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Institute of Public Health of the
Republic of North Macedonia

EUROPEAN WEB SURVEY ON DRUGS 2024 IN THE REPUBLIC OF NORTH MACEDONIA

Skopje, 2025

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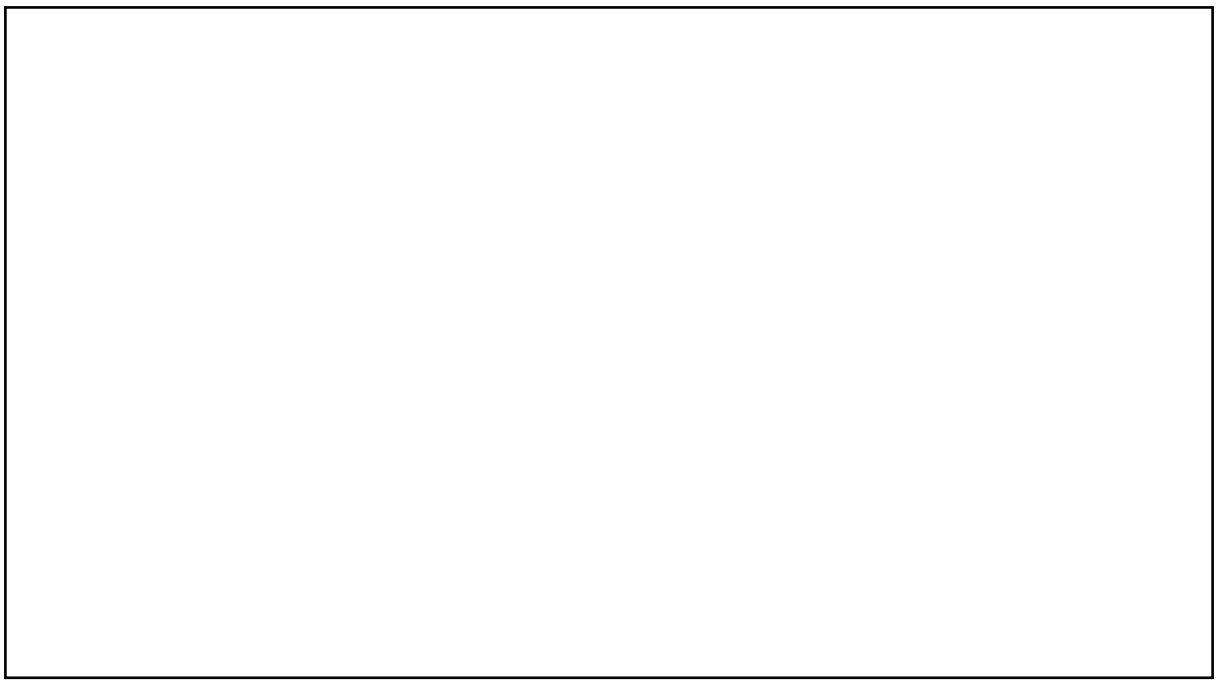


Content

1. Introduction

1.1. Overview of the European Web Survey on Drugs

The European Web Survey on Drugs (EWSD) is a research initiative coordinated by the European Union Drugs Agency (EUDA), launched across Europe for the first time in 2016. To date, five waves have been conducted, with the most recent survey in 2024 covering over 30 EU and non-EU countries:

European Union: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, France, Germany, Greece, Ireland, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden

EU4MDII: Lebanon, Palestine*, Ukraine

IPA8: Albania, Bosnia and Herzegovina, Kosovo*, Montenegro, North Macedonia, Serbia

Other countries: Norway, Switzerland

The survey collects data through an online questionnaire, designed to reach individuals who use drugs, aged 18 or older. By conducting the survey online, the EWSD can reach a more diverse sample of drug users, including those who may not engage with traditional research methods. This allows for a deeper exploration of trends among specific demographic groups, such as young adults, occasional users, and individuals experimenting with new substances. This approach allows researchers to gather insights into recreational drug use, frequency and methods of consumption, purchasing patterns, and perceived risks associated with different substances. By capturing real-time information on drug markets and user experiences, the EWSD plays a crucial role in shaping evidence-based drug policies and interventions at both national and European levels.

Since its inception, the EWSD has provided policymakers and public health officials with essential data for monitoring trends, identifying potential risks, and developing targeted harm reduction strategies. The ability to track changes over time makes it a valuable tool for assessing the impact of drug-related policies and interventions, as well as for responding to emerging challenges such as new psychoactive substances, shifts in drug supply chains, and the growing role of digital platforms in drug distribution.

1.2. European Web Survey on Drugs across Europe

The EWSD is conducted in multiple European countries, allowing for cross-country comparisons and a broader understanding of drug use across different regions. Each participating country follows a standardized methodology while adapting the survey to national contexts, ensuring that the data remains relevant and applicable to local drug policies.

The survey covers a wide range of substances divided into modules, including cannabis, cocaine, ecstasy/MDMA, amphetamine, methamphetamine, heroin, new psychoactive substances and ketamine. Other drug modules, relevant to specific contexts, were added by individual countries. Questionnaires were presented in the languages of the countries.

The results of the EWSD contribute to a broader European effort to combat drug-related harm and improve public health responses. The data is used by national authorities, health professionals, and policymakers to inform prevention strategies, enhance treatment programs, and adapt drug policies to reflect the realities of substance use in modern society

1.3. European Web Survey on Drugs in the Republic of North Macedonia

The Republic of North Macedonia (RNM) participated in the EWSD for the second time in 2024, following its initial involvement in 2021. The Republic of North Macedonia, as part of the IPA 7 beneficiary countries, conducted the survey for the first time in 2021. In 2024, the survey was conducted for the second time, supported by the EUDA IPA 8 project. The Institute of Public Health of the Republic of North Macedonia was the implementer of this European web survey on drugs, with support from the Ministry of Health of the Republic of North Macedonia.

The survey provided ground-breaking insights into drug use trends within the country, highlighting key issues such as the prevalence of cannabis and stimulant use, patterns of use, polydrug use, etc.

As a country located at a strategic crossroads in the Balkans, North Macedonia is influenced by broader European drug trends, as well as regional drug trafficking routes. The EWSD plays a vital role in understanding the drug availability and consumption patterns within the country. The 2024 survey collected data on various aspects of drug use in North Macedonia, including:

- The most commonly used substances and their prevalence.
- Special focus on cannabis use.
- Emerging risks related to new psychoactive substances and synthetic drugs.
- The extent of polydrug use and its associated health consequences.

By reaching a broad and diverse sample of drug users, the EWSD provides a more accurate and up-to-date picture of drug use in North Macedonia. The findings are expected to inform national drug policies, enhance prevention and treatment services, and support evidence-based decision-making. Additionally, the survey results contribute to regional and European efforts to address drug-related challenges through collaborative policy development and knowledge exchange.

This report presents an in-depth analysis of the EWSD 2024 results for North Macedonia, highlighting key findings, demographic trends, and policy implications. By analyzing the 2024 data, this report aims to provide a comprehensive overview of drug use in the country and support efforts to reduce drug-related harms while promoting public health and safety.

2. Objective of the European Web Survey on Drugs

The European Web Survey on Drugs (EWSD) aims to improve the understanding of drug use patterns, emerging trends, and behaviors among individuals who use drugs across Europe. Unlike traditional monitoring methods that rely on population-wide surveys, treatment records, or law enforcement data, the EWSD focuses on voluntary, anonymous self-reporting, providing a more immediate and nuanced perspective on contemporary drug use.

Other project objective is to collect detailed information on the quantities and types of drugs used by different groups of people in Europe and beyond, contributing to the growing knowledge base on drug-use practices. This information will enhance market size estimates at both national and European levels, and broadly contribute to policy development.

3. Material and method

The European Web Survey on Drugs in the RNM was designed as a cross-sectional study. Data collection was via an online survey shared through various website sources and paid Facebook advertising. Participation in this project was completely voluntary. The survey was anonymous.

3.1. About the questionnaire

The questionnaire included modules on: A bit about you, CBD/low-THC module, Cannabis module, Cocaine module, Ecstasy/MDMA module, Amphetamine module, Methamphetamine module, Heroin module, New psychoactive substances ('NPS') module, Ketamine module, Some final questions about you. This time in those modules, the focus was collection of in-depth information from people who use cannabis and cannabinoids, focus on polysubstance use and on emerging trends and substances. The questionnaire run for 6 weeks (between 22-th of May and 3-th of June 2024).

The web-based survey targeted people aged over 18 who have used one or more drugs over the last 12 months: cannabis (hashish or marijuana), cocaine, ecstasy/MDMA, amphetamine, methamphetamine, heroin or any 'NPS'.

Participation in this project was completely voluntary. The survey was anonymous. No IP addresses were stored and no tokens were used.

The data were collected via EU Survey, the European Commission›s official survey management tool.

The English master questionnaire was translated into Macedonian and Albanian, the two national languages, and was also available in English.

3.2. Cognitive interviews

For the purpose of testing the comprehensibility and logic of the translated questionnaire, cognitive interviews were conducted with five people representing the following target groups (sub-populations) of drug users: 2 cannabis users, 2 cocaine users, and 1 ecstasy user. All participants in the cognitive interviews were asked to respond to all questions in each module, not just the modules relevant to their specific drug use. Additionally, all five respondents were asked to complete the sections: Introduction, A Bit About You, and Some Final Questions About You.

The criteria for participation were that respondents be over 18 years old and have used one or more drugs in the last 12 months. All five respondents were male.

For recruitment, informal networks (friends of friends, neighbours) were utilized. All interviews were conducted in a lunch bar, and instead of traditional incentives, the lunch and drinks during the interviews were covered by the researcher.

Key findings from the cognitive interviews were incorporated into the final questionnaire.

3.3. Recruitment strategies

The recruitment plan was developed prior to the start of the research to outline the work plan and promote the survey. There were used the following recruitment strategies:

3.3.1. Media coverage

A press release was prepared by the EUDA, containing all necessary information about the launch of the survey. It was translated into Macedonian, adapted to meet our needs, and shared with local media, primarily through social media, on the day the survey began.

3.3.2. New, dedicate Facebook page

A Facebook page titled «Европско веб истражување за дроги 2024» was created to share various educational content related to drug use, including the results of the 2021 Web Survey on Drugs (informative content) and promotion of this year's survey aimed at individuals over 18 who have used or are using drugs. For the online promotion, we used social media graphics, video clips and infographics.

3.3.3. Paid advertisements

Paid ads were strategically designed to increase response rates on Facebook, Instagram, Viber, and Messenger. These ads were updated throughout the data collection period, with ongoing monitoring of post traffic (clicks per ad) - Image ad and video ad. The criteria used for targeting the population for paid ads included interests, keywords, age groups, and geography. The specific age group targeted was 18+.

Region: North Macedonia

Keywords: Men and Women

Interests: music (techno, rap, hip hop, electronic etc.), concerts, gambling, alcoholic drinks, drugstore, bars, clubs, nightlife, music festivals, rehabilitation counselling, addictions counselling, drug and alcohol, live concerts and many more...

3.3.4. Spread info on relevant pages

The web survey was also shared through the website and Facebook page of the Institute of Public Health (IPH), as well as through various Public Health Centers, Health Homes, and Non-Governmental Organizations.

3.3.5. Interaction with respondents via inside groups

Additionally, the survey was distributed in various Viber and WhatsApp groups, including peer groups, student groups, and groups of employees in cafes and discos. Those connections were made thanks to personal acquaintances.

3.3.6. Flyers

A flyer was prepared and printed in 1,000 copies, which were distributed at the Center for Prevention and Treatment of Addictions in Kisela Voda, Skopje, and at the Private Psychiatric Clinic Euromedika, where they treat individuals who use drugs. The flyer was also shared by NGOs HOPS from Skopje and Izbor from Strumica (with its Therapeutic Community Pokrov), who further distributed it to the users of their services.

4. Results

The total number of respondents who completed the questionnaire was 862. The first and last modules, which contained more general questions, were mandatory. The other modules, which focused on specific drugs, were optional. Each respondent could choose which drug-specific module they wanted to answer based on their personal experience.

4.1. Socio-demographic data

The socio-demographic data of the survey respondents were as follows:

Figure 1. Sex

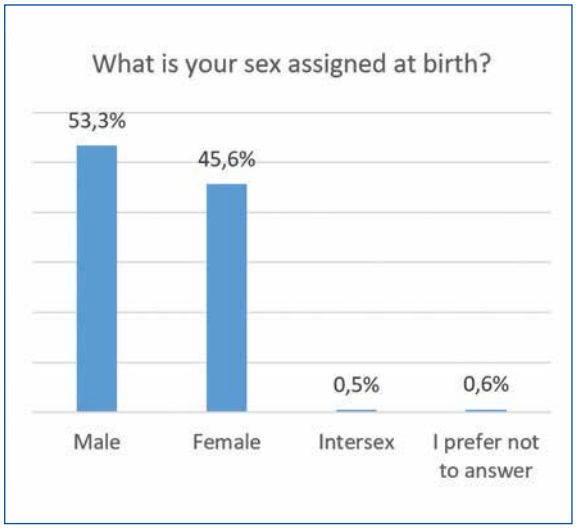
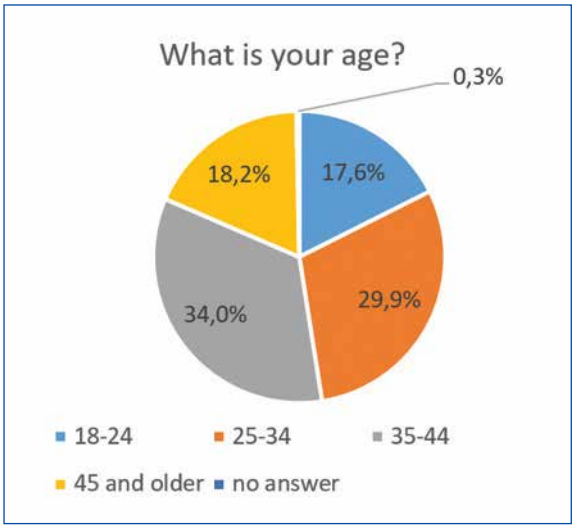


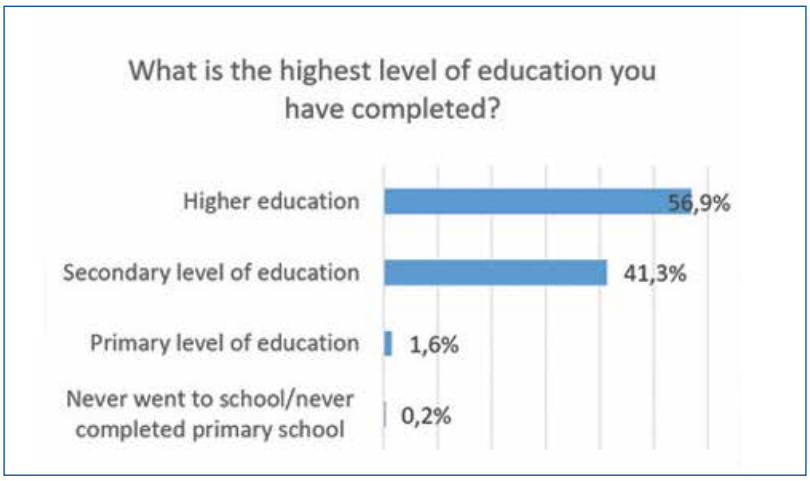
Figure 2. Age



This figure illustrates the demographic breakdown of the survey respondents by sex. The majority of them were male (53.3%), followed by female (45.6%). A small percentage identified as intersex (0.5%) or preferred not to answer (0.6%) (Figure 1).

The figure 2 display the ages of the 862 respondents who completed the questionnaire. 17.6% of them were young people from 18 to 24 years old, 29.9% are from 25 to 34, 34% from 35 to 44 and 18.2% were aged 45 and older.

Figure 3. Highest level of education-completed



56.9% of all respondents reported having completed higher education (university), 41.3% completed secondary education, 1.6% completed primary education, and only 0.2% did not complete primary education (Figure 3).

Figure 4. Employment status

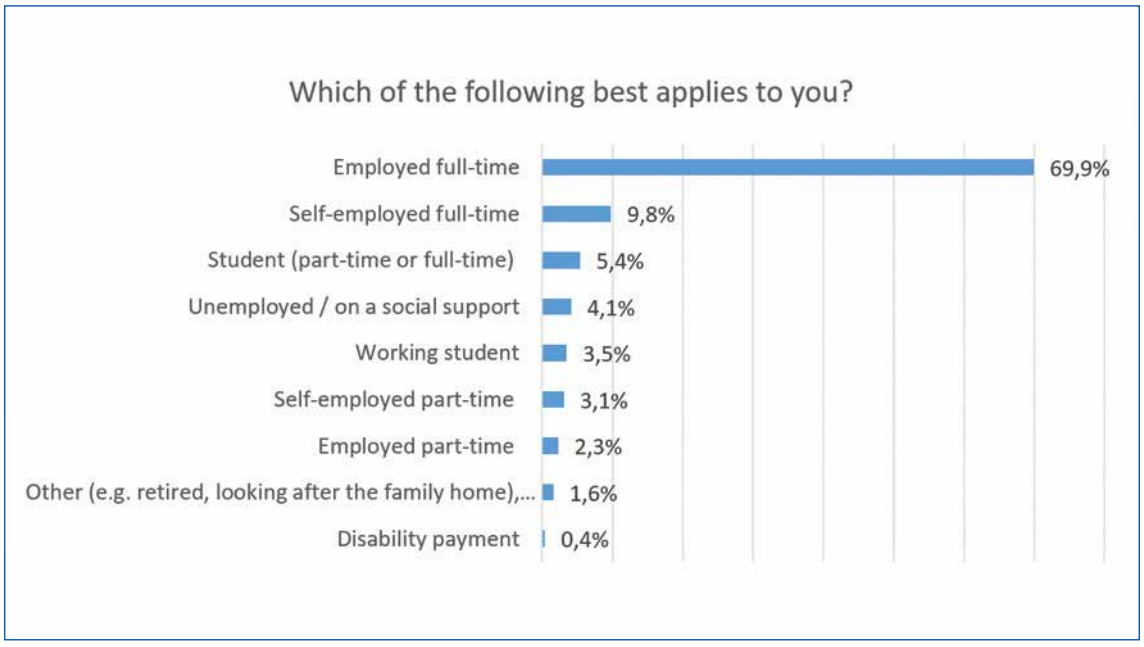
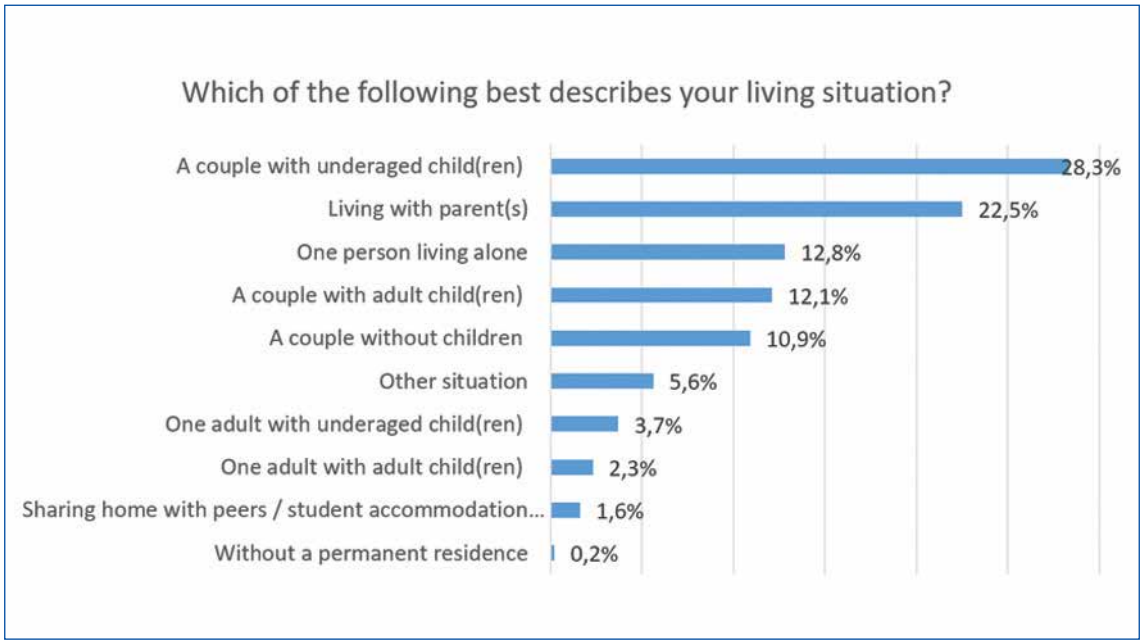
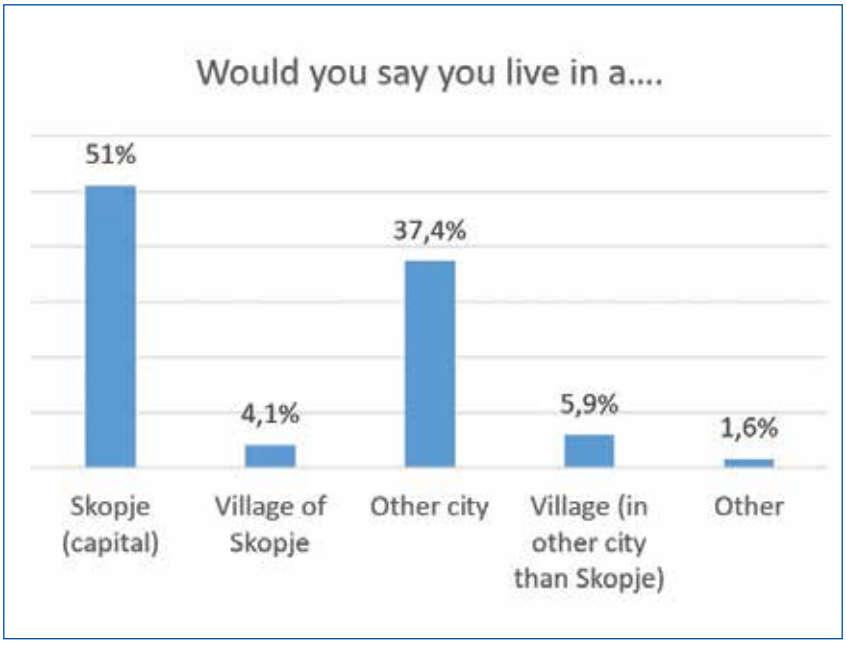


Figure 5. Household Composition



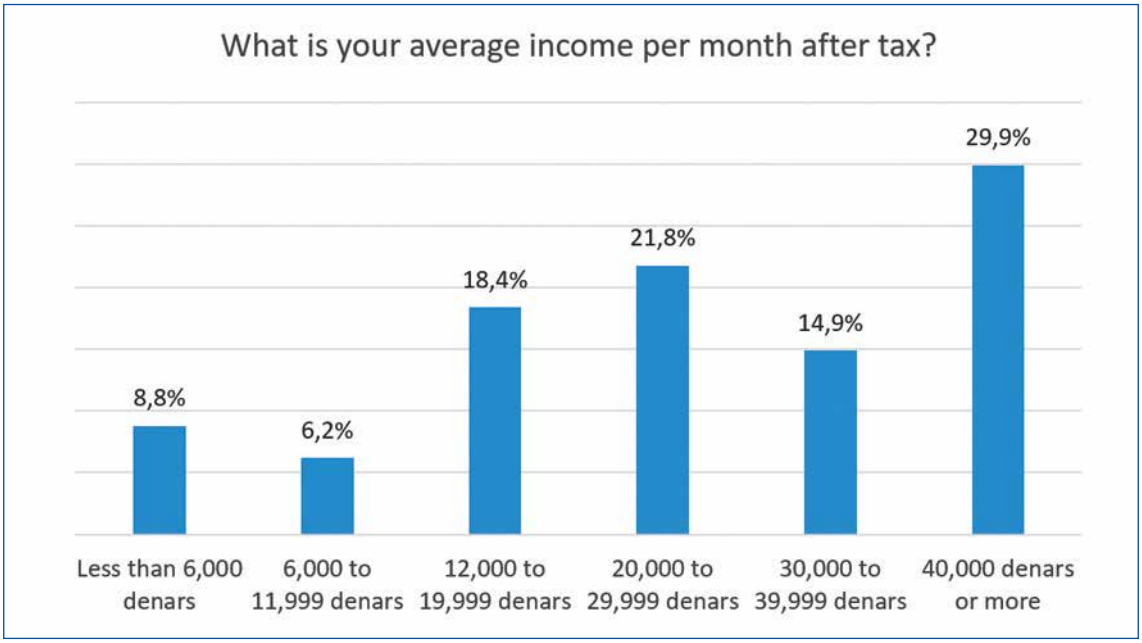
Most of the respondents (69.9%) were employed full-time (Figure 4). Additionally, 28.3% lived as a couple with underage child(ren), 22.5% lived with their parents, and 12.8% lived alone (Figure 5).

