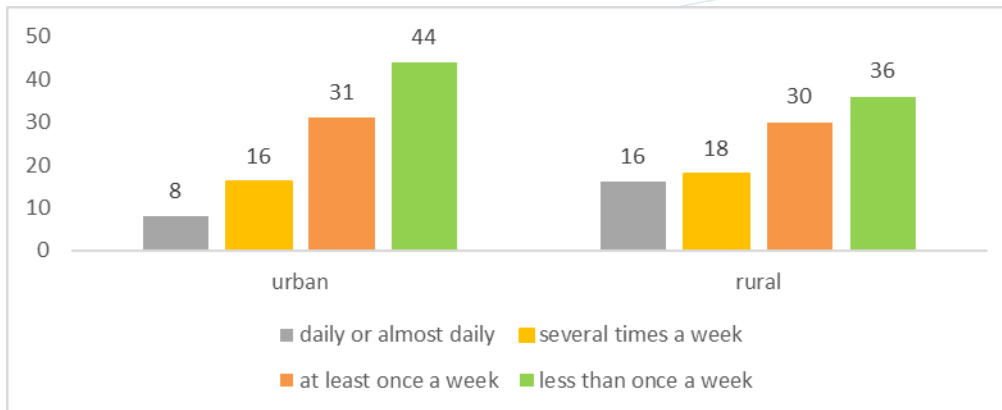


## Type of settlement

In rural settlements there is significantly bigger share of those who have consumed alcohol every or almost every day (16%) over the past 30 days than in the urban settlements (8%).



Figure 38. General frequencies of alcohol consumption during past 30 days by type of settlement, N=1230 (%)



#### 4.2.5. Frequency of drinking 6 glasses or more

The frequency of drinking 6 glasses or more is shown in the report through: general population 15 – 64, young adults 15 – 34, ten-years age groups, gender, region and type of settlement.

##### General population 15 – 64

In general population of all citizens of Bosnia and Herzegovina (15-64) there is 0, 9% of those who drank 6 and more glasses of alcoholic drinks every or almost every day.

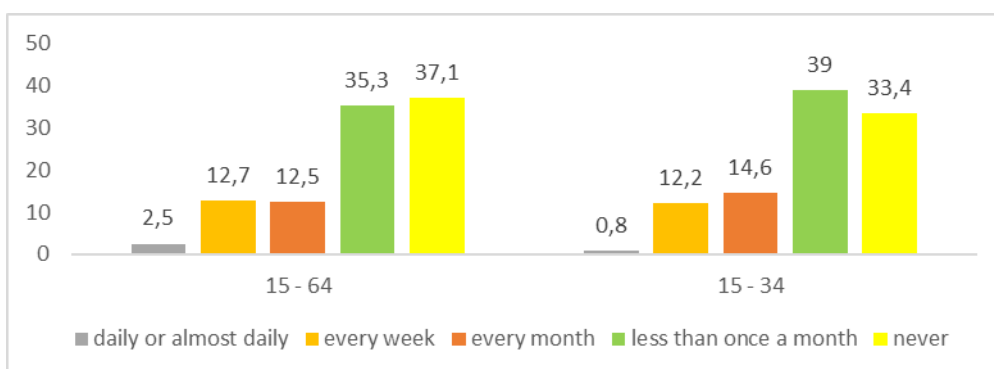
About one third of those who were drinking alcohol during the past 12 months have never drank 6 and more glasses on one occasion and there is almost the same share of those who have done it less than once a month while 2,5% of them have done it almost every day in the past 12 months.

##### Young adults 15 – 34

In general population of young adults in Bosnia and Herzegovina (15-34) there is 0, 3% of those who have been drinking 6 and more glasses of alcoholic drink every or almost every day.

When looking at the data only for those who have been drinking alcohol in the past 12 months, in this target group there is somewhat smaller share of those who drank 6 and more glasses on one occasion in the past 12 months (0, 8%) but somewhat bigger share of those who did it less than once a month (39%) comparing to the general population.

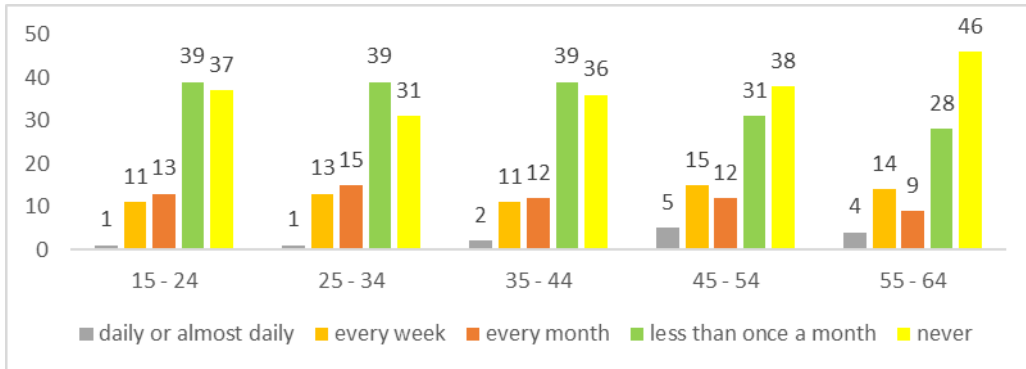
Figure 39. General frequency of drinking 6 or more glasses of alcoholic drinks on one occasion among those who have been drinking alcohol during the past 12 months aged 15 – 64 (N= 1788) and young adults aged 15 – 34 (N=726), (%)



### Ten-years age groups

Frequency of consumption of 6 glasses and more is almost equally distributed among all the age groups while there is somewhat bigger share of those who do it every or almost every day in the age group 45-54 (5%) and somewhat bigger share of those who have never done that during the past 12 months in the oldest age category (46%).

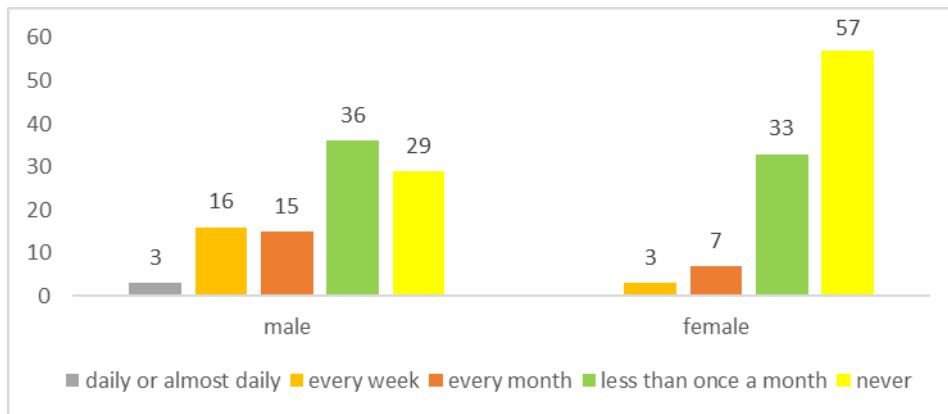
Figure 40. General frequency of drinking 6 glasses of one alcoholic drink on one occasion among those who have been drinking alcohol during the past 12 months by age groups, (N=1788), (%).



### Gender

Same as in case of general consumption of alcohol in this case too there are significant differences between men and women. Every other woman (57%) who drank alcohol during the last 12 months has never drank 6 and more glasses on one occasion while by men that is the case with almost one in three (29%). Also, significantly bigger share of those who do it every month, every week or every or almost every day by men than by women.

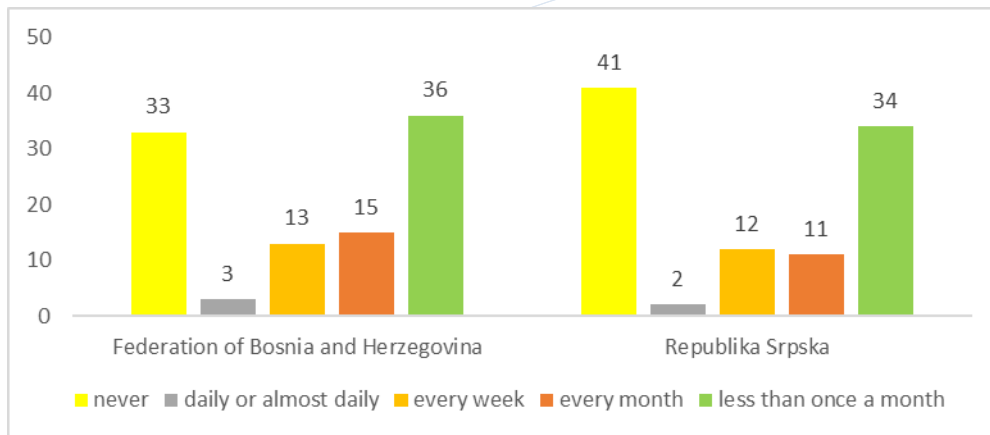
Figure 41. General frequency of consumption of 6 or more glasses of alcoholic drink on one occasion among those who have been drinking alcohol during the past 12 months by gender, (N=1788), (%).



### Region

Somewhat bigger share of those who have never during the past 12 months drank 6 and more glasses on one occasion in the Republic of Srpska (41%) than in the Federation of BiH (33%).

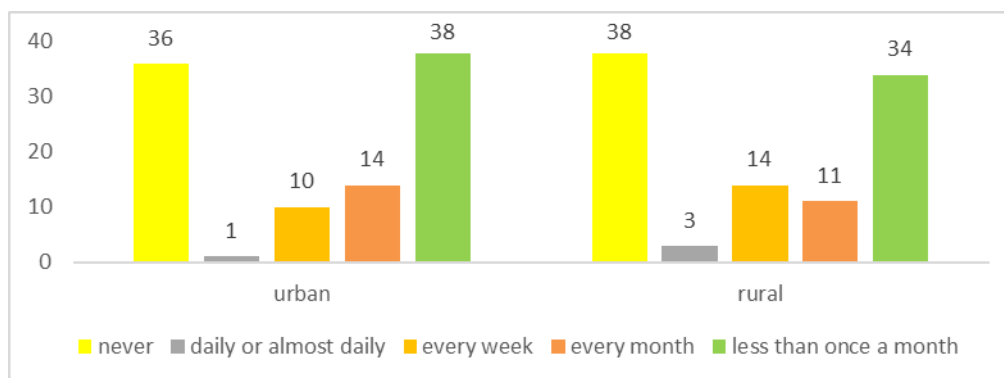
Figure 42. General frequency of consumption of 6 glasses of same alcoholic drink on same occasion among those who have been drinking alcohol during the past 12 months by region (N=1788) (%)



#### Type of settlement

There are no significant differences between village and city in consumption of 6 and more glasses of alcohol on one occasion during the past 12 months.

Figure 43. General frequency of drinking 6 and more glasses of drink on one occasion among those who have been drinking alcohol during the past 12 months by type of settlement, (N=1788), (%)



## 4.3. Medicines

In this section of the report we will present results of the survey connected with the non-medicinal use of medicines. First part of this section contains the information on use of medicines through different time (past year and past month). Second part contains information on frequency of use of medicines during the past month.

### 4.3.1. Benzodiazepines

#### 4.3.1.1. Prevalence of use of benzodiazepines in the past 12 months

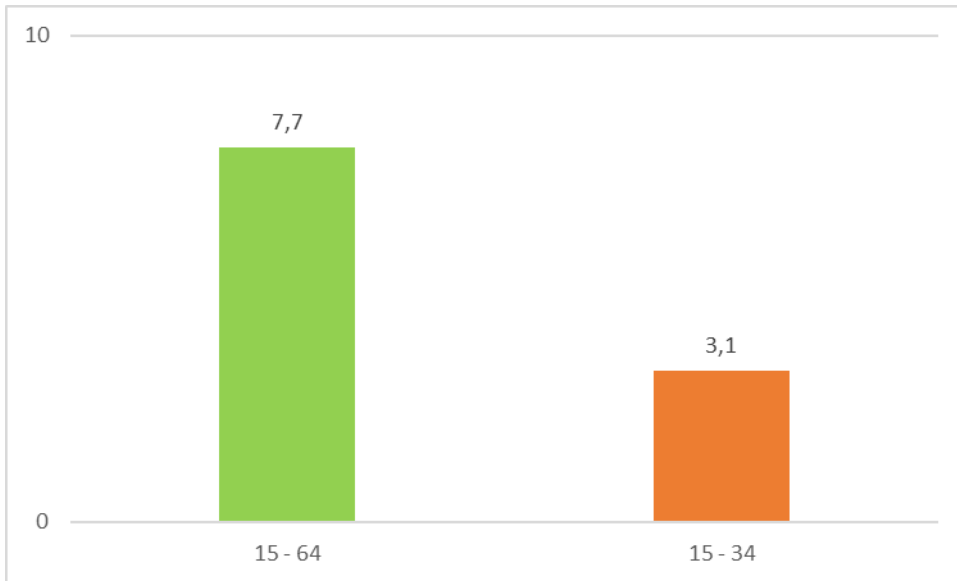
General population 15 – 64

Prevalence of use of benzodiazepines in general population 15-64 is 7, 7%.

### Young adults 15 – 34

Prevalence among this target group is significantly smaller (3,1%) than in general population.

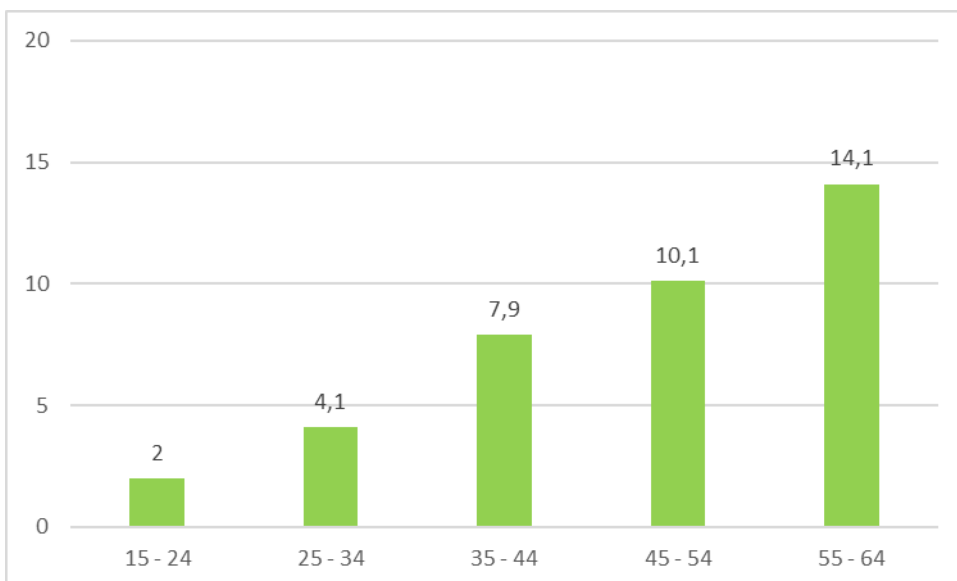
Figure 44: Last 12 months prevalence of benzodiazepines use among 15- 64 years old (N=5000) and 15-34 years old (N=1947), (%)



### Ten-years age groups

Prevalence of use of benzodiazepines in the past 12 months is growing with age. Biggest prevalence recorded in the past 12 months is in the age group 55 – 64 (14,1%) while it is smallest in the group of 15 – 24 (2%).

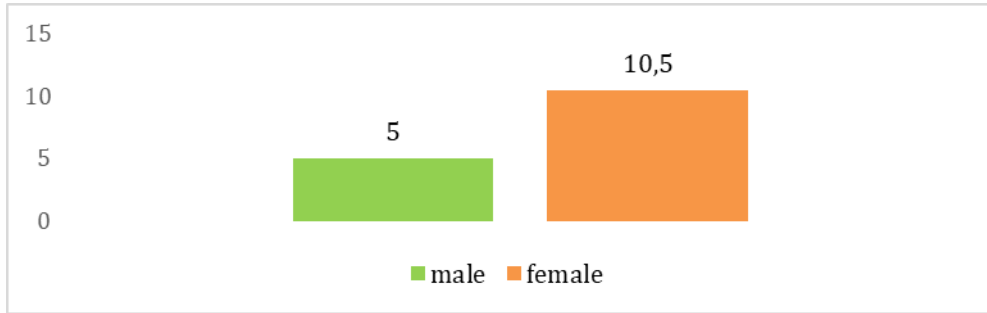
Figure 45. Last 12 months prevalence of benzodiazepines use by age groups, (N=5000), (%)



## Gender

Significant difference of prevalence is by gender, it is higher in women (10, 5%) comparing to men (5%).

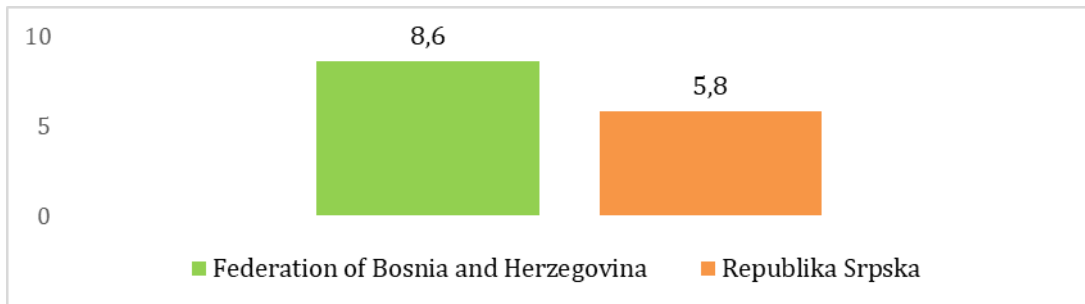
Figure 46. Last 12 months prevalence of benzodiazepines use by gender, (N=5000), (%)



## Region

In the Federation of BiH more significant is the prevalence of use of benzodiazepines (8, 6%) comparing to the Republic of Srpska (5, 8%).

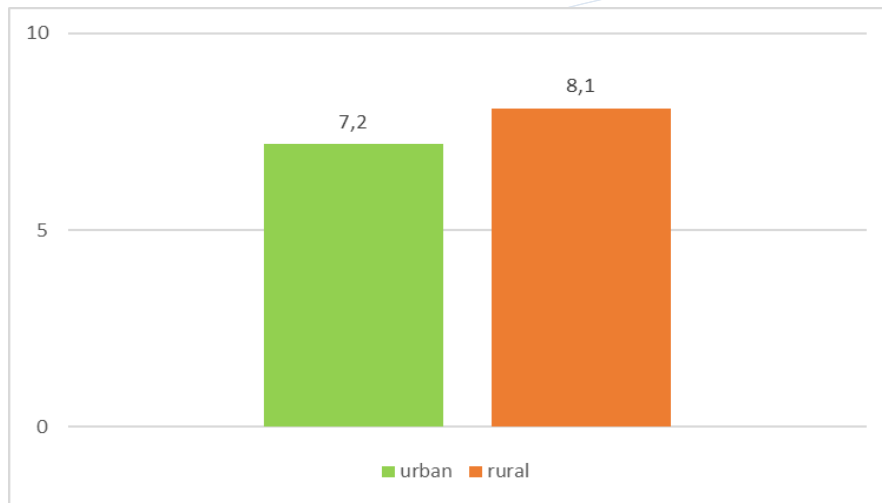
Figure 47. Last 12 months prevalence of benzodiazepines use by region, (N=5000) (%)



## Type of settlement

There is no significant difference in use of benzodiazepines by type of settlement. In rural area it amounts 8, 1% and in 7, 2% urban.

Figure 48. Last 12 months prevalence of benzodiazepines use by type of settlement, (N=5000), (%)



#### 4.3.1.2. Prevalence of use of benzodiazepines in the past 30 days

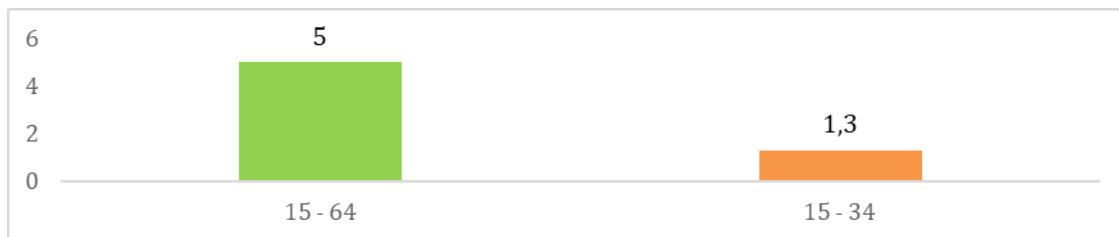
##### General population 15 – 64

Prevalence of use of benzodiazepines in the past 30 days amounts 5% in general population.

##### Young adults 15 – 34

In this age group monthly prevalence is significantly smaller comparing to the entire population and amounts 1,3%.

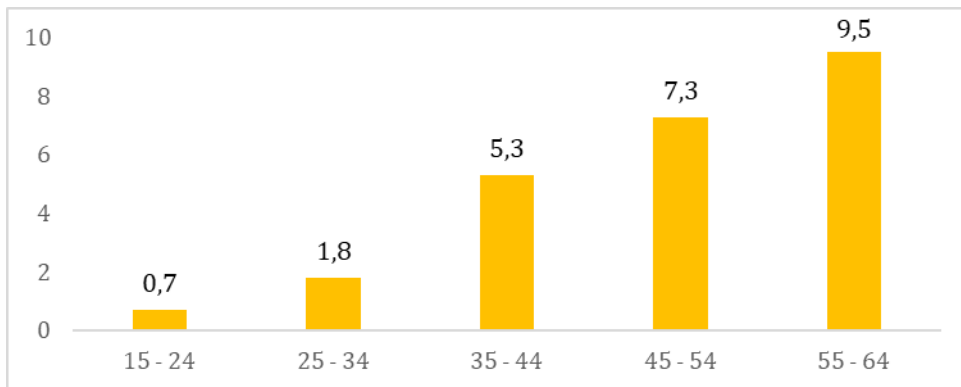
Figure 49. Last 30 days prevalence of benzodiazepines use among 15- 64 years old (N=5000) and 15-34 years old (N=1947), (%)



##### Ten years age groups

Same as with prevalence in the past 12 months on the level of past month, the prevalence is growing with age, it is smallest in the age group 15-24 (0,7%) and biggest in the age group 55-64 (9,5%).

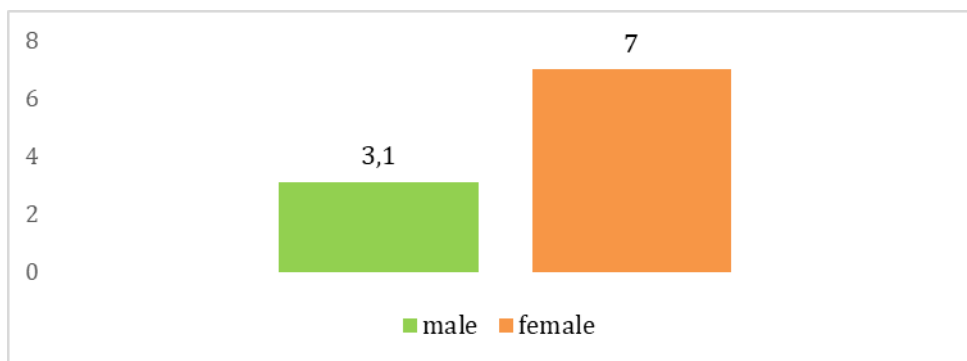
Figure 50. Last 30 days prevalence of benzodiazepines use by age groups, (N=5000), (%)



### Gender

Prevalence during the past month differs by gender; it is significantly higher in women (7%) than in men (3,1%).

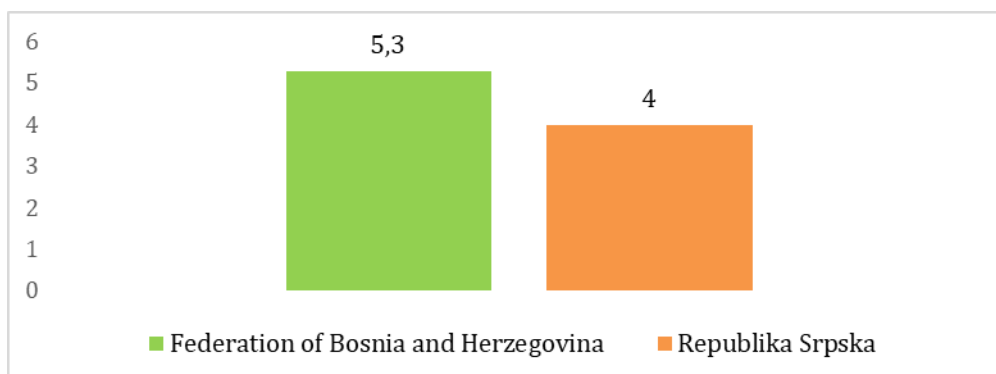
Figure 51. Last 30 days prevalence of benzodiazepines use by gender, (N=5000), (%)



### Region

In the Federation of BIH prevalence in the past month is slightly bigger (5,3%) than in the Republic of Srpska (4%).

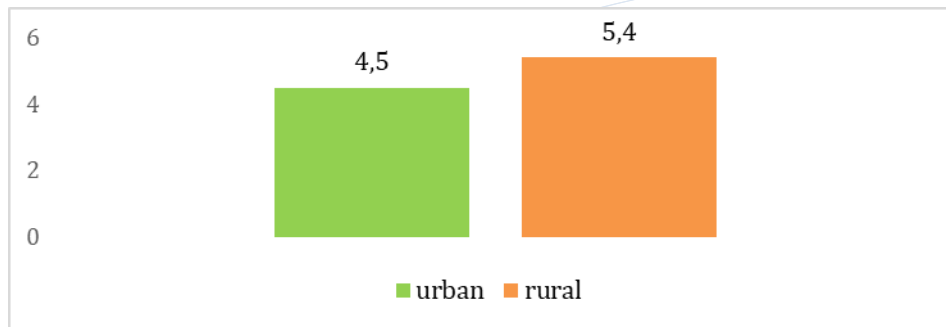
Figure 52. Last 30 days prevalence of benzodiazepines use region, (N=5000) (%)



### Type of settlement

There is no significant difference in prevalence during the past month between village and city.

Figure 53. Last 30 days prevalence of benzodiazepines use type of settlement, (N=5000), (%)



### 4.3.1.3. General frequency of use of benzodiazepines

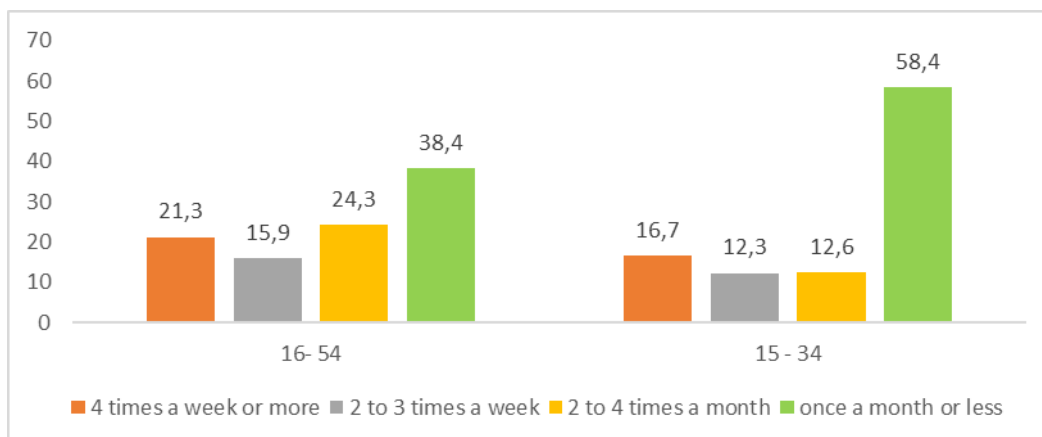
#### General population 15 - 64

Looking at the general population of 15-64 users of benzodiazepines, these pharmaceuticals are most often being used once a month or less frequent (38, 4%). About one out of four users of benzodiazepines are using them 2 to 4 times a week, while 15,9% are taking them 2 to 3 times a week and one out of 5 users of benzodiazepines is taking them 4 times a week or more.

#### Young adults 15-34

Out of the total number of benzodiazepines users in this target group 58, 4% of them are using these pharmaceuticals once a month and less frequent and 16, 7% is taking them 4 times a week and more often.

Figure 54. General frequency of use of benzodiazepines among benzodiazepines users aged 15 – 64 (N=378) and users aged 15-34 (N=57), (%)

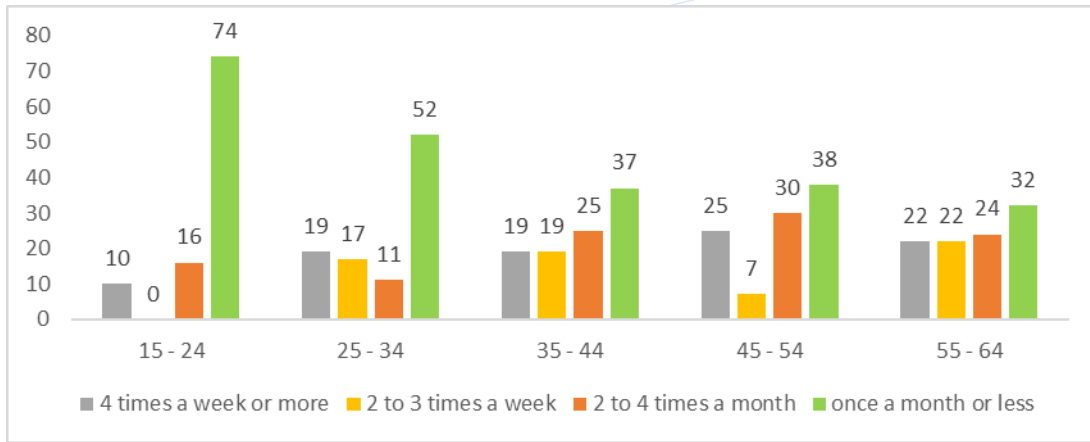


#### Ten years age groups

Analyzing results by ten years age groups we see that the frequency of use is growing with age groups.



