# Public Health Institute of Montenegro 

## European School Survey Project on Tobacco, Alcohol and Drugs

National Report

Montenegro

Podgorica, 2008

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Podgorica, in December 2008

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## National Report <br> Montenegro

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## FOREWORD

In 2008, Montenegro participated in the ESPAD survey for the first time.
In line with the established practice, the ESPAD survey is conducted among students that turn sixteen in the year of its implementation. In most European countries, this population is covered by secondary schooling system, which provides its availability, whilst, from the other hand, sixteen-year old teenagers are assumed old enough to have potential experiences with use of tobacco, alcohol and drugs.

The research team of the ESPAD 2008 survey in Montenegro should like to extend gratitude to Mr Bjorn Hibell, coordinator of the ESPAD research in Europe and to Mr Ulf Guttormsson, from the CAN (Swedish Council on Alcohol and other Drugs), for their continuous expert and technical support during planning and implementation of the ESPAD 2008 survey in Montenegro.

Implementation of this survey was for the most part enabled owing to financial support of the European Commission, applied through the EMCDDA (European Monitoring Centre on Drugs and Drug Addiction), that is, through the CARDS (Community Assistance for Reconstruction, Development and Stabilisation) programme, intended to provide community assistance to the countries of South-Eastern Europe with a view to their participation in the stabilisation and association process with the European Union); all in line with implementation of the Article 32 of the EU Action Plan on Drugs (2005-2008) which envisages provision of support to candidate countries and countries of the stabilisation and association process.

Implementation of the ESPAD 2008 survey in Montenegro would not have been viable without the support of institutions and individuals to which we hereby express our appreciation:

- Ministry of Education and Science of Montenegro
- Ministry of Health, Labour and Social Welfare of Montenegro
- Participating schools
- All participating individuals


## INTRODUCTION

In most countries, prevalence rates of use of tobacco, alcohol and other drugs represent subject of a major concern, given that these significant phenomena largely impinge on health status of population and its welfare. Epidemiological surveys are the common method of collecting data on these rates. Although many European countries had conducted comprehensive researches on the use of tobacco, alcohol and drugs among students, it was not always possible to make cross-cultural comparisons due to different methodologies and instruments used in these researches, different age groups, or, due to the fact that the researches were conducted in different periods of time. Consequently, too many factors influenced the results of these surveys and made their comparison impossible. For these reasons, within the frames of Pompidou Group of the Council of Europe, an expert school survey group was formed in mid 1980s, with the task to develop standardised questionnaire, which would enable countries that intend to conduct national school surveys to gather comparable data. ESPAD (European School Survey on Alcohol and Other Drugs) represents cooperation of independent research teams in about forty European countries, and it is the largest international research project on psychoactive substances' use among adolescents.

The first ESPAD study was conducted in 1995 in 26 European countries. Since then, studies were conducted every fourth year. The last survey circle, conducted in 2007, included 36 European countries. In 2008, owing to financial support of the CARDS programme, implemented in Western Balkan countries by the EMCDDA (European Monitoring Centre on Drugs and Drug Addictions), and expert support of the CAN (The Swedish Council for Information on Alcohol and Other Drugs), the additional survey cycle was conducted in countries which had not been included in the survey before, including Montenegro.

Global purpose of the ESPAD project is to estimate the extent of use of tobacco, alcohol and other drugs among adolescents of the same age in Europe, from both comparative and longitudinal perspective, based on the data gained by using standardized research methodology. Main objective of the ESPAD survey is to collect standardized, internationally comparable data on use of alcohol, tobacco and other psychoactive substances among students of sixteen years of age, from as much European countries as possible, as well as to get an insight into factors that influence these behaviours. Data are gathered using strictly standardised methodology, in order to collect as comparable results as possible. Finally, besides attaining opportunity to make comparisons between different countries, the most important aim of the survey is to enable, by means of implementing the ESPAD study every fourth year, long-term follow up of trends in use of psychoactive substances and trends in emergence of risk behaviours among adolescents, as well as comparison of such trends between countries and groups of countries and Europe as a whole. This includes mapping distinctions and monitoring trends with the aim of creating policies, as well as scientific context studies, predictors and consequences of use of psychoactive substances among adolescents. Based on the acquired data, estimations of use of psychoactive substances and of emergence of new kinds of drugs are made, clarification of correlation between the use of psychoactive substances and psychosocial and other factors, as well as identification of attitudes and knowledge on these phenomena.

Results of the ESPAD survey provide an objective insight into the situation in order to better understand trends and behavioural patterns of adolescents, thus helping to plan prevention and treatment more efficiently. Consistent with the "Action Plan on Drugs" of the European Union and "Europe Declaration" of the World Health Organisation dealing with youngsters and alcohol, the ESPAD survey data provide information for evaluation of these documents. In addition to utilization of the ESPAD results at the national and the international level, the European Monitoring Centre for Drugs and Drug Addiction uses the ESPAD as the official survey on use of drugs among adolescents in Europe.

Upon receiving invitation to join in the additional survey cycle in 2008, the Public Health Institute of Montenegro produced the survey plan, which was accepted by the official survey coordinator, Mr Bjorn Hibell from the CAN (The Swedish Council for Information on Alcohol and Other Drugs). Person responsible for the survey in Montenegro is Dr Boban Mugoša, MSc. Second contact person for the ESPAD 2008 survey in Montenegro is Ms Tatijana Đurišić, psychologist. The other two members of the research team are Dr Ljiljana Golubović, MSc, and Ms Nataša Terzić, MSc, statistician.

Preparatory activities for implementation of the ESPAD 2008 survey in Montenegro were initiated in December 2007, whilst in December 2008 was this Report finalised. Hence, the entire process of preparation and implementation of the ESPAD 2008 study in Montenegro lasted for twelve months.

Implementation of the ESPAD 2008 study is exceptionally important for Montenegro, given that by this survey Montenegro has for the first time, simultaneously with other European countries, implemented parallel and comparable survey in the area of use of psychoactive substances. In addition to this national report, gathered data will be internationally compared and published in the international ESPAD 2007/ 2008 report.

## PREVIOUS STUDIES ON THE USE OF PSYCHOACTIVE SUBSTANCES AMONG YOUNGSTERS IN MONTENEGRO

In general, it can be assumed that before ESPAD 2008 there was a lack of researches on the use of psychoactive substances among youngsters in Montenegro. Taking into account that drug use among youngsters was a phenomenon that, according to all parameters, was not widely spread in Montenegro until the previous decade, its social, health and other consequences were not plainly manifest either.

Increase of drug use in Montenegro came about chronologically later, in comparison to its surrounding, and it was not until mid nineties of the preceding century that drug use started spreading, and not until the beginning of the twenty-first century when Montenegro had to face the problem of use of psychoactive substances as a public health issue. Nonetheless, even now, when the use of psychoactive substances has been clearly recognised as a social, health and security problem, it has not yet been sufficiently scientifically explored; hence its fundamental characteristics have still remained relatively unknown.

Empirical studies on the use of psychoactive substances focussed at population of children and youth in Montenegro, conducted since 1999, have revealed continuous increase in abuse of psychoactive substances among adolescents, as well as the fact that the first contact with these substances happen usually by the age of 13 , that is, by the end of primary schooling.

Research conducted by the Health Protection Bureau from Podgorica in 1999, with 4054 pupils in the sample, found that $0,4 \%$ of questioned primary school pupils, and $6,7 \%$ of questioned subjects among secondary school pupils had used psychoactive substances. This research came about at the very beginning of expansion of use of psychoactive substances, which was probably the reason for registering such low percents.

In 2004, the same institution, which in the meanwhile overgrew to the Public Health Institute of Montenegro, conducted a new research on the sample of 3964 pupils attending different grades: from fifth-graders in elementary schools to fourth-graders in secondary schools. This research confirmed increase in drug use - according to its findings, $1,8 \%$ pupils from primary schools and $7,4 \%$ students from secondary schools had consumed psychoactive substances.

## METHODOLOGY OF THE SURVEY

## Target population

At the beginning of implementation of the ESPAD survey in Europe, target population was defined as full-time students that will turn sixteen in the year of study implementation. Basic idea behind opting for this age group was that students are available in school, but that they are not too young for potential experiences with tobacco, alcohol or drugs. Given that primary education, in duration of nine years, is mandatory in most European countries, majority of children of the designated age are attending the final grade of school within the mandatory schooling.

Target population for the ESPAD 2008 in Montenegro was determined in accordance with the general guidelines provided at the ESPAD planning conference, held in Pisa in October 2007. It was defined as full/time students born in 1992, from all secondary schools on the entire territory of Montenegro, present at class on the day of survey administration.

## Sample and its representativeness of the population

In Montenegro, students born in 1992 are predominantly attending the first grade of secondary schools. Taking into account the data obtained from the Ministry of Education and Science of Montenegro that the average number of students born in designated year attending the final grade of elementary schools or the second grade of secondary schools is somewhat between 1 to 2 per class, that is, that at least $95 \%$ of students born in 1992 attend the first grade of secondary school, students born in 1992 attending the eight grade of primary school or the second grade of secondary school were not included in the sample.

Furthermore, down to delicate nature of the survey subject and related prospect of disturbing students born in 1992 that would have been segregated from other students from their class for administration of the questionnaire, which might have caused their negative labelling by other students, it was decided that such students were not to be included in the survey.

By the very fact that the entire population of secondary school first-graders in Montenegro was the sample in this research (as recommended in "ESPAD 2007/2008 Guidelines" for countries with less than 1 million of inhabitants), the sample is representative of the population.

The ESPAD 2008 survey in Montenegro covered complete territory of the country and is therefore representative of the national level.

Secondary education is widely available in Montenegro, regardless of ethnic origin, religion, gender or social status. With regard to main subject areas of the curriculum, three types of secondary schools can be differentiated in Montenegro: comprehensive schools, schools for vocational education and schools for artistic education.

It is plain that selection and sampling of secondary schools was not needed. Accordingly, all 49 secondary schools were included in the survey, with 303 classes. Distribution of secondary schools by municipalities is shown in the Table 1.

Table 1. Distribution of secondary schools in Montenegro by municipalities

| Municipality | Total № of secondary schools | Schools for vocational education | Schools for artistic education | Comprehensive schools |
| :---: | :---: | :---: | :---: | :---: |
| Andrijevica | 1 | 1 |  |  |
| Bar | 3 | 2 |  | 1 |
| Berane | 4 | 3 |  | 1 |
| Bijelo Polje | 3 | 2 |  | 1 |
| Budva | 1 | 1 |  |  |
| Cetinje | 3 | 1 | 1 | 1 |
| Danilovgrad | 1 |  |  | 1 |
| Herceg Novi | 1 | 1 |  |  |
| Kolašin | 1 | 1 |  |  |
| Kotor | 4 | 2 | 1 | 1 |
| Mojkovac | 1 | 1 |  |  |
| Nikšić | 4 | 3 |  | 1 |
| Plav | 1 | 1 |  |  |
| Pljevlja | 2 | 1 |  | 1 |
| Plužine | 1 | 1 |  |  |
| Podgorica | 11 | 7 | 2 | 2 |
| Rožaje | 2 | 1 |  | 1 |
| Šavnik | 1 | 1 |  |  |
| Tivat | 1 | 1 |  |  |
| Ulcinj | 2 | 1 |  | 1 |
| Žabljak | 1 | 1 |  |  |
| TOTAL | 49 | 33 | 4 | 12 |

In all, it was planned that 8.352 students were to be included in the survey sample (out of which 4.344 were boys and 4.008 were girls). The final sample size was derived from the data on the number of students enrolled in the first grade of secondary schools at the beginning of school year 2007/2008 received from the Ministry of Education and Science of Montenegro, as well as from the data on the realistic situation at the beginning of second school term of school year 2007/2008, obtained from survey administrators (Table 2).

After the data were entered into the database, it turned out that the percent of students born in 1992 present at school on the day of the ESPAD questionnaire administration was about $80 \%$ of the total number of students. Numerous were the factors that contributed to such percent of coverage, such as the number of absent students, but even more the fact that significant number of students had deliberately erroneously written their birth year in order to avoid "identification", or they had completely omited to write their birth year. Therefore, the percent of actual coverage of sixteen-year-old students is in fact indisputably higher in this survey.

Table 2. Students encompassed by the ESPAD 2008 survey sample

| MONTENEGRO |  |  |  | F |
| :--- | :---: | :---: | :---: | :---: |
| Class |  | M | Total |  |
| I grade of secondary school |  | 4.344 | 4.008 | $\mathbf{8 . 3 5 2}$ |

Given that most mixed secondary schools for vocational education in Montenegro include comprehensive schools as well, altogether 22 comprehensive schools with 86 classes, 23 mixed secondary schools for vocational education with 211 classes, and 4 schools for artistic education with 6 classes participated in the research. Number of students by school type and their gender distribution are shown in the Table 3.

Table 3. Number of students by school type and by gender

| School type | № of <br> schools | № of <br> classes | № of students |  | Girls |
| :---: | :---: | :---: | :---: | :---: | :---: | TOTAL

After the data were entered into the database, designed by the research team members purposely for this survey, final number of students that participated in the ESPAD 2008 survey in Montenegro was 7557. Namely, classroom reports showed that $9,52 \%$ of students or 780 students were absent from class when the questionnaire was administered ( $10,86 \%$ boys and $8,05 \%$ girls). Number of survey participants by school type, number of classes and gender distribution of students are shown in the Tables 4 and 5.