Figure 6. City/village



Most of the respondents (88.4%) lived in a city–51% in the capital Skopje, and 37.4% in other cities in North Macedonia. Additionally, 10% of all respondents lived in a village (Figure 6).

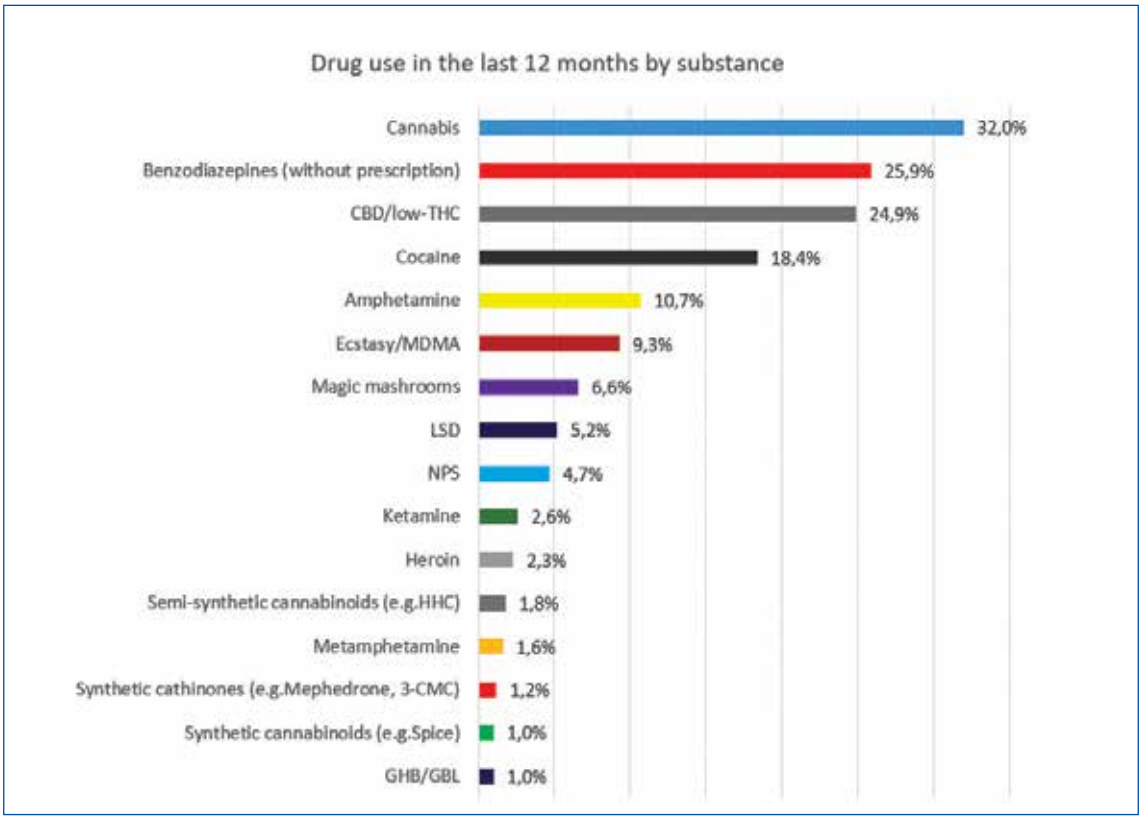
Figure 7. Monthly income



The average monthly salary in North Macedonia in December 2024 was 43,587 denars after tax, while the minimum salary was 22,567 denars. Almost 30% of respondents had a monthly income of 40,000 denars or more, while the remaining 70% earned less than 40,000 denars per month. This indicates that more than half of the respondents lived on a very low income (Figure 7).

4.2. Drug use and treatment received in the last 12 months

Figure 8. Drug use in the last 12 months by substance



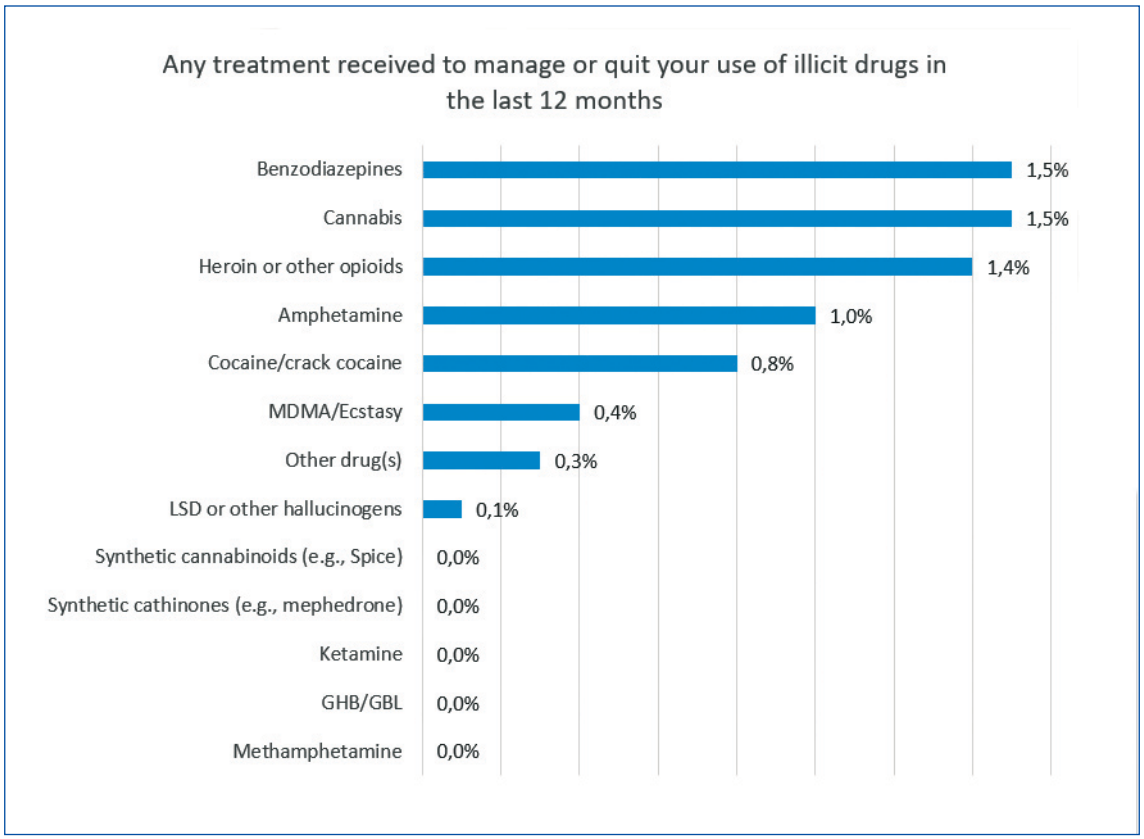
The most commonly used drug over the past 12 months was cannabis, with 32% of participants reporting its use. This was followed by benzodiazepines without a prescription, used by 25.9% of participants, and CBD and/or low-THC products, used by 24.9% of participants. Cocaine was used by 18.4% of participants in this survey.

Other substances reported include:

- Amphetamine: Used by 10.7% of participants,
- Ecstasy/MDMA: Used by 9.3% of participants,
- Magic mushrooms: Used by 6.6% of participants,
- LSD: Used by 5.2% of participants,
- New Psychoactive Substances (NPS): Used by 4.7% of participants.

The remaining drugs were used by less than 3% of the participants in the survey (Figure 8).

Figure 9. Treatment received in the last 12 months



On the question, "Have you received any treatment to manage or quit your use of illicit drugs in the last 12 months?", the number of people who reported receiving treatment was small, namely: 1.5% for benzodiazepine use, 1.5% for cannabis use, 1.4% for heroin or other opioids, 1% for amphetamines, 0.8% for cocaine, 0.4% for Ecstasy/MDMA, and 0.1% for LSD. The majority of respondents stated that they had not received any treatment for drug use.

Treatment refers to medical or psycho-social approaches, delivered in person or online, including structured self-help programs (Figure 9).

4.3. CBD/low THC products module

From the total number of participants, 24.9% reported using CBD and/or low-THC products without a prescription. They reported consuming these products in the form of dried herb (58.8%), cigarettes or joints (55%), oils (40%), etc. (Figure 10).

Regarding the motivation for using CBD and/or low-THC products, around 65.4% of respondents who used them did so to reduce stress and relax, 56.8% to improve sleep, 45.7% to manage depression and anxiety, and 39.5% to socialize, etc. Only 1.2% used CBD and/or low-THC products to manage cannabis withdrawal symptoms (Figure 11).

Home was the most common setting for the use of CBD/low-THC with 77.2%, followed by nature 54.4%, public space 44.3%, etc. (Figure 12)

Figure 10. Form of CBD/low-THC

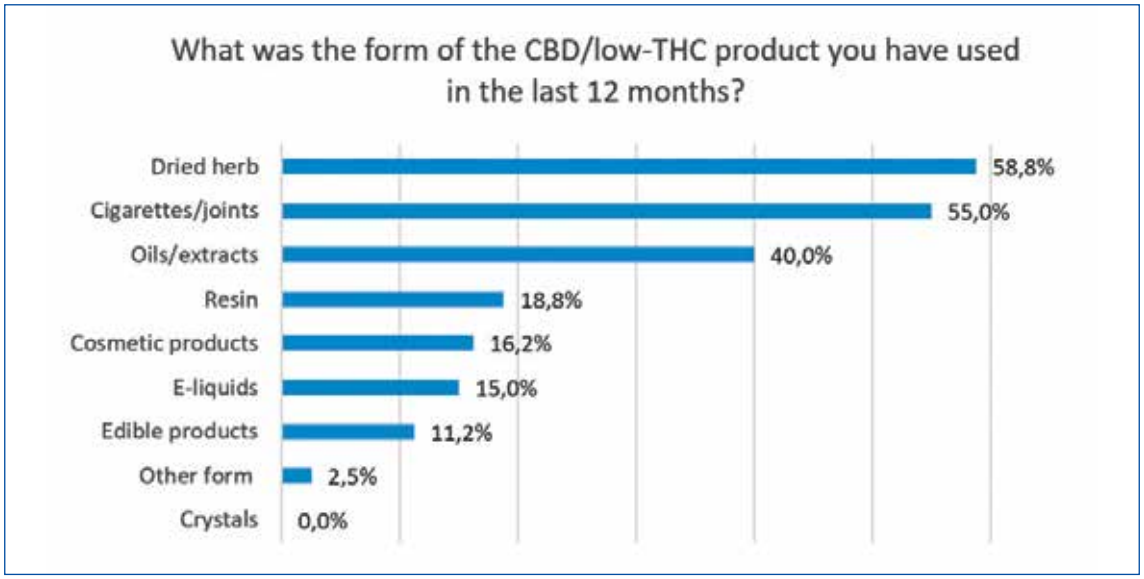


Figure 11. Motivation for use CBD/low-THC

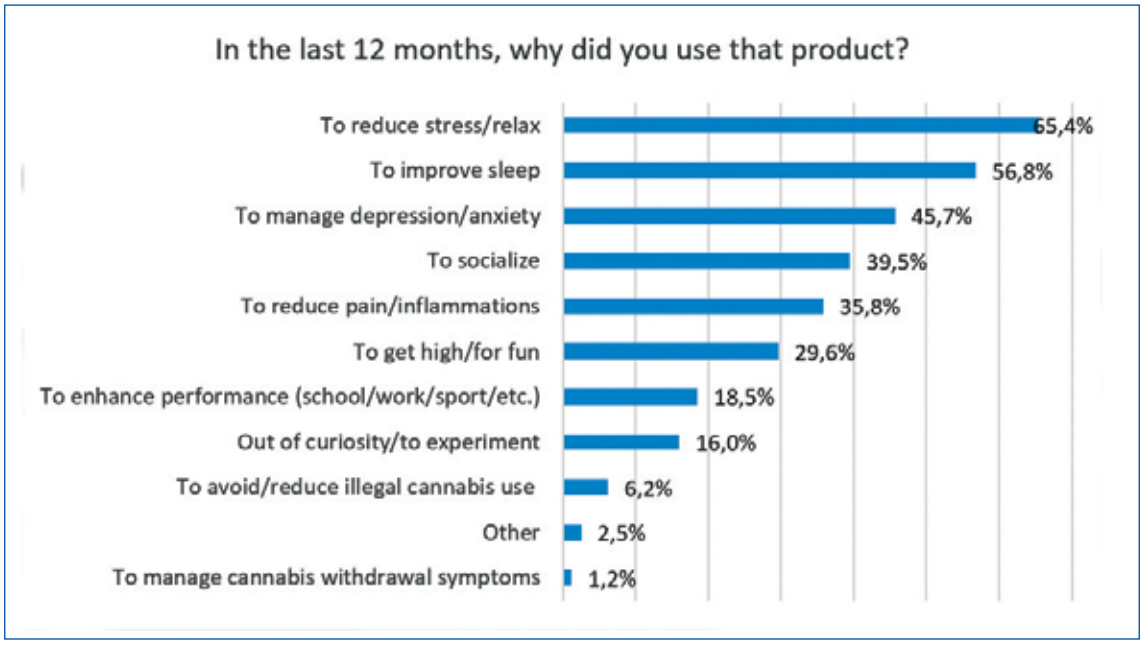
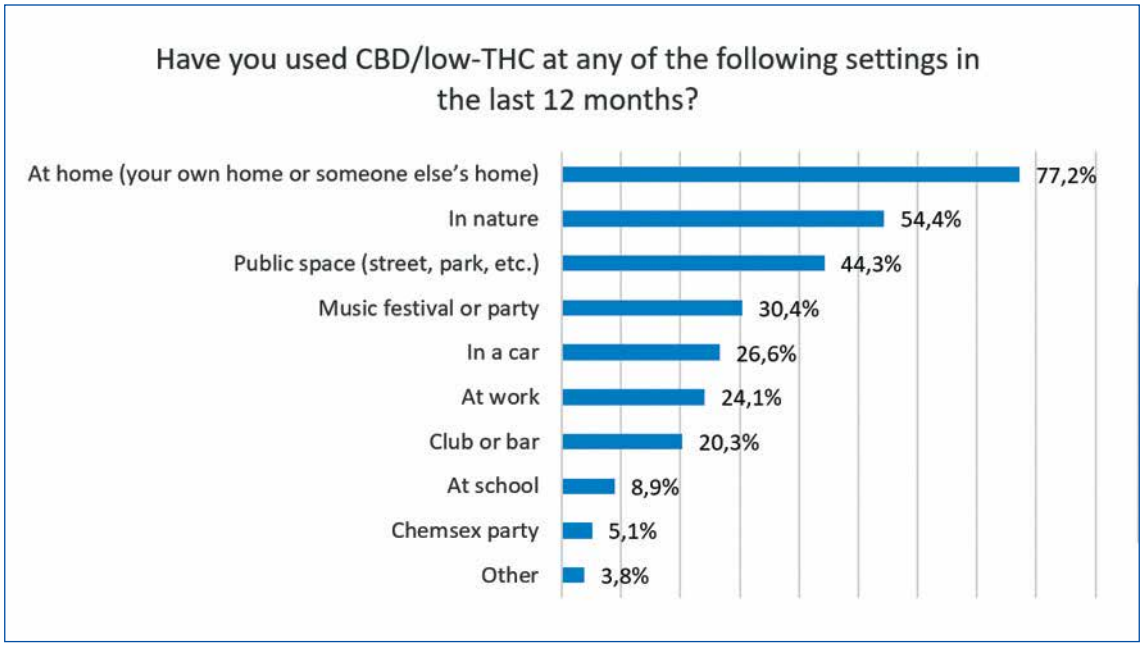


Figure 12. Setting for drug use



4.4. Cannabis module

The cannabis module was answered by 225 participants. The most common age for first-time cannabis use is 16 years, meaning most participants began using cannabis at the age of 16. The minimum age of first use is 12 years, and the maximum age is 43 years.

Most respondents (91.7%) used illicit cannabis products, while 9.7% obtained non-medical cannabis legally (in countries where cannabis is legal), and 1.9% used cannabis with a medical prescription (Figure 13).

Figure 13. Legal status of cannabis products

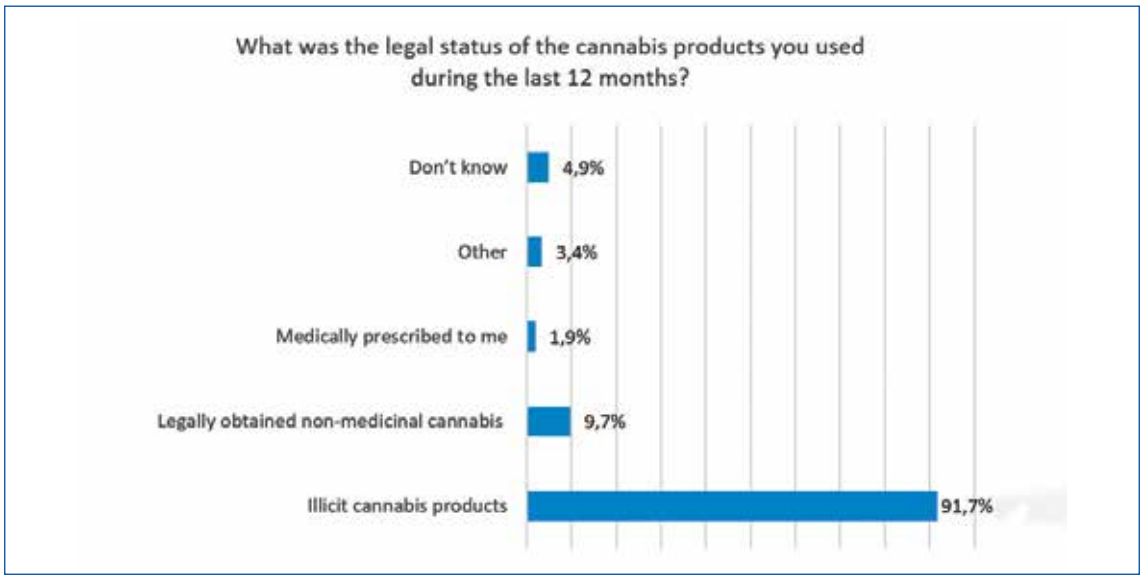
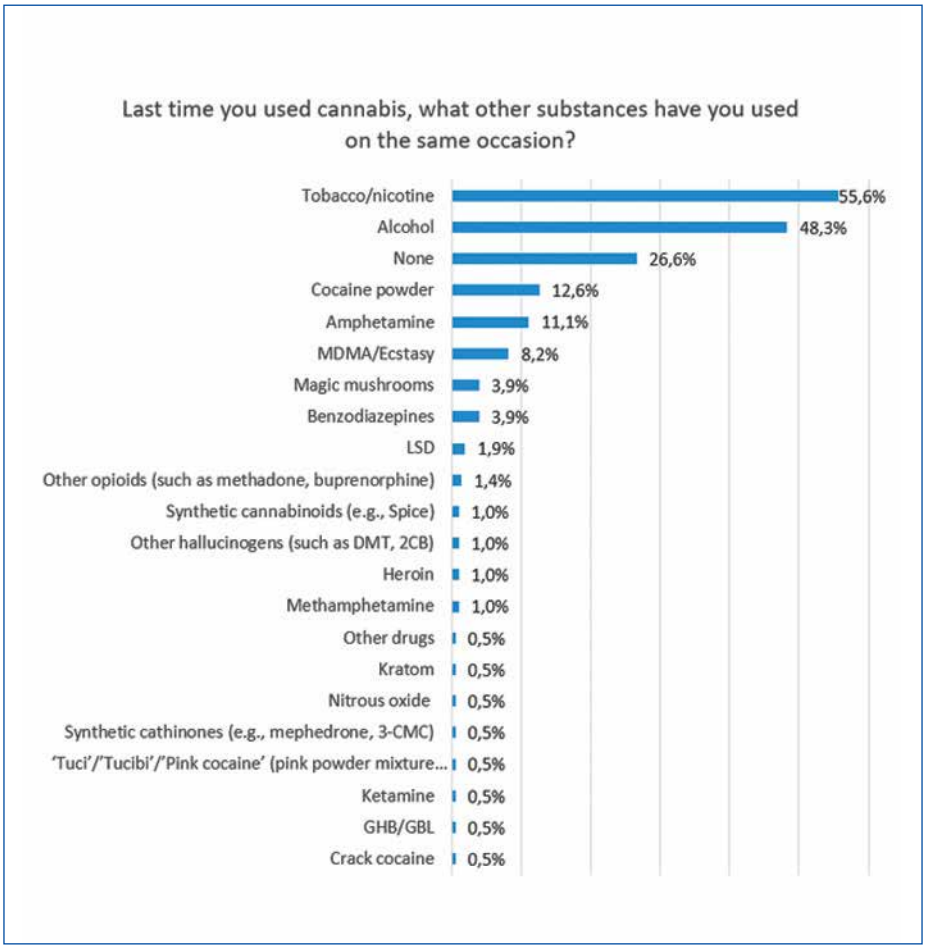


Figure 14. Substances typically co-used with cannabis



Around half of the respondents reported using tobacco or alcohol together with cannabis, while 12.6% of cannabis users reported using cocaine powder on the same occasion. Cannabis was used with amphetamines by 11.1% of respondents, with ecstasy by 8.2%, and with magic mushrooms or benzodiazepines by 3.9% (Figure 14).