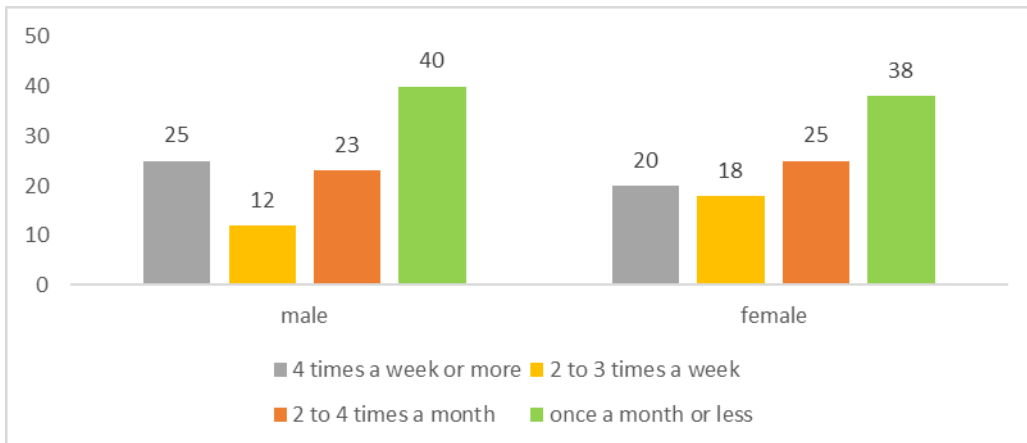
Figure 55. General frequency of use of benzodiazepines by age groups, (N=378), (%)



Gender

There are no significant differences between genders in frequency of use of benzodiazepines.

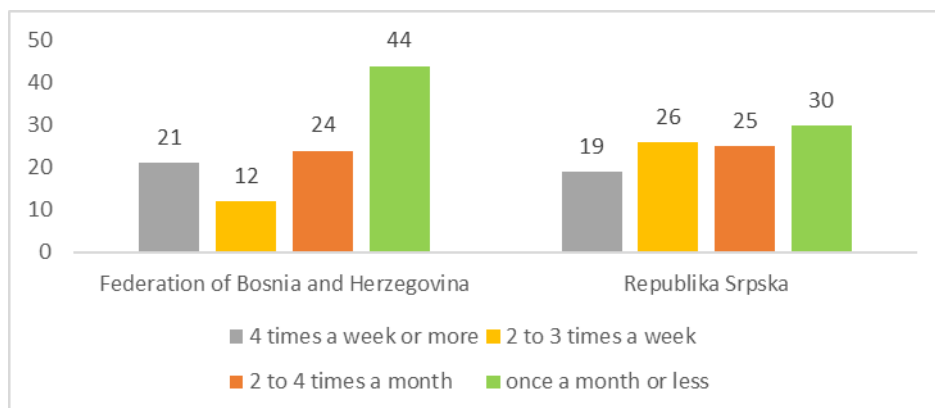
Figure 56. General frequency of use of benzodiazepines by gender, (N=378), (%)



Region

In the Republic of Srpska there is significantly bigger share of those who consume benzodiazepines 2 to 3 times a week (26%).

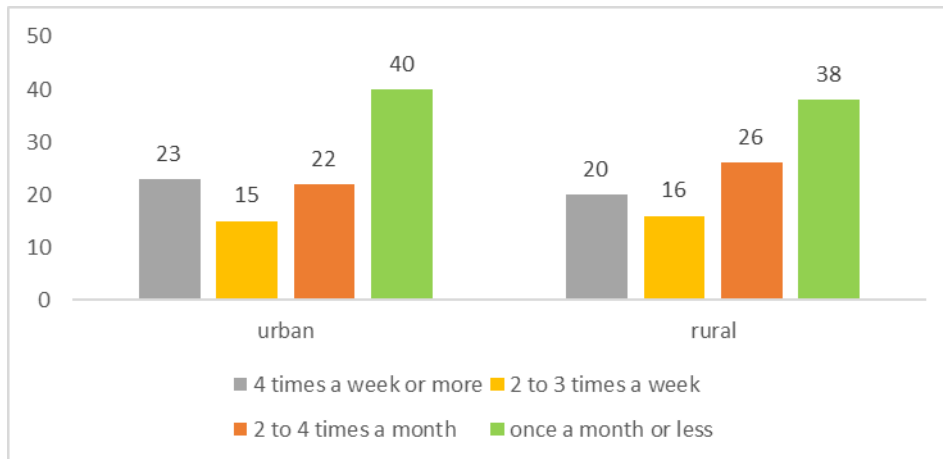
Figure 57. General frequency of use of benzodiazepines by region, (N=378), (%)



### Type of settlement

We don't have significant differences in frequencies of benzodiazepines by type of settlement.

Figure 58. General frequency of use of benzodiazepines by type of settlement, (N=378), (%)

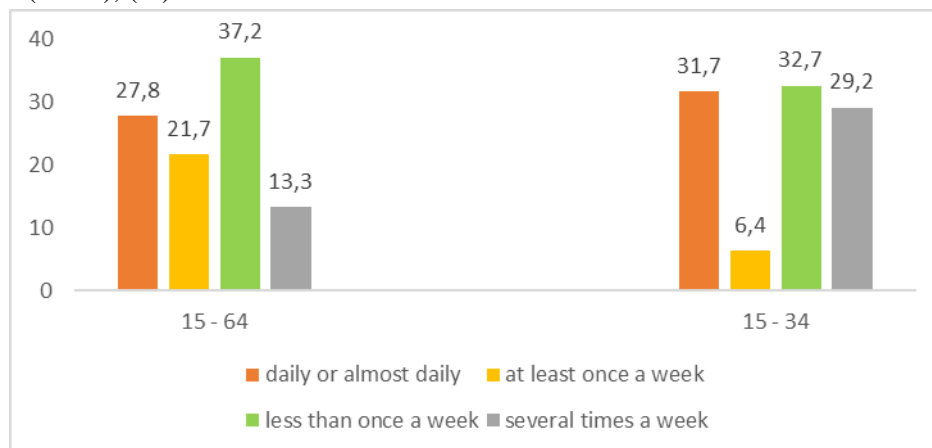


### 4.3.1.4. Frequency of use of benzodiazepines in the past 30 days

#### General population 15 – 64

Out of the total number of users of benzodiazepines in the past month 37, 2% have used this pharmaceutical less than once a week and 27, 8% every or almost every day. One in five has used them at least once a week.

Figure 59. General frequency of use of benzodiazepines in the past 30 days: benzodiazepines users aged 15-64 (N=217) and 15-34 (N=23), (%)

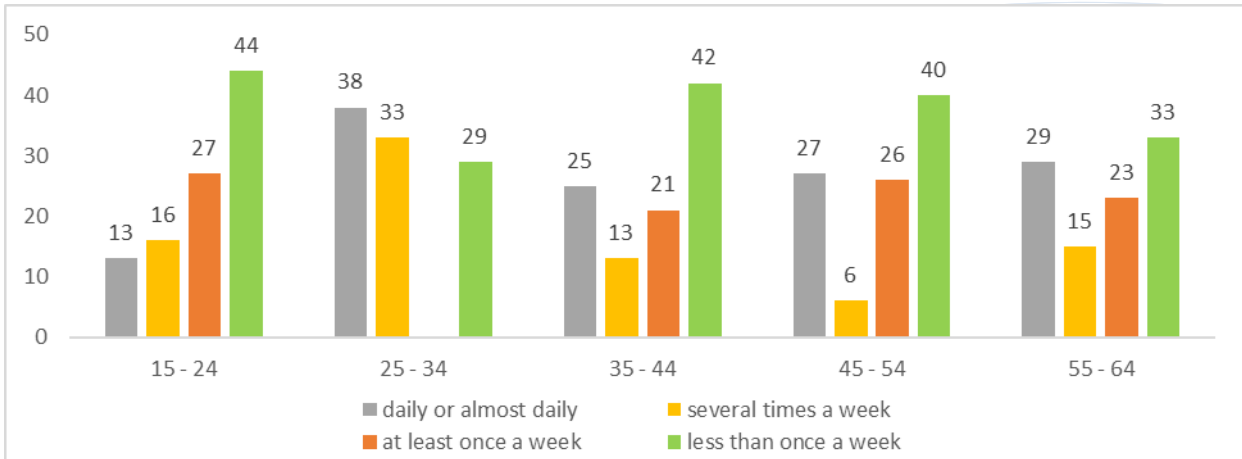


#### Young adults 15- 34

Results for the age group 15-34 should be taken with reserve because the total number of respondents on which the analysis was made N=23.

#### Ten-years age groups

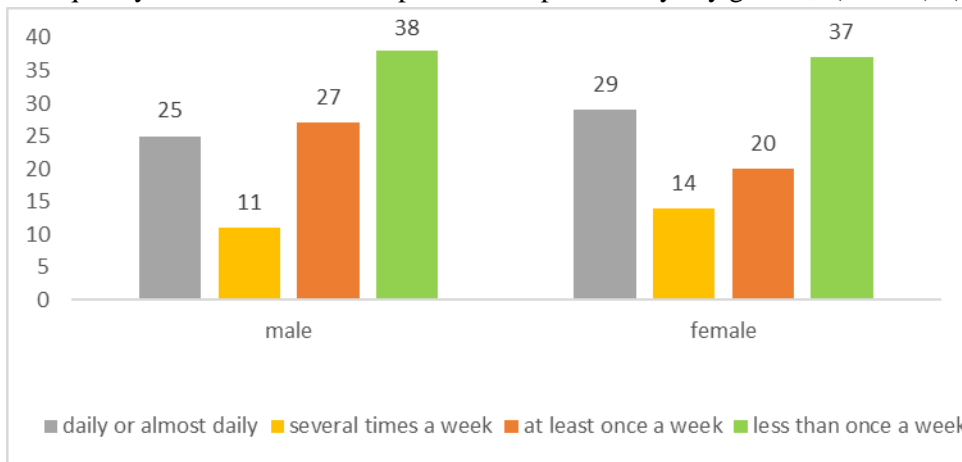
Figure 60. General frequency of use of benzodiazepines in the past 30 days by age groups, (N= 217), (%)



Gender

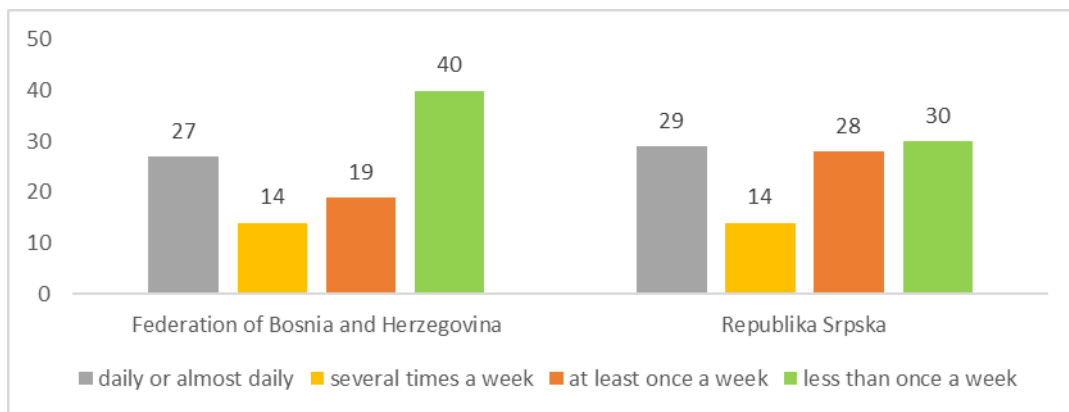
There is no significant difference between genders in frequency of use of benzodiazepines during the past month

Figure 61. General frequency of use of benzodiazepines in the past 30 days by gender, (N=217), (%)



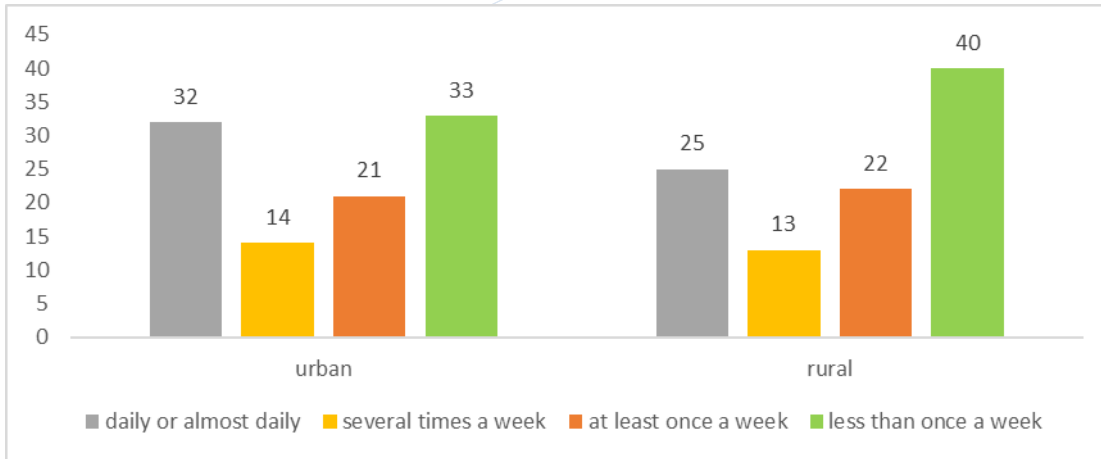
Region

Figure 62. General frequency of use of benzodiazepines in the past 30 days by region, (N=217), (%)



### Type of settlement

Figure 63. General frequency of use of benzodiazepines in the past 30 days by type of settlement, (N=217), (%)



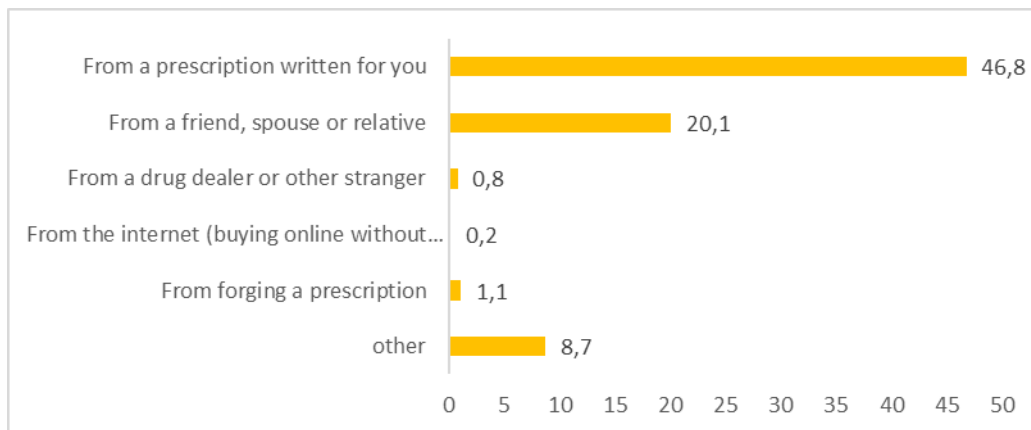
### 4.3.1.5. Sources of use of benzodiazepines

This section contains the information on use of benzodiazepines and the way that the respondents have acquired them. We will show only the data for the respondents who have communicated that they have used benzodiazepines.

#### General population 15 – 64

46.8 % of the benzodiazepines users have received a prescription and 20.1% receive them from a friend, partner or relative .

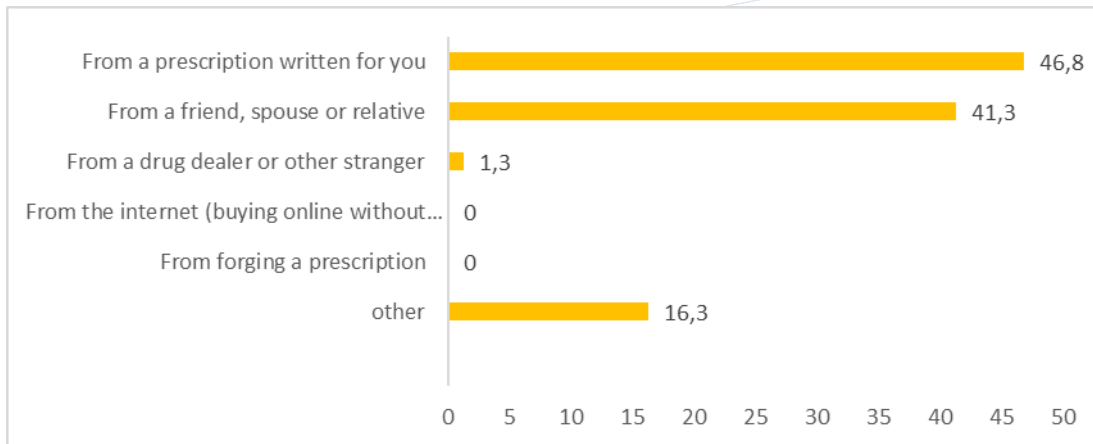
Figure 64. Sources of use of benzodiazepines among 15 – 64 years old, (N=387), (%)



#### Young adults 15 – 34

46.8 % of the benzodiazepines users aged 15 -34 have received a prescription and 41.3% receive them from a friend, partner or relative.

Figure 65. Sources of use of benzodiazepines among 15 – 34 years old, (N=60), (%)



### 4.3.2. Opioids

#### 4.3.2.1. Prevalence of use of opioids in the past 12 months

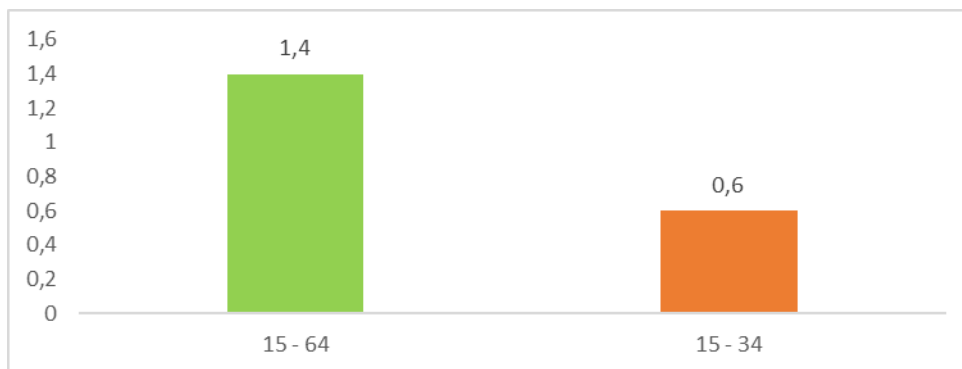
##### General population 15 - 64

Prevalence of use of opioids in the past 12 months for general population 15-64 amounts 1, 4%.

##### Young adult 15 - 34

In the age group 15 – 34 is lowest comparing to the general population and amounts 0, 6%.

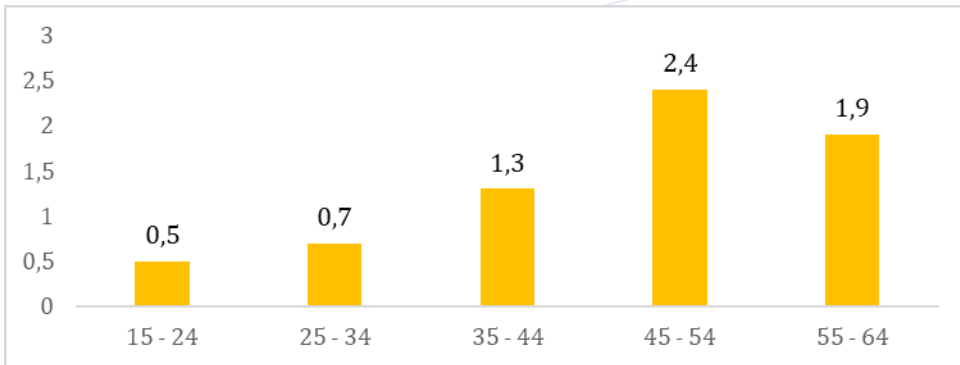
Figure 66. Last 12 months prevalence of opioids use among 15- 64 years old (N=5000) and 15-34 years old (N=1947), (%)



##### Ten-years age groups

Biggest prevalence of use of opioids in the past 12 months in the age group 45 – 54 (2, 4%) and smallest in the group 15 – 24 (0, 5%).

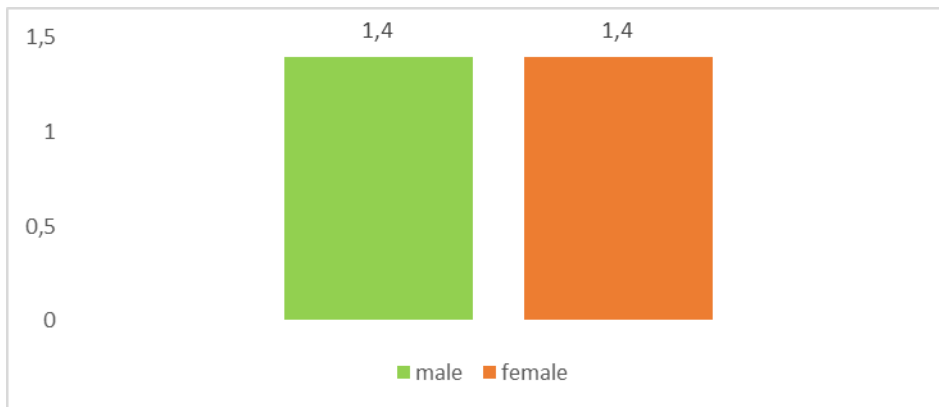
Figure 67. Last 12 months prevalence of opioids use by age groups (N=5000), (%)



Gender

Prevalence of use of opioids in the course of past 12 months is equal in men and women and amounts 1,4%

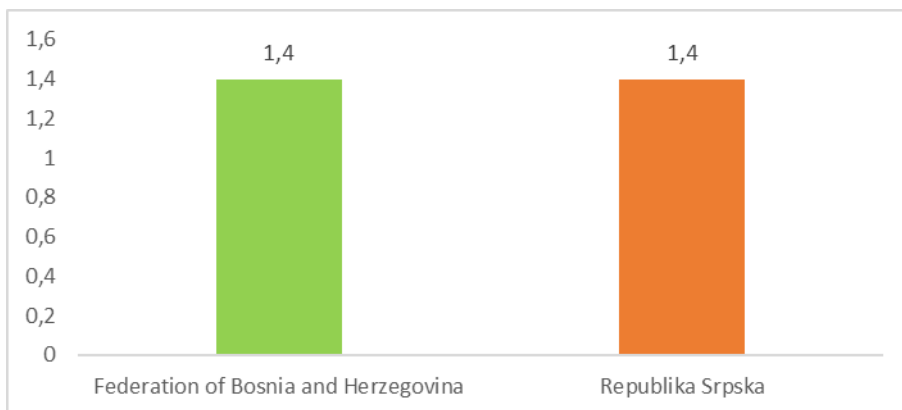
Figure 68. Last 12 months prevalence of opioids use by gender, (N=5000), (%)



Region

Prevalence of opioids use in the past 12 months is equal in both entities (1,4%).

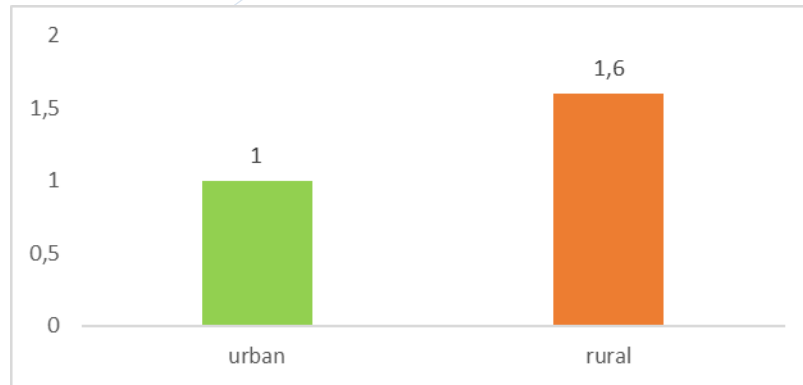
Figure 69. Last 12 months prevalence of opioids use by region, (N=5000), (%)



## Type of settlement

Prevalence of use of opioids in the past 12 months in rural part amounts 1,6% and 1% in urban.

Figure 70. Last 12 months prevalence of opioids use by type of settlement, (N=5000), (%)



### 4.3.2.2. Prevalence of use of opioids in the past 30 days

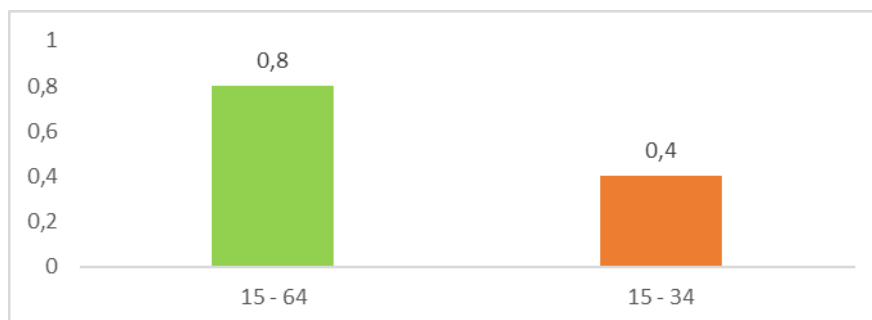
#### General population 15 - 64

Prevalence of use of opioids during the past 30 days is 0,8%.

#### Young adults 15 – 34

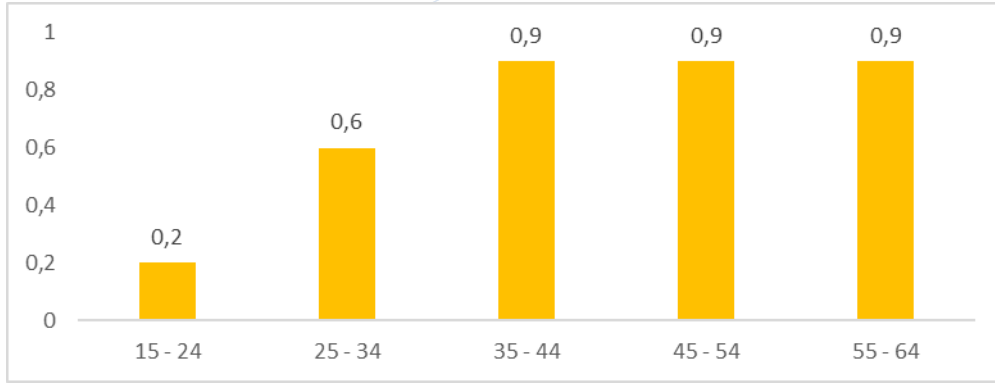
Prevalence of use of opioids during the past 30 days for the group 15 – 34 is 0,4%.

Figure 76. Last 30 days prevalence of opioids use among 15- 64 years old (N=5000) and 15-34 years old (N=1947), (%)



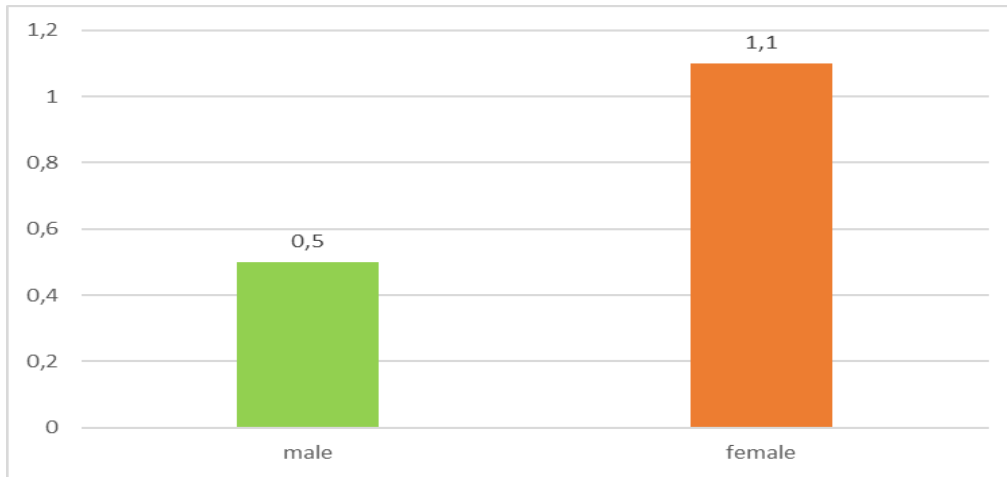
### Ten-years age groups

Figure 77. Last 30 days prevalence of opioids use by age groups, (N=5000), (%)



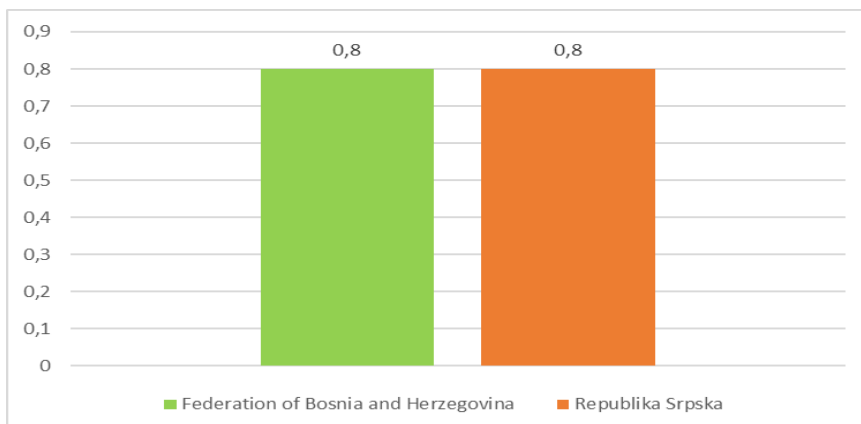
### Gender

Figure 78. Last 30 days prevalence of opioids use by gender, (N=5000), (%)



### Region

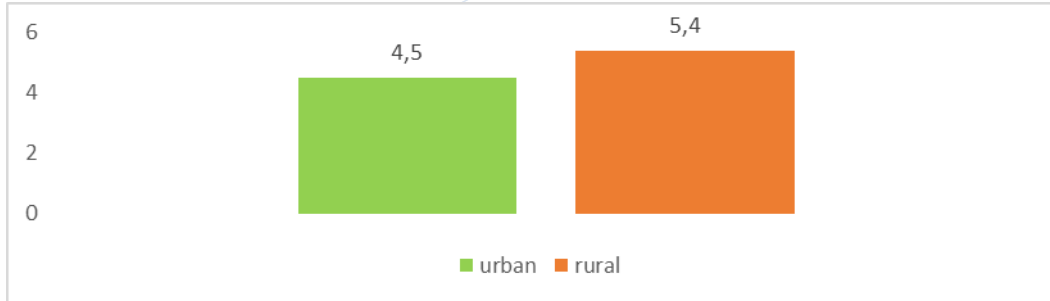
Figure 79. Last 30 days prevalence of opioids use by region, (N=5000) (%)





## Type of settlement

Figure 80. Last 30 days prevalence of opioids use by type of settlement, (N=5000), (%)

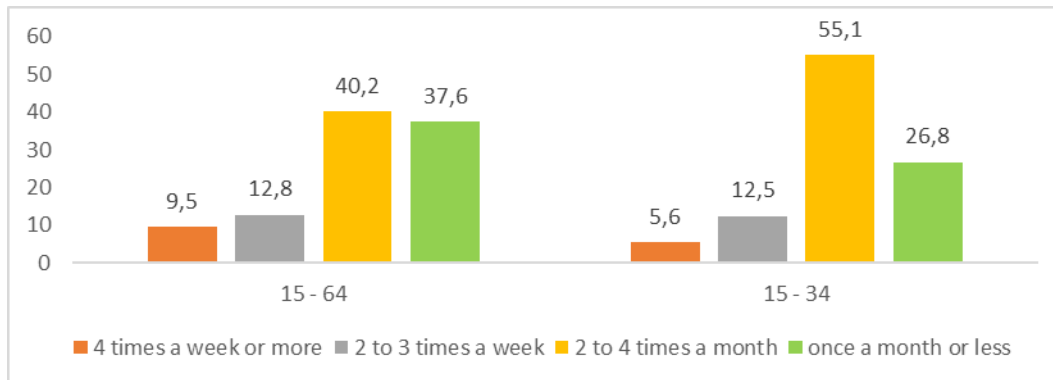


### 4.3.2.3. General frequency of use of opioids

#### General population 15 – 64

Out of the total number of those who have been using opioids in the past 12 months, one out of five uses several times a week while most of them are using 2 to 4 times a month or once a month or less frequent.

