# Barbados Secondary School Survey 2013

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National Council on Substance Abuse
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# Executive Summary

This report contains results from the 2013 survey of 2$^{nd}$, 4$^{th}$, 5$^{th}$ and 6$^{th}$ form students enrolled in secondary schools across Barbados. A total of 1339 students from 18 secondary schools (15 public, 3 private) participated in the survey. These students completed an 89-item self-administered questionnaire which requested information regarding their: demographic profile, use of tobacco, alcohol and other drugs, perceptions of harm associated with drug use, attitudes towards illegal drugs use and access to drugs.

Throughout the report, the following terms have been used to describe the use of various substances by the students:

*Lifetime use:* Proportion of students who have ever used the substance

*One-year:* Proportion of students who used the substance in the past year

*One-month:* Proportion of students who used the substance in the past month (also referred to as current use)

## Most Commonly Used Substances
The substances most commonly used by secondary school students were found to be: alcohol, marijuana, inhalants and tobacco respectively.

## Alcohol
Approximately three-quarters (71.2%) of all students have used alcohol at some point in their lifetime. The one-year prevalence for alcohol use was 56.3% while the one-month prevalence rate was 32.8%. Lifetime and one-year prevalence of alcohol use was found to be slightly higher among female students. Alternately, the one-month prevalence rate was marginally higher among male students.

## Marijuana
Twenty-two percent (22.0%) of all students reported using marijuana at least once in their life. The one-year prevalence rate for marijuana use was found to be 16.9% while the one-month prevalence rate was 11.0%.  Marijuana use was greater among males than females (lifetime, one-year, one-month prevalence); and each of the prevalence rates (lifetime, one-year, one-month) increased as student age increased. The mean age at which students reported first using marijuana was 13.5 years.

Just over half (58.4%) of all students considered smoking marijuana sometimes to be harmful to one's health while approximately three-quarters (75.5%) believed the frequent use of the drug to be harmful. "Other social events" (26.3%), the home (23.9%) and the block (18.0%) were the top three locations at which students reported typically smoke marijuana. Friends (56.8%) were the most common source from which marijuana is obtained followed by the street pusher (17.8%) and "other" unidentified sources (11.4%).

## Inhalants

Approximately one-fifth (20.3%) of all students reported using inhalants during their life. The one-year and one-month prevalence rates were 9.7% and 7.0% respectively. More females (22.6%) than males (18.6%) reported lifetime inhalant use. Lifetime inhalant use tended to increase as grade level increased up to 5th form, following which it declined. The one-year incidence rate was 10.6% while the one-month incidence rate was 6.2%. The mean age at which students reported first using inhalants was 9.62 years.

## Cigarettes

Just under one-fifth of all students tried cigarettes at some point in their lifetime (18.1%). The one-year prevalence rate was 6.8% while the one-month prevalence rate was 3.0%. The prevalence of cigarette smoking (lifetime, one-year, one-month) among male students was higher than that among female students.

## Access to Drugs

Forty-six point six percent (46.6%) of students stated that it would be easy for them to obtain marijuana. In contrast, very few students stated that it would be easy for them to obtain cocaine (12.3%) or crack (10.4%). With respect to drug offers, the majority of students (60.8%) stated that they have never been offered marijuana. Similarly, almost all students have never been offered cocaine (93.3%), crack (95.4%), ecstasy (92.6%), heroin (94.4%) or LSD (96.4%).

## Drugs in the School Environment

Approximately 6 out of every 10 students (60.5%) were of the opinion that drugs are present at school. Similarly, two-thirds (67.6%) believed that there are students who bring, try or deal drugs on the school compound. Just under two-thirds of students (65.3%) believed that there are drugs in the area surrounding or next to their school. Approximately half (53.8%) of all students believed that there are students who try, buy or deal drugs in the area surrounding their school or just outside of the school itself.   Despite their opinions, only one-third of students (31.3%) have personally seen a student selling or giving drugs to another individual at or near their school while 41.0% have seen another student using drugs at or near their school.

## Curiosity about Illegal Drugs

More than half (54.0%) of all students indicated that they have never been curious about trying an illegal drug, while 37.3% stated that they have in fact been curious. Similarly, 61.2% of all students indicated that they would not use an illicit drug if given the opportunity.

## Parental Involvement & School Experience

Overall, students whose parents were more greatly involved in their daily lives reported lower levels of substance use. Students who had better student-teacher relationships also reported lower levels of substance use. Higher levels of substance use were generally found among students who were absent and/or skipped school frequently. Prevalence rates (lifetime, one-year, one-month) increased as the reported likelihood of students finishing secondary school and going to university decreased.

## Comparisons to 2006 Findings

Alcohol, tobacco, marijuana and inhalants were the primary substances consumed by students in 2013 and 2006. Similar lifetime prevalence rates for alcohol, tobacco and inhalants were reported for these students in 2013 and 2006. In this regard, the lifetime prevalence of alcohol in 2013 was 72.4% whereas; in 2006 74.7% of students drank alcohol for the first time. In 2006, 21.3% of students smoked cigarettes for the first time, while in 2006, 21. %, of students, smoked this substance. The lifetime prevalence for students using inhalants in 2006 was 19.7%, whereas 18.6% of students consumed inhalants in 2013. However, more noticeable, was the increased consumption of marijuana by these students. More specifically, there was a 10% increase in the first time consumption of marijuana in 2013 over the first time use of this substance reported in 2006.

The one-year and one-month prevalence rates were also similar for alcohol, tobacco and inhalants in 2006 and 2013. With respect to marijuana consumption, the 2013 one-year prevalence rate was approximately 6% higher than that observed in 2006 while the one- month prevalence rate was 5% higher in 2013. The one-year incidence rates for alcohol, tobacco, marijuana and inhalants were also similar in 2006 and 2013. However, the one-year incidence of marijuana consumption in 2013 represented the largest observed difference of 5.9% over the one- year incidence of marijuana reported in 2006.

## Recommendations

1. There is a need for further investigation and monitoring of drug use and vulnerability factors among young people who may be at significantly greater risk of developing

chronic drug problems. Drug prevention strategies focusing on reducing vulnerability among adolescents should include:

- Selective interventions aimed at improved academic performance and reduced drug involvement among high school students whose poor academic records and behavioral problems indicate they are at high risk of dropping out of school and abusing drugs.

- Interventions that focus on the social environment in which adolescents live. For example, curiosity does not stand in isolation, and may suggest adolescents' wide exposure to illicit drugs within the home or other social environments as well as easy access to drugs once they become addicted.

- A focus on changing parenting behaviours or parental modelling to prevent adolescents' drug use.

- Efforts to promote the development of positive student-teacher relationships.

2. Under the current Liquor Licensing Act (1957), young people of any age can purchase alcohol. A continued policy of restricting alcohol use to adolescents should be supported. This can be achieved through increasing the price of alcohol, thereby increasing the resources necessary to obtain it or the potential costs for possessing or consuming it. In addition, consideration should be given to instituting a minimum purchasing and legal drinking age as well as the training of alcoholic beverage servers to detect underage drinking, and to deter binge drinking.

3. The use of illicit drugs on the school compound presents challenges for school officials, law enforcement and drug prevention professionals. As such, principals and teachers should be become acquainted with the Barbados Education Act (2002). Section 64 A (3) of this Act outlines the procedures for dealing with students who have in their possession any intoxicating liquor or controlled drug within the meaning of section 3 of the Drug Abuse (Prevention and Control) Act, 1991. In addition, attempts to foster collaborative relations between community leaders, law enforcement and school officials should be encouraged. Such a collaborative approach should focus on the reporting of legal and illegal drug use by adolescents in the community and school settings.

# 1. Introduction

Adolescents' misuse of drugs and alcohol has been recognized as a public health problem and is associated with the three leading causes of death during this developmental period, namely suicide, homicide and accidents (U.S. Department of Health and Human Services, 2007). Adolescent substance use is also associated with engaging in delinquent and criminal activity, poor school performance and retention, early and unplanned pregnancy, and various mental health problems (Chasin, Hussong & Beltran, 2009). Moreover, the use of substances before age 14 may increase the likelihood of having an adult alcohol and drug use disorder by as much as 35% (Grant & Dawson, 1997). This reality is all the more worrisome because the early onset of drug problems has been associated with increased risk of continued use in adulthood (Flanzer, 2005).

Although not all adolescents who use alcohol or drugs will go on to have long–term problems, the significant risks associated with alcohol and other drug use during this developmental period warrants early intervention. According to the National Institute of Drug Abuse (NIDA) (2008), there are four main reasons why people misuse substances: to feel good, to feel better, to do better, and out of curiosity or because others are doing it. Research in developed countries has identified four major motivations for substance use in adolescents: conforming to norms, individuating identity, escaping or coping with stress and depression, and self-management and regulation, with conformity being the most common reason for drug use in young people (Toumbourou, Stockwell, Neighbors, Marlott, Sturge & Rhem, 2007). However, it is important to note that these findings are often based on retrospective, self-reported information which itself can be influenced by the research methodologies employed, more specifically, the way the respondents are asked about their drug-taking behaviors and the persons who administer the questionnaire (Lijun et al., 2009). In addition, the social desirability bias is another potential factor which can influence such findings (Lijun et al., 2009). As such, it is possible that self-reported information may not necessarily reflect real reasons for initiating drug use (Lijun et al., 2009).

Surveys conducted by the National Council on Substance Abuse reveal that substance use actually begins prior to adolescence among students in Barbados. In this regard, just about half of primary school students (ages 9-11years) reportedly used alcohol while 4.8% reported marijuana use (NCSA, 2010).  Kandel et al.'s (1992) 20 year cohort study on the stages of drug use found that the early use of tobacco and alcohol is the strongest predictor of an individual's progression to the use of marijuana and other illicit drugs. In this regard, Kandel et al.  (1992) concludes that early intervention to delay the onset of tobacco and alcohol use should constitute our principal approach to drug use prevention.

## Factors Related to Adolescent Substance Use

Not only can predictors, and perhaps precursors, of substance use be identified in early childhood, but also the potential influences on opportunities to use drugs (Bronfenbrenner & Morris, 1998).  In fact, adolescents' use and opportunity to use substances have been linked to three major contexts: the family, peers, and their neighborhood.

Hearst, Fulkerson, Maldonado-Molina, Perry and Komro (2007), using a large sample of adolescents, investigated where youth obtained alcohol. They found that during sixth grade (equivalent to class 4 at primary school in Barbados) parents were the most prevalent source of alcohol. By eighth grade (equivalent to second form at secondary school in Barbados) the percentage of youth obtaining alcohol from parents decreased  and the percentage of youth obtaining alcohol from commercial sources (bars, liquor stores, gas station), adults, underage individuals, and taking alcohol from home increased. These findings also highlight the relative importance of the three major contexts and the way their level of importance changes as youth age (Milam, Furr-Hoden, Bradshaw, Webster, Colley-Strickland & Leaf, 2013).

Although youth are most likely to obtain alcohol from social sources, such as their peers or parents, the neighbourhoods within which individuals (and the social sources) are nested differ and therefore opportunities to obtain alcohol may vary among neighborhoods. These environmental/contextual effects can occur directly, through the presence of commercial sources like alcohol outlets, or indirectly through social sources, for example adults who are more likely to consume alcohol in neighborhoods with high alcohol density (Milam et al., 2013)

Several authors have showed an association between inadequate parenting practices and the risk of substance abuse during adolescence (Broman, Reckase & Fredman-Doan, 2006; Choquet et al., 2008). Two categories of parenting practices have been associated with drug use during adolescence, namely parental monitoring and parental warmth (Bertrand, Richer, Brunelle, Beaudoin, Lemieux and Menard, 2013). Parental monitoring refers to a parent's knowledge of his or her child's activities, associations, and whereabouts to ensure that the child's behavior is

not harmful to his or her development and safety. Inadequate and poor parental monitoring has been associated with both elevated levels of substance consumption (McVie & Holmes, 2005) and poorer prognoses regarding treatment outcomes (Clark, Thatcher & Maisto, 2005). Similarly, a marked decline in parental monitoring also has also been found to have an influence on adolescents' increased alcohol use (Luyckx et al., 2011). To be adequately informed of their child's whereabouts, parents can rely on various sources of information. These include: parental control or parental solicitation, such as asking their child for information, and child self-disclosure, for example, the child confiding in the parent, revealing information about his or her activities, interests, and or behaviors.

A strong parent-child relationship is also an important protective factor for preventing substance abuse problems during adolescence, as well as in young adults (Kumpfer & Alvarado, 2003). A positive and protective relationship is characterized by a high degree of parental warmth such as a show of interest in the child's activities and friends, an expression of enthusiasm for and pride in the child's accomplishments, and a demonstration of affection and love (Amato, 1990). Similarly, mutual attachment between mothers and their adolescents reduces the risk of drug use during adolescence as well young adulthood (Brook, Whiteman, Finch & Cohen, 2000).


## Current Survey in the Context of the Existing Literature

The current survey is based on the premise that certain socialization experiences predispose some children to the early use of alcohol and tobacco and other illicit drugs. Identifying the prevalence of such predisposing variables may facilitate efforts to develop early intervention-intervention strategies for substance use prevention (Jackson, Henriksen, Dickinson & Levine, 1997).

## 2. Methodology

### Sample Selection

A sample frame, that is, a list of all students who have a known (non-zero) probability of being included in the sample, was developed. This sample frame was based on data received from each of the secondary schools across Barbados which responded to NCSA's request for information. More specifically, it consisted of the number of classes and the number of students in each class for each of the target form levels ($2^{nd}$, $4^{th}$, $5^{th}$, $6^{th}$) at 22 public and 5 private schools. As such, the sample frame consisted of approximately 13, 000 students between the ages of 11 and 17 years who formed the target population for the survey.

Once the sample frame was developed, steps were taken to select the final sample. A stratified, two-stage probability sampling technique was employed whereby schools were selected at the first stage and students were selected at the second stage of sampling. During the first stage, a sample of eighteen (18) secondary schools (15 public, 3 private) was drawn from the population of 31 secondary schools in Barbados. At the second stage, a sample of 1339 students was selected.

