# BARBADOS NATIONAL HOUSEHOLD SURVEY 2006

**CONDUCTED BY**

**THE NATIONAL COUNCIL ON SUBSTANCE ABUSE (NCSA)**

NCSA

**IN COLLABORATION WITH**

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## INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION (CICAD)/ORGANISATION OF AMERICAN STATES

*3 September 2007*

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## Acknowledgment

Sincere thanks are expressed to the Inter-American Drug Control Commission (CICAD) for provision of funding for the survey and to their representative, Mr. Pernell Clarke, for his contribution in providing technical assistance to the training of field officers and data entry operators.

Special thanks are extended to the Director and staff of the Barbados Statistical Services especially Mr. Victor Browne, Senior Statistician, who guided the sampling process of the survey; Mr. Hazel Blenman, Mr. Wayne Davis, Mr. Vincent Thomas, Mr. Eric Bourne and Mr. Harold Chase who familiarized NCSA field personnel with training in relation to the mapping of districts and the selection of households.

Special mention to the field staff, in particular the supervisors, Mrs. Anita Branch, Mrs. Sharon-Gay Gooding, Mr. Andrew Belgrave, Ms Angela Springer and Mr. Derek Ward; field interviewers, Ms Ruchelle Roach, Ms Margo Belgrave, Mrs. Charmaine Belgrave, Ms Makeada Greenidge, Ms Sharon Harris, Ms Kathy-Ann Sandiford, Mr. Edwin Henry, Ms Sandrene Browne, Mr. Seth Browne, Ms Kedelyn Morgan, Mrs. Lisa Ifill, Ms Kathy-ann Bellamy, Ms Francia Best, Ms Muna Atkins, Ms June Bennet, Ms Kristal Griffith, Ms Odetta Mckoy, Ms Deborah Inniss and Mr. Shawn Husbands for their dedication and commitment to the task.

Special recognition is also expressed to members of the NCSA's Research 'Think Tank' including Dr. Jonathan Lashley of the Sir Arthur Lewis Institute of Social and Economic Research (SALISES), University of the West Indies (UWI); Superintendent Erwin Boyce of the Royal Barbados Police Force, and Ms Valerie Collymore of the Ministry of Home Affairs.

I would also like to thank ACR Business Solutions for data entry services and Dr. Ken-Garfield Douglas for data analysis and the preparation of this report.

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# 1. Background and Introduction

Barbados is the most easterly island in the Caribbean island chain with a registered residential population of 267,000 persons at the end of 2000. Barbados' population growth rate has been very low since the 1960s, with a birth rate of 14.0 per thousand and population growth rate of 0.2 per thousand. This is largely due to family planning efforts and a high emigration rate. About 80% of the Barbadian population is of African descent, 4% European descent and 16% mixed. About 70% are Anglican and the others are mostly Roman Catholic, Methodist and Moravian. There are also small Jewish and Muslim communities.

Barbados boasts an adult literacy rate of 97% with an attendance at primary school of 100% and 93% attendance at secondary school. It also boasts an infant mortality rate of 7.8 per 1000 (1998) and a life expectancy of 75 years for men and 77 years for women. In 2001, 142,000 persons represented its workforce, involved mainly in commerce, tourism, government, manufacturing, construction, mining, agriculture and fishing. Barbados gains most of its foreign exchange from tourism and sugar exports, with tourism rapidly taking the leading role.

It is well documented that Barbados, because of its geographic location is ideal as a drug trans-shipment port. Other aspects of Barbados, such as its development in the areas of communication systems, transportation network and its geographical location, increase its attractiveness as a regional transport hub. The infrastructural development of Barbados and its established linkages with the regional and extra-regional countries makes Barbados an attractive destination for the distribution of illegal drugs.

The infiltration of illegal drug use in Barbados has been compounded by the simultaneous use of legal drugs including alcohol (Dann 1980), tobacco and over the counter drugs. The adverse consequences of drug use are well documented. Substance abuse has been linked to increases in crime (National Task Force on Crime Prevention, 1997); decreased productivity in the workplace (WHO, 2003), accidents in the

workplace and increased motor vehicle accidents (Single E. et al 2001). Substance abuse is therefore recognized as a problem which encompasses families, the workforce and by extension, the entire society. Indeed the former Barbados Attorney General Mia Mottley noted: "The abuse of legal and illegal drugs is a disease that not only kills the potential of individuals and families, but if left unchecked, cripples private enterprise and the state as a whole" (Mottley, 2003).

The cultural penetration of behaviours originating from both regional and extra-regional countries were identified as contributors to the increase in drug use in Barbados including the staging of festive activities which promote the use of alcohol. Tolerance to alcohol use has noticeably been growing in Barbados although it is equally recognized that tolerance to alcohol use has always been present (Dann 1980).

The popularity of illegal drug use, particularly marijuana, was tied in part to the Rastafarian Movement (NCSA, 2000) and continues to be attractive to the younger generation (SIDUC 2003). Marijuana was used by the Rastafarian Movement for religious purposes. However, it is noticeable that many persons not of the Rastafarian faith use marijuana, and are involved in the trafficking of the substance as well as its use (National Task Force on Crime Prevention, 1997, Yearwood J, Estimating Costs Attributable to Substance Abuse and Loss of Productivity for Inmates at Glendairy Prison, 2004 (unpublished)).

The cocaine culture and the use of synthetic drugs notably 'crack cocaine' and ecstasy are newer entities coming out of North American cultural influences.

### 1.1 Treatment facilities

While treatment facilities currently exist in Barbados for problem drug users, a large majority of users remain outside the scope of services currently offered particularly young children and women (NCSA, 2003) and chronic abusers that commit crimes to feed their habits (SIDUC, 2003).

A consensus among member states of the United Nations provides for the investment in a range of prevention and treatment activities to reduce the use of legal and illegal substances. The UN Declaration on the "Guiding Principles of Drug Demand Reduction" states that "Demand Reduction programmes should cover all areas of prevention, from discouraging initial use to reducing the negative health and social consequences of drug abuse. They should embrace information, education, public awareness, early intervention, counseling, rehabilitation, relapse prevention, after care and social integration. Early help and access to services should be offered to those in need." ("Treatment Defined", Policy Paper on Substance Abuse: A Ministry of Health and National Council on Substance Abuse Perspective, August 2005: pg 10).

### 1.2 Role of the National Council on Substance Abuse

The Barbados Government is aware of the negative influences associated with substance abuse and its impact on the human, social and economic development for the country. In order to ensure a stable environment of its population and tourism ventures, Barbados has put into place policies in an effort to monitor and stem the increasing tide of substance abuse in the country. One of these policies was the establishment of the National Council on Substance Abuse (NCSA), by the NCSA Act 1995-13. The NCSA's mandate is to advise on measures to eradicate or control substance abuse through programmes and projects aimed at the prevention, elimination or control of substance abuse. A central feature of NCSA's mandate is to authorise, conduct and facilitate research or surveys on substance abuse.

The NCSA has, to date, undertook a number of research-based projects which have sought to examine the prevalence of the use of legal and illegal substances and the relationship between substance use, violence and crime in Barbados. These studies included the Rapid Assessment Studies (RAS) 1 and 2, 1998 and 2000, which examined the extent of drug abuse in communities and Substance Abuse and Violence in Barbados (2000) which assessed the occurrence of and association between Drug Use

and Violence among Barbadian Youth. The Global Youth Tobacco Surveys (GYTS) 1999 and 2002 and the Inter-American Uniform Drug Use Data System (SIDUC) Secondary School Survey 2003 looked at the extent of use of legal and illegal substances among the Secondary Schools[1].

In addition, the NCSA conducted a study in 2003 on the relationship between substance use and crime among juvenile offenders[2]. Studies conducted by the National Task Force on Crime Prevention in 1997[3] and a more recent study conducted by the NCSA in 2004 on the costs attributable to substance abuse among offenders[4] both indicate a high prevalence of drug use particularly marijuana before incarceration.

From these studies the most problematic illegal drugs in Barbados were identified as marijuana and cocaine with alcohol being the legal drug of choice. Alcohol was viewed as problematic because it is the most highly consumed and is readily available to persons of all ages. Cocaine, primarily crack, was viewed as problematic because of its effect on individuals.

Addiction to this drug results in the need to resort to street crimes, theft, burglary and prostitution. Marijuana is seen as problematic because it is the illicit drug that is most widely used, is very readily available, and is not viewed as a drug by many. Additionally, the majority of the crimes related to drugs are for the possession of marijuana, and therefore it is the most costly from a judicial perspective. With respect

[1] The Secondary School survey in 2003 yielded the following results for prevalence during the last 12 months:

**Type of DrugMales**

**FemalesOverall**Marijuana16.310.413.1Solvents/Inhalants4.35.54.9Cocaine1.30.50.9Crack1.10.30.6

[2] Yearwood J 2003, Substance Abuse and Criminal Behaviour Among Juvenile Offenders: A Focus Assessment Study

[3] National Task force on Crime Prevention (1997). Report on Criminal Risk Factors.

[4] Yearwood J 2004, The Estimation of Costs Attributable to Substance Abuse and loss of Productivity for Inmates at Glendairy Prison

to the use of other illegal drugs, notably heroin and ecstasy, their use is not widespread.

Previous studies conducted by the NCSA were more related to specific populations. The Secondary School Surveys focused on students between the ages of 11 and 17 years while the Juvenile Offender Study and the RAS were based on small population samples. Estimates of drug abuse among the youth population form an integral part of drug information systems. Data collected through school surveys play an important role as an indicator of youth population exposure for the purposes of international comparisons and trend analysis (UNODC 2003).

The design of the previous studies however, did not represent a national perspective capturing data from a wide cross-section of Barbadians. For example, Secondary School Surveys did not account for students who may have been out of school at the time of the study. In addition, students under 11 years and those at tertiary institutions including post secondary and University were excluded from these studies. Reported information based on the Multilateral Evaluation Mechanism (MEM) of the OAS, also indicates that Barbados does not have an estimate for the prevalence of drug abuse for the general population.

Barbados admits to some gaps in their data collection in some areas related to substance use. The limitations of previous research therefore suggest the need for a national-based study from which conclusive results can be obtained. The NCSA has therefore proposed the conduct of a National Study on the Prevalence of Substance Use in Barbados.

## 1.3 Household Surveys

Ramsay and Partridge (1999) argue that surveys, carried out on a household basis, have two main purposes. First, any survey, even if carried out on a one-off basis, can usefully delineate prevalence patterns, showing the extent to which different kinds of people take different drugs. Secondly, when surveys are repeated using the same methods, they can track changing levels of drug use. Ramsay and Partridge also note that some comparatively small groups of people, such as the homeless or those living in communal establishments, are excluded from household surveys.

In addition, the more chaotic drug users may be under-represented, either because they do not live in households or because they are unavailable for an interview. The Advisory Council on the Misuse of Drugs (ACMD 1998) also argue that the standard set of questions about use of different drugs on an ever/lifetime, last-year and last month basis does not inform us directly about problematic consequences of drug use, such as dependency. This can only be done with the help of additional questions.

Drug surveys have, however, developed considerably during the 1990s in Britain (Ramsay and Percy, 1997). Self-report techniques have been refined (MacNeil and Raw, 1997). A wealth of information about patterns of drug use has been gained, particularly from multivariate analyses of various surveys (Leitner et al., 1993; Graham and Bowling, 1995; Ramsay and Percy 1996). It should however be noted that what drug surveys can do well is to track changing levels of drug prevalence. Consequently, quality and size of the successive population samples are all crucial.

## 1.4 Barbados National Household Survey

The Barbados National Household Survey is a joint effort between (Inter-American Drug Abuse Control Commission) CICAD and the National Council on Substance Abuse (NCSA). Major funding for the project was provided by CICAD, who also provided

technical assistance for the training of field interviewers, data entry personnel and for data processing.

The Barbados National Household Survey targeted a wide segment of the population between 12 and 65 years old. The topics covered included not only alcohol and drug use, but also health behaviour in general. The information gleaned will provide valuable and useful information for policy formulation and programme development by NCSA and its stakeholders.

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Research and Information Officer, NCSA

# 2. Methodology

The questionnaire used was the standardized household survey instrument from the Inter-American Uniform Drug Use Data System (SIDUC). The instrument consists of roughly 50 questions and respondents were asked if they have ever used each of 13 classes of drugs/substances including alcohol, cigarettes, marijuana, cocaine and heroin, inhalants and for non-medical purposes tranquilizers and stimulants. On the basis of responses to these questions, two separate dichotomous measures of drug use reports were generated for some drugs (tranquilizers, stimulants, inhalants, marijuana, cocaine and ecstasy): (1) use in the previous year, and (2) use in the past 30 days.

## 2.1 Sampling Design

The survey employed a three stage sample design. In the first stage enumeration districts (EDs) were selected. Selection of EDs in the strata was done by the Barbados Statistical Service. The number of EDs to be sampled in a stratum depended on the population. For the sample requested, 13 EDs are selected from Stratum 1, 12 EDs from Stratum 2, 8 EDs from Stratum 3 and 7 EDs from Stratum 4. The number of EDs sampled from the different Strata were established as follows:

- Total EDs to be selected in the whole island = 40
- Total non-institutional population of Barbados = 266,182

**Table shows the number of EDs to be selected in each Stratum**

| STRATUM | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Non-institutional civilian Population in stratum (2000) | 89,091 | 77,054 | 56,432 | 43,605 |
| Number of EDs to be selected in each stratum | = 13 | = 12 | = 8 | = 7 |

Owing to the variation in the size of Enumeration Districts, it was determined that they should be selected using a Probability Proportionate to Size (PPS) methodology. This allowed for the EDs with the larger sizes to have the greater probabilities of being selected.

- The cumulative population for all strata was calculated (P).

- The number of EDs to be selected in each stratum was known (n).
- The Interval (1) for selected was then calculated and the first Random number (R) is generated:

  **1=P/n and R = a Random number between 1 and I**

The random numbers are then used to select the EDs systematically; i.e. R, R + I, R + 2I, R + (n-1)I. The random number is matched with the cumulative populations. The bigger the population was the higher the chance of that ED being selected.

The households were selected in the second stage. The sampling frame for the selection of households at the second stage of sampling was prepared in the field by listing all households in the selected EDs, on a listing schedule. A sample of about (50) households was be selected systematically from each selected ED, from a random start. This results in a sample of around 2,000 households, representing about 2% of the non-institutional civilian population. The procedure was as follows:

> A sample interval, I, was calculated for each ED (using a formula that incorporates the ratio of the sample EDs population to the total population and the ratio of the total number of households to the number of the EDs sampled households). This allows for self-weighting. Next, a random number between one (1) and I was selected from a table of random numbers. If the random number was "R", the number of households to be selected (n, which is 50 for this sample) was obtained by selecting the dwelling units corresponding to R, R+I, R+2I, R+3I, …, R+(n-1)I. At the third and final stage of sampling, a respondent was selected at random from the household with the use of Kish Tables. The objective was to give all members of the target population in any selected household an equal probability of being selected in the sample.

The survey was coordinated by the NCSA's Research and Information Unit and field work was conducted between June and July 2006. Being cognizant of the Annual Crop-Over season where alcohol consumption is usually on the increase, all efforts were made to complete the data gathering exercise before this celebration period. Interviews yielded an overall response rate of 98%.

# 3. Analysis of Findings

## 3.1 Demographic Characteristics

### 3.1.1 Age and Gender

Forty-two percent of respondents were males and 57% were females. Some 1.4% of respondents' gender was unknown. The mean age among respondents was 38.5 years ± 14.3 years. The median age was 38 years. The ages of respondents ranged from 12 – 65 years. Ages of 98.6% of respondents were recorded.

Mean age among males was 38.6 ± 14.4 years and among females 38.4 ± 14.3 years. The median age was similar for both males and females as were the minimum and maximum ages (Table 1A). There was no significant difference between males and females with respect to age ($p>0.05$).

**Table 1A: Mean and Median Age of Respondents**

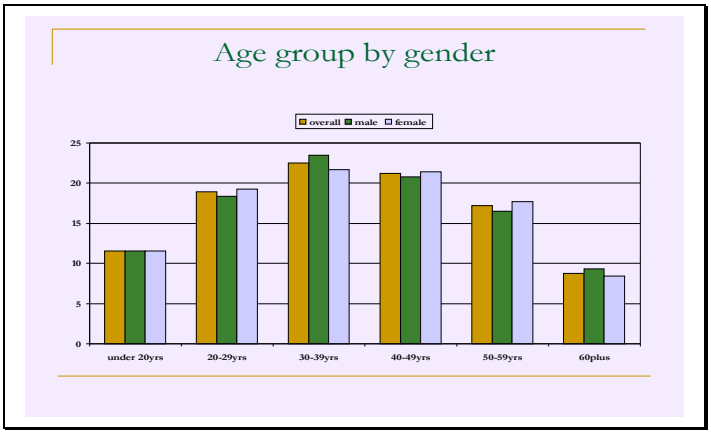
| | Mean | Std. Dev.* | Median | Min. | Max. |
|---|---|---|---|---|---|
| Overall | 38.51 | 14.3 | 38.0 | 12.0 | 65.0 |
| Males | 38.55 | 14.4 | 38.0 | 12.0 | 65.0 |
| Females | 38.39 | 14.3 | 38.0 | 12.0 | 65.0 |

* Std. Dev. = standard deviation

**Table 1B: Distribution of Grouped Ages by Gender**

| Age Group (yrs) | Overall | Male | Female |
|---|---|---|---|
| Under 20 | 11.5 | 11.5 | 11.5 |
| 20-29 | 18.9 | 18.4 | 19.3 |
| 30-39 | 22.5 | 23.5 | 21.7 |
| 40-49 | 21.2 | 20.8 | 21.4 |
| 50-59 | 17.2 | 16.5 | 17.7 |
| 60 plus | 8.8 | 9.3 | 8.4 |

Proportionally, most respondents were grouped into the 30-39 years (22.5%) and the 40-49 years (21.2%) age grouping. About 12% of respondents were under 20 years old (between 12 and 19 years; 19% were between 20-29 years of age; 17% were between 50-59 years old and about 9% were 60 years and older. Male and female respondents were of similar proportions (Table 1B).