Figure 81. General frequency of use of opioids among 15 – 64 years old (N=68) and 15-34 years old (N=12), (%)

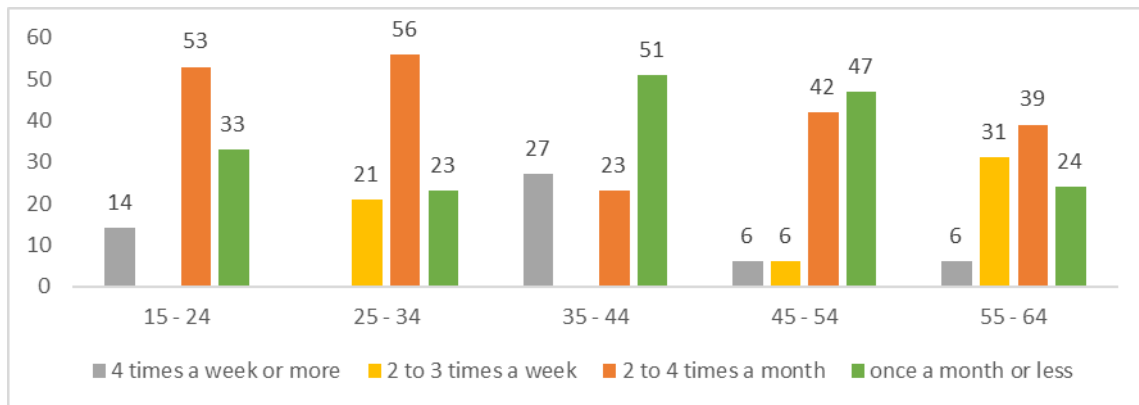


#### Young adults 15 – 34

Similar behavioral pattern in frequency of use of opioids also have the young adults. Almost one in five uses them on a weekly basis but the base of users is too small (N=12) to determine regularity in behavior with confidence.

#### Ten-years age groups

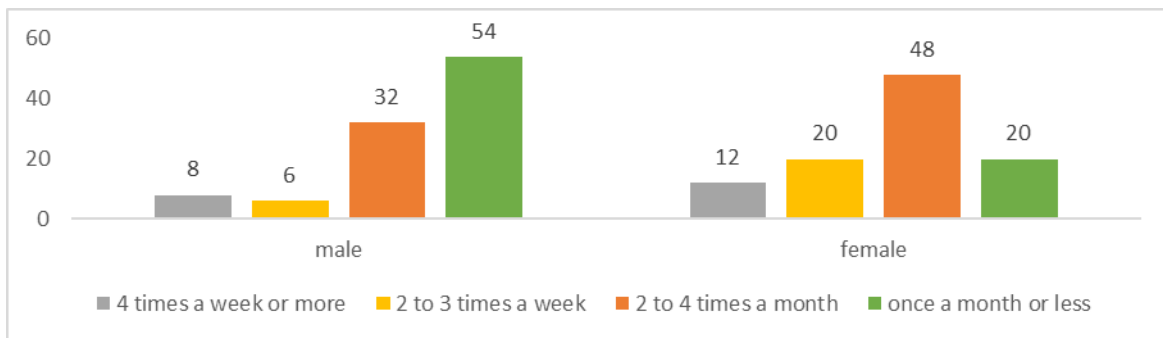
Figure 82. General frequency of use of opioids by age groups, (N=68), (%).



Gender

There is somewhat bigger share of women who consume opioids on weekly basis (32%) than men (14%).

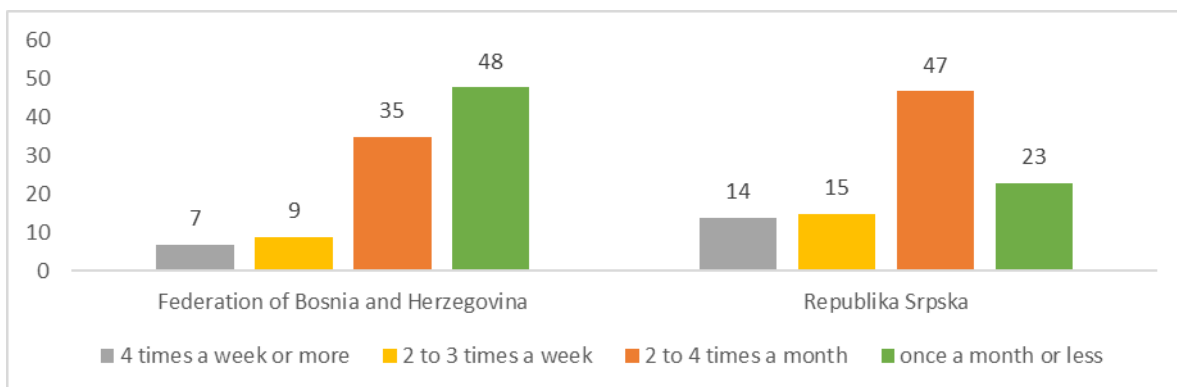
Figure 83. General frequency of use of opioids by gender, (N=68), (%)



Region

In the Republic of Srpska we have higher frequencies of use of opioids on weekly basis (29%) then in the Federation of BIH (16%)

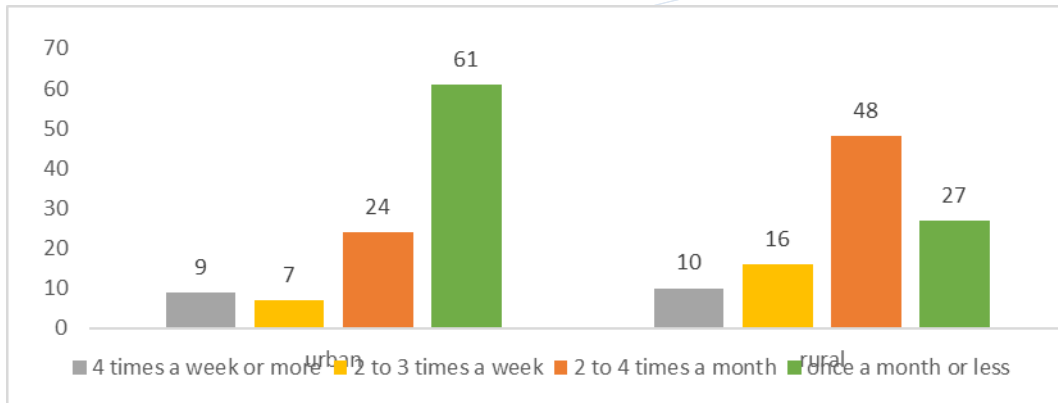
Figure 84. General frequency of use of opioids by region (N=68), (%)



Type of settlement

In urban settlement somewhat less than two thirds consumes opioids once a month while in rural somewhat less than one third.

Figure 85. General frequency of use of opioids by type of settlement, (N=68), (%)

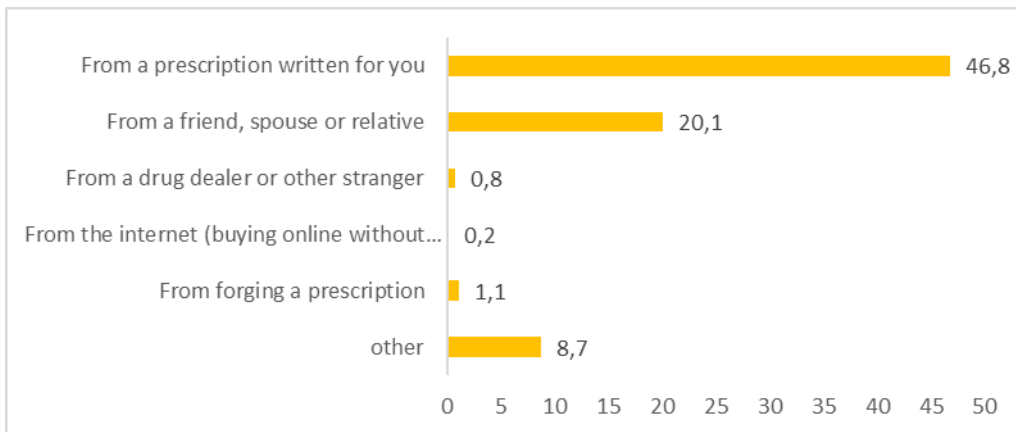


#### 4.3.2.4. Sources of use of opioids

##### General population 15 - 64

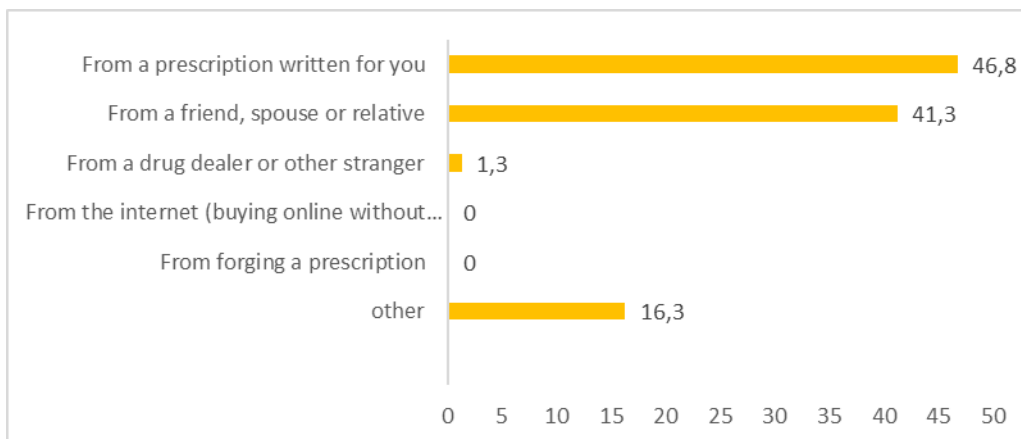
Most often sources of use of opioids are over prescription (46, 8%) and friends or relatives (20, 1%).

Figure 86. Sources of use of opioids among 15 – 64 years old, (N=40), (%)



##### Young adults 15 – 34

Figure 87. Sources of use of opioids among 15-34 years old, (N=7), (%)



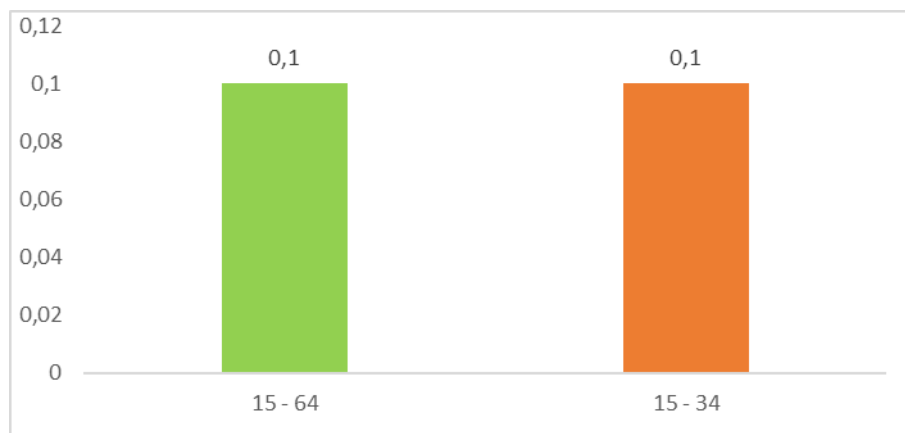
### 4.3.3. Stimulants

#### 4.3.3.1. Prevalence of use of stimulants in the past 12 months

General population 15 – 64

Prevalence of use of stimulants in the past 12 months is 0,1% which is why we will not explain the following findings on by socio-demography due to the so low prevalence respectively the small sample of users.

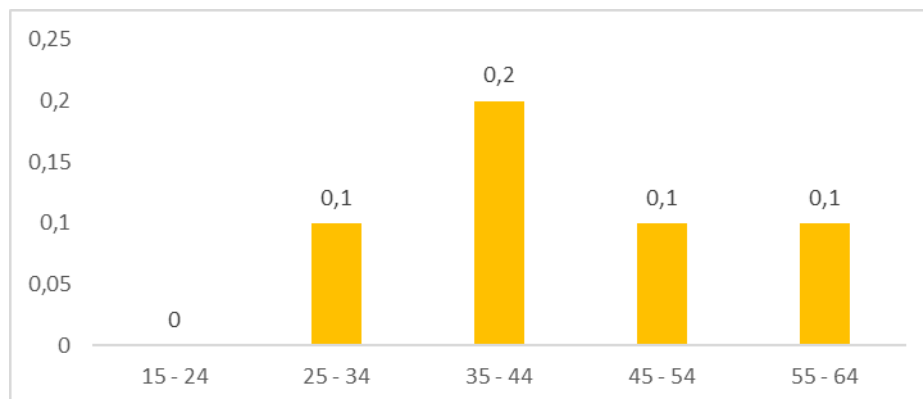
Figure 88. Last 12 months prevalence of stimulants use among 15- 64 years old (N=5000) and 15-34 years old (N=1947), (%)



Young adults 15 – 34

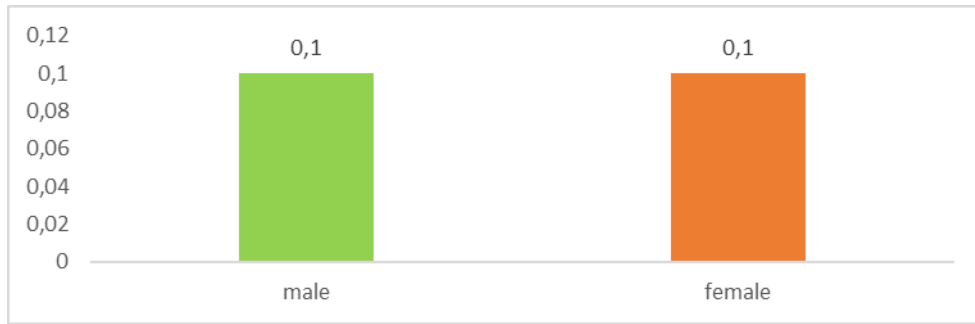
Ten-years age groups

Figure 89. Last 12 months prevalence of stimulants use by age groups, N=5000, (%)



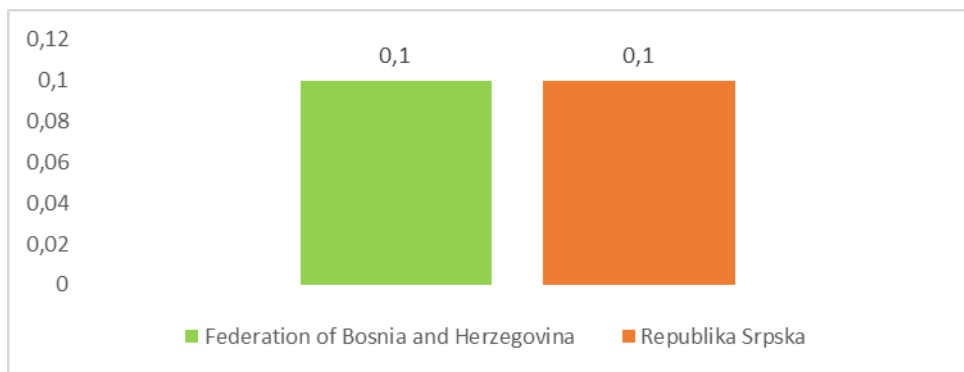
Gender

Figure 90. Last 12 months prevalence of stimulants use by gender, N=5000, (%)



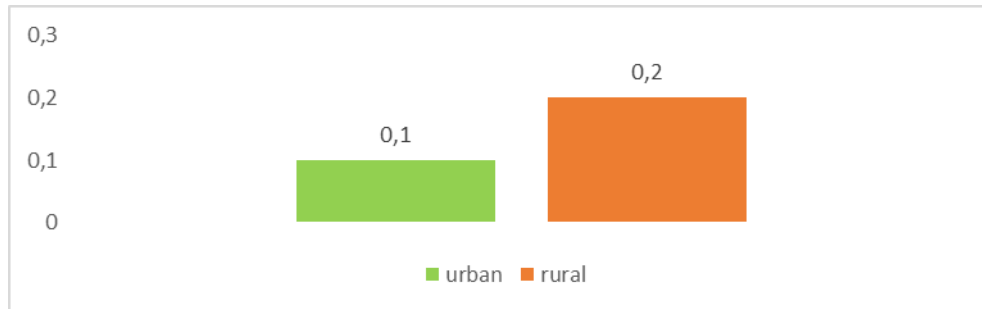
### Region

Figure 91. Last 12 months prevalence of stimulants use by region, (N=5000), (%)



### Type of settlement

Figure 92. Last 12 months prevalence of stimulants use by type of settlement, (N=5000), (%)



### 4.3.3.2. Prevalence of use of stimulants in the past 30 days

#### General population 15 - 64

In general population 15 – 64, the prevalence of use of stimulants during the past 30 days is 0, 1% so we will not explain the findings by socio-demography due to such low prevalence respectively the sample of users (n=6).

### 4.3.3.3. General frequency of use of stimulants

General frequency of use of stimulants is not shown because of the extremely low prevalence respectively the size of sample of stimulant users (n=6).

#### 4.3.3.4. Sources of procurement of stimulants

General population 15 – 64

Data in supply channels for this medicine are not shown because they are not statistically relevant because of the extremely small sample of medicine users.

#### 4.4. Illicit drugs

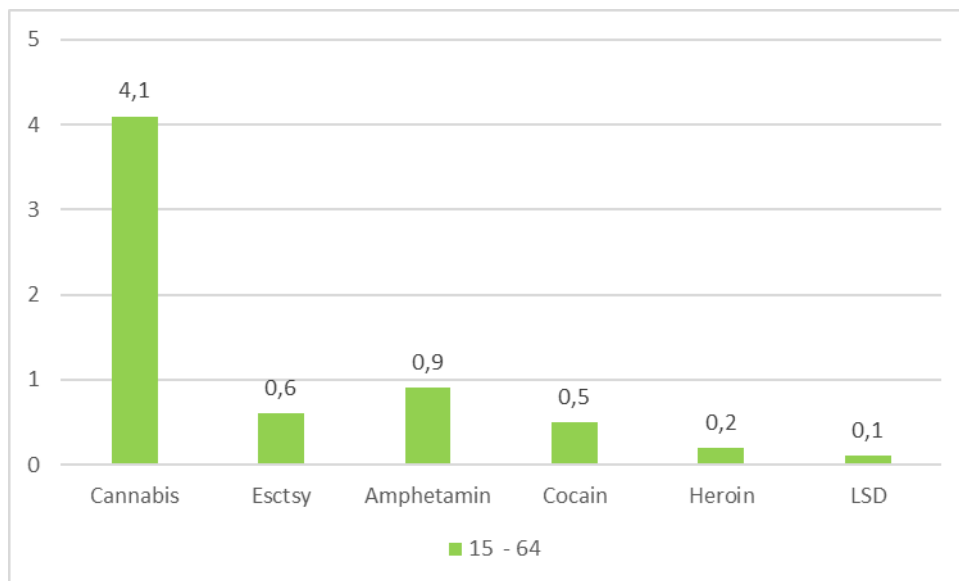
This section contains the information on use of illicit drugs in Bosnia and Herzegovina. The use of illicit drugs is divided on lifetime use of drugs, use of drugs during the past 12 months and use of drugs in the past 30 days. Illicit drugs that are the subject of the survey are: cannabis, ecstasy, amphetamine, cocaine, heroin and LSD.

##### 4.4.1. Lifetime prevalence of use of illicit drugs

General population 15 – 64

Out of the general population (15-64) 4,1% have ever used cannabis in their lives, 0,9% used amphetamine, 0,6% ecstasy, 0,5% cocaine, 0,2% heroin and 0,1% LSD.

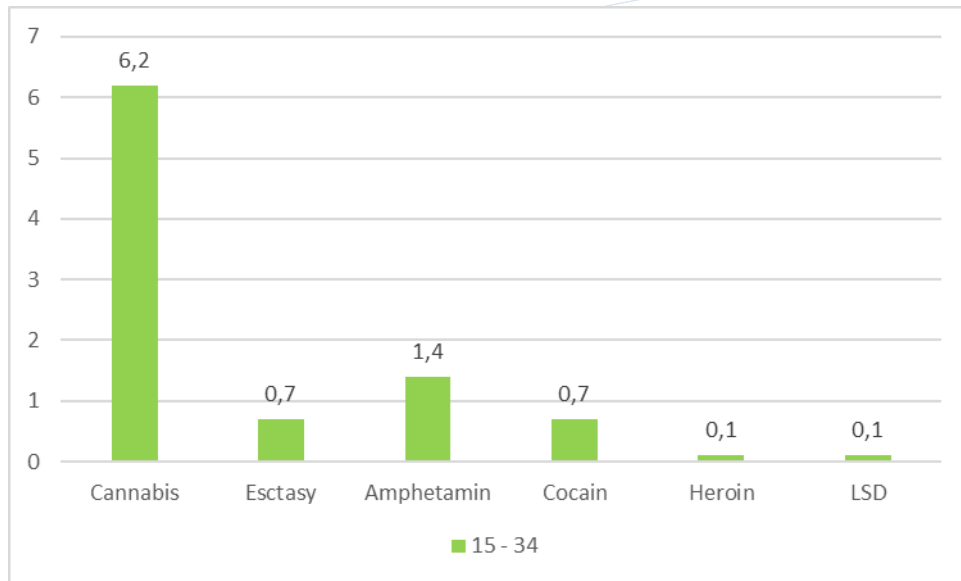
Figure 93. Lifetime prevalence of use of illicit drugs among 15- 64 years old (N=5000) (%)



Young adults 15-34

Within the population of young adults 6,2% has used cannabis ever in their lives, 1,4% amphetamine, 0,7% ecstasy, 0,7% cocaine, 0,1% heroin and 0,1% LSD.

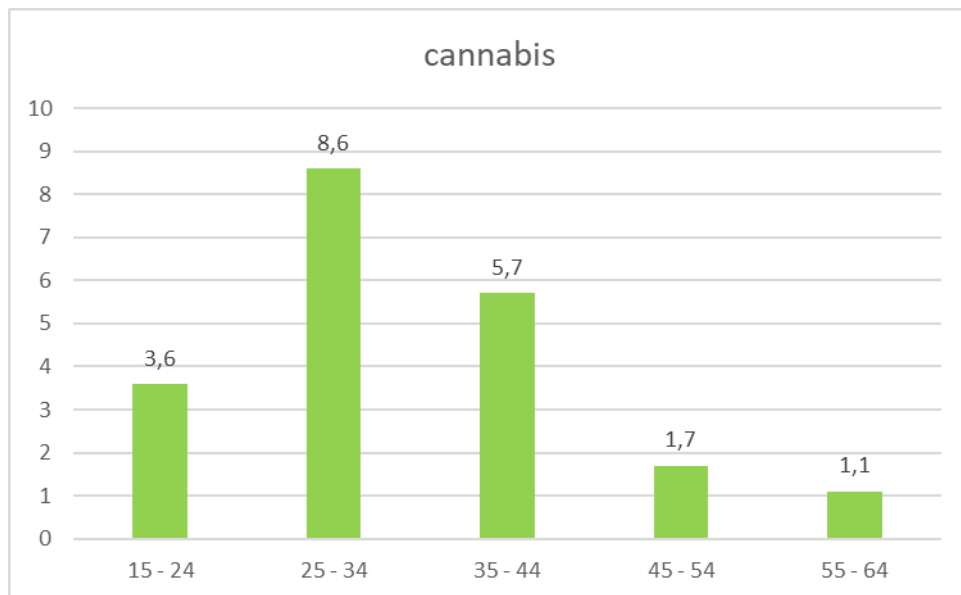
Figure 94. Lifetime prevalence of use of illicit drugs among 15 – 34 years old, (N=1947), (%)



Ten –years age groups

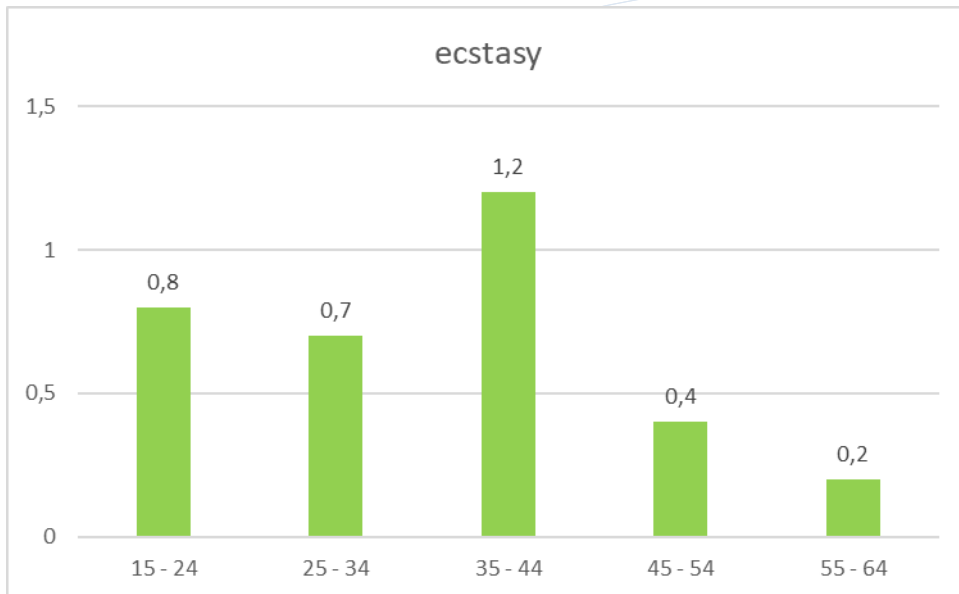
In the age group 25 – 34 (8, 6%) and age group 35-44 (5, 7%) there is significantly higher number of those who have been using cannabis ever in their lifetime.

Figure 95. Lifetime prevalence of use of cannabis by age groups, (N=5000), (%)



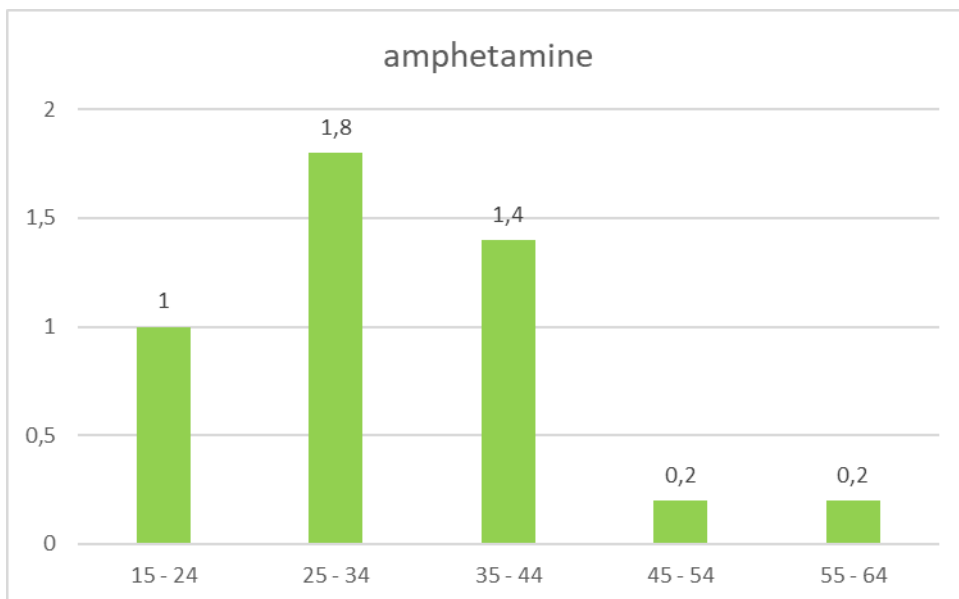
There is somewhat bigger share of ecstasy users in the age group 35 – 44 (1, 2%) than in other age groups.