Regarding the motivation for cannabis use, the highest percentage of respondents (68%) stated that they used it to reduce stress and relax. Around 50% reported using cannabis to socialize, get high/for fun, or improve sleep (Figure 15).

In connection with stress and relaxation, more than 30% of respondents used cannabis to manage or improve sadness, depression, anxiety, sleep problems, and mood swings (Figure 16).

Figure 15. Motivation for use of cannabis

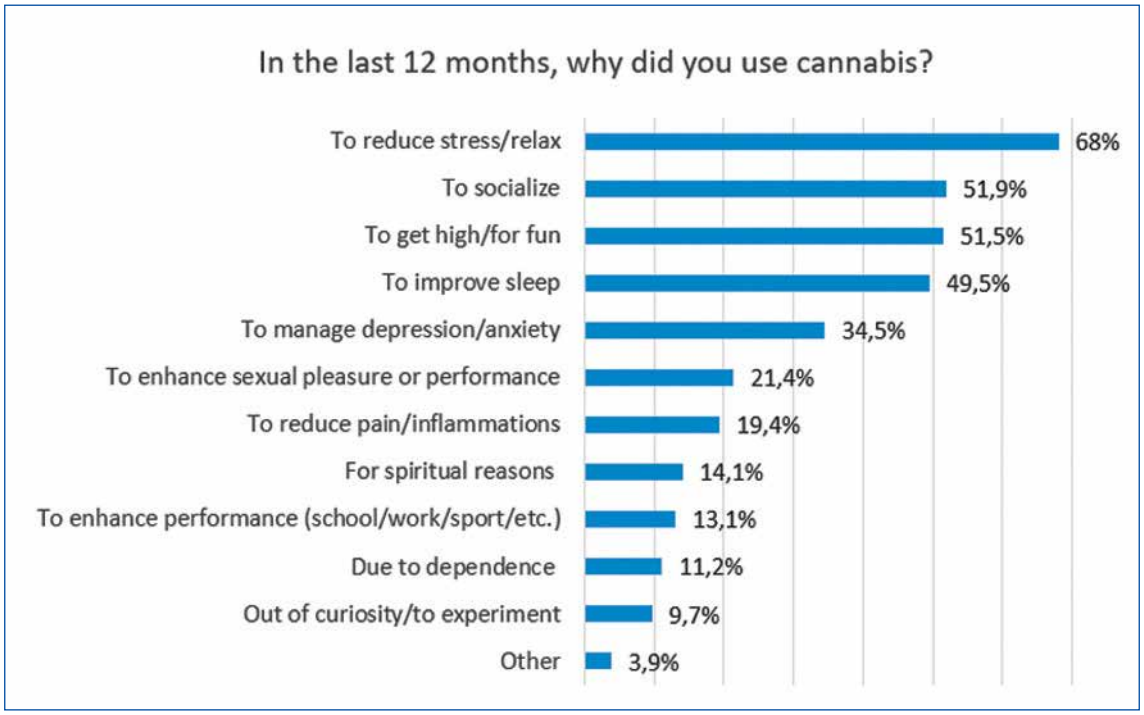
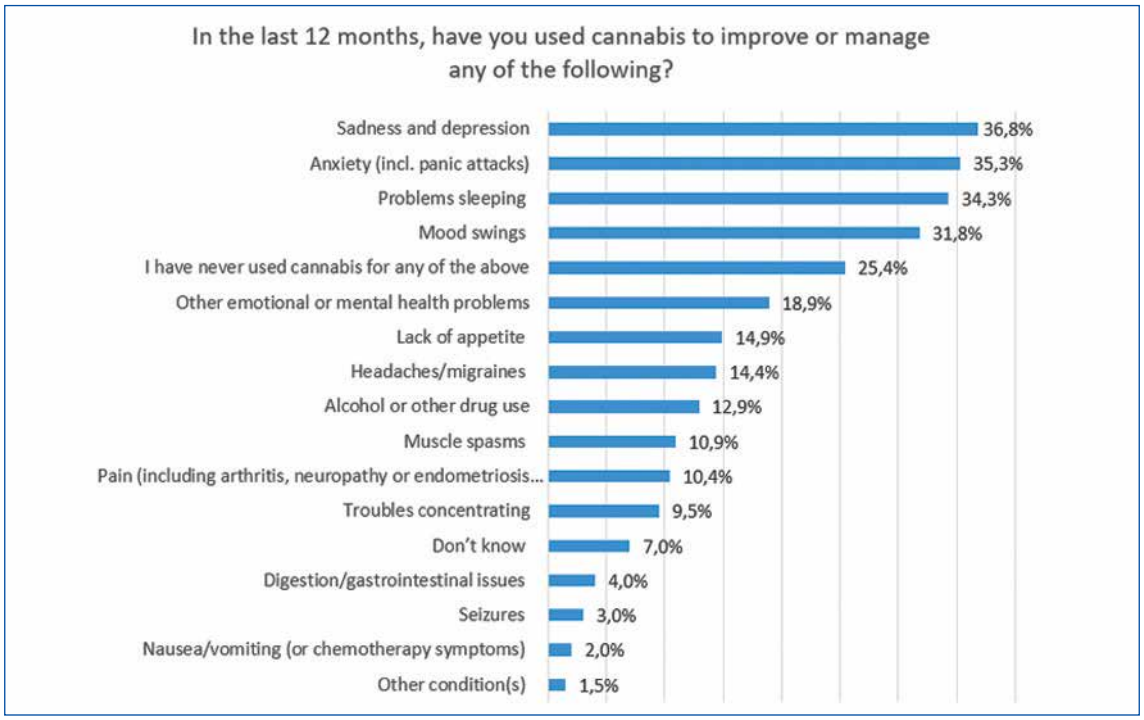


Figure 16. Motivation for use of cannabis (improve or manage conditions)



Home was the most common place for cannabis use, reported by 72.7% of respondents. Around half used cannabis in nature, 30.3% in public spaces, 21.2% at music festivals or parties, 18.2% in clubs or bars, 12.1% in a car, 9.1% at work, and 6.1% at school (Figure 17).

A little more than half of the respondents did not experience any adverse or negative health effects from cannabis use, while others reported health problems such as memory issues, difficulty concentrating, anxiety or panic reactions, and weight loss or gain, among others (Figure 18).

Figure 17. Setting for cannabis use

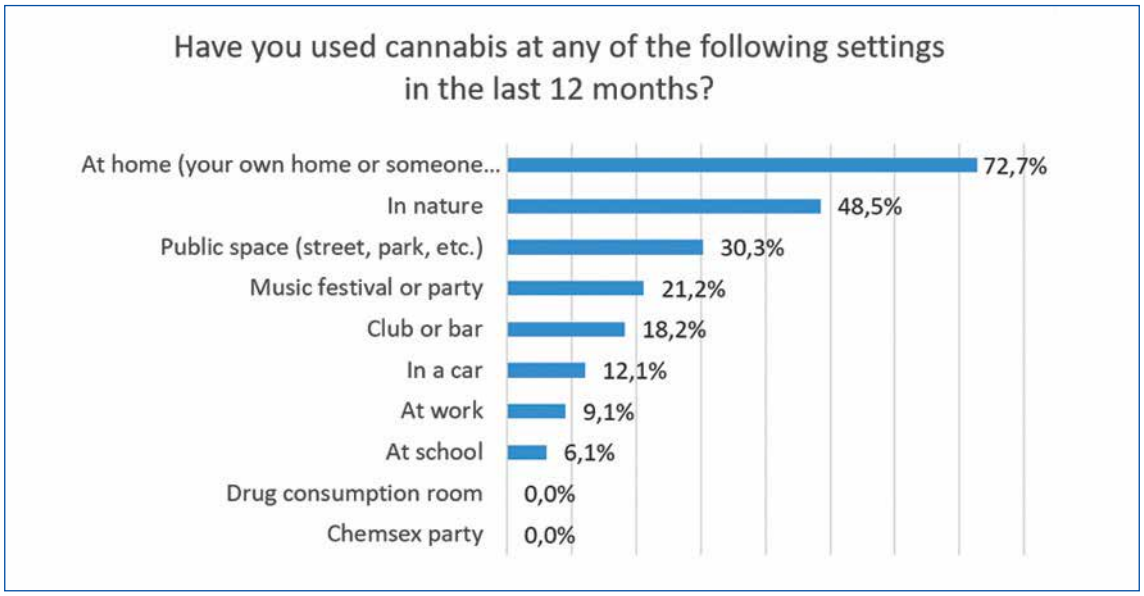
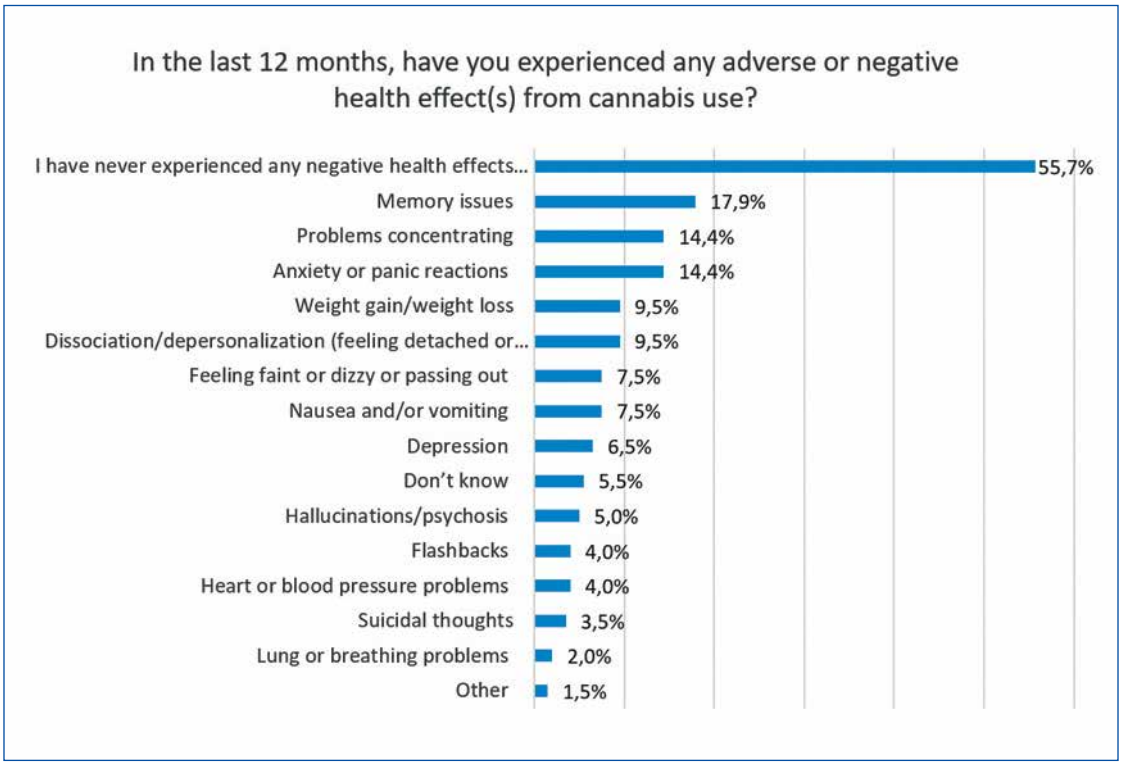


Figure 18. Health effects from cannabis use



73.4% of respondents had never been sanctioned for any cannabis-related offenses. However, 15.8% were sanctioned for cannabis use, 13.3% for possession, and 3% for trafficking, cultivation, or importation (Figure 19).

53% reported driven a vehicle (car, motor bike, electric scooter) within 4 hours of using cannabis in the last 12 months (Figure 20).

Figure 19. Sanctioned for any cannabis offences

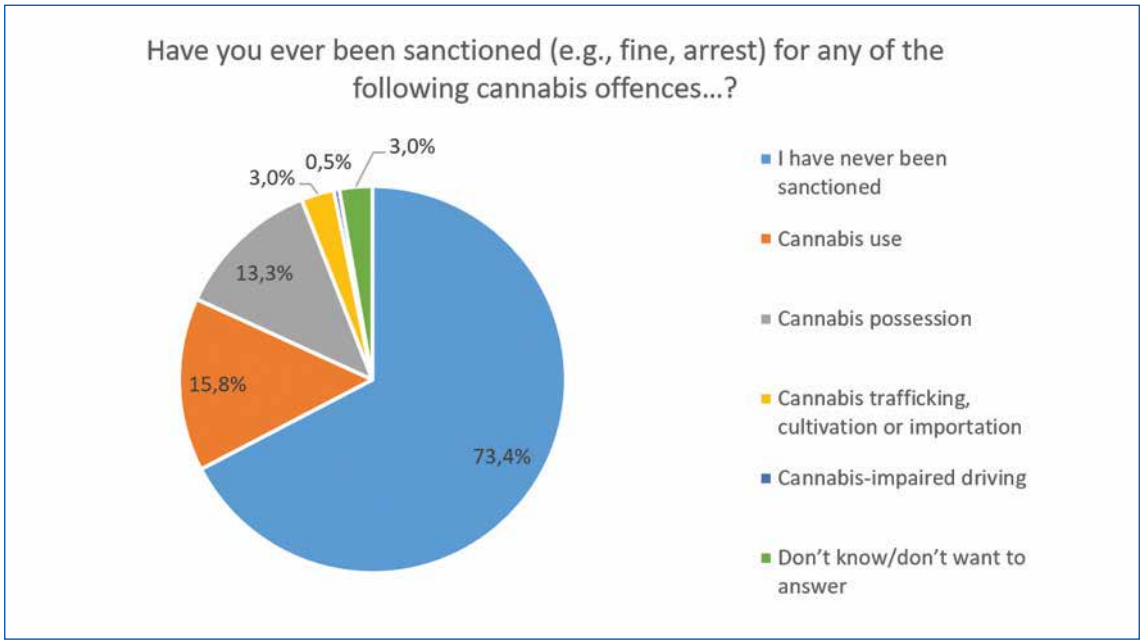
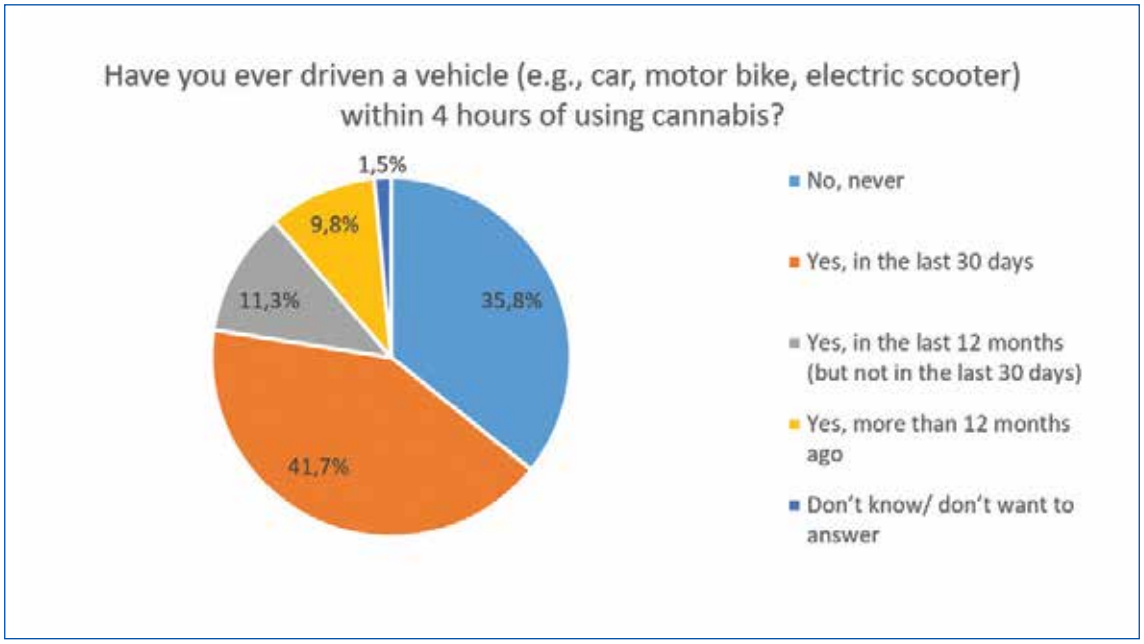


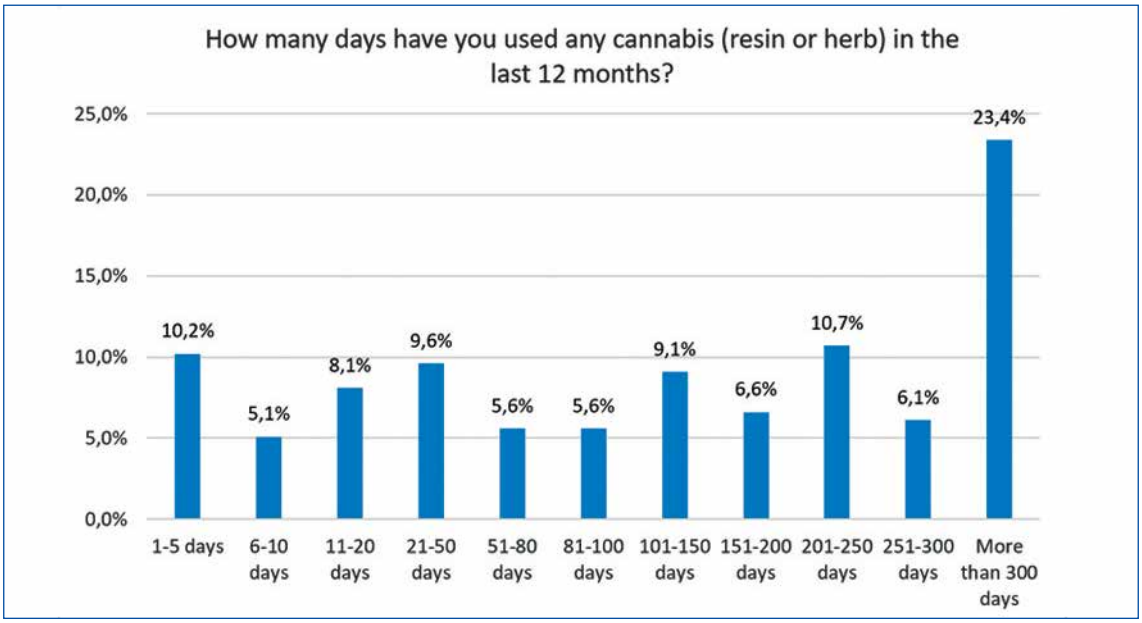
Figure 20. Driven a vehicle within use of cannabis



In response to the question "How many days have you used cannabis (resin or herb) in the last 30 days?", the minimum reported usage was 3 days, while the maximum was 29 days. The most commonly reported number of days was 15.

Over the past year (12 months), the highest percentage of respondents (23.4%) reported using cannabis on more than 300 days (Figure 21).

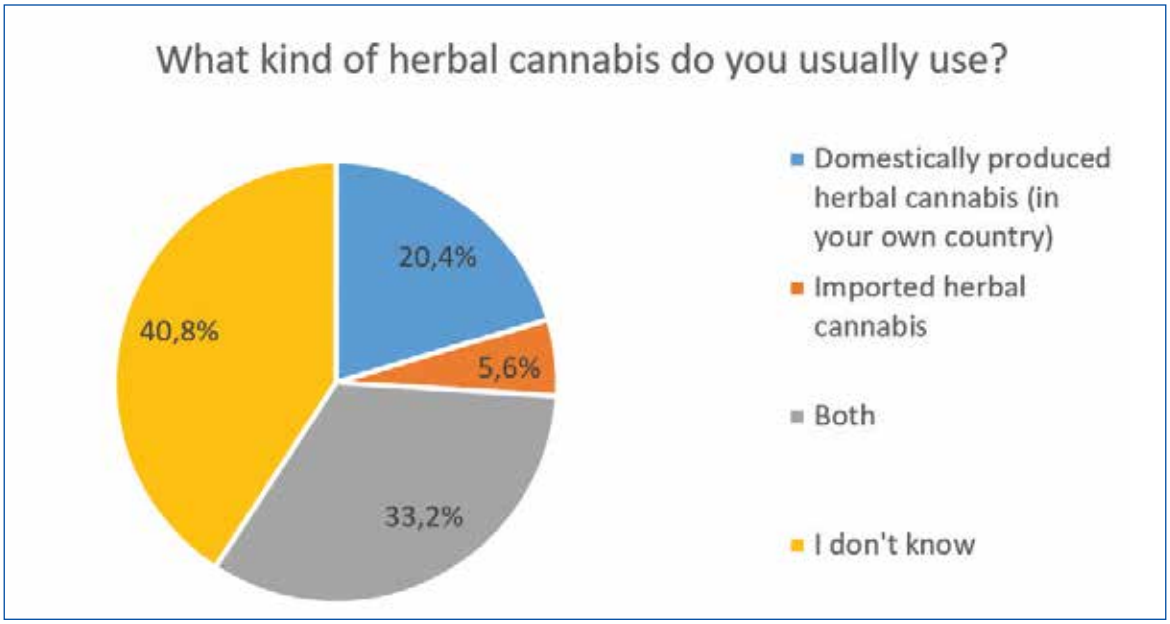
Figure 21. Number of days used cannabis in the last 12 months



4.4.1. Herbal cannabis

Herbal cannabis is the most used type of cannabis in N.Macedonia. 20.4% of respondents use herbal cannabis which is produced in our own country, 5.6% used imported herbal cannabis, 33.2% used both domestic and import herbal cannabis and 40.8% don't know what kind of herbal cannabis they used (Figure 22).