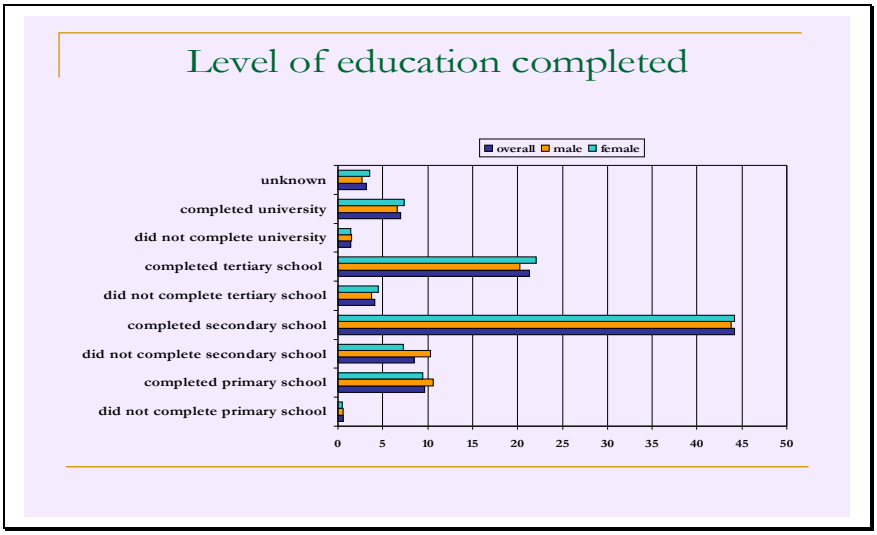

### 3.1.2 Education (Table 1C)

Respondents were asked to indicate the level of education they had completed. Most of the respondents had completed secondary school (44.2%) followed by tertiary level (21.3%). About 10% had completed primary level and a further 7% had completed university education.

Less than one percent (0.6%) had not completed primary level; 8.5% had not completed secondary; 4.1% had not completed tertiary and 1.4% had not completed university. Some 3.2% of responses were missing.

**Table 1C: Level of Education Completed**

| Education Levels | Overall | Male | Female |
|---|---|---|---|
| Did not complete primary school | 0.6 | 0.6 | 0.5 |
| Completed primary education | 9.7 | 10.6 | 9.5 |
| Did not complete secondary school | 8.5 | 10.3 | 7.3 |
| Completed secondary school | 44.2 | 43.8 | 44.2 |
| Did not complete tertiary school | 4.1 | 3.7 | 4.5 |
| Completed tertiary school | 21.3 | 20.3 | 22.1 |
| Did not complete university education | 1.4 | 1.5 | 1.4 |
| Completed university education | 7.0 | 6.6 | 7.4 |
| Unknown | 3.2 | 2.7 | 3.5 |




### 3.1.3 Education and Gender

Among those who had completed their education, a slightly higher proportion of males had completed primary level compared to females. However slightly more females reported completing all other levels.

A notable higher proportion of males did not complete secondary school (10.3% compared to 7.3% of females). Proportions that had not completed tertiary and university levels were about the same.

**Table 1D: Level of Education Completed and Age Grouping**

| Education Levels | Age Grouping | | | | | |
|---|---|---|---|---|---|---|
| | < 20 | 20-29 | 30-39 | 40-49 | 50-59 | 60+ |
| Did not complete primary school | 0.5 | 0.3 | - | 0.5 | 0.6 | 3.0 |
| Completed primary education | 19.2 | 2.2 | 2.3 | 6.2 | 17.0 | 28.0 |
| Did not complete secondary school | 22.2 | 5.0 | 4.2 | 7.6 | 9.4 | 10.1 |
| Completed secondary school | 36.7 | 47.0 | 47.6 | 45.1 | 45.2 | 33.9 |
| Did not complete tertiary school | 50.0 | 6.1 | 3.5 | 4.9 | 2.4 | 1.8 |
| Completed tertiary school | 10.0 | 25.7 | 30.2 | 24.4 | 15.5 | 8.3 |
| Did not complete university education | 0.9 | 1.9 | 1.4 | 1.5 | 1.2 | 1.2 |
| Completed university education | - | 10.2 | 8.1 | 7.9 | 4.5 | 9.5 |
| Unknown | 5.9 | 1.7 | 2.8 | 2.0 | 4.2 | 4.2 |

### 3.1.4 Number of Years of Education Completed

Respondents were also asked to state the total number of years of education they had completed. The mean number of years of education completed overall was 12.89 ± 3.18 years, and the median was 12 years. Years of education ranged from one to 20 years. Females had completed slightly more years than males (mean among females 12.97 years and among males 12.79 years)

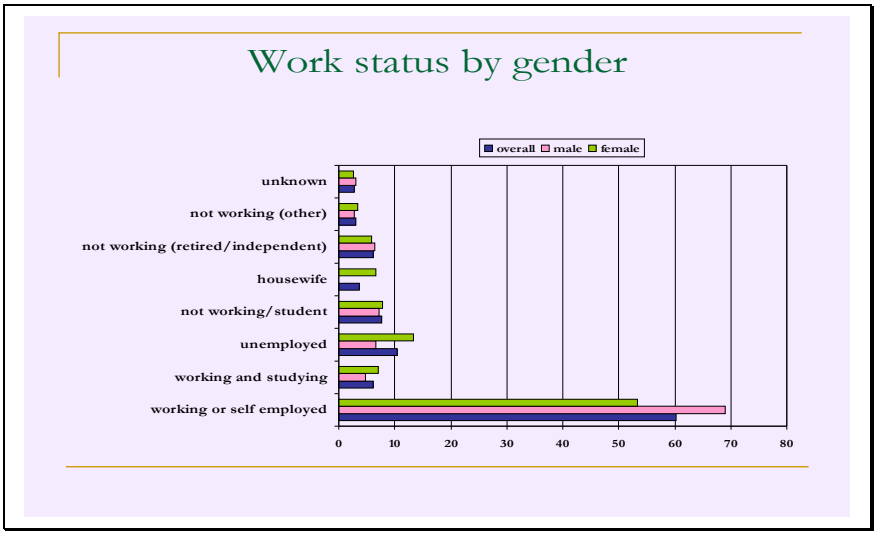
### 3.1.5 Work Status (Table 1E)

**Table 1E: Work Status by Gender**

| Work Status | Overall | Male | Female |
|---|---|---|---|
| Working/Self-employed | 60.3 | 69.0 | 53.3 |
| Working and studying | 6.1 | 4.8 | 7.1 |
| Unemployed | 10.4 | 6.6 | 13.4 |
| Not working, student | 7.6 | 7.2 | 7.8 |
| Housewife | 3.7 | - | 6.6 |
| Not working (retired, of independent means) | 6.1 | 6.4 | 5.9 |
| Not working (other, specify) | 3.1 | 2.7 | 3.3 |
| Unknown | 2.8 | 3.1 | 2.6 |

Most respondents indicated that they were working or self-employed (60.3%). The next most prevalent indication was 'unemployed' (10.4%). Six percent were working and studying; 7.6% were students (not working); 3.7% were housewives and 9.1%

were not working (retired, of independent means or other reasons). It therefore means that only 66.4% of respondents were working. Note that 2.8% of respondents did not indicate their work status.




### 3.1.6 Number of Hours Worked Per Week

The mean number of hours worked per week was 40 hours ± 12.35 hours. The median number of hours was also 40 hours, however the number of hours worked ranged from 4-128 hours. Some 63% of respondents who worked did the standard 40 hours per week; 16% worked less than 40 hours per week and about 21% worked more than 40 hours per week.

### 3.1.7 Type of Job (Table 1F)

Respondents were asked to state the type of job they had. They were given 10 options and an 'other' option to choose from. Most respondents (25%) indicated a job category other than the 10 options given. Twenty percent were skilled workers; 16% worked in

service or sales and 11% were office workers. Seventeen percent of respondents indicated jobs in the categories executive, professionals or the mid-level technical categories.

A small proportion were farmers (3%) while 2% worked with machines (operators/installers); 3% were unskilled workers and about 1% were members of the armed forces. Table 1F shows distribution of job categories by gender.

**Table 1F: Job Categories By Gender**

| Job Categories | Overall | Male | Female |
|---|---|---|---|
| Members of Executive branch, legislative bodies …. | 1.8 | 1.9 | 1.8 |
| Professional, scientific or intellectual | 7.2 | 5.9 | 8.1 |
| Mid-level technical or professional | 8.1 | 9.4 | 7.2 |
| Office worker | 10.9 | 3.7 | 17.6 |
| Service, sales or market worker | 19.6 | 14.7 | 23.9 |
| Farmer or skilled agricultural or fishery worker | 2.6 | 3.4 | 1.9 |
| Skilled worker, machinist, mechanic, tradesman | 15.6 | 27.4 | 5.2 |
| Operator of installations and machines | 1.6 | 2.5 | 0.8 |
| Unskilled workers | 3.3 | 3.9 | 2.9 |
| Members of armed forces | 1.2 | 1.7 | 0.8 |
| Other | 25.2 | 24.0 | 25.4 |
| Unknown | 3.1 | 1.7 | 4.4 |

### 3.1.8 Job Categories by Gender

The three job categories that females were more likely to indicate in rank order were: service/sales; office work and jobs in the professional, scientific or intellectual categories. For males, the three ranked categories were: skilled work/tradesman; services/sales and mid-level technical or professional categories.

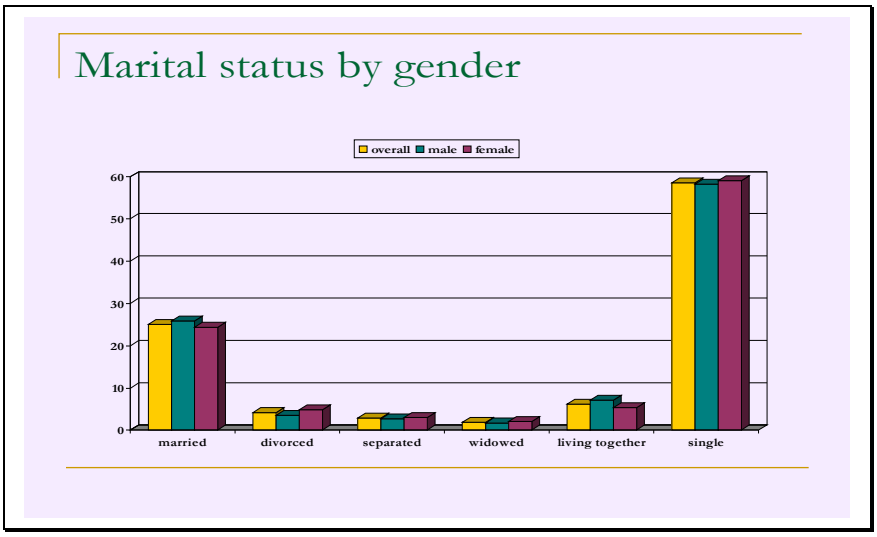
### 3.1.9 Marital Status (Table 1G)

Fifty-one percent of respondents were single while a quarter (25%) was married and 6% were living together. Nine percent of respondents were divorced, separated or widowed (Table 1G). Males were as likely as females to be single, separated, widowed or married. However, females were a little more likely to be divorced compared to

males. On the other hand, a slightly higher proportion of males were living together with a companion.

**Table 1G: Marital Status By Gender**

| Marital Status | Overall | Male | Female |
|---|---|---|---|
| Married | 25.0 | 25.8 | 24.3 |
| Divorced | 4.2 | 3.5 | 4.8 |
| Separated | 2.8 | 2.7 | 3.1 |
| Widowed | 1.9 | 1.8 | 2.0 |
| Living together | 6.2 | 7.1 | 5.3 |
| Single | 58.5 | 58.1 | 58.9 |




### 3.1.10 Heads of Household

A little more than half of all respondents (51.2%) were head of households. Significantly more males (63.4%) were head of households compared to females, ($p<0.01$, chi square test).

### 3.1.11 Years of Formal Education for Heads of Household

Of those who were identified as head of household, 10% gave no indication of the years of formal education. The mean number of years calculated among those who

gave a response was 11.9 ± 3.27 years. The median was 12 years. Years of formal education among this group ranged from 1-20 years.

### 3.1.12 Job Categories by Heads of Household (Table 1H)

Heads of households were asked about their job categories, about 44% indicated a job category other than the options provided. The three most indicated categories in rank order were: skilled workers/tradesmen, service/sales and office workers. About 5% were professionals and small proportions (from 2-3%) had jobs in the other categories indicated. An additional 5% were not working (2.4% not-working, but looking for work, and 2.8% not working and not looking for work).

Male heads of households were more likely to hold jobs in following categories: skilled workers/tradesmen; service/sales and office workers. Female heads of household were more likely to hold jobs as skilled workmen, service/sales and professionals.

**Table 1H: Job Categories of Heads of Households by Gender**

| Job Categories | Overall | Male | Female |
|---|---|---|---|
| Members of Executive branch, legislative bodies …. | 2.1 | 1.6 | 2.5 |
| Professional, scientific or intellectual | 5.1 | 4.4 | 5.6 |
| Mid-level technical or professional | 2.7 | 2.5 | 2.6 |
| Office worker | 5.7 | 6.6 | 5.4 |
| Service, sales or market worker | 11.9 | 11.7 | 12.1 |
| Farmer or skilled agricultural or fishery worker | 3.3 | 4.1 | 2.8 |
| Skilled worker, machinist, mechanic, tradesman | 13.7 | 11.4 | 14.8 |
| Operator of installations and machines | 2.4 | 0.9 | 3.0 |
| Unskilled workers | 2.9 | 3.5 | 2.6 |
| Members of armed forces | 0.2 | - | 0.3 |
| Not working, looking for work | 2.4 | 3.5 | 1.7 |
| Not working, not looking for work | 2.8 | 2.8 | 2.8 |
| Other | 43.6 | 46.1 | 42.2 |
| Unknown | 1.4 | 0.9 | 1.6 |

# 4. Perception of Risk

Respondents were asked their opinions about the level of risk posed by using various substances. The level of risk ranged from no risk, low risk, moderate risk and high risk. Respondents also had the option to indicate that they did not know the risk. Nineteen scenarios were described.

**Table 2A.1: Respondent's Perception of Risk**

| ***Q. In your opinion, please indicate the risk of ....*** | | **Perception of Risk** | | | | |
|---|---|---|---|---|---|---|
| | | **No risk** | **Low risk** | **Mod Risk** | **High risk** | **Don't know** |
| **Smoking cigarettes sometimes** | **Overall** | **2.3** | **8.2** | **20.8** | **65.8** | **2.9** |
| | *Male* | *3.8* | *10.5* | *24.3* | *58.9* | *2.6* |
| | *Female* | *1.1* | *6.6* | *18.4* | *70.8* | *3.2* |
| **Smoking cigarettes often** | **Overall** | **1.6** | **1.4** | **6.0** | **88.1** | **2.7** |
| | *Male* | *2.2* | *2.2* | *9.0* | *83.3* | *3.3* |
| | *Female* | *1.1* | *6.8* | *3.9* | *91.7* | *2.3* |
| **Drinking alcoholic beverages sometimes** | **Overall** | **4.2** | **19.4** | **35.1** | **38.2** | **2.5** |
| | *Male* | *4.9* | *24.1* | *34.1* | *32.5* | *3.3* |
| | *Female* | *3.2* | *16.0* | *36.1* | *42.6* | *1.9* |
| **Drinking alcoholic beverages often** | **Overall** | **0.9** | **2.8** | **12.9** | **80.7** | **2.3** |
| | *Male* | *1.4* | *3.9* | *18.0* | *72.3* | *4.0* |
| | *Female* | *0.6* | *2.1* | *9.2* | *87.0* | *1.1* |
| **Becoming drunk** | **Overall** | **0.7** | **0.7** | **3.2** | **92.3** | **2.8** |
| | *Male* | *0.4* | *1.2* | *4.5* | *90.0* | *3.6* |
| | *Female* | *0.8* | *0.3* | *2.2* | *94.0* | *2.3* |
| **Taking un-prescribed tranquillizers/stimulants sometimes** | **Overall** | **1.4** | **2.9** | **10.4** | **75.4** | **9.6** |
| | *Male* | *1.5* | *3.5* | *9.0* | *74.4* | *11.1* |
| | *Female* | *1.5* | *2.4* | *11.7* | *75.8* | *8.4* |
| **Taking un-prescribed tranquillizers/stimulants often** | **Overall** | **1.0** | **1.3** | **3.1** | **84.4** | **9.8** |
| | *Male* | *1.0* | *1.9* | *2.9* | *81.9* | *11.7* |
| | *Female* | *1.0* | *0.8* | *3.2* | *86.2* | *8.4* |
| **Inhaling solvents sometimes** | **Overall** | **0.9** | **3.4** | **13.2** | **72.0** | **10.4** |
| | *Male* | *1.0* | *4.2* | *12.6* | *70.4* | *11.4* |
| | *Female* | *0.7* | *2.4* | *13.7* | *72.9* | *9.6* |
| **Inhaling solvents often** | **Overall** | **0.7** | **1.4** | **3.7** | **83.5** | **10.2** |
| | *Male* | *0.6* | *2.0* | *4.3* | *81.1* | *11.2* |
| | *Female* | *0.7* | *0.9* | *3.2* | *85.3* | *9.6* |

### *4.1 Smoking Cigarettes Sometimes*:

- 65.8% of respondents felt there was high risk or moderate risk (20.8) from smoking cigarettes sometimes. A small proportion (2.3%) felt there was no risk and a further 2.9% did not know the risk.

### *4.2 Smoking Cigarettes Often:*

- Compared to smoking cigarettes sometimes, a higher proportion of respondents felt there was high risk (88.1%) from smoking often. Some 6% felt there was moderate risk, however 2.7% did not know of the risk and 1.6% felt there was no risk.

### *4.3 Drinking Alcoholic Beverages Sometimes:*

- Less than four in ten respondents felt there was high risk (38.2%) or moderate risk (35.2%) from drinking alcoholic beverages sometimes. A notable high proportion (19.4%) felt there was only slight risk and 4.2% felt there was no risk. In addition, 2.5% did not know the risk.

### *4.4 Drinking Alcoholic Beverages Often:*

- In contrast to drinking sometimes, 80.7% of respondents felt that drinking alcoholic beverages often incurred high risk and 12.9% felt it had moderate risk. Less than one percent (0.9%) felt there was no risk, while 2.3% said they did not know of the risk.

### *4.5 Becoming Drunk:*

- Almost all respondents felt there was high risk related to becoming drunk (92.3%). About three percent of respondents felt there was moderate risk, while 2.8% did not know of the risk and 0.7% felt there was no risk.

### *4.6 Taking Un-prescribed Tranquilizer/Stimulants Sometimes:*

- Three-quarters of respondents felt that taking un-prescribed tranquilizers sometimes incurred high risk, while 10.4% related it to moderate risk. A notable high proportion (9.6%) did not know of the risk and 1.4% felt there was no risk.

### *4.7 Taking Un-prescribed Tranquilizer/Stimulants Often:*

- A notable higher proportion (84.4%) felt that taking un-prescribed tranquilizers/stimulants often related to high risk. However, an equally notable proportion did not know of the risk.