### Sample Size

As was mentioned above, the final sample consisted of 1339 students. However, the intended sample for the survey was 1464 students. The difference of 125 students was due to the absence of some persons on the day during which the questionnaires were distributed at their school as well as the lack of parental consent in some instances.

It should be noted that the selection of the sample size for a study depends on the precision estimates desired[1] which, in general, are not related to the size of the target population (Teddlie & Tashakori, 2009). As such, regardless of the population size, a correctly drawn sample of 341 will ensure confidence that the sample reflects the wider population within +1-5% (Teddlie & Tashakori, 2009).

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[1] The greater the number of schools sampled at the first stage, the greater the precision of estimates will become.

## Questionnaire

A self-administered questionnaire consisting of 20 pages and 89 items served as the data collection instrument for the survey. Items throughout the questionnaire related to tobacco smoking, alcohol consumption and the use of various illicit substances. More specifically, the items asked students to indicate their consumption of these substances during their lifetime, the past year and the past month. In addition to tobacco and alcohol, the other substances included within the questionnaire were: tranquilizers (non-medical), stimulants, marijuana, opiates (non-medical), ecstasy, hallucinogens, cocaine and inhalants.

It should be noted that the questionnaire also included items which covered various demographic indicators, the frequency of drug use, the social context of drug use, the perception of harm associated with various levels of substance use, attitudes towards illicit drug use (curiosity and opportunity to use) and the ease of obtaining drugs. In addition, there were also items which requested information regarding the parent-child relationship as well as students' experiences within the school environment.

With regards to the parent-child relationship, there were a number of items which together formed what is referred to as an index of parental involvement. These items covered areas such as: parents' knowledge of students' whereabouts outside of school hours, parents' familiarity with students' close friends, parents' knowledge of what students are doing at school, parents' knowledge of television programmes watched by students and the number of meals parents and students eat together each week. The responses to each item have an assigned score, which allowed an overall parental involvement score to be calculated for each student. Possible scores ranged from 0 to 7 with lower scores representing lower levels of parental involvement and higher scores, higher levels of involvement.

There were skip patterns throughout the questionnaire which enabled students to answer only those questions which were of relevance to them based on their prior substance use.

## Survey Administration

Prior to the conduct of the survey, a number of administrative duties were carried out. Firstly, permission to carry out the survey was sought and received from the Ministry of Education. Following this, the principals at each of the secondary schools across Barbados were notified about the upcoming survey and requests were made for the necessary sample frame data. Once this data was received, it was forwarded to OAS/CICAD, the agency responsible for the selection of the schools to be included in the final sample. OAS/CICAD also identified the number of students to be selected from each of the target forms at the identified schools.

It should be noted that prior to the official data collection, the questionnaire was pilot tested among the 2$^{nd}$, 4$^{th}$, 5$^{th}$ and 6$^{th}$ formers at one public secondary school in an effort to ensure the clarity of the items and instructions therein. The pilot test also allowed for the NCSA Research Department to estimate the length of time students would need to complete the questionnaire during the official data collection period. Overall, students reported only minor issues with the instrument and these were taken into account when the questionnaire was finalized.

Once the information regarding the final sample was received from OAS/CICAD, the principals at the selected schools were notified and appointments were made to facilitate the administration of the survey. Supervisors and Interviewers went to their assigned schools on the specified dates and administered the questionnaires to the selected students. The questionnaire administration took place during the month of November 2013; and students were selected by the schools' Guidance Counsellors prior to the supervisors and interviewers arriving at each school. To do this, the Guidance Counsellors were informed of the number of students needed from each form at their respective schools.

Given the nature of the survey and the age of the sample, it was first necessary to obtain parental consent for students to participate. This was sought and obtained prior to the field personnel arriving at the schools. In some instances, principals provided this consent given their ability to act *in loco parentis* during school hours.

On the day of the survey, the field personnel informed students about the nature of the study and told them that their participation was voluntary and anonymous. Students were also assured that any information which they provided would be kept confidential and used only for the purposes of the current survey. Once they agreed to participate, the questionnaires were distributed and students were provided with instructions which detailed how to correctly complete the instrument. The questionnaire took approximately 1 hour to complete and the interviewers and supervisors remained present during this time in the event that there were any queries or requests for clarification regarding any of the items. Completed questionnaires were placed in a brown envelope which was sealed and returned to the NCSA by the supervisors.

## Data Entry and Verification of Data

Once the data collection process was complete, data entry began. Data entry began during December 2013 and was carried out by Caribbean Development Research Services (CADRES); a regional research organization based in Barbados. Microsoft Excel was the preferred software

used in this project and, as such, an Excel database spreadsheet was provided by OAS/CICAD to facilitate data entry. In this instance, a double data entry process was employed whereby data was entered into the database by one person and then re-entered into a "verification area" by another individual. This allowed for the identification of any errors in the initial data entry. The data entry and validation was completed in January, 2014. Once the completed database was received by the NCSA, it was submitted to OAS/CICAD for analysis.

## Data Analysis

To ensure that disproportionate sampling of any school type, grade level or sex grouping did not bias the prevalence estimates, the data was weighted so as to bring the achieved sample into line with the population distribution. The prevalence estimates and other findings reported in this document are based on the weighted data that was calculated taking into account the sample frame numbers and the samples that were taken. Given the use of 95 percent confidence intervals, it can be said that the prevalence estimates reported here are within 95 percent (or better) of the true population values. Despite the fact that the general results are based on weighted data, the description of the demographic indicators is a reflection of the actual sample used. This allows the reader to gain some perspective on the students who actually participated in the survey. Descriptive statistics (percentages, means, median) form the primary basis of the results calculated and the findings presented within this report.

## Definitions of Terms

Throughout the report certain terms have been used to describe the prevalence of substance use. These definitions are:

- Lifetime – Proportion of students who have ever used the substance
- One-Year – Proportion of students who used the substance in the past year (also referred to as annual prevalence)
- Current – Proportion of students who used the substance in the previous month (also referred to as one-month prevalence)

## Definitions of Substances

The drug categories used in this report are identical to the categories used in the questionnaire and follow the descriptions and examples provided to students in the questionnaire.

# 3. Results

## Participant Demographics

### *Age and Gender*

From Table 1 it can be seen that of the 1339 students who participated in the survey, 40.0% were males and 58.2% were females. No gender-related data was available for 3.8% of the participants. With regards to age, Table 1 reveals that there were near equal amounts of participants in the under 15 (38.5%) and 15 to 16 (38.6%) age groups. A much smaller proportion of the participants were age 17 and over (17.0%). No age-related data was available for 5.9% of the sample.

### *School Type and Grade Level*

Most of the participants attended public, co-educational schools (See Table 1). However, a small proportion of the participants were drawn from private (0.5%), single sex schools (all male: 0.1%; all female: 7.4%).

With regards to grade level, there was a near even distribution of 2nd, 4th and 5th form participants (See Table 1). However, there was a considerably smaller number of 6th form participants (See Table 1).

**Table 1: Demographic Distribution of Sample – Age, Gender, School Type and Grade Level**

| Indicator | Percentage | Indicator | Percentage |
|---|---|---|---|
| **Gender** | | **School Type** | |
| Male | 40.0% | Public | 99.5% |
| Female | 56.2% | Private | 0.5% |
| No data | 3.8% | | |
| | | All male | 0.1% |
| | | All female | 7.4% |
| **Age Group** | | Mixed | 91.1% |
| <15 years | 38.5% | No data | 1.4% |
| 15-16 years | 38.6% | | |
| 17+ years | 17.0% | | |
| No data | 5.9% | | |
| | | | |
| **Grade Level** | | | |
| 2nd Form | 23.5% | | |
| 4th Form | 29.5% | | |
| 5th Form | 29.8% | | |
| 6th Form | 17.2% | | |

*Living Arrangements*

When asked to indicate the person with whom they live, most students revealed that they live with their mother (84.7%). This was followed by those who indicated that they live with their brother/sister (45.4%) and those who live with their father (41.8%). Less common responses included: "other relative", "stepmother", "stepfather", "guardian", "spouse", "girlfriend/boyfriend", "guardian", "friend", "alone" and "other" (See Table 2).

**Table 2: Living Arrangements**

| Person with Whom Student Lives | Percentage |
|---|---|
| Father | 41.8% |
| Mother | 84.7% |
| Brother &/or sister | 45.4% |
| Stepmother | 2.2% |
| Stepfather | 8.5% |
| Wife/husband | 1.9% |
| Girlfriend/boyfriend | 1.1% |
| Guardian(s) | 7.1% |
| Other relative | 15.0% |
| Friend | 0.7% |
| Alone | 0.5% |
| Other | 2.9% |

*Parents' Marital Status*

When asked about their parents' marital status, most students indicated that their parents were either: married (31.1%), single (30.0%) or separated (15.1%).

**Table 3: Parents' Marital Status**

| Marital Status | Percentage |
|---|---|
| Single | 31.6% |
| Married | 32.8% |
| Divorced | 6.7% |
| Separated | 15.9% |
| Widow(er) | 1.5% |
| Living together/common law | 7.4% |
| Other | 4.1% |

*Student Employment*

Students were asked if they work in addition to attending school. Only a small proportion (12.9%) indicated that they are gainfully employed while the majority (87.1%) stated that they do not work. Of those students who are employed, approximately three-quarters (77%) work for 10 hours or less per week (See Table 4).

**Table 4: Hours Worked per Week**

| Hours | Percentage |
|---|---|
| 1-5 hours | 41.7% |
| 6-10 hours | 35.3% |
| 11-15 hours | 10.2% |
| 16+ hours | 12.8% |

## School Experience

*Happiness when Going to School*

Students were asked about their level of happiness when going to school. More than half (56.8%) of all students reported being either "very happy" or "fairly happy" while going school (See Table 5). In contrast, very few stated that there were "unhappy" (4.3%) or "very unhappy" (5.7%) when going to school. Approximately one-third (33.2%) of students revealed that they are neither happy nor unhappy while going to school.

**Table 5: Level of Happiness when Going to School**

| Level of Happiness | Percentage |
|---|---|
| Very Happy | 18.9% |
| Fairly Happy | 37.9% |
| Neither Happy nor Unhappy | 33.2% |
| Unhappy | 4.3% |
| Very Unhappy | 5.7% |

### *Sense of Belonging at School*

Approximately three-quarters (72.4%) of respondents indicated having a sense of belonging at school. The remaining 27.6% stated that they did not possess such a feeling of belonging.

### *Quality of Relationship with Teachers*

Just under one-half (45.4%) of the students indicated that they have a "very good" or "good" relationship with their teachers (See Table 6). A similar proportion (46.3%) reported having an "average" relationship with their teachers while only a small number of students classified their relationships as "bad" (3.6%) or "very bad" (4.7%).

**Table 6: Quality of Relationship with Teachers**

| Quality Level | Percentage |
|---|---|
| Very good | 14.7% |
| Good | 30.7% |
| Average | 46.3% |
| Bad | 3.6% |
| Very bad | 4.7% |

### *Repeated School Years*

When asked whether they had every repeated a form or grade level, 83.8% of students stated that they had never done so. Alternately, 13.1% revealed that they had repeated one form level while 3.1% had repeated two or more levels.

### *Behavioural or Disciplinary Problems*

The vast majority of students (72%) have had behavioural and/or disciplinary problems (e.g. detention, suspension, corporal punishment, being sent to the Principal's office) at some point during their educational career (See Table 7). In fact, almost half (44.4%) of the students indicated that they have had such problems "a few times". Just over one-quarter (27.9%) indicated that they have never had any behavioural or disciplinary problems during their school years.

**Table 7: Behavioural and/or Disciplinary Problems during School Years**

| Frequency | Percentage |
|-----------|------------|
| Never | 27.9% |
| Once | 19.9% |
| A few times | 44.4% |
| Often | 7.7% |

*How Often Absent in Past Year*

When asked how many days they were absent from school in the past year, approximately half of all students (54.0%) indicated that they had been absent for less than 5 days during the stated period. Just over one quarter (28.1%) reported being absent between 5 and 10 days while 10.3% were absent between 11 and 20 days. Very few students were absent from school for more than 20 days (See Table 8).

**Table 8: Number of Days absent from School in Past Year**

| Number of Days | Percentage |
|----------------|------------|
| Less than 5 days | 54.0% |
| Between 5 and 10 days | 28.1% |
| Between 11 and 20 days | 10.3% |
| Between 21 and 30 days | 2.7% |
| More than 30 days | 4.9% |

*How Often Skipped School in Past Year*

When asked how often they skipped school without permission for an entire day or part thereof in the past year, almost all students (89.3%) indicated that they had never done so. Alternately, 9.1% stated that they had skipped school "a few times" while very few reported skipping school "several times" (0.8%) or "often" (0.8%).

*Likelihood of Finishing Secondary School and Going to University*

Students were asked to indicate the likelihood of their finishing secondary school. Most believed their finishing school to be either "very likely" (75.9%) or "likely" (17.4%). Alternately,

very few students were of the opinion that their finishing school was either "not very likely" (1.9%) or "impossible" (0.5%). Only a small number of persons indicated that they "did not know" (4.3%) if they would finish school.

With regards to pursuing university education, nearly three-quarters (78.8%) of the students stated that they thought it "very likely" or "likely" that they would attend university (See Table 9). Only a small proportion thought it "not very likely" (8.0%) or "impossible" (1.7%) (See Table 9).

**Table 9: Likelihood of Attending University**

| Likelihood | Percentage |
|---|---|
| Very likely | 45.1% |
| Likely | 33.7% |
| Not very likely | 8.0% |
| Impossible | 1.7% |
| Don't Know | 11.6% |

## Parental Involvement in Student Lives

Participants were asked a number of questions which were used to gauge the level of parental involvement in various aspects of their lives. Items asked about actual interactions between the students and their parents as well as students' perceptions of, or assumptions about, their parents' knowledge and/or behavior. Based on the students' responses to the individual items, a parental involvement score was calculated for each student. Possible scores ranged from 0 to 7, with lower scores indicating lower levels of parental involvement and higher scores being indicative of higher levels of involvement. Table 10 below shows the distribution of the parental involvement scores for the sample.