Table 4. Participating schools, classes and students

| School type | № of schools | № of classes | № of students |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Boys | Girls | Total |
| Comprehensive schools | 22 | 86 | 987 | 1278 | 2265 |
| Schools for vocational education | 23 | 211 | 2858 | 2367 | 5225 |
| Schools for artistic education | 4 | 6 | 27 | 40 | 67 |
| TOTAL | 49 | 303 | 3872 | 3685 | 7557 |

Table 5. Distribution of participating students by gender

|  | Absolute numbers |
| :---: | :---: |
| Boys | 3872 |
| Girls | 3685 |
| Total | $\mathbf{7 5 5 7}$ |

## The survey instrument

The ESPAD survey is conducted through a structured, internationally accorded questionnaire, which contains a mandatory part and optional modules (discretionary part that is further divided into several modules - family context, psychosocial factors and deviant behaviours). In addition to obligatory items, 9 items from the optional modules were included into the national questionnaire (pertaining to cannabis use and availability, knowledge and attitudes on drugs), as well as, following recommendations from the "ESPAD 2007/2008 Guidelines", two alcohol related items, in order to obtain comparability with the previous survey circle.

It was necessary to make cultural adjustments of some of the core items of the ESPAD 2008 questionnaire in order to make them utilizable and well adjusted to national context. Such was the case with the volume of alcoholic beverages in different packages, system of school grades (system of ranking students' success in school) etc. The research team had made necessary adjustments, which were approved by the ESPAD coordinator.

Each country was by the universal ESPAD procedure required to conduct standardised procedure of twofold translation of the questionnaire (translation from English to Montenegrin and back-translation from Montenegrin to English, translated by two independent translators). Given that, according to available data, 324 students in Montenegro attend schooling in their native Albanian language, an additional version of questionnaire in Albanian was provided and administered in such schools. The questionnaire in Albanian was obtained by courtesy of the ESPAD 2008 coordinator in Albania.

## IMPLEMENTATION PROCESS OF THE ESPAD 2008 SURVEY IN MONTENEGRO

The Ministry of Education and Science of Montenegro strongly endorsed implementation of the ESPAD 2008 survey. As soon as the approval for conduction of the survey was received, a letter with detailed description of the project purpose and organisation was addressed to head teachers of all secondary schools, and all schools consented to participate in the survey. School head teachers were invited to assign, corresponding to the number of students in the given school, one or more survey administrators - psychologists, pedagogues or teachers. Finally, 84 survey assistants were delegated from 49 secondary schools.

## Training of the survey administrators

Members of the ESPAD 2008 research team from the Public Health Institute of Montenegro organized and conducted three one-day trainings for future survey administrators. The trainings were held in Podgorica, on 24-26 March 2008. As expected, not all delegated survey administrators eventually attended the trainings. Final number of educated survey administrators was 74 (Table $6)$.

During the trainings, survey administrators were acquainted with the questionnaire and the mode of its administration, with plans for organisation of distribution and collection of completed questionnaires, with the mode of filling in the Classroom Reports, as well as with all other issues relevant for implementation of the survey and its subject matter.

Table 6. Survey administrators: number and professional background

| Professional background | No of survey <br> administrators |
| :---: | :---: |
| Psychologist | 8 |
| Pedagogue | 25 |
| Pedagogue/ Psychologist | 2 |
| Teacher | 38 |
| Member of the research team | 1 |
| Total | $\mathbf{7 4}$ |

## Pilot study

A survey administrator and the research team member from the Public Health Institute of Montenegro conducted the pilot study in three classes of the second grade of Secondary Medical School in Podgorica, with sample consisting of 103 students. The most important findings of the pilot study were summarized and in a form of letter communicated to survey administrators. Pilot study demonstrated that the ESPAD 2008 questionnaire was to be applicable in the local context.

## Field procedure of the ESPAD 2008 survey in Montenegro

As methodology and the survey instrument in the ESPAD survey are highly standardized, it was as well necessary to standardize the method of survey administration as much as possible. All materials needed for the survey were collected in the Public Health Institute before they were dispatched to schools. Based on data on the number of classes per school and number of students per class previously gathered from the survey administrators, corresponding quantities of the questionnaires with envelopes, classroom reports and conclusions from the pilot study were packed into folders specifically made for the survey. One folder containing all necessary materials was thus packed for each class. Each folder was labelled with a tag containing municipality and school name, name of the survey administrator, school code, class code and class number, as well as codes of students in each class, from-to (corresponding to number of students and questionnaires). The questionnaires were unmarked. Predefined quantities of folders for each particular school were separately bonded and distributed to schools, where the materials were handed over to survey administrators.

Students were instructed that after they have fulfilled the questionnaires, they were to put them into the envelopes, to seal the envelopes themselves, and to put the envelopes into a folder placed on a teacher's desk, in order to absolutely keep own anonymity. The survey administrators were instructed to put completed classroom reports to the same folder after filling them in. Thus filled folders from the whole school were then safeguarded until they were transported back to the Public Health Institute.

Distribution and later collection of materials (folders with filled questionnaires and classroom reports) was completed directly from and to the Public Health Institute, in close cooperation with the school head teachers and the survey administrators. The complete process lasted from 15 May 2008 to 3 June 2008, with exemption of two working days due to the state holiday; hence, the data collection was completed in 10 working days.

Ten persons from the Public Health Institute of Montenegro were trained for entering the fulfilled questionnaires into the database, produced in SPSS format. Data entry was performed in accordance with the ESPAD universal coding instructions and instructions for entering data into the database. During the process, 32 questionnaires were excluded down to the fact that they were mostly unfilled or evidently poorly filled. Database was completed and sent to the ESPAD database administrator on 15 September 2008, as envisaged by the project timetable.

## Cooperation with the schools and with the students

It is particularly important to point out that all schools consented to participate in the survey. Since the survey was conducted with approval of the Ministry of Education and Science and in agreement with the school head teachers, and since it was utterly anonymous, active parental consent was not required.

Out of the total number of students in attendance (7557), altogether 15 students ( $0,198 \%$ ) refused to participate in the survey, all of them from schools for vocational education.

According to comments of the survey administrators, which they noted down in classroom reports, cooperation with students was very good, although disturbances (like giggling, winking or verbal comments) occurred in 23 schools ( $46,93 \%$ ). According to these accounts, vast majority of students were interested in fulfilling the questionnaires and they worked seriously.

The average time needed for fulfilling questionnaires was 37,90 minutes.

## RESULTS OF THE ESPAD 2008 SURVEY

One of the foremost goals of regular implementation of the ESPAD study is to enable comparison of certain behavioural patterns among adolescents through continual implementation every fourth year, as well as to monitor changes of trends in observed patterns, potential and actual factors which affect such behavioural patterns and habits.

The research team sincerely hopes that national deployment of results gained through analysis of this report will be manifold, wide and effective, especially for referent educational institutions, staff and management of schools, as well as for the parents of adolescent schoolchildren.

Results of this study, which depict situation in highly objective manner, ought to provide practical assistance, and should therefore be utilised for creation of national preventive programmes and interventions in this area.

This report contains results of the ESPAD 2008 survey for the national level.

## Tobacco

Use of cigarettes and tobacco-based products at adolescent age is an evident problem in many countries, especially in developing ones, since numerous surveys demonstrated that frequencies of use of cigarettes among youngsters had multiplied over the preceding years.

In most countries, it is predominantly at the age of $15-16$ years when young people start using cigarettes. In all likelihood, individuals who begin regular smoking during their teenage years will maintain the habit later during their adult life, creating thus conditions for potential development of smoking-related chronic diseases. In addition to countless health consequences, social consequences associated with smoking are numerous, too. Smoking is socially approved habit in Montenegro, akin as it is in many other countries. Adoption of the law against smoking, along with the health education aimed at suppression and prevention of smoking among youngsters, represents some of the attempts made to minimize health and social consequences of tobacco use. Surveys on the use of cigarettes and other tobacco products among youngsters ought to focus not only at beginning of smoking and attitudes towards smoking or smoking habits, but also at environmental factors that may have crucial leverage in forming smoking habits.

In the ESPAD 2008 survey, smoking was estimated through several questions:

- If you wanted to get cigarettes, how difficult you think would it be?
- On how many occasions (if any) during your lifetime have you smoked cigarettes?
- How often have you smoked cigarettes during the last 30 days?
- When did you first (if ever) do each of the following: smoke your first cigarette/ started smoking cigarettes on a daily basis?
- How many of your friends would you estimate smoke cigarettes?
- Do any of your older siblings smoke cigarettes?
- How much do you think people risk harming themselves (physically or in other ways), if they: smoke cigarettes occasionally/ smoke one or more packs of cigarettes per day?

Law in Montenegro prohibits sale of cigarettes and tobacco products to minors. Notwithstanding, $61 \%$ of students consider that, if they wanted, they could easily (rather easy/ very easy) get cigarettes. Only $4 \%$ of students estimate that getting cigarettes would be difficult (rather difficult/very difficult), whilst 7\% of them consider this impossible (Graph 1).


Graph 1. Cigarettes: how difficult to get
Majority of students of this age have never tried cigarettes, as stated by $66 \%$ of them ( $50 \%$ boys and $50 \%$ girls). As regards the gender, among the total number of students (1973 students or $44 \%$ ) who have smoked cigarettes during their lifetime; there is just a slight predominance of boys over girls ( $51 \%$ boys and $49 \%$ girls).

The largest percent of students (15\%) who have used cigarettes did it once to twice. Girls are prevalent in this category ( $54 \%$ girls, $46 \%$ boys). Fifty-five percents of the total number of students who have ever smoked during their lifetime, smoked cigarettes on 3 to 40 and more occasions ( $55 \%$ boys, $45 \%$ girls) (Graph 2).


Graph 2. Smoking: frequency/ lifetime
Forty percents of students who have smoked in their lifetime, did this occasionally (less than one cigarette per week and less than one cigarette per day). There is slightly more girls than boys in this category ( $52 \%$ girls in opposition to $48 \%$ boys).

With regard to daily smoking, within the total number of students who smoked cigarettes during the last 30 days, $29 \%$ of them smoked less than one cigarette per week. Most students smoked 1-5 cigarettes per day, in total 155 students or $22 \%$, while $28 \%$ of students smoked 6-20 cigarettes per day. Ten percents of students smoked more than a pack of cigarettes per day (Graph 3).


Graph 3: Daily smoking / by gender

Important finding with serious implications in terms of prevention is that as much as sixty percents of students who have ever used cigarettes, actually smoked on a regular basis during the last 30 days. Among them, the percent of boys is higher than the percent of girls $(57 \%$ boys, $43 \%$ girls).

In both categories of occasional smoking, there are more girls, as $52 \%$ of girls smoked less than one cigarette per week, while $54 \%$ of them smoked less than one cigarette per day.

Girls as well slightly preponderate in the category of regular, daily smoking of at least 1-5 cigarettes per day ( $52 \%$ girls). Regular smoking is present among boys more than it is among girls in the following categories:

- 6-10 cigarettes per day - $54 \%$
- 11-20 cigarettes per day $-71 \%$
- more than 20 cigarettes per day - 64\% (Graph 4 ).


Graph 4. Smoking: the last 30 days/ number of cigarettes/ by gender

The largest number of students (10\%) tried cigarettes for the first time at the age of 15 ; $7 \%$ of students tried cigarettes for the first time before their ninth year, while the same percent (7\%) of them first tried cigarettes at the age of 14 (Graph 5).


Graph 5. Smoking: age /first cigarette
More girls (51\%) than boys (49\%) tried their first cigarette at the age of 9 years or less. As well, more girls tried their first cigarette at the age of 14 years ( $51 \%$ of girls in opposition to $49 \%$ of boys), at the age of 15 (56\%), as well as at the age of 16 (51\%) (Graph 6).


Graph 6. Age: first cigarette / by gender
However, although the percent of occasional use of cigarettes during the last 30 days is higher among girls, percent of boys daily smokers increases in the course of time, and there are more boys than girls in this category.

It was mostly at the ages from 13 to 16 years that students started smoking on a daily basis. Boys are predominant, so at the age of 13 there are $67 \%$ of boys in this category, at the ages of

14 and 15 years $55 \%$, and at the age of $16-53 \%$. Most students ( $4 \%$ of the total population) started smoking regularly at the age of 15 .

Smoking is often regarded as socially desirable behaviour at adolescent age; namely, it is often accepted as a symbol of adulthood, of fitting in a certain group and being accepted by it (Graph 7).


Graph 7. Age: daily smoking/by gender
Behavioural patterns of friends and peers related to tobacco use significantly affect adolescents through shaping and determining their attitudes. In addition to peers as environmental factor, existing smoking habits, attitudes and knowledge within the nuclear and wider adolescent's family play equally important part in this process.

In the ESPAD 2008 questionnaire, students were asked to estimate whether their friends used cigarettes, and as much as $86 \%$ of them replied confirmatively (among them $82 \%$ boys and $90 \%$ girls). Most students ( $33 \%$ ) estimate that some of their friends smoke, while $29 \%$ of them estimate that a few of their friends smoke. Fourteen percents of students consider that their friends do not smoke at all, while $22 \%$ of them assess that majority of their friends smoke. Two percents of students reckon that all their friends smoke ( $40 \%$ girls and $60 \%$ boys) (Graph 8 ).


Graph 8. Smoking: friends
Asked whether their older siblings smoked cigarettes, $25 \%$ of students who have older siblings answered confirmatively.


Graph 9. Smoking: older siblings

Among those whose older siblings smoke cigarettes, there are $48 \%$ of boys and $52 \%$ of girls (Graph 10).


Graph 10. Smoking: older siblings/ by gender

Ability to recognize risks associated with a particular behaviour is highly interrelated to shaping personal behaviour and to structuring habits during developmental phase of adolescence. Seventeen percents of students consider that occasional smoking represents physically or in other way hazardous behaviour, while $18 \%$ deem that there is no risk at all in such smoking pattern. Whether occasional smoking represents a risk or not, $17 \%$ of students do not know. Twenty one percent of students deem that there is a moderate risk connected to occasional smoking, while $27 \%$ of students consider that occasional smoking represents a slight risk (Graph 11).