### *4.8 Inhaling Solvents Sometimes:*

- Seventy-two percent felt there was high risk with inhaling solvents sometimes; 13.2% felt there was moderate risk but 9.8% did not know of the risk. Less than one percent (0.9%) felt there was no risk.

### *4.9 Inhaling Solvents Often:*

- In comparison to inhaling solvents sometimes, 83.5% felt that inhaling solvents often posed high risk and only 3.7% felt it posed moderate risk. However, an equally high proportion (10.2%) did not know of the risk.

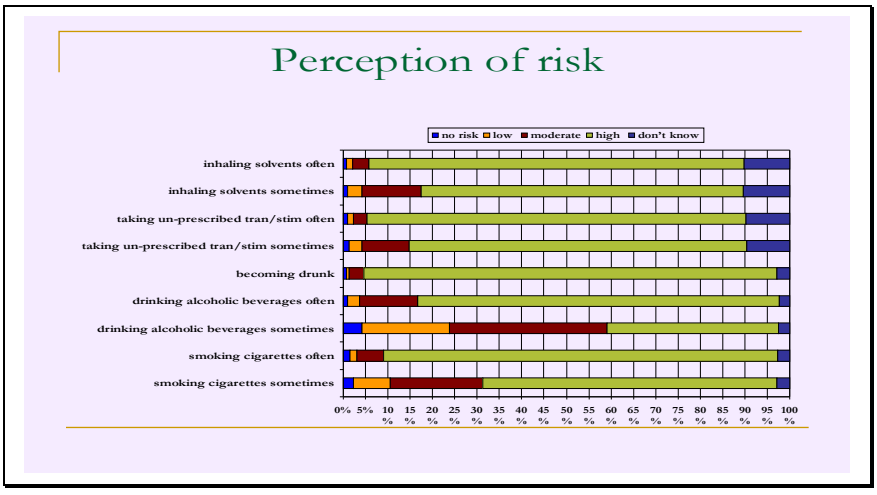


**Table 2A.2: Respondents' Perception of Risk (continued)**

| | | Perception of Risk | | | | |
|---|---|---|---|---|---|---|
| | | No risk | Low risk | Mod Risk | High risk | Don't know |
| **Smoking marijuana sometimes** | **Overall** | **2.6** | **7.2** | **14.3** | **71.1** | **4.6** |
| | *Male* | *3.9* | *10.3* | *15.8* | *64.9* | *4.6* |
| | *Female* | *1.6* | *4.9* | *12.9* | *76.0* | *4.6* |
| **Smoking marijuana frequently** | **Overall** | **1.5** | **2.5** | **6.6** | **84.8** | **4.3** |
| | *Male* | *2.2* | *4.1* | *8.0* | *79.9* | *5.2* |
| | *Female* | *0.9* | *1.4* | *5.5* | *88.4* | *3.7* |
| **Using cocaine sometimes** | **Overall** | **1.1** | **0.4** | **3.5** | **89.7** | **5.0** |
| | *Male* | *1.3* | *0.6* | *3.1* | *88.1* | *6.4* |
| | *Female* | *0.8* | *0.3* | *3.9* | *90.9* | *3.9* |
| **Using cocaine often** | **Overall** | **0.9** | **0.3** | **0.6** | **92.0** | **5.8** |
| | *Male* | *1.2* | *0.6* | *0.7* | *90.0* | *7.0* |
| | *Female* | *0.7* | *-* | *0.6* | *93.8* | *4.8* |
| **Using coca paste sometimes** | **Overall** | **0.5** | **0.3** | **1.9** | **46.7** | **49.5** |
| | *Male* | *0.5* | *0.7* | *1.5* | *47.9* | *48.1* |
| | *Female* | *0.4* | *0.1* | *2.2* | *46.0* | *50.3* |
| **Using coca paste often** | **Overall** | **0.5** | **0.2** | **0.6** | **47.5** | **49.6** |
| | *Male* | *0.7* | *0.3* | *0.5* | *48.7* | *48.2* |
| | *Female* | *0.4* | *0.1* | *0.7* | *46.9* | *50.5* |
| **Taking ecstasy sometimes** | **Overall** | **0.7** | **1.1** | **3.7** | **75.5** | **18.0** |
| | *Male* | *0.7* | *1.6* | *4.0* | *72.6* | *20.0* |
| | *Female* | *0.7* | *0.7* | *3.6* | *78.2* | *16.0* |
| **Taking ecstasy often** | **Overall** | **0.6** | **0.2** | **1.3** | **79.1** | **17.5** |
| | *Male* | *0.4* | *0.4* | *1.3* | *76.8* | *19.6* |
| | *Female* | *0.6* | *0.1* | *1.3* | *81.5* | *15.3* |
| **Using crack cocaine sometimes** | **Overall** | **0.6** | **0.6** | **1.7** | **88.6** | **8.1** |
| | *Male* | *0.5* | *1.0* | *1.4* | *87.1* | *9.6* |
| | *Female* | *0.7* | *0.3* | *2.1* | *89.8* | *6.9* |
| **Using crack cocaine often** | **Overall** | **0.5** | **0.2** | **0.6** | **90.0** | **8.3** |
| | *Male* | *0.3* | *0.4* | *0.8* | *88.1* | *9.8* |
| | *Female* | *0.6* | *-* | *0.5* | *91.5* | *7.0* |

### *4.10 Smoking Marijuana Sometimes:*

- Eighty-five percent of respondents felt there was either high risk (71%) or moderate risk (14%) with smoking marijuana sometimes. Seven percent felt there was slight risk and 2.6% no risk. However, 4.6% did not know the risk.

### *4.11 Smoking Marijuana Frequently:*

- Unlike smoking marijuana sometimes, 84.8% of respondents felt there was high risk related to smoking marijuana frequently. Only 6.6% felt there was moderate risk while 1.5% felt there was no risk. Four percent did not know of the risk.

### *4.12 Using Cocaine Sometimes:*

- A relatively high proportion of respondents felt there was high risk (89.7%) to using cocaine sometimes. A notable high proportion (5%) did not know of the risk. About 4% felt there was moderate risk and 1% felt there was no risk involved.

### 4.13 Using Cocaine Often:

- Almost all respondents felt there were high risk (92%) to using cocaine often or felt they did not know of the risk (5.8%).

### *4.14 Using Coca Paste Sometimes:*

- Most respondents did not know of the risk of using coca paste (49.5%). Of the others, 46.7% felt there was high risk, 1.9% felt moderate risk, and half of one percent felt there was no risk.

### *4.15 Using Coca Paste Often:*

- Perceptions of the use of coca paste often were exactly similar to those given for that of using coca paste sometimes.

### *4.16 Taking Ecstasy Sometimes:*

- A little more than a quarter of respondents felt this involved high risk (75.5%) while only 3.7% felt it involved moderate risk. However, 18% of respondents (about one in every six respondents) said they did not know of the harm. Very few felt there was no risk involved (0.7%).

### *4.17 Taking Ecstasy Often:*

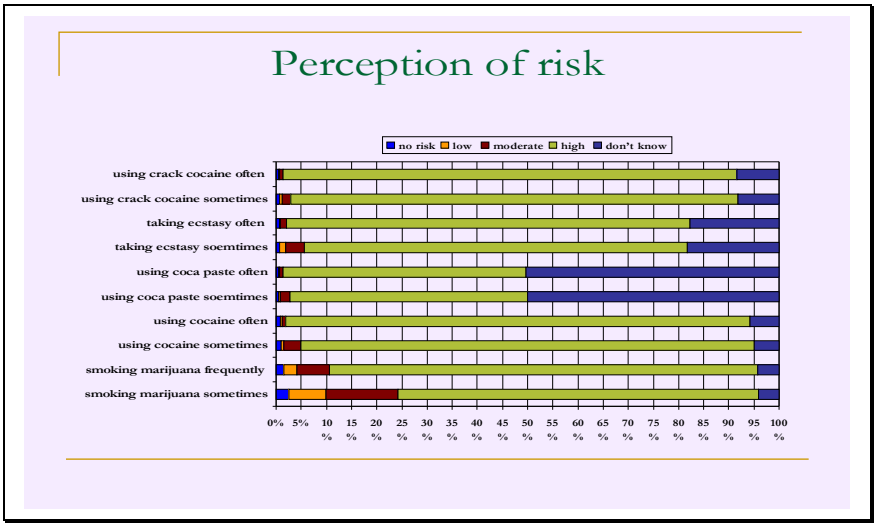
- Similar to taking ecstasy sometimes, 79% of respondents felt this involved high risk and 17.5% said they did not know of the risk.

### *4.18 Using Crack Cocaine Sometimes:*

- A relatively high proportion of respondents felt there was high risk involved with using crack cocaine sometimes. A very small proportion felt there was only moderate risk (1.7%), and 8.1% did not know of the risk.

### *4.19 Using Crack Cocaine Often:*

- Responses were similar to using crack cocaine sometimes. Most respondents (90%) felt this involved high risk while 8.3% said they did not know of the risk.




### *4.20 Risk Summary*

Respondents were more likely to indicate that they **did not know the risk** for the following:

- Using coca paste (sometimes or often);
- Using crack cocaine (sometimes or often);
- Taking ecstasy (sometimes or often);
- Inhaling solvents (sometimes or often);
- Taking un-prescribed tranquilizers/stimulants (sometimes or often)

They were more likely to indicate that there was **no risk** involved in

- Drinking alcoholic beverages sometimes; and
- Smoking marijuana sometimes

### 4.21 Perception of Risk (Male compared to female)

Females were somewhat dis-similar to males in relation to their perceived risk of engaging in any of the 19 scenarios indicated. In all cases with the exception of using coca paste slightly more or notably more (as in the case of smoking cigarettes sometimes, drinking alcoholic beverages often and smoking marijuana sometimes), females felt there was a high risk involved.

On the other hand, in almost all cases slightly more males indicated that they did not know of the risk involved. In cases where proportions were dis-similar relating to 'no risk' a higher proportion of males were more likely to indicate that there was no risk involved.

Interestingly, some 34.8% of males and 25% of females felt there was low to moderate risk from smoking cigarettes sometimes. Likewise, 21.9% of males and 11.3% of females felt there was low to moderate risk from drinking alcoholic beverages often.

About equal proportions of males (12.5%) and females (14%) felt there was low to moderate risk from taking un-prescribed tranquilizers or stimulants.

Equal proportions of males (16.8%) and females (16.2%) felt there was low to moderate risk from inhaling solvents sometimes. With regards to smoking marijuana, more than a quarter of males (25.1%) and 17.8% of females felt there was only low to moderate risk from smoking it sometimes. This proportion decreased to almost half (12.1% for males and 6.9% for females) with regards to smoking marijuana frequently.

## 5. Cigarettes Prevalence

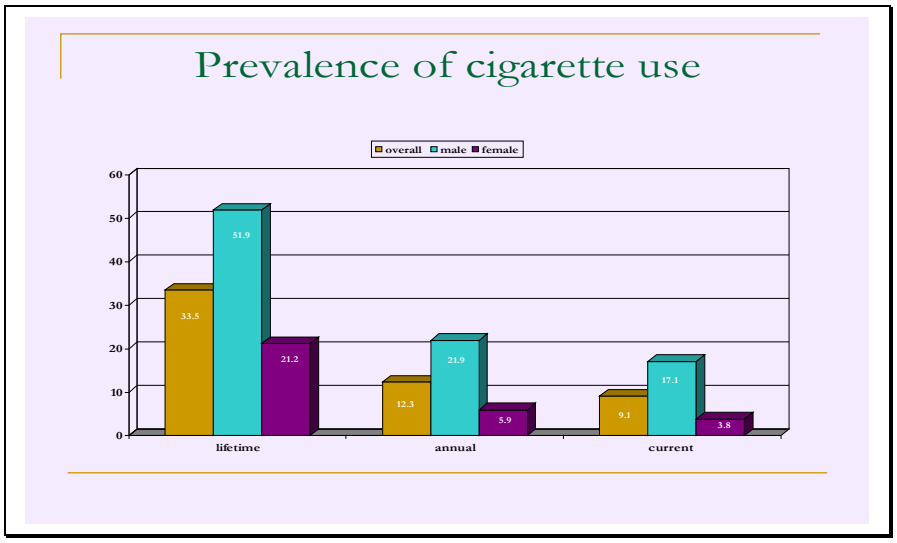
**Table 3A: Cigarette and Alcohol Use**

| | Cigarette | | | Alcohol | | |
|---|---|---|---|---|---|---|
| | **Overall** | **Male** | **Female** | **Overall** | **Male** | **Female** |
| **Prevalence** | | | | | | |
| Lifetime | 33.5 | 51.9 | 21.2 | 78.9 | 86.3 | 73.7 |
| Annual | 12.3 | 21.9 | 5.9 | 53.5 | 68.9 | 43.3 |
| Current | 9.1 | 17.1 | 3.8 | 36.2 | 54.3 | 24.0 |
| **Incidence** | | | | | | |
| One-year | 2.5 | 4.1 | 1.7 | 27.4 | 40.7 | 21.3 |
| One-month | 1.1 | 2.3 | 0.6 | 14.6 | 27.9 | 8.7 |
| **Age of First Use** | | | | | | |
| Mean | 15.7 | 15.1 | 16.4 | 16.6 | 15.2 | 17.8 |
| Median | 16.0 | 15.0 | 16.0 | 17.0 | 15.0 | 18.0 |
| Std. Dev. | 5.26 | 4.87 | 5.53 | 6.11 | 5.53 | 6.34 |
| **Recency of First Use** | | | | | | |
| During the past 30 days | 2.1 | 2.1 | 1.5 | 4.1 | 5.6 | 2.9 |
| > than 1mth but <1yr ago | 2.2 | 1.3 | 3.0 | 4.9 | 4.4 | 5.4 |
| More than 1 yr ago | 90.8 | 89.3 | 90.8 | 88.1 | 86.9 | 89.0 |
| Missing | 4.9 | 7.2 | 4.7 | 2.9 | 3.1 | 2.7 |

### 5.1 Prevalence of Cigarette Use (Table 3A)

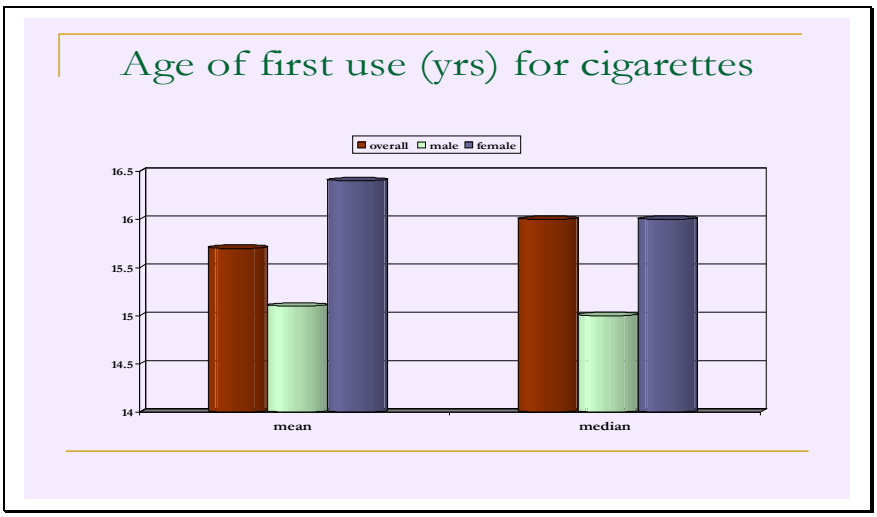
Greater than one third of all respondents (33.5%) reported having smoked cigarettes. The annual prevalence however was only 12.3% and the past 30-day use (recent use) was only 9.1%. More than half of all males reported ever smoking (51.9%) compared to little more than one-fifth of all females (21.2%). About three and a half times more males reported annual use compared to females (21.9% males vs. 5.9% females). In

terms of recent use, four and a half times more males reported this compared to females (17.1% males vs. 3.8% females).




## 5.2 Age of First Use

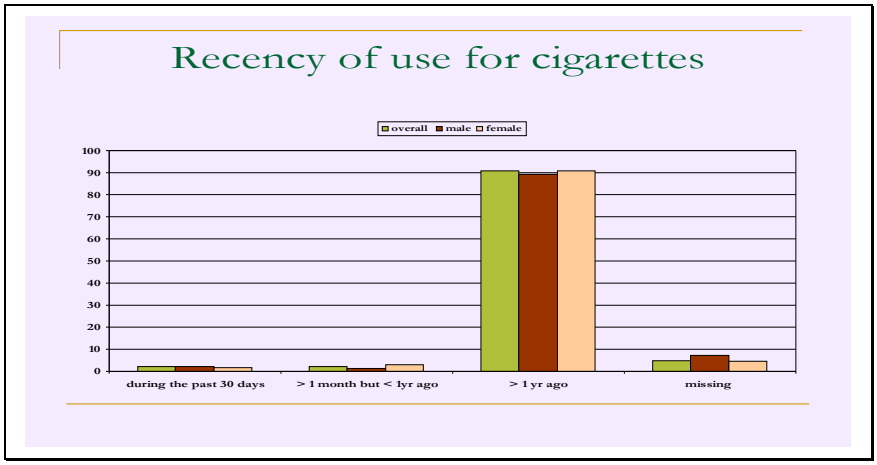
The mean age of first use of cigarettes overall was 15.7 years ± 5.26 years. The median age was 16 years. Males started quite sooner than females – the mean age among males was 15.1 years and among females 16.4 years. Though the age of first use overall ranged from under 10 years to 40 years, only about 20% of use was initiated after the teenage years (after age 19 years).




## 5.3 Initiation of First Use

The majority of all first use was initiated more than a year prior to the interview – 90.8% of respondents indicated "more than a year ago". About 2% was initiated more than a month but less than a year before the interview and an additional 2% within the 30-day period prior to the survey.

Females were not very dis-similar to males in terms of when initiation took place. Slightly more females initiated smoking within the one year period of the survey (4.5% compared to 3.4% of males). However, most initiation in both groups took place greater than a year prior to the survey (89.3% of males and 90.8% of females).