Figure 96. Lifetime prevalence of use of ecstasy by age groups, (N=5000), (%)



Biggest share of those who have ever used amphetamine is in the age group 25 – 34 (1, 8%).

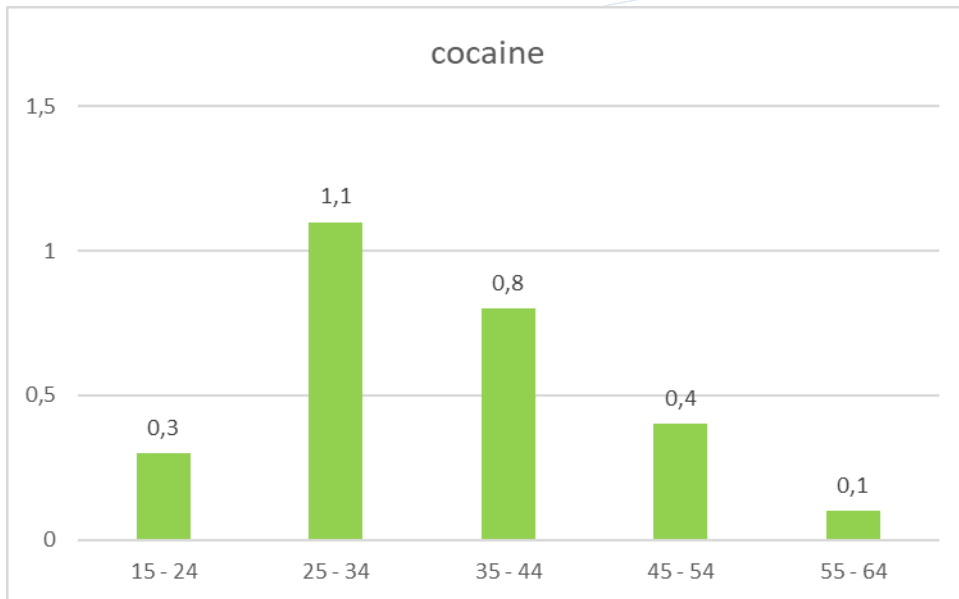
Figure 97. Lifetime prevalence of use of amphetamine by age groups, (N=5000), (%)



Lifetime prevalence of use of cocaine is biggest in the age group 25 – 43 (1, 1%).



Figure 98. Lifetime prevalence of use of cocaine by age groups, (N=5000), (%)



Lifetime prevalence of use of heroin is biggest in the age group 45 – 54 (0, 4%).

Figure 99. Lifetime prevalence of use of heroin by age groups, (N=5000), (%)

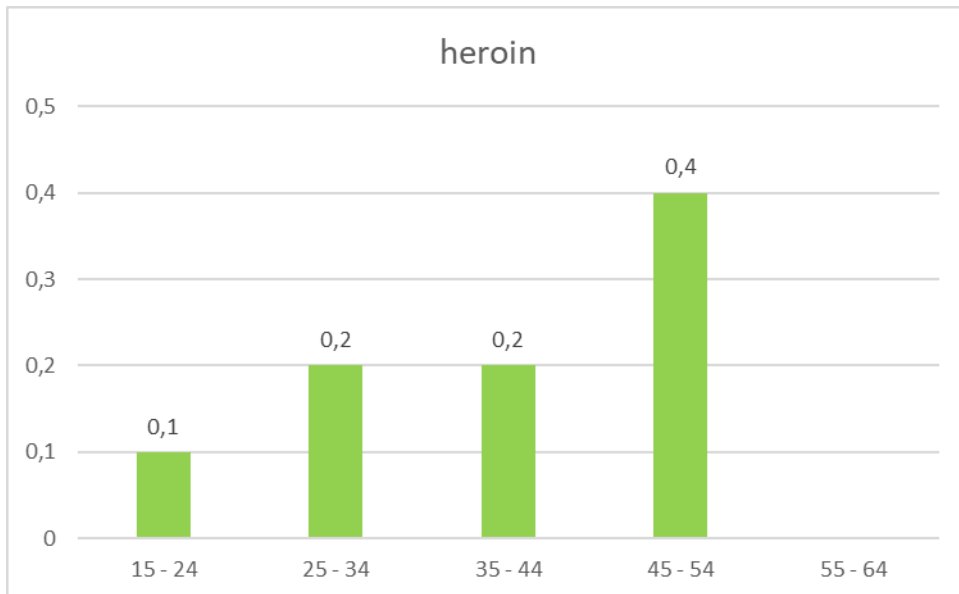
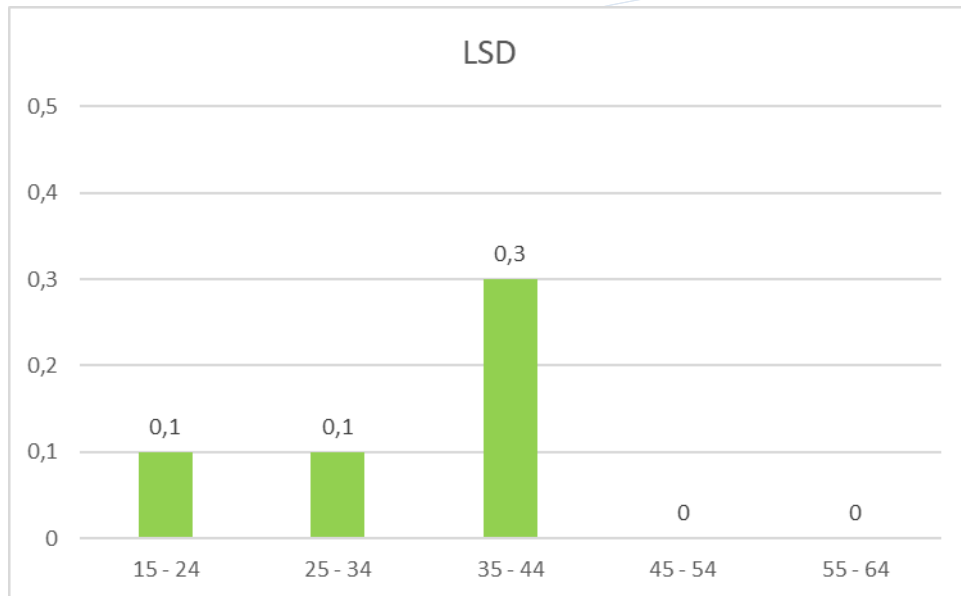


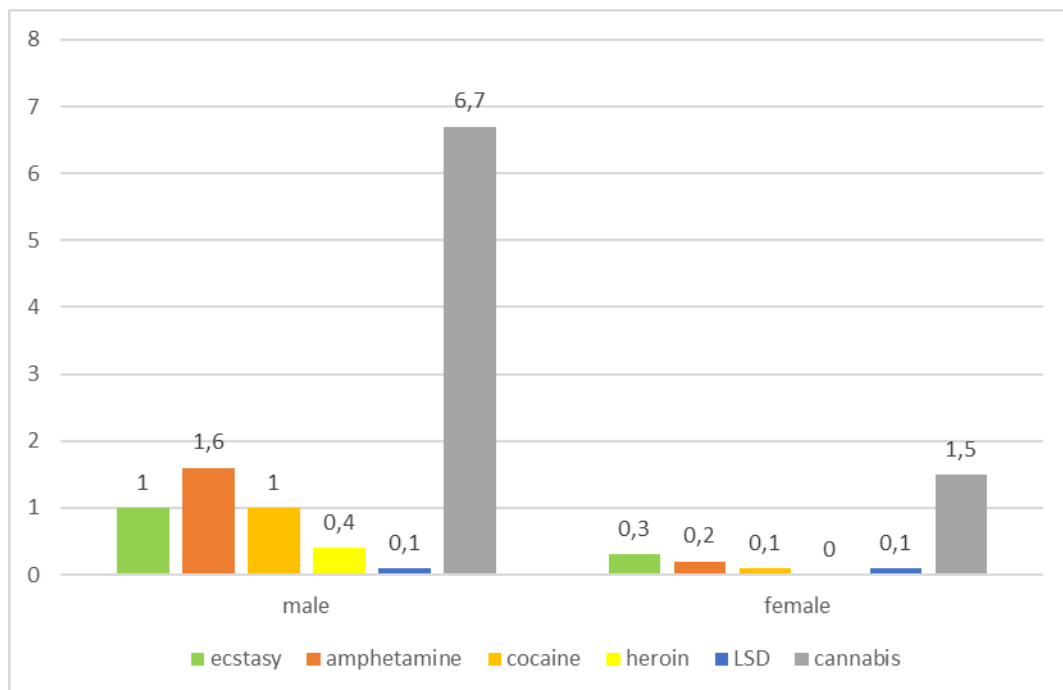
Figure 100. Lifetime prevalence of use of LSD by age groups, (N=5000), (%)



### Gender

Men in general are more likely to use drugs. Lifetime prevalence of use of cannabis is bigger in men (6,7%) than in women (1,5%), ecstasy (1% against 0,3%), amphetamine (1,6% against 0,2%) and cocaine (1% against 0,1%).

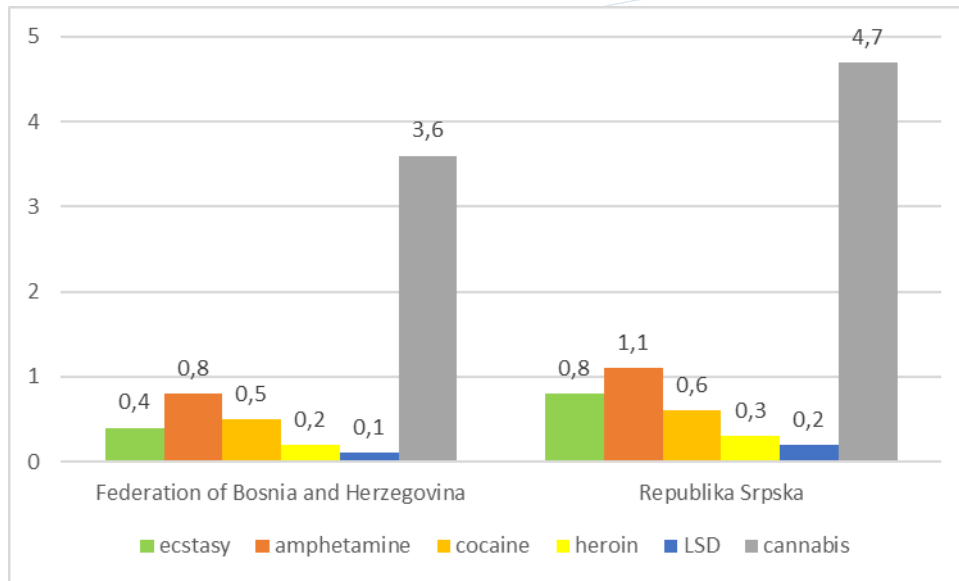
Figure 101. Lifetime prevalence of use of illicit drugs by gender, N=5000, (%)



### Region

There are no significantly important differences in lifetime prevalence of consumption of illicit drugs between the Federation of BiH and Republic of Srpska.

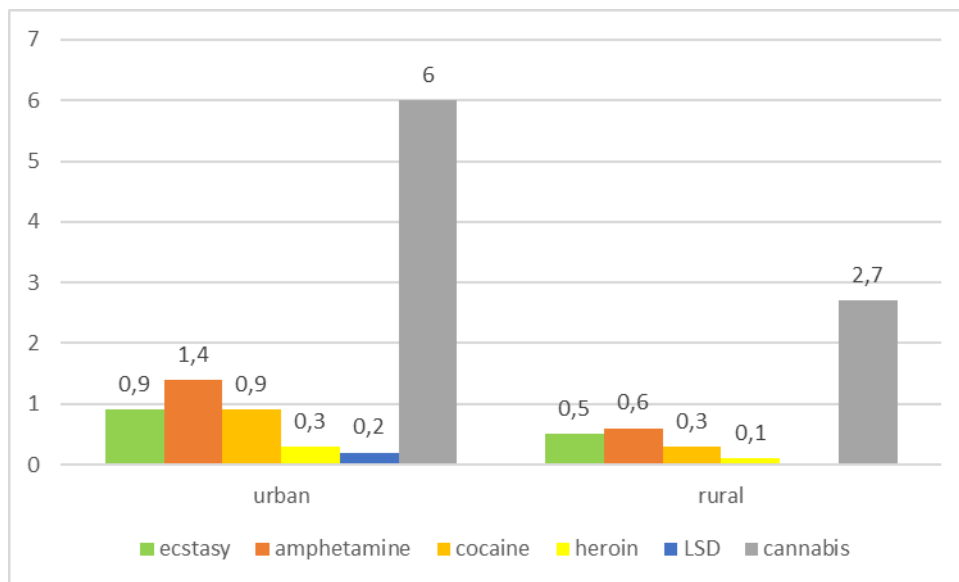
Figure 102. Lifetime prevalence of use of illicit drugs by region, N=5000, (%)



#### Type of settlement

Significant difference in prevalence by type of settlement has been measured for cannabis and amphetamine. In urban area there is significantly higher lifetime prevalence of use of cannabis (6%) than in rural area (2,7%) and amphetamines: in urban 1,4% and 0,6% in rural area.

Figure 103. Lifetime prevalence of use of illicit drugs by type of settlement, N=5000, (%)

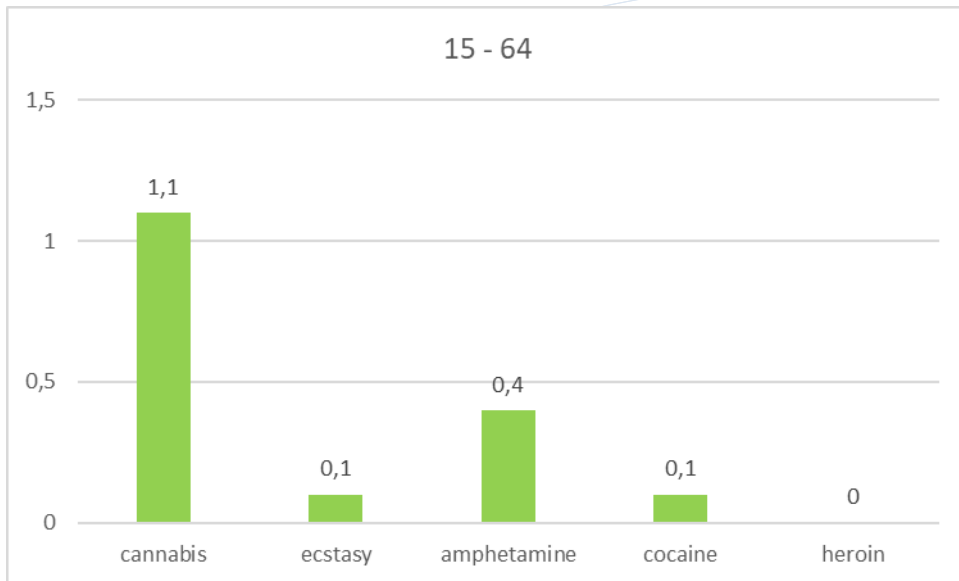


#### 4.4.2. Prevalence of drug use in the past 12 months

##### General population 15 - 64

Last year prevalence of cannabis is biggest of all illicit drugs and amounts 1,1%, then the amphetamine 0,4% and ecstasy and cocaine 0,1%. Last year prevalence of heroin was not recorded.

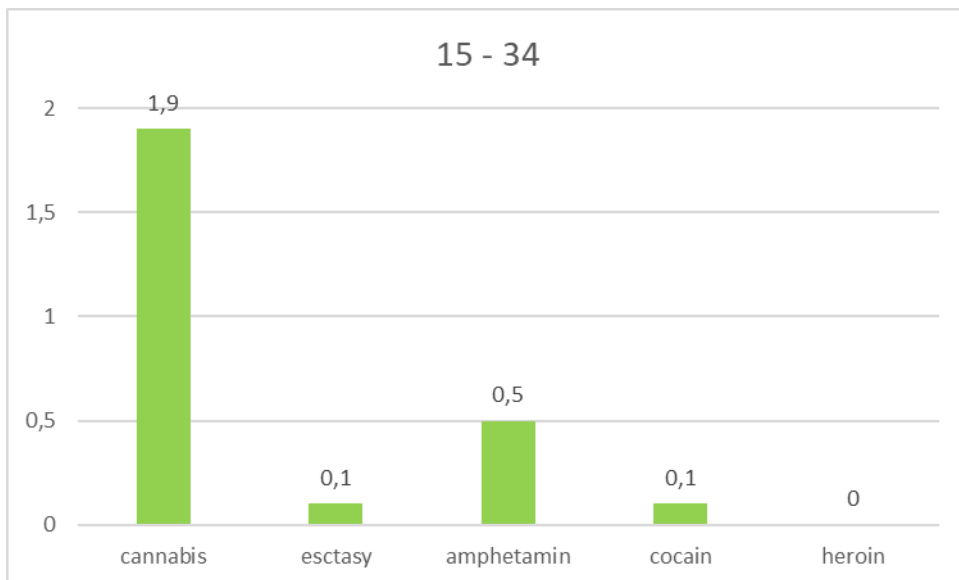
Figure 104. Last 12 months prevalence of illicit drugs use among 15- 64 years old, (N=5000), (%)



#### Young adults 15-34

For the population of young adults last year prevalence is highest also for cannabis and amounts 1,9%. Other illicit drugs are on level of general population.

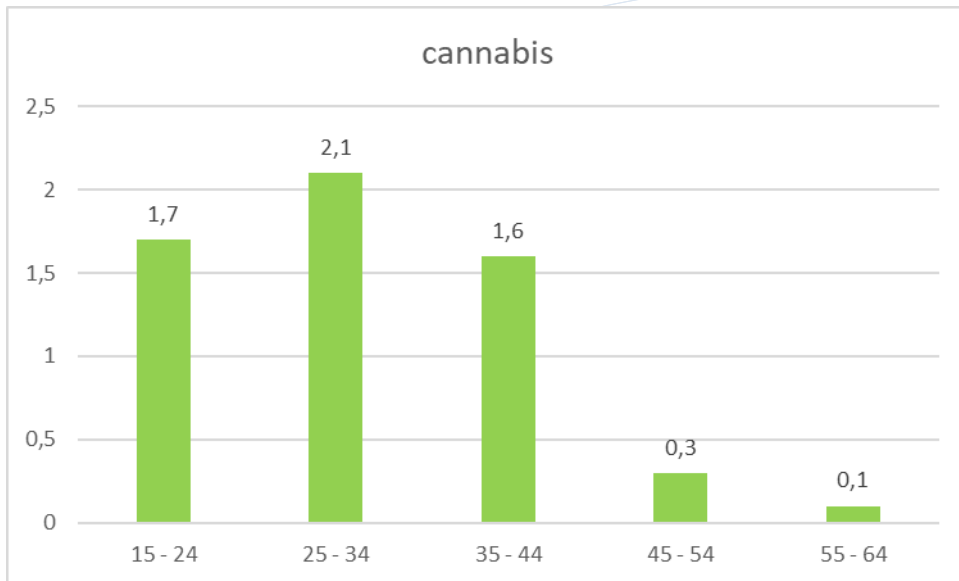
Figure 105. Last 12 months prevalence of illicit drugs use among 15- 34 years old, (N=1947), (%)



#### Ten-years age groups

Last year prevalence of cannabis is biggest in the age group 25 – 34 (2,1%).

Figure 106. Last 12 months prevalence of cannabis use by age groups (N=5000), (%)



Biggest prevalence of use of ecstasy we have in the age group 35 – 44 (0, 5%). Differences between the age groups are not statistically significant.

Figure 107. Last 12 months prevalence of ecstasy use by age groups (N=5000), (%)

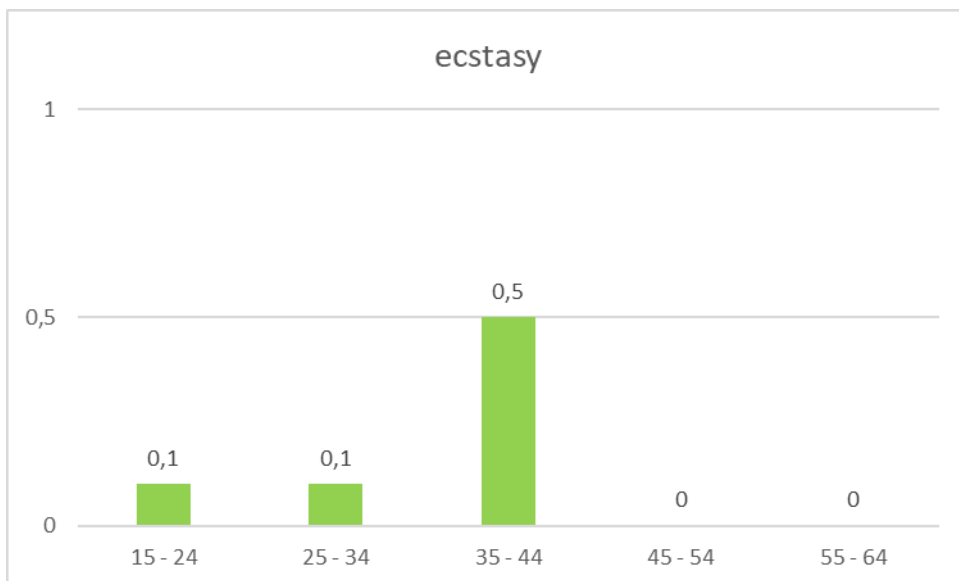
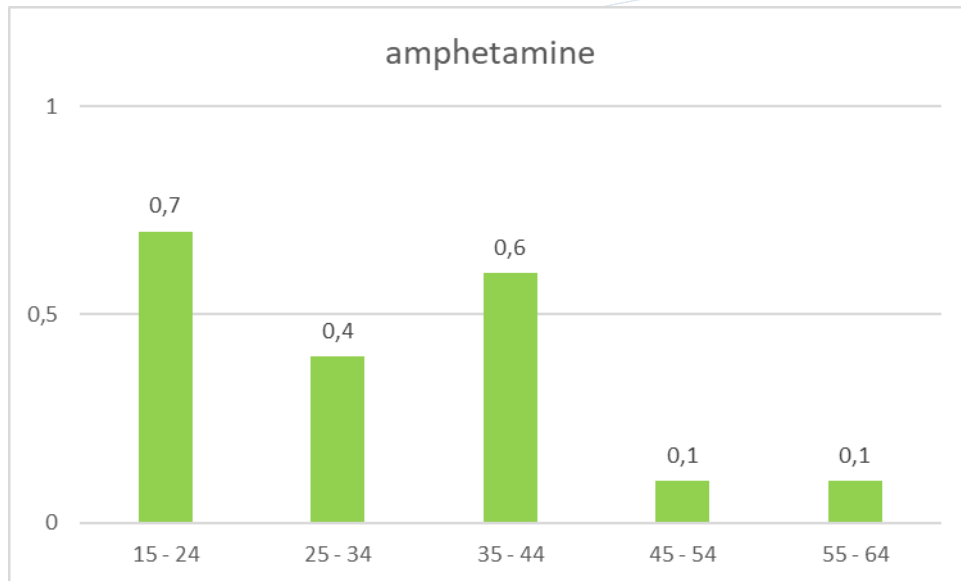


Figure 108. Last 12 months prevalence of amphetamine use by age groups (N=5000), (%)



Last year prevalence of cocaine is slightly higher in the age group 35 – 44 (0, 3%) opposed to 0.1% among the 25-34 and 55-64 years old.

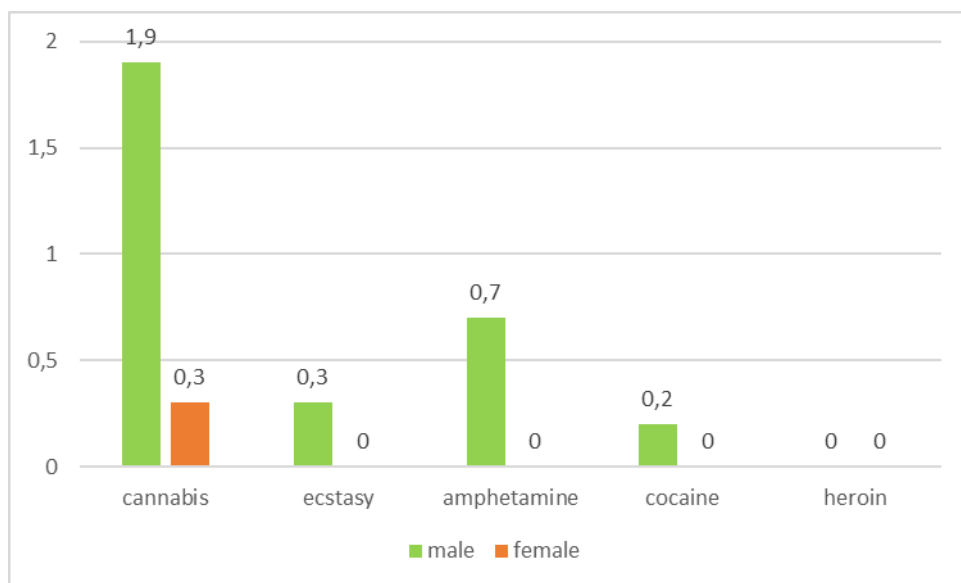
Last year prevalence of use of heroin was recorded only in the age group 15 – 24 (0, 1%).

There was no declaration of LSD use in the past 12 months.

### Gender

Annual prevalence of illicit drugs is higher in men than in women. Among women there were only case of last year prevalence for cannabis use.

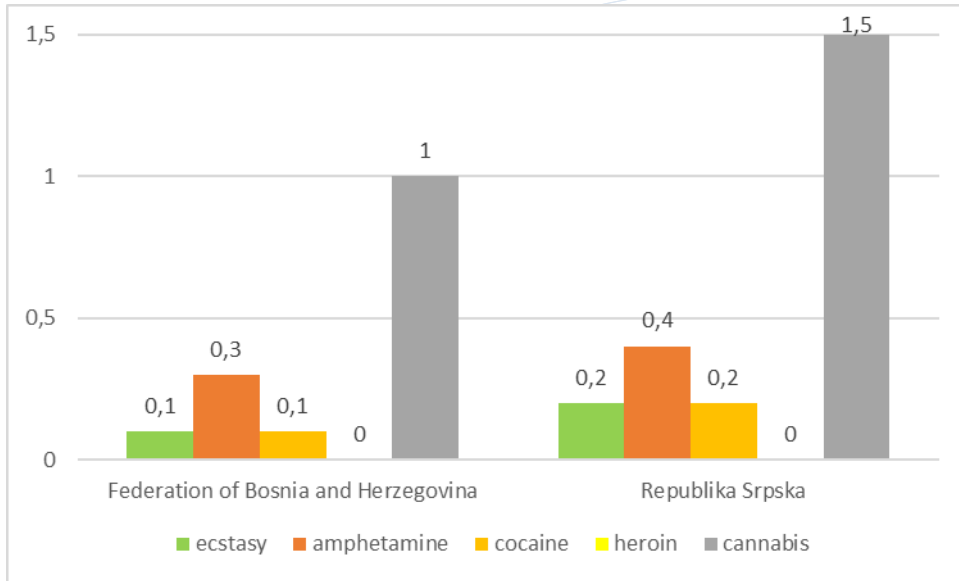
Figure 109. Last 12 months prevalence of illicit drugs use by gender, (N=5000), (%)



### Region

There are no statistically significant differences in annual prevalence of illicit drugs between the entities.

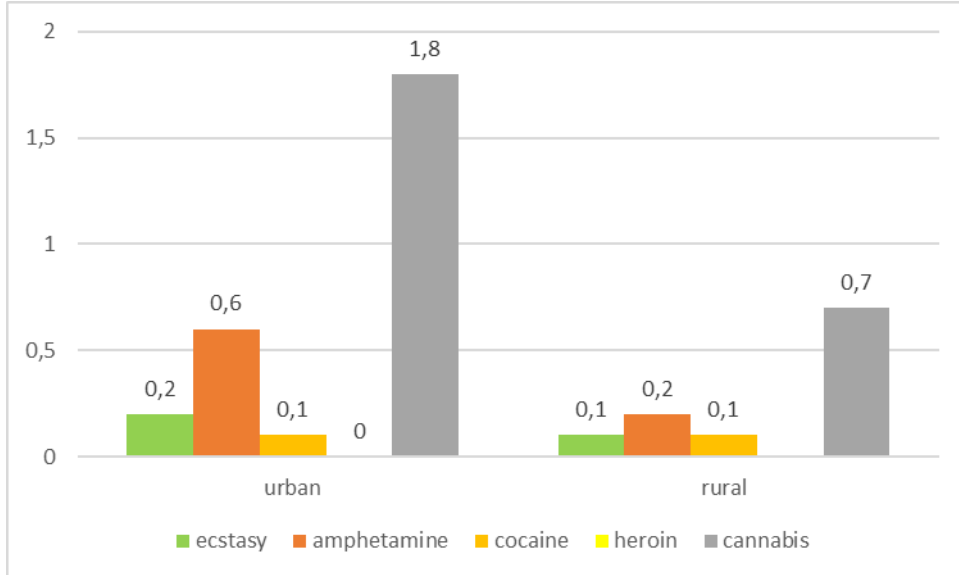
Figure 110. Last 12 months prevalence of illicit drugs use by region, (N=5000) (%).



#### Type of settlement

Significantly higher annual prevalence has been measured in urban areas for cannabis.

