

*Welcome!*

*We are a group of researchers at ... and we are conducting a study on how to prevent harms related to methamphetamine use. Through this online survey we want to learn more about the specific needs of people who use methamphetamine or other stimulants.*

*Our project IMPRESA is funded by the European Commission and .... More information about the project can be found here: ...*

*Everyone aged 18 years or older can participate in the survey. We especially would like to encourage people living in the city of ... to participate in the study.*

*The survey should take not take more than 10 minutes of your time. Your anonymity is guaranteed and all national data protection rules will be respected. Please answer all questions.*

*If you agree with the following statements, please click 'next' to take part in the survey:*

*I am at least 18 years old.*

*I have read the information about the study*

*I understand what taking part in the survey involves*

*I understand that I can leave the survey at any time, without giving a reason*

*I understand that all information will be stored anonymously.*

*Thank you for your interest and your participation in our study!*

*If you have any questions about this survey or the study, please contact ...*

	Have you ever used ...	How many days in the last 30 days (#Filter: If "Yes, in the last 30 days")	How many days in your life? (#Filter: If not "No, never")	Where did you use? <i>Multiple answers possible</i> (#Filter: If not "No, never")	All in all, did your use change during the COVID-19 pandemic? (#Filter: If not "No, never")
Methamphetamine (crystal meth, ice)	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, in the last 30 days <input type="checkbox"/> Yes, in the last 12 months, but not in the last 30 days <input type="checkbox"/> Yes, but not in the last 12 months	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-500 <input type="checkbox"/> > 500	<input type="checkbox"/> at parties <input type="checkbox"/> at work/school/university <input type="checkbox"/> at home (my own or a friend's) <input type="checkbox"/> outdoors (not at parties/festivals) <input type="checkbox"/> other (please specify): _____	<input type="checkbox"/> No, I quit using before the pandemic <input type="checkbox"/> No, my use stayed more or less the same <input type="checkbox"/> Yes, I first started using during the pandemic <input type="checkbox"/> Yes, my use increased <input type="checkbox"/> Yes, my use decreased <input type="checkbox"/> Yes, I quit using during the pandemic
Amphetamine (speed, phet, wizz)	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, in the last 30 days <input type="checkbox"/> Yes, in the last 12 months, but not in the last 30 days <input type="checkbox"/> Yes, but not in the last 12 months	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-500 <input type="checkbox"/> > 500	<input type="checkbox"/> at parties <input type="checkbox"/> at work/school/university <input type="checkbox"/> at home (my own or a friend's) <input type="checkbox"/> outdoors (not at parties/festivals) <input type="checkbox"/> other (please specify): _____	<input type="checkbox"/> No, I quit using before the pandemic <input type="checkbox"/> No, my use stayed more or less the same <input type="checkbox"/> Yes, I first started using during the pandemic <input type="checkbox"/> Yes, my use increased <input type="checkbox"/> Yes, my use decreased <input type="checkbox"/> Yes, I quit using during the pandemic
MDMA (Ecstasy)	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, in the last 30 days <input type="checkbox"/> Yes, in the last 12 months, but not in the last 30 days <input type="checkbox"/> Yes, but not in the last 12 months	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-500 <input type="checkbox"/> > 500	<input type="checkbox"/> at parties <input type="checkbox"/> at work/school/university <input type="checkbox"/> at home (my own or a friend's) <input type="checkbox"/> outdoors (not at parties/festivals) <input type="checkbox"/> other (please specify): _____	<input type="checkbox"/> No, I quit using before the pandemic <input type="checkbox"/> No, my use stayed more or less the same <input type="checkbox"/> Yes, I first started using during the pandemic <input type="checkbox"/> Yes, my use increased <input type="checkbox"/> Yes, my use decreased <input type="checkbox"/> Yes, I quit using during the pandemic
Cocaine (coke, charlie, crack)	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, in the last 30 days <input type="checkbox"/> Yes, in the last 12 months, but not in the last 30 days <input type="checkbox"/> Yes, but not in the last 12 months	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-500 <input type="checkbox"/> > 500		