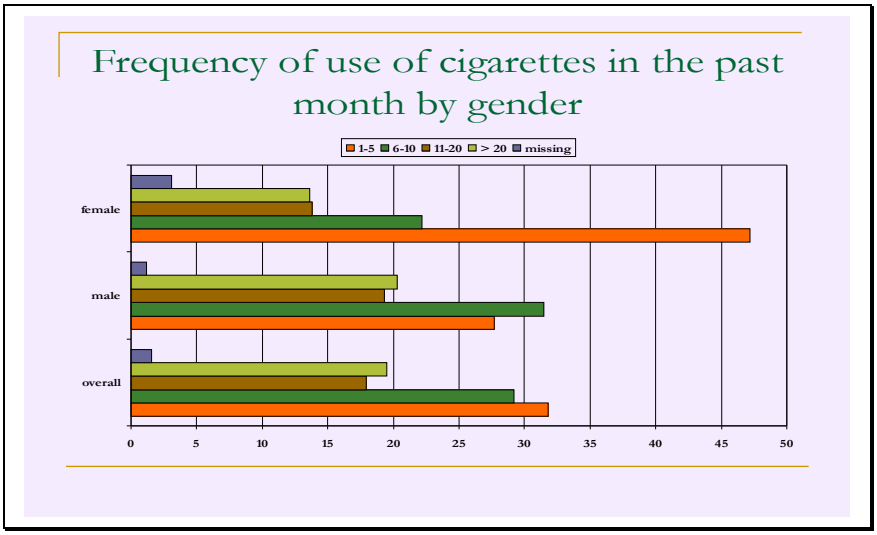


## 5.4 Frequency of Cigarette Use in Past Month (Table 3B)

**Table 3B: Frequency of Use in the Past Month by Gender**

| No. of cigarettes past month | Overall | Male | Female |
|---|---|---|---|
| 1-5 | 31.8 | 27.7 | 47.2 |
| 6-10 | 29.2 | 31.5 | 22.2 |
| 11-20 | 17.9 | 19.3 | 13.8 |
| More than 20 | 19.5 | 20.3 | 13.6 |
| Missing | 1.6 | 1.2 | 3.1 |

Respondents were asked to indicate the number of cigarettes per day that they had smoked in the past month. One fifth (19.5%) of current smokers were smoking more than a pack a day (>20 cigarettes); 17.9% were smoking 11-20 cigarettes a day; 29.2% were smoking 6-10 cigarettes a day and 31.2% were smoking 1-5 cigarettes a day. Females were smoking considerably less cigarettes per day compared to males. About half of the current female smokers (47.2%) were smoking 1-5 cigarettes a day compared to only 27.7% of males. A notably higher proportion of males smoked 6-10 cigarettes a day (19.3% vs. 13.8%); and more than a pack a day (20.3% vs. 13.6%).



## 5.5 Current Smokers and Drinkers

**Table 3C: Relationship of Current Smoking and Drinking to Marital and Work Status**

| Work Status | Current smokers | Current drinkers |
|---|---|---|
| Working/Self-employed | 66.5 | 70.5 |
| Working and studying | 6.1 | 6.5 |
| Unemployed | 9.7 | 7.0 |
| Not working, student | 3.4 | 4.2 |
| Housewife | 2.5 | 2.2 |
| Not working (retired, of independent means) | 6.7 | 5.6 |
| Not working (other, specify) | 3.4 | 1.5 |
| | | |
| **Marital Status** | | |
| Married | 16.3 | 25.4 |
| Divorced | 5.3 | 5.3 |
| Separated | 6.6 | 3.7 |
| Widowed | 2.3 | 1.8 |
| Living together | 10.3 | 7.8 |
| Single | 58.5 | 55.1 |

## 5.6 Current Smokers and Marital Status

Current smokers were more likely to be single (58.5%); married (16.3%) or living together (10.3%). About 14% were divorced, separated or widowed.

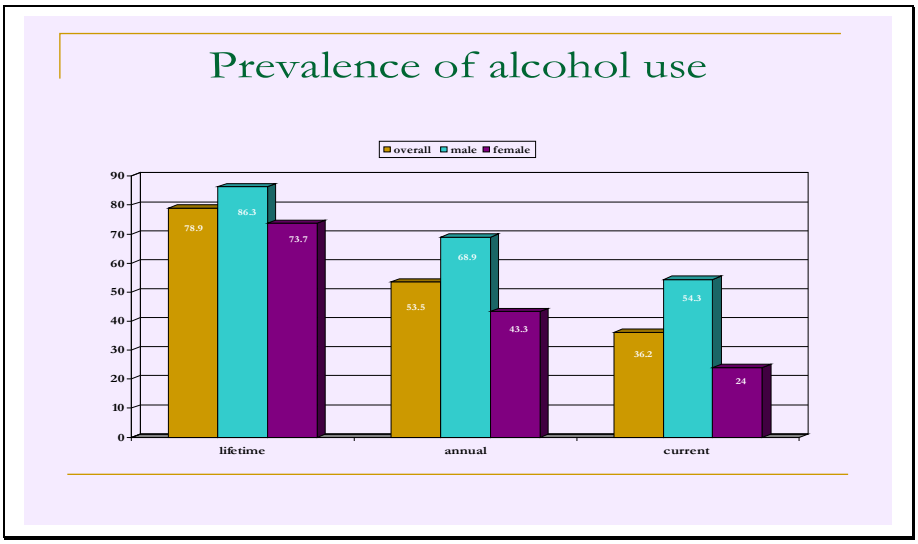
## 5.7 Current Smokers and Work Status

More than six of every ten current smokers (66.5%) were working or self employed while 6.1% were working and studying. About 10% were unemployed, 3.4% were not working (students); 2.5% housewives; 6.7% were not working (retired) and 3.4% were not working for other reasons - [73% of current smokers were working and 23% were not].

## 6. Alcohol Prevalence (Table 3A)

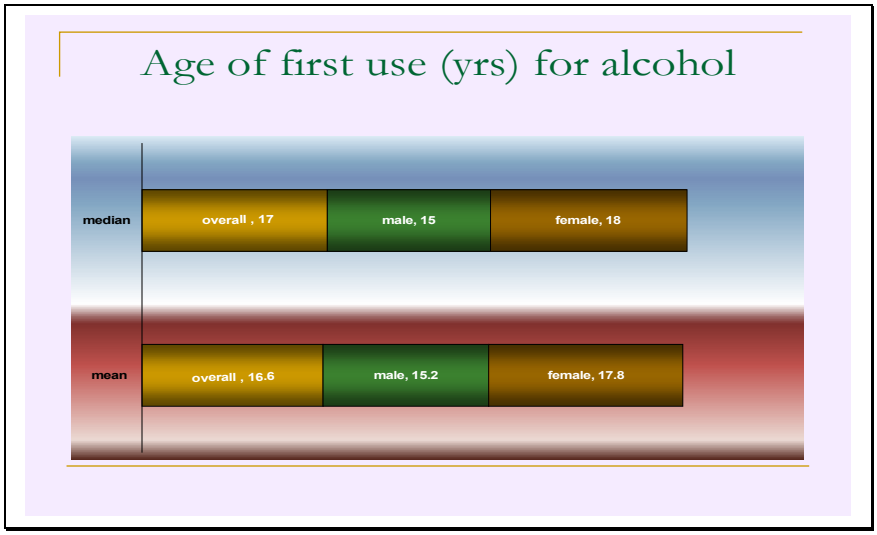
Just about eight of every ten respondents (78.9%) reported that they had an alcoholic beverage at some time in their life. The annual prevalence was 53.5% (more than half of all respondents had an alcoholic beverage in the past year) and 36.2% (a little more than one-third) were currently consuming alcoholic beverages.

Notably fewer females reported lifetime prevalence – 86.3% of males compared to 73.7% of females. Half as many females compared to males were currently consuming alcoholic beverages (54.3% of males vs. 24% of females).



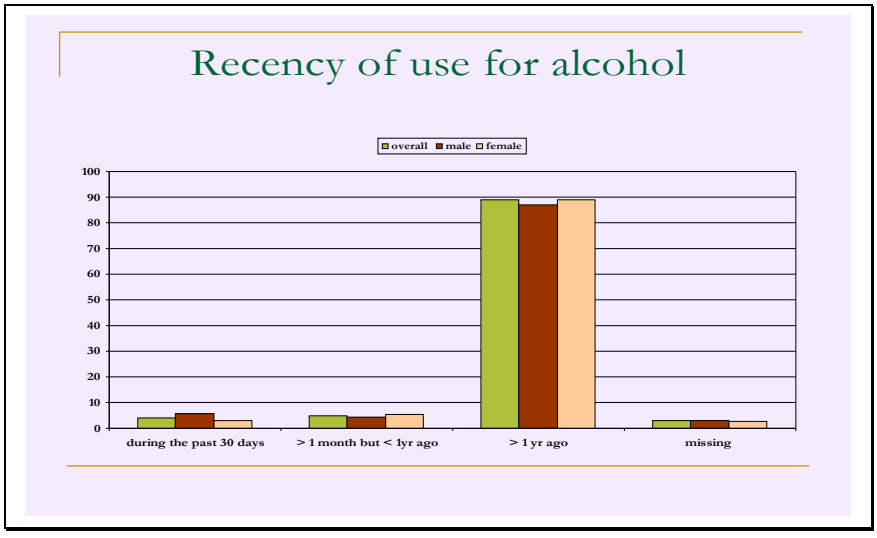

## 6.1 Age of First Use

The mean age of first use overall for alcoholic beverages was 16.6 years ± 6.1 years. The median age was 17 years (50% of all alcohol use was initiated by age 17 years). Males had a lower initiation age than females – the median age for males was 15 years and for females 18 years.




## 6.2 Initiation of First Use

As with cigarette use, most all first use of alcohol (88.0%) was initiated more than a year ago. About 5% was initiated more than a month but less than a year prior to the survey. However, 4% of use was initiated during the 30 day period prior to the survey. Females and males were not very dis-similar in terms of recency of initiation. However, twice as many males compared to females had initiated alcohol use during the last 30 days (5.6% of males compared to 2.9% females).



### 6.3 Drinking and Getting Drunk

Some 11% of current drinkers indicated that they had not drank too much and gotten drunk in the past month. However, 84% of current drinkers had gotten drunk at least one day in the last month. About 4% had gotten 'drunk' 2-3 days in the past month and less than one percent had gotten drunk more than three days in the last month.

### 6.4 Current Drinkers – Marital Status (Table 3C)

One quarter (25.4%) of current drinkers were married and a little more than half (55.1%) were single. About 8% were living together and the other 11% were divorced, separated (3.7%) or widowed (1.8%).

### 6.5 Current Drinkers – Work Status (Table 3C)

Seventy-seven percent of respondents were working (71% working/self employed and 6.5% working/student). The remaining 23% were not working – most were unemployed (7%) while 7% were not working due to retirement or some other reason and 2.2% were housewives.

### 6.6 Type of Alcohol Consumption Last 30 days (Table 3D)

Respondents were asked to indicate the type of alcoholic beverage they drank in the last 30 days and with what frequency. Significant proportions of respondents did not consume one or the other of the drinks indicated. About one third (31%) did not consume **low alcohol content beverages**. However, 7.4% reported drinking these beverages daily, 32% drank on weekends and 29.6% on 'some weekdays'.

**Table 3D: Type of Alcohol Consumption Last 30 Days**

| | Daily | Weekends | Some week days | No alcohol in the past 30 days |
|---|---|---|---|---|
| Low alcohol content beverages | 7.4 | 32.0 | 29.6 | 31.0 |
| Medium alcohol content beverages | 2.8 | 16.5 | 14.6 | 66.0 |
| High alcohol content beverages | 3.9 | 18.6 | 16.6 | 60.9 |

## 6.7 Medium Alcohol Content Beverages

Sixty-six percent did not consume this type of beverage. However, 2.8% drank these beverages daily, 16.5% on weekends and 14.6% on 'some weekdays'.

## 6.8 High Alcohol Content Beverages

Again, 60.9% did not consume high alcohol content beverages but 3.9% did on a daily basis, 18.6% on weekends and 16.6% on 'some weekdays'. Responses indicated that 69% of current users consumed low alcohol content beverages, 44% medium alcohol content beverages and 39% high alcohol content beverages.

## 6.9 Problem Drinking (Table 3E)

Problem drinking was measured on a seven-point scale called the Brief Scale for Detecting Abnormal Drinking or EBBA. A positive response to 2 or more questions is interpreted as a person with abnormal or problem drinking. Analysis indicated that 15.1% of current drinkers overall were identified with problem drinking (18.7% of males and 9.8% of females).

Current drinkers were asked to indicate their experiences with alcohol consumption and its effects. The questions and responses were:

- *Have you had trouble with your partner because of alcohol?* – this was not applicable for 6.7% of respondents, 7.4% said yes and 85.8% said no

- *Have you lost friends or partners because of alcohol?* – 9% of respondents said yes, 86.5% said no and this question was not applicable for 4.6% of respondents

- *Have you felt like decreasing the amount of alcohol that you drink?* – 19.2% said yes while 69.9% said no

- *Do you drink more than you want without noticing?* – 7.7% of respondents said yes and 86.3% said no

- *Have you had to drink alcohol in the morning?* – 4.1% yes and 89.9% said no

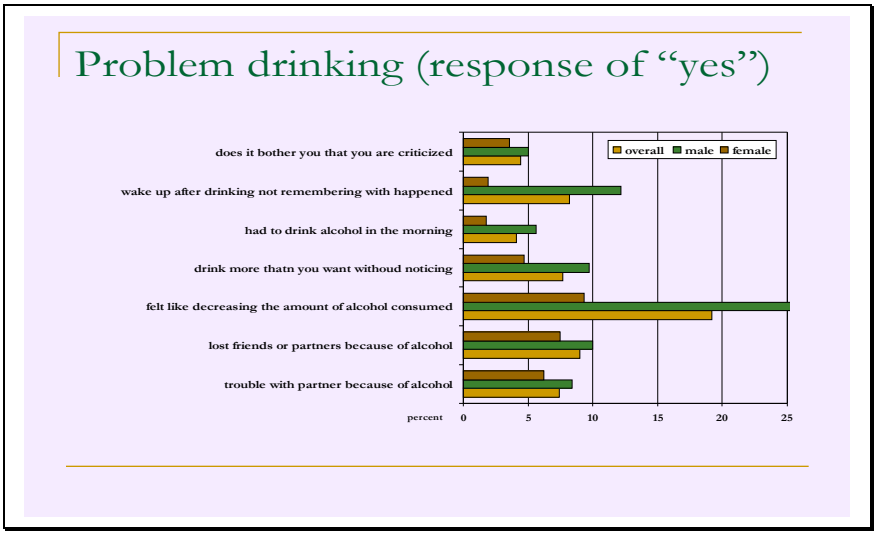
- *When you wake in the morning after having drunk the night before, have you ever experienced not remembering part of what happened?* – 8.2% of respondents answered yes while 78.4% said no

- *Does it bother you that you are criticized for the way you drink?* – 4.4% said yes and 66.7% said no

**Table 3E: Problem Drinking (Overall and by Gender)**

| Questions | Overall | | | Gender Response of "yes" | |
|---|---|---|---|---|---|
| | Yes | No | NA | Male | Female |
| Have you had trouble with your partner because of alcohol? | 7.4 | 85.8 | 6.7 | 8.4 | 6.2 |
| Have you lost friends or partners because of alcohol? | 9.0 | 86.5 | 4.6 | 10.0 | 7.5 |
| Have you felt like decreasing the amount of alcohol that you drank? | 19.2 | 69.9 | 10.8 | 25.3 | 9.3 |
| Do you drink more than you want, without noticing? | 7.7 | 86.3 | 5.9 | 9.7 | 4.7 |
| Have you had to drink alcohol in the morning? | 4.1 | 89.9 | 5.9 | 5.6 | 1.8 |
| When you wake up in the morning after having drunk the night before, have you ever experienced not remembering part of what happened? | 8.2 | 78.4 | 3.3 | 12.2 | 1.9 |
| Does it bother you that you are criticized for the way you drink? | 4.4 | 66.7 | 28.9 | 5.0 | 3.6 |

Overall, the perception of drinking being a problem mostly related to losing friends or partners, feeling the need to cut down and drinking to the point of not remembering what happened.




## 6.10 Gender and Problem Drinking

Female respondents were more likely to perceive problems from alcohol in the areas of losing friends or partners and from feeling the need to decrease the amount of alcohol they consumed. Males on the other hand were significantly challenged in all areas, although to a lesser extent, for having to drink alcohol in the morning and for being criticized for drinking.

## 6.11 Heads of Households & Problem Drinking (Table 3F)

Research question – Were heads of households who were current drinkers dis-similar from non-heads of households who were also current drinkers? Table 3F shows responses to the question on problem drinking comparing responses for heads and non-head of households who were current drinkers.

Heads of households were not dis-similar to non-head of households except for the following three areas:

- Trouble with partner because of alcohol;
- The need to decrease the amount of alcohol consumed;
- Being criticized for drinking.

In these three cases a higher proportion of heads of households answered yes to those items.

**Table 3F: Problem Drinking among Head/Non-Head of Households**

| Items | Percentage Responses | | | | | |
|---|---|---|---|---|---|---|
| | Head of Households | | | Non-head of Households | | |
| | Not app. | Yes | No | Not app. | Yes | No |
| Have you had trouble with your partner because of alcohol? | 6.9 | 9.1 | 83.9 | 6.3 | 5.0 | 88.7 |
| Have you lost friends or partners because of alcohol? | 4.7 | 9.4 | 85.9 | 4.4 | 8.5 | 87.1 |
| Have you felt like decreasing the amount of alcohol that you drank? | 11.1 | 20.4 | 58.5 | 10.8 | 17.6 | 71.6 |
| Do you drink more than you want, without noticing? | 5.9 | 8.2 | 85.9 | 5.9 | 7.2 | 87.0 |
| Have you had to drink alcohol in the morning? | 5.7 | 4.7 | 89.6 | 6.1 | 3.4 | 90.5 |
| When you wake up in the morning after having drunk the night before, have you ever experienced not remembering part of what happened? | 12.5 | 7.8 | 79.7 | 14.7 | 9.2 | 76.1 |
| Does it bother you that you are criticized for the way you drink? | 28.7 | 6.3 | 85.0 | 29.5 | 1.7 | 68.8 |

## 7. Access to Drugs (Tables 4A and 4B)

Respondents were questioned on the degree of difficulty in obtaining drugs. The following responses were given:

**Marijuana -** More than half of all respondents (57%) felt it was easy to obtain marijuana while 13.4% said it was either difficult (7.2%) or they could not have access (6.2%). Some 29% did not know what it would be like to access it.