**Table 10: Distribution of Parental Involvement Scores**

| Parental Involvement Score | Percentage |
|---|---|
| 0 | 3.4% |
| 1 | 6.4% |
| 2 | 14.2% |
| 3 | 17.4% |
| 4 | 21.0% |
| 5 | 17.8% |
| 6 | 12.7% |
| 7 | 7.0% |

From Table 10 above, it can be seen that most students (75.9%) had a parental involvement score of 3 or more while more than half (58.5%) had a score of 4 or more. This suggests that there were moderate to high levels of parental involvement among most students.

## Drug and Alcohol Use by Family Members and Friends

In addition to being asked about their own substance use, the students were also asked a number of questions about their friends' and family members' drug use. It is recommended that the findings within this section be interpreted with caution as they are based on the students' perceptions and/or opinions of others' behaviour.

### *Parental Use of Illegal Drugs when Young*

Firstly, students were asked to indicate if they believed that either of their parents used any illegal drug when they were young. Approximately one quarter (24.5%) of respondents indicated that they believed that at least one of their parents had used an illegal drug during their youth. Alternately 39.3% stated that they did not believe that their parents had used illegal drugs when they were young while 36.2% stated that they did not know.

### *Parental Use of Cigarettes*

Students were asked whether any one of their parents smoke at least one cigarette per day. The majority of students (81.0%) indicated that neither of their parents smoke on a daily basis.

Of the remaining students, 15.2% stated that only their father smokes at least one cigarette per day while 2.1% stated that only their mothers were daily smokers. A small proportion (1.7%) revealed that both of the parents smoke cigarettes daily.

*Parental Use of Alcohol*

When asked about their parents' use of alcohol, students were instructed to consider their father's and mother's drinking habits separately. Table 11 reveals that 17.5% of students were of the opinion that their fathers never drink alcohol while 29.2% believed that their mothers never use the substance. For those whose parents do drink alcohol, most believe that their mothers and fathers only do so on special occasions (fathers: 39.4%; mothers: 57.3%). Fewer students were of the opinion that their parents drink only "on weekends", "sometimes during the week", and "everyday" (See Table 11). A small proportion of students indicated that the items were not applicable to them as they "have no living father/mother or never see them" (father: 5.2%; mother: 1.6%).

**Table 11: Parents' Use of Alcohol**

|  | **Father** | **Mother** |
|---|---|---|
| Never drinks any alcohol | 17.5% | 29.2% |
| Only on special occasions | 39.4% | 57.3% |
| Only on weekends, but never during the week | 8.8% | 4.0% |
| Sometimes during the week | 21.2% | 6.8% |
| Drinks alcohol every day | 7.9% | 1.1% |
| Not applicable, I have no living father/mother or never see them | 5.2% | 1.6% |

*Siblings' or Other Housemates' Use of Drugs*

Students were asked whether their siblings or anyone else living within their home currently use drugs. Nearly three-quarters (72.0%) of the students stated that neither their siblings nor their housemates are current drug users. Alternately, just over one-quarter (28.0%) of students revealed that their siblings or housemates currently use drugs.

**Table 12: Drug Use among Siblings/Housemates**

|       | Percentage |
|-------|-----------|
| Yes   | 28.0%     |
| No    | 72.0%     |

*Friends' Use of Drugs*

When asked how many of their friends drink alcohol regularly, almost half of all students (49.2%) stated that "none" of their friends do so. This was followed by 34.3% who indicated that "some" of their friends drink regularly. Fewer students indicated that "a lot" (11.6%) or "one" (4.9%) of their friends consume alcohol on a regular basis.

A similar profile was uncovered with respect to regular marijuana use among friends. More specifically, just over half (53.5%) of the students stated that "none" of their friends smoke marijuana regularly. This was followed by those who indicated that "some" of their friends are frequent smokers of the drug (29.5%). The least common responses to this item were "a lot on my friends" (12.0%) and "one on of my friends" (5.0%).

## Curiosity about Drug Use and Drug Use if Given Opportunity

*Curiosity about Drug Use*

Prior to being asked about their use of drugs, students were questioned about their curiosity regarding drug use. Firstly, they were asked if they have ever been curios about trying illicit drugs. More than half (54.0%) indicated that they have never been curious, while 37.3% stated that they have in fact been curious, about trying illicit drugs. The remaining 8.7% stated that they were not sure.

Next, students were asked about their curiosity regarding the use of specific drugs. With regards to marijuana, 58.8% of students indicated that they have never been curious about trying this drug while 32.7% revealed that they have been curious. A small proportion (8.5%) of students stated that they "may be" curious.

Almost all students (91.0%) indicated that they have never been curious about trying cocaine. In sharp contrast, very few revealed that they have been curious (5.3%) or "may be" curious (3.6%).

A similar distribution was uncovered with regards to crack. More specifically, the vast majority (94.7%) of students revealed that they have never been curious about using this drug while a mere 2.9% stated that they have in fact been curious. The remaining 2.4% indicated that they "may be" curious.

With regards to ecstasy, most students (86.8%) have never been curious about trying the drug. Alternately, 7.3% of students revealed that they have been curious while 6.0% stated that they "may be" curious about trying the drug.

### *Use of Illicit Drugs if Given the Opportunity*

Next, students were asked if they would use an illicit drug if given the opportunity. Just under two-thirds (61.2%) of all students indicated that they would not use an illicit drug, while approximately one-fifth (20.3%) stated that they would use such a drug, if the opportunity presented itself. The remaining 18.5% were unsure if they would use an illicit drug if given the opportunity.

## Specific Results by Drug

In the following sub-sections, a number of licit and illicit drugs will be considered separately. The results presented will cover a variety of areas, including lifetime (any use), one-year (annual) and one-month (current use) prevalence rates as well as one-year and one-month incidence rates. The prevalence rates have been cross-tabulated by various sub-group variables and these findings will also be presented and described. In additional, supplemental data will be provided for the drugs, the content of which will vary from drug to drug.

## Cigarettes

### *Prevalence and Incidence*

Lifetime prevalence of cigarette use was 18.1%. Thus, just under one-fifth of all students tried cigarettes at some point in their lifetime. The one-year prevalence rate was 6.8% while the one-month prevalence rate was 3.0%. With respect to new cases of cigarette use, results revealed the one-year incidence rate to be 6.2% while the one-month incidence rate was 2.3%.

### *Age of First Use*

For those students who have ever used cigarettes, the mean age of first use was 12.03 years while the median age was 13 years. Of interest is the fact that more than half (61.3%) of the students who have used cigarettes did so by the age of 13 and nearly one-quarter (22.2%) did so by the time they were 9.

### *Perceived Harm*

Approximately one-third (33.5%) of students believed smoking cigarettes sometimes to be "very harmful" while 34.0% considered it to be "moderately harmful". Just over one-fifth of students (21.3%) were of the opinion that smoking sometimes was only "slightly harmful" while 4.5% considered it to be "not harmful". The remaining 6.8% were not sure of the harm associated with smoking sometimes.

A noticeable difference can be seen in the results regarding the perceived harm associated with smoking frequently. More specifically, more than three-quarters (77.5%) of the students considered smoking frequently to be "very harmful" while 10.8% thought it to be "moderately harmful". Very few were of the opinion that smoking frequently was "slightly harmful" (4.1%) or "not harmful" (1.4%) at all. The remaining 6.2% of students revealed that they did not know how harmful smoking frequently was.

When asked about inhaling second hand smoke, more than three-quarters (77.8%) of all students considered this to be either "very harmful" (52.7%) or "moderately harmful" (25.1%). Only a small proportion of students believed inhaling second hand smoke to be "slightly harmful" (13.6%) or "not harmful" (2.5%). Those students who were unsure of the harms associated with second hand smoke accounted for 6.1% of all students.

## Comparisons by Sub-Groupings

In this section, population estimates of Lifetime, One-year and One-month prevalence rates are presented by various sub-groupings. These sub-groupings are based on a number of demographic characteristics, level of parental involvement and indicators of the students' school experience.

### *Prevalence Rates by Select Demographic Characteristics (Table 13)*

**Table 13: Prevalence Rates for Cigarettes by Select Demographics**

|  | Cigarette Prevalence | | |
|---|---|---|---|
|  | *Lifetime* | *One-year* | *One-month* |
| **Overall** | 18.1% | 6.8% | 3.0% |
| **Gender** | | | |
| Male | 21.8% | 9.1% | 4.0% |
| Female | 16.5% | 5.6% | 2.4% |
| **Age Group** | | | |
| 11-14 years | 11.9% | 2.9% | 1.9% |
| 15-16 years | 24.5% | 9.5% | 4.0% |
| 17+ years | 20.3% | 10.7% | 3.3% |
| **Grade Level** | | | |
| 2$^{nd}$ Form | 9.8% | 2.9% | 1.9% |
| 4$^{th}$ Form | 17.8% | 5.0% | 2.2% |
| 5$^{th}$ Form | 25.7% | 9.3% | 4.7% |
| 6$^{th}$ Form | 16.7% | 10.9% | 2.9% |
| **Type of School** | | | |
| Public | 18.1% | 6.8% | 3.0% |
| Private | 26.0% | 12.4% | 4.3% |
| **Repeated School Years** | | | |
| None | 16.0% | 5.5% | 2.7% |
| One | 35.8% | 17.2% | 4.7% |
| Two or more | 29.2% | 8.7% | 8.7% |
| **Work in Addition to Going to School** | | | |
| Yes | 30.8% | 13.7% | 4.9% |
| No | 17.1% | 6.2% | 2.8% |
| **Hours Worked per Week** | | | |
| 1-5 | 17.9% | 8.4% | 1.6% |
| 6-10 | 36.6% | 22.0% | 8.0% |
| 11-15 | 42.6% | 0% | 0% |
| 16+ | 45.5% | 17.4% | 6.3% |

### *Gender*

Lifetime prevalence of cigarette use was higher among males (21.85%) than females (16.5%).This was also the case for the one-year prevalence rates (males: 9.1%; females: 5.6%) and the one-month prevalence rates (males: 4.0%; females: 2.4%).

### *Age*

Lifetime prevalence rates were lowest among those in the 11-14 age group (11.9%) and were highest in the 15-16 age group (24.5%). The lifetime prevalence rate for those ages 17 and over was 20.3%.  One-year prevalence rates were found to increase with age, ranging from 2.9% for those in 11-14 age group to 9.5% for those ages 15- 16 years and 10.7% for those 17 and over. The one-month prevalence rates followed a similar pattern to that of the lifetime prevalence rates, whereby the lowest rate was found among the 11-14 age group (1.9%) and the highest among the 15-16 age group (4.0%). The one-month prevalence rate for those 17 and over was 3.3%.

### *Grade Level*

Lifetime prevalence rates were lowest among the second formers (9.8%) and highest among the fifth formers (25.7%). The lifetime prevalence rate was 17.8% for fourth formers and 16.7% for sixth formers. As was the case with age, the one-year prevalence rates increased as grade level increased. As such, rates ranged from 2.9% among second formers to 10.9% among sixth formers. The one-month prevalence rates also increased with grade level up to fifth form (See Table 13). They then declined among the sixth formers (See Table 13).

### *Type of School*

Lifetime prevalence rates were highest among students from private schools (See Table 13). This also held true for the one-year and one-month prevalence rates (See Table 13).

### *Repeated School Years*

Lifetime prevalence rates were lowest among students who have never repeated a grade level (16.0%) and highest among those who repeated one grade level (35.7%). This pattern was also

observed for the one year prevalence rates (See Table 13). However, the one-month prevalence rates increased as the number of grades repeated increased (See Table 13).

### Employment Status

When employment status was taken into consideration, all prevalence rates (lifetime, one-year, one-month) were found to be higher among those who worked in addition to going to school (See Table 13).

### Hours Worked per Week

For those students who worked in addition to going to school, lifetime prevalence rates increased as the number of hours worked per week increased (See Table 13). As such, they ranged from 17.9% among those who worked for 1-5 hours to 45.5% among those who worked for 16 or more hours. With regard to one-year prevalence rates, these were highest among those who worked 6-10 hours (21.9%) followed by those who worked 16 or more hours (17.3%) and 1-5 hours (8.4%)  per week respectively. Of interest is the fact that the one-year prevalence rates for those who worked 11-15 hours per week was 0% and this finding maintained when the one-month prevalence rates were calculated.  The one-month prevalence rates were highest among those who worked 6-10 hours per week (8.0%), followed by those who worked 16 or more hours (6.2%) and 1-5 hours (1.6%) per week respectively.

### *Prevalence Rates by Level of Parental Involvement & Relationship Quality (Tables 14 & 15)*

### Parental Involvement

When level of parental involvement was taken into consideration, each of the prevalence rates (lifetime, one-year, one-month) showed a general trend of decreasing as the parental involvement score, i.e. level of parental involvement, increased (See Table 14). As such, prevalence rates (lifetime, one-year, one-month) were lowest among those students whose parental involvement score was 7 (highest possible score) and highest among those whose score was 0 (lowest possible score) (See Table 14). These findings indicate that tobacco prevalence was lower among those whose parents were more greatly involved in various aspects of their daily lives.