Graph 11. Smoking: knowledge and attitudes / occasional smoking

On the topic of attitudes towards risks related to smoking, situation by gender is as follows: $55 \%$ boys and $45 \%$ girls consider that occasional smoking is not risk related behaviour, while $13 \%$ boys and $15 \%$ girls perceive occasional smoking as a slightly risky behaviour. Among the students who perceive occasional smoking as moderately risky behaviour, there are fewer
boys ( $41 \%$ ) than girls ( $59 \%$ ). Nevertheless, more boys (54\%) than girls ( $46 \%$ ) regard sporadic smoking as behaviour associated with great risk.

What is interesting at this point is that $58 \%$ of boys do not know whether occasional smoking represents a risk or not, but the percent of girls not knowing the same is also quite high (42\%) (Graphs 11 and 12).


Graph 12. Smoking: risk assessment/ occasional smoking/ by gender
Smoking one or more packs of cigarettes per day is considered as great risk by $45 \%$ of students, among which $45 \%$ are boys and $55 \%$ are girls. At the same time, it is considered as moderate risk by $20 \%$ of students, among which $48 \%$ are girls and $52 \%$ boys. High percent of both boys and girls ( $15 \%$ ) do not know whether smoking one or more packs of cigarettes per day represents a risk ( $59 \%$ boys, $41 \%$ girls). In total, $9 \%$ of students express opinion that smoking one or two packs of cigarettes per day bears no risk at all, among whom $67 \%$ are boys and $33 \%$ girls. Among the total $11 \%$ of students who consider that the risk of such smoking pattern is slight, there are $49 \%$ boys and $51 \%$ girls (Graph 13).


Graph 13: Smoking: risk assessment/ one or more packs of cigarettes per day
Use of cigarettes at adolescent age is becoming ever less characteristics of boys, as girls have surpassed their male peers in experimenting with cigarettes at the age of nine. Furthermore, more girls tried their first cigarette at the age of 15 compared to their peer boys. Nevertheless, there are still more boys who smoke higher quantities of cigarettes and those who smoke on a more regular basis than girls do.

The fact that high percents of both boys and girls declared that they did not know whether smoking was a risk related habit or not, is a quite concerning one. Resolute enforcement of the law regulations, education, influence of the media and knowledge on negative consequences of not only active but passive smoking as well - all this represents a solid foundation for bringing later decisions on smoking. The entire community bears responsibility for creation and continual reinforcement of such foundation.

## ALCOHOL

Alcohol is defined as liquid that contains alcohol (ethanol) and that is intended for drinking. What is common in many different definitions of alcoholism is that it denotes a state characterised by impaired control over drinking, frequent episodes of intoxication and preoccupation with alcohol despite its adverse consequences.

The World Health Organization estimates that there are about two billion people worldwide who consume alcoholic beverages and 76,3 million with diagnosable alcohol abuse disorders. From a public health perspective, global burden related to alcohol consumption, in terms of both morbidity and mortality, is substantial in most parts of the world. Alcohol consumption inflicts health and social consequences via intoxication (drunkenness), alcohol dependence and other biochemical effects of alcohol. In addition to chronic diseases that drinkers may contract after many years of heavy use, we are all constantly being witnesses of alcohol overuse among youngsters, from acute intoxications to drink driving, often with fatal outcomes. Moreover, alcohol overuse and its frequent use can cause other forms of undesirable behaviour, like school absenteeism, inability to learn and perform successfully in school subjects, physical fights, troubles with the police, friends and family, use of weapons and other forms of violent behaviour.

Since different cultural settings have different views on what is socially acceptable in terms of quantity of drink intake, binge drinking is defined as drinking alcoholic beverages in quantities that are enough to reach the state of intoxication in a single occasion or in a course of one drinking session. It is often considered that such drinking pattern represents even greater danger for young people than alcoholism in its literal meaning does.

As in many countries, not only use of tobacco products but also consumption of alcohol beverages is becoming ever more culturally present and socially accepted behaviour. For adolescents living in such environment, adults, friends, peers, media and other community resources represent significant role models for forming their own viewpoint and behaviour related to consumption of alcoholic beverages.

In the ESPAD 2008, alcohol consumption was estimated through numerous questions:

- If you wanted, how difficult do you think it would be to get alcoholic beverages (beer, wine, spirits)?
- On how many occasions have you (if at all) had any alcoholic beverage to drink: during your lifetime/during the last 12 months/during the last 3o days?
- When did you last drink any alcohol?
- Which beverage did you drink on the last day you drank any alcohol?
- If you drank beer/wine/spirits on the last day you drank any alcohol, how much did you drink?
- Please indicate on the scale from 1 to 10 how drunk would you say you were on the last day you drank alcohol.
- On how many occasions (if any), during the last 30 days, have you bought beer, wine or spirits in a store (grocery store, liquor store, kiosk or gas station) for your own consumption (off - premise)?
- On how many occasions (if any) have you drunk beer, wine or spirits in a pub, bar, restaurant, or in a discotheque (on-premise)?
- During the last 30 days, on how many occasions did you have five or more drinks in succession?
- On how many occasions (if any) have you been intoxicated from drinking alcoholic beverages, for example you staggered while walking, you were unable to speak properly, you were throwing up or you could not remember what happened?
- When (if ever) did you first drink beer/wine/spirits/; when did you first get drunk on alcohol?
- How likely is it that the following would happen to you personally, if you drink alcohol: to feel relaxed/to get into trouble with the police/to harm your health/to feel happy/to forget your problems/not to be able to stop drinking/to get a hangover/to feel more friendly and sociable/to do something you would regret/to have a lot of fun/ to feel ill?
- Due to your own alcohol use, how frequently have you experienced the following: physical fight/accident or injury/severe problems with your parents/severe problems with your friends/bad performance in school or at work/to be a victim of robbery or theft/problems with police/hospitalisation or admission to an emergency room/ engagement in a sexual intercourse without a condom/engagement in sexual intercourse you regretted the following day?
- How many of your friends would you estimate drink alcoholic beverages/get drunk?
- Do any of your older siblings drink alcoholic beverages/get drunk?
- How much do you think people risk harming themselves (physically or in other ways), if they have one or two drinks almost every day/have four or five drinks almost every day/have five or more drinks each weekend?

Twenty-six percents of students have never tried alcohol. Among those who have ever drunk alcohol ( $74 \%$ ), a quarter (among them $42 \%$ boys and $58 \%$ girls) have drunk alcoholic beverages once to twice during the lifetime, while $50 \%$ of students drank alcohol 3 to 40 and more times. Consumption of one drink does not necessarily indicate drinking habit. However, $9 \%$ of students have consumed alcohol 6-9 times during their lifetime, with equal participation of boys and girls here ( $50 \%$ boys, $50 \%$ girls). Twenty-six percents of students have drunk alcohol 10 and more times during their lifetime, among them $70 \%$ of boys and $30 \%$ of girls (Graph 14).


Graph 14. Alcohol: number of occasions/lifetime/ by gender
What is worrying is that only $44 \%$ of students have not consumed alcohol during the last 12 months out of which $43 \%$ were boys and somewhat more girls (57\%). During the last 12 months, $7 \%$ of students consumed alcohol 6-9 times ( $60 \%$ boys and $40 \%$ girls), while $15 \%$ of them drunk alcohol 10 and more times (Graph 15).


Graph 15. Alcohol: number of occasions/ the last 12 months

About every third sixteen-year-old student has consumed alcoholic beverages during the last month ( $32 \%$ of the total number of students). Equally warning is the fact that among them, almost every third was a girl, while even more boys have drank recently ( $64 \%$ ).

Four percents of the total number of students have consumed alcohol 6-9 times during the last 30 days, ( $77 \%$ of boys and $23 \%$ of girls). Six percents of students have consumed alcohol 10-19 times during the last month ( $80 \%$ boys, $20 \%$ girls) (Graph 16 ).

Six percents of students, among which $82 \%$ are boys and $18 \%$ are girls, have consumed alcoholic beverages more than 10 times during the last month (Graph 14).


Graph 16. Alcohol: number of drinking occasions/the last 30 days
Boys have consumed more alcohol during the last 3o days than girls did - this refers to all sorts of alcoholic beverages. Beer was more often chosen by the boys, while wine was preferred by the girls. During the last 30 days, beer was drunk by $29 \%$ of students, among them $70 \%$ boys and $30 \%$ girls. During the same period, wine was drunk by every fourth student, among them $57 \%$ boys and $43 \%$ girls. Seventeen percents of students drank spirits ( $63 \%$ of boys and almost every fourth girl) (Graph 17).


Graph 17. Alcohol: beverages drank during the last 30 days

When they last drank alcohol, $25 \%$ of students did it at home. Within the total number of students who admitted that they drank alcohol at home within the period from previous day to more than a year ago, $46 \%$ of them did so during the last month, $35 \%$ of them did so during the period from a month ago to a year ago, while $19 \%$ of students drank alcohol at home during the period prior to a year ago. It is typical that more girls than boys drank at home ( $56 \%$ girls, $46 \%$ boys). The second favourite place for alcohol consumption were discothèques (18\%) (Graph 18).


Graph 18. Alcohol: last drinking/place

As regards types of alcoholic beverages, students mostly consumed beer (44\%) and wine ( $37 \%$ ). There are gender differences between students regarding choice of alcoholic beverages - on the last occasion when they consumed alcohol, boys drank beer more then girls (69\%), while girls more consumed wine ( $56 \%$ ). Although spirits are least consumed (19\%), difference between boys and girls is not big, that is, when they last had alcoholic beverages, $52 \%$ of boys and $48 \%$ of girls drank spirits (Graph 19).


Graph 19. Alcohol: last occasion/choice of beverage/by gender

With regard to quantity of alcohol drank on the last drinking occasion, $27 \%$ of students drunk "less than 2 glasses" of wine, $23 \%$ of students drank " $1-1 \frac{1 / 2}{}$ of the regular glass/can" of beer, while spirits were drank by $12 \%$ of students, in quantity of "less than 3 drinks" (Graph 20).


Graph 20. Alcohol: last occasion/quantity
Inebriation/drunkenness is defined as such strong effect of alcohol that it causes instability in walking, aggravated and incomprehensible speech, vomiting, inability to remember recent happenings, etc. It represents highly risky behaviour for young people.

Sale of alcohol to under aged persons is prohibited by the law in Montenegro, as is their serving with alcohol in cafés and other public places.

According to findings of the survey, sixteen percents of students got inebriated at least once during the lifetime, out of them $57 \%$ boys and $43 \%$ girls. Four percents of students got intoxicated 10 and more times during the lifetime ( $84 \%$ boys and $16 \%$ girls). Eleven percents of students got intoxicated 1-2 times during the last 12 months. According to their own report, every sixteenth student got inebriated from drinking alcoholic beverages once to twice during the last 30 days. During the same period $2 \%$ of students got drunk ( $77 \%$ boys and $17 \%$ girls among them).

Four percents of students got inebriated for the first time at the ages from 9 to 12 years, while $24 \%$ of students did it for the first time at the ages from 13 to 16 years. Most youngsters had their first drunkenness with 15 years of age, $11 \%$ of them ( $58 \%$ boys and $42 \%$ girls).

Regarding the age of the first use of alcohol, sort of drink and age of the first inebriation, most students first drunk beer at the age of 9 years or less ( $13 \%$ of the total number of students, $65 \%$ boys, $35 \%$ girls). Wine was by first consumed at the age of 15 by most students ( $14 \%$ ),among them $61 \%$ girls. Spirits were first tried at the age of 15 by most students, $12 \%$ of them. There are more girls in this category (54\%) (Table 7).

Table 7. Alcohol: age/first use/ first inebriation

|  | Beer |  | Wine |  | Spirits |  | Get drunk |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Frequency | \% | Frequency | \% | Frequency | \% | Frequency | \% |
| Never | 2254 | 39 | 2309 | 41 | 3783 | 67 | 4114 | 72 |
| 9 <br> years <br> old or less | 716 | 13 | 452 | 8 | 162 | 3 | 83 | 1 |
|  | 299 | 5 | 246 | 4 | 62 | 1 | 30 | 1 |
| 11 years old | 196 | 3 | 233 | 4 | 75 | 1 | 35 | 1 |
| 12 years old | 342 | 6 | 344 | 6 | 120 | 2 | 73 | 1 |
|  | 392 | 7 | 431 | 8 | 211 | 4 | 165 | 3 |
| 14 years old | 706 | 12 | 754 | 13 | 440 | 8 | 407 | 7 |
| $15$ years old | 666 | 12 | 778 | 14 | 676 | 12 | 616 | 11 |
| 16 <br> years or older | 140 | 2 | 145 | 3 | 157 | 3 | 188 | 3 |
| Total | 5711 | 100 | 5692 | 100 | 5686 | 100 | 5711 | 100 |

Ten percents of the total number of student have consumed five or more drinks in a succession on one or two occasions. Among them, there are $58 \%$ of boys and $48 \%$ of girls. Two percents of the total number of students have drunk 5 or more drinks in a succession on ten or more occasions, among them $87 \%$ boys and $13 \%$ girls (Graph 21).


Graph 21. Alcohol: five and more drinks in succession/ the last 30 days

Asked on how many occasions (if ever) during their lifetime had they been so inebriated that they staggered while walking, they were unable to speak properly, they vomited or they could not remember what had been happening, $16 \%$ of the total number of students claimed to have experienced this on one or two occasions, among them $57 \%$ boys and $43 \%$ girls.

As regards the last 12 months, such inebriation was experienced by $11 \%$ of students ( $65 \%$ boys, $35 \%$ girls), while $6 \%$ of students had such experience on one or two occasions during the last 30 days ( $70 \%$ boys, $30 \%$ girls) (Table 8 ).