**Table 4A: Access to Drugs**

| Drugs | Easy | Difficult | Could not access | Don't know |
|---|---|---|---|---|
| Marijuana | 57.0 | 7.2 | 6.2 | 29.3 |
| Cocaine | 28.0 | 15.9 | 8.9 | 46.7 |
| Coca paste | 4.0 | 9.3 | 9.9 | 75.7 |
| Ecstasy | 13.6 | 15.9 | 10.0 | 60.0 |
| Crack cocaine | 20.8 | 15.6 | 8.8 | 54.3 |

**7.1 Cocaine -** Compared to marijuana, significantly fewer respondents (28% or half as many) felt it would be easy to obtain cocaine. About 16% felt it would be difficult, 8.9% could not have access to it and almost half of all respondents (46.7%) did not know how easy it would be to access.

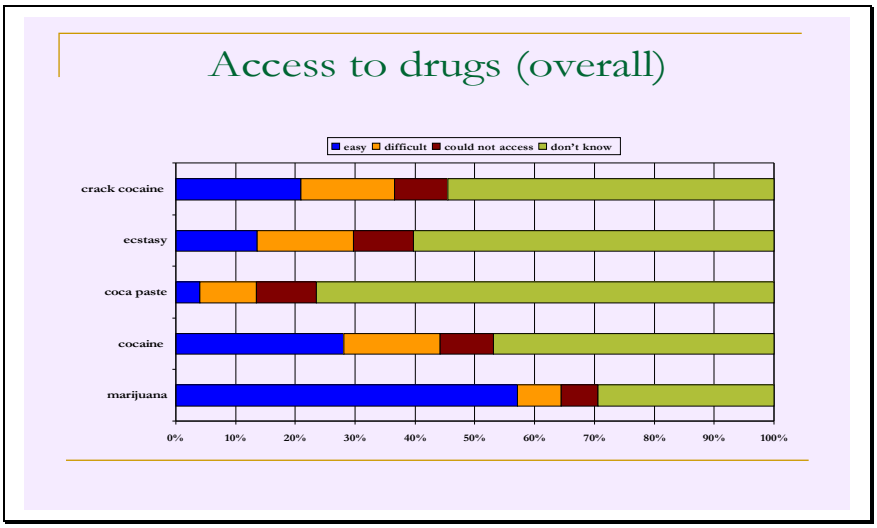
**7.2 Coca Paste -** Most respondents did not know how easy it would be to access (75.7%). Most others (19.2%) felt it would be difficult (9.3%) or could not have access (9.9%) to it. A relatively small proportion felt it would be easy to access (4%).

**7.3 Ecstasy -** Unlike marijuana and cocaine, a relatively high proportion of respondents (60%) indicated that they did not know how to access it. About 14% felt it was easy to access while 15.9% felt it was difficult and a further 10% felt they could not have access to it.

**7.4 Crack Cocaine -** More than half of all respondents (54.3%) indicated they did not know how to get access to it. About one-fifth (20.8%) felt it would be easy to access, 15.6% felt it would be difficult and 8.8% felt they could not access it.

Marijuana was perceived to be the easiest drug to obtain followed by cocaine, crack cocaine and ecstasy. Coca paste was seen as the one least easy to access (the drug that most respondents did not know how easy it would be to access). In terms of

difficulty to access, if coca paste was excluded, then cocaine, crack cocaine and ecstasy were perceived as equally difficult to access while marijuana was least difficult to access.



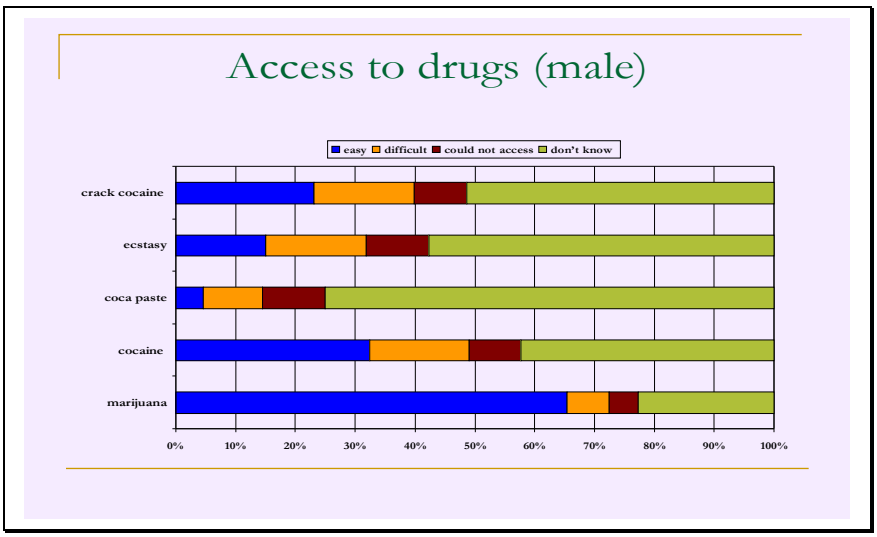

## 7.5 Access (Males compared to Females)

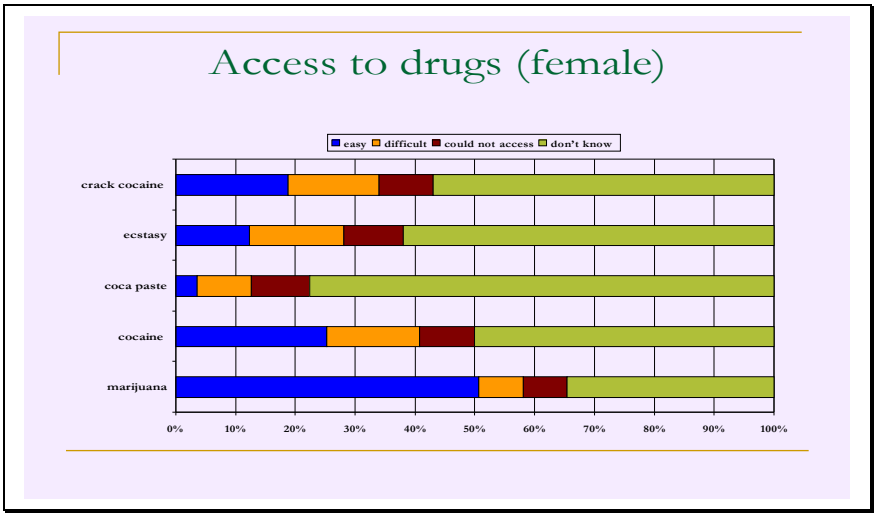
Responses were dis-similar with respect to marijuana, cocaine and crack cocaine. A relatively higher proportion of males felt it was easy to access these drugs compared to females (from 4 percentage points higher in the case of crack cocaine to 15 percentage points higher in the case of marijuana). For most all other categories (difficult, could not have access and don't know) the proportions were not dis-similar.

**Table 4B: Access to Drugs by Gender**

| Drugs | Male | | | | Females | | | |
|---|---|---|---|---|---|---|---|---|
| | Easy | Diff | C.N.A | DK | Easy | Diff | C.N.A | DK |
| Marijuana | 66.0 | 7.1 | 4.9 | 22.8 | 50.5 | 7.4 | 7.3 | 34.4 |
| Cocaine | 32.3 | 16.6 | 8.6 | 42.2 | 24.5 | 15.7 | 9.2 | 50.4 |
| Coca paste | 4.5 | 9.9 | 10.3 | 74.4 | 3.6 | 8.8 | 9.7 | 76.5 |
| Ecstasy | 15.0 | 16.6 | 10.4 | 57.4 | 12.3 | 15.7 | 9.8 | 61.7 |
| Crack cocaine | 23.0 | 16.7 | 8.7 | 51.2 | 18.7 | 15.0 | 9.0 | 56.6 |

Note: C.N.A = could not access Diff= difficult DK= don't know




## 7.6 Easy Access and Age Grouping

Cross-tabulation was done to determine the age relationship among respondents who felt the indicated drugs were "easy" to access. For the most part, respondents in the age groupings 30-39, 40-49 and to a lesser extent the 20-29 age grouping were more likely to indicate that the drugs were easy to access.

- those who felt marijuana was easy to access were mostly in the 20-39 (22.4%) and 30-39 (24.9%) age groupings;
- for cocaine, respondents were mostly in the 30-39 (26.7%) and the 40-49 (22.9%) age groupings;

- for ecstasy, respondents were mostly in the\ 30-39 (26.3%) and the 20-29 (25.6%) age groupings; and
- for crack cocaine, respondents were mostly in the 30-39 (29.2%) and the 40-49 (22.6%) age groupings.

**Table 4C: Easy Access to Drugs by Age Grouping**

| Age Group (yrs) | Percentage Responses of 'easy' to access | | | | |
|---|---|---|---|---|---|
| | Marij. | Cocaine | Coca | Ecstasy | Crack |
| Under 20 | 11.6 | 8.4 | 9.6 | 8.4 | 7.8 |
| 20-29 | 22.4 | 20.9 | 15.0 | 25.8 | 21.5 |
| 30-39 | 24.9 | 26.7 | 25.5 | 26.3 | 29.2 |
| 40-49 | 21.4 | 22.9 | 18.6 | 19.7 | 22.6 |
| 50-59 | 14.2 | 15.8 | 24.1 | 14.3 | 13.0 |
| 60 plus | 5.6 | 5.2 | 7.3 | 5.7 | 6.0 |

Marij= marijuana

## 8. Friends/Family Members and Alcohol and Illegal Drugs Use (Table 5A)

More than half of all respondents (57.3) indicated that they had no friends or family members who got drunk. About a quarter of all respondents (25.2%) had two or more family members or friends who got drunk and 17% had at least one friend or family member who got drunk.

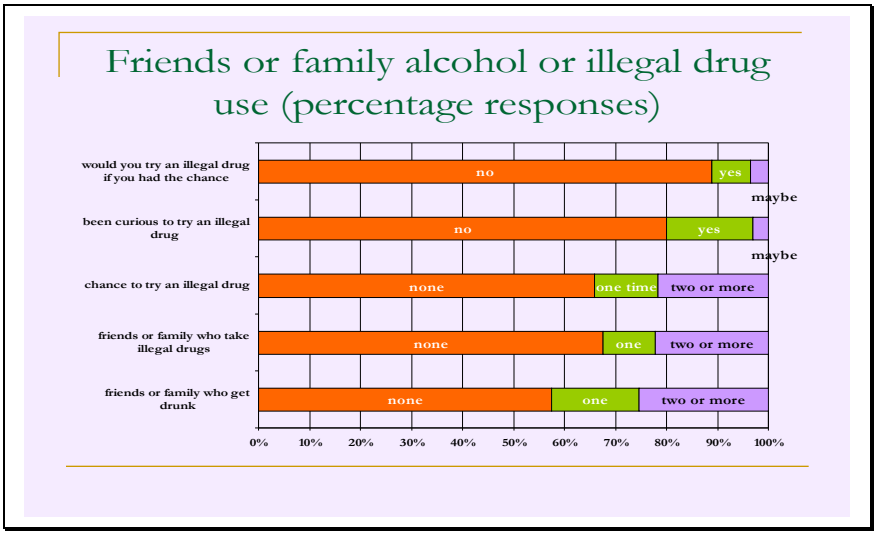
**Table 5A: Friends or Family Alcohol or Illegal Drug Use**

| | None | One | Two or more |
|---|---|---|---|
| Do you have friends or family members who get drunk? | 57.3 | 17.1 | 25.2 |
| Do you have friends or family members who take illegal drugs? | 67.1 | 10.1 | 22.1 |
| Have you had a chance to try an illegal drug (no = none, and yes is translated into how many times)? | 65.5 | 12.3 (one time) | 21.6 (Two or more times) |

More than six of every ten respondents (67.1%) indicated that they had no friends or family members who used illegal drugs. A little more than one fifth (22.1%) had two or

more friends or family members who did this and 10% had a least one friend or family member.

Respondents were asked if they ever had a chance to try an illegal drug – the majority (65.5%) said no and of the 34% who said yes, about one fifth (21.6%) had done it two or more times and 12.3% one time.




## 8.1 Alcohol Use Prevalence and Family or Friends Alcohol Use (Table 5B)

Respondents who had no friends or family members who got drunk reported lower prevalence of lifetime, annual and current alcohol use than those who had at least one or two or more friends or family who did, (Table 5B). As the number of friends or family who got drunk increased, so did the prevalence of alcohol use reported by respondent.

Current use increased from 31.6% among those with no friends or family members who got drunk to 46% among those with one friend or family member and then to 51.4% among those with two or more friends or family members who got drunk. This same pattern was observed for lifetime and annual prevalence among respondents.

**Table 5B: Alcohol Use Prevalence and Friends/Family Alcohol Use**

| ***Q. Do you have friends or family members who get drunk?*** | **Prevalence** | | |
|---|---|---|---|
| | Lifetime | Annual | Current |
| No (none) | 76.8 | 47.5 | 31.6 |
| Yes (one) | 87.6 | 62.9 | 46.0 |
| Yes (two or more) | 89.5 | 67.7 | 51.4 |

## 9. Curiosity about Illegal Drugs and Chance to Try Illegal Drugs

Respondents were asked if they had ever been curious to try an illegal drug. About 17% said "yes" while 3% said "maybe". About 23% of males compared to 12% of females said "yes, they had been curious about trying an illegal drug." Three times as many males as females answered "maybe they had been curious to try an illegal drug" (4.8% males and 1.5% females).

Respondents were also asked if they would try an illegal drug if they had the chance – 7.6% said "yes" and 3.5% said "maybe". Considerably more males than females said yes (13.2% males vs. 3.2% females). About 5% of males compared to 2.7% of females said "maybe they would try an illegal drug if they had the chance."

## 10. Offer to Buy or Use Drugs (Table 6A)

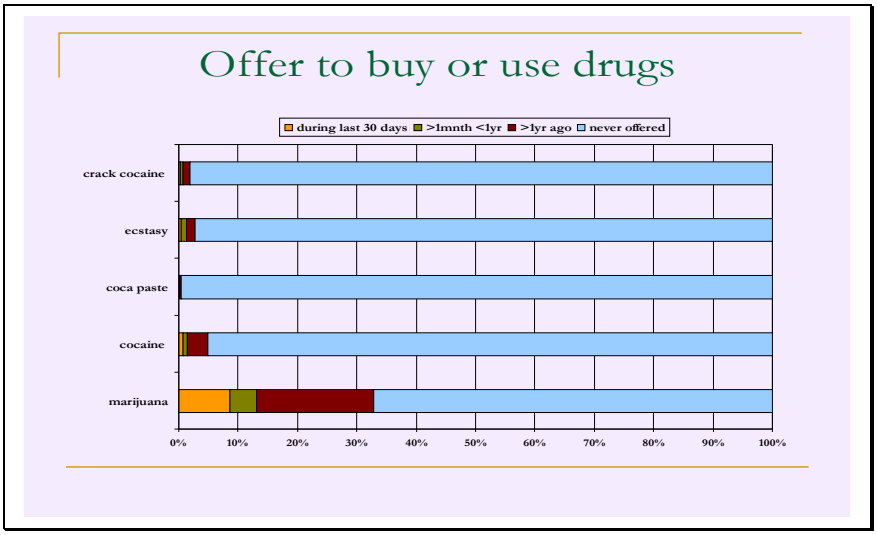
Most respondents indicated that they had never been offered the indicated drugs. Nine of every ten respondents (95-98%) had never been offered cocaine, coca paste, ecstasy or crack cocaine. However, only 67% of respondents said they had never been offered marijuana.

**Table 6A: Last Time Drugs Offered (to buy or to use)**

| | During last 30 days | >1 mth < 1yr | >1 yr ago | Never been offered |
|---|---|---|---|---|
| Marijuana | 8.6 | 4.5 | 19.7 | 67.0 |
| Cocaine | 0.7 | 0.8 | 3.4 | 94.9 |
| Coca paste | 0.1 | 0.1 | 0.2 | 98.3 |
| Ecstasy | 0.5 | 0.8 | 1.5 | 97.1 |
| Crack cocaine | 0.3 | 0.4 | 1.2 | 97.7 |

Some 8.6% of respondents had been offered marijuana in the past 30 days prior to the survey, but less than one percent (0.1-0.7%) of respondents had been offered any of the other drugs indicated. Cocaine was offered to 3.4% of respondents more than a year ago; marijuana was offered to 19.7% of respondents more than a year ago; ecstasy was offered to 1.5% of respondents and crack cocaine was offered to 1.2% of respondents.

In terms of offers made more than a month ago, but less that a year before the survey, the highest proportion related to marijuana – 4.5% of the respondents were offered this substance, but less that one percent were offered the other drugs.



## 10.1 Male/Female Comparison

- Twice as many males as females reported that they were offered marijuana (47% of males compared to 22% of females)
- About three times as many males as females were offered cocaine (8.7% of males compared to 2.3% of females)
- Three and a half times as many males as females were offered ecstasy (5.1% of males compared to 1.4% of females); and
- About four times as many males reported that they were offered crack cocaine compared to females 4% of males compared to 1.1% of females)

## 10.2 Age Comparison (Table 6B)

**Table 6B: Last Time Drugs Offered by Age Grouping (to buy or to use)**

| Age grouping (yrs) | Types of Drugs Offered (to buy or use) | | | |
|---|---|---|---|---|
| | Marijuana | Cocaine | Ecstasy | Crack |
| Under 20 | 36.1 | 2.9 | 1.2 | 0.9 |
| 20-29 | 44.9 | 7.7 | 4.8 | 2.9 |
| 30-39 | 38.7 | 7.4 | 4.6 | 3.7 |
| 40-49 | 32.5 | 4.9 | 3.3 | 2.0 |
| 50-59 | 20.5 | 1.6 | 0.2 | 0.2 |
| 60 + | 12.4 | 2.9 | - | 0.3 |
| Overall | 33.0 | 5.1 | 2.9 | 2.3 |

In terms of drugs being offered at the differing age groups, a higher proportion of marijuana was offered to respondents of the three lower age groups (about 45% among those 20-29yrs; 39% among those 30-39yrs and 36% among those under 20 years of age). For cocaine, higher proportions of respondents 20-29 yrs (7.7%) and 30-39 yrs (7.4%) were offered this drug. About 5% of those respondents 40-49 yrs were also offered cocaine.

Ecstasy was offered mostly to those younger respondents (those in the 20-29 yrs (4.8%) and 30-38 yrs (4.6%) age groupings). Interestingly, this was the same pattern

observed for respondents who were offered crack cocaine – 2.9% of those in the 20-29 yrs age grouping and 3.7% of those in the 30-38 yrs grouping were offered crack cocaine.

Marijuana and cocaine were the drugs most indicated as having been offered to those respondents 50 years and over – about 33% of respondents over 50 years old were offered marijuana and 8% were offered cocaine.