**Table 14: Prevalence Rates for Cigarettes by Parental Involvement Score**

| Parental Involvement Score | Lifetime | One-year | One-month |
|---|---|---|---|
| 0 | 45.2% | 23.4% | 15.8% |
| 1 | 40.4% | 15.3% | 9.1% |
| 2 | 31.2% | 11.8% | 6.1% |
| 3 | 20.1% | 7.1% | 3.0% |
| 4 | 12.2% | 4.5% | 0.7% |
| 5 | 14.3% | 5.1% | 0.5% |
| 6 | 10.7% | 3.5% | 2.5% |
| 7 | 4.9% | 1.1% | 0.0% |

***Relationship Quality***

*Relationship with Father*

Lifetime prevalence rates increased as the quality of the father-child relationship decreased (See Table 15). As such, lifetime prevalence rates were lowest among those who had a "very good" relationship with their father and highest among those who had a "very bad" relationship with their father (See Table 15). One-year and one-month prevalence rates followed a somewhat similar pattern whereby the rates increased as the quality of the relationship decreased up to the classification of "bad", at which point they declined (See Table 15). As such, the one-year and one-month prevalence rates for those who have a "very bad" relationship with their father were lower than the rates for those who classified their relationship with their father as "bad". It should be noted that both the one-year and the one-month prevalence rates were lowest among those who indicated that this item was not applicable due to their having no living father or having no relationship with their father (See Table 15).

**Table 15: Prevalence Rates for Cigarettes by Relationship Quality**

| Relationship | Prevalence Rates | | |
|---|---|---|---|
| | Lifetime | One-Year | One-Month |
| **Relationship with Father** | | | |
|    Very good | 12.8% | 5.5% | 3.0% |
|    Good | 19.7% | 7.1% | 3.0% |
|    Bad | 22.4% | 11.9% | 5.5% |
|    Very bad | 31.6% | 10.2% | 3.3% |
|    Not applicable | 25.9% | 3.8% | 0% |
| **Relationship with Mother** | | | |
|    Very good | 16.7% | 7.1% | 3.1% |
|    Good | 21.2% | 4.7% | 2.0% |
|    Bad | 21.8% | 15.0% | 6.1% |
|    Very bad | 33.1% | 23.3% | 10.0% |
|    Not applicable | 26.3% | 7.1% | 7.1% |
| **Parents'/guardians' relationship with each other** | | | |
|    Very good | 14.6% | 5.7% | 2.3% |
|    Good | 16.6% | 6.2% | 3.0% |
|    Bad | 18.0% | 7.5% | 2.3% |
|    Very bad | 33.1% | 12.4% | 5.6% |
|    Not applicable | 23.7% | 9.1% | 9.1% |

*Relationship with Mother*

Lifetime prevalence rates increased as the quality of the mother-child relationship decreased (See Table 15). As such, lifetime prevalence rates were lowest among those who had a "very good" relationship with their mother and highest among those who had a "very bad" relationship with their mother (See Table 15). This however was not the case for the one-year and one-month rates. While these rates did show a general trend of increasing as the quality of the relationship decreased, the lowest rates were actually found among those who classified their relationship with their mother as "good" rather than among those whose relationship was "very good" (See Table 15). Nevertheless, the one-year and one-month prevalence rates remained highest among those who had a "very bad" relationship with their mother (See Table 15).

*Parents'/Guardians' Relationship with Each Other*

Both the lifetime and the one-year prevalence rates increased as the quality of the relationship between students' parents/guardians decreased (See Table 15). As such, the lifetime and one-year prevalence rates were lowest among those whose parents/guardians had a "very good"

relationship with each other and highest among those whose parents/guardians had a "very bad" relationship (See Table 15). In both instances, those who stated that the item was "not applicable" had the second highest prevalence rates. With respect to the one-month prevalence rates, these also showed a general trend of increasing as the quality of the relationship decreased (See Table 15). However, those who identified their parents'/guardians' relationship as being "bad" actually had lower prevalence rates than those whose parents/guardians had "good" and "very good" relationships with each other (See Table 15). Of note here is the fact that those who identified the item as not being applicable had the highest one-month prevalence rate (See Table 15).

### *Prevalence Rates by Students' School Experience (Table 16)*

**Level of Happiness when Going to School**

Lifetime prevalence rates increased as the level of student happiness decreased. Therefore, the lifetime prevalence rates were highest among those who stated that they were "very unhappy" when going to school and lowest among those who were "very happy" (See Table 16). The one-year prevalence rates did not follow a specific pattern. Nevertheless, the highest one-year prevalence rates were still found among those who were "very unhappy" when going to school while the lowest were found among those who stated that they were "fairly happy" when attending school (See Table 16). Like the lifetime prevalence rates, the one-month rates also tended to increase as the level of student happiness decreased (See Table 16).

### *Sense of Belonging at School*

All prevalence rates (lifetime, one-year, one-month) were found to be lower among those students who experience a sense of belonging at school (See Table 16).

**Table 16: Prevalence Rates for Cigarettes by Indicators of Students' School Experience**

| Indicator of School Experience | Prevalence Rates | | |
|---|---|---|---|
| | Lifetime | One-Year | One-Month |
| **Level of Happiness when Going to School** | | | |
| Very happy | 16.5% | 7.1% | 2.1% |
| Fairly happy | 16.5% | 5.7% | 3.1% |
| Neither happy nor unhappy | 19.7% | 7.0% | 3.0% |
| Unhappy | 27.6% | 6.7% | 4.9% |
| Very unhappy | 28.4% | 16.2% | 6.0% |
| **Sense of Belonging at School** | | | |
| Yes | 16.8% | 6.4% | 2.5% |
| No | 22.4% | 8.9% | 4.5% |
| **How often Skipped School in Past Year** | | | |
| Never | 16.3% | 6.1% | 2.7% |
| A few times | 39.9% | 13.7% | 5.0% |
| Several times | 10.0% | 10.0% | 10.0% |
| Often | 58.2% | 41.0% | 24.2% |
| **How often Absent from School in Past Year** | | | |
| Less than 5 days | 15.1% | 5.2% | 1.9% |
| 5-10 days | 19.0% | 7.2% | 2.9% |
| 11-20 days | 30.7% | 13.4% | 5.6% |
| 21-30 days | 22.5% | 10.2% | 2.4% |
| More than 30 days | 36.7% | 16.5% | 14.9% |
| **Relationship with Teachers** | | | |
| Very good | 15.7% | 8.3% | 3.1% |
| Good | 17.8% | 5.3% | 2.3% |
| Average | 17.9% | 6.2% | 2.6% |
| Bad | 26.8% | 13.0% | 5.1% |
| Very bad | 34.8% | 19.0% | 12.9% |
| **Probability of Finishing School** | | | |
| Very likely | 16.7% | 6.5% | 2.6% |
| Likely | 25.1% | 9.5% | 5.0% |
| Not very likely | 30.1% | 7.4% | 7.4% |
| Impossible | 83.1% | 27.4% | 27.4% |
| Don't know | 18.3% | 7.6% | 1.4% |
| **Probability of Going to University** | | | |
| Very likely | 15.2% | 7.5% | 2.8% |
| Likely | 17.9% | 5.4% | 3.0% |
| Not very likely | 32.0% | 10.5% | 3.8% |
| Impossible | 52.2% | 20.4% | 7.9% |
| Don't know | 20.4% | 5.1% | 2.8% |

### How Often Skipped School in Past Year

When truancy rates were considered, each of the prevalence rates (lifetime, one-year, one-month) displayed a general trend whereby they tended to increase as the number of days students skipped school in the past year increased (See Table 16). As such, the highest rates were found among those students who skipped school "often" (See Table 16). However, it should be noted that despite the general trend, lifetime prevalence rates were actually lowest among those who skipped school several times (See Table 16). Similarly, the one-year prevalence rates for those who skipped school several times were found to be the second lowest (following the one-year rates for those students who never skipped school) (See Table 16).

### How Often Absent from School in Past Year

When student absenteeism was taken into account, all prevalence rates (lifetime, one-year, one-month) were found to exhibit the same pattern. More specifically, the rates tended to increase as the number of days students were absent in the past year increased (See Table 16). As such, rates were lowest among those who were absent for fewer than 5 days and highest among those who were absent for more than 30 days (See Table 16). It should be noted however, that while this general trend was observed, the rates (lifetime, one-year, one-month) for those who were absent for 21 to 30 days were surprisingly lower than those for the students who were absent for 11 to 20 days (See Table 16).

### Relationship with Teachers

A general trend was uncovered when the quality of student-teacher relationships was considered, whereby the prevalence rates (lifetime, one-year, one-month) tended to increase as relationship quality decreased (See Table 16). The highest rates were therefore found among those who classified their relationship with their teachers as "very bad" (See Table 16). Despite this general trend, the one-year and one-month prevalence rates for those who considered their relationship with their teachers to be "very good" were actually higher than the rates for those who described their relationship as "good" or "average" (See Table 16).

### Probability of Finishing School

The prevalence rates (lifetime, one-year, one-month) tended to increase as the likelihood of students finishing secondary school decreased (not taking into account those who selected the "don't know" response option). Therefore, all prevalence rates (lifetime, one-year, one-month) were highest among those who believed the probability of their finishing school to be

"impossible" (See Table 16). Not only were the rates highest among this group of students, these rates were also considerably higher (approximately 3 to 4 times) than the second highest rates in each prevalence category (See Table 16).

***Probability of Going to University***

The lifetime, one-year and one-month prevalence rates followed a similar trend whereby they tended to increase as the likelihood of students going to university decreased (not taking into account those who selected the "don't know" response option). Given this trend, each of the prevalence rates were highest among those who believed the likelihood of their going to university to be "impossible" (See Table 16).

### *30-Day Consumption Pattern of Cigarette Use*

Students who reported cigarette use in the past 30 days were asked to indicate how many cigarettes they had smoked in the month preceding the survey. The majority of students (73.3%) stated that they had smoked 1 to 5 cigarettes during the specified time period. This was followed by those who reported smoking 6 to 10 cigarettes (12.1%), more than 20 cigarettes (12.0%) and 11 to 20 cigarettes (2.6%).

**Table 17: Number of Cigarettes Smoked in Past 30 Days**

| Number of Cigarettes Smoked | Percentage |
|---|---|
| 1 – 5 | 73.3% |
| 6 – 10 | 12.1% |
| 11 – 20 | 2.6% |
| More than 20 | 12.0% |

## Alcohol

### Prevalence and Incidence

Lifetime prevalence for alcohol was 71.2%. Therefore, just under three-quarters of all students have used alcohol at some point in their lifetime. The one-year prevalence rate was 56.3% while the one-month prevalence rate was 32.8%. With regards to new cases of alcohol use, the results reveal the one-year incidence rate to be 43.1% while the one-month incidence rate was found to be 23.8%.

### Age of First Use

The mean age at which students first consumed alcohol was 11.77 years while the median age was 12 years. Just over two-thirds (69.8%) of students who reported consuming alcohol indicated that they had first done so by the age of 13. Alternately, approximately one-fifth (18.3%) had used the substance by age 9.

### Getting Drunk and Binge Drinking

Of those students who reported being current users of alcohol, approximately 12% indicated that they had gotten drunk at some point in the month preceding the survey. Furthermore, 5.9% revealed that they had gotten drunk 1 to 2 times during the specified time period while 2.0% did so 3 to 4 times. More frequent instances of being drunk were much less common.

Current drinkers were also asked to indicate the number of times they consumed 5 or more alcoholic beverages in one sitting (binge drinking) in the 2 weeks preceding the survey. Approximately two-thirds of these individuals (67.1%) stated that they had not engaged in binge drinking during the specified period. Alternately, 14.8% reported doing so only once while 10.8% stated that they had done so 2 to 3 times. Of the remaining students, 3.0% stated that they had engaged in binge drinking 4 to 5 times during the 2 week period while 4.3% had done so more than 5 times. It should be noted that when gender was considered, there was little variation in the binge drinking findings (See Table 18).

**Table 18: Current Alcohol Users who engaged in Binge Drinking in Past 2 Weeks**

| | Binge Drinking Frequency | | | | |
|---|---|---|---|---|---|
| | **Not Once** | **Only once** | **2 to 3 times** | **4 to 5 times** | **More than 5 times** |
| **All students** | 67.1% | 14.8% | 10.8% | 3.0% | 4.3% |
| **Males** | 69.3% | 14.5% | 9.6% | 2.0% | 4.6% |
| **Females** | 65.7% | 15.0% | 11.5% | 3.6% | 4.2% |

***Perceived Harm***

Approximately 4 out of 10 students (43.7%) believed that drinking alcohol frequently is very harmful to one's health while just over one-quarter (27.7%) considered it to be moderately harmful. An additional 18.4% indicated that they believe that frequently consuming alcohol is only slightly harmful while a very small proportion (4.8%) of the students did not consider it to be harmful at all. The remaining 5.4% stated that they did not know the level of harm associated with frequent alcohol consumption.

With regards to getting drunk, just over half (54.1%) of all students considered this to be very harmful to one's health while approximately one-quarter (24.1%) believed it to be moderately harmful. Fewer students identified getting drunk as slightly harmful (12.2%) and not harmful at all (4.2%). A small proportion (5.4%) did not know the level of harm associated with getting drunk.

## Comparisons by Sub-groupings

In this section, population estimates of Lifetime, One-year and One-month prevalence rates are presented by various sub-groupings. These sub-groupings are based on a number of demographic characteristics, level of parental involvement and indicators of the students' school experience.

### *Prevalence Rates by Select Demographic Characteristics (Table 19)*

***Gender***

Table 19 reveals that the lifetime prevalence rate was slightly higher among females (74.7%) than males (72.4%). Despite this small difference, it can be seen that just under three-quarters of both males and females consumed alcohol at some point during the lifetime. One-year prevalence rates were also higher among female students (females: 60.2%; males: 55.2%). Conversely, the one-month prevalence rates were slightly higher among male students (males: 34.1%; females: 33.8%).

***Age***

Each of the prevalence rates (lifetime, one-year, one-month) increased as student age increased (See Table 19). As such, lifetime prevalence rates ranged from 55.5% among 11 to 14

year olds to 85.6% among the 15 to 16 years olds and 90.4% among those 17 and older. Likewise, the one-year prevalence rates also showed a step-wise progression between the age groups (11-14 years: 39.6%; 15-16 years: 69.5%; 17+ years: 78.2%) as did the one-month prevalence rates (11-14 years: 19.4%; 41.3%; 51.8%). Based on these findings, it can be concluded that alcohol use was higher among older students.