Table 8. Alcohol: inebriation/number of occasions/ the lifetime/the last 12 months/the last 30 days

|  | Drunk: Lifetime \% |  |  | Drunk: Last 12 months \% |  |  | Drunk: Last 30 days \% |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Boys | Girls | Total \% | Boys | Girls | Total \% | Boys | Girls | Total \% |
| 0 | 45 | 55 | 73 | 47 | 53 | 83 | 48 | 52 | 91 |
| 1-2 | 57 | 43 | 16 | 65 | 35 | 11 | 70 | 30 | 6 |
| 3-5 | 75 | 25 | 5 | 73 | 27 | 3 | 83 | 17 | 1 |
| 6-9 | 72 | 28 | 2 | 77 | 23 | 1 | 80 | 20 | 1 |
| 10-19 | 85 | 15 | 2 | 80 | 20 | 1 | 71 | 29 | 0 |
| 20-39 | 73 | 27 | 1 | 81 | 19 | 0 | 67 | 33 | 0 |
| $40+$ | 93 | 7 | 1 | 92 | 8 | 0 | 100 | 0 | 0 |
| Total | 50 | 50 | 100 | 50 | 50 | 100 | 50 | 50 | 100 |

In their own estimation of heaviness of their last inebriation, as much as $2 \%$ of students reported that they had been heavily intoxicated! (Graph 22).


Graph 22. Alcohol: level of intoxication/the last occasion
Attitudes of societies towards consumption of alcohol differ widely among countries, ranging from full approval to absolute prohibition. It is a fact that alcohol is nowadays legalized as a relaxing agent, but most countries prohibit sale of alcohol to minors in shops and cafés by law. Asked how difficult would it be for them to buy beer, wine or spirits if they wanted, students replied in most percent that it would be rather easy/very easy. Sixty three percents of students replied that beer would be rather easy/very easy to get, $62 \%$ of students considered that wine was easy to get, and $45 \%$ of students deemed that they would not have major difficulties should they want to acquire spirits.

- Inquired on how many occasions (if any) during the last 30 days have they bought beer, wine or spirits in a shop, students replied:
- most students (14\%) bought beer in a shop on 1-2 occasions; while $5 \%$ students bought beer in a shop on 3-5 occasions during the last month;
- $10 \%$ of students bought wine in a shop on 1-2 occasions, while $3 \%$ of students did this on 3-5 occasions during the last month;
- $6 \%$ of students bought spirits on 1-2 occasions and $2 \%$ of students did so on 3-5 occasions during the last 30 days.

Hence, almost every third student bought an alcoholic beverage once to twice during the last 30 days, notwithstanding the fact that sale of alcohol to persons under 18 years of age is prohibited by the law (Table 9).

Table 9. Alcohol: frequency of purchase / for own use

| Beer |  |  | Wine |  | Spirits |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Frequency | \% | Frequency | $\%$ | Frequency | \% |
| $\mathbf{1 - 2}$ | 779 | 14 | 580 | 10 | 357 | 6 |
| $\mathbf{3 - 5}$ | 299 | 5 | 146 | 3 | 102 | 2 |
| $\mathbf{6 - 9}$ | 134 | 2 | 74 | 1 | 51 | 1 |
| $\mathbf{1 0 - 1 9}$ | 82 | 1 | 27 | 0 | 21 | 0 |
| $\mathbf{2 0 +}$ | 78 | 1 | 29 | 1 | 34 | 1 |

Consuming one or two drinks daily is considered as very risky behaviour by $21 \%$ of students, among them fewer boys ( $46 \%$ ) than girls ( $54 \%$ ). Most students ( $25 \%$ ) consider that drinking this quantity of alcohol is moderately risky ( $42 \%$ girls, $58 \%$ boys). The finding that $17 \%$ of students ( $56 \%$ boys and $44 \%$ girls) do not know whether it is risky to consume one or two alcoholic beverages nearly every day is undoubtedly a reason for concern (Graph 23).


Graph 23. Alcohol: risk assessment / one or two drinks per day
Asked to estimate risk from consuming four or five drinks almost every day, $48 \%$ of students regarded it as a great risk, among them $57 \%$ of girls and $43 \%$ of boys. Higher perception of risk by the girls is corroborated here, too. Fewer students ( $22 \%$ ) consider the risk moderate. Worrying finding is that among $7 \%$ of students who consider that drinking this amount of alcohol on a daily basis does not represent a risk at all, there are as much as $71 \%$ of boys (which, in all probability, indicates that social attitudes towards alcohol are deeply accepted among boys in Montenegro!). Furthermore, another worrying finding is that $18 \%$ of students do not know whether such quantity of alcohol represents a risk (among them, more boys $-56 \%$ than girls) (Graph 24).


Graph 24. Alcohol: risk assessment / four or five drinks per day

Assessment of risk from drinking five or more drinks each weekend is different in views of students in comparison to risk from daily consumption of alcohol. Although most students $(39 \%)$ regard such alcohol intake as great risk, the very same percent of students regard it as moderate risk. Eight percents of students deem that this drinking pattern does not represent risk, while $20 \%$ of students ( $54 \%$ boys and $46 \%$ girls among them) do not know whether such drinking pattern represents risk (Graph 25).


Graph 25. Alcohol: risk assessment/ five and more drinks each weekend
It can be assumed that perception of risk caused by daily alcohol consumption against that caused by weekend consumption is declining, probably due to adoption of certain behaviours as social standards, which are not recognised as risk category at this age.

Forty-nine percents of students consider that it is very likely/likely that they would feel relaxed if they drink alcoholic beverages ( $57 \%$ boys and $43 \%$ girls among them). Forty-four percents of students consider that drinking is very likely/likely to result in feeling of happiness ( $55 \%$ boys and $45 \%$ girls). Forty-nine percents of students deem that they are very likely/likely to forget problems under effect of alcohol. Fifty-two percents of students, among them 56\% boys and $44 \%$ girls consider that it is very likely/likely that alcohol would cause them to be more outgoing and extraverted. It is very likely/likely that drinking alcohol will result in having fun, according to $53 \%$ of students ( $57 \%$ boys and $43 \%$ girls). Hence, it is apparent that boys have rather high and rather positive expectations regarding effects of alcohol, which is probably one of rationales for their more frequent consumption of alcoholic beverages.

Thirty-seven percents of students ( $52 \%$ boys, $48 \%$ girls) deem that alcohol is very likely/ likely to harm their health. Likelihood of having trouble with the police down to alcohol use is estimated as "very likely/likely" by $26 \%$ of students, out of whom $56 \%$ are boys and $44 \%$ are girls. If they drink, it is very likely/likely that they would feel ill, consider $29 \%$ of students ( $49 \%$ boys, $51 \%$ girls). It is very likely/likely that they would get a hangover from drinking alcohol - consider $41 \%$ of students, among whom $55 \%$ are boys and $45 \%$ are girls. Twentythree percents of students state that they are very likely/likely to be incapable to stop drinking
once they start ( $58 \%$ boys, $42 \%$ girls). If they drink, $33 \%$ of students think that they are very likely/likely to do something they would regret ( $53 \%$ boys, $47 \%$ girls).

Alcohol consumption in adolescent age may have various adverse consequences. Thus, eleven percents of students participated in fights down to their alcohol use ( $87 \%$ of boys and $13 \%$ of girls among them). Six percents of students suffered injury or accident down to their alcohol use, among them $69 \%$ of boys and $31 \%$ of girls. Nine percents of students had serious problems with parents caused by their alcohol use ( $63 \%$ boys, $37 \%$ girls), while $6 \%$ of students had serious problems with friends ( $63 \%$ boys and $37 \%$ girls). Ten percents of students performed badly at school ( $64 \%$ boys, $36 \%$ girls), while $1 \%$ of them were victims of robbery or theft ( $73 \%$ boys, $27 \%$ girls). Four percents of students had problems with the police ( $88 \%$ boys, $12 \%$ girls), whilst $2 \%$ of them were admitted to hospital or emergency room ( $74 \%$ boys, $26 \%$ girls). Ten percents of students engaged in sexual intercourse without a condom ( $91 \%$ boys, $9 \%$ girls), while $6 \%$ of them had engaged in sexual intercourse they regretted the following day ( $87 \%$ boys, $13 \%$ girls).

Youngsters frequently start experimenting with psychoactive substances, cigarettes and alcohol due to curiosity, because they intend to achieve feeling of fitting into a certain group, because of need for "self confirmation", as result of imitating their role models, etc. Still, throughout their maturing most of them will find an appropriate way to balance and control personal alcohol consumption. However, in consequence of desire to repeat "positive" alcohol-driven experience, some young people opt for more frequent and more regular alcohol consumption, which may possibly lead to binge drinking, alcohol intoxications and, eventually, alcohol dependence.

Adolescents refer to numerous reasons in favour of consuming alcohol, which are highly dependant on disposition of the family and of the individual, as well as on the social setting. Some of the common motives are feeling of relaxation and pleasantness, even happiness, increased openness caused by drinking, due to boredom, because they perceive drinking as a way to express their distinctness from other peers, because they fear from being rejected by the peers, etc. Some students feel more self-assured or more relaxed when under effect of alcohol. Feeling of dissatisfaction may disappear, and they may feel capable for solving any problem.

The previously mentioned indicates that one of the foremost reasons for consuming alcoholic beverages among youngsters is their positive anticipation of alcohol effects.

In this formative age, peer groups and family setting play a very important role. Adolescents demonstrate their belonging to a group in different manners. It is highly important which behavioural patterns do the peers in a certain group define, that is, by which behaviour one can demonstrate belonging to a certain group. In the ESPAD survey students were asked to say, in their estimation, how many of their friends and older siblings drink alcoholic beverages and get drunk. In all, $34 \%$ of students, among them $56 \%$ boys and $44 \%$ girls consider that majority/ all of their friends drink alcohol (beer, wine, spirits) (Graph 26).


Graph 26. Alcohol: risk assessment: friends/ by gender
In total, $15 \%$ of students ( $55 \%$ boys, $45 \%$ girls) estimate that majority/all their friends get drunk (Graph 27).


Graph 27 Alcohol: risk assessment: friends/get drunk / by gender
It is known that children often have their first contact with alcohol in their own home, while at the same time behavioural patterns, habits and attitudes of older siblings represent significant exemplar for forming attitudes in this formative period. Asked about drinking habits of their older siblings, in total $26 \%$ of students ( $49 \%$ boys, $51 \%$ girls) replied that they had drank alcohol. Five percents of students ( $49 \%$ boys, $51 \%$ girls) replied that they did not know whether their older siblings drunk alcoholic beverages (Graph 28).


Graph 28. Alcohol: risk assessment / drinking/ older siblings / by gender
Asked if their older siblings get drunk, $8 \%$ of students confirmed ( $56 \%$ boys, $44 \%$ girls) (Graph 29).


Graph 29. Alcohol: risk assessment: older siblings / getting drunk/ by gender
All told, it seems that consumption of alcoholic beverages is widely present in daily life of adolescents at the age of 16 . Increasing trend of alcohol consumption among adolescents is apparent, with boys drinking more in terms of quantity as well as more frequently in comparison to girls.

Facts that the large number of students tried alcohol at least once during their lifetime and that almost every third student bought an alcoholic beverage once to twice during the last 30 days, although the sales of alcohol to persons under 18 years of age is forbidden by the law, are quite alarming. It is found that boys tend to drink beer more often than girls do, while girls tend to drink wine more often than boys do. Almost every third student reckons that most or even all of his/her friend drink alcoholic beverages. Almost every fourth student considers that his/her older siblings drink alcohol.

In conclusion, problems linked with consumption of alcoholic beverages are evident, as is the necessitate to avert negative consequences of alcohol consumption among adolescents. This requires wide community action, primarily by way of creating and implementing apposite educative programmes in the school system, as well as by means of enhancing organisation of leisure time and active follow up of behaviour of youngsters.

## DRUGS

Psychoactive drugs are substances whose intake causes alteration in consciousness, perception, sense of reality and behaviour. In modern medicine, the term drug has been replaced with the term psychoactive substance. Psychoactive substance is any substance of herbal or animal origin, which, brought into an organism, can modify one or more of its functions and which can, after repeated intake, cause a state of psychical or both psychical and physical dependency.

By convention, contemporary classification of substances causing aforementioned states encompasses several subgroups, first two being alcohol and other drugs (other drugs are further divided into narcotic and non-narcotic drugs, natural and synthetic drugs, etc). Such division is also underlying principle of the ESPAD survey (ESPAD - European School Survey Project on Alcohol and other Drugs).

Use of drugs, that is, drug dependency, is one of the most significant social and health problems of the modern civilisation, as it represents a true risk for health status of population. At the same time, it is largely interlinked with other social issues, such as poverty, unemployment, prostitution, delinquent behaviour, criminality, homelessness, etc. According to all available indicators, not only drug supply in Montenegro has "improved" with more varieties of drugs that have appeared on the market, but drug demand has also increased. Empirical surveys on drug use in Montenegro, conducted during previous years, indicated continuous increase of number of persons using drugs as well as increase of percent of minors among them. These surveys have also revealed that the first contact with drugs often happens by the end of primary education and that the age when patterns of regular drug use become established is lowering. Prices of almost all drugs are falling, while number of criminal deeds directly or indirectly connected with drug use is rising, as well as legal consequences related to these deeds. Based on comparison with corresponding data of the EU countries and countries of the region, it is perceptible that the problem of use of drugs in Montenegro is still present to a lower percent, but also that the constant increasing tendency is evident, which, according to all parameters, will continue rising in the following years.

Subject matter of the ESPAD 2008 survey is use of tranquillisers and sedatives, inhalants, cannabis (marihuana and hashish), ecstasy, amphetamines, as well as drugs like anabolic steroids, cocaine, heroin, hallucinogens, GHB, "magic mushrooms", etc, among adolescents at the age of sixteen.

## Tranquilisers and sedatives

Tranquillisers and sedatives are substances, which, if taken in prescribed quantity and for the approved period, have calming and relaxing effect to mood, cognitive processes, behaviour, and can facilitate sleep. However, taken in inappropriate quantity or during inappropriate period, or combined with other substances as alcohol, these medicines can cause heavy health disorders - namely, they can act like toxins causing intoxication, or, like drugs causing alterations in conscious processes and mentality of a person.