Other stimulants (e.g. cathinones, phenethylamines, 'legal highs', 'bath salts' non- prescribed Ritalin)	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, in the last 30 days <input type="checkbox"/> Yes, in the last 12 months, but not in the last 30 days <input type="checkbox"/> Yes, but not in the last 12 months	<p>_____</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-500 <input type="checkbox"/> > 500	<input type="checkbox"/> at parties <input type="checkbox"/> at work/school/university <input type="checkbox"/> at home (my own or a friend's) <input type="checkbox"/> outdoors (not at parties/festivals) <input type="checkbox"/> other (please specify): <p>_____</p>	<input type="checkbox"/> No, I quit using before the pandemic <input type="checkbox"/> No, my use stayed more or less the same <input type="checkbox"/> Yes, I first started using during the pandemic <input type="checkbox"/> Yes, my use increased <input type="checkbox"/> Yes, my use decreased <input type="checkbox"/> Yes, I quit using during the pandemic
Heroin (smack, gear)	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, in the last 30 days <input type="checkbox"/> Yes, in the last 12 months, but not in the last 30 days <input type="checkbox"/> Yes, but not in the last 12 months	<p>_____</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-500 <input type="checkbox"/> > 500		
Other non-pre- scribed opioids e.g. Fentanyl, Methadone, Buprenorphin, Morphin)	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, in the last 30 days <input type="checkbox"/> Yes, in the last 12 months, but not in the last 30 days <input type="checkbox"/> Yes, but not in the last 12 months	<p>_____</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-500 <input type="checkbox"/> > 500		
Cannabis (marijuana, hash, weed, skunk, ganja, pot)	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, in the last 30 days <input type="checkbox"/> Yes, in the last 12 months, but not in the last 30 days <input type="checkbox"/> Yes, but not in the last 12 months	<p>_____</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-500 <input type="checkbox"/> > 500		
Mexaval	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, in the last 30 days <input type="checkbox"/> Yes, in the last 12 months, but not in the last 30 days <input type="checkbox"/> Yes, but not in the last 12 months	<p>_____</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-500 <input type="checkbox"/> > 500		

**1. Have you ever been in Opiate Substitution Treatment?** #Filter: if lifetime use for heroin or other opioids

- |  |
|--|
| <input type="checkbox"/> No, never<br><input type="checkbox"/> Yes, in the last 30 days<br><input type="checkbox"/> Yes, in the last 12 months, but not in the last 30 days<br><input type="checkbox"/> Yes, but not in the last 12 months |
|--|

**2. Have you ever been in contact with drug treatment or drug counseling centers?** Filter: If not OST in lifetime  
*'treatment' means inpatient and outpatient drug treatment as well as low-threshold services but no self-help groups.*

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> yes | <input type="checkbox"/> no |
|------------------------------|-----------------------------|

**3. Have you ever injected illicit drugs?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> yes | <input type="checkbox"/> no |
|------------------------------|-----------------------------|

**4. Have you ever injected the following illicit drugs?** #Filter: If ever injected

Methamphetamine	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, in the last 30 days <input type="checkbox"/> Yes, in the last 12 months, but not in the last 30 days <input type="checkbox"/> Yes, but not in the last 12 months
Other illicit drugs than methamphetamine	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, in the last 30 days <input type="checkbox"/> Yes, in the last 12 months, but not in the last 30 days <input type="checkbox"/> Yes, but not in the last 12 months

**5. How important is it for you that your needs in the following areas are addressed? And do such services exist in your city?**

Please rate each potential need on a scale from 1 "unimportant" to 5 "very important" or check "do not know" and indicate whether such services exist in your city

[illegible]

[illegible]

**6. What do you think, roughly how many people who use illicit drugs (so called “hard drug users”, excluding cannabis) live in your city? (Please write down a rough estimate (best guess) or check “cannot estimate”.)**

I estimate that there are roughly \_\_\_\_\_ **people who use illicit drugs (so called “hard drug users”, excluding cannabis)** in total in the city

☐ Cannot estimate

**7. What do you think, roughly how many people who use methamphetamine are among these? (Please write down a rough estimate (best guess) or check “cannot estimate”).**

I estimate that there are roughly \_\_\_\_\_ **people who use methamphetamine** in the city

☐ Cannot estimate

**8. What is your gender?**

☐ male

☐ female

☐ other

**9. What is your age?**

☐ 18-24 years

☐ 25-35 years

☐ 36-49 years

☐ 50-64 years

☐ > 65 years

**10. What is your highest completed educational status?**

☐ None

☐ Primary education

☐ Lower secondary education

☐ Upper secondary education

☐ Post-secondary non-tertiary education

☐ Short-cycle tertiary education

☐ Bachelor's or higher level

**11. What is your current employment status?**

☐ Pupil/student

☐ (Self-) Employed

☐ Unemployed

☐ Retired

**12. Which federal state do you live in?**

☐ Baden-Württemberg

☐ Bayern

☐ Berlin

☐ Brandenburg

☐ Bremen

☐ Hamburg

☐ Hessen

☐ Mecklenburg-Vorpommern

☐ Niedersachsen

☐ Nordrhein-Westfalen

☐ Rheinland-Pfalz

☐ Saarland

☐ Sachsen

☐ Sachsen-Anhalt

☐ Sachsen-Anhalt

☐ Thüringen

**13. Which city or district do you live in?** #Filter: If living in Sachsen

<input type="checkbox"/> Bautzen	<input type="checkbox"/> Meißen
<input type="checkbox"/> Chemnitz	<input type="checkbox"/> Mittelsachsen
<input type="checkbox"/> Dresden	<input type="checkbox"/> Nordsachsen
<input type="checkbox"/> Erzgebirgskreis	<input type="checkbox"/> Sächsische Schweiz-Osterzgebirge
<input type="checkbox"/> Görlitz	<input type="checkbox"/> Vogtlandkreis
<input type="checkbox"/> Leipzig (kreisfreie Stadt)	<input type="checkbox"/> Zwickau
<input type="checkbox"/> Leipzig (Landkreis)	

*Thank you very much for taking part in the survey!*