**Table 19: Prevalence Rates for Alcohol by Select Demographics**

|  | *Alcohol Prevalence* | | |
|---|---|---|---|
|  | *Lifetime* | *One-year* | *One-month* |
| **Overall** | 71.2% | 56.3% | 32.8% |
| **Gender** | | | |
| Male | 72.4% | 55.2% | 34.1% |
| Female | 74.7% | 60.2% | 33.8% |
| **Age Group** | | | |
| 11-14 years | 55.5% | 39.6% | 19.4% |
| 15-16 years | 85.6% | 69.5% | 41.3% |
| 17+ years | 90.4% | 78.2% | 51.8% |
| **Grade Level** | | | |
| 2$^{nd}$ Form | 42.4% | 27.3% | 12.0% |
| 4$^{th}$ Form | 67.9% | 51.6% | 28.4% |
| 5$^{th}$ Form | 86.9% | 69.7% | 44.1% |
| 6$^{th}$ Form | 89.1% | 80.4% | 49.3% |
| **Type of School** | | | |
| Public | 71.3% | 56.3% | 32.8% |
| Private | 60.7% | 46.1% | 28.1% |
| **Repeated School Years** | | | |
| None | 72.1% | 57.0% | 31.7% |
| One | 88.5% | 72.3% | 49.9% |
| Two or more | 71.2% | 50.7% | 39.8% |
| **Work in Addition to Going to School** | | | |
| Yes | 82.3% | 65.4% | 47.5% |
| No | 73.8% | 58.7% | 32.7% |
| **Hours Worked per Week** | | | |
| 1-5 | 71.5% | 54.7% | 36.8% |
| 6-10 | 90.9% | 73.1% | 64.6% |
| 11-15 | 80.0% | 72.2% | 50.9% |
| 16+ | 94.8% | 89.9% | 62.1% |

### Grade Level

As with age, each of the prevalence rates (lifetime, one-year, one-month) also increased as student grade level increased (See Table 19). Therefore, it can be said that there were greater levels of alcohol use among students in the higher grade levels.

### Type of School

Lifetime prevalence rates were highest among the students enrolled in public schools (See Table 19). This was also the case for the one-year and one-month prevalence rates (See Table 19).

### Repeated School Years

Students who repeated one grade level (88.5%) reported a higher lifetime prevalence compared to those who never repeated a grade level (72.1%) and those who repeated two or more grade levels (71.2%). This trend was also observed for the one-year and one-month prevalence rates (See Table 19). Interestingly, each of the prevalence rates was lowest among those students who reported repeating two or more grade levels.

### Work in Addition to Going to School

Lifetime, one-year and one-month prevalence rates followed the same pattern whereby they were all higher among those students who reported that they worked in addition to going to school.

### Hours Worked per Week

For those students who worked in addition to going to school, lifetime prevalence rates were highest among those who work more than 16 hours per week and lowest among those who work 1 to 5 hours per week. This was also the case for the one-year prevalence rates. However, the one-month prevalence rates were highest among those students who work 6 to 10 hours per week and lowest among those who work for 1 to 5 hours.

**Level of Parental Involvement**

**Table 20: Prevalence Rates for Alcohol by Parental Involvement Score**

| Parental Involvement Score | Lifetime | One-year | One-month |
|---|---|---|---|
| 0 | 92.8% | 91.1% | 70.2% |
| 1 | 89.8% | 74.8% | 56.0% |
| 2 | 84.1% | 70.1% | 47.7% |
| 3 | 84.3% | 68.2% | 35.2% |
| 4 | 78.3% | 58.2% | 34.3% |
| 5 | 66.4% | 53.3% | 26.7% |
| 6 | 58.7% | 41.2% | 17.5% |
| 7 | 41.4% | 26.5% | 13.5% |

When level of parental involvement was taken into account, each of the prevalence rates (lifetime, one-year, one-month) showed a general trend of decreasing as the parental involvement score, i.e. level of parental involvement, increased (See Table 20). As such, prevalence rates (lifetime, one-year, one-month) were lowest among those students whose parental involvement score was 7 (highest possible score) and highest among those whose score was 0 (lowest possible score) (See Table 20). Thus, it would appear that alcohol prevalence was higher among those students whose parents were less involved in their daily lives.

**Relationship Quality**

*Relationship with Father*

Each of the prevalence rates (lifetime, one-year, one-month) increased as the quality of the father-child relationship decreased (not taking into account those students who selected the "not applicable" response option) (See Table 21). As such, the lifetime, one-year and one-month prevalence rates were highest among those students who classified their relationship with their father as being "very bad" and lowest among those whose relationship with their father was reportedly "very good" (See Table 21).

*Relationship with Mother*

As in the case of the father-child relationship, prevalence rates were also found to increase as the quality of the mother-child relationship decreased (not taking into account those students who selected the "not applicable" response option). Therefore, lifetime, one-year and one-month use of alcohol was highest among those who reported a "very bad" mother-child relationship and lowest among those who had a "very good "relationship with their mother (See Table 21). Of interest however, is the fact that the lifetime and one-month prevalence rates for those who selected the "not applicable" response option (due to their not having a relationship with their mother or not having a living mother) were actually higher than the rates for those who reported having a "very bad" relationship with their mother.

**Table 21: Prevalence Rates for Alcohol by Relationship Quality**

| Relationship | Prevalence Rates | | |
|---|---|---|---|
| | Lifetime | One-Year | One-Month |
| **Relationship with Father** | | | |
| Very good | 64.5% | 50.3% | 28.7% |
| Good | 75.1% | 60.5% | 33.1% |
| Bad | 84.9% | 68.1% | 38.2% |
| Very bad | 87.0% | 69.8% | 51.3% |
| Not applicable | 82.3% | 55.3% | 41.3% |
| **Relationship with Mother** | | | |
| Very good | 70.4% | 54.2% | 31.4% |
| Good | 79.2% | 63.8% | 36.4% |
| Bad | 83.3% | 68.1% | 42.7% |
| Very bad | 87.3% | 78.1% | 46.6% |
| Not applicable | 89.0% | 69.8% | 50.6% |
| **Parents'/Guardians' Relationship with Each Other** | | | |
| Very good | 60.5% | 46.6% | 21.8% |
| Good | 76.0% | 61.7% | 37.2% |
| Bad | 79.9% | 64.3% | 38.2% |
| Very bad | 85.6% | 64.6% | 41.8% |
| Not applicable | 85.0% | 64.8% | 39.9% |

*Parents'/Guardians' Relationship with Each Other*

Lifetime prevalence rates for alcohol use increased as the quality of the parents'/guardians' relationship with each other decreased (not taking into account those students who selected the "not applicable response option). Thus, they were highest among those whose parents/guardians had a "very bad" relationship with each other and lowest among those whose parents/guardians had a "very good" relationship. This pattern can also be seen among the one-year and one-month prevalence rates (See Table 21).

## Prevalence Rates by Students' School Experience (Table 22)

### Level of Happiness when Going to School

Each of the prevalence rates (lifetime, one-year, one-month) tended to increase as the level of student happiness decreased. As such, the lowest prevalence rates (lifetime, one-year, one-month) were uncovered among those who were "very happy" (See Table 22). The lifetime and one-year prevalence rates increased to the level of "unhappy", following which they decreased marginally. As such, the highest lifetime and one-year prevalence rates were found among those who were "unhappy" (See Table 22). Alternately, the one-month prevalence rates consistently increased and therefore the highest one-month prevalence rate was found among those who were "very unhappy" when going to school (See Table 22).

### Sense of Belonging at School

Interestingly, each of the prevalence rates (lifetime, one-year, one-month) were highest among those students who reported a sense of belongingness at school (See Table 22). Nevertheless, there was little difference between the prevalence rates of those who reported having a sense of belongingness while at school and those who did not (See Table 22).

### How Often Skipped School in the Past Year

The lifetime and one-year prevalence rates displayed the same pattern whereby they tended to increase as the frequency with which students skipped school in the past year increased (See Table 22). This was the case up to the level of "several times", at which point these rates declined (only marginally in the case of the lifetime prevalence rates). As such, the lowest

lifetime and one-year prevalence rates were uncovered among those who "never" skipped school while the highest were found among those who skipped school "several times" (100% in each case) (See Table 22). The one-month prevalence rates displayed a somewhat similar pattern whereby they also tended to increase as the frequency with which students skipped school increased (See Table 20). Of interest however, is the fact that the one-month prevalence rate for those who skipped school "several times" was actually lower than that for those who "never" skipped school. As such, the one-month prevalence rates were lowest among those who skipped school "several times" followed by those who "never" skipped school (See Table 22). The highest one-month rate was found among those who skipped school "often".

### How Often Absent from School in the Past Year

The lowest lifetime prevalence rates were found among those who were absent for fewer than 5 days while the highest was found among those absent for more than 30 days in the past year (See Table 22). With respect to the one-year and one-month rates, these were lowest among those absent for fewer than 5 days and highest among those absent for 11-20 days (See Table 22).

### Relationship with Teachers

Each of the prevalence rates (lifetime, one-year, one-month) displayed a similar pattern whereby they tended to increase as the quality of student-teacher relationships decreased (See Table 22). As such, the lowest rates were observed among those who reported "very good" or "good" relationships with their teachers (See Table 22). The highest lifetime prevalence rate was found among those who had a "very bad" relationship with their teachers while the highest one-year and one-month rates were among those who reported having a "bad" relationship with their teachers. It should be noted that the second highest one-year and one-month prevalence rates were uncovered among those who had "very bad" student-teacher relationships.

**Table 22: Prevalence Rates for Alcohol by Indicators of Students' School Experience**

| Indicator of School Experience | Prevalence Rates | | |
|---|---|---|---|
| | Lifetime | One-Year | One-Month |
| **Level of Happiness when Going to School** | | | |
| Very happy | 66.8% | 47.2% | 24.4% |
| Fairly happy | 71.0% | 57.6% | 32.8% |
| Neither happy nor unhappy | 79.3% | 62.9% | 37.9% |
| Unhappy | 81.4% | 69.2% | 41.2% |
| Very unhappy | 79.2% | 67.2% | 44.7% |
| **Sense of Belonging at School** | | | |
| Yes | 74.8% | 58.8% | 34.6% |
| No | 71.6% | 56.6% | 32.4% |
| **How often Skipped School in Past Year** | | | |
| Never | 72.6% | 56.5% | 31.7% |
| A few times | 83.3% | 71.2% | 53.7% |
| Several times | 100.0% | 100.0% | 27.8% |
| Often | 99.7% | 83.0% | 82.4% |
| **How often Absent from School in Past Year** | | | |
| Less than 5 days | 67.9% | 50.4% | 26.2% |
| 5-10 days | 80.7% | 66.4% | 41.3% |
| 11-20 days | 84.2% | 76.7% | 54.2% |
| 21-30 days | 72.2% | 64.9% | 36.7% |
| More than 30 days | 84.8% | 68.4% | 45.4% |
| **Relationship with Teachers** | | | |
| Very good | 64.1% | 50.6% | 30.9% |
| Good | 72.2% | 55.6% | 30.8% |
| Average | 77.4% | 61.5% | 34.6% |
| Bad | 76.1% | 67.4% | 53.4% |
| Very bad | 77.7% | 63.6% | 49.1% |
| **Probability of Finishing School** | | | |
| Very likely | 74.6% | 60.7% | 34.7% |
| Likely | 76.5% | 56.3% | 34.6% |
| Not very likely | 64.5% | 50.4% | 28.9% |
| Impossible | 99.0% | 59.2% | 59.2% |
| Don't know | 61.7% | 38.6% | 31.0% |
| **Probability of Going to University** | | | |
| Very likely | 70.2% | 56.1% | 31.7% |
| Likely | 76.8% | 61.1% | 33.4% |
| Not very likely | 81.9% | 64.9% | 43.9% |
| Impossible | 95.4% | 84.0% | 60.1% |
| Don't know | 74.2% | 54.6% | 35.9% |

*Probability of Finishing School*

The lifetime prevalence rates generally appear to increase as the likelihood of students finishing school decreases (not taking into account those who selected the "don't know" response option) (See Table 22). Despite this general trend, it is interesting to note that the lowest lifetime prevalence rate was found among those who stated that the probability of their finishing school was "not very likely" (64.5%). However, in keeping with the trend, the highest lifetime prevalence rate was among those who believed their finishing school to be "impossible" (99.0%).

In contrast, the one-year prevalence rates tended to decrease as the likelihood of the student finishing school decreased (not taking into account those who selected the "don't know" response option) (See Table 22). As such, the highest one-year prevalence rate was found among those who considered the probability of their finishing school to be "very likely" (60.7%) while the lowest was found among those who stated that their finishing school was "not very likely" (50.4%). It should be noted that despite the observed trend, there was very little difference between the one-year prevalence rates for those who believed their finishing school to be "very likely" and those who believed it to be "impossible" (60.7% vs. 59.2%).

The one-month prevalence rates followed a similar pattern to the one-year prevalence rates, whereby they tended to decrease as the likelihood of the students finishing school decreased (not taking into account those who selected the "don't know" response option) (See Table 22). This was so up to the level of "not very likely" (43.9%), following which a marked increase occurred (See Table 22). As a result, the highest one-month prevalence rate was observed among those who considered their finishing school to be "impossible" (59.2%).

*Probability of Going to University*

Each of the prevalence rates (lifetime, one-year, one-month) increased as the reported likelihood of the students attending university decreased (not taking into account those selected the "don't know" response option) (See Table 22). As such, the lowest rates were found among those who reported that their attending university was "very likely" while the highest were uncovered among those who stated that their going to university was "impossible" (See Table 22).