Uncontrolled use of medicines - tranquillisers and sedatives, is seemingly becoming more and more socially accepted in our country.

Use of tranquillisers and sedatives was estimated in the ESPAD 2008 questionnaire through several questions:

Have you ever taken tranquillisers or sedatives because a doctor told you to do so?

- If you wanted, how difficult do you think would it be for you to get tranquillisers and sedatives?
- On how many occasions in your lifetime (if any) have you used tranquillisers or sedatives (without a doctor's prescription)/ alcohol combined with pills (medicaments) in order to get high?
- When did you first (if ever) try tranquillisers or sedatives (without a doctor's prescription/ try alcohol combined with pills (medicaments) in order to get high?
- How many of your friends would you estimate use tranquillisers or sedatives (without a doctor's prescription)?
- Do any of your older siblings use tranquillisers or sedatives (without a doctor's prescription)?

Eight percents of students took sedatives and tranquilisers on doctor's advice, with $7 \%$ of them who were taking these medicines for less than 3 weeks, and $1 \%$ of students who were taking them for longer than 3 weeks (in the last-mentioned group there were more boys $-53 \%$ than girls - 47\%) (Graph 30).


Graph 30. Tranquilisers and sedatives: on doctor's advice/ number of occasions
Enquired about how difficult they think it would be to get tranquilisers/sedatives if they wanted, $35 \%$ of students replied that it would be impossible ( $59 \%$ boys, $41 \%$ girls), while $19 \%$ of students deemed that tranquillisers/sedatives are rather easy/very easy to get ( $12 \%$ rather easy, $7 \%$ very easy). Fourteen percents of students consider that tranquillisers/sedatives are rather
difficult/very difficult to get (55\% girls and $45 \%$ boys). Thirty-two percents of students did not know how difficult it would be to get tranquilisers/sedatives if they wanted ( $44 \%$ boys, $56 \%$ girls) (Graph 31).


Graph 31. Tranquilisers and sedatives: difficult to get
Altogether 154 students or 3\% (36\% boys, 64\% girls) tried tranquillisers and sedatives without a doctor's prescription ever during their lifetime. Two percents of students tried tranquilisers and sedatives once to twice without a doctor's advice. Among them, the percent of girls is considerably higher than the percent of boys ( $76 \%$ girls, $24 \%$ boys) (Graph 32).


Graph 32. Tranquillisers and sedatives: number of occasions/without a doctor's prescription
Most students had their first experience with these medicaments at the age of 15 - in total 42 students or $27 \%$, among them much more girls ( $86 \%$ ) than boys ( $14 \%$ ).

It is perceptible that the number of girls who used tranquilisers and sedatives without a doctor's prescription kept constantly raising at the ages from 11 to 16 years. Girls perceive availability of tranquillisers as higher, too (Table 10).

Table 10. Tranquillisers and sedatives: age of the first use

|  | 9 <br> years <br> or less | 10 <br> years | $\mathbf{1 1}$ <br> years | $\mathbf{1 2}$ <br> years | 13 <br> years | $\mathbf{1 4}$ <br> years | $\mathbf{1 5}$ <br> years | $\mathbf{1 6}$ years <br> or more |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Boys | 14 | 3 | 9 | 5 | 3 | 10 | 6 | 5 |
| Girls | 8 | 6 | 3 | 7 | 13 | 17 | 36 | 9 |
| Total | 22 | 9 | 12 | 12 | 16 | 27 | 42 | 14 |
| $\%$ | $\mathbf{1 4}$ | $\mathbf{6}$ | $\mathbf{8}$ | $\mathbf{8}$ | $\mathbf{1 0}$ | $\mathbf{1 8}$ | $\mathbf{2 7}$ | $\mathbf{9}$ |

Two percents of the total number of participating students, or 90 students ( $60 \%$ boys, $40 \%$ girls) have tried alcohol combined with tablets. Thirty-nine students (or $43 \%$ of those who have tried alcohol combined with tablets) did this once to twice during the lifetime ( $54 \%$ boys, $46 \%$ girls), whereas 12 students or $13 \%$ of all users of this psychoactive combination did this $3-5$ times ( $75 \%$ boys, $25 \%$ girls). Such combination was used $6-9$ times by $10 \%$ or 9 students ( $44 \%$ boys, $56 \%$ girls), while 10-19 times was it tried by 10 students or $11 \%$ of all who used this combination ( $70 \%$ boys, $30 \%$ girls). From 20 to 40 and more times was this combination tried by 20 students or $22 \%$ ( $65 \%$ boys, $35 \%$ girls).

A propos age, most students (36\%) tried this combination of psychoactive substances at the age of 15 ( $51 \%$ boys, $49 \%$ girls). Percent of girls using alcohol in combination with pills increases with age, and at the age of 15 years, girls virtually equalize to their peer boys in using this psychoactive combination (Graph 33).


Graph 33. Tranquilisers and sedatives combined with alcohol/by gender

Asked if any of their older siblings used tranquillisers or sedatives without a doctor's prescription, $4 \%$ of students replied confirmatively, among them $62 \%$ boys and $38 \%$ girls (Graph 34).


Graph 34. Tranquilisers and sedatives without a doctor's prescription/ older siblings

## Inhalants

Inhalants are evaporating substances, which have psychoactive effect when inhaled. These substances are mostly used in households or industry, in a form of organic solvents - they can be found in glues, lacquers, paints, sprays, petroleum, etc...

In the ESPAD 2008 questionnaire, use of inhalants is estimated through the following items:

- If you wanted, how difficult do you think would it be for you to get inhalants (glue and similar)?
- On how many occasions (if any) have you used inhalants (glue, etc) in order to get high during your lifetime/ during the last 12 months/ during the last 30 days?
- When (if ever) did you first try inhalants (glue, etc) in order to get high?
- How many of your friends would you estimate use inhalants?
- Do any of your older siblings use inhalants?

Asked how difficult they think it would be for them to get inhalants, $29 \%$ of students considered that it would be very easy/rather easy (among them $47 \%$ boys and $53 \%$ girls). The very same percent of students answered that they did not know how difficult it would be to get inhalants (Graph 35).


Graph 35. Inhalants: difficult to get
Four percents of students have used inhalants at least once in the lifetime (59\% boys, $41 \%$ girls). Sixty-two percents of users answered that they had done so once or twice ( $51 \%$ boys, $49 \%$ girls). Inhalants were used more than 3 times by $38 \%$ of users whose gender distribution is $73 \%$ boys, $27 \%$ girls. Two percents of students or 87 students have used these substances during the last 12 months. Among them, $48 \%$ used inhalants on one to two occasions ( $55 \%$ boys, $45 \%$ girls). Sixty-nine students or $2 \%$ have used inhalants during the last 30 days ( $72 \%$ boys, $28 \%$ girls). Inhalants were in most cases used on one or two occasions, as stated by $49 \%$ of students ( $65 \%$ boys, $35 \%$ girls) (Table 11).

Table 11. Inhalants: frequency of use/lifetime/the last 12 months/the last 30 days

| Inhalants: |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\mathrm{N}^{0}$ of occasions | Lifetime |  | Last 12 months |  | Last 30 days |  |
|  | Frequency | Percent | Frequency | Percent | Frequency | Percent |
| 0 | 5620 | 96 | 5705 | 98 | 5725 | 98 |
| 1-2 | 108 | 1.86 | 42 | 0.73 | 34 | 0.59 |
| 3-5 | 27 | 0.47 | 22 | 0.38 | 9 | 0.16 |
| 6-9 | 6 | 0.1 | 5 | 0.09 | 6 | 0.10 |
| 10-19 | 11 | 0.19 | 3 | 0.05 | 6 | 0.10 |
| 20-39 | 3 | 0.05 | 5 | 0.09 | 6 | 0.10 |
| 40 + | 20 | 0.35 | 10 | 0.17 | 8 | 0.14 |
| Total | 5795 | 100 | 5792 | 100 | 5794 | 100 |

Majority of students first tried inhalants at the age of 14 and 15 years. Twenty-three percents of users tried these substances at the age of 14 (among them $45 \%$ of boys, $55 \%$ of girls), while $24 \%$ of users tried them at the age of 15 ( $66 \%$ boys, $34 \%$ girls). Seventeen percents of users ( $78 \%$ boys, $22 \%$ girls) tried inhalants when they were nine. It is perceptible that the number of persons who tried inhalants increases from twelfth year on (Graph 36).


Graph 36. Inhalants: age of the first use
Students were asked to mark, in their own estimation, how many of their friends used inhalants. Nine percents of students answered that a few of their used these substances ( $44 \%$ boys, $56 \%$ girls), while $2 \%$ of students said that some of their friends used inhalants, and the same percent of them said that all their friends used inhalants (Graph 37).


Graph 37. Friends: use of inhalants

Influence of older siblings within the family setting is very significant and present among adolescents. Those students who have older siblings consider that they use inhalants in $5 \%$ of cases ( $63 \%$ boys, $37 \%$ girls). One percent of students do not know whether their older siblings use inhalants or not (Graph 38).


Graph 38. Older sibling: use of inhalants

## Marihuana and hashish (cannabis)

Cannabis products (marihuana and hashish) contain psychoactive substance in different volume. These substances cause psychical addiction, but, according to findings of the latest research, use of cannabis products can also cause physical addiction. Term marihuana is synonym for dried and compressed flowers and leaves of Mexican cannabis, with up to $3 \%$ of active substance. It is utilised by smoking, alone or combined with tobacco, but can also be mixed with food or drink. Hashish and hashish oil are gained from raisin of Indian cannabis flower and they contain higher concentration of the active substance than marihuana (hashish 3-15\% THC, hashish oil up to $50 \%$ ). Hashish is a compact solution, while hashish oil is concentrated liquid form of hashish. It is used by smoking or by oral intake (swallowing).

In surveys on drug use among adolescents, particular attention is often paid to use of marihuana, since it was always regarded as "the gateway drug". However, clinical practice in the world and in our surrounding provides more and more evidence that such pattern is not necessarily present today - given that heroin and cocaine growingly appear as first used drugs among patients drug addicts. Nonetheless, great attention is paid to use of cannabis in the ESPAD survey.

Use of marihuana and hashish was estimated in ESPAD 2008 questionnaire through numerous questions:

- If you wanted, how difficult do you think it would be for you to get marihuana or hashish?
- On how many occasions (if any) during your lifetime/the last 12 months/ the last 30 days have you used marihuana or hashish (cannabis)?
- When did you first (if ever) try marihuana or hashish (cannabis)?
- Have you ever had the possibility to try marihuana or hashish without trying it? How many times has this happened in your life?
- How many of your friends would you estimate use marihuana or hashish (cannabis)?
- Do any of your older siblings smoke marihuana or hashish (cannabis)?
- How much do you think people risk harming themselves (physically or in other ways), if they: try marihuana or hashish once or twice/ smoke marihuana or hashish occasionally/ smoke marihuana or hashish regularly?
- If you have ever used marihuana or hashish, do you think you would have said so in this questionnaire?
- Have you used cannabis during the last 12 months? If yes, has the following happened to you: have you ever smoked cannabis before noon /have you ever smoked cannabis when you were alone/ have you ever had memory problems when you smoke cannabis/ have your friends or your family members ever told you that you ought to reduce or quit using cannabis/ have you ever tried to reduce or completely quit your cannabis use without having succeeded in that/ have you ever had problems due to your cannabis use (quarrel, fight, accident, bad results in school, etc)?
- Are you part of a clique of friends, where using cannabis is part of your behaviour when you get together? If yes, how often in a month do you get together with members of this clique?
- If you wanted, in which of the following places do you think you could easily buy marihuana or hashish (cannabis)?
- How likely is it that the following would happen to you, if you use marihuana or hashish: I perceive things more intensely/ I can no longer follow a conversation properly/I lose thread more quickly/ I am not so shy/ I have difficulty concentrating/ I am more outgoing/ I can enjoy the moment more intensely/I experience feelings more intensely/ I am less inhibited/I may feel people are against me or people are persecuting me?

Marihuana is psychoactive substance that was always reported as the most frequently used among youngsters. In our survey, the total number of students who have ever used marihuana or hashish during their lifetime is 201 , which makes $4 \%$ of the total number of participating students. Altogether, 141 students have used cannabis during the last 12 months, which is $2,4 \%$ of participating students. In total, 93 students or $1,6 \%$ of the total number of participating students have used these substances during the last 30 days (Graph 39).


Graph 39. Cannabis: users/lifetime/the last 12 months/the last 30 days

One hundred and three students, or $2 \%$ of the total number of students that participated in the research or $51 \%$ of students who said they have ever tried cannabis, have done so on one to two occasions during their lifetime (among them $63 \%$ of boys and $37 \%$ of girls). Use of marihuana/hashish up to 40 and more times during the lifetime is an indicator of more habitual consumption of these psychoactive agents. Thirty-two students or $16 \%$ of cannabis users (among them $81 \%$ of boys and $19 \%$ of girls) have used it more than 40 times up to now (Graph 40 ).


Graph 40. Cannabis: users/number of occasions/lifetime
As regards the last 12 months, 69 students (among them $59 \%$ boys and $41 \%$ girls) or $49 \%$ of those who have used cannabis in this period or $34 \%$ of those who have used cannabis ever during their lifetime, did so once or twice. In this period, 54 students ( $59 \%$ boys, $41 \%$ girls) or $38 \%$ of cannabis users during the last 12 months or $27 \%$ of those who have used cannabis ever during their lifetime, have done this on 3 to 39 occasions during the last year.

Recent marihuana/hashish - related behaviour can best be perceived through use of marihuana/ hashish during the last 30 days. Altogether 93 students or $46 \%$ of those who have ever tried marihuana/hashish have used it during the last 30 days ( $67 \%$ of boys and $33 \%$ of girls among them). Nineteen students ( $68 \%$ of boys and $32 \%$ of girls among them), or $20 \%$ of those who have used cannabis during the last month, have used it on 40 and more occasions during the last month, which indicates increase in cannabis consumption. Such frequent consumption of marihuana exceeds occasional experimenting and at the same time warns about regular drug intake, which is likely to accelerate transition from marihuana to other psychoactive substances or to lead to drug addiction. (Graph 41).