Figure 22. Kind of herbal cannabis



97% of respondents stated that they used herbal cannabis in the form of a joint, and more than half reported that they usually shared their joint with others.

Herbal cannabis was purchased by 79% of respondents, while 15.9% received it for free, and 2.1% produced it themselves (Figure 24).

Figure 23. Share of the joint (herbal cannabis)

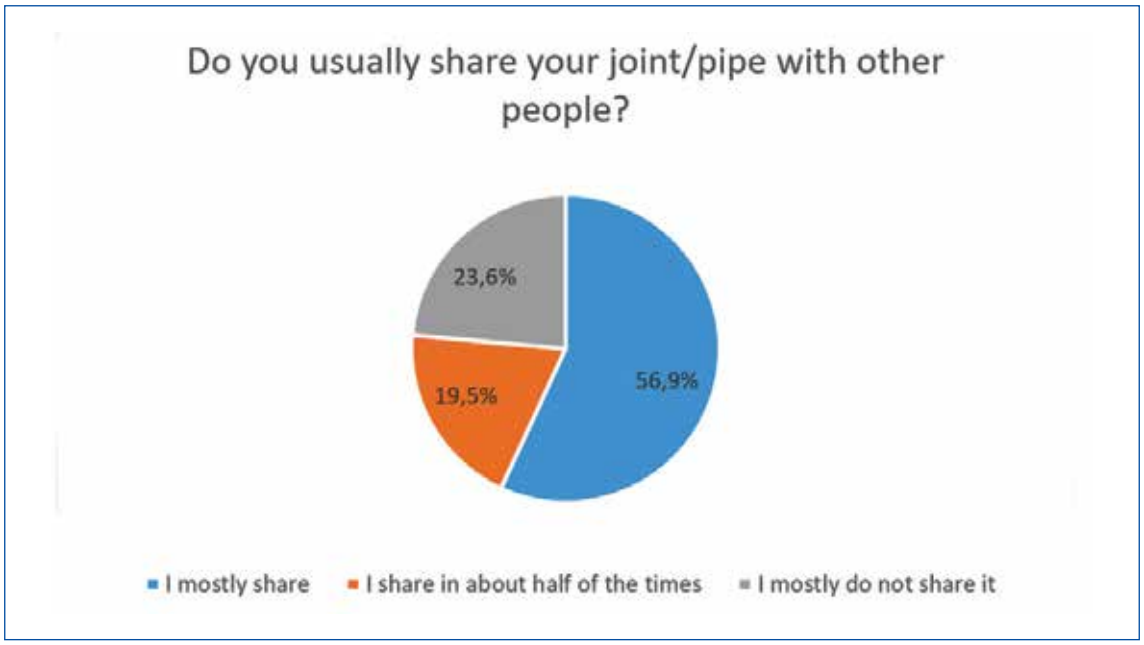
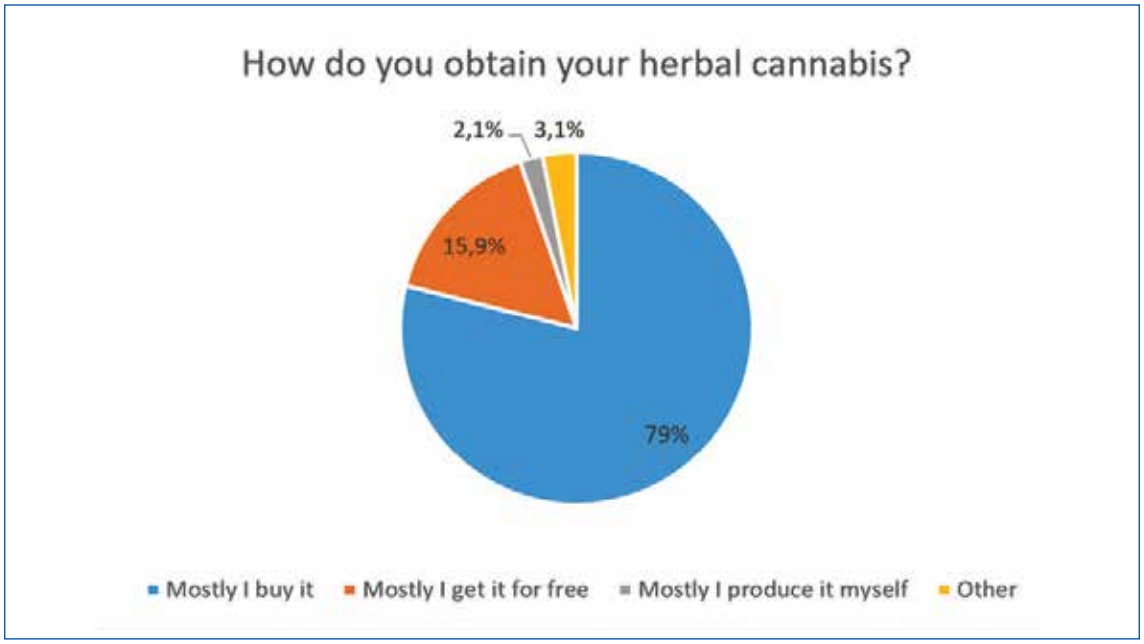


Figure 24. Obtain herbal cannabis



Almost 60% of respondents bought herbal cannabis from friends or acquaintances, while 51.6% purchased it by directly contacting a dealer (Figure 25).

Regarding how they obtained it, 77.2% received their herbal cannabis in person outside their home, 17.2% received it at home, and 20% picked it up from a pre-arranged location without any personal contact (Figure 26).

Figure 25. Buy herbal cannabis

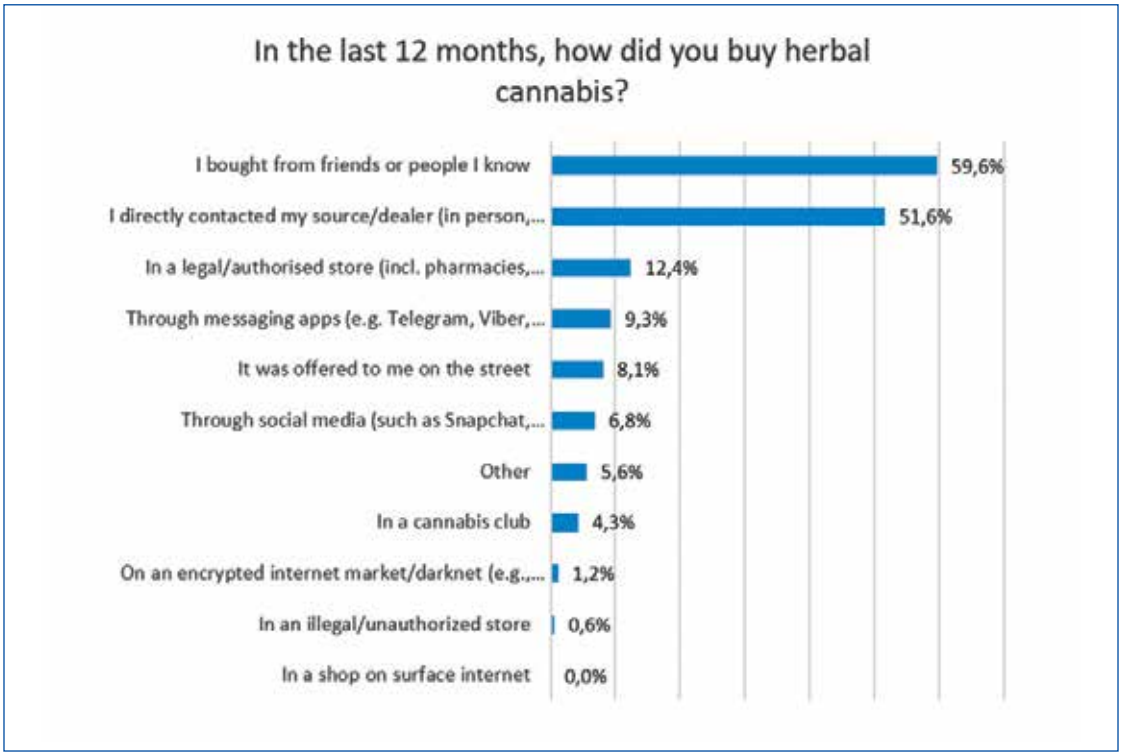
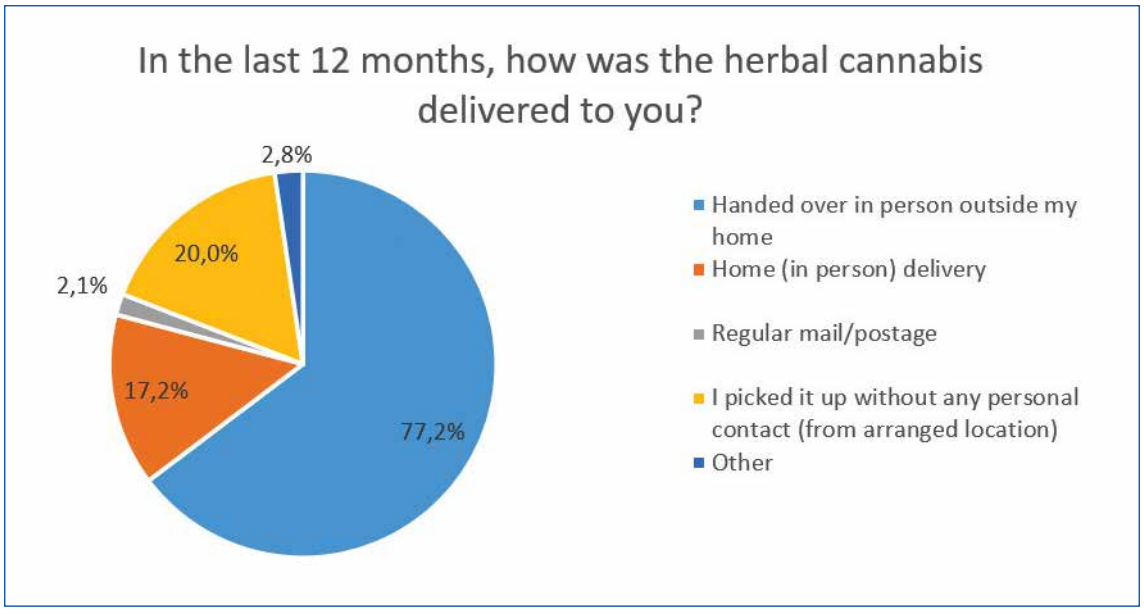


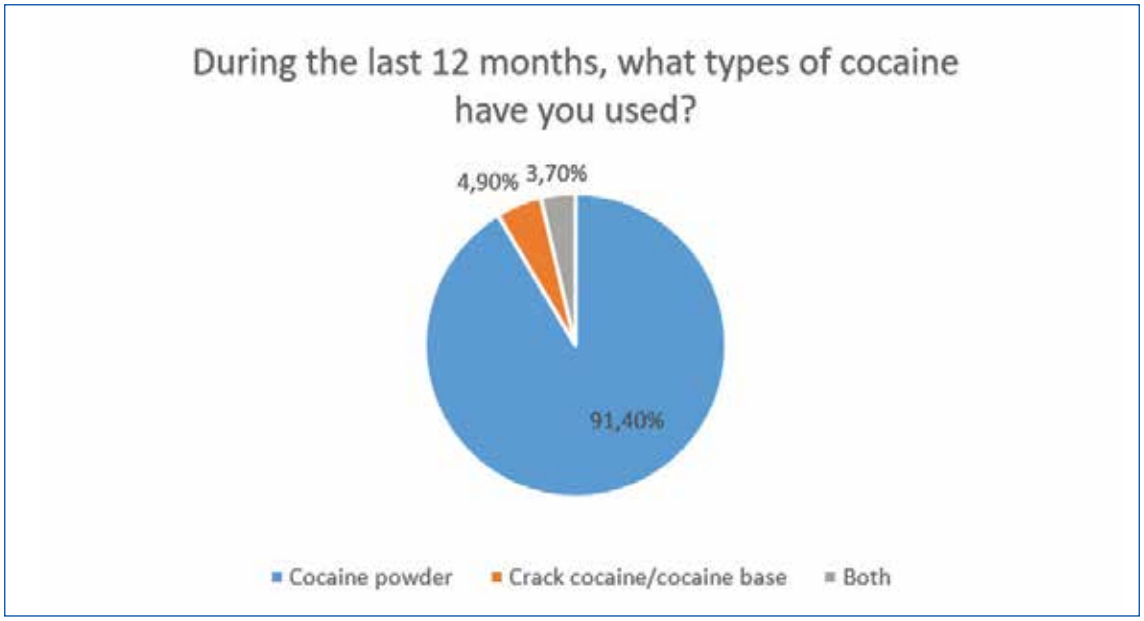
Figure 26. Delivered herbal cannabis



4.5. Cocaine module

Among all survey respondents, 18.4% reported using cocaine in the past 12 months, with most opting to complete the module on cocaine use. Of these, 91.4% used cocaine powder, 4.9% used crack cocaine, and 3.7% used both forms.

Figure 27. Types of cocaine used



Given that the majority reported using cocaine powder, the following analysis will focus on its use.

Figure 28. Number of days used cocaine powder in the last 12 months

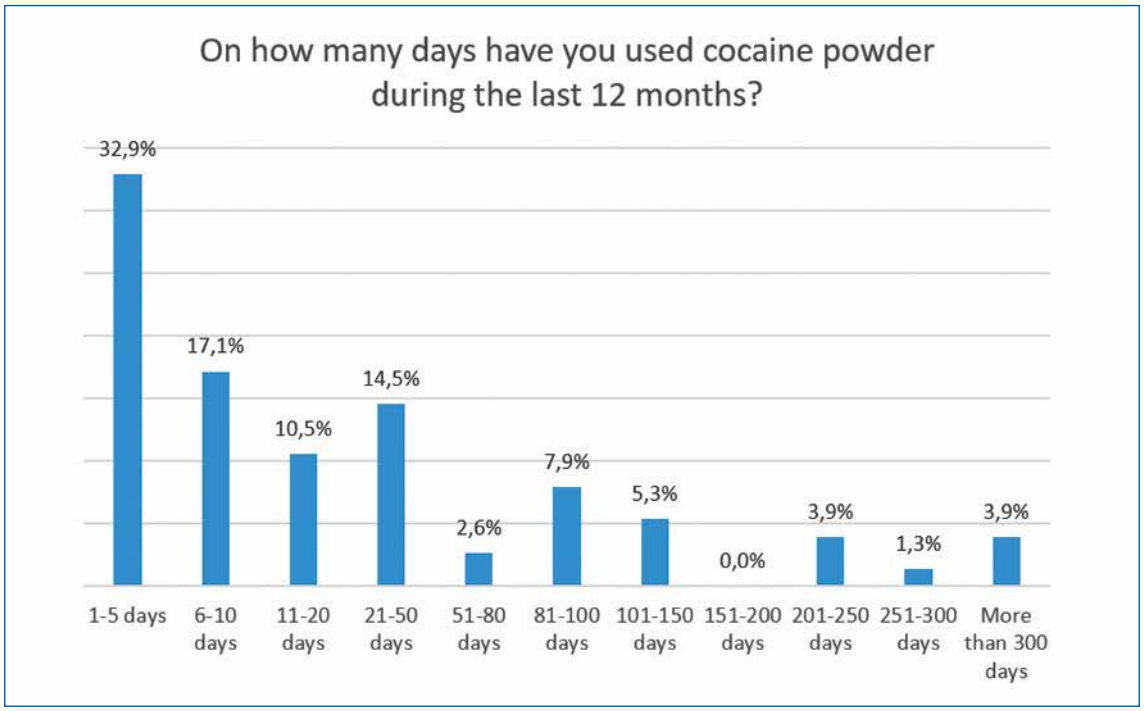
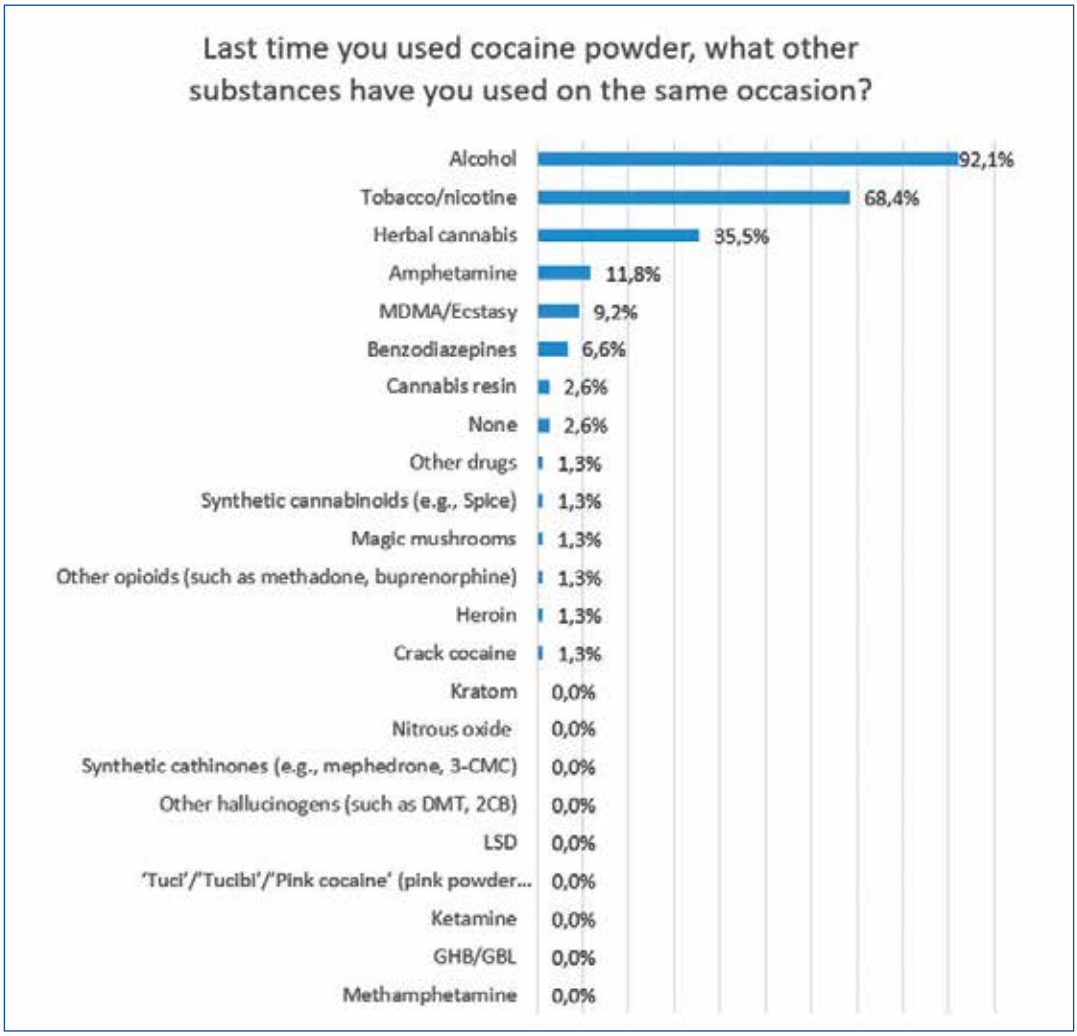


Figure 29. Substances typically co-used with cocaine powder



Among respondents who used cocaine powder, 32.9% reported using it between one and five days in the past year, while 3.9% used it on more than 300 days (Figure 28).

Nearly all (92.1%) reported consuming alcohol on the same occasion as cocaine powder. Additionally, 68.4% used tobacco, 35.5% used herbal cannabis, 11.8% used amphetamines, 9.2% used ecstasy/MDMA, and 6.6% used benzodiazepines. Other substances were used by fewer than 3% of respondents or not at all (Figure 29).

Socialization was the primary motivation for using cocaine powder among 65.8% of respondents in the past 12 months, followed by the desire to get high and have fun (42.1%). Additionally, 34.2% used cocaine to counteract the effects of alcohol, 25% to reduce stress or relax, and 18.4% to enhance sexual pleasure or performance. Curiosity or experimentation motivated 15.8% of users, while 14.5% used it to stay awake. Both performance enhancement (for school, work, sports, or dance) and managing depression/anxiety were reported by 7.9% of respondents, while 5.3% used it for pain relief (Figure 30).