Figure 111. Last 12 months prevalence of illicit drugs use by type of settlement, (N=5000), (%)



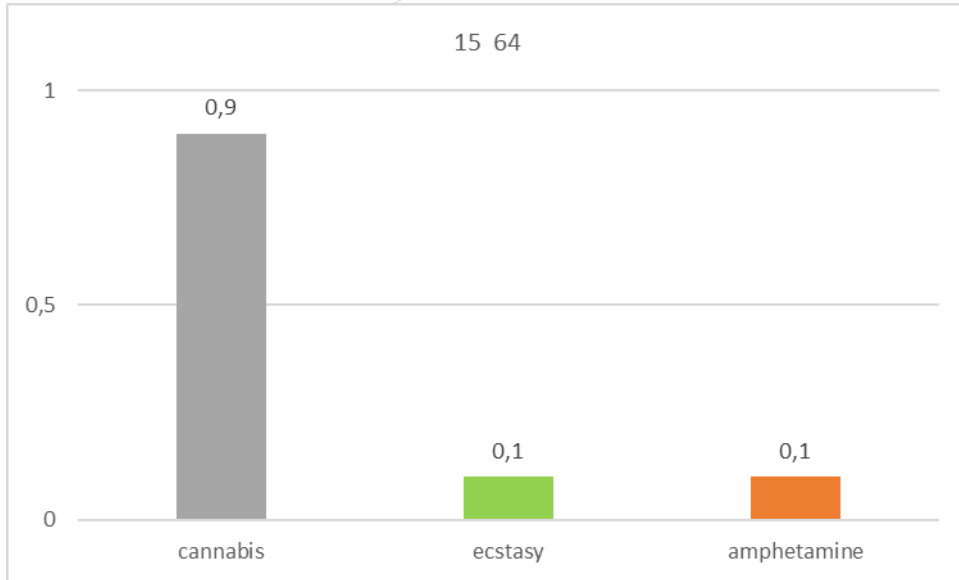
### 4.4.3. Prevalence of drug use in the past 30 days

#### General population 15 -64

Before we show the data it is important to stress that we did not have the respondents who stated that they were using the following illicit drugs during the past 30 days: cocaine, heroin and LSD.

In the general population last month prevalence for cannabis is 0,9% and 0,1% for ecstasy and amphetamine.

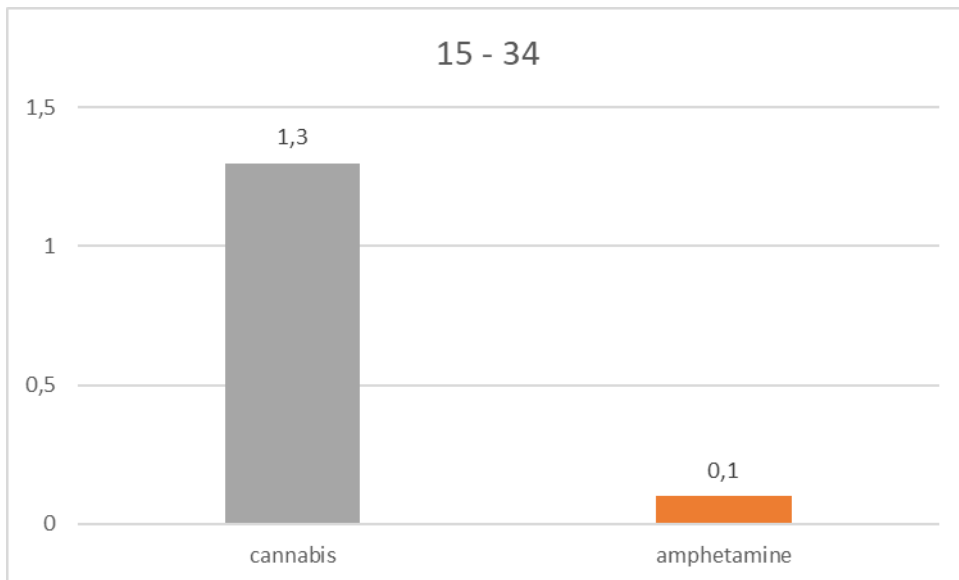
Figure 112. Last 30 days prevalence of illicit drugs use among 15- 64 years old, (N=5000), (%)



#### Young adults 15-34

Last month prevalence prevalence of cannabis in the population of young adults is 1, 3%, and amphetamines 0, 1%. For ecstasy last month prevalence in this target group was not recorded.

Figure 113. Last 30 days prevalence of illicit drugs use among 15- 34 years old, (N=1947), (%)

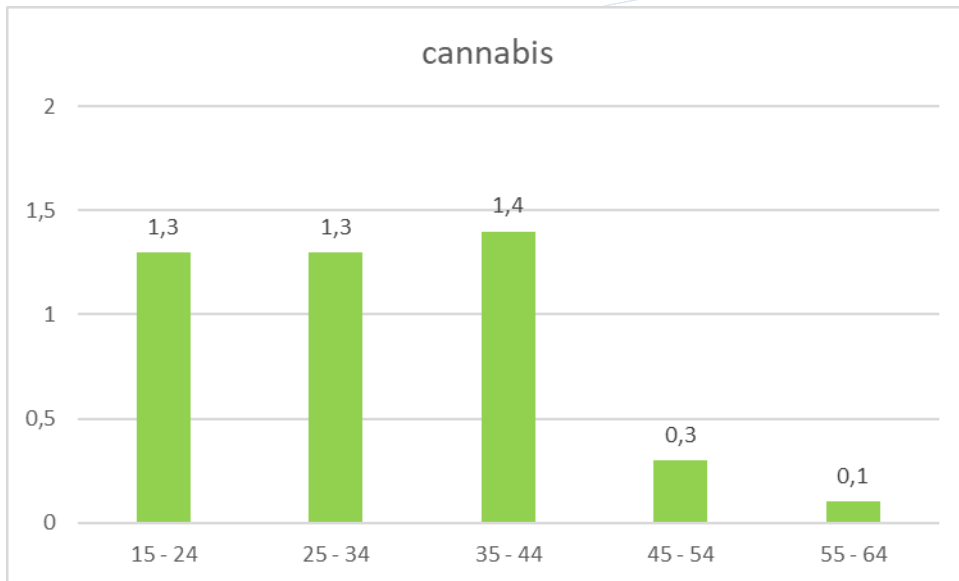


#### Ten-years age groups

Almost identical prevalence of cannabis has been measured in the target groups 15-24, 25-34 and 35-44.



Figure 114. Last 30 days prevalence of cannabis use by age groups, (N=5000), (%).



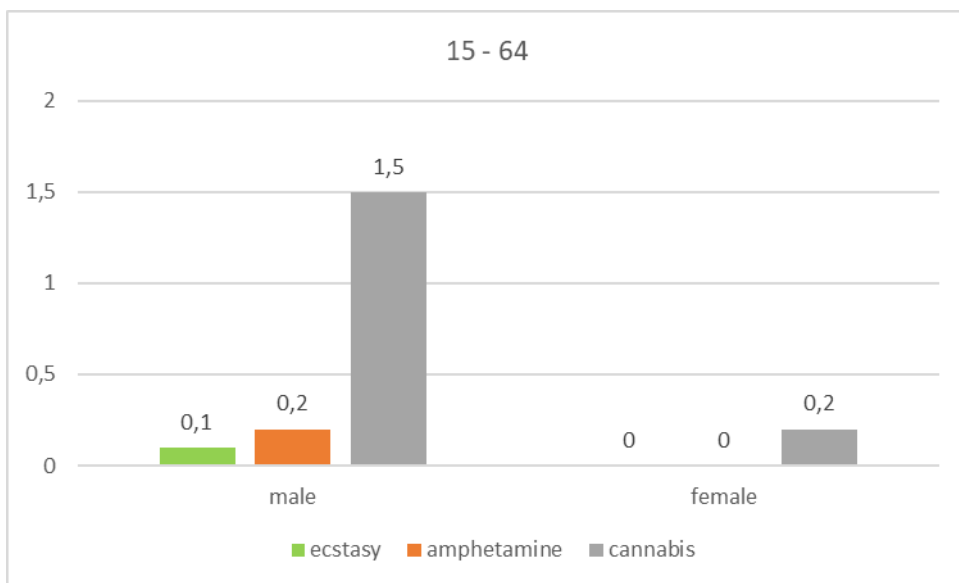
Last month prevalence of use of ecstasy was measured only in the age group 35– 44 (0, 4%).

Last month prevalence of use of amphetamine was recorded in age groups 15 – 24 (0, 2%) and 35-44 (0, 4%)

#### Gender

Last month prevalence among women was only recorded for cannabis (0, 2%) while for the other illicit drugs last month prevalence has been measured only in men.

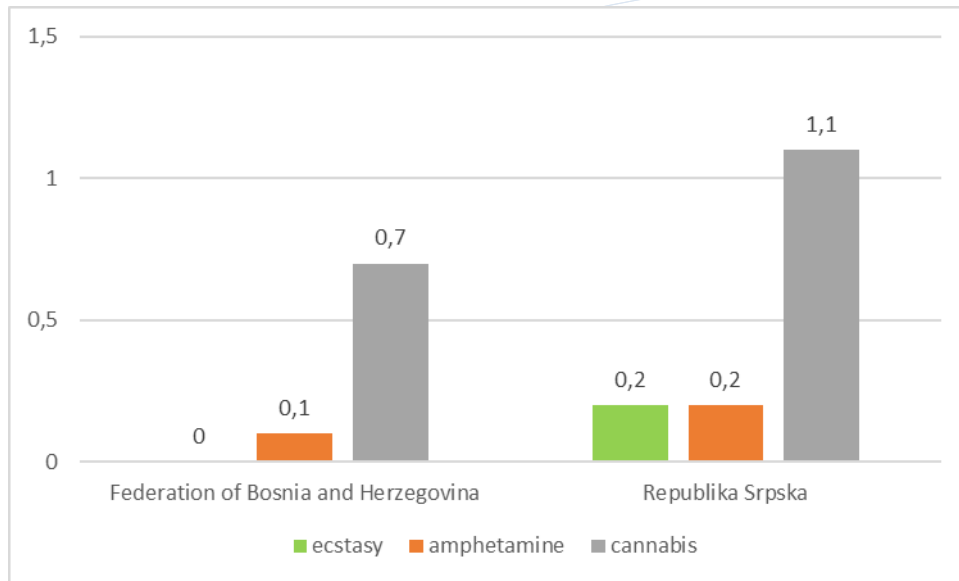
Figure 115. Last 30 days prevalence of illicit drugs use by gender, (N=5000), (%).



#### Region

There are no significant differences in last month prevalence of use of illicit drugs.

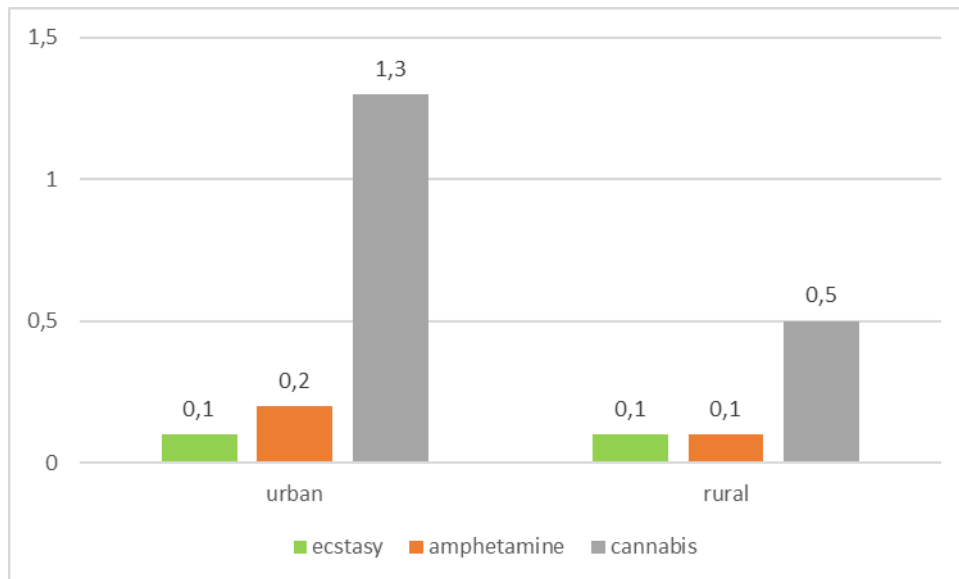
Figure 116. Last 30 days prevalence of illicit drugs use by region, (N=5000), (%)



#### Type of settlement

Somewhat bigger last month prevalence of use of cannabis is in urban (1,3%) than in rural area (0,5%).

Figure 117. Last 30 days prevalence of illicit drugs use by type of settlement, (N=5000), (%)

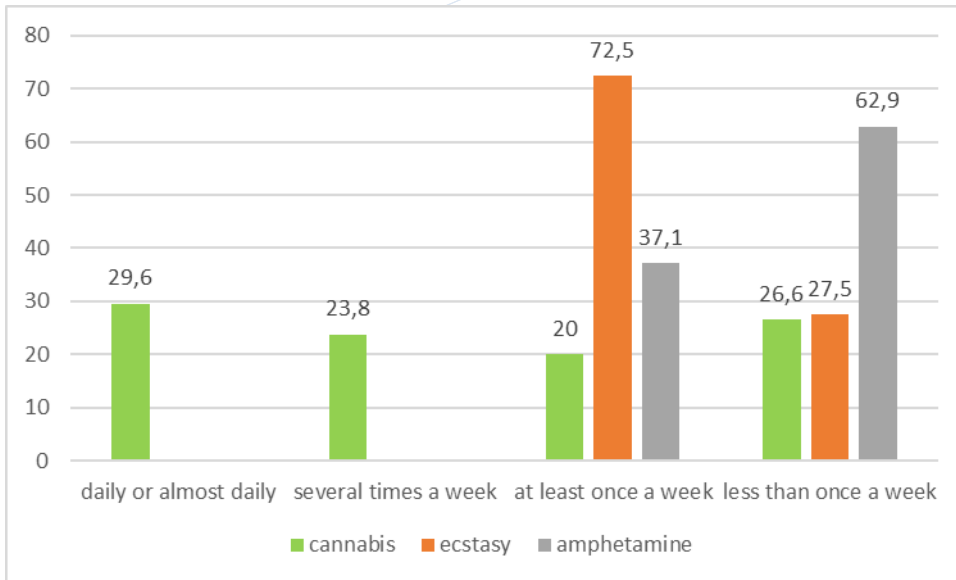


#### 4.4.4. Frequency of use of illicit drugs in the past 30 days

##### General population 15 – 64

Out of the total number of users of cannabis during the past month 29,6% of them have been using cannabis every day or almost every day, 23,8% a couple of times a week, 20% at least once a week and 26,6% less than once a week. Ecstasy was used by 72,5% at least once a week and 27,5% less than once a week. Amphetamine was used by 37,1% at least once a week and 62,9% less than once a week.

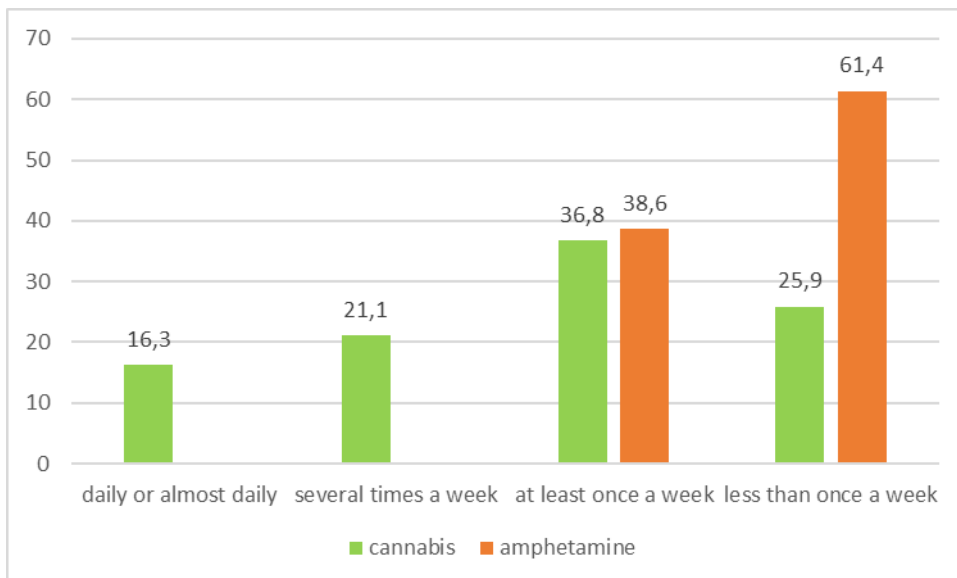
Figure 118. Frequency of use of illicit drugs in the past 30 days among 15-64 years old, (N=217), (%)



Young adults 15 – 34

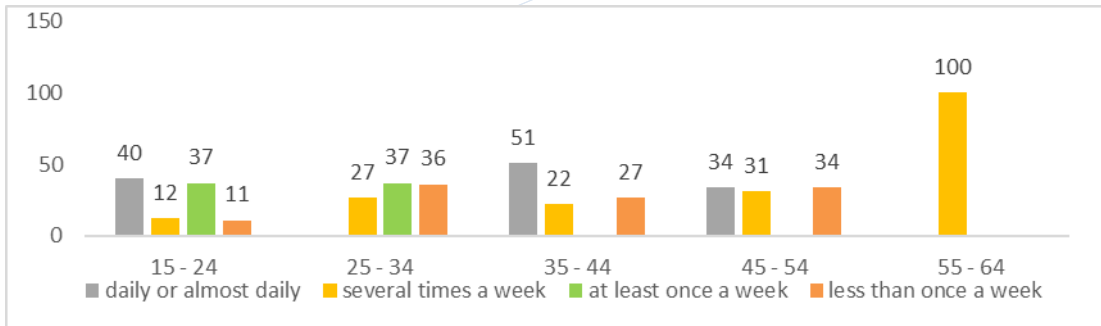
In this target group there is a somewhat smaller share of cannabis users who have been using that drug every day or almost every day (16,3%) then in the general population and there is somewhat bigger share of those who have been using cannabis at least once a week (36,8%) comparing to general population.

Figure 119. Frequency of use of illicit drugs in the past 30 days among 15-34 years old, (N=23), (%)



### Ten-years age groups

Figure 120. Frequency of use of cannabis in the past 30 days by age group (N=34), (%)



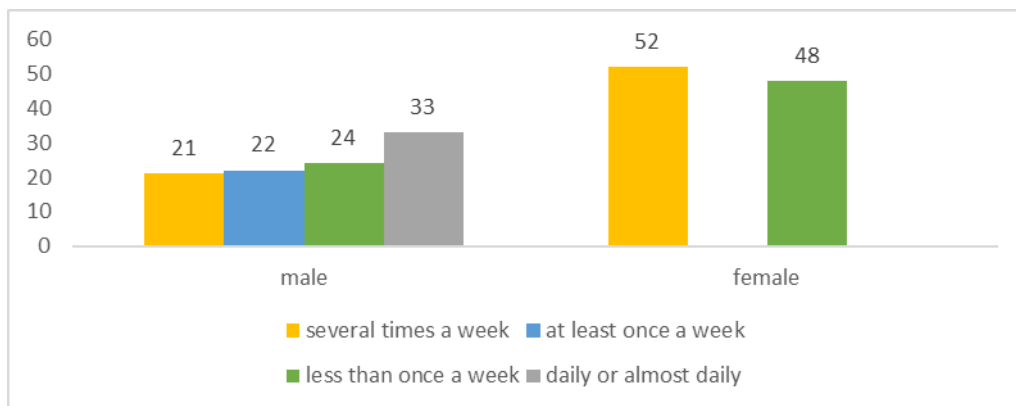
Use of ecstasy has during the past 30 days has been recorded in the age group 35 – 44 (n=4).

Use of amphetamine during the past 30 days has been recorded in two age groups, 15-24 and 35-44 (n=6).

### Gender

Men are more likely to use cannabis during the past 30 days than women. Sample sizes for ecstasy (n=4) and amphetamine (n=6) are too small to be shown / analysed.

Figure 121. Frequency of use of cannabis in the past 30 days by gender, (N=34), (%)

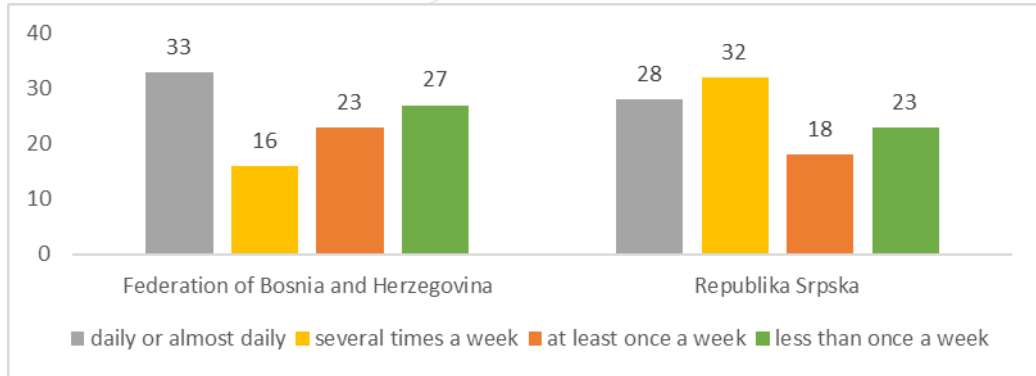


### Region

Frequency of use of drugs by entities in Bosnia and Herzegovina is shown only for cannabis. Sample sizes for ecstasy (n=4) and amphetamine (n=6) are too small to be shown / analysed.

## Cannabis

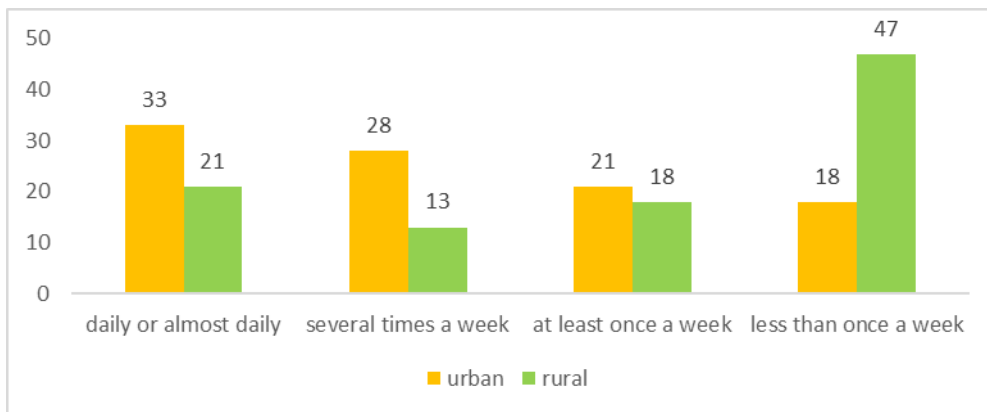
Figure 122. Frequency of use of cannabis in the past 30 days by region, (N=34), (%)



## Type of settlement

Frequency of cannabis use is shown. Sample sizes for ecstasy (n=4) and amphetamine (n=6) are too small to be shown / analysed.

Figure 123. Frequency of use of cannabis in the past 30 days by type of settlement, (N=34), (%)



### 4.4.5. The age of onset of taking drugs

Average age of onset of taking cannabis among the adults who have used it at least once in their lives was 20 years, those who were taking ecstasy 22 years, amphetamines 24 years, cocaine 25 and heroin 22 years.

Figure 124. Age when the respondents have first tried drugs among 15 – 64 years old, (N=5000), (%)

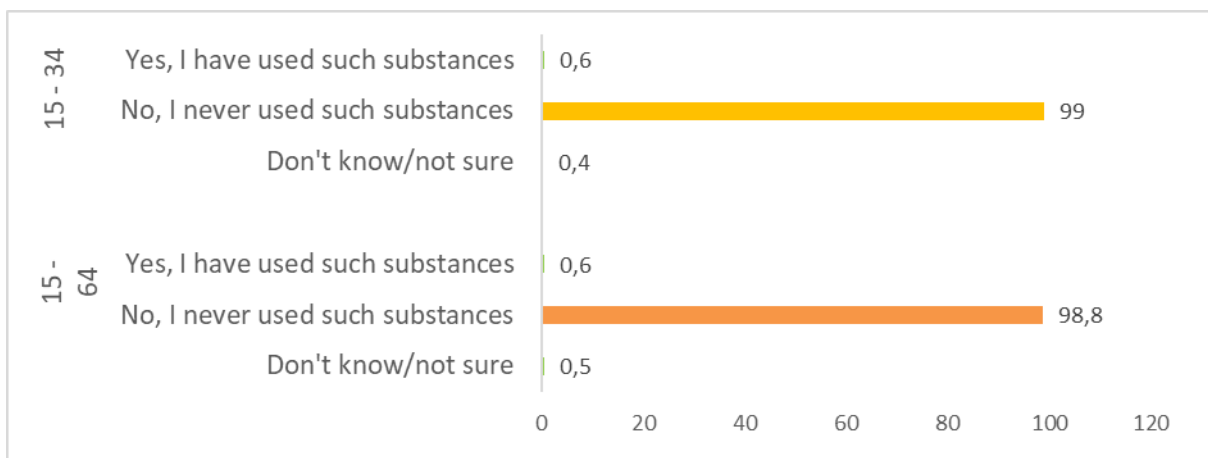
	St.dev.	Male	Female	Total population
Age of onset of taking cannabis	5,4	20	21	20
Age of onset of taking ecstasy	4,6	22	-	22
Age of onset of taking amphetamines	9,2	24	-	24
Age of onset of taking cocaine	5,7	25	-	25
Age of onset of taking heroin	7,2	22	-	22

## 4.5. New psychoactive substances

New psychoactive substances are those who imitate the effects of drugs like cannabis, ecstasy and other drugs. They are also called “legal highs”, “etnobotanics” etc... They can be found in form of pills, powder, crystals or herbal mixtures. They are being advertised and sold under the names of harmless products for everyday use, such as the air fresheners, bath salts, herbal fresheners, plant fertilizers etc...

Lifetime prevalence of new psychoactive substances for general population 15-64 as well as for the population of young adults amounts 0,6%.

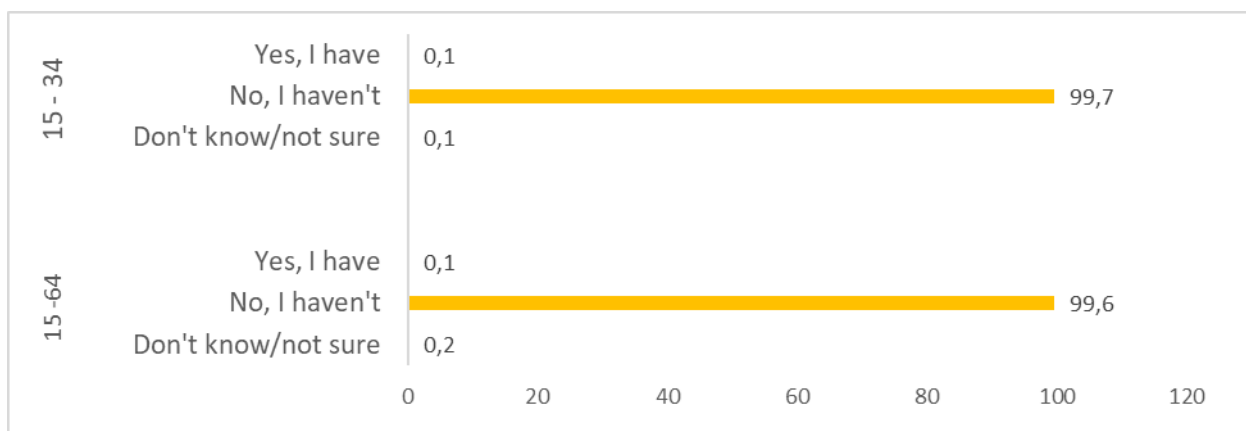
Figure 125. Have you ever during your lifetime used the new substances? General population 15 – 64 (N=5000) and young adults 15 – 34 (N=1947) (%)



### 4.5.1. Use of new psychoactive substances during the past 12 months

Prevalence of new psychoactive substances during the past 12 months for the general population 15-64 and population of young adults 15-34 is equal and amounts 0,1%.

Figure 126. Have you used new substances during the past 12 months? General population 15 – 64 (N=5000) and young adults 15 – 34 (N=1947), (%)



## 4.5.2. The form of new psychoactive substances

### General population 15 – 64

The most commonly known form of used new psychoactive substances are liquids (29, 4%), then powders and crystals or pills (22, 7%) and herbal mixtures for smoking (14, 7%) but for 41, 3% of users of new substances the form of substance was some other.

For the users in the age group 15 – 34 the most common form of new psychoactive substances used was liquid (42,3%), herbal mixtures (29,1%) and powders, crystals or pills (26,3%).

However, because only 7 respondents answered these questions, we will not take the reply frequencies as statistically relevant.

## 4.5.3. Sources of supply for new psychoactive substances

The most often used source of supply of new psychoactive substances in general population 15-64 are the drug dealers (42, 3%), then friends (39, 4%).

For the young adult 15-34 users of new psychoactive substances, the source is most often “other channels e.g. internet, ...” (30,9%) then the dealers (29,4%), friends (29,3%) and specialized shops (10,4%).

## 4.6. Attitudes on use of drugs, risk perception and exposure

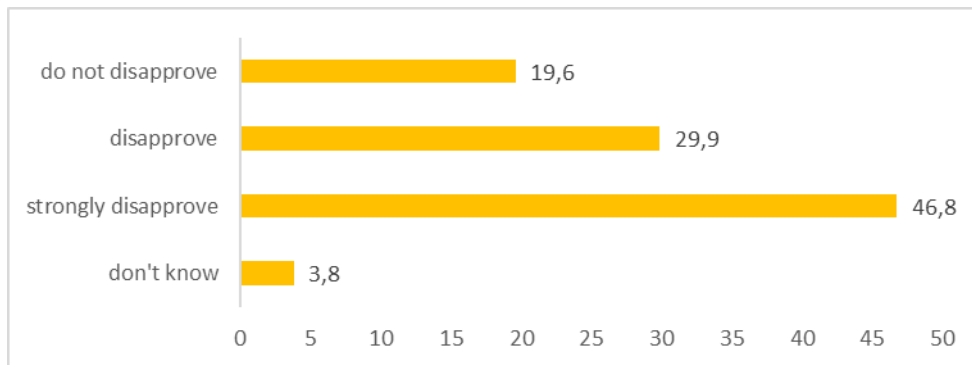
In this section we deal with the analysis of attitudes of respondents on drugs and their use. We have asked the respondents whether they agree or disagree with the certain statements and things that people do, such as trying ecstasy once or twice, trying heroin once or twice, and consumption of 10 or more cigarettes per day, frequency of consumption of marijuana. Results will be shown for the general population 15-64.