## Additional Information Regarding Alcohol Consumption (Tables 23, 24, 25)

### Location Where Alcoholic Beverages Most Often Consumed

From Table 23, it can be seen that alcoholic beverages were most commonly consumed at "other social events". In fact, just under one-half (45.1%) of the students who consume alcohol reported doing so at such events. The home (30.8%) is the second most common location at which alcohol consumption takes place, followed by "other" (12.2%) unidentified locations. Less frequently selected locations include: on the block (4.0%), a friend's house (3.9%), sporting events (2.1%), and school (1.8%).

**Table 23: Location Where Alcoholic Beverages Most Often Consumed**

| Location | Percentage |
|---|---|
| At home | 30.8% |
| At school | 1.8% |
| On the block | 4.0% |
| At a friend's house | 3.9% |
| At sporting events | 2.1% |
| At other social events | 45.1% |
| Other | 12.2% |

### Sources of Alcoholic Beverages – From Whom or Where Obtained

Table 24 reveals that friends (27.2%) were the most common source from which students obtained alcohol. This was followed by "other" (21.0%) unidentified sources and parents/guardians (20.1%) respectively. Near equal amounts of students reported obtaining alcohol from other relatives (12.9%) and the shop (12.7%) while very few cited street vendors (3.6%) and siblings (2.5%) as sources for alcohol.

**Table 24: Sources of Alcoholic Beverages**

| Source | Percentage |
|---|---|
| Friends | 27.2% |
| Parents/guardians | 20.1% |
| Brother/sister | 2.5% |
| Other relatives | 12.9% |
| Street vendor | 3.6% |
| Shop | 12.7% |
| Other | 21.0% |

***Types of Alcoholic Beverages Consumed in Past 30 Days***

Current drinkers were asked to indicate, using a supplied list, the types of alcohol they consumed within the 30 days preceding the survey. They were also asked to indicate the frequency with which they consumed the said alcohol using a scale that ranged from never to daily. From Table 25 it can be seen that the majority of persons reported that they did not consume beer (46.1%) or wine (43.7%) within the 30 day period. This was followed by those persons who reported consuming them a few times during the month (beer: 34.7%; wine: 39.4%). More frequent consumption (weekends, several days per week, daily) of beer and wine was much less common (See Table 25).

It can also be seen from Table 23 that the number of persons who reportedly did not consume hard liquor (39.3%) during the month leading up to the survey almost equaled the number of persons who consumed such beverages a few times (39.7%) during the same period. As with beer and wine, more frequent consumption was much less common (See Table 25).

**Table 25: Types of Alcohol Consumed in Past 30 Days**

| Alcohol Type | Daily | Several Days per Week | Weekends | A Few Times during the Month | Never |
|---|---|---|---|---|---|
| **Beer** | 3.4% | 3.6% | 12.1% | 34.7% | 46.1% |
| **Wine** | 2.1% | 3.4% | 11.3% | 39.4% | 43.7% |
| **Hard liquor** | 1.6% | 4.3% | 15.0% | 39.7% | 39.3% |

## Marijuana

### *Prevalence and Incidence*

Lifetime prevalence for marijuana was 22.0%. Therefore, just over one-fifth of all students reported using marijuana at some point during their lifetime. The one-year prevalence rate was 16.9% while the one-month prevalence rate was 11.0%. With respect to new cases of marijuana use, the one-year incidence rate was 10.9% while the one-month incidence rate was 4.5%.

### *Age of First Use*

The mean age at which students reported first using marijuana was 13.5 years while the median age was 14 years. Of note is the finding that just over two-thirds (68.4%) of those students who have used marijuana reported first doing so by the age of 14. A small proportion (4.9%) first used the drug by age 9.

### *Perceived Harm*

Just under one-third (31.4%) of all students believed that smoking marijuana sometimes is very harmful to one's health while just over one-quarter (27.0%) considered it to be moderately harmful. An additional 19.4% indicated their belief that smoking marijuana sometimes is only slightly harmful while 15.7% considered it not harmful at all. Only a small proportion of students (6.5%) stated that they did not know the level of harm associated with smoking marijuana sometimes.

With regards to the frequent smoking of marijuana, almost two-thirds (61.0%) of all students considered this to be very harmful while 14.5% believed it to be moderately harmful. Very few students considered smoking marijuana frequently to be slightly harmful (9.2%) or not harmful (9.1%) at all while a small proportion of students (6.3) reportedly did not know the level of harm associated with the frequent smoking of marijuana.

Half of all students (50.0%) believed inhaling second hand marijuana smoke to be very harmful while one-fifth (20.0%) considered it to be moderately harmful. Fewer students were of the opinion that inhaling marijuana smoke was only slightly harmful (12.0%) while 10.0% believed that it was not harmful at all. Only 8.0% of all students revealed that they did not know the harm associated with inhaling second hand marijuana smoke.

## Comparisons by Sub-groupings

In this section, population estimates of Lifetime, One-year and One-month prevalence rates are presented by various sub-groupings. These sub-groupings are based on a number of demographic characteristics, level of parental involvement and indicators of the students' school experience.

*Prevalence Rates by Select Demographic Characteristics (Table 26)*

**Table 26: Prevalence Rates for Marijuana by Select Demographics**

|  | Marijuana Prevalence | | |
|---|---|---|---|
|  | *Lifetime* | *One-year* | *One-month* |
| **Overall** | 22.0% | 16.9% | 11.0% |
| **Gender** |  |  |  |
| Male | 27.5% | 20.3% | 14.6% |
| Female | 19.6% | 15.5% | 9.2% |
| **Age Group** |  |  |  |
| 11-14 years | 11.4% | 7.9% | 5.5% |
| 15-16 years | 29.2% | 23.2% | 15.6% |
| 17+ years | 35.8% | 26.9% | 16.3% |
| **Grade Level** |  |  |  |
| 2$^{nd}$ Form | 7.2% | 4.6% | 2.9% |
| 4$^{th}$ Form | 20.8% | 16.6% | 11.1% |
| 5$^{th}$ Form | 32.4% | 25.3% | 17.7% |
| 6$^{th}$ Form | 26.1% | 19.6% | 10.1% |
| **Type of School** |  |  |  |
| Public | 21.9% | 16.8% | 11.0% |
| Private | 30.3% | 21.8% | 15.8% |
| **Repeated School Years** |  |  |  |
| None | 19.9% | 15.3% | 9.7% |
| One | 41.8% | 30.8% | 20.0% |
| Two or more | 28.9% | 24.5% | 24.0% |
| **Work in Addition to Going to School** |  |  |  |
| Yes | 39.5% | 30.9% | 21.2% |
| No | 20.4% | 15.7% | 9.8% |
| **Hours Worked per Week** |  |  |  |
| 1-5 | 18.6% | 14.1% | 5.6% |
| 6-10 | 52.8% | 46.7% | 33.1% |
| 11-15 | 50.9% | 37.4% | 29.6% |
| 16+ | 57.3% | 46.5% | 46.5% |

### Gender

From Table 26 it can be seen that all of the prevalence rates (lifetime, one-year, one-month) were higher among the males. As such, it can be said that there was greater marijuana use among male students.

### Age

Table 26 reveals that each of the prevalence rates (lifetime, one-year, one-month) increased as student age increased. Thus, the lifetime prevalence rates ranged from 11.4% among those in the 11 to 14 age category to 29.2% among the 15 to 16 years olds and 35.8% among those aged 17 and over. Likewise, the one-year and one-month prevalence rates also followed a similar stepwise progression (See Table 26). Thus, it can be said that there was greater marijuana use among the older students.

### Grade Level

With respect to grade level, each of the prevalence rates (lifetime, one-year, one-month) displayed a similar pattern whereby they increased as grade level increased up to 5th form, following which they declined (See Table 26). As such, the lowest rates were found among the 2nd formers while the highest rates were found among the 5th formers (See Table 26). It should be noted that while the second highest lifetime and one-year rates were found among the 6th formers, this did not hold true for the one-month prevalence rates (See Table 26). In contrast, the one-month prevalence rates for the 6th formers were the second lowest (See Table 26).

### Type of School

Lifetime prevalence rates were highest among the students enrolled in private schools (private: 30.3%; public: 21.9%). This was also the case for the one-year and one-month prevalence rates (See Table 26).

### Repeated School Years

Students who repeated one grade level (41.8%) reported a higher lifetime prevalence compared to those who never repeated a grade level (19.9%) and those who repeated two or more grade levels (28.9%). This trend was also observed for the one-year and one-month prevalence rates (See Table 26). The lowest rates for each prevalence category were found among those students who had never repeated a grade level (See Table 26).

### Work In Addition to Going to School

Lifetime, one-year and one-month prevalence rates followed the same pattern whereby they were all higher among those students who reported that they work in addition to going to school (See Table 26).

### Hours Worked per Week

For those who work in addition to going to school, the lifetime prevalence rates were lowest among those who reported working 1 to 5 hours per week (18.6%) and highest among those who worked 16 or more hours per week (57.3%). The one-year prevalence rates were also lowest among those who worked 1 to 5 hours (14.2%); however, they were highest among those who worked 6 to 10 hours (46.7%). It should be noted that the one-year prevalence rate for those who worked 6 to 10 hours was only negligibly higher than the rate for those who worked 16 or more hours (6 to 10 hours: 46.7%; 16+ hours: 46.5%). With respect to the one-month prevalence rates, these were lowest among those who worked 1 to 5 hours per week (5.6%) and highest among those who worked 16 or more hours per week (46.5%).

### *Prevalence Rates by Level of Parental Involvement & Relationship Quality (Tables 27& 28)*

### Parental Involvement

When level of parental involvement was taken into account, each of the prevalence rates (lifetime, one-year, one-month) showed a general trend of decreasing as the parental involvement score, i.e. level of parental involvement, increased (See Table 27). As such, prevalence rates (lifetime, one-year, one-month) were lowest among those students whose parental involvement score was 7 (highest possible score) and highest among those whose score was 0 (lowest possible score) (See Table 27). Thus, it would appear that marijuana prevalence was higher among those students whose parents were less involved in their daily lives.

**Table 27: Prevalence Rates for Marijuana by Parental Involvement Score**

| Parental Involvement Score | Lifetime | One-year | One-month |
|---|---|---|---|
| 0 | 62.6% | 56.5% | 54.3% |
| 1 | 40.7% | 32.6% | 24.1% |
| 2 | 35.5% | 27.5% | 15.7% |
| 3 | 25.7% | 20.2% | 12.2% |
| 4 | 16.5% | 12.6% | 6.8% |
| 5 | 18.1% | 11.9% | 7.5% |
| 6 | 11.9% | 7.6% | 6.0% |
| 7 | 5.7% | 5.6% | 2.9% |

***Relationship Quality***

*Relationship with Father*

A general trend was observed whereby lifetime, one-year and one-month prevalence rates tended to increase as the quality of the father-child relationship decreased (See Table 28). As such, the highest lifetime and one-month prevalence rates were found among those who had a "very bad" relationship with their father while the lowest rates existed among those whose relationship was described as "very good" (See Table 28). The one-year prevalence rates were somewhat different as they increased up to the level of "bad" at which point they declined slightly (See Table 28). As such, the highest one-year prevalence rates were found among those who classified their relationship with their father as "bad" (See Table 28). Despite this difference, the lowest one-year prevalence rates remained among those who had a "very good" father-child relationship (See Table 28).

*Relationship with Mother*

Lifetime, one-year and one-month prevalence rates followed a similar pattern whereby they tended to increase as the quality of the mother-child relationship decreased (See Table 28). While this pattern was observed, it is interesting to note that the prevalence rates for those who described their relationship with their mother as "good" were actually lower than the rates for those whose relationship was classified as "very good" (See Table 28). As such the lifetime, one-year and one-month prevalence rates were lowest among those who have a "good" relationship with their mother and highest among those who have a "very bad" mother-child relationship (See Table 28).

**Table 28: Prevalence Rates for Marijuana by Relationship Quality**

| Relationship | Prevalence Rates | | |
|---|---|---|---|
| | Lifetime | One-Year | One-Month |
| **Relationship with Father** | | | |
| Very good | 17.0% | 12.5% | 8.5% |
| Good | 23.6% | 18.0% | 11.4% |
| Bad | 28.9% | 25.5% | 14.7% |
| Very bad | 32.4% | 23.7% | 17.5% |
| Not applicable | 33.0% | 19.9% | 12.2% |
| **Relationship with Mother** | | | |
| Very good | 23.3% | 18.0% | 11.2% |
| Good | 19.5% | 13.3% | 8.7% |
| Bad | 24.7% | 22.0% | 16.8% |
| Very bad | 43.1% | 43.1% | 29.7% |
| Not applicable | 33.3% | 26.3% | 26.3% |
| **Parents'/guardians' relationship with each other** | | | |
| Very good | 15.9% | 11.2% | 7.2% |
| Good | 23.8% | 17.9% | 10.7% |
| Bad | 24.1% | 18.5% | 12.4% |
| Very bad | 31.0% | 26.1% | 20.1% |
| Not applicable | 29.8% | 20.8% | 12.4% |

*Parents'/Guardians' Relationship with Each Other*

Lifetime prevalence rates increased as the quality of the parents/guardians relationship with each decreased. The highest lifetime prevalence rates were therefore found among those whose parents/guardians had a "very bad" relationship while the lowest were found among those whose parents/guardians had a "very good" relationship. This pattern can also be seen among the one-year and one-month prevalence rates.

*Prevalence Rates by Students' School Experience (Table 29)*

**Level of Happiness when Going to School**

While lower lifetime prevalence rates were found among those who reported greater levels of happiness when going to school, an incremental or step-wise increase was not observed (See Table 29). In fact, the lifetime prevalence rates for those who reported being "fairly happy" (18.5%) were lower than those for the students who were reportedly "very happy" (20.8%) when going to school. Similarly, the lifetime prevalence rates for those who were "neither

happy nor unhappy" (26.4%) were higher than those for the students who stated that they were "unhappy" (23.0%) when going to school.