Figure 30. Motivation for use of cocaine powder

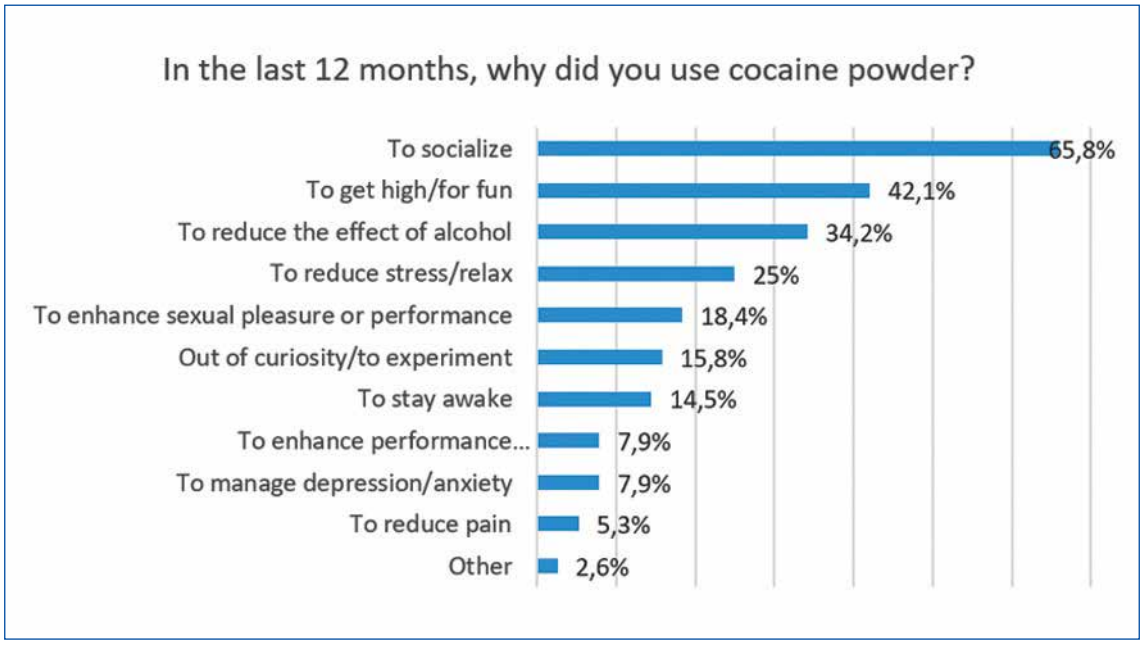
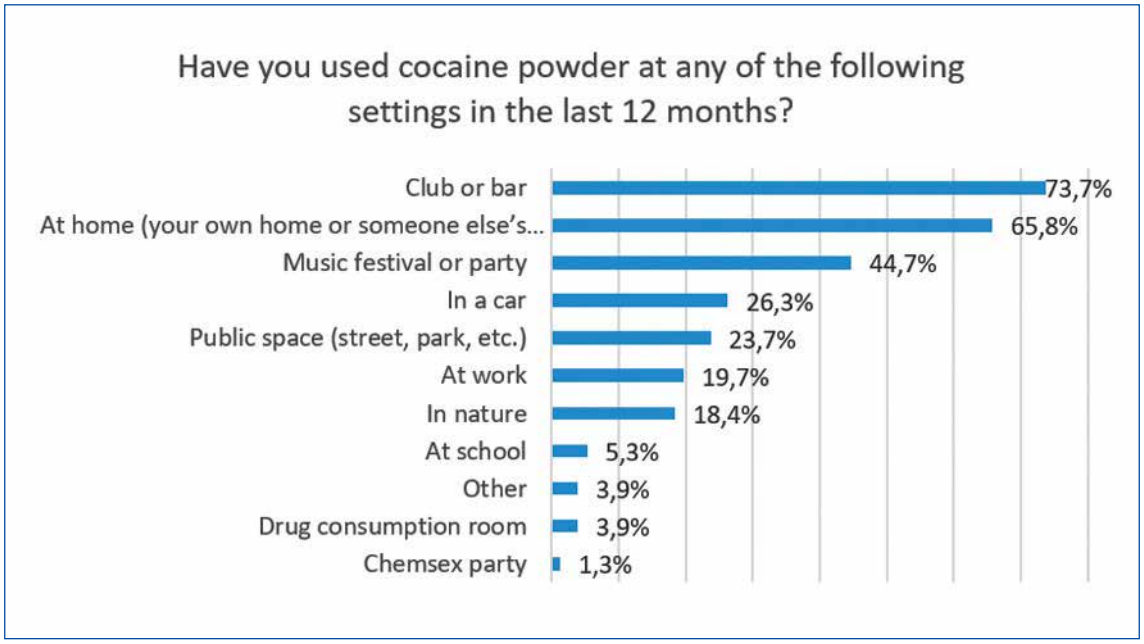


Figure 31. Settings for cocaine powder use



Typically, for cocaine use, most respondents reported using it in a club or bar (73.7%), and 44.7% at music festivals or parties. Additionally, 65.8% used it at home, 26.3% in a car, and 23.7% in public spaces, among other locations (Figure 31).

Cocaine powder was exclusively used through nasal snorting by 100% of respondents (Figure 32).

In the past 12 months, 59.3% reported buying cocaine, while 36.8% obtained it for free (Figure 33). Additionally, 81.6% stated that cocaine was delivered to them in person outside their home (Figure 34), and 71.2% directly contacted their dealer (Figure 35).

Figure 32. Use of cocaine powder

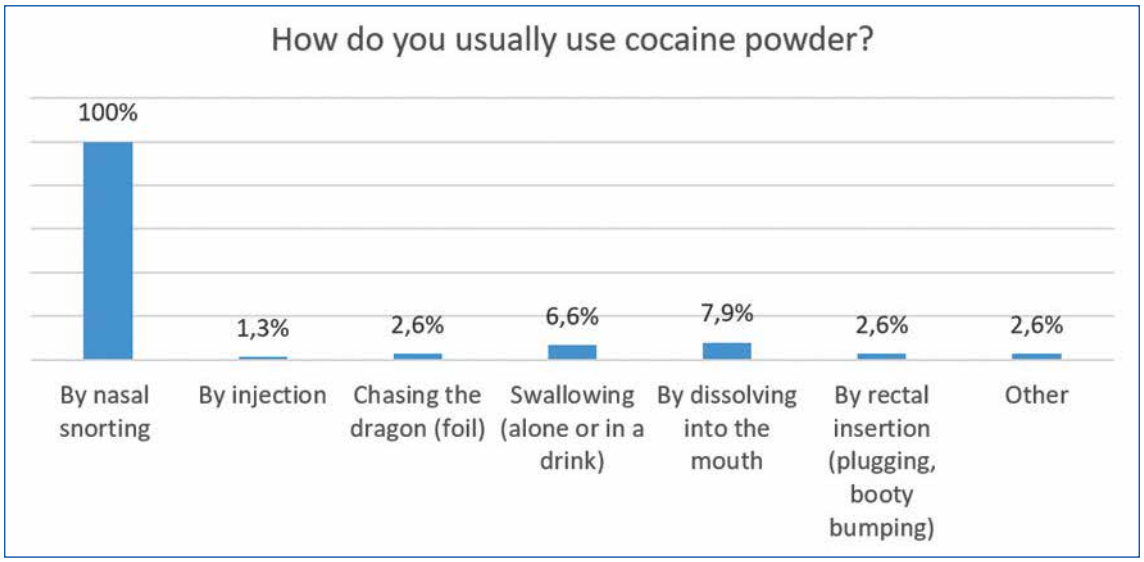


Figure 33. Obtain cocaine powder

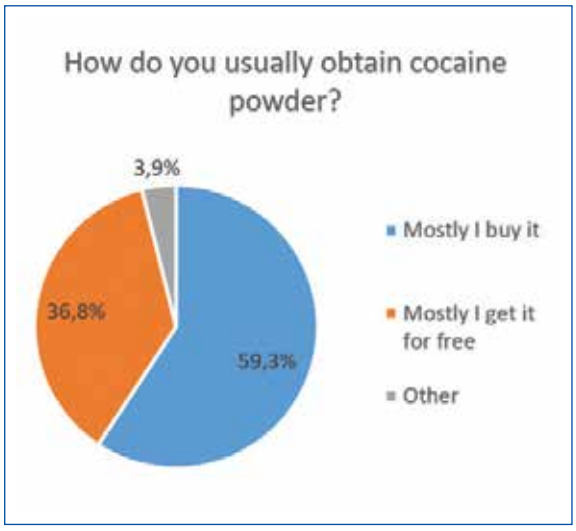
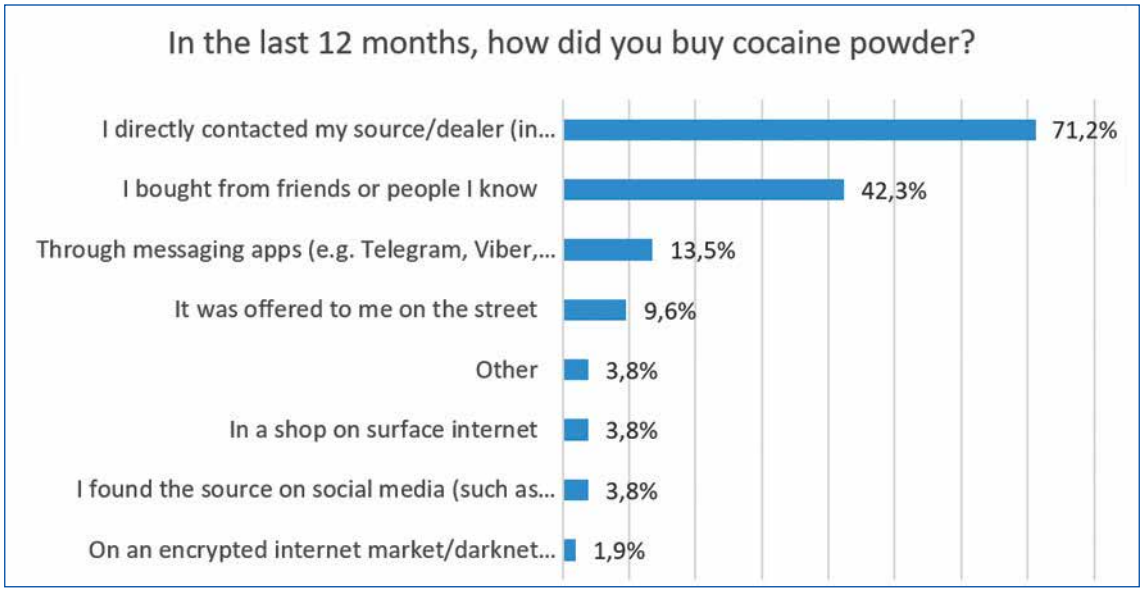


Figure 34. Delivered cocaine powder

Figure 35. Buy cocaine powder



4.6. Ecstasy/MDMA module

Among all survey respondents, 9.3% reported using ecstasy/MDMA. Of these, 58.5% used it in tablet/pill form, 4.9% in powder/crystal form, and 36.6% in both forms (Figure 36).

Figure 36. Forms of ecstasy/MDMA use

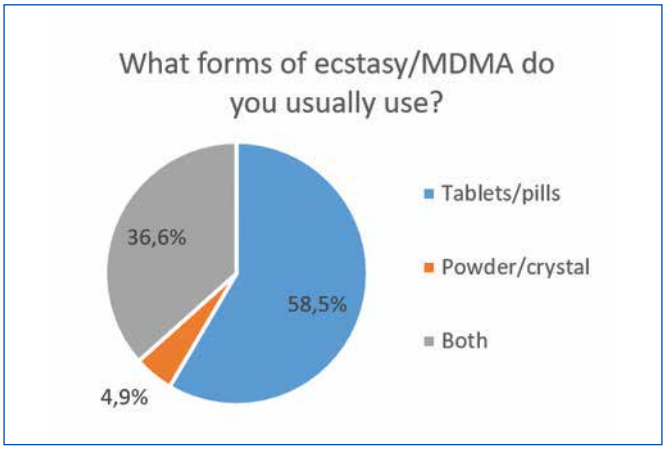
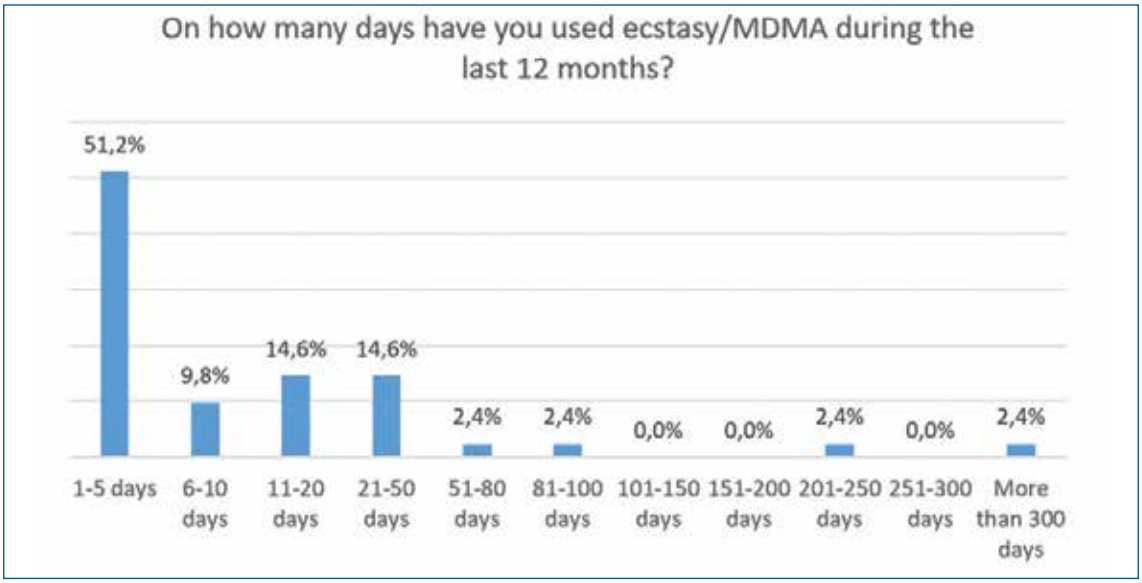


Figure 37. Number of days used ecstasy/MDMA in the last 12 months



Around half of the respondents (51.2%) used ecstasy/MDMA between one and five days in the past 12 months, while 9.8% reported using it for six to ten days. Additionally, 14.6% used it between 11 and 20 days, and the same percentage reported use between 21 and 50 days. A small percentage (2.4%) reported using ecstasy/MDMA on more than 300 days in the past year (Figure 37).

When asked about substances used alongside ecstasy/MDMA on their last occasion of use, 85.4% reported using tobacco, 58.5% used herbal cannabis, and 48.8% consumed alcohol. Additionally, 31.7% used amphetamines, 17.1% used cocaine powder, and 7.3% used benzodiazepines or cannabis resin. Other substances were used by fewer than 5% of respondents (Figure 38).

Figure 38. Substances typically co-used with ecstasy/MDMA

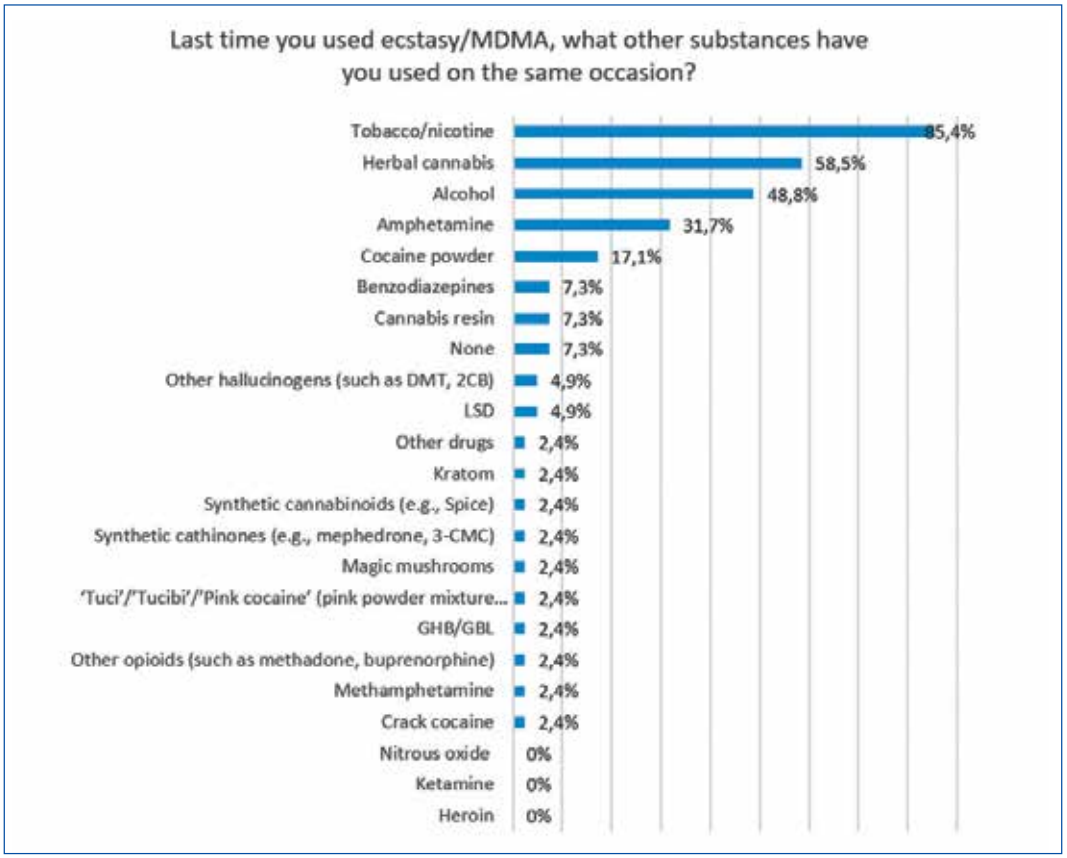


Figure 39. Motivation for use of ecstasy/MDMA

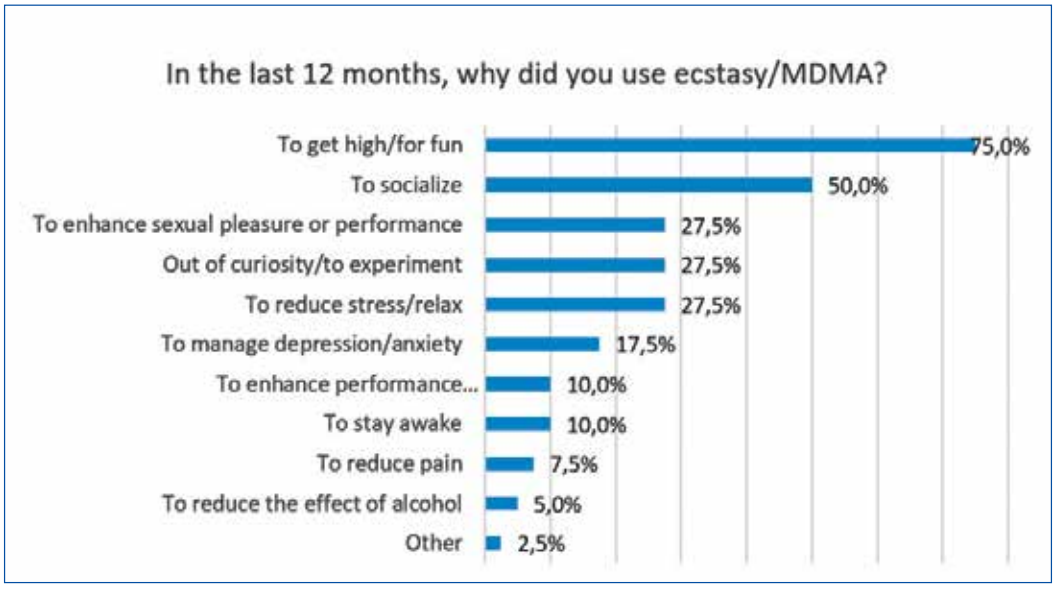
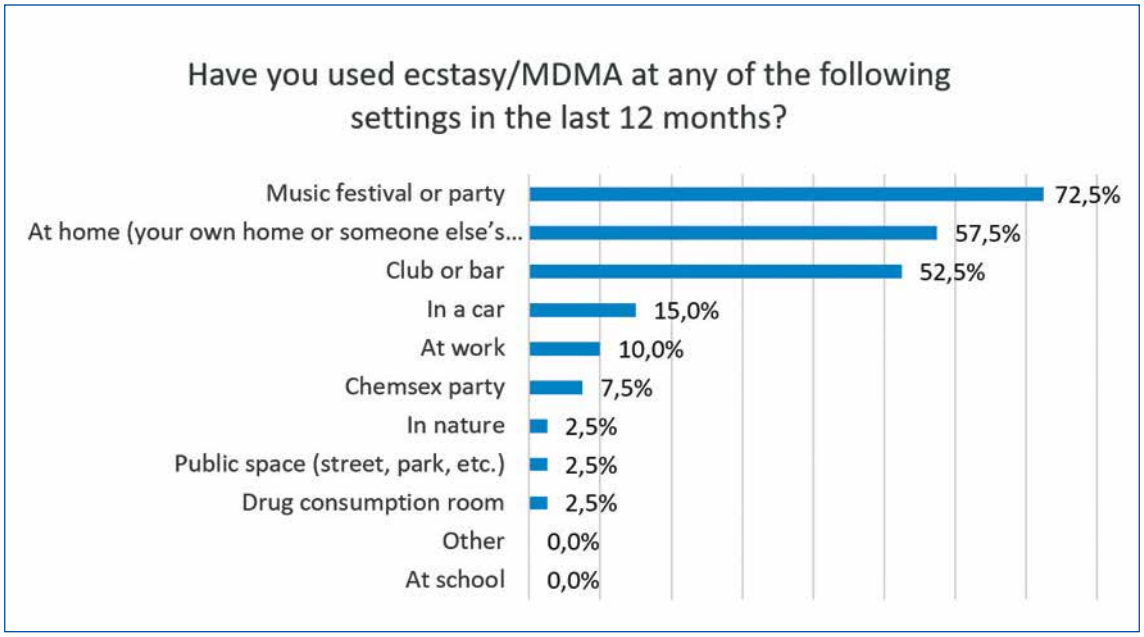


Figure 40. Settings for ecstasy/MDMA use



Most respondents used ecstasy/MDMA primarily to get high, followed by 50% who used it for socializing. Additionally, 27.5% cited enhancing sexual pleasure or performance, curiosity/experimentation, and stress relief/relaxation as their motivations (Figure 39).