Graph 41. Cannabis use: lifetime/ the last 12 months/ the last 30 days
According to their own account, rather significant percent of students ( $10 \%$ of those who have ever tried cannabis) had the first contact with these substances quite early, with 9 years of age or less (among them $76 \%$ boys and $24 \%$ girls). Most students first tried marihuana at the age of $15-43 \%$ (among them $68 \%$ boys and $32 \%$ girls). Obviously, cannabis use increases with age (Graph 42).


Graph 42. Cannabis: age of the first use

Asked if they had ever had possibility to try marihuana/hashish without trying it, $17 \%$ of students replied confirmatively ( $61 \%$ boys, $39 \%$ girls). In case of $10 \%$ of students ( $58 \%$ boys, $42 \%$ girls), such situation occurred on one to two occasions, while in case of $4 \%$ of students it happened three to five times and altogether 3\% of students said that this had happened to them on 6 to 40 and more occasions (among them $74 \%$ boys, $26 \%$ girls) (Graph 43).


Graph 43. Cannabis: possibility to try / frequency

Availability of psychoactive substances represents important causative factor in development of drug consumption patterns. As much as $21 \%$ of students consider that marihuana/hashish is very easy/rather easy to get ( $56 \%$ of boys and $44 \%$ of girls). Six percents of students estimate that their friends smoke marihuana/hashish. Out of them, $4 \%$ ( $47 \%$ boys and $53 \%$ girls) stated that some of their friends smoked marihuana/hashish, while $2 \%$ estimated that most of their friends or all of them smoked marihuana/hashish (Graph 44).


Graph 44. Cannabis use: friends

Five percents of students that have older siblings reckon that they smoke marihuana/hashish. Among them, there are $59 \%$ of boys and $41 \%$ of girls (Graph 45).


Graph 45. Cannabis use: older siblings
Regular consumption of marihuana/hashish is regarded as great risk by $70 \%$ of students. Although the percent of students that recognize such behaviour as risky is high, it is noteworthy that girls identify this risk in somewhat higher percent than boys do (55\%). Occasional smoking of marihuana/hashish is estimated as great risk by $57 \%$ of students ( $46 \%$ boys, $54 \%$ girls). It is noticeable that high percent of students do not know how to identify risk of cannabis use (Graph 46).


Graph 46. Cannabis: risk assessment

Students who have used marihuana/hashish during the last 12 months report about different experiences. Asked if they had ever smoked marihuana/hashish before midday, among the students that answered this question, $54 \%$ said that they never did this, $32 \%$ said that they did this rarely or sometimes, while $13 \%$ did this fairly often or very often.

Out of those who answered the question whether they have ever smoked marihuana or hashish when they were alone, $43 \%$ said that they never did this, $42 \%$ said that they did this rarely or from time to time, while $15 \%$ claimed that they did this often or very often.

Thirty-eight percents of students who answered this item have never experienced memory problems because of their cannabis use, $43 \%$ of them had such experiences rarely or from time to time, while $19 \%$ of them had experienced this fairly often or very often.

Asked if they were ever counselled by their friends or family members that they should reduce their cannabis use, most students, $51 \%$ of those who answered, answered that such situation had not happened. From the other hand, $26 \%$ of them answered that this had happened to them rarely or sometimes, while such piece of advice was fairly often or very often addressed to $24 \%$ of students.

Asked if they had ever vainly tried to reduce or completely quit their cannabis use, among those who answered, most students ( $52 \%$ ) reported that this had never happened to them, while $22 \%$ of students had experienced such attempts rarely or from time to time, and $26 \%$ of them had tried to reduce or quit cannabis use fairly often or rather often.

Regarding occurrence of problems like physical fights, quarrels, low school performance down to cannabis use, $56 \%$ of those who answered this question never had such problems, $24 \%$ had such problems rarely or occasionally, while $20 \%$ had such problems fairly often or very often (Graph 47).


Graph 47. Cannabis: users' experience

Asked if they were part of a clique, where using cannabis is something they usually do when they meet, 191 students or $3 \%$ had answered confirmatively, among them $69 \%$ boys and $31 \%$ girls. Students that replied confirmatively above meet with this clique of friends:

- almost every day - 82 students or $42 \%$
- 3-4 times per week - 22 students or $11 \%$
- 1-2 times per week - 25 students or $13 \%$
- 1-3 times per month - 22 students or $11 \%$
- less than once per month - 44 students or $23 \%$

This finding indicates that cannabis use among adolescents seems to be highly social behaviour, which predominantly occurs within a particular peer group (Graph 48).


Graph 48. Cannabis: belonging to cliques of friends
Regarding places where they think they could easily buy marihuana/hashish, $73 \%$ of students answered that they did not know of any such place (among them, $49 \%$ boys, $51 \%$ girls). Street is perceived as a possible place to buy marihuana/hashish by $13 \%$ of students ( $56 \%$ boys, $44 \%$ girls). Six percents of students think that it is feasible to buy cannabis at school ( $63 \%$ boys, $37 \%$ girls). A discothèque is seen as a place where they could buy cannabis by $11 \%$ of students ( $47 \%$ boys, $53 \%$ girls); while $7 \%$ of them reckon that the place to buy cannabis is a house/apartment of a dealer ( $53 \%$ boys, $47 \%$ girls). Least students, $2 \%$ (of whom $59 \%$ are boys and $41 \%$ are girls) deem that cannabis could be bought via Internet. Five percents of students ( $56 \%$ boys, $44 \%$ girls) consider that they could buy cannabis at places other that the abovementioned, too (Graph 49).


Graph 49. Cannabis: place to buy

Regarding students' anticipation of effects of use of cannabis, $59 \%$ of students, among them $56 \%$ boys and $44 \%$ girls, consider that it is not likely that they would perceive things more intensely, if they use marihuana/hashish. Twenty-eight percents of students think that is unlikely to happen, while $13 \%$ of them think that it is very likely to happen or will definitely happen.

Fifty three percents of students ( $57 \%$ boys, $43 \%$ girls) consider that they are not at all likely to be able to converse properly after consuming marihuana/hashish, while $24 \%$ of students believe that use of cannabis is little likely to impair their ability to converse. Likelihood that the previously mentioned would happen is estimated as "maybe" and "definitely" by $11 \%$ of students each.

Fifty two percents of students ( $57 \%$ boys, $43 \%$ girls) consider that it is not at all likely that one would lose thread more quickly due to use of marihuana/hashish, while $25 \%$ believe that this is likely to happen or can maybe happen, and $23 \%$ of students believe that this is quite likely to happen or that it will definitely happen.

Cannabis is not at all likely to make the user less shy, considers $51 \%$ of students ( $57 \%$ boys, $43 \%$ girls). Cannabis is little likely or can maybe have such effect, consider $25 \%$ of students, while $23 \%$ of them consider that it is quite likely to happen or that it will definitely happen.

Possibility to have difficulties concentrating due to marihuana/cannabis use is estimated as totally unlikely by $51 \%$ of students ( $57 \%$ boys, $43 \%$ girls), while the same is considered as something that may potentially happen or something that may happen but is not very likely that it would, by $23 \%$ of students. Twenty-five percents of students consider that difficulties in concentration are quite likely to happen or that they will definitely happen if one uses marihuana/hashish.

It is not at all likely that marihuana/hashish user would be more outgoing, according to $51 \%$ of students ( $58 \%$ boys, $42 \%$ girls), while $28 \%$ of them reckon that it is unlikely to happen or it can maybe happen, and $23 \%$ of them think that it is quite likely to happen or it will definitely happen.

It is not at all likely that one would enjoy the moment more intensely if using marihuana/ hashish, according to $52 \%$ of students ( $57 \%$ boys, $43 \%$ girls), while the same situation is estimated as something that is little likely or that could maybe happen by $28 \%$ of students. Likelihood that this would happen is estimated as high (quite likely/definitely) by $21 \%$ of students.

Likelihood that one would become less inhibited under effect of marihuana is perceived as low by $52 \%$ of students ( $57 \%$ boys, $43 \%$ girls), as moderate by $27 \%$ of students, whereas $21 \%$ of students believe that it is quite likely or definitely that one would become less inhibited if using marihuana/hashish.

Fifty-three percents of students ( $57 \%$ boys, $43 \%$ girls) consider that it is not at all likely that the feeling that other people are against them or that they are persecuting them can be provoked by marihuana/hashish. Twenty-seven percents of students believe that it is unlikely or can maybe happen, while $20 \%$ of them deem that it is quite likely or is definitively to happen in case of use of cannabis.

Emotions are not at all likely to be experienced more intensely under effect of cannabis, consider $52 \%$ of students ( $57 \%$ boys, $43 \%$ girls). Such enrichment of emotional experience is unlikely to happen due to cannabis use or can maybe happen, deem $28 \%$ of students, while it is regarded as something that is quite likely to happen or will definitely happen when under influence of cannabis by $21 \%$ of students (Table 9).

Table 12. Cannabis: expectations

|  | Not at all likely | Unlikely |  | Maybe | Quite <br> likely |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Intensified perception | 59 | 7 | 21 | 5 | Definitely |
| Lose conversation | 53 | 6 | 18 | 11 | 11 |
| Lose thread | 52 | 6 | 19 | 11 | 12 |
| Less shy | 51 | 6 | 19 | 10 | 13 |
| Difficult to concentrate | 51 | 5 | 18 | 11 | 14 |
| More outgoing | 51 | 6 | 21 | 10 | 13 |
| More enjoy | 52 | 6 | 22 | 9 | 12 |
| Less inhibited | 52 | 6 | 21 | 9 | 12 |
| Others against me | 53 | 6 | 21 | 8 | 12 |
| More feelings | 52 | 6 | 22 | 9 | 12 |

## Stimulant drugs - excstasy and amphetamines

Stimulant drugs are psychoactive substances that have stimulating effects to central nervous system, thus improving mood, increasing mental and physical power and decreasing fatigue
and hunger. These substances are usually divided into natural (cocaine, caffeine, nicotine) and synthetic (amphetamines, met amphetamine, phenetilin). Amphetamines come in form of capsules, pills and tablets. They can be taken by oral application, by inhaling or by intravenous injection. Ecstasy comes in form of tablets, rarely pills, in different sizes, shapes and colours. Each tablet of ecstasy has a certain sign - character embossed on it, which allegedly symbolically "defines" the effects it causes. Ecstasy is consumed by oral administration. Cocaine is white powder, used mainly by sniffing, while it is also possible to take it by rubbing it into the gums.

Regarding stimulant drugs, the ESPAD 2008 questionnaire deals with use of ecstasy, amphetamines and cocaine.

Use of ecstasy is in the ESPAD 2008 questionnaire estimated through the following questions:

- If you wanted, how difficult do you think would it be for you to get ecstasy?
- On how many (if any) occasions have you used ecstasy?
- When did you (if ever) first try ecstasy?
- How many of your friends would you estimate use ecstasy?
- Do any of your older siblings take ecstasy?
- How much do you think people risk harming themselves (physically or in other ways), if they try ecstasy once or twice/ if they take ecstasy regularly?

Availability of ecstasy is estimated as high by $13 \%$ of students, that is, this percent of students deem that it would be easy/rather easy to get ecstasy if they wanted, while getting ecstasy is estimated as rather difficult/very difficult by $16 \%$ of students ( $50 \%$ of boys, $50 \%$ of girls) (Graph 50).


Graph 50. Ecstasy: availability

During the last 12 months, $1 \%$ of the total number of participating students have used ecstasy (among them, $66 \%$ of boys and $34 \%$ of girls), while the same percent of students have used ecstasy during the last 30 days (among them $71 \%$ of boys and $29 \%$ of girls) (Graph 51).


Graph 51. Ecstasy: use during the last year/ the last 30 days

Asked when they (if ever) first tried ecstasy, out of 84 students who replied, 23 students said that they had tried ecstasy when they were 15 , that is, $27 \%$ of them (among them, $57 \%$ boys and $43 \%$ girls). Sixteen students or $19 \%$ of students said that they had tried ecstasy at the age of 14 years ( $56 \%$ girls, $44 \%$ boys) (Graph 52).


Graph 52. Ecstasy: age of the first use
As regards students' assessment of ecstasy use among their friends, $9 \%$ of them ( $42 \%$ boys, $58 \%$ girls) reckon that a few or some of their friends use ecstasy, while $2 \%$ of students deem that most of their friends or even all of them use ecstasy ( $58 \%$ boys, $42 \%$ girls).

Asked if their older siblings used ecstasy, $4 \%$ of students replied confirmatively (among them, $62 \%$ of boys and $38 \%$ of girls).

As regards risk perception, $12 \%$ of students reckon that there is no risk at all if one tries ecstasy once or twice, or that the risk is low ( $59 \%$ boys, $41 \%$ girls). Risk of trying ecstasy once
or twice is moderate, according to $14 \%$ of students ( $43 \%$ boys, $57 \%$ girls). Risk of such ecstasy use is estimated as high by $50 \%$ of students ( $48 \%$ boys, $52 \%$ girls). As much as $24 \%$ of students do not know whether it is risky to use ecstasy once or twice ( $55 \%$ boys, $45 \%$ girls).

Risk assessment in case of regular use of ecstasy is high, as $68 \%$ of students ( $45 \%$ boys, $55 \%$ girls) reckon that such pattern of use represents high risk, and additional $4 \%$ of them ( $57 \%$ boys, $43 \%$ girls) reckon that the risk is moderate. High percent of students who do not know whether there is a risk or not $(22 \%)$, together with additional $6 \%$ who consider that there is no risk or that the risk is low, are very concerning data (Graph 53).