### 4.6.1. Attitudes on use of illicit drugs

#### Trying ecstasy once or twice

Almost every other citizen of BiH in the age of 15-64 strongly condemns the trying of ecstasy (46, 8%) respectively almost one third of them condemns while one in five citizens of BIH doesn't condemn the trying of ecstasy once or twice.

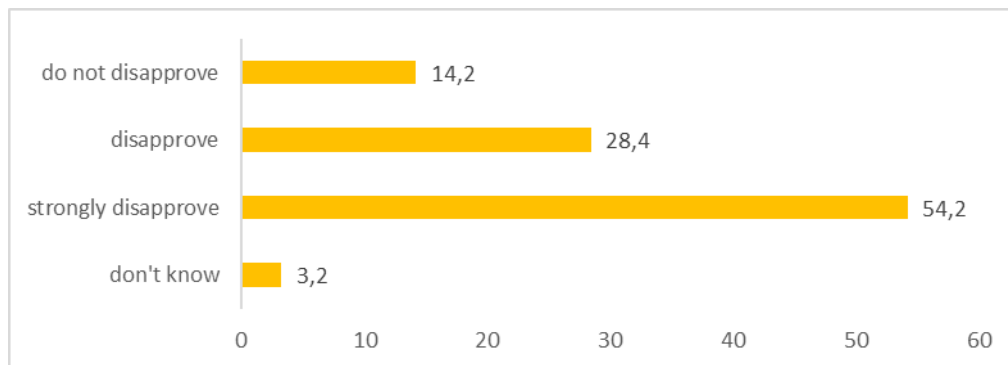
Figure 127. Trying ecstasy once or twice? Among 15 – 64 years old, (N=5000), (%)



trying heroin once or twice

Majority of BiH citizens strongly condemns (46,8%) respectively condemns (29,9%) the trying of heroin once or twice. 19,6% of them doesn't condemn the trying of heroin.

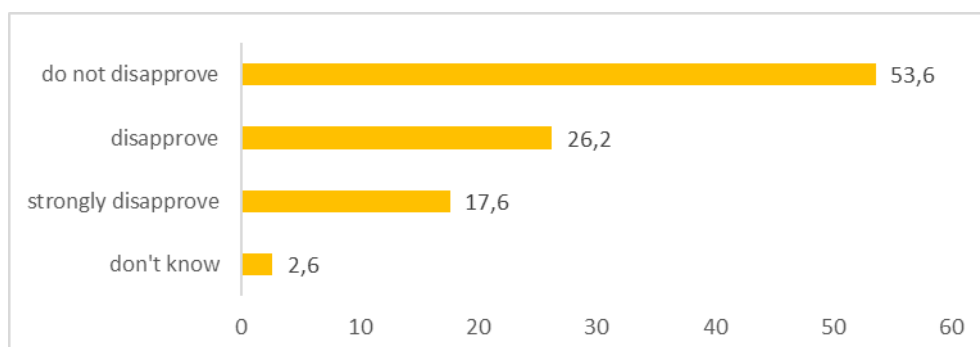
Figure 128. Trying heroin once or twice? Among 15 – 64 years old, (N=5000), (%)



Smoking 10 or more cigarettes a day

More than a half of citizens of BiH in the age of 15-64 doesn't disapprove the smoking of 10 or more cigarettes per day, while 26,2% disapprove and 17,6% strongly disapprove this activity.

Figure 129. Smoking 10 or more cigarettes a day? Among 15 – 64 years old, (N=5000), (%)

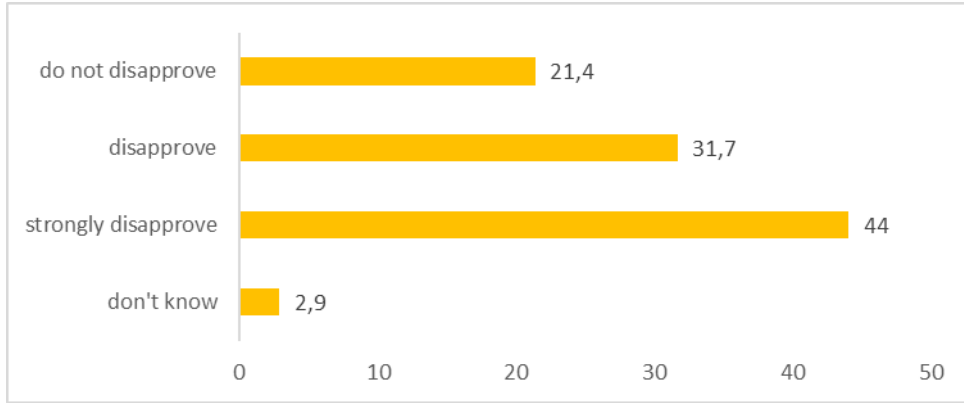




### Smoking hashish or marijuana occasionally

One in five citizens of BiH in the age of 15-64 doesn't disapprove the smoking of marijuana or hashish, one third of them disapproves and 44% strongly disapprove this activity.

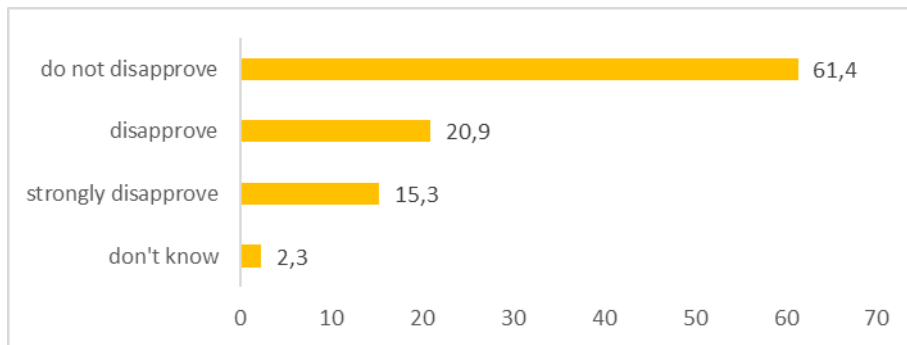
Figure 130. Smoking hashish or marijuana occasionally? Among 15 – 64 years old, (N=5000), (%)



### Having one or two drinks several times a week

Alcohol is the most acceptable substance in the BiH society, almost 2/3 citizens in the age 15-64 don't disapprove consumption of a couple of drinks during the week. One in five disapproves this activity and 15,3% strongly disapprove this activity.

Figure 131. Having one or two drinks several times a week? Among 15 – 64 years old, (N=5000), (%)

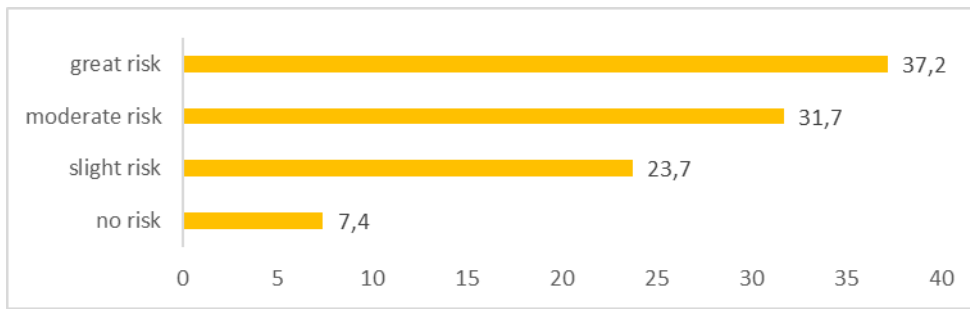


## 4.6.2. Risk perception

### Smoking one or more packs of cigarettes a day

The risk connected with the smoking of one or more packs of cigarettes a day- 37,2% considers as high, 31,7% consider it as moderate risk, 23,7% consider it as small risk and 7,4% think that there is no risk.

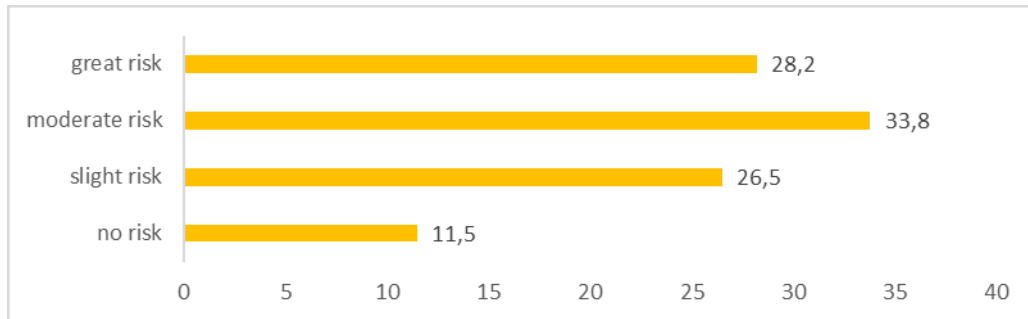
Figure 132. Smoking one or more packs of cigarettes a day? Among 15 – 64 years old, (N=5000), (%)



### Having five or more drinks each weekend

The risk associated with drinking five or more drinks each weekend 28,2% of respondents considers as high, 33,8% consider it as moderate risk, 26,5% as small risk and 11,5% of them consider that there is no risk.

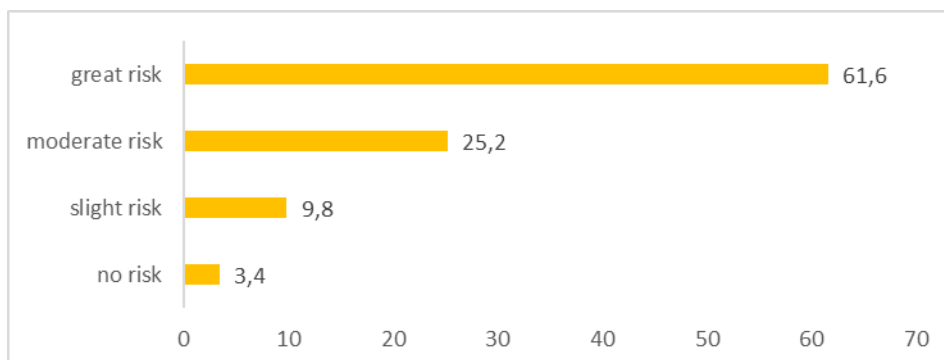
Figure 133. Having five or more drinks each weekend? Among 15 – 64 years old, (N=5000), (%)



### Smoking hashish or marijuana regularly

61,6% respondents think that it would be a great risk if they consume marijuana or hashish regularly, 25,2% respondents consider it as moderate risk, 9,8% a slight risk and 3,4% think that there is no risk at all..

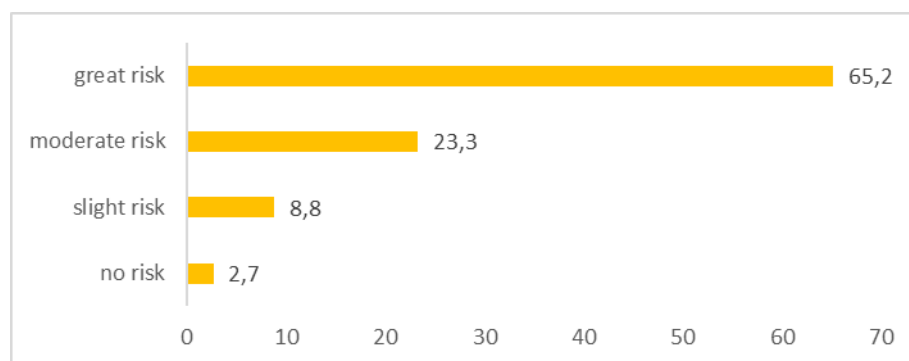
Figure 134. Smoking hashish or marijuana regularly? Among 15 – 64 years old, (N=5000), (%)



### Trying ecstasy once or twice

65,2% respondents consider the trying of ecstasy once or twice as great risk, 23,3% think of it as moderate risk, 8,8% a slight risk and 2,7% think that there is no risk at all. .

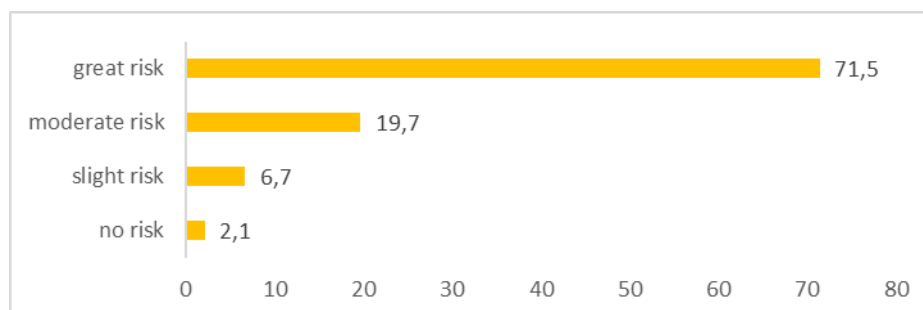
Figure 135. Trying ecstasy once or twice? Among 15 – 64 years old, (N=5000), (%)



### Trying cocaine or crack once or twice

71,5% respondents think that the trying of cocaine once or twice is a great risk, 19,7 % consider it a moderate risk, 6,7% think that it is a slight risk and 2,1% think that it poses no risk at all.

Figure 136. Trying cocaine or crack once or twice? Among 15 – 64 years old, (N=5000), (%)



## 4.6.3. Availability of drugs in Bosnia and Herzegovina

This section of the report is presenting the opinions on availability of drugs in Bosnia and Herzegovina. More precisely presents data on perception of access to drugs (personal and in general), personal experience of availability of drugs and perception of personal capability of getting certain kinds of substances. Results are given for the general population in the age of 15-64.

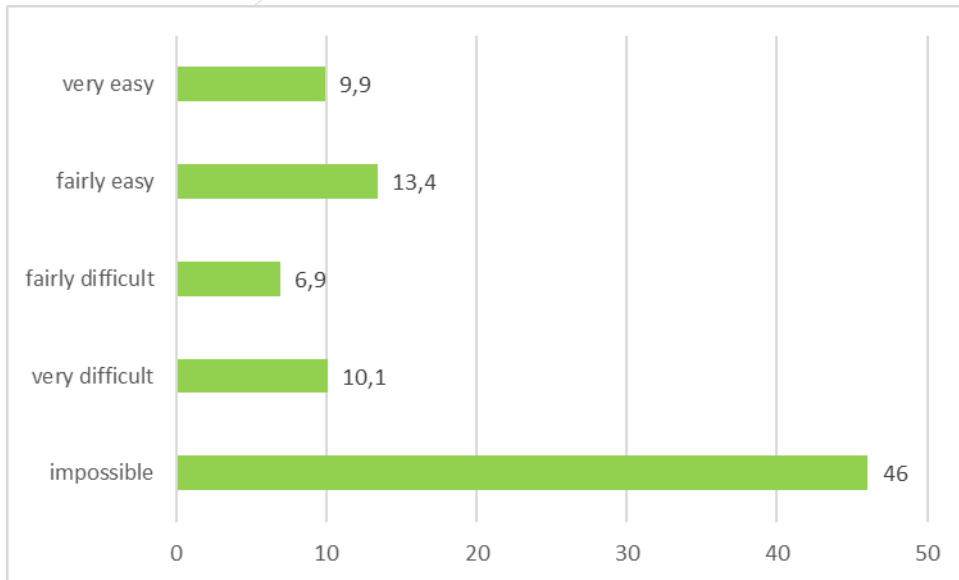
### Perceived personal access to certain substance types

Regarding the perception of personal access to certain types of substances, respondents were asked to say how difficult would be for them personally, if they want, to get certain types of substances (cannabis, ecstasy, amphetamine, cocaine, heroin, LSD) within the 24 hours.

### Perceived personal access to cannabis

Almost two thirds of adults (63%) think that it would be impossible, very difficult or fairly difficult for them personally to get cannabis within 24 hours, and 23, 3% of them think that it would be fairly easy and very easy for them to get cannabis for personal use within 24 hours.

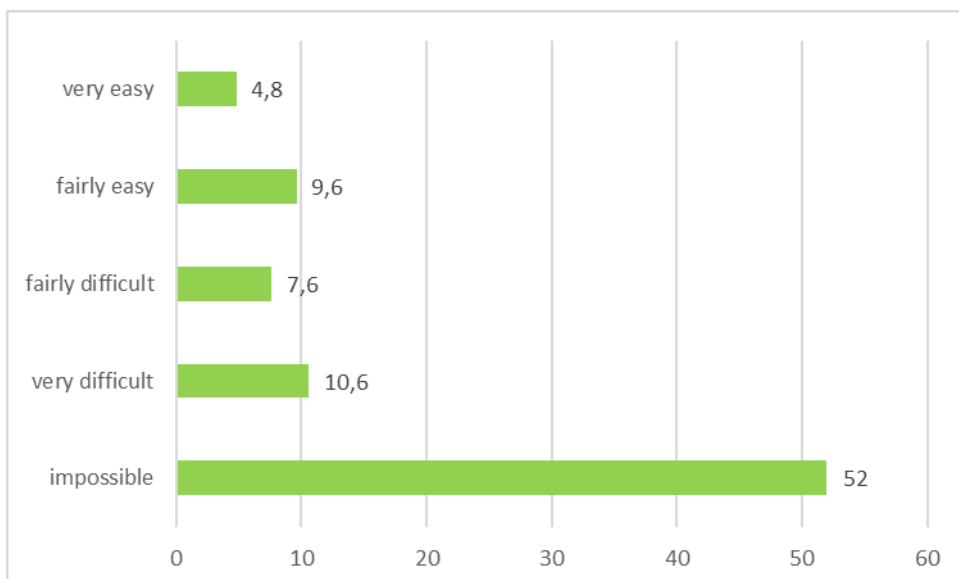
Figure 137. Perceived personal access to cannabis; Among 15 – 64 years old, (N=5000), (%)



#### Perceived personal access to ecstasy

Almost three quarters (70, 2%) think that it would be impossible, very difficult and fairly difficult for them to get ecstasy within 24 hours, and 14, 4% think that it would be fairly easy or very easy to get ecstasy for personal use within 24 hours.

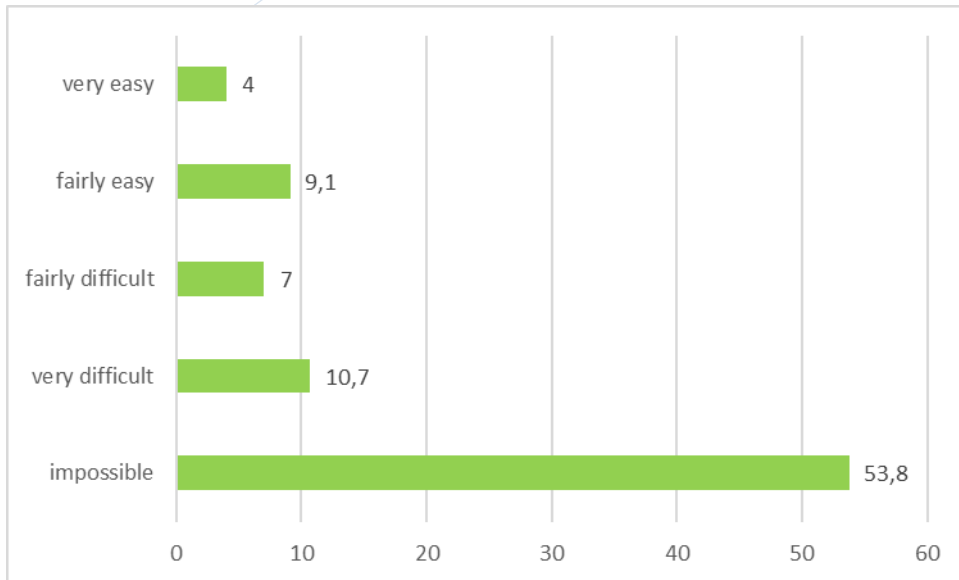
Figure 138. Perceived personal access to ecstasy; Among 15 – 64 years old, (N=5000), (%)



#### Perceived personal access to amphetamines

Almost three quarters (71, 5%) think that it would be impossible, very difficult and fairly difficult to get amphetamines for personal use within 24 hours, and 13, 1% thinks that it would be fairly or very easy for them to get amphetamines for themselves within 24 hours.

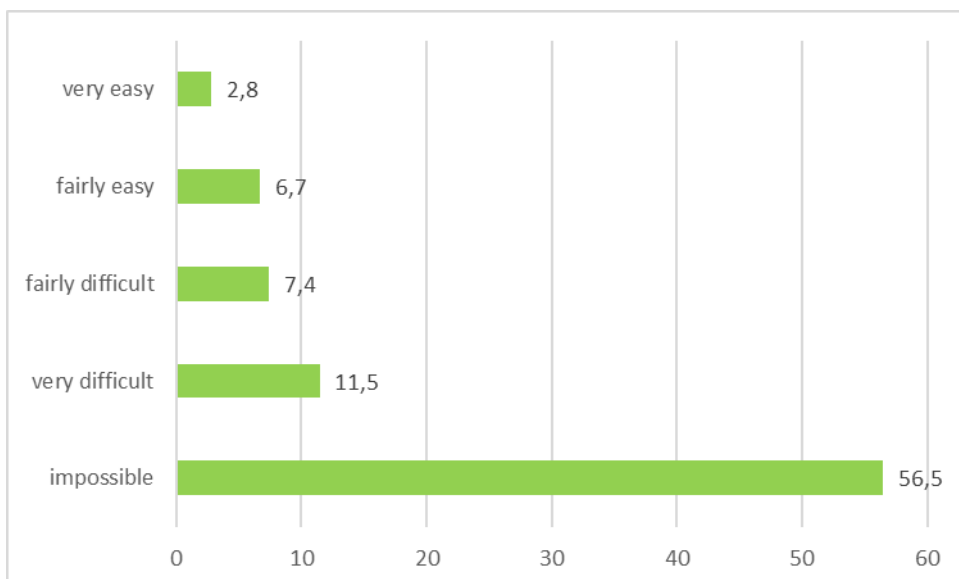
Figure 139. Perceived personal access to amphetamine; Among 15 – 64 years old, (N=5000), (%)



### Perceived personal access to cocaine

Three quarters (75, 4%) think that it is impossible, very difficult and fairly difficult for them personally to get cocaine within 24 hours, and 9, 5% of them think that it would be very or fairly difficult to get cocaine for personal use within 24 hours.

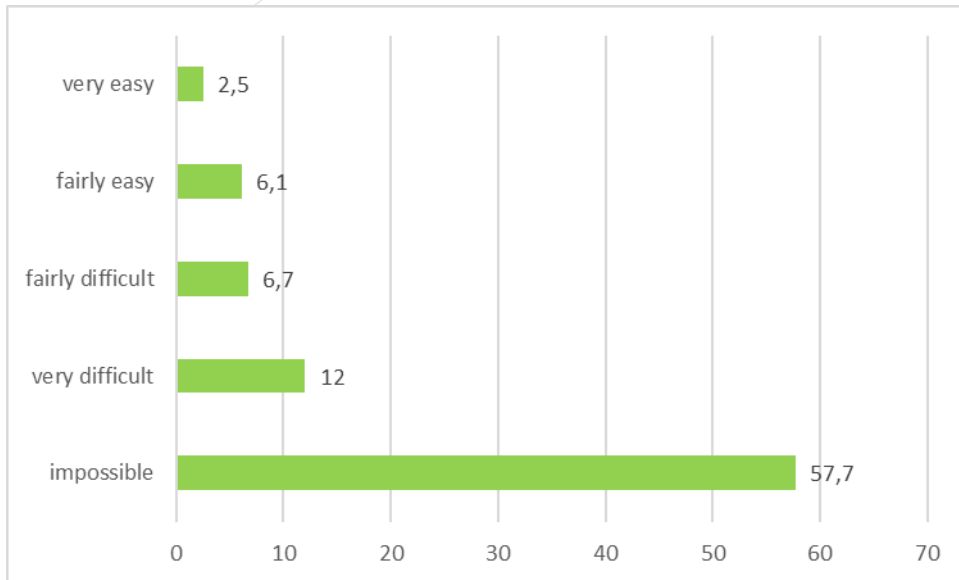
Figure 140. Perceived personal access to cocaine; Among 15 – 64 years old, (N=5000), (%)



### Perceived personal access to heroin

Three quarters (76, 4%) think that it would be impossible, very difficult and fairly difficult for them personally to get heroin within 24 hours, and 8, 6% of them think that it would be fairly or very easy to get heroin for themselves within 24 hours.

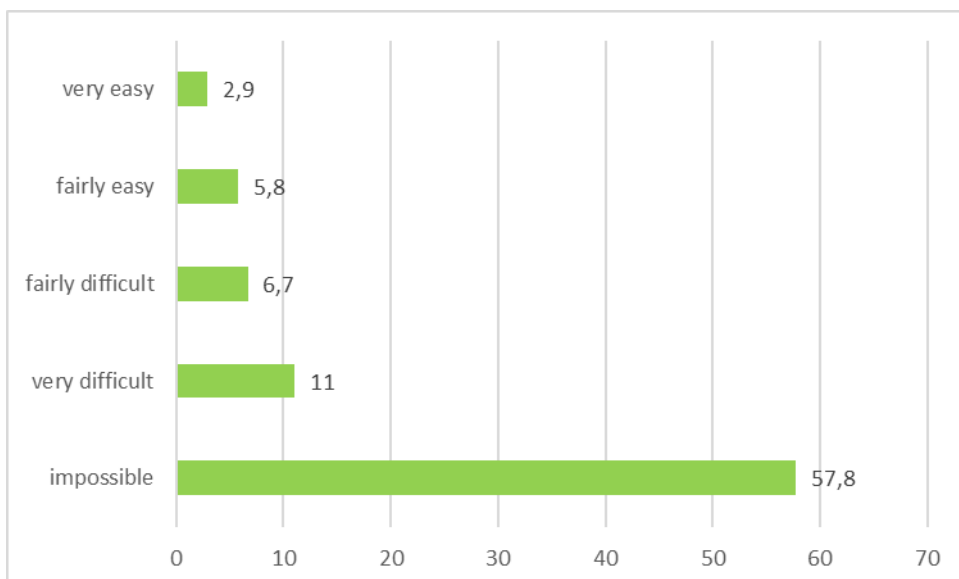
Figure 141. Perceived personal access to heroin; Among 15 – 64 years old, (N=5000), (%)



### Perceived personal access to LSD

Perception of access to LSD is almost identical to heroin and cocaine: three quarters (75, 5%) think that it would be impossible, very difficult and fairly difficult for them personally to get LSD within 24 hours, and 8, 7% think that it would be fairly and very easy to get LSD for personal use within 24 hours.

Figure 142. Perceived personal access to LSD; Among 15 – 64 years old, (N=5000), (%)

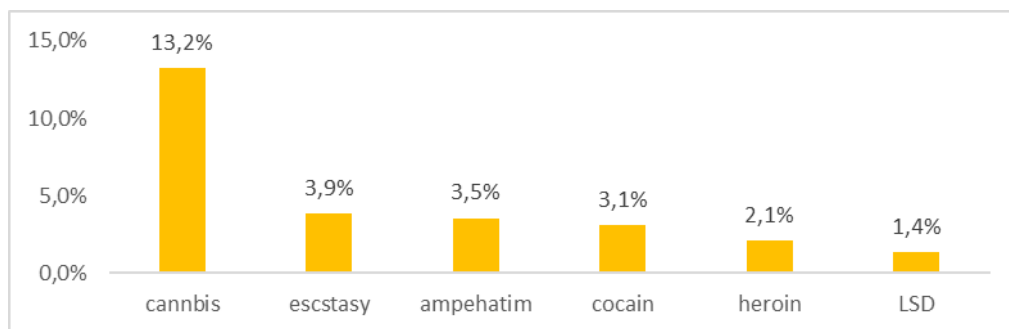


#### 4.6.4. Personal knowledge of someone who uses illicit drugs

The question “Do you personally know people who take x substance?” was also included in the survey. This question was asked before each set of questions on individual types of drugs. This was a “warm-up” question in order to help and facilitate answering to other questions concerning the use of illicit drugs and to avoid immediately asking the respondent about his/hers use of illicit drugs. Also, this question can be used as additional or alternative evaluation of prevalence of taking of illicit drugs, especially for those that have a small prevalence of use. The answer to this question can be also interpreted as a risk factor or predictor of use of illicit drugs the risk of use of illicit drugs is higher among those who know the people that are taking illicit drugs, because in that case the drugs are

In general population there is the most of those (13, 2%) who know someone who uses cannabis, then ecstasy (3, 9%), amphetamine (3, 5%), cocaine (3, 1%), heroin (2, 1%) and LSD (1, 4%).

Figure 143. Percentage of people who know someone who uses drugs; Among 15 – 64 years old, (N=5000), (%)



#### 4.6.5. Personal offering of drugs to the respondents during the past year

##### Being personally offered cannabis

In general population there is 3, 5% of those who have been once or twice offered cannabis and 2, 3% of those who have been offered cannabis more than twice. Share of those who have at least once been offered cannabis outside BiH is 4, 2%.