Music festivals and parties were the most common settings for ecstasy/MDMA use, reported by 72.5% of respondents, followed by home (57.5%) and clubs or bars (52.5%), among other locations (Figure 40)

When asked about their typical ecstasy/MDMA consumption per day, respondents reported using one or two tablets, with the majority indicating they took one tablet. Most (95%) consumed ecstasy/MDMA by swallowing, while 20% used nasal snorting and 15% dissolved it in their mouth (Figure 41)

Figure 41. Употреба на екстази/МДМА

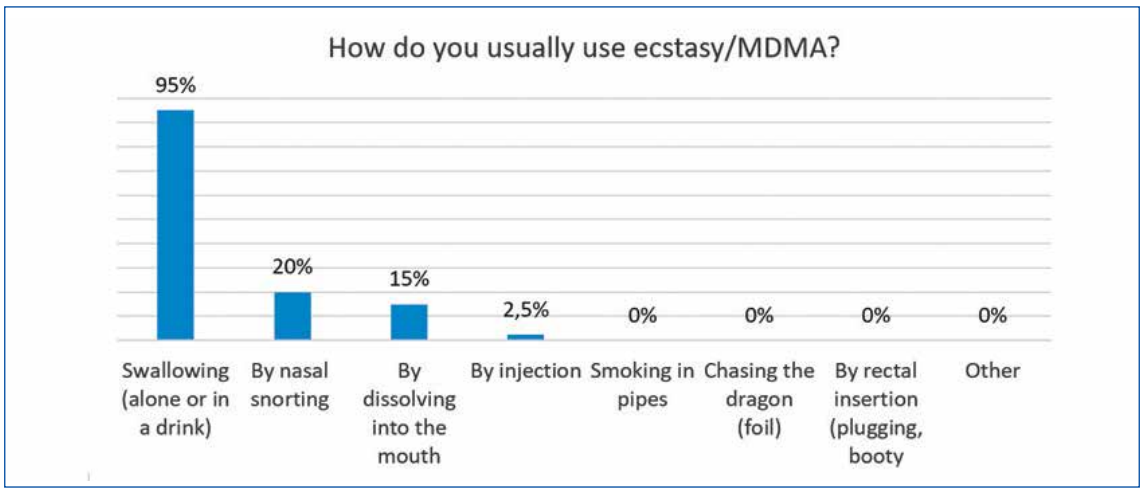


Figure 42. Obtain ecstasy/MDMA

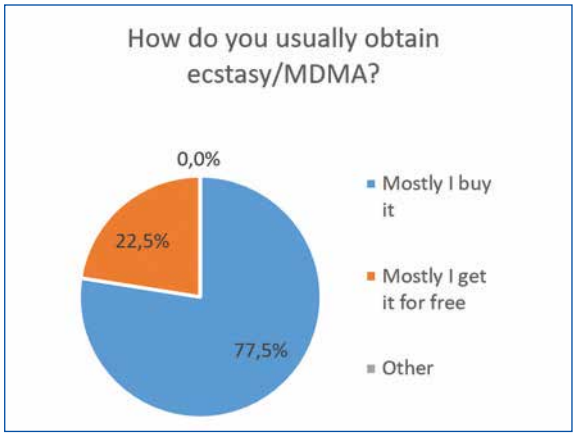


Figure 43. Delivered ecstasy/MDMA

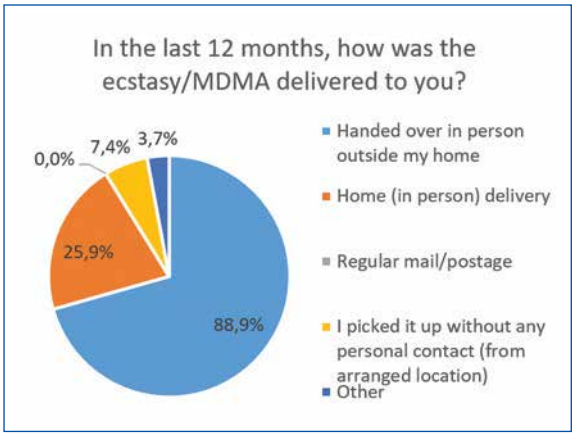
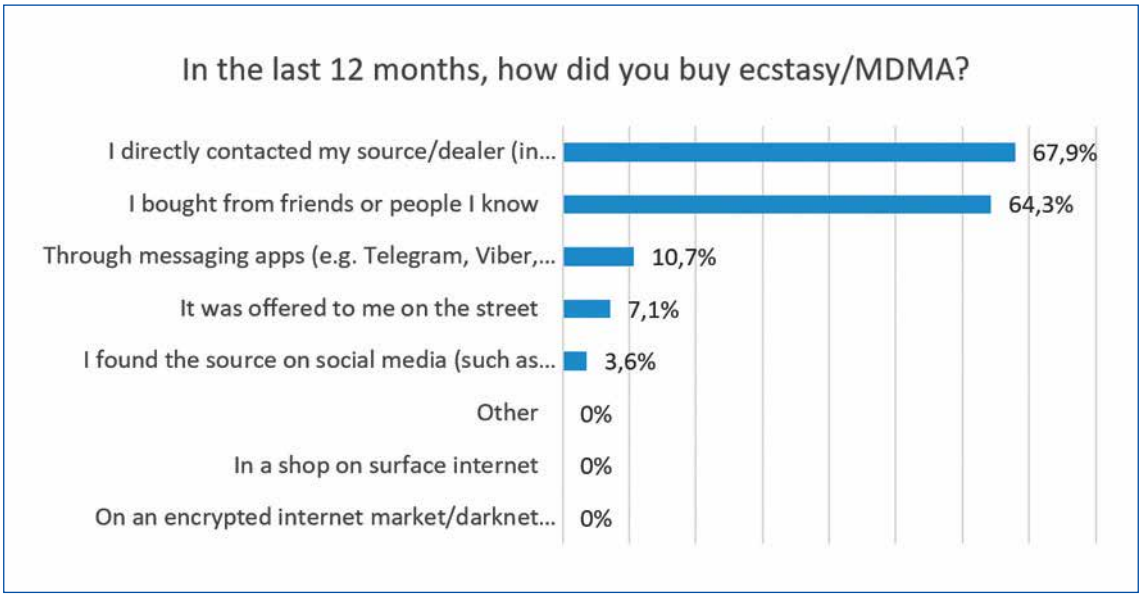


Figure 44. Buy ecstasy/MDMA



The majority of respondents (77.5%) reported mostly buying ecstasy/MDMA, while 22.5% primarily obtained it for free (Figure 42).

Most (88.9%) received it in person outside their home (Figure 43). Typically, they acquired it by directly contacting their dealer (67.9%) or purchasing it from friends or acquaintances (64.3%) (Figure 44).

4.7. Amphetamine module

Of all respondents in the EWSD for North Macedonia, 10.7% reported using amphetamine. All respondents in the amphetamine module indicated that they used it in the form of powder/ crystals, while 3.4% reported using it both as powder and in tablet or pill form (Figure 45).

Figure 45. Forms of amphetamine

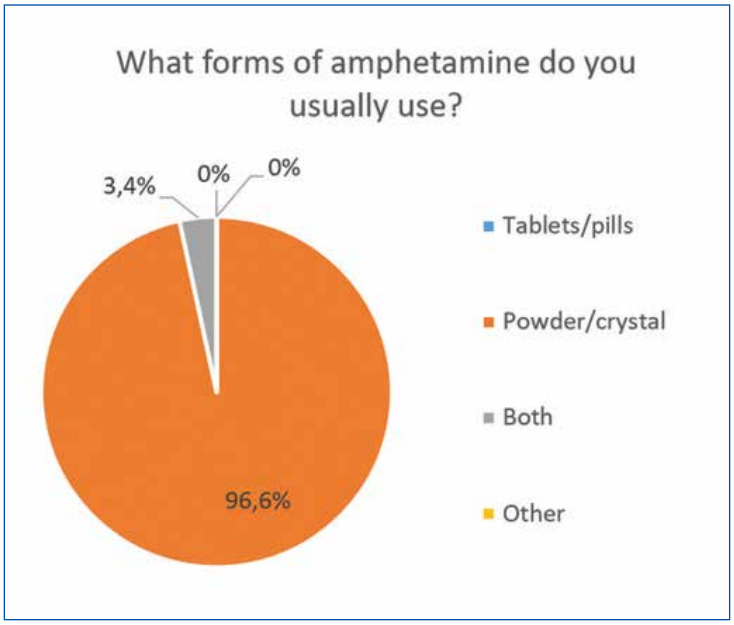
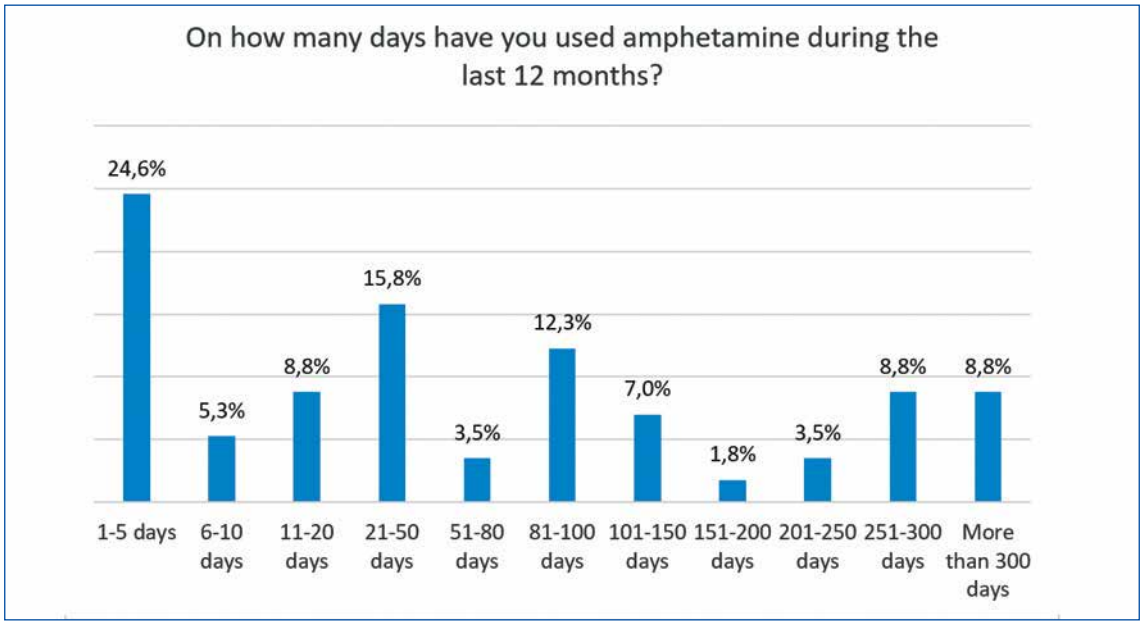
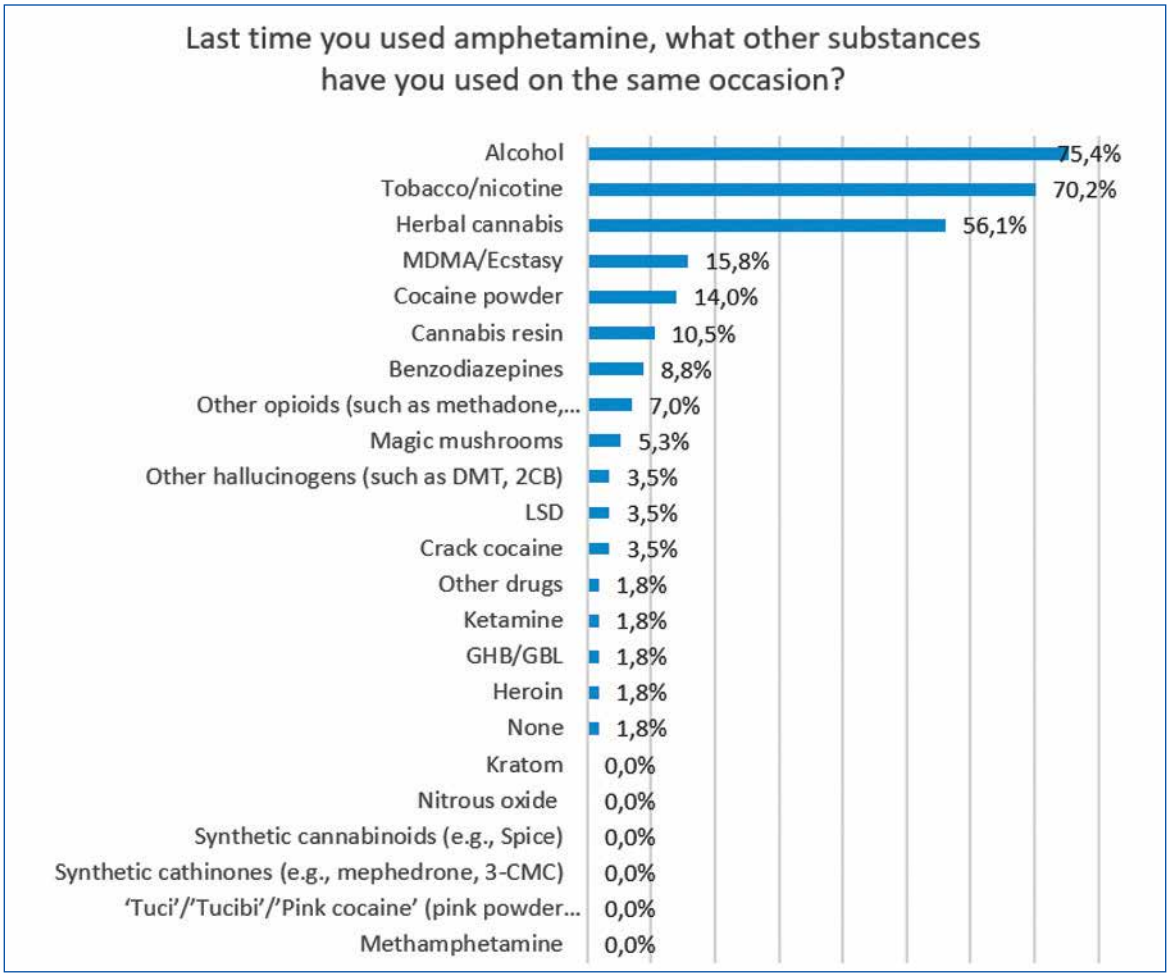


Figure 46. Number of days used amphetamine in the last 12 months



The largest percentage of respondents reported using amphetamine no more than five times in the past 12 months, while 8.8% stated they used amphetamine on more than 300 days during the same period (Figure 46).

Figure 47. Substances typically co-used with amphetamine



Amphetamine was used together with alcohol by 75.4% of the respondents, with tobacco by 70.2%, with herbal cannabis by 56.1%, with ecstasy by 15.8%, with cocaine powder by 14%, etc. (Figure 47).

Figure 48. Motivation for use of amphetamine

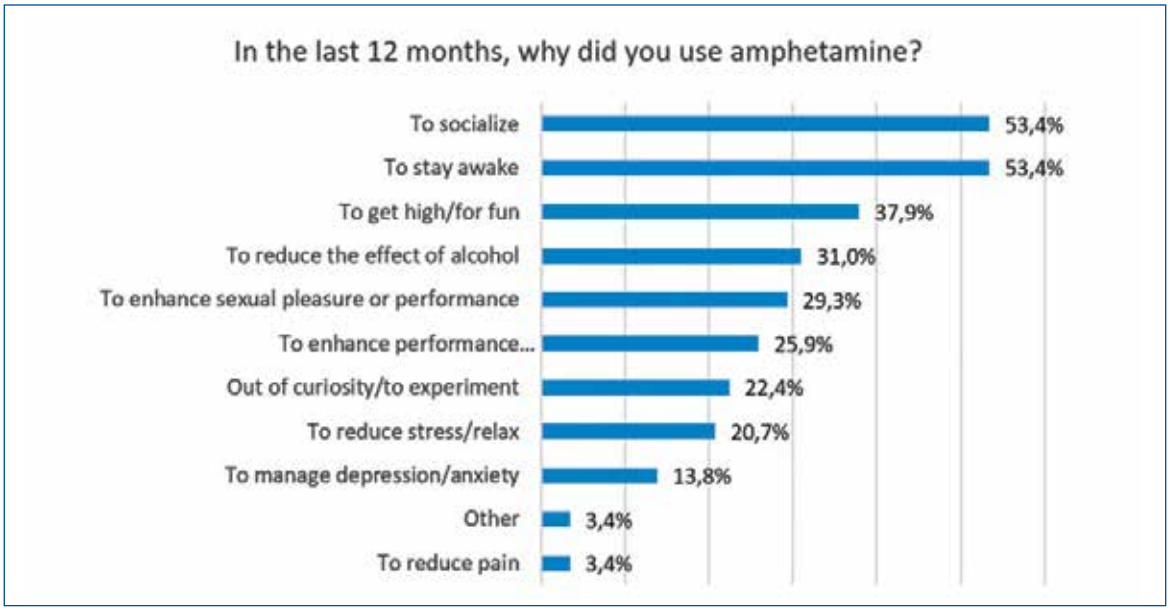


Figure 49. Settings for amphetamine use

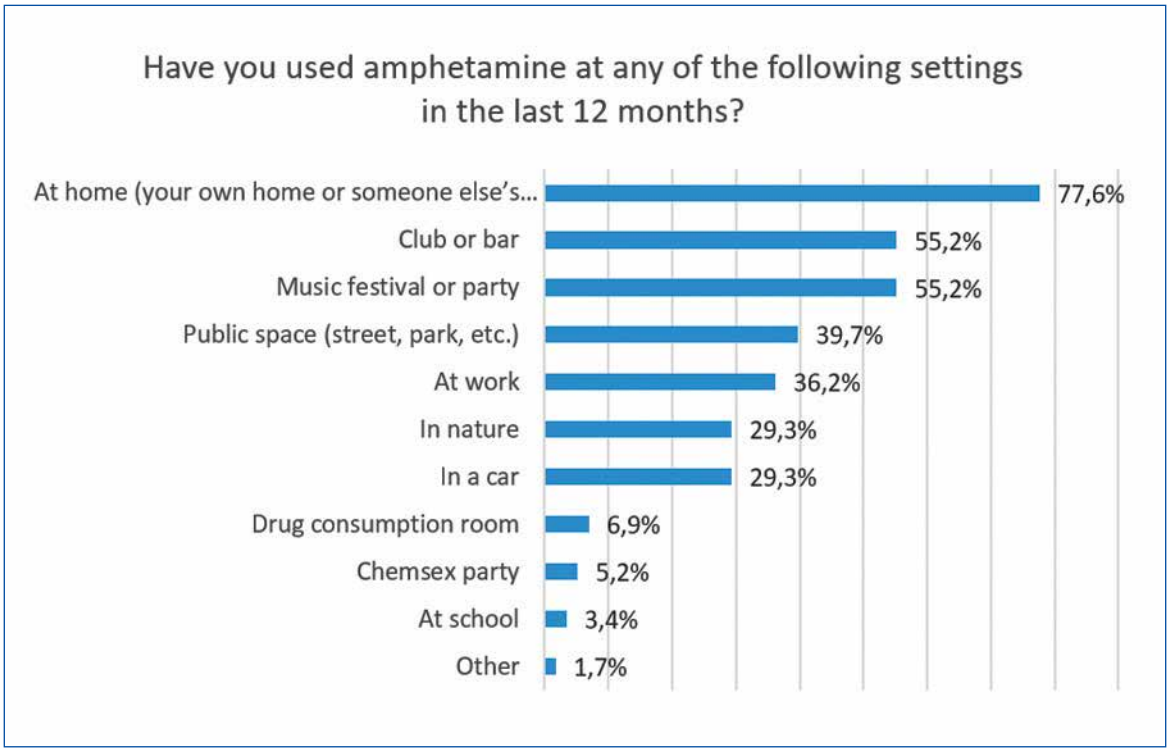
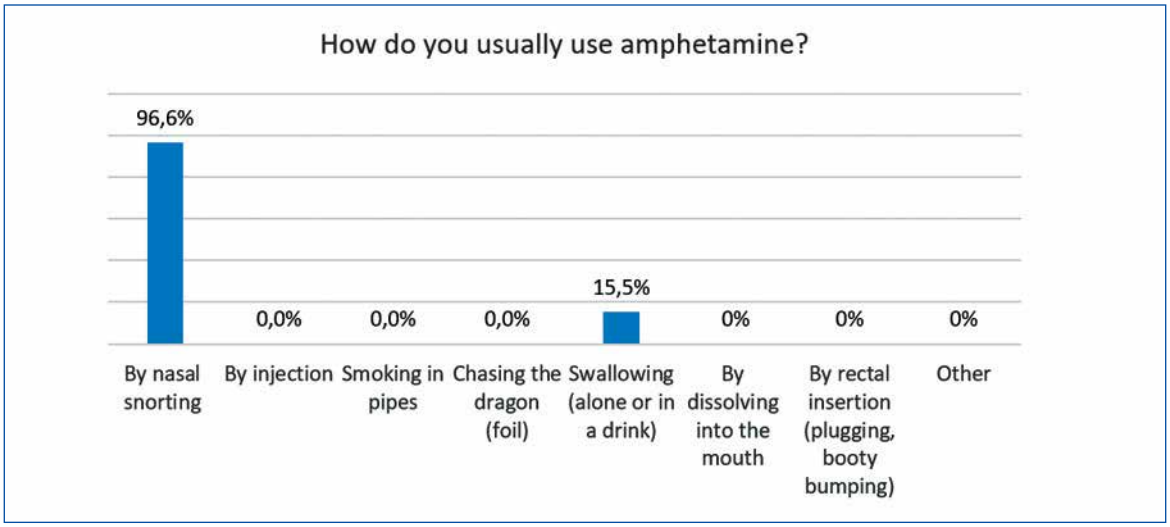


Figure 50. Use of amphetamine



Amphetamine users reported that their primary motivations for use were socializing and staying awake (53.4%), followed by getting high or having fun (37.9%) and reducing the effects of alcohol (31%), among other reasons (Figure 48).

The most commonly reported setting for amphetamine use was at home (77.6%), followed by clubs, bars, music festivals, or parties (55.2%) (Figure 49).

Since nearly all respondents reported using amphetamine in powder form, it was primarily consumed through nasal snorting (96.6%), while 15.5% used it by swallowing (Figure 50).