With respect to the one-year prevalence rates, these were also lower among happier students. As such, the lowest one-year prevalence rate was observed among those who were "very happy" (13.2%) while the highest rate was found among those who reported being "very unhappy" (29.4%) when going to school. However, it is interesting to note that the one-year prevalence rate for reportedly "unhappy" (18.3%) students was lower than that for students who revealed that they were "neither happy nor unhappy" (21.6%) when going to school.

The one-month prevalence rates followed a distinctive step-wise pattern whereby they increased as the level of student happiness increased (See Table 29). Thus, the lowest one-month prevalence rate was observed among "very happy" (8.7%) students while the highest one-month prevalence rate was found among those who were "very unhappy" (24.3%) when going to school.

### *Sense of Belonging at School*

Lifetime prevalence rates were higher among those students who reported not experiencing a sense of belonging while at school (sense of belonging: 22.4%; no sense of belonging: 24.2%). This was also the case for the one-year (sense of belonging: 16.9%; no sense of belonging: 19.1%) and one-month prevalence rates (sense of belonging: 10.5%; no sense of belonging: 13.8%).

### *How Often Skipped School in Past Year*

Each of the prevalence rates (lifetime, one-year, one-month) was lowest among those students who stated that they never skipped school during the year preceding the survey (See Table 29). Alternately, the highest rates were observed among those revealed that they had skipped school often during the identified period (See Table 29).

### *How Often Absent in Past Year*

A similar trend was observed among each of the prevalence rates (lifetime, one-year, one-month). More specifically, they tended to increase as the level of student absenteeism in the year preceding the survey increased (See Table 29). Thus, the lowest rates were observed among those who were absent for less than 5 days while the highest rates were found among those who were reportedly absent for more than 30 days (See Table 29). Despite the general

trend which was observed, it should be noted that the prevalence rates for those who reported being absent for 21 to 30 days were lower than those for the students who were absent for 11 to 20 days (See Table 29).

### *Relationship with Teachers*

While no discernable trend was observed among the prevalence rates when the quality of the student-teacher relationship was considered, it can be seen from Table 29 that each of the prevalence rates (lifetime, one-year, one-month) tended to be lower among those students who had better relationships with their teachers. In fact, the highest rates were consistently found among those who reported "bad" or "very bad" relationships with their teachers while the lower rates were observed among those who had "good", "very good" and "average" relationships with their teachers (See Table 29).

### *Probability of Finishing School*

Each of the prevalence rates (lifetime, one-year, one-month) increased as the reported likelihood of students completing secondary school decreased (not taking into account those who selected the "don't know" response option) (See Table 29). As such, the lifetime, one-year and one-month prevalence rates were highest among those who believed their finishing school to be impossible (See Table 29). Alternately, the lowest rates were found among those who stated that their finishing school was very likely (not taking into account those who selected the "don't know" response option) (See Table 29).

### *Probability of Going to University*

Each of the prevalence rates (lifetime, one-year, one-month) increased as the reported likelihood of students attending university decreased (not taking into account those who selected the "don't know" response option) (See Table 29). Thus, the highest rates (lifetime, one-year, one-month) were found among those who stated that their attending university was impossible while the lowest were found among those who indicated that it was very likely that they would go to university (not taking into account those who selected the "don't know" response option) (See Table 29).

**Table 29: Prevalence Rates for Marijuana by Indicators of Students' School Experience**

| Indicator of School Experience | Prevalence Rates | | |
|---|---|---|---|
| | **Lifetime** | **One-Year** | **One-Month** |
| **Level of Happiness when Going to School** | | | |
| Very happy | 20.8% | 13.2% | 8.7% |
| Fairly happy | 18.5% | 14.0% | 9.3% |
| Neither happy nor unhappy | 26.4% | 21.6% | 12.4% |
| Unhappy | 23.0% | 18.3% | 16.6% |
| Very unhappy | 35.5% | 29.4% | 24.3% |
| **Sense of Belonging at School** | | | |
| Yes | 22.4% | 16.9% | 10.5% |
| No | 24.2% | 19.1% | 13.8% |
| **How often Skipped School in Past Year** | | | |
| Never | 19.6% | 14.7% | 9.3% |
| A few times | 44.2% | 34.9% | 25.3% |
| Several times | 40.6% | 40.6% | 20.6% |
| Often | 82.4% | 82.4% | 74.9% |
| **How often Absent from School in Past Year** | | | |
| Less than 5 days | 16.4% | 12.1% | 8.8% |
| 5-10 days | 27.4% | 21.7% | 11.4% |
| 11-20 days | 32.7% | 26.2% | 17.4% |
| 21-30 days | 26.2% | 16.1% | 13.2% |
| More than 30 days | 46.8% | 39.3% | 31.0% |
| **Relationship with Teachers** | | | |
| Very good | 22.1% | 17.4% | 11.9% |
| Good | 18.7% | 13.0% | 7.7% |
| Average | 22.1% | 17.2% | 11.3% |
| Bad | 38.9% | 35.3% | 27.6% |
| Very bad | 46.9% | 37.2% | 25.6% |
| **Probability of Finishing School** | | | |
| Very likely | 20.6% | 15.4% | 10.1% |
| Likely | 28.1% | 22.0% | 14.9% |
| Not very likely | 44.4% | 43.9% | 25.6% |
| Impossible | 83.1% | 83.1% | 55.7% |
| Don't know | 24.9% | 20.3% | 8.0% |
| **Probability of Going to University** | | | |
| Very likely | 18.0% | 14.4% | 8.8% |
| Likely | 25.0% | 19.0% | 14.6% |
| Not very likely | 38.5% | 28.0% | 16.5% |
| Impossible | 48.9% | 41.0% | 24.9% |
| Don't know | 21.4% | 15.6% | 6.4% |

### *Frequency of Marijuana Use*

Students were asked to indicate how often they smoked marijuana. From Table 30 it can be seen that the majority of persons (34.2%) reported using marijuana only once. This was closely followed by those who reported using the drug several times over the past 12 months (32.7%). An additional 14.0% stated that they used marijuana several times a month while 9.1% used it several times a week. The remaining 10.0% revealed that they used marijuana every day.

**Table 30: Frequency of Marijuana Use**

| Frequency | Percentage |
|---|---|
| **Just once** | 34.2% |
| **Several times over the past 12 months** | 32.7% |
| **Several times a month** | 14.0% |
| **Several times a week** | 9.1% |
| **Every day** | 10.0% |

### *Location Where Marijuana Most Often Smoked*

Table 31 reveals that "other social events" (26.3%), the home (23.9%) and the block (18.0%) are the top three locations at which students typically smoke marijuana. Less commonly cited locales include: a friend's house (11.9%), school (5.6%) and sporting events (3.6%). The remaining 10.7% reported marijuana use at "other" unidentified locations.

**Table 31: Location Where Marijuana Most Often Smoked**

| Location | Percentage |
|---|---|
| **At home** | 23.9% |
| **At a friend's house** | 11.9% |
| **At school** | 5.6% |
| **At sporting events** | 3.6% |
| **On the block** | 18.0% |
| **At other social events** | 26.3% |
| **Other** | 10.7% |

***Sources of Marijuana: From Whom or Where Obtained***

From Table 32 it can be seen that friends were the most common source from which marijuana is obtained. In fact, more than half (56.8%) of the students who smoke marijuana admitted to obtaining the drug from their friends. The second most common source was the street pusher (17.8%) and this was followed by "other" unidentified sources (11.4%). Less frequently identified sources include: other relatives (5.5%), parents (4.9%) and siblings (3.7%).

**Table 32: Sources of Marijuana**

| Source | Percentage |
|---|---|
| Friends | 56.8% |
| Other relatives | 5.5% |
| Parents | 4.9% |
| Street pusher | 17.8% |
| Brother/sister | 3.7% |
| Other | 11.4% |

***Cannabis Abuse Screening Test (CAST)***

Six items comprise the Cannabis Abuse Screening Test (Spilka, Jansenn & Legleye, 2013) which was included within the survey's questionnaire. The CAST is a scale that is used to determine whether or not marijuana users are at risk for abusing the drug. The items included within the scale ask users about: morning and solitary use of the drug, possible memory problems, being encouraged to stop or limit use, failed attempts to stop use and problems such as fights or accidents related to the use of the drug, all within the 12 months preceding the completion of the test (See Table 33). Students' responses to these items are presented in Table 31 and discussed below.

*Smoked Marijuana before Noon in Past 12 months*

From Table 31 it can be seen that approximately two-thirds (67.3%) of those students who used marijuana in the 12 months preceding the survey did not do so before noon during the year-long period. Alternately, 13.5% reported doing so rarely while 11.7% stated that they did so from time to time. Reports of more frequent use of marijuana before noon in the past 12 months were less common (fairly often: 3.3%; very often: 4.1%).

*Smoked Marijuana Alone in Past 12 months*

Table 31 reveals that approximately two-thirds of students (66.2%) who smoked marijuana in the 12 months leading up to the survey did not use the drug while alone. In contrast, 8.1% did so rarely while 12.5% did so from time to time. Of the remaining students, 4.8% reported that they smoked marijuana while alone fairly often and 8.3% did so very often in the year-long period.

*Memory Loss as a Result of Marijuana Use in Past 12 months*

Most persons (87.1%) who smoked marijuana in the year preceding the survey did not experience any memory loss as a result of using the drug during that period. Alternately, 6.5% of marijuana users reported rarely experiencing memory loss due to marijuana use while 4.0% indicated that this happened to them from time to time during the specified period.  Reports of more frequent memory loss due to marijuana use were much less common (See Table 33).

*Encouraged by Friends and Family Members to Reduce Marijuana Use in Past 12 months*

Approximately 1 out of every 4 students (26.1%) who used marijuana during the past year reported being encouraged to reduce their marijuana use by friends and/or family members during that time (See Table 33). More specifically, 9.1% stated that their friends and/or family members had encouraged them to do so "very often" while 3.2% stated that their friends and/or family members had encouraged them to reduce their marijuana use "fairly often".  The number of students who reported receiving such encouragement "from time to time" (6.9%) during the year leading up to the survey equaled the number of students who "rarely" (6.9%) received such encouragement. The majority of students (73.8%) indicated that their friends and/or family members "never" encouraged them to reduce their marijuana use during the specified time period.

*Tried Reducing Marijuana Use in Past 12 months*

Most students (81.2%) who used marijuana in the 12 months preceding the survey indicated that they never attempted to reduce their use of the drug during that time. Nevertheless, there were some who reportedly attempted to do so. Of these persons, 7.0% made such attempts very often. This was followed by those who did so rarely (5.8%), from time to time (5.1%) and fairly often (1.0%) respectively.

*Problems Due to Marijuana Use in Past 12 months*

Approximately 9 out of every 10 students (89.2%) who used marijuana in the year leading up to the survey reported that they never experienced any problems (fights, accidents, low grades, etc.) due to their marijuana use during that time. Nevertheless, there were some students who reported experiencing such problems, the frequency of which ranged from rarely (5.0%) to very often (2.2%) (See Table 33).

**Table 33: Cannabis Abuse Screening Test**

| In the past 12 months: | Never | Rarely | From time to time | Fairly Often | Very often |
|---|---|---|---|---|---|
| **Have you smoked marijuana before noon?** | 67.3% | 13.5% | 11.7% | 3.3% | 4.1% |
| **Have you smoked marijuana alone?** | 66.2% | 8.1% | 12.5% | 4.8% | 8.3% |
| **Have you experienced memory loss due to marijuana use?** | 87.1% | 6.5% | 4.0% | 0.6% | 1.9% |
| **Have friends or family told you to reduce your marijuana use?** | 73.8% | 6.9% | 6.9% | 3.2% | 9.1% |
| **Have you tried reducing marijuana use?** | 81.2% | 5.8% | 5.1% | 1.0% | 7.0% |
| **Have you had problems due to marijuana use (fights, accidents, low grades, etc.)?** | 89.2% | 5.0% | 3.0% | 0.5% | 2.2% |

*Cannabis Abuse Screening Test Scores*

Scores are attached to the response categories for each of the items included within the Cannabis Abuse Screening Test. These scores range from 0 (Never) to 4 (Very Often) and are summed to obtain a total risk score for each person completing the test. As such, total scores can range from 0 to 24 with lower scores indicating less risk for marijuana abuse and higher scores indicating greater risk.

From Table 34 it can be seen that just under half of all persons who used marijuana in the year preceding the survey were classified as not being at risk for abusing the drug while 34.2% are at low risk. The remaining 18.8% of students were found to be at high risk for marijuana abuse. When gender was taken into account, more females than males were classified as not being at

risk for marijuana abuse. In contrast more males than females were found to be at risk for marijuana abuse (both low and high risk).

**Table 34: Students' Risk for Marijuana Abuse as Determined by Cannabis Abuse Screening Test**

| | Risk Level | | |
|---|---|---|---|
| | **Not a Problem (No Risk)** | **Low Risk** | **High Risk** |
| **All Students** | 47.0% | 34.2% | 18.8% |
| **Male** | 37.3% | 41.3% | 21.4% |
| **Female** | 55.7% | 27.8% | 16.5% |

## Inhalants

### *Prevalence and Incidence*

The lifetime prevalence of inhalant use was found to be 20.3%. Therefore, approximately one-fifth of all students reported using inhalants at some point during their lifetime. The one-year and one-month prevalence rates were 9.7% and 7.0% respectively. With regards to new cases of inhalant use, the one-year incidence rate was 10.6% while the one-month incidence rate was 6.2%.

### *Age of First Use*

The mean age at which students reported first using inhalants was 9.62 years while the median age was 10 years. It is interesting to note that approximately three-quarters (72.4%) of those students who reported inhalant use indicated that they had used such substances by age 11 while approximately one-third had done so by age 8 (33.9%).

### *Perceived Harm*

Just over one-third (35.1%) of all students were of the opinion that inhaling solvents sometimes is very harmful to one's health. A similar proportion of students (34.3%) classified it as being moderately harmful. Considerably less students identified inhaling solvents sometimes as being either slightly harmful (14.0%) or not harmful (3.2%) while 13.4% revealed that they did not know the level of harm associated with doing so.