Figure 144. Being personally offered cannabis in BiH; Among 15 – 64 years old, (N=5000), (%)

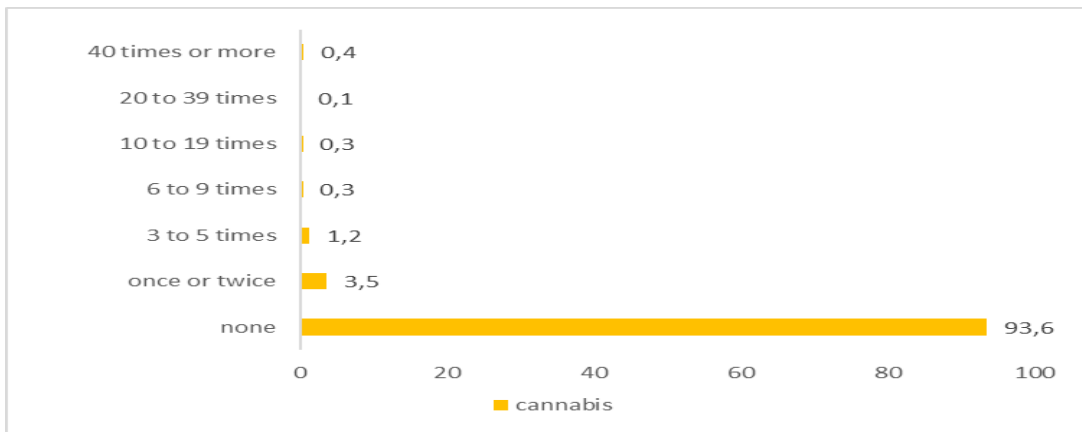
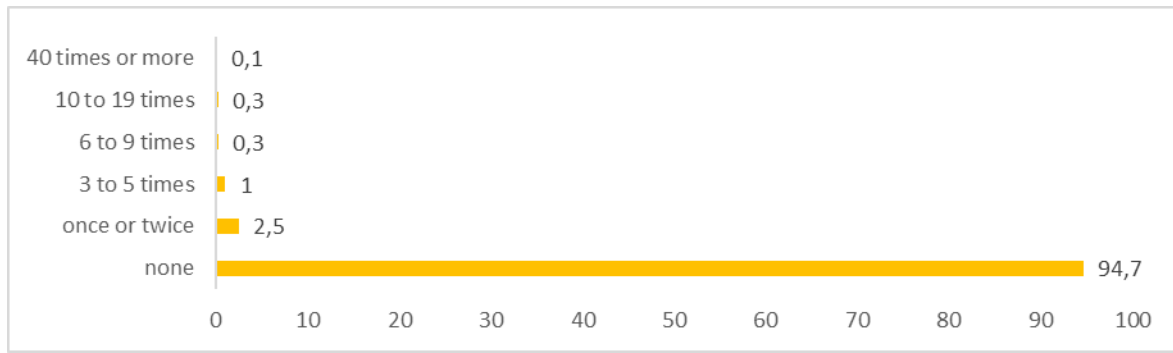


Figure 145. Being personally offered cannabis outside of BiH; Among 15 – 64 years old, (N=5000), (%)



Being personally offered ecstasy

In general population there is 1, 6 % of those who have been at least once offered ecstasy during the past year in BiH, while there is 1, and 1% of those who have been offered the same drug outside of BiH.

Figure 146. Being personally offered ecstasy; Among 15 – 64 years old, (N=5000), (%)

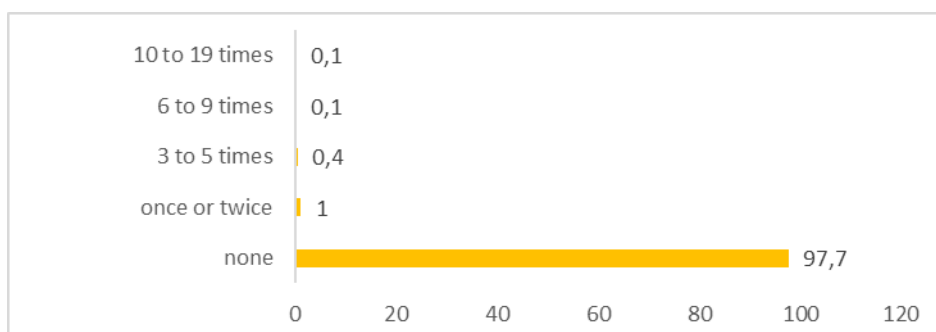
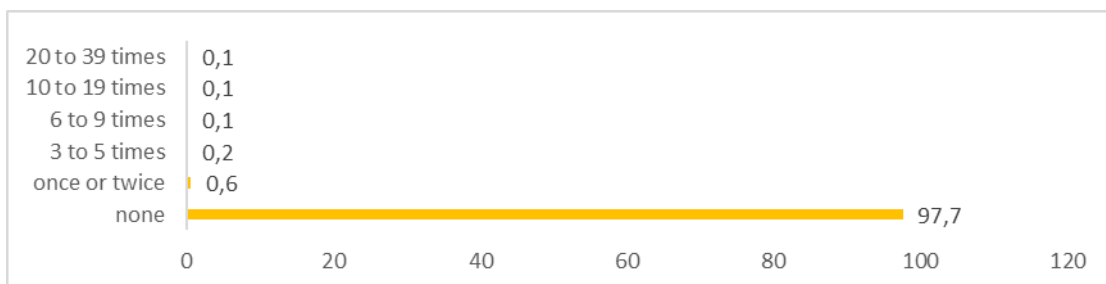


Figure 147. Being personally offered ecstasy outside of BiH; Among 15 – 64 years old, (N=5000), (%)





### Being personally offered amphetamine

In general population there is 1,6% of those who have been at least once offered amphetamine during the past year in BiH respectively 1% outside BiH.

Figure 148. Being personally offered amphetamine; Among 15 – 64 years old, (N=5000), (%)

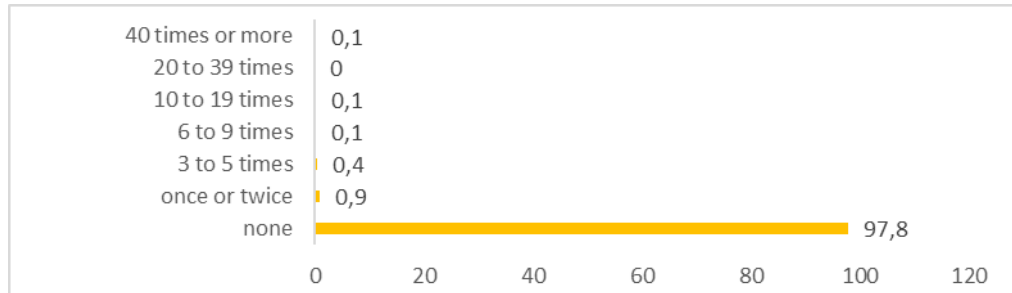
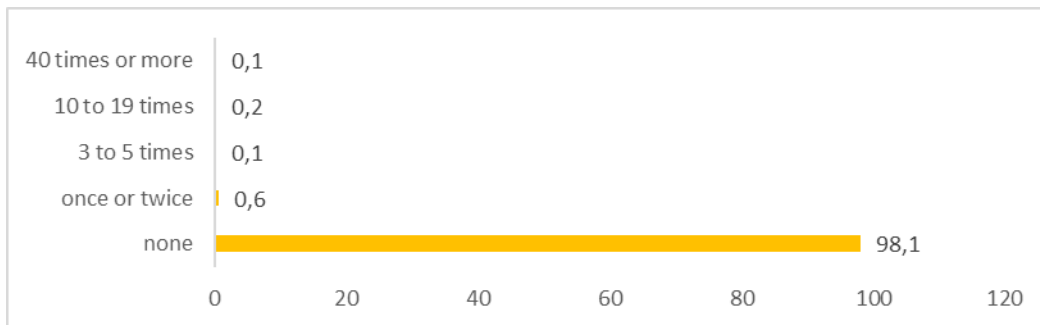


Figure 149. Being personally offered amphetamine outside of BiH Among 15 – 64 years old, (N=5000), (%)



### Being personally offered cocaine

Less than 1% of those who have been at least once offered cocaine and the percentage of those who have been offered cocaine outside of BiH is slightly bigger (1,3%).

Figure 150. Being personally offered cocaine; Among 15 – 64 years old, (N=5000), (%)

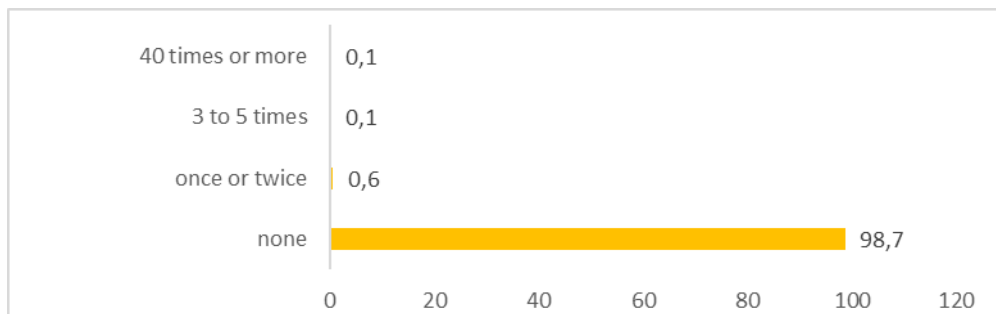
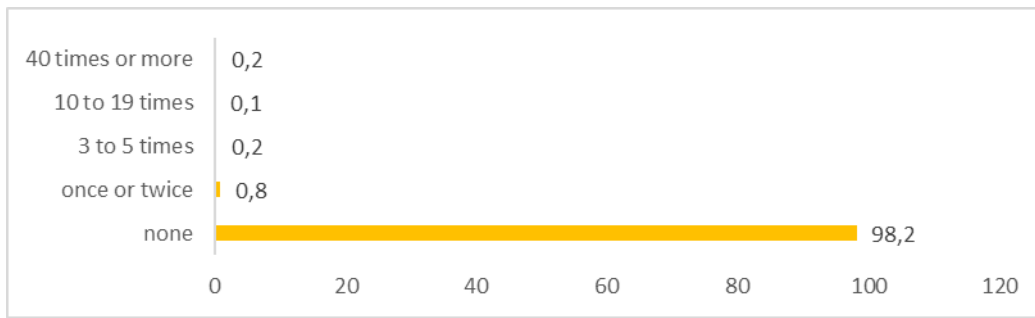


Figure 151. Being personally offered cocaine outside of BiH; Among 15 – 64 years old, (N=5000), (%)



### Being personally offered heroin

There is 0,4 % of those who have been at least once offered heroin in BiH respectively 0,5% outside BiH.

Figure 152. Being personally offered heroin; Among 15 – 64 years old, (N=5000), (%)

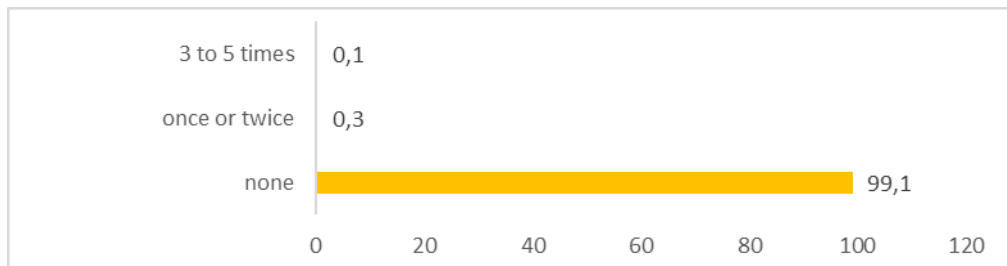
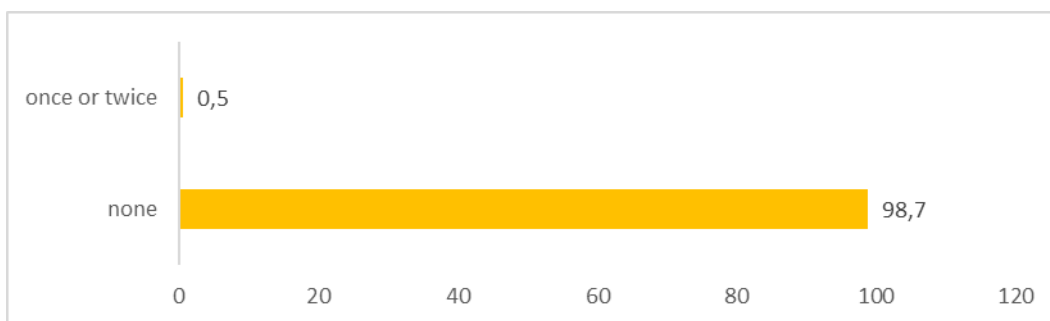


Figure 153. Being personally offered heroin outside BiH; Among 15 – 64 years old, (N=5000), (%)



### Being personally offered LSD

There is a slight difference between those who have been offered LSD during the past year in BiH is 0,8% and 0,7% outside BiH.

Figure 154. Being personally offered LSD; Among 15 – 64 years old, (N=5000), (%)

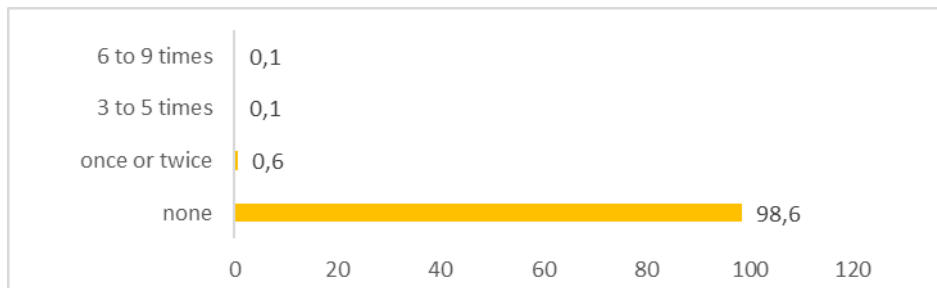
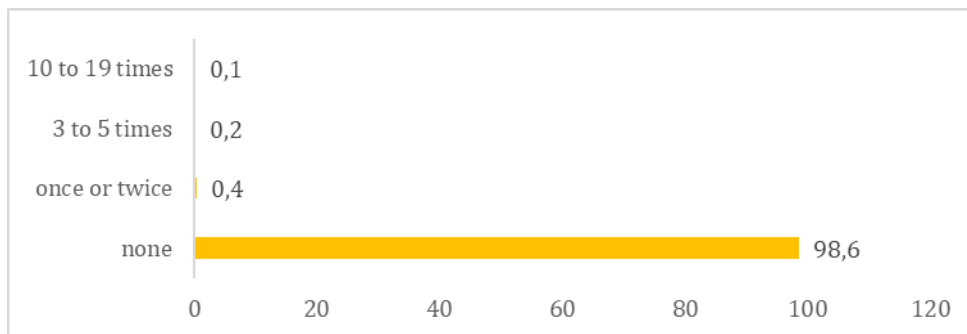


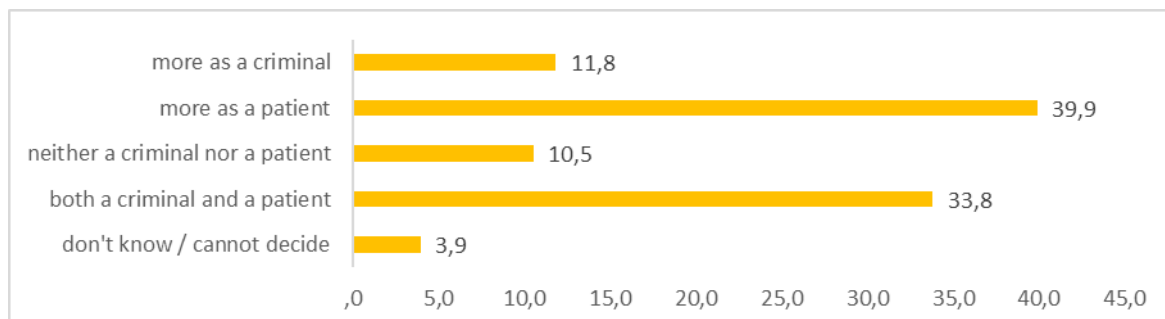
Figure 155. Being personally offered LSD outside BiH; Among 15 – 64 years old, (N=5000), (%)



#### 4.6.6 Opinions on drug use

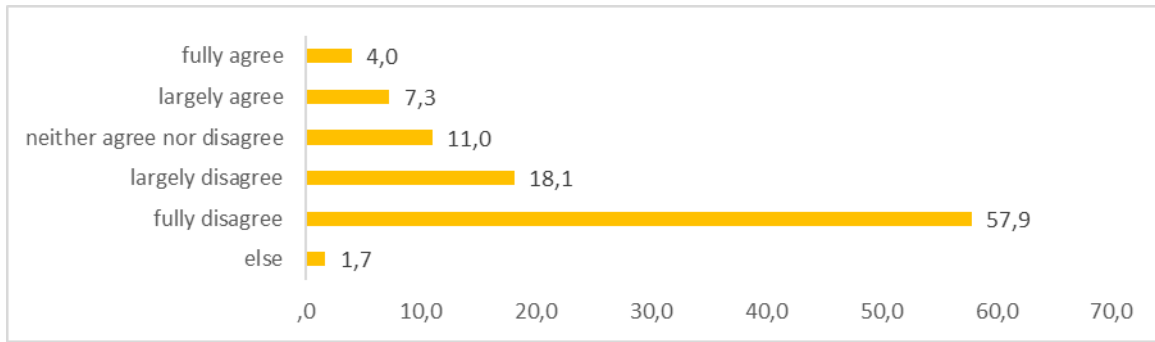
39,9% of adults think that a drug user is more a patient than a criminal, 33,8% think that a drug addict is equally a criminal and a patient, 10,5% think that an addict is not a criminal or a patient, while 11,8% think that he or she is more a criminal than a patient.

Figure 156. Do you perceive a drug addict more as a criminal or as a patient? Among 15 – 64 years old, (N=5000), (%)



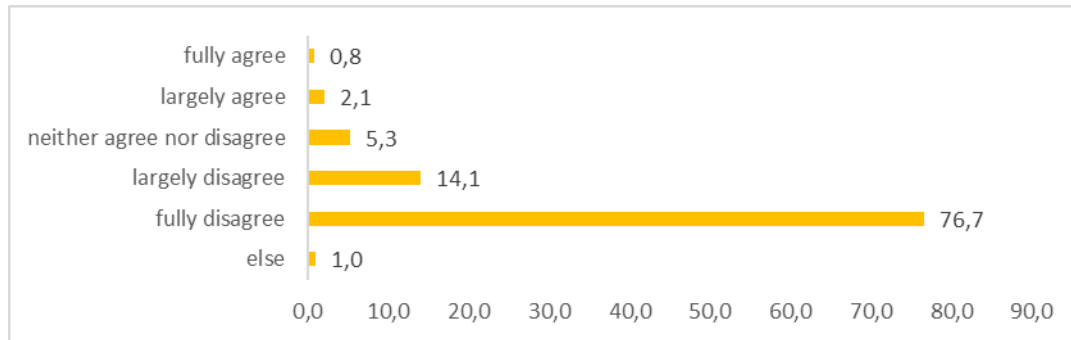
11, 3% of general population age 15-64 agrees with the statement that people should be allowed to use hashish and marijuana while three quarters mainly disagrees or fully disagrees with this statement.

Figure 157. People should be permitted to take hashish or marijuana; Among 15 – 64 years old, (N=5000), (%)



2,9% of general population in age 15-64 agrees or largely agrees with the statement that people should be permitted to take heroin, while 90,8 % largely or fully disagrees with the statement.

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## 5.2. List of references

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### 5.3. Summary result tables

Prevalence (%) 15-64 - Lifetime	Male	Female	Total
1. Any illegal drugs	7,6	2,3	4,9
2. Cannabis (EMQ)	6,7	1,5	4,1
3. Opioids (total)	NA	NA	NA
4. Heroin (EMQ)	0,4	0	0,2
5. Other opioids (specify)	NA	NA	NA
6. Cocaine	1	0,1	0,5
7. Amphetamines (EMQ)	1,6	0,2	0,9
8. Ecstasy (EMQ)	1	0,3	0,6
9. Hallucinogens (total)	NA	NA	NA
10. LSD (EMQ)	0,1	0,1	0,1
11. Other hallucinogens (specify)	NA	NA	NA
12. Sedatives and/or tranquillisers (total) (EMQ)	NA	NA	NA
13. Barbiturates	NA	NA	NA
14. Benzodiazepines	NA	NA	NA
15. Solvents or inhalants	NA	NA	NA
16. Anabolic steroids	NA	NA	NA
17. Alcohol (EMQ)	NA	NA	NA
18. Tobacco (EMQ)	53,8	39,6	46,7
19. Stimulants	NA	NA	NA
20. NPS	0,8	0,4	0,6

Prevalence (%) 15-34 – Lifetime	Male	Female	Total
1. Any illegal drugs	10,9	3,4	7,2
2. Cannabis (EMQ)	9,7	2,6	6,2
3. Opioids (total)	NA	NA	NA
4. Heroin (EMQ)	0,3	0	0,1
5. Other opioids (specify)	NA	NA	NA
6. Cocain	1,3	0,1	0,7
7. Amphetamines (EMQ)	2,5	0,4	1,4
8. Ecstasy (EMQ)	1,2	0,2	0,7
9. Hallucinogens (total)	NA	NA	NA
10. LSD (EMQ)	NA	NA	NA
11. Other hallucinogens (specify)	NA	NA	NA
12. Sedatives and/or tranquillisers (total) (EMQ)	NA	NA	NA
13. Barbiturates	NA	NA	NA
14. Benzodiazepines	NA	NA	NA
15. Solvents or inhalants	NA	NA	NA
16. Anabolic steroids	NA	NA	NA
17. Alcohol (EMQ)	NA	NA	NA
18. Tobacco (EMQ)	39,7	29	34,5
19. Stimulants	NA	NA	NA
20. NPS	1	0,3	0,6

Prevalence (%) 15-64 - Last year	Male	Female	Total
1. Any illegal drugs	2,2	0,4	1,3
2. Cannabis (EMQ)	1,9	0,3	1,1
3. Opioids (total)	1,4	1,4	1,4
4. Heroin (EMQ)	0	0	0
5. Other opioids (specify)	NA	NA	NA
6. Cocaine	0,2	0	0,1
7. Amphetamines (EMQ)	0,7	0	0,4
8. Ecstasy (EMQ)	0,3	0	0,1
9. Hallucinogens (total)	NA	NA	NA
10. LSD (EMQ)	0,1	0,1	0,1
11. Other hallucinogens (specify)	NA	NA	NA
12. Sedatives and/or tranquillisers (total) (EMQ)	NA	NA	NA
13. Barbiturates	NA	NA	NA
14. Benzodiazepines	5	10,5	7,7
15. Solvents or inhalants	NA	NA	NA
16. Anabolic steroids	NA	NA	NA
17. Alcohol (EMQ)	53	20,5	36,7
18. Tobacco (EMQ)	NA	NA	NA
19. Stimulants	0,1	0,1	0,1
20. NPS	0,2	0,1	0,1

Prevalence (%) 15-34 – Last year	Male	Female	Total
1. Any illegal drugs	3,5	0,6	2,1
2. Cannabis (EMQ)	3,1	0,6	1,9
3. Opioids (total)	0,6	0,7	0,6
4. Heroin (EMQ)	0,1	0	0
5. Other opioids (specify)	NA	NA	NA
6. Cocain	0,1	0	0,1
7. Amphetamines (EMQ)	1	0	0,5
8. Ecstasy (EMQ)	0,2	0	0,1
9. Hallucinogens (total)	NA	NA	NA
10. LSD (EMQ)	0	0	0
11. Other hallucinogens (specify)	NA	NA	NA
12. Sedatives and/or tranquillisers (total) (EMQ)	NA	NA	NA
13. Barbiturates	NA	NA	NA
14. Benzodiazepines	2	4,2	3,1
15. Solvents or inhalants	NA	NA	NA
16. Anabolic steroids	NA	NA	NA
17. Alcohol (EMQ)	51,1	25,3	38,5
18. Tobacco (EMQ)	NA	NA	NA
19. Stimulansi	0	0,1	0,1
20. NPS	0,3	0	0,1

Prevalence (%) 15-64 - Last month	Male	Female	Total
1. Any illegal drugs	1,5	0,2	0,9
2. Cannabis (EMQ)	1,5	0,2	0,9
3. Opioids (total)	0,5	1,1	0,8
4. Heroin (EMQ)	0	0	0
5. Other opioids (specify)	NA	NA	NA
6. Cocain	0	0	0
7. Amphetamines (EMQ)	0,2	0	0,1
8. Ecstasy (EMQ)	0,1	0	0,1
9. Hallucinogens (total)	NA	NA	NA
10. LSD (EMQ)	0	0	0
11. Other hallucinogens (specify)	NA	NA	NA
12. Sedatives and/or tranquillisers (total) (EMQ)	NA	NA	NA
13. Barbiturates	NA	NA	NA
14. Benzodiazepines	3,1	7	5
15. Solvents or inhalants	NA	NA	NA
16. Anabolic steroids	NA	NA	NA
17. Alcohol (EMQ)	43,9	12,1	28
18. Tobacco (EMQ)	NA	NA	NA
19. Stimulansi	0	0,1	0,1
20. NPS			

Prevalence (%) 15-34 – Last month	Male	Female	Total
1. Any illegal drugs	2,1	0,4	1,3
2. Cannabis (EMQ)	2,1	0,4	1,3
3. Opioids (total)	0,2	0,5	0,4
4. Heroin (EMQ)	0	0	0
5. Other opioids (specify)	NA	NA	NA
6. Cocain	0	0	0
7. Amphetamines (EMQ)	0,4	0	0,2
8. Ecstasy (EMQ)	0	0	0
9. Hallucinogens (total)	NA	NA	NA
10. LSD (EMQ)	NA	NA	NA
11. Other hallucinogens (specify)	NA	NA	NA
12. Sedatives and/or tranquillisers (total) (EMQ)	NA	NA	NA
13. Barbiturates	NA	NA	NA
14. Benzodiazepines	0,9	1,7	1,3
15. Solvents or inhalants	NA	NA	NA
16. Anabolic steroids	NA	NA	NA
17. Alcohol (EMQ)	40,1	16,1	28,4
18. Tobacco (EMQ)	NA	NA	NA
19. Stimulasni	0	0,1	0,1
20. NPS	NA	NA	NA

Agencija Ipsos u suradnji sa Evropskim centrom za praćenje droga i ovisnosti o drogama sprovodi istraživanje na osnovu koga će se procjenjivati kvalitet života, životni stilovi i zdravstveni rizici stanovnika Bosne i Hercegovine. U istraživanju učestvuje oko 5.000 slučajno odabranih domaćinstava, odnosno osoba starosti 15 do 64 godina. I Vi ste, kao i ostali učesnici, u naš uzorak izabrani metodom slučajnog izbora. Zbog važnosti podataka koji se sakupljaju, molimo Vas da iskreno odgovorite na sva pitanja u upitniku. Upitnik je anoniman, ne traži se Vaše ime ni bilo koji drugi podatak koji Vas identifikuje, a dobiveni podaci se koriste isključivo na zbirnom nivou za statističke analize. Molimo Vas da nam pomognete u provođenju ovog važnog istraživanja i uz pomoć naših anketara iskreno odgovorite na pitanja iz ankete.

## 5.4. Questionnaire in local language

Hvala na pomoći u provođenju istraživanja.

### DEMOGRAFIJA

Na početku vas molim nekoliko osnovnih informacija o vama.

#### SEX Zabilježi spol

- 1 \_ muškarac
- 2 \_ žena
- 9999 - ostalo

#### AGE Koliko imate godina?

#### HOUSEHOLD Šta od sljedećeg najbolje opisuje sastav vašeg domaćinstvo?

- 1 \_ u domaćinstvu živim sam/a
- 2 \_ u domaćinstvu žive dva partnera bez djece
- 3 \_ u domaćinstvu žive dva partnera sa djecom
- 4 \_ u domaćinstvu živi jedna odrasla osoba sa djecom
- 5 \_ neka druga situacija

#### ACTIVITY Šta od sljedećeg se najbolje odnosi na vas?

- 1 \_ zaposleni ste ili samo-zaposleni
- 2 \_ student
- 3 \_ nezaposleni
- 4 \_ ništa od navedenog

#### EDUCAT Koji je vaš najveći stepen obrazovanja koji ste završili?

- 1 \_ bez osnovne škole ili nekoliko razreda osnovne škole
- 2 \_ završena osnovna škola
- 3 \_ trogodišnja srednja škola
- 4 \_ četverogodišnja srednja škola

5\_ viša škola  
6\_ fakultet prvi stepen (diplomski studij)  
7\_ postdiplomsko obrazovanje (magisterij, doktorat isl)

**URBANISATION Što možete reći da li se domaćinstvo nalazi ....**

1\_ u gradu  
2\_ na selu  
3\_ ne može se klasificirati

**DUHAN**

**Najprije par pitanja o pušenju odnosno duhanu i konzumaciji alkohola.**

**Q1 Da li pušite duhan, kao što su cigarete, cigare ili lulu?**

1 da = IDI NA AGE\_ALC  
2 ne  
9999 ne znam / ne želim odgovoriti = IDI NA AGE\_ALC

**Q2 Jeste li ikada pušili u prošlosti ?**

1 da  
2 ne  
9999 ne znam / ne želim odgovoriti

**ALKOHOL**

**AGE\_ALC** Koliko ste godina imali kada ste PRVI PUT popili pivo, vino, žestoko pića ili neko drugo alkoholno piće?

1 \_\_\_\_\_ GODINE

2 Nisam nikada u životu pio / pila alkohol => PREĐI NA SLJEDEĆU SEKCIJU

9999 ne znam / ne želim odgovoriti

**LYP\_ALC** Tokom zadnjih 12 mjeseci, jeste li ikako pili pivo, vino, žestoko ili bilo koje drugo alkoholno piće?

1 da  
2 ne = IDI NA SLJEDEĆE POGLAVLJE  
9999 ne znam / ne želim odgovoriti = IDI NA SLJEDEĆE POGLAVLJE

**DRINKING** Koliko često ste pili alkohol?

1 4 puta sedmično i više  
2 2-3 puta sedmično  
3 2-4 puta mjesečno  
4 jednom mjesečno ili rjeđe

9999 ne znam / ne želim odgovoriti

**POKAZATI KARTICU DEFINICIJA KOLIČINE ALKOHOLA**

**BINGEING** Koliko često pijete šest ili više čaša alkoholnog pića istom prilikom?

1 svakodnevno ili skoro svakodnevno  
2 svake sedmice  
3 svaki mjesec  
4 rjeđe od jednom mjesečno  
5 nikada  
9999 ne znam / ne želim odgovoriti

**LMP\_ALC Tokom posljednjih 30 dana, jeste li ikada pili imalo alkohola?**

1 da  
2 ne = IDI NA SLJEDEĆE POGLAVLJE  
9999 ne znam / ne želim odgovoriti = IDI NA SLJEDEĆE POGLAVLJE

**LMF\_ALC Tokom posljednjih 30 dana, koliko dana ste pili imalo alkohola?**

Tokom ..... dana  
9999 ne znam / ne želim odgovoriti



## NEMEDICINSKO KORIŠTENJE LIJEKOVA KOJI SE IZDAJU NA RECEPT

Slijedeća pitanja odnose se na lijekove koji se prodaju u ljekarnama / apotekama samo s receptom liječnika. Ponekad se ti lijekovi koriste bez recepta i na načine ili u količinama koje se razlikuju od uobičajene medicinske prakse.