Graph 53. Ecstasy: risk assessment
Use of amphetamines is estimated through several questions in the ESPAD 2008 survey: If you wanted, how difficult do you think it would be for you to get amphetamines? On how many occasions (if any) in your lifetime have you used amphetamines? When did you (if ever) first try amphetamines?
How much do you think people risk harming themselves (physically or in other ways), if they try an amphetamine (uppers, stimulating pills, speed) once or twice/ if they take amphetamines regularly?

As regards availability of amphetamines, $11 \%$ of students reckon that these substances are rather/very easy to get ( $53 \%$ boys, $47 \%$ girls), while $15 \%$ of students believe that it would be rather difficult/very difficult to get amphetamines ( $52 \%$ of boys, $48 \%$ of girls). Possibility of acquiring amphetamines is unknown to $35 \%$ of students, among them girls slightly preponderate (58\%) over boys (42\%) (Graph 54).


Graph 54. Amphetamines: availability
In total, 53 students, or $1 \%$ of students who participated in the survey confirmed that they have used amphetamines.

Amphetamines were used once to twice during the lifetime by 23 students, or $43 \%$ of those who had ever used them. Twenty-two students or $42 \%$ have used amphetamines on 3-19 occasions during their lifetime, while amphetamines were taken more than 20 times by 8 students or $15 \%$ (Graph 55).


Graph 55. Amphetamines: number of occasions/by gender
Out of 45 students that replied the question when did they first try amphetamines, most of them $(27 \%)$ said that it happened at the age of 14 . Eighteen percents of those who tried amphetamines first did this at the age of 15 years. Forty-two percents of students who tried amphetamines, did this for the first time at the ages from nine years or less to 13 years of age (Graph 56).


Graph 56: Amphetamines: age of the first use
Asked about the risk related to trying amphetamines once or twice, $11 \%$ of students (59\% boys and $41 \%$ girls) stated that there was no risk at all or that the risk was only moderate. Such use of amphetamines was associated with moderate risk by $14 \%$ of students, while high percent of students assessed it as highly risky behaviour ( $49 \%$ of students). High percent of students do not know whether trying amphetamines once or twice is risky (26\%).

Recognition of risk related to regular use of amphetamines is not as high as it ought to be. Sixty-five percents of students deem that regular use of amphetamines represents a highly risky behaviour. Girls have somewhat higher assessment of risk than boys do ( $55 \%$ girls, $45 \%$ boys). It is noteworthy that as much as $25 \%$ of students do not know whether regular intake of amphetamines is risky or not, among whom there is a slight predominance of boys (56\%) (Graph 57).


Graph 57. Amphetamines: risk assessment

## Other drugs

Use of cocaine is in the ESPAD 2008 questionnaire estimated together with use of several other drugs (hallucinogens, crack, heroin, "magic mushrooms", GHB, anabolic steroids, drugs by intravenous application) through the following questions:

- On how many occasions (if any) during your lifetime have you used any of the following drugs: LSD or some other hallucinogens/crack/cocaine/heroin/"magic mushrooms"/ $\mathrm{GHB} /$ anabolic steroids/ drugs (like heroin, cocaine, amphetamine) by injection with a needle?
- During the last 12 months, how often, due to your own drug use (for example cannabis, ecstasy or amphetamines) have you experienced the following: physical fight/ accident or injury/severe problems with your parents/severe problems with your friends/ low performance in school or at work/being victim of robbery or theft /problems with police/hospitalisation or admission to an emergency room/ engagement in sexual intercourse without a condom/engagement in sexual intercourse you regretted the following day?
- If you have ever used any illegal drug, like marihuana or hashish (cannabis), ecstasy or amphetamines, how did you get it? (I have never used any illegal drug like marihuana or hashish (cannabis), ecstasy or amphetamines/an older brother or sister gave it to $\mathrm{me} / \mathrm{a}$ friend, a boy or a girl, older than me, gave it to me/a friend, of my own age or younger, gave it to me/ someone of whom I have heard about, but did not know personally, gave it to me/a stranger gave it to $\mathrm{me} / \mathrm{it}$ was shared around in a group of friends/ I bought it from a friend/ I bought it from someone of whom I have heard about, but did not know personally/ I bought it from a stranger/ one of my parents gave it to me/I took it at home without my parents' permission/ none of these (please shortly describe how did you get it)
- What was (what were) the reason(s) for you to try this drug? (I have never used any illegal drug like marihuana or hashish (cannabis), amphetamines of ecstasy/I wanted to "feel high"/I did not want to stand out from the group/I had nothing to do/I was curious/I wanted to forget my problems/other cause(s), please specify/I do not remember).

Although marihuana is the substance that is most frequently used among youngsters, use of other substances is popular, too. In their own account, $6 \%$ or 353 students by the age of 16, have used drugs like cocaine, hallucinogens (LSD or other hallucinogen drug), crack, heroin, "magic mushrooms", GHB, anabolic steroids or drugs like heroin, cocaine and amphetamines by intravenous needle injection. As much as $56 \%$ of students who have used these drugs, have done so on three to forty and more occasions during their lifetime.

Twenty percents of students, who admitted that they have used the aforementioned drugs, have used cocaine. Fifty-two percents of students 37 of them have used cocaine once to twice, while $17 \%$ of students have used cocaine on 3-40 occasions.

Heroin was taken at least once during their lifetime by 55 students (16\%). It was used once to twice during the lifetime by $45 \%$ of those who said that they have used previously mentioned drugs (or 25 students), while 30 students took it 3-40 times ( $55 \%$ of students).

Anabolic steroids (doping substances) were used 1-40 times by $10 \%$ of those who have used drugs that are subject of this chapter, or 36 students in total.

Hallucinogens were used by $14 \%$ of students who have ever used these drugs, or 51 students in total. Out of them, $63 \%$ or 32 students have used hallucinogens more than once or two times. Although the percent of students who have used hallucinogen drugs within the total number of students may seem low as it is somewhat less than $1 \%$ (precisely, $0,9 \%$ ), knowing that hallucinogens are substances whose repeated intake strongly indicates drug abuse tendencies in user's personality, this finding ought to be taken very seriously and hallucinogen drugs should by no means be disregarded in preventive programmes designed for secondary school students!

Table 13. Frequency of use of different drugs (number of students and percent)

| No of <br> occasions | Cocaine | Hallucinogens <br> (LSD or other) | Heroin | Crack | Anabolic <br> steroids | Needle <br> injection <br> (heroin <br> etc.) | "Magic <br> mushrooms" | GHB | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\mathbf{1 - 2}$ | 37 | 19 | 25 | 20 | 16 | 15 | 18 | 6 | 156 |
| $3-5$ | 15 | 12 | 13 | 12 | 10 | 10 | 3 | 8 | 83 |
| $6-9$ | 3 | 4 | 7 | 6 | 4 | 4 | 5 | 4 | 37 |
| $10-19$ | 4 | 9 | 3 | 4 | 4 | 6 | 2 | 1 | 33 |
| $20-39$ | 7 | 2 | 4 | 1 | 1 | 2 | 2 | 2 | 21 |
| $40+$ | 5 | 5 | 3 | 2 | 1 | 4 | 1 | 2 | 23 |
| Total | 71 | 51 | 55 | 45 | 36 | 41 | 31 | 23 | 353 |
| $\%$ | 20 | 14 | 16 | 13 | 10 | 12 | 9 | 6 | 100 |

When asked how did they get whatever illegal drug they used, most students, $2 \%$ in each category, answered that the drug was given to them by an older sibling, by an older friend, boyfriend or a girlfriend, or by a peer friend. This substantiates yet again how important older siblings are in terms of not merely presenting role models for their younger brothers/sisters, but also in terms of their active contribution in forming drug related behaviour of their younger siblings by sharing drug with them, that is, by leading them to try drugs.

Temptations associated with the new and unknown, authority of the peer groups, opposition to authority and resistance to influence of adults, distorted role of a family, boredom, feeling of alienation and numerous other factors cause increase in use of psychoactive substances among adolescents in most of the countries, including Montenegro. As well, relatively high availability of drugs and widely present normalisation of their use by the youngsters (following the principle - if so many people/my friends use it, it can not be all that bad), represent additional risk factors.

One of the basic characteristics of young people is their curiosity, their desire to achieve self-affirmation, their need to differ from adults, from their parents, teachers. Different are the
means by which adolescents express such emotions and needs, but one of the wrong ones is to do this through use of different substances with psychoactive effects, either legal ones such as cigarettes and alcohol, or those whose use is illegal.

Our adolescents opt for trying drugs down to numerous reasons. Without unambiguous predominance of one specific category of answer, most students said that they tried drugs because they "wanted to feel high", because they "had nothing to do", "wanted to forget problems", "did not want to separate from the group", etc. However, most students ( $2 \%$ ) replied that they tried drugs out of curiosity.

## SOCIO-ECONOMIC CHARACTERISTICS

Family is the essential place for cultural transmission of habits and behaviours. Estrangement and lack of communication within it certainly have immense influence to adolescents' behaviour. When problems related to psychoactive substances appear, be they related to use of tobacco or alcohol or to use of illegal psychoactive substances, family may remain unaware of them until conflicts in school, troubles with the police, problems with other persons or any other forms of unusual behaviours become evident. Family may perhaps unconsciously deny problems or assign them to other problematic behaviours, or dynamics that turns attention off the problematic adolescent and directs it towards other life occurrences may evolve in such family. When parents identify the problem, feeling of fear, guilt and responsibility often emerge, postponing the necessary action even more.

Level of education of parents can be related to their educational approach, which can, from the other hand, increase risk that adolescent might astray towards abuse of psychoactive substances, that is, towards use of all substances that cause dependency.

In our survey, pertaining to level of education of parents, most parents of both genders have completed secondary school (fathers $47 \%$, mothers $50 \%$ ). There are $27 \%$ of fathers with academic education, and somewhat fewer mothers ( $23 \%$ ). Thirteen percents of fathers and $12 \%$ of mothers have completed several years of faculty. Four percents of students do not know what level of schooling their fathers completed, while $3 \%$ of them do not know level of schooling that their mothers completed. These facts indicate communication problems in our families (Graph 58).


Graph 58. Parents: educational level
Parents are very often too busy in their constant effort to assure better material conditions for their children, in consequence often being absent from lives of their children, which leaves plenty of space for negative pressures to children, coming from external surrounding.

Regarding economic status of the family, as much as $49 \%$ of students estimated that material status of their families is about the same in comparison to other families in the country. Thirteen percents of students estimated that their families were much better off and very much better off in comparison to other families. At the same time however, $14 \%$ of students estimated that their families were much less well off or very much less well off in comparison to other families in the country. It is noticeable that $5 \%$ of students did not answer this question (Graph 59).


Graph 59. Socio-economic status of the family / students' estimates
Adolescents spend their leisure time in different ways, which is highly dependant on family surrounding as well as on personal dispositions, but is also under strong influence of peers and the existing social milieu. Young mostly spend their leisure time by a computer, whether they engage in playing computer games (every second adolescent, among them $68 \%$ of boys spend their leisure time in playing computer games), or they surf the Internet (also every second adolescent, among them $56 \%$ of boys and $39 \%$ of girls).

On the other hand, very positive aspect is that most students, $64 \%$ of them ( $61 \%$ of boys and $39 \%$ of girls) engage in sport activities almost daily.

Twenty-eight percents of students go out in the evening, visiting cafés, pubs or nightclubs and discotheques (slightly more boys $-56 \%$ than girls). Forty-eight percents of students go out for a walk, go around with friends to shopping centres, streets, parks etc. just for fun ( $43 \%$ of boys and $57 \%$ of girls).

Students spare least of their leisure time for reading books and other hobbies like playing music instruments, singing, drawing, writing, etc. Every forth student has never read a book for enjoyment (excluding schoolbooks) (Graph 60).


Graph 6o. Leisure time
Majority of students live in complete families (both parents, siblings). According to students' accounts, $10 \%$ of them do not live with their father ( $52 \%$ boys, $48 \%$ girls), while $5 \%$ of them do not live with their mother ( $57 \%$ boys, $43 \%$ girls). Nineteen percents of students live in the same household with their grandparents.

In students' estimation, relationship with mother is highly evaluated, as $91 \%$ of students ( $52 \%$ boys, $48 \%$ girls) are very satisfied or satisfied. Four percents of students answered that they were neither satisfied nor unsatisfied with this relationship ( $29 \%$ boys, $71 \%$ girls), and the same percent of them ( $4 \%$ ) are not so satisfied or not at all satisfied ( $30 \%$ boys, $70 \%$ girls).

As regards the relationship with their father, $86 \%$ of students are satisfied or very satisfied ( $52 \%$ boys, $48 \%$ girls). Five percents of students are neither satisfied nor unsatisfied with this relationship ( $33 \%$ boys, $67 \%$ girls), while students answered that they are not so satisfied or not at all satisfied with this relationship in the same percent, that is, $5 \%$ of them ( $36 \%$ boys, $64 \%$ girls) said so.

Students express more criticism in their estimation of relationships with friends then they do when estimating relationships with parents, which is characteristics of this developmental period. Most students are content with their friendships. This is a good indicator of how important the role of friendship is during this developmental phase of a young person. Concerning relationships with friends, $92 \%$ of students are very satisfied or satisfied, among them $50 \%$ boys and $50 \%$ girls. Four percents of students are neither satisfied nor unsatisfied with this relationship (among them $42 \%$ boys and $58 \%$ girls). Two percents of students wrote that they were not so satisfied or that they were not at all satisfied with their relationship to their friends ( $47 \%$ boys, $53 \%$ girls).

Unfortunately, it is the lack of communication within a family that often causes misapprehension of what is truly happening to family members. In their best intention, parents sometimes settle on liberal family rules and weaken their control over children, seeing their parental role as provision of space and freedom to their children, but expecting perfect functioning of mutual confidence in return.