## 11. Consumption Patterns

**Table 7A: Reported Prevalence and 95% Confidence Intervals**

| Drugs | Lifetime | | | Annual | | | Current | | |
|---|---|---|---|---|---|---|---|---|---|
| | Lower | Observe estimate | Upper | Lower | Observe estimate | Upper | Lower | Observe estimate | Upper |
| Tranquilizers | 0.6 | **1.0** | 1.5 | 0.1 | **0.5** | 0.7 | 0.1 | **0.5** | 0.7 |
| Stimulants | 0.3 | **0.6** | 1.1 | 0.1 | **0.2** | 0.7 | 0.0 | **0.1** | 0.5 |
| Inhalants | 0.8 | **1.4** | 1.8 | 0.3 | **0.8** | 1.1 | 0.2 | **0.6** | 0.9 |
| Marijuana | 14.9 | **16.2** | 18.3 | 6.9 | **7.9** | 8.4 | 5.4 | **6.2** | 7.0 |
| Coca paste | 0.0 | **0.1** | 0.3 | - | **-** | - | - | **-** | - |
| Cocaine powder | 0.6 | **0.8** | 1.6 | 0.1 | **0.1** | 0.6 | 0.0 | **0.1** | 0.2 |
| Heroin | 0.0 | **0.1** | 0.4 | | * | | | * | |
| Opium | 0.1 | **0.2** | 0.6 | | * | | | * | |
| Morphine | 0.2 | **0.5** | 0.8 | | * | | | * | |
| Hallucinogens | 0.1 | **0.2** | 0.6 | | * | | | * | |
| Hashish | 0.6 | **1.2** | 1.6 | | * | | | * | |
| Crack cocaine | 0.0 | **0.2** | 0.5 | | * | | | * | |
| Ecstasy | 0.4 | **0.7** | 1.2 | 0.2 | **0.3** | 0.5 | 0.0 | **0.1** | 0.3 |
| Other drugs | 3.5 | **4.5** | 5.3 | 2.2 | **2.7** | 3.9 | 1.3 | **1.7** | 2.7 |

Notes: (a) * annual and current prevalence not asked
(b) In all cases except for marijuana and other drugs the observed prevalence is based on less than 25 actual Respondents
(c) Tranquilizers and stimulants refer to use without medical prescription

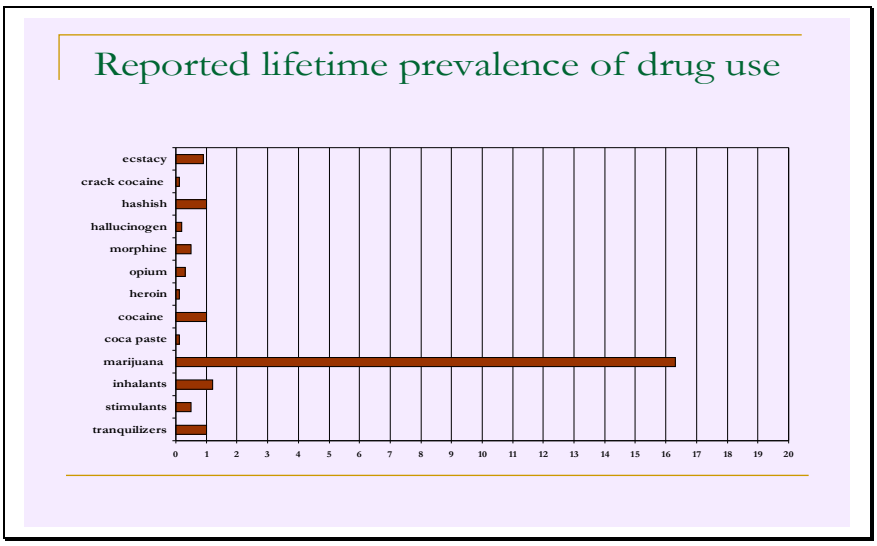
The **consumption patterns** reflect the level of substance use reported by respondents in this survey. Prevalence data are included for Lifetime Use (ever used), Annual Use (use in the past 12 months) and 30-Day Use or Current Use (use in the 30 days prior to the survey also referred to as recent use).

Prevalence of use estimates are provided in Table 7A for lifetime, past 12-month and past 30-day (recent use). This table also includes the 95% confidence interval around each estimate, which means that if samples of this size and type were drawn repeatedly, they would be expected to generate observed prevalence rates that fell within the confidence intervals 95% of the times. The confidence intervals take into account the weighting of the sample. Notwithstanding, the single best estimate that we can make is the value actually observed in our sample.

### 11.1 Lifetime Prevalence

In the case of marijuana, 16% of respondents reported using it at least once in their lifetime. One percent of respondents reported using tranquilizers (un-prescribed) and half of one percent (0.5%) reported using un-prescribed stimulants. Inhalant use was reported by 1.4% of respondents, marijuana by 16.2%, cocaine by 0.8%; hashish by 1.2%; and ecstasy by 0.7% of respondents.

The prevalence of all other drugs indicated was 0.5% or less – coca paste (0.1%); heroin (0.1%); opium (0.2%); morphine (0.5%); hallucinogens (0.2%); and crack cocaine (0.2%). Lifetime prevalence for the use of other drugs, (over the counter medications, pain killers, prescription medications, etc.) was 4.5%.




## 11.2 Annual Prevalence

This was only solicited for eight of the 14 categories indicated for lifetime prevalence. Marijuana use in the 12 months prior to the survey was reported as 7.9%, other drugs (2.7%), inhalants (0.8%), ecstasy (0.3%), cocaine (0.1%), un-prescribed tranquilizers (0.5%), and un-prescribed stimulants (0.2%).

## 11.3 30-Day Prevalence (Current Use)

This also related only to the eight categories as for annual prevalence – current use of marijuana was (6.2%), other drugs (1.7%), inhalants (0.6%), ecstasy (0.1%), cocaine (0.1%), un-prescribed tranquilizers (0.5%), and un-prescribed stimulants (0.1%).

## 11.4 Age of First Use (Table 7B)

The mean age of first use for marijuana was 18.2 years and the median 17 years. This was the lowest mean age among all the drugs. Hashish (19.2 yrs), inhalants (21.2 yrs), and ecstasy (22.4 yrs) each also had a lower mean age of first use (i.e. mean age under 23 years). For the remaining drugs the mean age of first use ranged from 23.9 -30.8 yrs.

**Table 7B: Reported Age of First Use (illegal Drugs)**

| | Age of First Use | | |
|---|---|---|---|
| | **Mean Age** | **Median Age** | **Std. Dev.** |
| Tranquilizers | **29.5** | 30.0 | 7.17 |
| Stimulants | **24.3** | 18.0 | 10.82 |
| Inhalants | **21.2** | 18.0 | 10.03 |
| Marijuana | **18.2** | 17.0 | 6.49 |
| Cocaine powder | **-** | 22.0 | 3.42 |
| Heroin | **21.9** | - | - |
| Opium | **27.1** | 27.0 | 4.27 |
| Morphine | **30.8** | 30.0 | 9.19 |
| Hallucinogens | **23.9** | 25.0 | 4.45 |
| Hashish | **19.2** | 18.0 | 3.33 |
| Crack cocaine | **26.6** | 30.0 | 4.39 |
| Ecstasy | **22.4** | 21.0 | 4.08 |
| Other drugs | **22.8** | 18.0 | 15.45 |

## 11.5 Marijuana Use (Table 7C)

Because marijuana was the most prolific of substance use reported its prevalence was cross-tabulated by various characteristic subgroups to document the relationship between: gender, age, marital status, education level, work status and household head and lifetime, annual and current use of marijuana.

## 11.6 Gender and Age

Males reported significantly higher proportion of lifetime (three and a half times more – 27.5% vs. 7.8%), annual (four times more – 14.8% vs. 3.5%) and recent use (six and a half times more - 12.9% vs. 2%). Respondents in the 20-29 and 30-39 yrs age group reported higher lifetime, annual and current prevalence than other age groups. Respondents who were under 20 years old reported current use prevalence that was similar to the overall average (6.7%) while those in the 20-29 yrs age group reported twice the overall current use average (13.6%). Those respondents in the 30-39yrs age group also reported current use prevalence that was above the overall average (8.5%).

## 11.7 Marital Status

**Table 7C: Marijuana Prevalence by Characteristic Sub-groups**

| | Lifetime | Annual | Recent |
|---|---|---|---|
| **Overall** | **16.6** | **8.3** | **6.6** |
| **Gender** | | | |
| Male | 27.5 | 14.8 | 12.9 |
| Female | 7.8 | 3.5 | 2.0 |
| **Age** | | | |
| < 20 yrs | 12.1 | 10.0 | 6.7 |
| 20-29 | 26.4 | 16.9 | 13.6 |
| 30-39 | 17.4 | 9.3 | 8.5 |
| 40-49 | 15.1 | 5.5 | 3.5 |
| 50 -59 | 12.3 | 3.4 | 3.1 |
| 60 + | 6.9 | 2.1 | 1.6 |
| **Marital Status** | | | |
| Married | 11.5 | 2.7 | 1.7 |
| Divorced | 17.9 | 7.8 | 7.0 |
| Separated | 24.2 | 17.3 | 13.3 |
| Widowed | 9.3 | 1.7 | 1.7 |
| Living together | 18.0 | 10.8 | 8.4 |
| Single | 18.2 | 10.5 | 8.5 |
| **Education** | | | |
| Did not complete primary school | 8.5 | 8.5 | 8.5 |
| Completed primary education | 3.9 | 1.5 | 0.9 |
| Did not complete secondary school | 17.0 | 8.7 | 8.0 |
| Completed secondary school | 19.5 | 10.2 | 8.4 |
| Did not complete tertiary school | 19.3 | 10.2 | 7.6 |
| Completed tertiary school | 15.9 | 8.2 | 6.5 |
| Did not complete university education | 12.4 | - | - |
| Completed university education | 13.3 | 7.2 | 3.7 |
| **Work Status** | | | |
| Working/Self-employed | 18.2 | 8.4 | 7.1 |
| Working and studying | 14.5 | 8.5 | 6.4 |
| Unemployed | 17.4 | 13.5 | 9.7 |
| Not working, student | 11.4 | 6.8 | 5.0 |
| Housewife | 4.8 | 2.0 | 1.0 |
| Not working (retired) | 9.9 | 2.5 | 1.8 |
| Not working (other, specify) | 18.9 | 11.4 | 8.2 |
| **Head of Household** | | | |
| Yes | 16.9 | 7.3 | 6.2 |
| No | 15.8 | 9.4 | 7.0 |

Respondents who were separated reported the highest prevalence overall (lifetime (24.2%), annual (17.3%) and current (13.3%). Those who were divorced (17.9%), living together (18%) and single (18.2%) reported lifetime prevalence what was above

the overall average. Single respondents and those living together reported the highest prevalence of current use (8.5% and 8.4% respectively). Divorced respondents also reported current use prevalence that was above the overall average (7%).

### 11.8 Education

Lifetime and annual prevalence was highest among those respondents who had completed secondary school (19.5%), did not complete tertiary school (19.3%) and did not complete secondary school (17%). Current use prevalence however was highest among respondents who did not complete primary school (8.5%), had completed secondary school (8.4%), did not complete secondary school (8.0%) and did not complete tertiary school (7.6%).

### 11.9 Head of Household

Respondents who were head of their households reported slightly higher lifetime prevalence than those who were not (16.9% vs. 15.8%). On the other hand those who were not head of their households reported higher annual and current prevalence.

### 11.10 Work Status

Respondents who were working or self employed reported a lifetime prevalence of 18.2% and those who were not working for other reasons (excluding those not working because of retirement and of independent means) reported a prevalence of 18.9%. Unemployed respondents reported a relatively high proportion of lifetime marijuana use (17.4%) and the highest proportion of current use (9.7%). Only housewives (1%) and respondents who were not working because of retirement or other independent means (1.8%) reported a current use prevalence that was lower than the overall average.

## 12. Incidence of Drug Use (Tables 7D.1 and 7D.2)

**Table 7D.1: Incidence of Drug Use**

| Substances | Incidence | |
|---|---|---|
| | One-year | One-month |
| Tranquilizers | - | - |
| Stimulants | 0.1 | 0.1 |
| Solvents and inhalants | 0.1 | - |
| Marijuana | 1.4 | 0.7 |
| Cocaine | 0.1 | - |
| Coca paste | - | - |
| Ecstasy | 0.1 | - |
| Other drugs | 0.2 | - |
| Any illegal drug | 2.0 | 0.7 |

The one-year incidence rate for marijuana at 1.4% was the only notable result. Other one-year incidence ranged from zero to 0.2%. The one-month incidence for marijuana was 0.7%.

Respondents were asked to indicate the first time they had tried the various drugs. The options given were: in the past 30 days, more than a month but less than one year ago, and more than one year ago. In all cases, except for stimulant use, more than 90% of drug use was initiated for the first time more than a year prior to the survey.

**Table 7D.2: Period of First Drug Use**

| | First Time Drug was Tried | | |
|---|---|---|---|
| | Past 30 days | > mth, < 1yr | >1yr ago |
| Inhalants | - | 7.7 | 91.3 |
| Marijuana | 3.5 | 4.4 | 92.1 |
| Cocaine | - | 6.7 | 93.3 |
| Ecstasy | - | 9.5 | 90.5 |
| Other drugs | - | 2.7 | 94.5 |
| Tranquilizers | - | - | 100.0 |
| Stimulants | 7.8 | 14.1 | 78.1 |

**Note column heading:** - **in the past 30 days**
- **more than 1 month ago, but less than 1 year ago**
- **more than 1 year ago**

In the case of ecstasy, about 10% was initiated for the first time more than a month but less than one year ago, so too were inhalants (7.7%), marijuana (4.4%), cocaine

(6.7%), and stimulants (14.1%). Marijuana (3.5%) and stimulants (7.8%) were the only drugs initiated for the first time within the 30 days prior to the survey.

## 13. Frequency of Drug Use (Table 7E)

Respondents were asked to indicate with what frequency they had used the indicated drugs. A significant proportion of respondents indicated that they used marijuana daily (32.1%). About 34% of respondents also indicated that they used other drugs daily. Four percent of respondents also reported using inhalants daily.

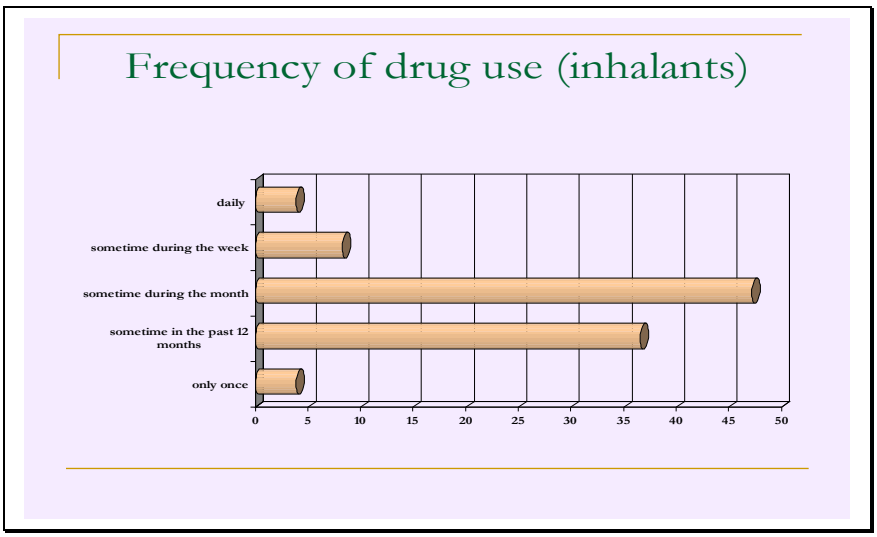
Most ecstasy use occurred only once (35.4%) or in the past 12 months (45.2%). Only small proportions of marijuana (5.3%) and inhalants (3.9%) were used once. Respondents also indicated use of the indicated drugs during the week (most notable cocaine and marijuana); during the month (most notable inhalants, and cocaine); and over the past 12 months (other drugs and already mentioned ecstasy).