Figure 51. Obtain amphetamine

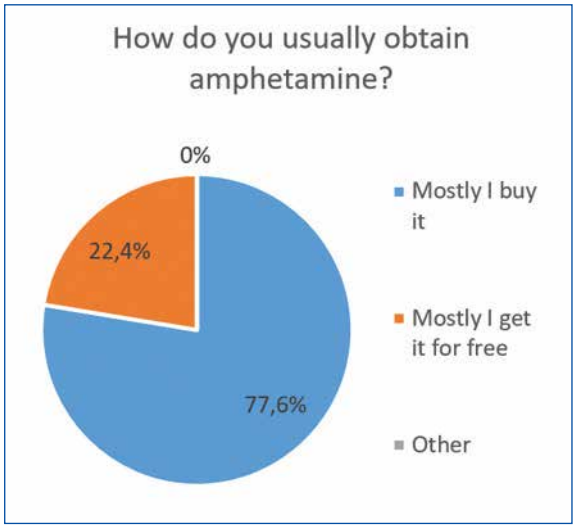


Figure 52. Deliver amphetamine

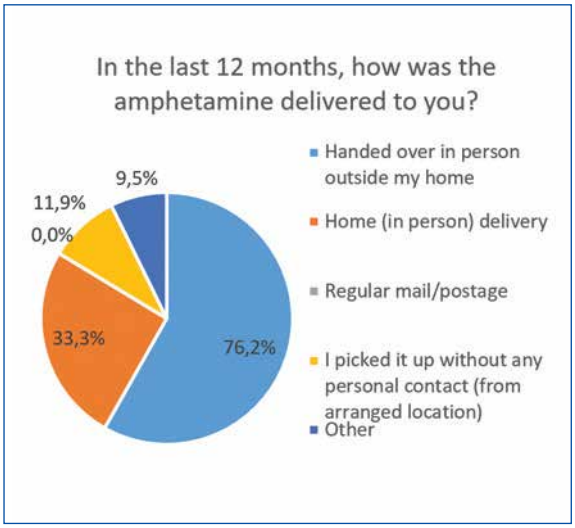
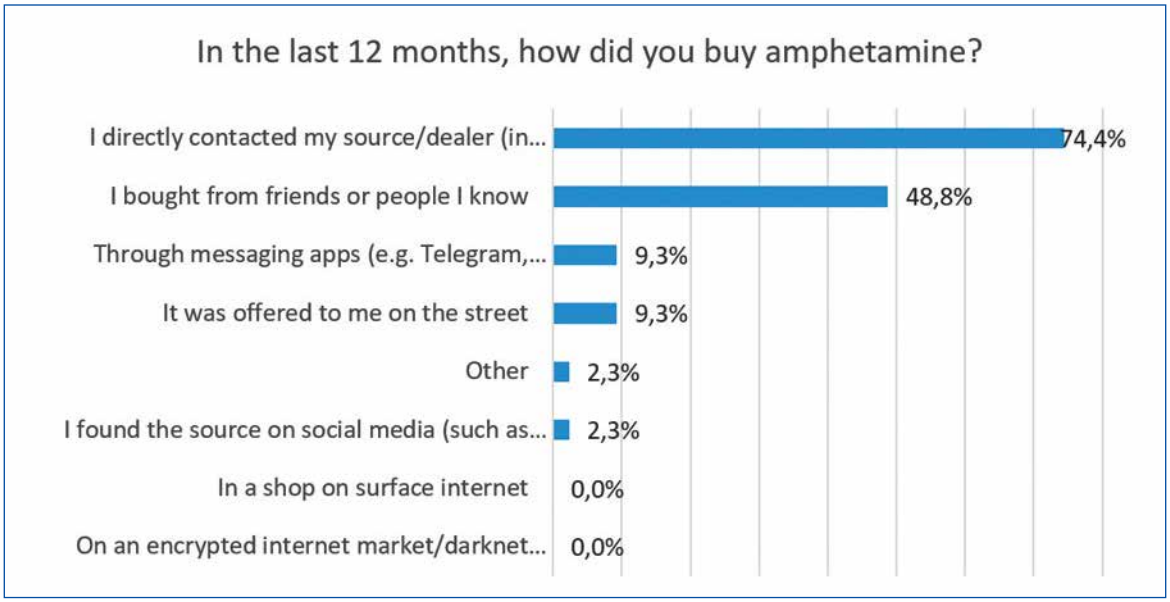


Figure 53. Buy amphetamine



Amphetamine was primarily obtained through purchase (77.6%) (Figure 51), typically outside the respondent's home (76.2%) (Figure 52), with direct contact with the source or dealer (74.4%) (Figure 53).

4.8. New psychoactive substances ('NPS') module

New psychoactive substances (NPS) were used by 4.7% of all respondents. When asked which group the NPS they used in the past 12 months belonged to, 28.6% reported stimulants such as synthetic cathinones, 14.3% identified synthetic cannabinoids, and 14.3% mentioned benzodiazepines or tranquilizers. The remaining 42.9% categorized the substances as ‹Other,› indicating they were unsure of the exact type (Figure 54).

Half of the respondents used NPS in a form of powders, crystals or tablets, 25% respondents used NPS in form of herbal smoking mixtures, 12.5% used liquids and blotters (Figure 55).

Figure 54. Types of NPS used

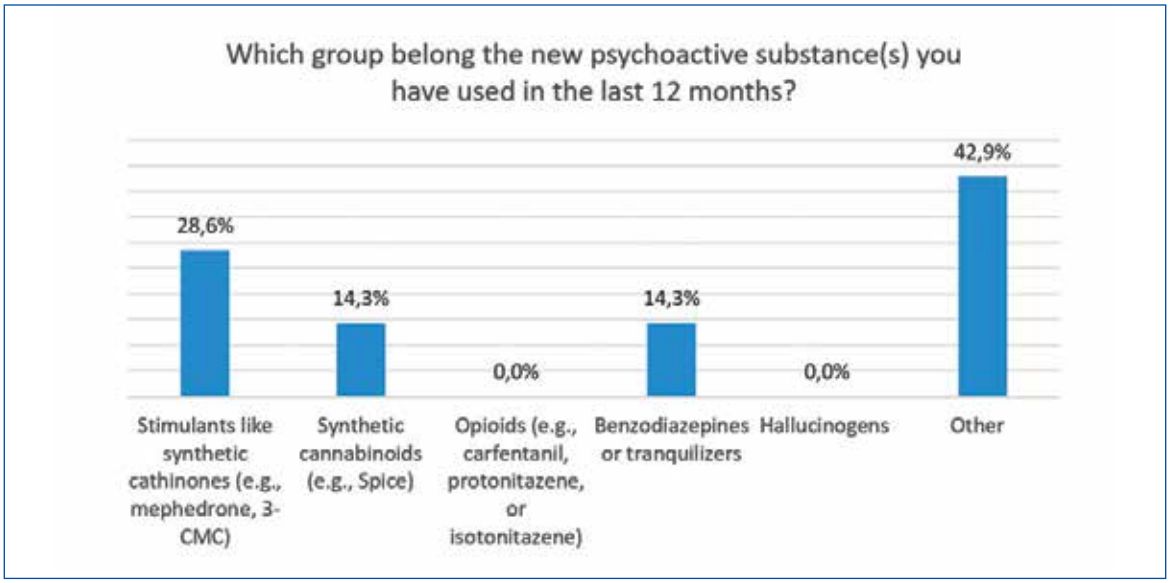
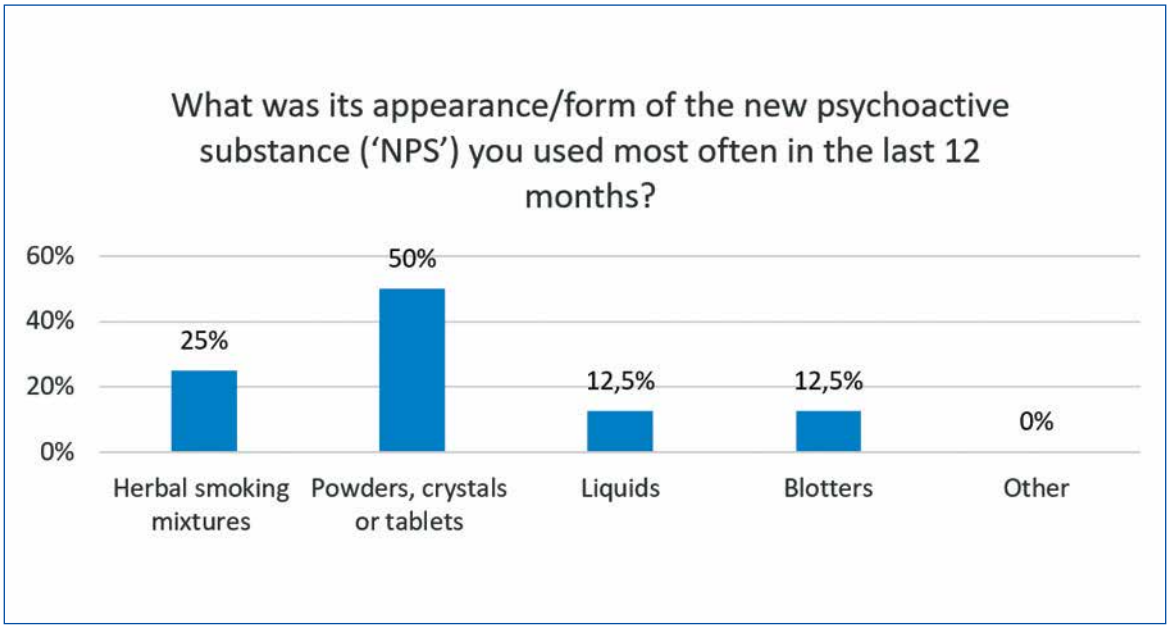


Figure 55. Form of NPS most often used



Among respondents who used NPS, 37.5% did so to enhance performance in school, work, or sports. Additionally, 25% used NPS out of curiosity, and another 25% for stress relief or relaxation. A smaller but equal percentage (12.5%) reported using NPS because their usual drug of choice was unavailable, because it was legal (benzodiazepines), to enhance sexual pleasure, to socialize, to get high or have fun, to treat a health issue, to manage depression, to stay awake, or to improve sleep (Figure 56).

Figure 56. Motivation for use of NPS

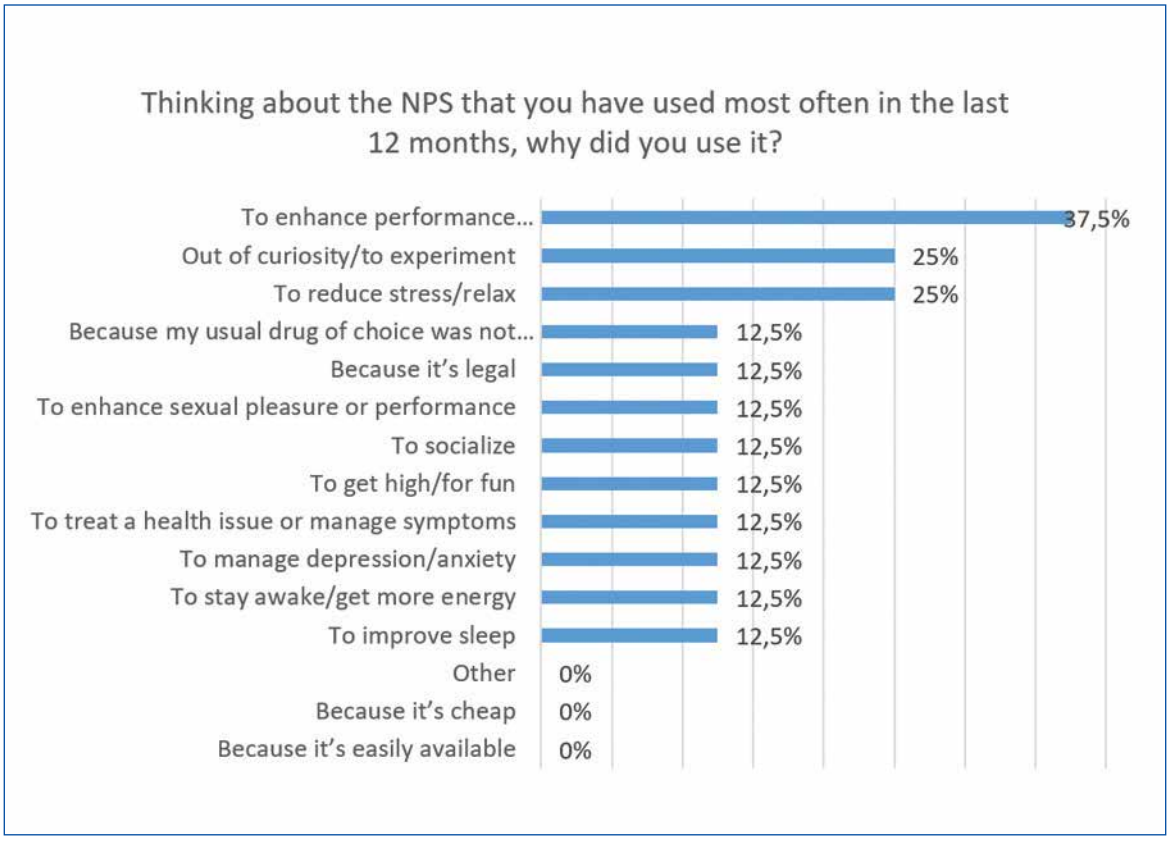


Figure 57. Settings for NPS use

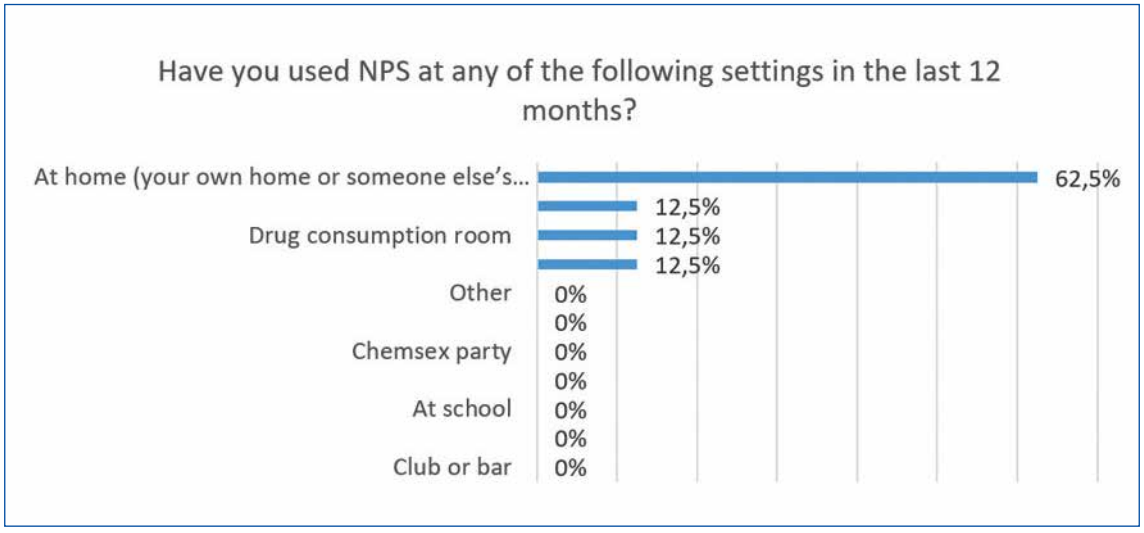


Figure 58. Use of NPS

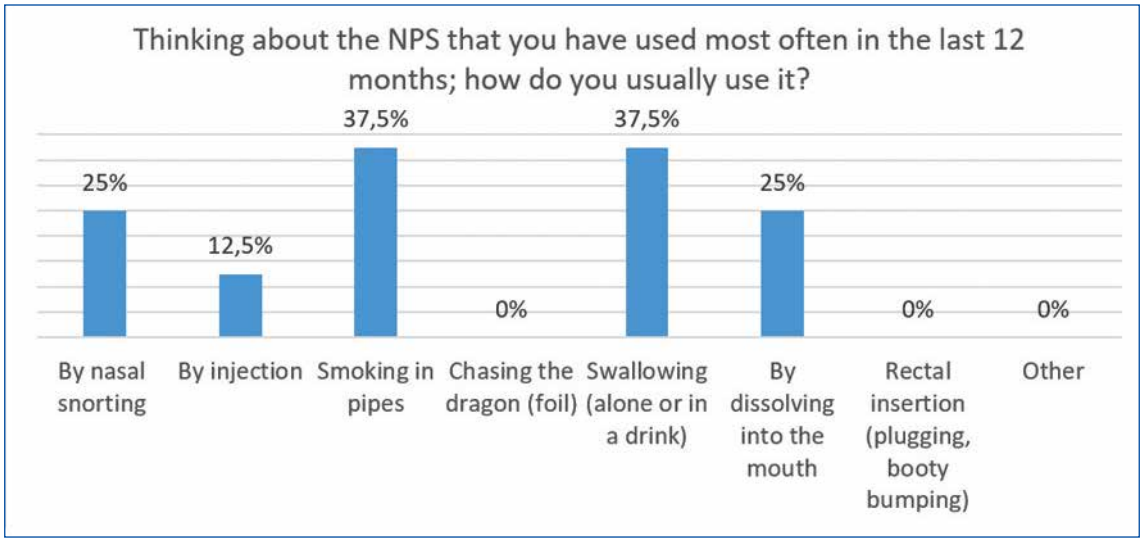
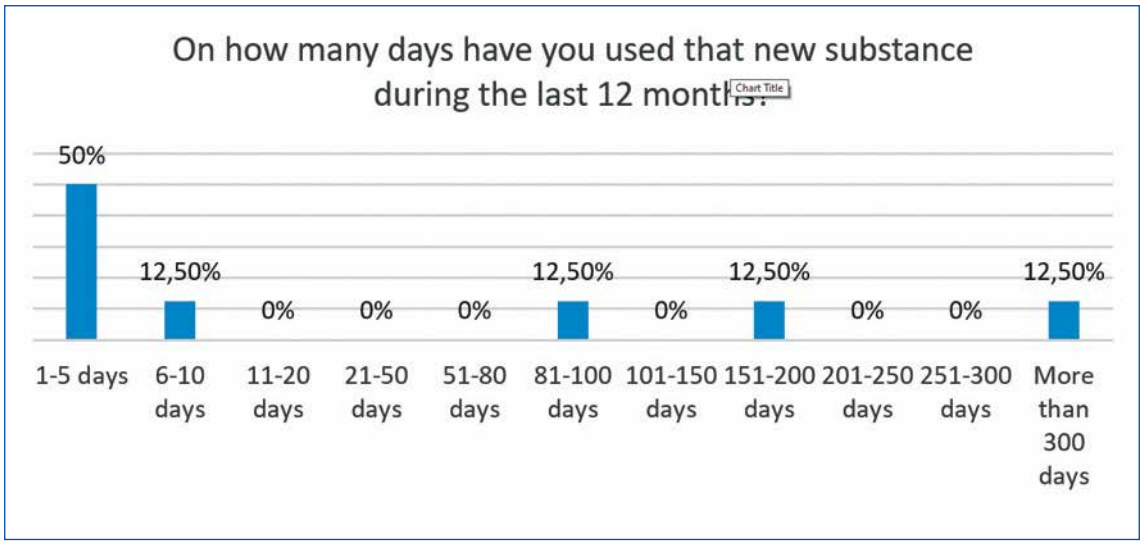


Figure 59. Number of days used NPS in the last 12 months



Most respondents (62.5%) reported using NPS at home or in someone else's home (Figure 57). The most common methods of use were smoking in pipes and swallowing (37.5%), followed by nasal snorting and dissolving in the mouth (25%) (Figure 58). Half of the respondents used NPS up to five days in the past 12 months, while 12.5% reported use on more than 300 days (Figure 59). Half of the respondents used NPS together with tobacco, 25% together with herbal cannabis (Figure 60).