As important factors of adolescent's behaviour, educational patterns of parents are estimated in this survey through several claims on parental support and supervision. Parents seem to have slightly better control over their children's behaviour out of home than they do over that in home. Thus, parents set definite rules on what children can do at home sometimes/rarely or almost never in case of $40 \%$ of students ( $54 \%$ girls). As regards setting rules about what children can do outside the home, parents do this sometimes/rarely or almost never in case of $33 \%$ of students, among them $56 \%$ boys and $44 \%$ girls. For $16 \%$ of students, among them $65 \%$ boys and $35 \%$ girls, parents sometimes/rarely or almost never know whom are they with in the evenings. Percent of parents who sometimes/rarely or almost never know whereabouts of their children in the evenings is $12 \%$, and parents of boys are predominant here ( $69 \%$ boys, $31 \%$ girls).

As much as $82 \%$ of students answered that they can almost always/frequently get money from their parents ( $49 \%$ boys, $51 \%$ girls).

Second component of parental upbringing - support that parents give to their children is very important in process of growing up. Nineteen percents of students can get warmth and care from their family almost always or frequently ( $52 \%$ of boys and $48 \%$ of girls), while $88 \%$ of students reckon that their parents will almost always / frequently provide emotional support to them ( $52 \%$ boys, $48 \%$ girls).

Regarding support received within the family setting, position of boys is somewhat more favourable, which is different with relationship with friends. Namely, while $52 \%$ of girls said that they could almost always/frequently get warmth and care from their best friend, the same was said by $48 \%$ of boys. Fifty-one percents of girls believe that they can easily get emotional support from their best friend almost always or often, while the same is said by $49 \%$ of boys (Table 14).

Table 14. Family and social relations

|  | Almost <br> always | Frequently | Sometimes | Rarely | Almost <br> never |
| :--- | :---: | :---: | :---: | :---: | :---: |
| My parents set definite ru- <br> les about what I can do at <br> home | $38 \%$ | $23 \%$ | $20 \%$ | $11 \%$ | $9 \%$ |
| My parents set definite rules <br> about what I can do outside <br> the home | $42 \%$ | $25 \%$ | $16 \%$ | $10 \%$ | $7 \%$ |
| Myparents knowwhom I am <br> with in the evenings | $69 \%$ | $15 \%$ | $8 \%$ | $4 \%$ | $4 \%$ |


| My parents know where I <br> am in the evenings | $74 \%$ | $14 \%$ | $6 \%$ | $3 \%$ | $3 \%$ |
| :--- | :---: | :---: | :---: | :---: | :---: |
| I can easily get warmth and <br> care from my mother and/ <br> or father | $76 \%$ | $15 \%$ | $5 \%$ | $3 \%$ | $2 \%$ |
| I can easily get emotional <br> support from my mother <br> and/or father | $73 \%$ | $15 \%$ | $7 \%$ | $3 \%$ | $2 \%$ |
| I can easily borrow money <br> from my mother and/or fa- <br> ther | $62 \%$ | $20 \%$ | $12 \%$ | $4 \%$ | $3 \%$ |
| I can easily get money as <br> a present from my mother <br> and/or father | $57 \%$ | $21 \%$ | $15 \%$ | $5 \%$ | $3 \%$ |
| I can easily get warmth and <br> care from my best friend | $54 \%$ | $25 \%$ | $14 \%$ | $5 \%$ | $2 \%$ |
| I can easily get emotional su- <br> pport from my best friend | $57 \%$ | $23 \%$ | $12 \%$ | $5 \%$ | $3 \%$ |

Merely every sixth student claims that his/her parents quite often know where he/she spends Saturday evenings. Seven percents of parents know this sometimes, while $4 \%$ of them usually do not know whereabouts of their children on Saturday evenings (Graph 61).


Graph 61: Leisure time: outings on Saturday/ parents

## CONCLUSION

Adolescence is a developmental stage when numerous intrinsic changes occur with high dynamics and intensity. At this phase, youngsters are exposed to numerous risk factors. Down to its turbulent nature, this phase is filled with high risk of developing various emotional problems or even disorders (such as drug abuse and consequent drug dependence, eating disorders, depression and other mood disorders, suicide, delinquent and antisocial behaviour, etc).

Drug abuse among adolescents represents one of the major psychosocial problems of contemporary society. Age when drug use among youngsters begins is increasingly lowering, while number of young people trying to cope with their problems, realistic or imaginary ones, by means of using psychoactive substances is increasingly rising. Capability to identify risks is scantily developed - adolescents believe that nothing can and nothing will happen to them and that they are able to keep control over all situations and occurrences. It is exactly down to these characteristics that adolescents are interesting subjects for dealers of psychoactive substances. By using "sophisticated" methods, the dealers attempt to create impression among youngsters that drug use is harmless, and that it is something that "everybody does". Thus, positive expectations related to drug use, combined with denial of risks connected with it, create favourable situation for experimenting with drugs. However, if not recognised and ended in time, experimenting with drugs can ultimately overgrow to increasingly frequent drug use and consequent drug addiction.

More to the point, educational institutions dedicate more and more time to didactic part of curricula, which children anyway estimate as too difficult, too extensive, too tedious and too strenuous, and they rarely relate it to realistic life needs, but instead perceive it as imposed.

It is well known nowadays that most risk factors, including stressful life events, have cumulative effect, and that number of risk factors plays more important role in development of a disorder than their quality or their type do: more risk factors result in more pathology, but more protective factors result in more positive results. Low self-esteem, depression, hopelessness and inefficient coping mechanisms for overcoming stress are individual risk factors commonly referred to in connection to drug abuse. Among the outer factors that represent stressors, the most common are stress events as such, ranging from daily difficulties, irritating or frustrating demands and expectations, events that adolescents wish would happen but they don't, intense stress events- traumas and numerous other.

Basic characteristic of stressful life events is that they rarely happen one at a time, but instead they are usually mutually interlinked, or one event provokes another (conflicts within the family, unemployment of family members, alcoholism, illness, etc). Adolescents living in families where conflicts repeatedly break out, those who have suffered traumas during their childhood, as well
as those with lack of social support or personal sources for successful stress management, may resort to use of different psychoactive substances as a coping strategy. Finding themselves in the situation of constant exposure to numerous stressful events, adolescents, lacking support and understanding from their parents and other important persons from their surrounding, can find it rather difficult to go through this period of life and may find themselves trapped in a closed circle from which they can hardly find the way out alone. In such circumstances, they may perceive use of different substances as the only possible "way out", way of coping with stress and way to diminish its effects.

Role of the family is rather important for overcoming stressful life events. However, it is possible to identify certain "types" of families whose educational approach in fact increases risk that the child will take psychoactive substances. Families where conflicts often happen, where situation is unbearable, such frustrating atmosphere can result in child's staying out of home most of the time and resorting to life on the street, within the peer group and out of control and care of their parents. From the other hand, there are overprotective families that tend to worry, protect, but also demand too much and put too many restrictions. High expectations and demands, imperative to achieve success in both school and extracurricular activities, all this has a tendency to keep children under control, as well as to protect them from external influence. Liberal family is typical for parents that are too focused on their career and seemingly have too much confidence in their children, but in fact, level of control is low and emotional links are weak in such a family, so parents give too much freedom to their children. Overprotective families that are managed by the children instead of parents are in most cases families with both parents, where children are allowed to "lead" process of upbringing from their earliest age, thus developing mechanisms of manipulation over parents.

It can never be warned enough about the risks associated with adolescence as age of growth and maturing of a young person, age when youngsters tend to become adult and to adopt behavioural patterns and habits of adults as soon as possible, regrettably often the negative ones, like smoking, drinking alcohol or use of psychoactive substances. In that process of growing up, although we all believe we act "in favour of children and young people"; in actual fact, they are often being left on their own. By leaving them on their own, we leave them exposed to various negative pressures at the same time.

Abovementioned factors, in conjunction with many others not mentioned here, in our country have resulted in use of psychoactive substances, whose scope is evidently high at the age of 16 years, and seems to be ever increasing.

Thus, although majority of students of this age ( $66 \%$ ) have never tried cigarettes, $44 \%$ of them have smoked cigarettes at least once during their lifetime. Most students first tried cigarettes at the age of 15 years.

Twenty-six percents of students have never tried alcohol, while $74 \%$ of them have drunk an alcoholic beverage at least once during the lifetime. It was at the ages of 14 and 15 years that students usually had their first contact with alcohol. Twenty-seven percents of students got inebriated at least once during the lifetime. Most youngsters had their first drunkenness with 15 years of age.

By the age of 16 years, $8 \%$ of students took sedatives and tranquillisers on doctor's advice, while $3 \%$ of them used tranquillisers and sedatives without a doctor's recommendation. Most students had their first experience with these medicaments at the age of 15 .

Three percents of students have drunk alcohol combined with tablets, most of which tried this combination of psychoactive substances when they were 15 .

Four percents of students have used inhalants at least once in the lifetime Majority of students first tried inhalants at the ages of 14 and 15 years.

Four percents of participating students reported that they have used marihuana or hashish during their lifetime. Most students first tried marihuana at the age of 15 . Seventeen percents of students said that they have had possibility to try marihuana/hashish, but they did not do it.

Obtained results only provided possibility to estimate use of ecstasy during the last 12 months and during the last 30 days, whilst it was not possible to register use of this drug ever during the lifetime. However, it is found that during the last 12 months, $1 \%$ of the total number of students have used ecstasy, while the same percent of students used ecstasy during the last 30 days. This would suggest that we have "regular" ecstasy users. Again, critical period for first consumption of this drug was at the ages of 14 and even more at the age of 15 , when the largest percent of students first tried it.

One percent of students who participated in the survey confirmed that they have used amphetamines at some point in their lifetime, with most of them having tried these substances at the age of 14 .

According to their own account, by the age of 16 years as much as $6 \%$ of participating students have used drugs like cocaine, hallucinogens, crack, heroin, "magic mushrooms", GHB, anabolic steroids or drugs like heroin, cocaine and amphetamines by intravenous application.

When the ESPAD 2007/2008 international report is published, we will be able to juxtapose and draw comparison of the extent of use of tobacco, alcohol and drugs among sixteen-year-old students in Montenegro with the use of these substances in other European countries and in Europe in general.

## BIBLIOGRAPHY

Backović A, Mugoša B, Laušević D. Prevencija narkomanije. UNICEF Kancelarija Podgorica. Podgorica, 2002.

Bauman A. Epidemiology of substance use in adolescence: prevalence, trends and policy implications. Drug Alcohol Depend 1999; 55(3):187-207.

Boreham R, Shaw A. Smoking, drinking and drug use among young people in England in 2000. Available from: http://www.archive.officialdocuments.co.uk/document/doh/sddyp/ sum03.htm

Dekalić N. Alkoholizam kod adolescenata u Samoboru. HČJZ 2008; 4(16).
European Commission. Special Eurobarometer 272. Attitudes towards Alcohol. Report, 2007. Available from: http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/ ebs272_en.pdf

Itković Z, Boras S. Zlouporaba alkohola kao rizični čimbenik suicidalnog ponašanja adolescenata. Acta Iader 2004; 1:33-43.

Johnston L D, O'Malley P M, Bachman J G. 2002. Demographic subgroup trends
for various licit and illicit drugs, 1975-2001. (Monitoring the Future Occasional Paper No. 57)

Institute for Social Research. Available from: http://monitoringthefuture.org/

La Cava Paula G, Kolev LA, Clert C. Young People in South Eastern Europe:
From Risk to Empowerment. Final Report.2004. THE WORLD BANK ENVIRONMENTALLY
AND SOCIALLY SUSTAINABLE DEVELOPMENT SOCIAL DEVELOPMENT TEAM EUROPE AND CENTRAL ASIA REGION. Available from: http://worldbank.org/INTCY/ Resources/3957661187899515414/Young_People_in_SEE_Risk_Empowerment.pdf

Vulić O, Mandić T. Priručnik za roditelje. Vapor. Podgorica, 2007.

NSDUH REPORT: Trends in Substance Use, Dependence or Abuse, and Treatment among Adolescents: 2002 to 2007. December 4, 2008. Available from: http://oas.samhsa.gov

Petrović SP. Droga i ljudsko ponašanje. Partenon. Beograd, 2003.
Poikolainen K, Tapio Paljärvi T, Pia Mäkelä P. Alcohol and the preventive paradox: serious harms and drinking patterns. Addiction. 2007;102(4):571-8.

Sakoman S, Kuzman M, Raboteg Z. Čimbenici rizika i obilježja navika pijenja alkohola među srednjoškolcima. Društv istraž 1999; 2-3(40-41): 373-396.

Statistički godišnjak 2006. O zdravlju stanovništva i zdravstvenoj zaštiti u Crnoj Gori. Institut za javno zdravlje. Podgorica, 2007.

Statistički godišnjak 2002. Republika Crna Gora Republički zavod za statistiku. Podgorica, 2002.
U.S. Department of Health and Human Services (HHS), The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking. Alcohol and Teen Drinking. HHS, Office of the Surgeon General, 2007. Available from: http:// www.suhsd.k12.ca.us/rdrm/Downloads/ teendrinking.pdf

Vulić-Prtorić A., Galić S. Stresni životni događaji i somatizacija u djetinjstvu i adolescenciji. 2004. XIV Danima psihologije u Zadru, Knjiga sažetaka, str 125.

Vulić-Prtorić A., Macuka I. Stresni životni događaji i depresivnost u adolescenciji u odnosu na konzumiranje sredstava ovisnosti. Međunarodna konferencija Borba protiv ovisnosti- borba za zdravu obitelj, Pula, 2004. Zbornik radova, Zagreb: Vlada RH, Ured za suzbijanje zlouporabe opojnih droga, 437-444.

World Health organization. Lexicon of alcohol and drug terms published by the World Health Organization. Available from: http://www.who.int/substance_abuse/terminology/who_lexicon/ en/print.html

World Health Organization Department of Mental Health and Substance Abuse. WHO Global Status Report on Alcohol 2004. Available from: http://whqlibdoc.who.int/ publications/2004/9241562722_(425KB).pdf