### NEMEDICINSKO KORIŠTENJE BENZODIAZEPINA –

Benzodiazepini **kao što su apaurin, lexaurin, lexilium, bosaurin isl.** su sedativi, sredstva za smirenje i tablete za spavanje dostupne samo na recept. "Nemedicinska upotreba" odnosi se, na primjer, na upotrebu tih lijekova bez recepta od odgovarajućeg liječnika; na veće doze, dulje vrijeme ili za različite svrhe nego što je propisano.

#### **POKAZATI KARTICU 1. SA SLIKAMA**

**LYP\_BENZ Tokom posljednjih 12 mjeseci, jeste li koristili benzodiazepine nemedicinski?**

1 da  
2 ne = IDI NA SLJEDEĆE POGLAVLJE  
9999 ne znam / ne želim odgovoriti = IDI NA SLJEDEĆE POGLAVLJE

**BENZHABIT Tokom posljednjih 12 mjeseci, koliko ste često koristili benzodiazepine nemedicinski?**

1 4 puta sedmično ili više  
2 2-3 puta sedmično  
3 2-4 puta mjesečno  
4 jednom mjesečno ili rjeđe  
9999 ne znam / ne želim odgovoriti

**LMP\_BENZ Tokom posljednjih 30 dana, jeste li koristili benzodiazepine nemedicinski?**

1 da  
2 ne = IDI NA LASTBENZ  
9999 ne znam / ne želim odgovoriti = IDI NA LASTBENZ

**LMF\_BENZ Tokom posljednjih 30 dana, koliko ste dana koristili benzodiazepine nemedicinski?**

Tokom..... dana  
9999 ne znam / ne želim odgovoriti

**LASTBENZ Kada ste posljednji put koristili benzodiazepine nemedicinski, kako ste ih nabavili?**

a) putem recepta napisanog za vas;	1 Da; 2 Ne
b) od prijatelja ili rođaka;	1 Da; 2 Ne
c) od trgovca drogom ili druge nepoznate osobe	1 Da; 2 Ne
d) s interneta (on-line kupovina bez recepta)	1 Da; 2 Ne
e) krivotvoreći recept	1 Da; 2 Ne
f) Drugo, kako? _____	1 Da; 2 Ne

**MOT\_BENZ Jeste li koristili benzodiazepine [nemedicinski] kako biste postali opijeni /podigli se?**

1 da

2 ne

9999 ne znam / ne želim odgovoriti

**NEMEDICINSKA KORIŠTENJE OPIOIDA -**

Opioidi **kao što su tramadol, zaracet, tramcet, oksikodon, fentanil** odnose se na snažne lijekove protiv bolova koji su dostupni samo na recept. "Nemedicinska upotreba" odnosi se, na primjer, na upotrebu tih lijekova bez receptata od odgovarajućeg liječnika; na veće doze, dulje vrijeme ili u različite svrhe nego što je propisano.

**POKAZATI KARTICU 2. SA SLIKAMA****LYP\_OPIO Tokom posljednjih 12 mjeseci, jeste li koristili opioide nemedicinski?**

1 da

2 ne = IDI NA SLJEDEĆE POGLAVLJE

9999 ne znam / ne želim odgovoriti = IDI NA SLJEDEĆE POGLAVLJE

**OPIOHABIT Tokom posljednjih 12 mjeseci, koliko ste često koristili opioide nemedicinski?**

1 4 puta sedmično ili više

2 2-3 puta sedmično

3 2-4 puta mjesečno

4 jednom mjesečno ili rjeđe

9999 ne znam / ne želim odgovoriti

**LMP\_OPIO Tokom posljednjih 30 dana, jeste li koristili opioide nemedicinski?**

1 da

2 ne = IDI NA LASTOPIO

9999 ne znam / ne želim odgovoriti = IDI NA LASTOPIO

**LMF\_OPIO Tokom posljednjih 30 dana, koliko ste dana koristili opioide nemedicinski?**

Tokom..... dana

**LASTOPIO Kada ste posljednji put koristili opioide nemedicinski, kako ste ih nabavili?**

a) putem recepta napisanog za vas;

Da; Ne

b) od prijatelja ili rođaka;

Da; Ne

c) od trgovca drogom ili druge nepoznate osobe

Da; Ne

d) s interneta (on-line kupovina bez recepta)

Da; Ne

e) krivotvoreći recept

Da; Ne

f) Drugo, kako? \_\_\_\_\_ Da; Ne

**MOT\_OPIO Jeste li koristili opioide [nemedicinski] kako biste postali opijeni /podigli se?**

1\_ da

2\_ ne

**NEMEDICINSKO KORIŠTENJE PROPISANIH STIMULANATA -**

Stimulansi **kao što je metilfenidat – Ritalin, Adderall, Concerta** odnose se na lijekove dostupne samo na recept koji se koriste, na primjer, za poremećaj deficita pažnje, gubitak težine ili da se ostane budan. "Nemedicinska upotreba" odnosi se, na primjer, na upotrebu tih lijekova bez recepta od odgovarajućeg liječnika; na veće doze, dulje vrijeme ili u različite svrhe nego što je propisano.

**POKAZATI KARTICU 3. SA SLIKAMA****LYP\_STIMU Tokom posljednjih 12 mjeseci, jeste li koristili stimulanate nemedicinski?**

1 da

2 ne = IDI NA SLJEDEĆE POGLAVLJE

9999 ne znam / ne želim odgovoriti = IDI NA SLJEDEĆE POGLAVLJE

**STIMUHABIT Tokom posljednjih 12 mjeseci, koliko ste često koristili stimulanate nemedicinski?**

1 4 puta sedmično ili više

2 2-3 puta sedmično

3 2-4 puta mjesečno

4 jednom mjesečno ili rjeđe

9999 ne znam / ne želim odgovoriti

**LMP\_STIMU Tokom posljednjih 30 dana, jeste li koristili stimulanate nemedicinski?**

1 da

2 ne = IDI NA LASTSTIMU

9999 ne znam / ne želim odgovoriti = IDI NA LASTSTIMU

**LMF\_STIMU Tokom posljednjih 30 dana, koliko ste dana koristili stimulanate nemedicinski?**

Tokom..... dana

**LASTSTIMU Kada ste posljednji put koristili stimulanate nemedicinski, kako ste ih nabavili?**

a) putem recepta napisanog za vas;

Da; Ne

b) od prijatelja ili rođaka;

Da; Ne

c) od trgovca drogom ili druge nepoznate osobe

Da; Ne

d) s interneta (on-line kupovina bez recepta)

Da; Ne

e) krivotvoreći recept

Da; Ne

f) Drugo, kako? \_\_\_\_\_

Da; Ne

**MOT\_STIMU Jeste li koristili stimulanate [nemedicinski] kako biste postali opijeni /podigli se?**

1\_ da

2\_ ne

## ZABRANJENE DROGE

### KANABIS

**KNO\_CAN** Da li lično / osobno poznajete ljude koji koriste marihuanu, skank ili hašiš?

1 da

2 ne

9999 ne znam / ne želim odgovoriti

**AM3a\_CAN** Tokom zadnjih 12 mjeseci, koliko puta vam je ponuđena marihuana, hašiš ili skank bilo besplatno ili za novac u Bosni i Hercegovini?

1 nijednom

2 jednom ili dvaput

3 3 do 5 puta

4 6 do 9 puta

5 10 do 19 puta

6 20 do 39 puta

7 40 puta ili više

9999 ne znam / ne želim odgovoriti

**AM3b\_CAN** Tokom zadnjih 12 mjeseci, koliko puta vam je ponuđena marihuana, hašiš ili skank bilo besplatno ili za novac u inostranstvu?

1 nijednom

2 jednom ili dvaput

3 3 do 5 puta

4 6 do 9 puta

5 10 do 19 puta

6 20 do 39 puta

7 40 puta ili više

9999 ne znam / ne želim odgovoriti

**AM6\_CAN** Koliko teško ili lako mislite da bi vam bilo da lično / osobno nabavite marihuanu, hašiš ili skank unutar 24 sata, ako biste željeli malo?

- 1 nemoguće
- 2 veoma teško
- 3 prilično teško
- 4 prilično lako
- 5 veoma lako

9999 ne znam / ne želim odgovoriti

**Sada ću vas zamoliti da na sljedeća pitanja odgovorite sami.**

**LTP\_CAN Jeste li ikada lično / osobno koristili marihuanu, skank ili hašiš?**

1 da  
2 ne = IDI NA KNO\_XTC  
9999 ne znam / ne želim odgovoriti = IDI NA KNO\_XTC

**AGE\_CAN U kojoj životnoj dobi ste uzeli marihuanu, skank ili hašiš po prvi puta?**

UPIŠI DOB  
9999 ne znam / ne želim odgovoriti

**LYP\_CAN Tokom zadnjih 12 mjeseci, jeste li ikako uzimali marihuanu, skank ili hašiš?**

1 da  
2 ne = IDI NA KNO\_XTC  
9999 ne znam / ne želim odgovoriti = IDI NA KNO\_XTC

**LMP\_CAN Tokom zadnjih 30 dana, jeste li ikako uzimali marihuanu, skank ili hašiš?**

1 da  
2 ne = IDI NA KNO\_XTC  
9999 ne znam / ne želim odgovoriti = IDI NA KNO\_XTC

**LMF\_CAN Zadnjih 30 dana, koliko dana ste uzimali marihuanu, skank ili hašiš?**

Tokom..... dana  
9999 ne znam / ne želim odgovoriti

**Vratite tablet anketaru**

## EKSTAZI

### KNO\_XTC Da li osobno poznajete ljude koji koriste ekstazi?

- 1 da
- 2 ne
- 9999 ne znam / ne želim odgovoriti

### AM3a\_CAN Tokom zadnjih 12 mjeseci, koliko puta vam je ponuđen ekstazi bilo besplatno ili za novac u Bosni i Hercegovini?

- 1 nijednom
- 2 jednom ili dvaput
- 3 3 do 5 puta
- 4 6 do 9 puta
- 5 10 do 19 puta
- 6 20 do 39 puta
- 7 40 puta ili više
- 9999 ne znam / ne želim odgovoriti

### AM3b\_CAN Tokom zadnjih 12 mjeseci, koliko puta vam je ponuđen ekstazi bilo besplatno ili za novac u inostranstvu?

- 1 nijednom
- 2 jednom ili dvaput
- 3 3 do 5 puta
- 4 6 do 9 puta
- 5 10 do 19 puta
- 6 20 do 39 puta
- 7 40 puta ili više
- 9999 ne znam / ne želim odgovoriti

### AM6\_XTC Koliko teško ili lako mislite da bi vam bilo da lično / osobno nabavite ekstazi unutar 24 sata, ako biste željeli malo?

- 1 nemoguće
- 2 veoma teško
- 3 prilično teško



4 prilično lako  
5 veoma lako

9999 ne znam / ne želim odgovoriti

**Sada ću vas zamoliti da na sljedeća pitanja odgovorite sami.**

**LTP\_XTC Jeste li ikada vi lično / osobno uzeli ekstazi?**

1 da

2 ne = IDI NA KNO\_AMP

9999 ne znam / ne želim odgovoriti = IDI NA KNO\_AMP

**LYP\_XTC Tokom zadnjih 12 mjeseci, jeste li koristili ekstazi?**

1 da

2 ne = IDI NA KNO\_AMP

9999 ne znam / ne želim odgovoriti = IDI NA KNO\_AMP

**AGE\_XTC U kojoj životnoj dobi ste po prvi puta uzeli ekstazi?**

.....

9999 ne znam / ne želim odgovoriti

**LMP\_XTC Tokom zadnjih 30 dana, jeste li koristili ekstazi?**

1 da

2 ne = IDI NA KNO\_AMP

9999 ne znam / ne želim odgovoriti = IDI NA KNO\_AMP

**LMF\_XTC Tokom zadnjih 30 dana, koliko dana ste uzimali ekstazi?**

Tokom..... Dana

9999 ne znam / ne želim odgovoriti

**Vratite tablet anketaru**

## AMFETAMINI

### **KNO\_AMP Da li lično / osobno poznajete ljude koji koriste amfetamine (npr. Speed)?**

- |                                    |
|------------------------------------|
| 1 da                               |
| 2 ne                               |
| 9999 ne znam / ne želim odgovoriti |

### **AM3a\_AMP Tokom zadnjih 12 mjeseci, koliko puta vam je puta ponuđen amfetamin (npr. speed) bilo besplatno ili za novac u Bosni i Hercegovini?**

- 1 nijednom
- 2 jednom ili dvaput
- 3 3 do 5 puta
- 4 6 do 9 puta
- 5 10 do 19 puta
- 6 20 do 39 puta
- 7 40 puta ili više
- 9999 ne znam / ne želim odgovoriti

### **AM3b\_AMP Tokom zadnjih 12 mjeseci, koliko puta vam je puta ponuđen amfetamin (npr. speed) bilo besplatno ili za novac u inostranstvu?**

- 1 nijednom
- 2 jednom ili dvaput
- 3 3 do 5 puta
- 4 6 do 9 puta
- 5 10 do 19 puta
- 6 20 do 39 puta
- 7 40 puta ili više
- 9999 ne znam / ne želim odgovoriti



**AM6\_AMP Koliko teško ili lako mislite da bi vam bilo da lično / osobno nabavite amfetamin (npr. speed) unutar 24 sata, ako biste željeli malo?**

- 1 nemoguće
- 2 veoma teško
- 3 prilično teško
- 4 prilično lako
- 5 veoma lako

9999 ne znam / ne želim odgovoriti

**Sada ću vas zamoliti da na sljedeća pitanja odgovorite sami.**

**LTP\_AMP Jeste li ikada vi lično / osobno uzimali amfetamine(npr. Speed)?**

- 1 da
- 2 ne = IDI NA KNO\_COC
- 9999 ne znam / ne želim odgovoriti = IDI NA KNO\_COC

**LYP\_AMP Tokom zadnjih 12 mjeseci, jeste li koristili amfetamine (npr. Speed)?**

- 1 da
- 2 ne = IDI NA KNO\_COC
- 9999 ne znam / ne želim odgovoriti = IDI NA KNO\_COC

**AGE\_AMP U kojoj životnoj dobi ste po prvi puta uzeli amfetamine (npr. Speed)?**

- .....
- 9999 ne znam / ne želim odgovoriti

**LMP\_AMP Tokom zadnjih 30 dana, da li ste uzimali amfetamine (npr. Speed)?**

- 1 da
- 2 ne = IDI NA KNO\_COC
- 9999 ne znam / ne želim odgovoriti = IDI NA KNO\_COC

**LMF\_AMP Tokom zadnjih 30 dana, koliko dana ste uzimali amfetamine (npr. Speed)?**

- Tokom..... Dana
- 9999 ne znam / ne želim odgovoriti

**Vratite tablet anketaru**

## KOKAIN

**KNO\_COC** Da li lično / osobno poznajete ljude koji koriste kokain?

- |                                    |
|------------------------------------|
| 1 da                               |
| 2 ne                               |
| 9999 ne znam / ne želim odgovoriti |

**AM3a\_COC** Tokom zadnjih 12 mjeseci, koliko puta vam je puta ponuđen kokain bilo besplatno ili za novac u Bosni i Hercegovini?

- 1 nijednom
- 2 jednom ili dvaput
- 3 3 do 5 puta
- 4 6 do 9 puta
- 5 10 do 19 puta
- 6 20 do 39 puta
- 7 40 puta ili više
- 9999 ne znam / ne želim odgovoriti

**AM3b\_COC** Tokom zadnjih 12 mjeseci, koliko puta vam je puta ponuđen kokain bilo besplatno ili za novac u inostranstvu?

- 1 nijednom
- 2 jednom ili dvaput
- 3 3 do 5 puta
- 4 6 do 9 puta
- 5 10 do 19 puta
- 6 20 do 39 puta
- 7 40 puta ili više
- 9999 ne znam / ne želim odgovoriti

**AM6\_COC** Koliko teško ili lako mislite da bi vam bilo da lično / osobno nabavite kokain unutar 24 sata, ako biste željeli malo?

- 1 nemoguće
- 2 veoma teško
- 3 prilično teško
- 4 prilično lako
- 5 veoma lako

9999 ne znam / ne želim odgovoriti

**Sada ću vas zamoliti da na sljedeća pitanja odgovorite sami.**

**LTP\_COC** Jeste li ikada vi lično / osobno uzimali kokain?

- 1 da
- 2 ne = IDI NA KNO\_HER
- 9999 ne znam / ne želim odgovoriti = IDI NA KNO\_HER

**AGE\_COC** U kojoj životnoj dobi ste po prvi puta uzeli kokain?

- .....
- 9999 ne znam / ne želim odgovoriti

**LYP\_COC** Tokom zadnjih 12 mjeseci, jeste li koristili kokain?

- 1 da
- 2 ne = IDI NA KNO\_HER
- 9999 ne znam / ne želim odgovoriti = IDI NA KNO\_HER

**LMP\_COC** Tokom zadnjih 30 dana, da li ste uzimali kokain?

- 1 da
- 2 ne = IDI NA KNO\_HER
- 9999 ne znam / ne želim odgovoriti = IDI NA KNO\_HER

**LMF\_COC** Tokom zadnjih 30 dana, koliko dana ste uzimali kokain?

- (NOVE KATEGORIJE 2002.)
- Tijekom..... dana
- 9999 ne znam / ne želim odgovoriti

**Vratite tablet anketaru**



## HEROIN

### **KNO\_HER** Da li lično / osobno poznajete ljude koji koriste heroin?

- |                                    |
|------------------------------------|
| 1 da                               |
| 2 ne                               |
| 9999 ne znam / ne želim odgovoriti |

### **AM3a\_HER** Tokom zadnjih 12 mjeseci, koliko puta vam je puta ponuđen heroin bilo besplatno ili za novac u Bosni i Hercegovini?

- 1 nijednom
- 2 jednom ili dvaput
- 3 3 do 5 puta
- 4 6 do 9 puta
- 5 10 do 19 puta
- 6 20 do 39 puta
- 7 40 puta ili više
- 9999 ne znam / ne želim odgovoriti

### **AM3b\_HER** Tokom zadnjih 12 mjeseci, koliko puta vam je puta ponuđen heroin bilo besplatno ili za novac u inostranstvu?

- 1 nijednom
- 2 jednom ili dvaput
- 3 3 do 5 puta
- 4 6 do 9 puta
- 5 10 do 19 puta
- 6 20 do 39 puta
- 7 40 puta ili više
- 9999 ne znam / ne želim odgovoriti

### **AM6\_HER** Koliko teško ili lako mislite da bi vam bilo da lično / osobno nabavite heroin unutar 24 sata, ako biste željeli malo?



- 1 nemoguće
- 2 veoma teško
- 3 prilično teško
- 4 prilično lako
- 5 veoma lako

9999 ne znam / ne želim odgovoriti

**Sada ću vas zamoliti da na sljedeća pitanja odgovorite sami.**

**LTP\_HER Jeste li ikada vi lično / osobno uzimali heroin?**

- 1 da
- 2 ne = IDI NA KNO\_LSD
- 9999 ne znam / ne želim odgovoriti = IDI NA KNO\_LSD

**AGE\_HER U kojoj životnoj dobi ste po prvi puta uzeli heroin?**

.....

9999 ne znam / ne želim odgovoriti

**LYP\_HER Tokom zadnjih 12 mjeseci, jeste li koristili heroin?**

- 1 da
- 2 ne = IDI NA KNO\_LSD
- 9999 ne znam / ne želim odgovoriti = IDI NA KNO\_LSD

**LMP\_HER Tokom zadnjih 30 dana, da li ste uzimali heroin?**

- 1 da
- 2 ne = IDI NA KNO\_LSD
- 9999 ne znam / ne želim odgovoriti = IDI NA KNO\_LSD

**LMF\_HER Tokom zadnjih 30 dana, koliko dana ste uzimali heroin?**

- Tokom..... dana
- 9999 ne znam / ne želim odgovoriti

**Vratite tablet anketaru**

## LSD

### KNO\_LSD Da li lično / osobno poznajete ljude koji koriste LSD?

- |                                    |
|------------------------------------|
| 1 da                               |
| 2 ne                               |
| 9999 ne znam / ne želim odgovoriti |

### AM3a\_LSD Tokom zadnjih 12 mjeseci, koliko puta vam je puta ponuđen LSD bilo besplatno ili za novac u Bosni i Hercegovini?

- 1 nijednom
- 2 jednom ili dvaput
- 3 3 do 5 puta
- 4 6 do 9 puta
- 5 10 do 19 puta
- 6 20 do 39 puta
- 7 40 puta ili više
- 9999 ne znam / ne želim odgovoriti

### AM3b\_LSD Tokom zadnjih 12 mjeseci, koliko puta vam je puta ponuđen LSD bilo besplatno ili za novac u inostranstvu?

- 1 nijednom
- 2 jednom ili dvaput
- 3 3 do 5 puta
- 4 6 do 9 puta
- 5 10 do 19 puta
- 6 20 do 39 puta
- 7 40 puta ili više
- 9999 ne znam / ne želim odgovoriti

### AM6\_LSD Koliko teško ili lako mislite da bi vam bilo da lično / osobno nabavite LSD unutar 24 sata, ako biste željeli malo?

- 1 nemoguće
- 2 veoma teško
- 3 prilično teško

4 prilično lako  
5 veoma lako

9999 ne znam / ne želim odgovoriti

**Sada ću vas zamoliti da na sljedeća pitanja odgovorite sami.**

**LTP\_LSD Jeste li ikada vi lično / osobno uzimali LSD?**

1 da  
2 ne = IDI NA NPS\_Q1  
9999 ne znam / ne želim odgovoriti = IDI NA NPS\_Q1

**AGE\_LSD U kojoj životnoj dobi ste po prvi puta uzeli LSD?**

.....  
9999 ne znam / ne želim odgovoriti

**LYP\_LSD Tokom zadnjih 12 mjeseci, jeste li koristili LSD?**

1 da  
2 ne = IDI NA NPS\_Q1  
9999 ne znam / ne želim odgovoriti = IDI NA NPS\_Q1

**LMP\_LSD Tokom zadnjih 30 dana, da li ste uzimali LSD?**

1 da  
2 ne = IDI NA NPS\_Q1  
9999 ne znam / ne želim odgovoriti = IDI NA NPS\_Q1

**LMF\_LSD Tokom zadnjih 30 dana, koliko dana ste uzimali LSD?**

Tokom..... Dana  
9999 ne znam / ne želim odgovoriti

**Vratite tablet anketaru**

Danas su dostupne i nove supstance, koje imitiraju efekte droga poput kanabisa, ekstazija i sl. Nazivaju se “legalni podizači”, “etnobotanici” i sl. Mogu se naći u obliku tableta, praška, kristala ili biljnih mješavina. Reklamiraju se i prodaju pod imenima bezopasnih proizvoda za svakodnevnu upotrebu, kao što su osvježivači prostora, soli za kupanje, biljni osvježivači, đubrivo za biljke i sl.

**Sada ću vas zamoliti da na sljedeća pitanja odgovorite sami.**

**NPS\_Q1 Jeste li ikada koristili takve supstance?**

1 Da, koristio/la sam takve supstance

2 Ne, nikada nisam koristio/la takve supstance = IDI NA SLJEDEĆE POGLAVLJE MIŠLJENJA

9999 ne znam / ne želim odgovoriti / nisam sigurna/an = IDI NA SLJEDEĆE POGLAVLJE MIŠLJENJA

**NPS\_Q2 Jeste li koristili takve supstance u posljednjih 12 mjeseci?**

1 Da, jesam

2 Ne, nisam = IDI NA SLJEDEĆE POGLAVLJE MIŠLJENJA

9999 ne znam / ne želim odgovoriti / nisam sigurna/an = IDI NA SLJEDEĆE POGLAVLJE MIŠLJENJA

**NPS\_Q3 Kakav je izgled / oblik novih supstanci koje ste koristili u posljednjih 12 mjeseci?**

1 Biljne mješavine za pušenje, sa efektima poput droga D/N

2 Prašci, kristali ili tablete sa efektima poput droga D/N

3 Tekućine sa efektima poput droga D/N

4 Drugo \_\_\_\_\_

**NPS\_Q4 Razmišljajući o vašem korištenju novih supstanci u posljednjih 12 mjeseci, kako ste ih nabavili ?**

1 Dao/la mi ih je prijatelj/ica ili sam ih kupio/la od prijatelja/ice D/N

2 Kupio/la sam ih u specijaliziranoj prodavnici D/N

3 Kupio/la ih na internetu D/N

4 Kupio/la ih od dilera drogama D/N

5 Drugo \_\_\_\_\_



**MIŠLJENJA****Q1 Da li vidite ovisnika drogom više kao kriminalca ili pacijenta? PROČITAJ ODGOVORE**

- 1 više kao kriminalca
- 2 više kao pacijenta
- 3 niti kao kriminalca niti kao pacijenta
- 4 oboje, i kao kriminalca i kao pacijenta
- 9999 ne znam, ne mogu odlučiti **NE ČITAJ**

**Q2 U kojoj mjeri se slažete ili ne slažete sa sljedećom tvrdnjom: „Ljudima bi trebalo biti dozvoljeno da koriste hašiš i marihuanu“? PROČITAJ ODGOVORE**

- 1 u potpunosti se slažem
- 2 uglavnom se slažem
- 3 niti se slažem niti ne slažem
- 4 uglavnom se ne slažem
- 5 u potpunosti se ne slažem
- 9999 ne znam, ne mogu odlučiti **NE ČITAJ**

**Q3 U kojoj mjeri se slažete ili ne slažete sa sljedećom tvrdnjom: „Ljudima trebalo biti dozvoljeno da koriste heroin“? PROČITAJ ODGOVORE**

- 1 u potpunosti se slažem
- 2 uglavnom se slažem
- 3 niti se slažem niti ne slažem
- 4 uglavnom se ne slažem
- 5 u potpunosti se ne slažem
- 9999 ne znam, ne mogu odlučiti **NE ČITAJ**

**Pojedinci se razlikuju po tome da li ili ne osuđuju ljude što rade određene stvari. Spomenut ću nekoliko stvari koje neki ljudi možda rade. Možete li mi reći da li ih ne bi osudili, osudili bi, ili bi jako osudili kada ljudi rade neku od ovih stvari?**

**Q4 Probaju ekstazi jednom ili dva puta**

- 1 ne osuđujem
- 2 osuđujem
- 3 jako osuđujem
- 9999 ne znam, ne mogu odlučiti **NE ČITAJ**

**Q5 Probaju heroin jednom ili dva puta**

- 1 ne osuđujem
- 2 osuđujem
- 3 jako osuđujem
- 9999 ne znam, ne mogu odlučiti **NE ČITAJ**

**Q6 Puše 10 ili više cigareta dnevno**

- 1 ne osuđujem
- 2 osuđujem
- 3 jako osuđujem
- 9999 ne znam, ne mogu odlučiti **NE ČITAJ**

**Q7 Popiju jedno ili dva pića nekoliko puta sedmično**

- 1 ne osuđujem
- 2 osuđujem
- 3 jako osuđujem
- 9999 ne znam, ne mogu odlučiti **NE ČITAJ**

**Q8 Povremeno puše marihuanu ili hašiš**

- 1 ne osuđujem
- 2 osuđujem
- 3 jako osuđujem
- 9999 ne znam, ne mogu odlučiti **NE ČITAJ**

**Sada bih želio/la znati koliko vi mislite da ljudi riskiraju da naude sebi, fizički ili na neki drugi način, ako rade određene stvari. Ponovno ću spomenuti nekoliko stvari koje ljudi mogu raditi. Molim, recite mi ako mislite da to nije rizik, ili je mali rizik, umjeren rizik ili veliki rizik kad ljudi rade takve stvari.**

**Q9 Puše jedno ili više pakiranja cigareta dnevno**

- 1 nije rizik
- 2 mali rizik
- 3 umjeren rizik
- 4 veliki rizik

**Q10 Piju pet ili više pića svaki vikend**

- 1 nije rizik
- 2 mali rizik
- 3 umjeren rizik
- 4 veliki rizik

**Q11 Redovito puše marihuanu ili hašiš**

- 1 nije rizik
- 2 mali rizik
- 3 umjeren rizik
- 4 veliki rizik

**Q12 Probaju ekstazi jednom ili dva puta**

- 1 nije rizik
- 2 mali rizik
- 3 umjeren rizik
- 4 veliki rizik

**Q13 Probaju kokain jednom ili dva puta**

- 1 nije rizik
- 2 mali rizik
- 3 umjeren rizik
- 4 veliki rizik

**INCOME** Na kraju molio bih vas da na sljedećoj skali označite odgovor koji najbolje opisuje ukupne mjesečne prihode vašeg domaćinstva. Molim vas da osim plaća i penzija razmislite i o svim drugim mogućim prihodima ako ih ima kao što su najam nekretnine isl.?

**OKRENI TABLET ISPITANIKU NEKA SAM ODGOVORI**

- 1. Bez prihoda
- 2. Do 100 KM
- 3. 101 do 200 KM
- 4. 201 do 250 KM
- 5. 251 do 300 KM
- 6. 301 do 350 KM
- 7. 351 do 400 KM
- 8. 401 do 500 KM
- 9. 501 do 600 KM
- 10. 601 do 700 KM
- 11. 701 do 800 KM
- 12. 801 do 900 KM
- 13. 901 do 1000 KM
- 14. 1001 do 1100 KM
- 15. 1101 do 1200 KM
- 16. 1201 do 1300 KM
- 17. 1301 do 1500 KM
- 18. 1501 do 2000 KM
- 19. 2001 do 3000 KM
- 20. više od 3000 KM

99. Odbija da odgovori

**To bi bilo sve.**

**ZAHVALI SE I ZAVRŠI**