Figure 60. Substances typically co-used with NPS

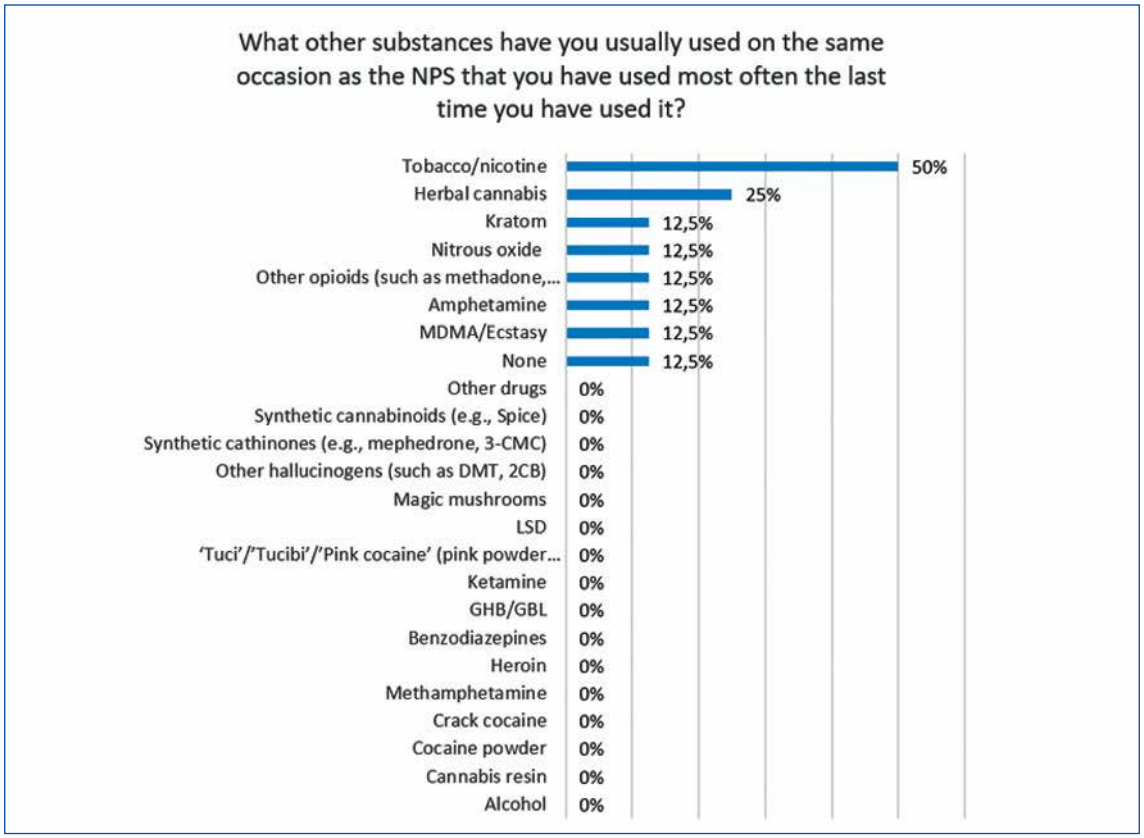


Figure 61. Obtain NPS

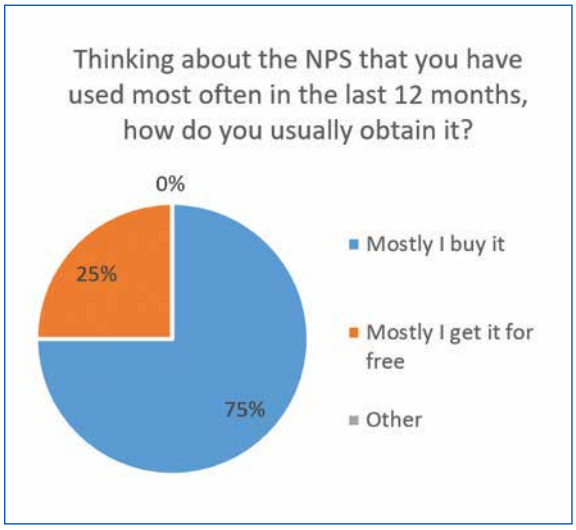


Figure 62. Deliver NPS

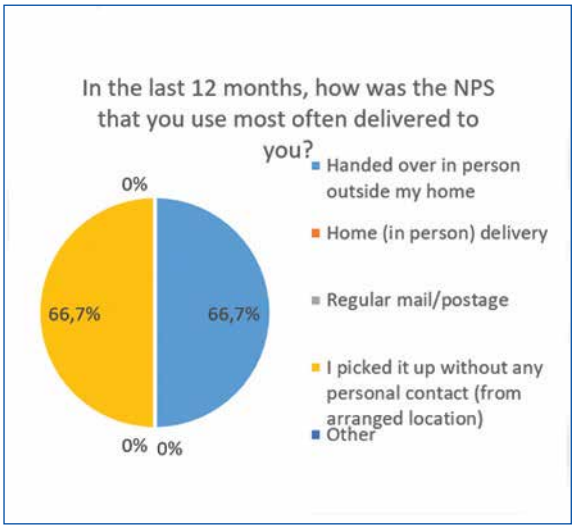
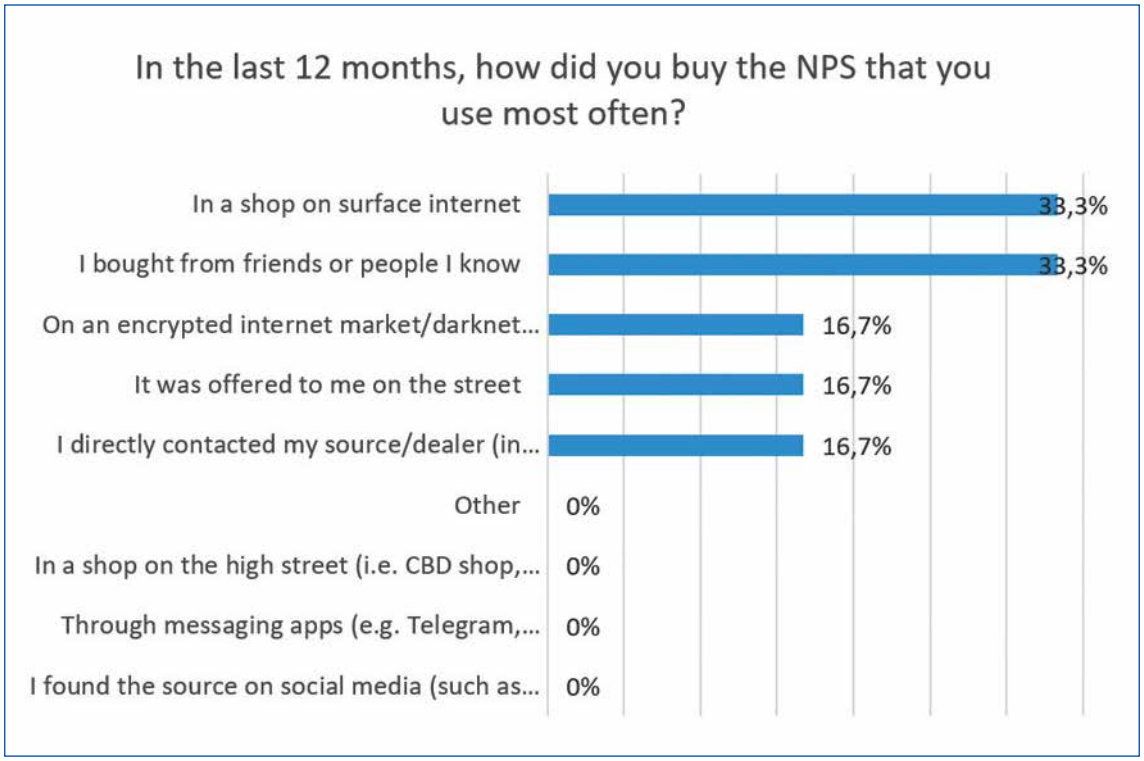


Figure 63. Buy NPS



Among all NPS users, 75% reported purchasing the substances (Figure 61). These were delivered outside their home or picked up from a designated location (Figure 62). The primary sources were the internet or acquaintances (33.3%) (Figure 63).

5. Key Findings

■ Socio-Demographic Profile of Respondents

- A total of 862 respondents completed the survey, with 53.3% identifying as male and 45.6% as female.
- The most represented age groups were 35–44 years (34%) and 25–34 years (29.9%), while younger individuals (18–24 years, 17.6%) and older adults (45+, 18.2%) participated in lower numbers.
- The majority of respondents (56.9%) had completed higher education, while 41.3% had completed secondary education, indicating a well-educated sample. Only a small fraction had primary education or below.
- Regarding employment status, 69.9% of respondents were employed full-time, while the remaining participants were either unemployed, studying, or working part-time.

■ Prevalence and patterns of drug use

- Cannabis was the most widely used drug, with 32% of respondents reporting use in the past 12 months.
- Benzodiazepines (without a prescription) were the second most used substance (25.9%), followed by CBD/low-THC products (24.9%) and cocaine (18.4%).
- Other substances reported included:
- Amphetamine (10.7%)
- Ecstasy/MDMA (9.3%)
- Magic mushrooms (6.6%)
- LSD (5.2%)
- New Psychoactive Substances (NPS) (4.7%)
- Other substances such as heroin, ketamine and methamphetamine were reported at very low levels (<3%).
- Polydrug use was highly prevalent, with many respondents consuming multiple substances within the same time frame, increasing potential health risks.

■ Cannabis

- Cannabis was primarily used for stress relief and relaxation (68%), with other motivations including socialization (50%), improving sleep (50%), and managing depression and anxiety (30%).
- Most cannabis users (91.7%) consumed illicit cannabis, while 9.7% had obtained it legally in countries where cannabis use is permitted. A small number (1.9%) reported using cannabis for medical purposes with a prescription.
- Polydrug use was common among cannabis users, with frequent co-use of tobacco (50%), alcohol (50%), and other substances such as cocaine (12.6%) and amphetamines (11.1%).
- Cannabis was most commonly consumed at home (72.7%), in nature (50%), and in public spaces (30%), but also at music festivals, clubs, bars, and even at work or school.
- Driving under the influence of cannabis was reported by 53% of users, posing significant road safety concerns.

■ Cocaine

- Cocaine was used by 18.4% of all of the respondents, and most users reported taking cocaine powder (91.4%), while smaller percentages used crack cocaine (4.9%) or both forms (3.7%).
- The majority of cocaine users reported co-consuming alcohol (92.1%) and tobacco (68.4%), while some also used herbal cannabis (35.5%), amphetamines (11.8%), and ecstasy/MDMA (9.2%) during the same occasions.
- Socialization was the main reason for using cocaine (65.8%), followed by getting high (42.1%), counteracting alcohol intoxication (34.2%), and enhancing sexual performance (18.4%).
- Cocaine was most commonly used in clubs, bars (73.7%), at music festivals (44.7%), and at home (65.8%).

■ Ecstasy/MDMA

- Ecstasy/MDMA was used by 9.3% of all the respondents, primarily in tablet or pill form (58.5%), with the rest using it as powder/crystals or both forms.
- Most ecstasy users consumed the drug at music festivals (72.5%) and nightclubs (52.5%), highlighting its strong connection to nightlife and party culture.
- The primary motivations for ecstasy use were getting high (72.5%), socializing (50%), and enhancing sexual experiences (27.5%).

■ Amphetamine

- Amphetamines were used by 10.7% of respondents, primarily for staying awake and boosting performance (53.4%), followed by getting high (37.9%) and reducing alcohol's effects (31%).
- The most common settings for amphetamine use were at home (77.6%) and party environments such as clubs and music festivals (55.2%).
- Nearly all amphetamine users (96.6%) consumed it through nasal snorting, with a small percentage using oral ingestion.

■ NPS

- New Psychoactive Substances (NPS) were used by 4.7% of respondents, with stimulant-type NPS being the most common (28.6%).
- Most NPS users consumed the drugs at home (62.5%), but a notable number also used them in social settings.
- Motivations for using NPS included enhancing performance (37.5%), curiosity (25%), and stress relief (25%).

- Barriers to Treatment and Fear of Legal Consequences
  - Despite indications of increased drug consumption, the number of people seeking help and registering for treatment remains low, with only 1.5% for cannabis use and 1.4% for heroin use in the past 12 months.
  - The most common reasons for avoiding treatment were fear of stigma, legal consequences, and concerns about confidentiality.

- Public Safety Concerns: Driving Under the Influence
  - 53% of cannabis users admitted to driving within four hours of consumption, highlighting a significant public safety issue.

6. Discussion

The findings of the 2024 European Web Survey on Drugs (EWSD) in North Macedonia provide valuable insights into drug use patterns, methods of consumption, and purchasing behaviors. Compared to the 2021 survey, this wave captured a broader dataset, allowing for a more in-depth analysis of emerging trends. The data collected in this survey contribute to understanding shifts in drug use, patterns of drug use and emerging substances that may pose new challenges for public health and law enforcement.

One of the key findings is the dominant role of cannabis as the most commonly used substance, followed by benzodiazepines, CBD/low-THC products, and cocaine.

Polysubstance use is common, particularly among cannabis, cocaine, and amphetamine users, with frequent co-use of alcohol and tobacco. Many users reported using multiple substances in a single session, increasing the risk of adverse health effects.

The motivation for cannabis use was primarily stress relief and relaxation, with a significant percentage of respondents also using it for socialization, sleep improvement, and mood regulation. Co-use with tobacco and alcohol was common, with a substantial number of cannabis users also reporting the simultaneous use of other illicit drugs. Additionally, a concerning 53% of cannabis users admitted to driving a vehicle within four hours of consumption, raising serious public safety concerns. This presents significant road safety risks and highlights the need for targeted awareness campaigns. The survey also highlighted the availability of both domestic and imported cannabis, with many users uncertain about the origin and quality of the product they consumed.

Although the use of New Psychoactive Substances (NPS) remains relatively low, it still poses a significant risk. These substances, often designed to mimic the effects of traditional illicit drugs, are continually evolving, making regulation and public health responses more challenging. Half of NPS users reported consuming the substances five or fewer days in the past year, while a smaller portion engaged in high-frequency use (300+ days). The most common methods of consumption were smoking and swallowing, though nasal snorting and dissolving the substances in the mouth were also reported. Unlike traditional drugs, which are often acquired through social networks, most users acquired NPS via online sources or pre-arranged drop-off locations, highlighting the increasing role of digital drug markets.

Cocaine and amphetamine use were primarily linked to nightlife settings, with high co-use rates with alcohol, tobacco, and cannabis. Cocaine use was strongly associated with socialization, particularly at clubs, bars, and music festivals, with a significant portion of users also reporting its use to counteract alcohol intoxication.

The use of amphetamines for wakefulness and performance enhancement is notable, with many respondents reporting use at work and party settings. This trend suggests that some individuals use amphetamines not only for recreational purposes but also as a tool to enhance productivity or endurance. The survey found that while most users reported occasional use, a small but notable portion engaged in heavy or frequent use, posing risks of dependence and long-term health complications.

Ecstasy/MDMA remained a drug of choice for partygoers, with most users consuming it in recreational settings, particularly at music festivals and nightclubs. A notable proportion of users reported polysubstance use alongside ecstasy, with common combinations including alcohol, cannabis, and amphetamines.

Methamphetamine and ketamine modules were not detail described in the results because the

number of persons that choose to answer on those questions reminds low (less than 10 people answer on those modules).

A critical concern highlighted in the feedback from survey respondents was the persistent stigma surrounding drug use. Many users expressed fears of legal repercussions, deterring open discussions on their consumption patterns. This stigma not only impacts the willingness of individuals to disclose drug use in surveys but also acts as a barrier to accessing harm reduction and treatment services. As evidenced by the survey results, only few of respondents sought professional help for substance use issues in the past year, suggesting a significant gap between the need for intervention and actual service utilization. The fear of criminal charges or social exclusion remains a significant obstacle to harm reduction efforts and poses challenges for policymakers aiming to promote evidence-based approaches to drug-related issues.

6.1. Comparative analyse

The findings of the 2024 European Web Survey on Drugs (EWSD) in North Macedonia, when compared to data from the EU countries (24 EU countries: Belgium, Bulgaria, Czechia, Denmark, Germany, Estonia, Ireland, Greece, Spain, France, Croatia, Cyprus, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, Sweden. Norway was also included in the analysis) and the Western Balkans countries (Albania, Bosnia Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia), reveal notable similarities and distinctions in drug use trends, consumption patterns, and motivations for use. These differences are essential for tailoring drug policies and harm reduction strategies to each region's specific needs.

■ Prevalence and Patterns of Drug Use

- Cannabis remains the most commonly used drug across all three regions, yet its prevalence varies significantly. In North Macedonia, 32% of respondents reported cannabis use in the past 12 months, whereas the figure was higher in the Western Balkans (42%) and substantially greater in the EU (59%). This disparity suggests that cannabis use is more widespread in the EU, potentially reflecting differences in legal frameworks, social attitudes, and accessibility.
- Cocaine was the second most reported substance in both North Macedonia (18.4%) and the Western Balkans (21%), but its prevalence was markedly higher in the EU (29%). MDMA/ecstasy follows a similar pattern, with use reported by 9.3% in North Macedonia, 14% in the Western Balkans, and a significantly higher 30% in the EU. This suggests that stimulant use, particularly cocaine and MDMA, is more embedded in recreational drug use patterns in the EU compared to North Macedonia and the broader Western Balkans region.
- Another critical observation is the use of benzodiazepines without a prescription. While 25.9% of respondents in North Macedonia reported such use, it was slightly lower in the Western Balkans (22%). The EU findings do not highlight benzodiazepine use as prominently, suggesting that non-prescribed benzodiazepine consumption may be a more pressing issue in the Western Balkans and North Macedonia, potentially linked to mental health challenges and self-medication.

■ Polysubstance Use and Motivations

- Polysubstance use was a dominant trend across all three regions. In the EU, cocaine was the substance most frequently consumed alongside other drugs, particularly alcohol and tobacco. In North Macedonia, polysubstance use was especially prevalent among

cannabis, cocaine, and amphetamine users, with alcohol and tobacco frequently co-used. The Western Balkans followed a similar pattern, with cocaine and crack cocaine being the most commonly combined substances.

- Motivations for drug use also showed commonalities and differences. In all three regions, the top motivations included getting high/for fun, reducing stress, and staying awake. However, stress relief was a more prominent reason for cannabis use in North Macedonia and the Western Balkans than in the EU. This suggests a potential link between drug use and socio-economic or mental health stressors in these regions. The use of amphetamines for staying awake was also more frequently reported in the Western Balkans and North Macedonia than in the EU, potentially reflecting different lifestyle pressures and economic conditions.

■ Drug Use Settings

- The setting of drug use was another area where regional differences emerged. In all three regions, home was the most commonly reported setting for drug use, particularly for cannabis. In the EU, 92% of cannabis and heroin users reported using at home, a trend mirrored in North Macedonia and the Western Balkans, though with slightly lower percentages.
- Nightlife settings, including clubs, bars, and music festivals, played a significant role in cocaine and MDMA consumption in all regions. However, the percentage of MDMA users who reported taking the drug at music festivals or parties was highest in the EU (79%), followed by the Western Balkans (81%), and then North Macedonia, where the data suggests a slightly lower but still significant trend.

■ Treatment Seeking and Public Health Implications

- One of the most concerning aspects across all regions was the low percentage of respondents seeking treatment for drug use. Less than 3% of respondents divided to different drugs in the EU, Western Balkans, and North Macedonia reported receiving treatment in the last 12 months. This suggests a substantial gap between the need for intervention and the accessibility or willingness to seek help. In all regions, the drug for which the highest proportion of respondents sought treatment was cannabis, followed by cocaine and opioids.
- In North Macedonia, stigma around drug use appears to be a significant barrier to seeking treatment, similar to the Western Balkans. Fear of legal consequences, social judgment, and concerns about confidentiality contribute to the reluctance to seek help. In contrast, while the EU also reports low treatment rates, harm reduction services and drug decriminalization policies may mitigate some barriers to access in certain member states.

7. Conclusions

The 2024 EWSD survey in North Macedonia provides a comprehensive understanding of current drug use trends, patterns of use, behaviors and emerging risks. The findings highlight the widespread use of cannabis, the increasing influence of online drug markets, and the persistent stigma surrounding drug use, which continues to hinder open discussions and treatment access.

The need for targeted harm reduction strategies is evident. Public awareness campaigns must focus on educating users about the risks of polysubstance use, driving under the influence, and the potential health consequences of consuming unregulated substances. Strengthening harm reduction services, including safe consumption spaces and anonymous helplines, could improve accessibility for those in need.

Addressing the fear of legal repercussions is also crucial. Policymakers should consider alternatives to punitive measures, such as decriminalization and diversion programs that encourage individuals to seek treatment rather than face criminal charges. Enhancing access to affordable treatment services and integrating mental health support into drug intervention programs could improve overall health outcomes.

Future research should continue to monitor evolving drug trends, particularly the role of digital drug markets and the emergence of new psychoactive substances. By leveraging data from ongoing surveys and collaborating with European counterparts, North Macedonia can develop a more adaptive and evidence-based approach to drug policy.

Ultimately, a multi-sectoral approach involving healthcare providers, law enforcement, educators, and policymakers is essential to mitigating the risks associated with drug use and promoting a healthier, more informed society.

These findings provide a crucial basis for shaping evidence-based drug policies, harm reduction strategies, and prevention programs in North Macedonia. The data underscores the need for targeted education, de-stigmatization campaigns, and improved access to harm reduction services to address the evolving drug landscape in the country.

The comparative analysis between North Macedonia, the EU, and the Western Balkans highlights both shared trends and regional distinctions in drug use behaviors. By understanding these regional variations, policymakers can develop targeted interventions that address the specific needs of each region, ensuring more effective drug prevention and harm reduction strategies.

8. Recommendations

Based on the findings of the 2024 European Web Survey on Drugs (EWSD) in North Macedonia, the following recommendations aim to address key concerns and support evidence-based drug policies, harm reduction strategies, and prevention initiatives.

■ Strengthening Drug Prevention and Education
- Implement comprehensive drug education programs in schools, universities, and workplaces to raise awareness of the risks associated with substance use, especially polysubstance use.
- Develop targeted campaigns addressing high-risk groups, such as young adults and nightlife participants, with a focus on cannabis, cocaine, amphetamines, and ecstasy/MDMA use.
- Promote mental health awareness and stress management strategies as alternatives to substance use for coping with anxiety, depression, and sleep disorders.

■ Expanding Harm Reduction Services
- Establish anonymous consultation and helplines to provide guidance for individuals who use drugs and their families.
- Increase the availability of harm reduction services, including needle exchange programs, drug-checking services, and overdose prevention initiatives.
- Develop safe consumption spaces to reduce health risks associated with high-risk drug use, particularly for stimulant and new psychoactive substance (NPS) users.

■ Addressing Public Safety Concerns
- Strengthen public awareness campaigns on the risks of driving under the influence of cannabis and other substances, given that 53% of cannabis users admitted to this behavior.
- Enhance law enforcement training to differentiate between recreational, problematic, and dependent drug use, promoting alternatives to punitive measures.
- Improve collaboration between traffic police and public health authorities to address substance-impaired driving through educational interventions and enforcement measures.

■ Enhancing Treatment and Support Services
- Expand access to affordable, stigma-free drug treatment programs, including outpatient and community-based rehabilitation services.
- Integrate mental health services into drug intervention programs, addressing the high rates of substance use for self-medication purposes (e.g., stress relief, anxiety management).
- Improve outreach and engagement strategies for people reluctant to seek treatment due to fear of legal consequences and stigma.

■ Regulating and Monitoring Drug Markets
- Monitor domestic and imported cannabis markets, as most users were unaware of the source or quality of the cannabis they consumed.
- Strengthen control over online and social media drug markets, given that an increasing number of users acquire substances through digital platforms.
- Improve early warning systems for emerging substances, particularly synthetic cannabinoids and stimulant-type NPS.

■ Policy and Legislative Considerations
- Evaluate the impact of current drug laws on harm reduction and public health, considering decriminalization models that focus on treatment rather than punishment.
- Develop alternative sentencing programs (e.g., diversion programs) for individuals caught with small amounts of drugs, directing them to education or treatment instead of incarceration.
- Strengthen collaboration with European counterparts to share best practices and improve data collection on drug use patterns.

■ Future Research and Continuous Monitoring
- Conduct regular surveys to track trends in adolescent and adult substance use, ensuring that policies are based on up-to-date evidence.
- Investigate the impact of digital drug markets, including the role of social media and encrypted messaging apps in drug distribution.
- Study the long-term effects of cannabis, cocaine, and amphetamine use, especially in relation to mental health and cognitive functio.

By implementing these recommendations, North Macedonia can take a proactive approach to drug policy, focusing on harm reduction, prevention, and evidence-based interventions while addressing public health and safety concerns.

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