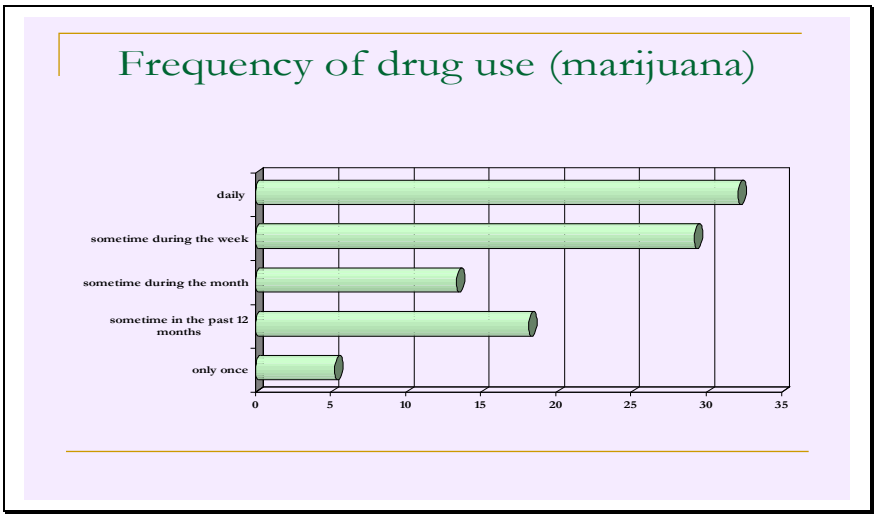
**Table 7E: Frequency of Drug Use**

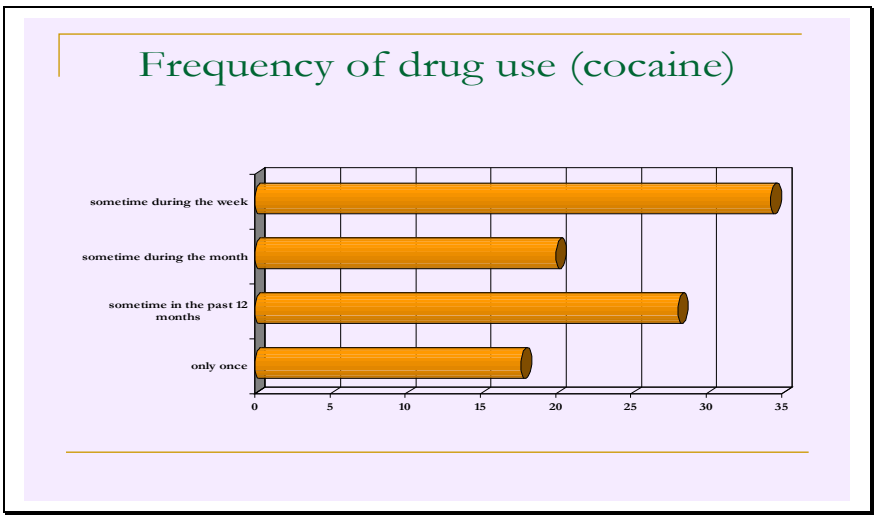
| | Frequency of Use | | | | |
|---|---|---|---|---|---|
| | **Only once** | **Past 12 months** | **During the month** | **During the week** | **Daily** |
| Inhalants | 3.9 | 36.6 | 47.2 | 8.3 | 3.9 |
| Marijuana | 5.3 | 18.2 | 13.4 | 29.2 | 32.1 |
| Cocaine powder | 17.7 | 28.1 | 20.0 | 34.3 | - |
| Ecstasy | 35.4 | 45.2 | 13.7 | 5.7 | - |
| Other drugs | - | 30.9 | 17.1 | 14.2 | 34.4 |

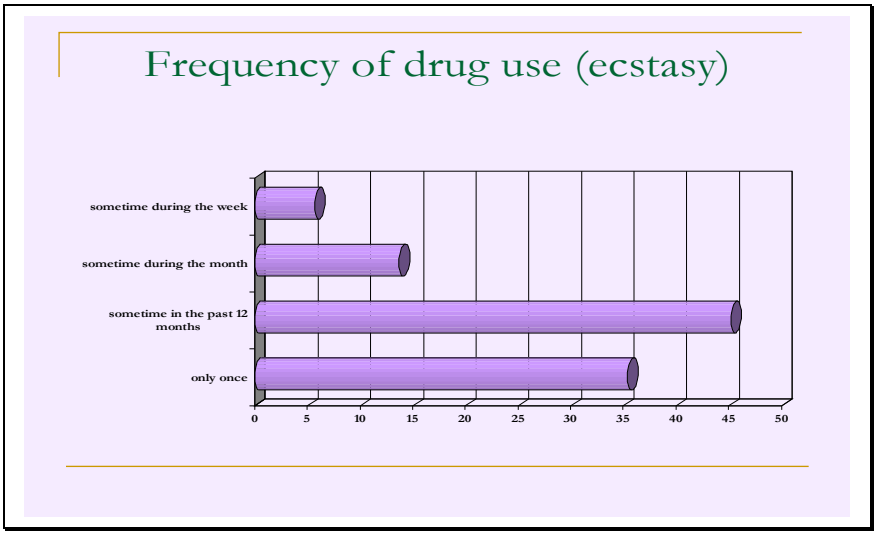
**Note column heading:**

- **- only once**
- **sometimes in the past 12 months**
- **sometimes during the month**
- **sometimes during the week**
- **daily**


Frequency of drug use (inhalants)
daily
sometime during the week
sometime during the month
sometime in the past 12 months
only once
0
5
10
15
20
25
30
35
40
45
50


Frequency of drug use (marijuana)
daily
sometime during the week
sometime during the month
sometime in the past 12 months
only once
0
5
10
15
20
25
30
35




## 14. Discussion

A good indication of the care taken by the survey team in its administration is reflected in the very high response rate (98.3%) for the survey. A very small number of people/ households that were selected, amounting to only 1.3% of the total, did not participate.

Alcohol and tobacco (cigarettes) were the drugs with the highest prevalence of lifetime use, accounting for 78.9% and 33.5%, respectively. Lifetime alcohol prevalence among males was higher than the national average at 86.3% and among females just slightly

below the national average (73.7%). Current use prevalence for alcohol overall was 36.2%, with males reporting 54.3% current use, and females 24%.

Cigarette use in the present survey was notable high for lifetimes prevalence among both males and females (21.2% of females and 51.9% of males – more than twice as many males reported lifetime cigarette use as females). Current use of cigarettes overall was relatively low, reported by about one in ten respondents (9.1%). The prevalence among males was substantially higher (17.1%) compared to only 3.8% among females.

The mean age of first use for cigarettes was slightly lower than that for alcohol (15.7yrs and 16.6yrs respectively). Males tended to start smoking at an earlier age than females (15 yrs versus 16.4yrs). For alcohol, the same pattern was observed for males and females; age of first use was much earlier among males (15.2yrs) compared to females (17.8yrs).

Very little alcohol and cigarette use was initiated in the period 30 days before the survey – 2% of cigarette use and 4% of alcohol use. Most all respondents had initiated their first cigarette use (91%) and alcohol use (88%) more than a year before the survey. Of note is the fact that almost four of every ten current smokers were smoking 10 or more cigarettes a day. Among the illicit drugs, marijuana was the one that presented the largest lifetime use (16.3%). However, the percentages for all other illicit drugs were about less than 1% except in the case of cocaine (1.1%) and hashish (1%).

It is important to also note that in all cases except for marijuana, the observed prevalence was based on less than 25 actual respondents (out of approx 2000). It is equally important to bear in mind that the possession or use of drugs without medical prescription constitutes illegal behaviour in many countries and is also stigmatized to varying degrees in many societies. Thus, responses obtained from household interviews can be expected to be affected by the sensitive nature of the behaviour.

The lifetime prevalence of tranquilizers and stimulants without medical prescription was 1% and 0.5% respectively. Inhalant use was 1.2% for lifetime and crack cocaine lifetime use was reported by only two persons. These low prevalence rates tend to suggest that respondents were either unwilling to indicate their drug use during the interview process or there is a very low tolerance for illicit drug use within the general population. It also tends to suggest that most illicit drug use, as evidenced by arrests/incarceration and treatment demand, is concentrated among a small pocket of the population. One also needs to bear in mind that the level of use reported may be contrary to what the media has been publishing and reporting lately.

The perception of the population in terms of the ease in obtaining certain drugs was relatively high: 57% of the respondents believed it was easy to obtain marijuana, 28% cocaine, 21% crack cocaine and 14% ecstasy. Responses to the question of whether they were offered drugs (either to buy or to use) provides another dichotomy to these issues since 95-98% of respondents indicated that they had never been offered drugs. Even in the case of marijuana, 67% said they had never been offered this drug.

Practically the whole population (81-90%) considered that frequent use (often use) of any of the six commonly known drugs surveyed, in this respect: cigarettes, alcohol, marijuana, cocaine, crack and ecstasy, represented a serious risk (high risk). It is therefore logical to conclude that the use of drugs is harmful to health when this is done abusively but notable proportions of the population indicated that they did not know of the risk of using some of these drugs – 8% did not know of the risk of using crack cocaine often; and 4-6% for marijuana and cocaine.

While pointing out that the risk of using drugs in prevention programmes may be worthwhile, the main concern is that when the risks of drug use are shown in the prevention campaigns, there is "the risk" of failure through scare tactics. Although drug use is known to be harmful, it is important to point out that dependence is an illness

and such users have difficulty in abandoning their use. A strategy of fear may just trigger anxiety in the user.

Finally, methods to increase the willingness of respondents to disclose their use of drugs are needed. Several studies have shown that drug-use reports are sensitive to interview mode effects [Harrison (1997) and Tourangeau (1996)]. Specifically, it has been shown that self-administered questionnaires yield higher rates of drug use reports than personal interviews, [Turner, et al (1992) and Aquilino (1994)], and that face-to-face surveys yield higher rates than telephone surveys.

The aim of epidemiological research is to ascertain the true picture of a given phenomenon. When it comes to drug consumption, apprehension about declaring such behaviour, which is colored by preconceptions and fear, may result in underestimation of the population, depending upon the segment of the population screened, and this should be taken into consideration. Even so, this study supports the implementation of expanded prevention programmes in relation to the drug use situation in Barbados.

## 15. Conclusions and Recommendations

### 15.1 The Extent of Alcohol, Tobacco, and Other Drug Use

Of all the substances included on the questionnaire, alcohol, tobacco and marijuana, in that order, were the three most commonly used among the adult population of Barbados. While there was some reported lifetime use of all the other substances, the questionnaire only solicited information on current use related to cocaine powder, ecstasy, inhalants, and abuse of prescription medications, namely tranquilizers and stimulants. Few survey participants reported current use of these substances so it was difficult to derive stable rates from the data.

Observing prevalence rates over three timeframes, lifetime, past year and last 30 days, we find the pattern elsewhere: more people report having used a substance "at least once" than those who have used it recently, that is, during the past year or within the last 30 days. A number of adults admitted to being curious enough to try an illegal drug, and perhaps to have used it for some time, but considerably fewer used the substances on a regular basis.

Small numbers reported recent use of cocaine powder, ecstasy, and inhalants. There was also some abuse of prescription medications, but these rates as noted before were so low that stable estimates cannot be produced from a household sample survey such as this.

## 16. The Circumstances of Substance Use

The survey provided data on the circumstances of substance use from three perspectives. First, it provided data on the personal characteristics of users. Second, it provided data on their reports of the influence of family and friend's substance use and abuse. Third, it provided data on perception of harmfulness for using alcohol, tobacco and other drugs including un-prescribed medications.

The data on the personal characteristics of users includes gender, age, employment status, marital status, highest level of education completed and job category. The data on family and friends includes estimates of the number using substances or drugs. Also, those who drank were asked to indicate the personal and social consequences related to their alcohol use. Risk level or perception of harmfulness related to alcohol, cigarettes, marijuana, solvents, cocaine, coca paste, ecstasy and cocaine including crack cocaine.

Aside from alcoholic beverages, which seem to have very wide appeal, cigarettes and marijuana, the two other substances for which there is robust data, appealed to certain segments of the adult population. Certain findings are strong and consistent enough to merit consideration in planning or refining prevention intervention, and treatment programming. These include:

- Gender effects - There were pronounced differences between men and women in rates of alcohol, cigarette, and marijuana use. Males generally reported higher current use rates than women. For alcoholic beverages there was a 30 percentage point difference. For smoking cigarettes the difference was some 15 percentage points. While 1 in 8 men used marijuana, only 2 in every 100 women reported using it.

- Age cohort effects: Differences in substance use by age categories were not as clear and distinct as the gender differences. More of the established young adults (age 20 to 39), smoked marijuana than both the youngest age cohort (age 19 or less) and the older group (age 40 and above). What was also interesting was the mean age of first use of alcoholic beverages which was just under 17 years of age and that of cigarettes, which was just under 16 years of age.

Considering the substance use of family and friends, and opportunity or curiosity to try illegal drugs, respondents who had no friends or family member who got drunk reported lower prevalence of lifetime, annual and current alcohol use than those who

had at least one or two or more friends or family who did. Even though the percentage is small, one should pay attention to the fact that 5% of respondents indicated they would try an illegal drug if given the chance. Notably fewer males compared to females perceived engaging in alcohol use, cigarette smoking or other drug use as involving high levels of risk.

### 16.1 Useful Factors for Refining and Planning Programmes

The survey data provided insight into the circumstances of using and the perceived harmfulness of using alcohol, cigarettes, marijuana and other substances, which could be useful in prevention, intervention, and treatment programmes. Many of the suggestions in this section are expressed in terms of personal, individual level appeals and outcomes since the data on substance user characteristics show the clearest associations between individual factors and use. While social influences, both to use and to limit or avoid use, are described in the literature, the survey was not targeted at identifying social influence factors per se. However, useful information emerged that suggest a need for:

- Ways to enhance sociability other than drinking alcoholic beverages;
- Illustration of the deleterious affects of alcohol abuse on physical health;
- Emphasis on the harmful consequences of alcohol, tobacco and other substance use on health; and
- Reinforcement of the illegality of marijuana use.

In terms of the target populations for prevention, intervention, and treatment programmes, the survey data provided some guidance. For example, drinking alcoholic beverages is widespread throughout adult society, and alcohol is a legal substance. Prevention and intervention programming, therefore, is more likely to be useful when focused on reducing health risks associated with problem drinking:

- driving too soon after drinking; and
- drinking large quantities at one seating (binge drinking or drinking until drunk).

The main target population for marijuana use can be specified from the survey data on current users. Not only were marijuana users less than 10 percent of the adult population, but certain demographic characteristics are prominent within this group. The dominant characteristics were:

- gender (males)
- marital status (single-never married and living together)
- age (young adults -20-29 years old)

Programming directed at these population groups would reach a large proportion of those who use marijuana. Emphasizing the potential for arrest, and illustrating the negative emotional and physical health consequences of using marijuana would be consistent with the other social sector programmes that seek to reduce criminal activity related to drug use as well as promote healthy lifestyles in general.

Finally, it is important to note that information from this self-administered household survey provides only some insight into current substance use and abuse. To better understand current substance users, studies of these sub-populations, specifically, will provide more in-depth information.

The findings of the survey are based on self-reports and their value depends on respondents' truthfulness and memory. Over the years, many studies have established the validity of self-report data and the adult population survey procedures were designed to address confidentiality concerns and to otherwise encourage honesty and facilitate recall. The methodology used in the adult population survey has good construct validity, nevertheless, some underreporting is assumed and no adjustments have been made, so the findings can be viewed as conservative.

## References

ACDD (Advisory Committee on Drug Dependence) (1970). *Amphetamines and Lysergic Acid Diethylamide (LSD): report by the Advisory Committee on Drug Dependence*. London: HMSO.

ACMD (Advisory Council on the Misuse of Drugs) (1998). *Drug Misuse and the Environment*. London: Stationery Office.

Aquilino WS. (1994) Interview modes effects in surveys of drug and alcohol use. A field experiment. *Public Opinion Q* 1994; 58**:**210–40.

Graham, J and Bowling , B. (1995). *Young People and Crime*. Home Office Research Study 145. London: Home Office.

Harrison LD (1997). The validity of self-reported drug use in survey research: an overview and critique of research methods. *NIDA Research Monograph* 1997;167**:**17–36.

Macneil, A . and Raw, M. (1997). *Drug Use in England: results of the 1995 National Drugs Campaign Survey.* London: Health Education Authority.

National Task Force on Crime Prevention, *Report on Risk Factors*, 1997.

Ramsay, M . and Percy, A .(1997) ' A national household survey of drug misuse in Britain: a decade of development'. *Addiction*,92, pp.931-937.

Tourangeau R, Smith TW. (1996) Asking sensitive questions: the impact of data collection mode, question format, and question context. *Public Opinion Q* 1996; 60:275–304.

Turner C, Lessler J, Devore JW. (1992) Effects of mode of administration and wording on reporting of drug use. In: Turner C, Lessler J, Gfroerer HJ (eds). *Survey Measurement of Drug Use: Methodological Studies*. Rockville, MD: National Institute on Drug Abuse, US Department of Health and Human Services, 1992.

# Appendix 1: Final Considerations

- 16% of respondents reported using marijuana at least once in their lifetime.

- Current use of marijuana was (6.6%), inhalants (0.8%), ecstasy (0.2%), cocaine (0.2%), un-prescribed tranquilizers (0.4%), and un-prescribed stimulants (0.1%).

- Males reported significantly higher proportion of lifetime marijuana (three and a half times more 27.5% vs. 7.8%), annual (four times more – 14.8% vs. 3.5%) and recent use (six and a half times more - 12.9% vs. 2%).

- More than one third of all respondents (38%) reported having smoked cigarettes. The annual prevalence however was only 13.1% and the past 30-day use (recent use) was only 10.2%.

- The mean age of first use of cigarettes overall was 15.7 years ± 5.26 years and for alcoholic beverages 16.6 years ± 6.1years.

- More than eight of every ten respondents (81.9%) reported that they had an alcoholic beverage at some time in their life. The annual prevalence was 55.2% and 39.1% (a little more than one-third) were currently consuming alcoholic beverages.

- 84% of current drinkers had gotten drunk at least one day in the last month. About 4% had gotten drunk 2-3 days in the past month and less than one percent had gotten drunk more than three days in the last month.

- Compared to marijuana, significantly fewer respondents (28% or half as many) felt it would be easy to obtain cocaine.

- More than half of all respondents (57%) felt it was easy to obtain marijuana while 13.4% said it was either difficult (7.2%) or they could not have access (6.2%).

- Unlike marijuana and cocaine, a relatively high proportion of respondents (60%) indicated that they did not know how to access ecstasy.

- More than half of all respondents (54.3%) indicated they did not know how to access crack cocaine. About one-fifth (20.8%) felt it would be easy to access, 15.6% felt it would be difficult and 8.8% felt they could not access it.

- 17% of respondents had been curious to try an illegal drug.

- 7.6% said they would try an illegal drug if they had the chance

- Most respondents indicated that they had never been offered the illegal drugs. Nine of every ten respondents (95-98%) had never been offered cocaine, coca paste, ecstasy or crack cocaine. However, only 67% of respondents said they had never been offered marijuana.

- Practically the whole population (81-90%) considered that frequent use (often use) of any of the six commonly known drugs surveyed, in this respect (cigarettes, alcohol, marijuana, cocaine, crack and ecstasy), represented a serious risk (high risk).

- Respondents were more likely to indicate that there was **no risk** involved in: drinking alcoholic beverages sometimes; and smoking marijuana sometimes.

## Appendix 2 – Survey Questionnaire

**INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION (CICAD)**
**INTER-AMERICAN OBSERVATORY ON DRUGS (IOD)**

**NATIONAL COUNCIL ON SUBSTANCE ABUSE (NCSA)**
**BARBADOS**

**INTER-AMERICAN UNIFORM DRUG USE DATA SYSTEM**
**(SIDUC)**

*The information provided in this questionnaire is strictly confidential and will only be used to develop general statistics.*

HOUSEHOLD SURVEY

*Standardized questionnaire* - 2006

# 1. GEOGRAPHIC IDENTIFICATION

| Department | District | Neighbor-hood or locality | GROUP | Household number | Letter for drawing lots |
|---|---|---|---|---|---|
| **NCSA** | | | | | |

# 2. TABLE FOR DRAWING LOTS

(a) In the table below, enter the names of all household members, starting with the eldest.
(b) In the Order No. column, number sequentially the individuals in the 12-65 year age range and living in Barbados six months or more.

| Name | Age | Order No. | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | | | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 |
| | | | 1 | 1 | 1 | 2 | 2 | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 4 | 3 | 3 | 4 | 4 | 4 |
| | | | 1 | 1 | 1 | 2 | 2 | 3 | 2 | 2 | 3 | 3 | 4 | 4 | 3 | 4 | 4 | 5 | 5 | 5 |
| | | | 1 | 2 | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 5 | 5 | 6 | 5 | 6 |
| | | | 1 | 1 | 2 | 1 | 2 | 3 | 4 | 3 | 4 | 4 | 5 | 4 | 5 | 6 | 7 | 6 | 7 | 7 |
| | | | 1 | 1 | 2 | 2 | 3 | 4 | 4 | 3 | 4 | 5 | 6 | 5 | 5 | 6 | 7 | 7 | 8 | 8 |
| | | | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 9 |
| | | | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 5 | 4 | 6 | 7 | 6 | 8 | 8 | 9 | 9 | 10 | 10 |
| | | | 1 | 2 | 3 | 4 | 2 | 4 | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 10 | 8 | 9 | 10 | 11 |
| | | | 1 | 2 | 3 | 4 | 2 | 4 | 5 | 6 | 5 | 7 | 8 | 7 | 9 | 10 | 9 | 11 | 10 | 12 |

## 3. FIELD HISTORY

| Date and time of VISIT | Surveyor code | Result | Signature surveyor |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| **SUPERVISION** | **Supervisor code** | **Result** | **Signature supervisor** |
| **Field assistant** | | | |
| **Supervisor General** | | | |

**1. COUNTRY** **BARBADOS**

**2. PARISH**

**3. NUMBER OF QUESTIONNAIRE** ☐☐☐☐

**4. Gender**
☐ 1. Male ☐ 2. Female

**5. How old are you?**
☐☐ Years

**6. What is the highest level of education completed?**

☐ 1. Primary level
☐ 2. Secondary level
☐ 3. Tertiary level
☐ 4. University

**6.1 Total number of years of education completed**
☐☐ years

**7. What is your work status now?**

☐ 1. Working/Self-employed **(skip to #7.1)**
☐ 2. Working and studying **(skip to #7.1)**
☐ 3. Unemployed **(skip to #9)**
☐ 4. Not working, student **(skip to #9)**
☐ 5. Housewife **(skip to #9)**
☐ 6. Not working (retired; of independent means) **(skip to #9)**
☐ 7. Not working (other, specify) **(skip to #9)**

**7.1 Approximately how many hours per week do you work?**
☐☐ hours

**8. Please describe your job:**

☐ 1. Member of executive branch, legislative bodies, or senior government or company staff
☐ 2. Professional, scientific, or intellectual
☐ 3. Mid-level technical or professional
☐ 4. Office worker
☐ 5. Service, sales, or market worker
☐ 6. Farmer or skilled agricultural or fishery worker
☐ 7. Skilled worker, machinist, specialized mechanic, or other type of tradesman
☐ 8. Operator of installations and machines or erector of installations and machines
☐ 9. Unskilled worker
☐ 10. Member of armed forces
☐ 11. Other

**Describe OCCUPATION.....**

.....

**.....**

.....

**9. Are you:**

☐ 1. Married ☐ 2. Divorced
☐ 3. Separated ☐ 4. Widowed
☐ 5. Living together ☐ 6. Single

**10. Are you the head of household?**

☐ 1. Yes **(skip to #13)**
☐ 2. No

**11. How many years of formal education do the head of household have?**

☐ years

**12. What is head of household's job?**

☐ 1. Member of executive branch, legislative bodies, or senior government or company staff
☐ 2. Professional, scientific, or intellectual
☐ 3. Mid-level technical or professional
☐ 4. Office worker
☐ 5. Service, sales, or market worker
☐ 6. Farmer or skilled agricultural or fishery worker
☐ 7. Skilled worker, machinist, specialized mechanic, or other type tradesman
☐ 8. Operator of installations and machines or erector of installations and machines
☐ 9. Unskilled worker
☐ 10. Member of armed forces
☐ 11. Not working, looking for work
☐ 12. Not working, not looking for work
☐ 13. Other

**Describe OCCUPATION.....**

**.....**

| **13. In your opinion, please indicate the risk level of: (Show Card #1)** | No risk | Low risk | Moderate risk | High risk | I don't know the risk |
|---|---|---|---|---|---|
| 1. Smoking cigarettes sometimes | 1 | 2 | 3 | 4 | 5 |
| 2. Smoking cigarettes often | 1 | 2 | 3 | 4 | 5 |
| 3. Drinking alcoholic beverages sometimes | 1 | 2 | 3 | 4 | 5 |
| 4. Drinking alcoholic beverages often | 1 | 2 | 3 | 4 | 5 |
| 5. Becoming drunk | 1 | 2 | 3 | 4 | 5 |
| 6. Taking unprescribed tranquilizers/stimulants sometimes | 1 | 2 | 3 | 4 | 5 |
| 7. Taking unprescribed tranquilizers/stimulants often | 1 | 2 | 3 | 4 | 5 |
| 8. Inhaling solvents sometimes | 1 | 2 | 3 | 4 | 5 |
| 9. Inhaling solvents often | 1 | 2 | 3 | 4 | 5 |
| 10. Smoking marijuana sometimes | 1 | 2 | 3 | 4 | 5 |
| 11. Smoking marijuana frequently | 1 | 2 | 3 | 4 | 5 |
| 12. Using cocaine sometimes | 1 | 2 | 3 | 4 | 5 |
| 13. Using cocaine often | 1 | 2 | 3 | 4 | 5 |
| 14. Using coca paste sometimes | 1 | 2 | 3 | 4 | 5 |
| 15. Using coca paste often | 1 | 2 | 3 | 4 | 5 |
| 16. Taking ecstasy sometimes | 1 | 2 | 3 | 4 | 5 |
| 17. Taking ecstasy often | 1 | 2 | 3 | 4 | 5 |
| 18. Using crack cocaine sometimes | 1 | 2 | 3 | 4 | 5 |
| 19. Using crack cocaine often | 1 | 2 | 3 | 4 | 5 |

| | |
|---|---|
| **14. Have you <u>ever</u> smoked cigarettes?**<br>☐ 1. Yes ☐ **2. No (skip to #20)** | **15. How old were you when you smoked for the first time?**<br>**Years old** |
| **16. When was the <u>first time</u> you smoked cigarettes?**<br>☐ 1. During the past 30 days<br>☐ 2. More than 1 month ago, less than 1 year ago<br>☐ 3. More than a year ago | **17. Have you smoked cigarettes in the <u>past 12 months</u>?**<br>☐ 1. Yes ☐ 2. No **(skip to #20)** |
| **18. Have you smoked cigarettes in the <u>past 30 days</u>?**<br>1. Yes ☐ 2. No **(skip to #20)** | **19. Approximately, how many cigarettes have you smoked a day in the past month?**<br>☐ 1. 1 to 5 ☐ 2. 6 to 10<br>☐ 3. 11 to 20 ☐ 4. More than 20 |
| **20. Have you <u>ever</u> used alcoholic beverages?**<br>☐ **1. Yes** ☐ **2. No (Skip to #34)** | **21. How old were you when you drank for the first time?**<br>☐ **Years old** |
| **22. When was the <u>first time</u> you used alcoholic beverages?**<br>☐ **1. During the past 30 days**<br>☐ **2. More than 1 month ago, less than 1 year ago**<br>☐ **3. More than a year ago** | **23. Have you used alcoholic beverages in the <u>past 12 months</u>? (drank or taken)**<br>☐ **1. Yes** ☐ **2. No (Skip to #34)** |
| **24. Have you used alcoholic beverages in the <u>past 30 days</u>?**<br>☐ **1. Yes** ☐ **2. No (Skip to #34)** | **25. How many days have you drank too much and have gotten drunk in the past month?**<br>☐ **days** |

**26. In the past 30 days, what type of alcoholic beverage did you use, and with what frequency? (Show Card #2)**
**INDICATE WITH (√) WHAT CORRESPONDS FOR EACH ALCOHOLIC BEVERAGE**

| | Daily | Weekends | Some week days |
|---|---|---|---|
| 1) Low alcohol content | **1** | **2** | **3** |
| 2) Medium alcohol content | **1** | **2** | **3** |
| 3) High alcohol content | **1** | **2** | **3** |

## NOTE: EACH COUNTRY SHOULD INDICATE THE HARD LIQUOR THAT IS USED THE MOST

| | Yes | No | N/A |
|---|---|---|---|
| Only for those who indicated in question 24 alcohol consumption during the last 30 days. Applicable only to persons over 15 years old. | | | |
| **27. Have you had trouble with your partner because of alcohol?** | | | |
| **28. Have you lost friends or partners because of alcohol?** | | | |
| **29. Have you felt like decreasing the amount of alcohol that you use?** | | | |
| **30. Do you drink more than you want, without noticing?** | | | |
| **31. Have you had to drink alcohol in the morning?** | | | |
| **32. When you wake up in the morning after having drunk the night before, have you ever experienced not remembering part of what happened?** | | | |
| **33. Does it bother you that you are criticized for the way you drink?** | | | |

| **34 . How easy would it be to have access to the following drugs? INDICATE WITH (√) WHAT CORRESPONDS FOR EACH DRUG** | Easy | Difficult | Could not have access to | Don't know |
|---|---|---|---|---|
| 1. Marijuana | | | | |
| 2. Cocaine | | | | |
| 3. Coca paste | | | | |
| 4. Ecstasy | | | | |
| 5. Crack cocaine | | | | |

| **35. Do you have friends or family members who get drunk?** **NOTE**: (If yes, ask how many persons) ☐ 1. None ☐ 2. One ☐ 3. Two or more | **36. Do you have friends or family members who take illegal drugs such as marijuana or cocaine?** **NOTE**: (If yes, ask how many persons) ☐ 1. None ☐ 2. One ☐ 3. Two or more |
|---|---|
| **37. Have you ever had a chance to try an illegal drug?** **NOTE**: (If yes, ask how many times) ☐ 1. None ☐ 2. One ☐3. Two or more | |
| **38. Have you ever been curious to try an illegal drug?** ☐ 1. No ☐ 2. Maybe ☐ 3. Yes | **39. If you had the chance, would you try an illegal drug?** ☐ 1. No ☐ 2. Maybe ☐ 3. Yes |

| **40. When was the last time that you were offered any of these drugs, either to buy or to use? INDICATE WITH (√) WHAT CORRESPONDS FOR EACH DRUG** | | During the last 30 days | More than a month ago, but less than a year ago | More than a year ago | I have never been offered |
|---|---|---|---|---|---|
| | 1. Marijuana | | | | |
| | 2. Cocaine | | | | |
| | 3. Coca paste | | | | |
| | 4. Ecstasy | | | | |
| | 5. Crack cocaine | | | | |

| **41. Have you ever used any of these substances? INDICATE WITH (√) WHAT CORRESPONDS FOR EACH SUBSTANCE** | NO | YES | **42. How old were you when you tried for the first time?** |
|---|---|---|---|
| 1. Tranquilizers without medical prescription | | | → Years old |
| 2. Stimulants without medical prescription | | | → Years old |
| 3. Inhalants (EG. SOLVENTS) | | | → Years old |
| 4. Marijuana | | | → |

| | | | |
|---|---|---|---|
| | | | Years old |
| 5. Coca paste | | | Years old |
| 6. Cocaine | | | Years old |
| 7. Heroin | | | Years old |
| 8. Opium | | | Years old |
| 9. Morphine | | | Years old |
| 10. Hallucinogens | | | Years old |
| 11. Hashish | | | Years old |
| 12. Crack | | | Years old |
| 13. Ecstasy | | | Years old |
| 14. Other drugs: ..... | | | Years old |

## IF THE ANSWER TO QUESTIONS 41.1 TO 41.14 IS ALL "NO", END OF INTERVIEW

## ONLY IF RESPONDED 'YES' TO QUESTION 41.3

| | |
|---|---|
| **43a. When was the <u>first time</u> you tried inhalants (e.g. SOLVENTS)?**<br>☐ 0. Never **(skip to #44a)**<br>☐ 1. In the past 30 days<br>☐ 2. More than 1 month ago, but less than 1 year ago<br>☐ 3. More than 1 year ago | **43b. Have you used inhalants in the <u>past 12 months?</u>**<br>☐ 1. Yes<br>☐ 2. No **(skip to #44a)** |
| **43c. With what frequency have you used inhalants?**<br>☐ 1. Only once<br>☐ 2. Sometimes in the past 12 months<br>☐ 3. Sometimes during the month<br>☐ 4. Sometimes during the week<br>☐ 5. Daily | **43d. Have you used inhalants in the <u>past 30 days</u>?**<br>☐ 1. Yes<br>☐ 2. No |

## ONLY IF RESPONDED 'YES' TO QUESTION 41.4

| | |
|---|---|
| **44a. When was the <u>first time</u> you tried Marijuana?**<br>☐ 0. Never **(skip to #45a)**<br>☐ 1. . In the past 30 days<br>☐ 2. More than 1 month ago, but less than 1 year ago<br>☐ 3. More than 1 year ago | **44b. Have you used marijuana in the <u>past 12 months?</u>**<br>☐ 1. Yes<br>☐ 2. No **(skip to #45a)** |
| **44c. With what frequency have you used Marijuana?**<br>☐ 1. Only once<br>☐ 2. Sometimes in the past 12 months<br>☐ 3. Sometimes during the month<br>☐ 4. Sometimes during the week<br>☐ 5. Daily | **44d. Have you used marijuana in the <u>past 30 days</u>?**<br>☐ 1. Yes<br>☐ 2. No |

## ONLY IF RESPONDED 'YES' TO QUESTION 41.6

| **45a. When was the <u>first time</u> you tried cocaine?** | **45b. Have you used cocaine in the <u>past 12 months?</u>** |
|---|---|
| ☐ 0. Never **(skip to #46a)**<br>☐ 1. In the past 30 days<br>☐ 2. More than 1 month ago, but less than 1 year ago<br>☐ 3. More than 1 year ago | ☐ 1. Yes<br>☐ 2. No **(skip to #46a)** |
| **45c. With what frequency have you used cocaine?**<br>☐ 1. Only once<br>☐ 2. Sometimes in the past 12 months<br>☐ 3. Sometimes during the month<br>☐ 4. Sometimes during the week<br>☐ 5. Daily | **45d. Have you used cocaine in the <u>past 30 days</u>?**<br>☐ 1. Yes<br>☐ 2. No |

## ONLY IF RESPONDED 'YES' TO QUESTION 41.5

| **46a When was the <u>first time</u> you tried coca paste?** | **46b. Have you used coca paste in the <u>past 12 months?</u>** |
|---|---|
| ☐ 0. Never **(skip to #47a)**<br>☐ 1. In the past 30 days<br>☐ 2. More than 1 month ago, but less than 1 year ago<br>☐ 3. More tgan 1 year ago | ☐ 1. Yes<br>☐ 2. No **(skip to #47a)** |
| **46c. With what frequency have you used coca paste?**<br>☐ 1. Only once<br>☐ 2. Sometimes in the past 12 months<br>☐ 3. Sometimes during the month<br>☐ 4. Sometimes during the week<br>☐ 5. Daily | **46d. Have you used coca paste in the <u>past 30 days</u>?**<br>☐ 1. Yes<br>☐ 2. No |

## ONLY IF RESPONDED 'YES' TO QUESTION 41.13

| **47a. When was the <u>first time</u> you tried Ecstasy?** | **47b. Have you used Ecstasy in the <u>past 12 months?</u>** |
|---|---|
| ☐ 0. I have never tried other drugs **(skip to #48a)**<br>☐ 1. In the past 30 days<br>☐ 2. More than 1 month ago, but less than 1 year ago<br>☐ 3. More than 1 year ago | ☐ 1. Yes<br>☐ 2. No **(skip to #48a)** |
| **47c. With what frequency have you used Ecstasy ?**<br>☐ 1. Only once<br>☐ 2. Sometimes in the past 12 months<br>☐ 3. Sometimes during the month<br>☐ 4. Sometimes during the week<br>☐ 5. Daily | **47d. Have you used Ecstasy in the <u>past 30 days</u>?**<br>☐ 1. Yes<br>☐ 2. No |

## HERE COUNTRIES MAY ADD OTHER DRUGS TO MEASURE PREVALENCE, YEAR, MONTH AND INCIDENCE

## ONLY IF RESPONDED 'YES' TO QUESTION 41.14, EXCEPT THE PRECEDING DRUGS

| **48a. When was the <u>first time</u> you tried other drugs?** | **48b. Have you used other drugs in the <u>past 12 months?</u>** |
|---|---|
| ☐ 0. I have never tried other drugs **(skip to #49a)**<br>☐ 1. In the past 30 days<br>☐ 2. More than 1 month ago, but less than 1 year ago<br>☐ 3. More than 1 year ago | ☐ 1. Yes<br>☐ 2. No **(skip to #49a)** |
| **48c. With what frequency have you used other drugs?**<br>☐ 1. Only once<br>☐ 2. Sometimes in the past 12 months<br>☐ 3. Sometimes during the month<br>☐ 4. Sometimes during the week<br>☐ 5. Daily | **48d. Have you used other drugs in the <u>past 30 days</u>?**<br>☐ 1. Yes<br>☐ 2. No |

## ONLY IF RESPONDED 'YES' TO QUESTION 41.1

| **49a. When was the <u>first time</u> you used tranquilizers without medical prescription?**<br><br>☐ 0. Never **(skip to #50a)**<br>☐ 1. In the past 30 days<br>☐ 2. More than 1 month ago, but less than 1 year ago<br>☐ 3. More than 1 year ago | |
|---|---|
| **49b. Have you used tranquilizers without medical prescription in the <u>past 12 months?</u>**<br><br>☐ 1. Yes<br>☐ 2. No **(skip to #50a)** | **49c. Have you used tranquilizers without medical prescription in the <u>past 30 days</u>?**<br><br>☐ 1. Yes<br>☐ 2. No **(skip to #50a)** |
| **49d. In the <u>past 30 days</u>, how many days did you use tranquilizers without medical prescription?**<br><br>**Days** | **49e. How did you have access to the tranquilizers you used?**<br><br>☐ 1. From the doctor ☐ 2. in the street<br>☐ 3. At home ☐ 4. From a friend<br>☐ 5. At the pharmacy ☐ 6. Other |

## ONLY IF RESPONDED 'YES' TO QUESTION 41.2

**50a. When was the <u>first time</u> you tried stimulants without medical prescription?**

☐ 0. I have never used stimulants without medical prescription **(END)**
☐ 1. In the past 30 days
☐ 2. More than 1 month ago, but less than 1 year ago
☐ 3. More than 1 year ago

| **50b. Have you used stimulants without medical prescription in the <u>past 12 months?</u>** | **50c. Have you used stimulants without medical prescription in the <u>past 30 days</u>?** |
|---|---|
| ☐ 1. Yes<br>☐ 2. No **(END)** | ☐ 1. Yes<br>☐ 2. No **(END)** |
| **50d. In the <u>past 30 days</u>, how many days did you use stimulants without medical prescription?**<br>☐☐<br>**days** | **50e. How did you have access to the stimulants you used?**<br>☐ 1. From the doctor ☐ 2. in the street<br>☐ 3. At home ☐ 4. From a friend<br>☐ 5. At the pharmacy ☐ 6. Other |

# THANK YOU VERY MUCH