When asked about the dangers associated with frequently inhaling solvents, approximately two-thirds (63.0%) of students considered this to be very harmful. This was distantly followed by those who believed the frequent inhalation of solvents to be moderately harmful (16.8%), slightly harmful (5.5%) or not harmful at all (2.0%). The remaining 12.8% were not aware of the harm associated with frequently inhaling solvents.

### Comparisons by Sub-groupings

In this section, prevalence data will be presented by various sub-groupings. However, it should be mentioned that no data will be presented for the one-year and one-month prevalence rates. This is due to the fact that this information was not available for many of the sub-groupings as it was not provided by CICAD which, as was mentioned earlier in the report, was the agency responsible for conducting the data analysis. As such, results will only be presented for lifetime

prevalence. The sub-groupings which will be used are based on a number of demographic characteristics, level of parental involvement and indicators of the students' school experience.

*Prevalence Rates by Select Demographic Characteristics (Table 35)*

**Table 35: Lifetime Prevalence Rates for Inhalants by Select Demographics**

| | *Inhalants Prevalence Lifetime* |
|---|---|
| **Overall** | 20.3% |
| **Gender** | |
| Male | 18.6% |
| Female | 22.6% |
| **Age Group** | |
| 11-14 years | 20.2% |
| 15-16 years | 24.4% |
| 17+ years | 15.9% |
| **Grade Level** | |
| 2$^{nd}$ Form | 17.8% |
| 4$^{th}$ Form | 22.2% |
| 5$^{th}$ Form | 23.2% |
| 6$^{th}$ Form | 15.2% |
| **Type of School** | |
| Public | 20.2% |
| Private | 25.3% |
| **Repeated School Years** | |
| None | 20.1% |
| One | 22.3% |
| Two or more | 35.0% |
| **Work in Addition to Going to School** | |
| Yes | 25.4% |
| No | 20.2% |
| **Hours Worked per Week** | |
| 1-5 | 11.7% |
| 6-10 | 26.4% |
| 11-15 | 29.1% |
| 16+ | 38.9% |

*Gender*

Table 35 reveals that more females (22.6%) than males (18.6%) reported lifetime inhalant use.

*Age*

Approximately one-fifth of students (20.2%) aged 11 to 14 years reported lifetime inhalant use while approximately one-quarter (24.4%) of students between the ages of 15 and 16 reported the use of such substances at some point in their lifetime. The lowest lifetime prevalence rate was found among those in the 17 and over age category (15.9%).

*Grade Level*

From Table 35 it can be seen that inhalant use tended to increase as grade level increased up to 5th form, following which it declined. The lowest lifetime prevalence rate for inhalants was reported among 6th form students (15.2%) while the highest was found among those in 5th form (23.2%).

*Type of School*

Lifetime inhalant use was higher among private school students (25.3%) than public school students (20.2%).

*Repeated School Years*

Lifetime prevalence rates for inhalant use increased as the number of grade levels repeated increased. As such, the lowest rate was found among those who reported never repeating a grade level while the highest was found among those students who have repeated two or more levels.

*Work in Addition to Going to School*

Students who are gainfully employed (25.4%) were found to have a higher lifetime prevalence that their peers who do not work (20.2%) in addition to going to school.

*Number of Hours Worked Per Week*

The lifetime prevalence rates for inhalant use were found to increase as the number of hours worked per week increase. As such, the highest rates were found among those who work for 16

or more hours (38.9%) while the lowest rate was found among those who work for only 1 to 5 hours (11.7%).

### Level of Parental Involvement

When level of parental involvement was taken into account, no discernable pattern emerged (See Table 36). Nevertheless, the lowest lifetime prevalence rate (10.6%) was found among those who had a parental involvement score of 7 (highest possible score i.e. highest reported level of parental involvement) while the highest lifetime prevalence rate (42.2%) was found among those who had a parental involvement score of 1 (the second lowest possible score i.e. second lowest reported level of parental involvement).

**Table 36: Lifetime Prevalence Rates for Inhalants by Parental Involvement Score**

| Parental Involvement Score | Lifetime Prevalence |
|---|---|
| 0 | 21.2% |
| 1 | 42.2% |
| 2 | 19.2% |
| 3 | 23.1% |
| 4 | 22.9% |
| 5 | 17.5% |
| 6 | 16.3% |
| 7 | 10.6% |

### Relationship Quality

*Relationship with Father*

Table 37 reveals that the lifetime prevalence rates for inhalant use increased as the quality of the father-child relationship decreased up to the level of "bad" following which they declined. Overall, the lowest rate was found among those who had a "very good" (15.8%) father-child relationship while the highest rate was found among those who had a "bad" (32.7%) relationship.

*Relationship with Mother*

The lifetime prevalence rates for inhalant use increased as the quality of the mother-child relationship decreased. As a result, those with a "very good" (18.4%) mother-child relationship had the lowest lifetime prevalence rates while those who had a "very bad" (41.8%) relationship with their mother had the highest lifetime prevalence of inhalant use.

*Parents'/Guardians' Relationship with Each Other*

Lifetime prevalence rates tended to increase as the quality of the parents'/guardians' relationship with each other decreased. While this general trend was observed, it should be noted that the prevalence rate for those students whose parents/guardians have a "bad" relationship (21.5%) was slightly lower than the prevalence rate for those who classified their parents'/guardians' relationship as "good" (22.3%). The highest rate was found among those whose parents/guardians have a "very bad" relationship (27.9%) while the lowest was found among those whose parents/guardians have a "very good" relationship (17.7%).

**Table 37: Lifetime Prevalence Rates for Inhalants by Relationship Quality**

| Relationship | Lifetime Prevalence |
|---|---|
| **Relationship with Father** | |
| Very good | 15.8% |
| Good | 22.5% |
| Bad | 32.7% |
| Very bad | 23.5% |
| Not applicable | 20.4% |
| **Relationship with Mother** | |
| Very good | 18.4% |
| Good | 24.0% |
| Bad | 29.7% |
| Very bad | 41.8% |
| Not applicable | 24.7% |
| **Parents'/Guardians' Relationship with Each Other** | |
| Very good | 17.7% |
| Good | 22.3% |
| Bad | 21.5% |
| Very bad | 27.9% |
| Not applicable | 15.9% |

**Table 38: Lifetime Prevalence Rates for Inhalants by Indicators of Students' School Experience**

| Indicator of School Experience | Lifetime Prevalence |
|---|---|
| **Level of Happiness when Going to School** | |
| Very happy | 18.6% |
| Fairly happy | 21.8% |
| Neither happy nor unhappy | 19.2% |
| Unhappy | 24.1% |
| Very unhappy | 30.1% |
| **Sense of Belonging at School** | |
| Yes | 20.6% |
| No | 22.4% |
| **How often Skipped School in Past Year** | |
| Never | 19.3% |
| A few times | 34.7% |
| Several times | 20.6% |
| Often | 48.4% |
| **How often Absent from School in Past Year** | |
| Less than 5 days | 18.0% |
| 5-10 days | 22.6% |
| 11-20 days | 20.2% |
| 21-30 days | 38.7% |
| More than 30 days | 35.0% |
| **Relationship with Teachers** | |
| Very good | 13.6% |
| Good | 16.1% |
| Average | 25.4% |
| Bad | 27.2% |
| Very bad | 30.9% |
| **Probability of Finishing School** | |
| Very likely | 19.9% |
| Likely | 23.0% |
| Not very likely | 35.9% |
| Impossible | 27.4% |
| Don't know | 24.0% |
| **Probability of Going to University** | |
| Very likely | 17.6% |
| Likely | 23.3% |
| Not very likely | 29.0% |
| Impossible | 44.3% |
| Don't know | 19.8% |

***Level of Happiness when Going to School***
Lower lifetime prevalence rates were observed among those who were reportedly happier when going to school (See Table 38). In fact, the lowest rate was found among those who were very happy (18.6%) when going to school while the highest rate was found among those who were reportedly very unhappy (30.1%).


***Sense of Belonging at School***
Students who did not possess a sense of belonging while at school (22.4%) had a slightly higher prevalence rate than their counterparts who had such a sense of belonging (20.6%).


***How Often Skipped School in Past Year***
No discernable pattern was observed when the frequency with which students skipped school in the past year was taken into account. However, the lowest lifetime prevalence of inhalant use was found to be among those who never skipped school (19.3%) while the highest prevalence was among those who skipped school often (48.4%).


***How Often Absent from School in Past Year***
When absenteeism was considered, no trend was uncovered with regards to lifetime prevalence of inhalant use (See Table 38). Nevertheless, lower rates were found among those who were absent less often (See Table 38).


***Relationship with Teachers***
Lifetime prevalence of inhalant use tended to increase as the quality of student-teacher relationships decreased. In keeping with this trend, the lowest rate was found among those who classified their student-teacher relationships as "very good' (13.6%) while the highest was found among those who had "very bad" relationships with their teachers (30.9%).


***Probability of Finishing School***
When the likelihood of students finishing school was considered, it was found that the lifetime prevalence rates for inhalant use increased up to the level of "not very likely", following which they declined.  The lowest rate was found to be among those who thought their finishing school was "very likely" (19.9%) and the highest lifetime prevalence rate was found among those who believed their finishing school to be "not very likely" (35.9%).

***Probability of Going to School***

The lifetime prevalence rates for inhalant use were found to increase as the reported likelihood of students attending university declined. In keeping with this finding, students who indicated that it was "very likely" that they would go to university had the lowest lifetime prevalence of inhalant use (17.6%). Those who stated that their going to university was "impossible" had the highest observed rate (44.3%).

# Other Drugs

In this section, the prevalence and incidence rates for less commonly used drugs will be presented. However, before this is done, the prevalence and incidence rates for 'any illegal drug' use and 'other drug' use will be examined.

## Other Drug Prevalence

### Any Illegal Drug & Other Drug Use

The lifetime prevalence rate for the use of 'any illegal drug' was found to be 37.4%. Therefore, just over one-third of all students have used an illegal drug at some point in their lifetime. The one-year prevalence rate was 25.1% and the one-month prevalence rate was 17.2%.

With regards to new cases of 'any illegal drug' use, the one-year incidence rate was found to be 19.3% while the one-month incidence rate was 9.6%.

When asked about their use of 'other' unidentified drugs, students reported a lifetime prevalence rate of 10.4% and one-year and one-month incidence rates of 5.1% and 3.0% respectively.

### Less Commonly Used Drugs (Table 39)

The lifetime prevalence rate for cocaine powder was 2.8% while the one-year and one-month prevalence rates were 1.6% and 1.3% respectively. Similar prevalence rates were uncovered for crack cocaine (lifetime: 2.2%; one-year: 1.4%; one-month: 1.3%).

Table 39 reveals that the lifetime prevalence rates for stimulants, tranquilizers and ecstasy were quite similar, ranging from 2.5% in the case of ecstasy to 3.0% for tranquilizers and 3.7% for stimulants.

Very few students reported using the opiates heroin, opium and morphine. More specifically, the lifetime prevalence rate for heroin was 1.7% while the lifetime prevalence rates for opium and morphine were 0.7% and 1.2% respectively. Similarly, the lifetime prevalence rates for hallucinogens (0.8%), hashish (0.6%) and coca paste (0.9%) were among the lowest which were observed.

**Table 39: Prevalence and Incidence Rates for Less Commonly Used Drugs**

| Drug | Prevalence | | | Incidence | |
|---|---|---|---|---|---|
| | **Lifetime** | **One-year** | **One-month** | **One-year** | **One-month** |
| **Coca paste** | 0.9% | * | * | * | * |
| **Cocaine Powder** | 2.8% | 1.6% | 1.3% | 1.4% | 0.7% |
| **Crack cocaine** | 2.2% | 1.4% | 1.3% | 1.0% | 0.4% |
| **Ecstasy** | 2.5% | * | * | 2.0% | 0.6% |
| **Hallucinogens** | 0.8% | * | * | * | * |
| **Hashish** | 0.6% | * | * | * | * |
| **Heroin** | 1.7% | * | * | * | * |
| **Inhalants** | 20.3% | 9.7% | 7.0% | 10.6% | 6.2% |
| **Marijuana** | 22.0% | 16.9% | 11.0% | 10.9% | 4.5% |
| **Morphine** | 1.2% | * | * | * | * |
| **Opium** | 0.7% | * | * | * | * |
| **Stimulants** | 3.7% | 1.9% | 1.6% | 2.5% | 1.3% |
| **Tranquilizers** | 3.0% | 1.9% | 0.8% | 2.3% | 1.1% |
| **Other drugs** | 10.4% | * | * | 5.1% | 3.0% |
| **Any illegal drugs** | 37.4% | 25.1% | 17.2% | 19.3% | 9.6% |

Notes: (a) * annual, current prevalence, incidence not asked;

(b) tranquilizers and stimulants refer to use without prescription.

## Perceptions of Harm (cocaine/crack, tranquilizers/stimulants, ecstasy and coca paste) (Table 40)

Students were asked to indicate their opinion about the level of harm posed by using cocaine/crack, tranquilizers/stimulants, ecstasy, and coca paste with varying frequency. Table 40 provides a summary of their responses.

### Cocaine/Crack

Approximately 6 out of every 10 students considered 'using cocaine/crack sometimes' to be very harmful to an individual's health. This was followed by those who considered it to be moderately harmful (22.5%). Very few students considered 'using cocaine/crack sometimes' to be slightly harmful (4.1%) or not harmful at all (1.9%). The remaining 8.1% did not know the level of harm associated with this.

The frequent use of cocaine/crack was thought to be very harmful by 80.6% of all students. Those who believed the frequent use of cocaine/crack to be moderately harmful (7.5%), slightly harmful (1.7%) or not harmful at all (1.2%) were much fewer in number. The remaining students (9.0%) did not know how harmful the frequent use of cocaine/crack is to one's health.

### *Ecstasy*

Just under one-half (47.2%) of all students felt that 'using ecstasy sometimes' is very harmful to one's health while just under one-quarter (23.7%) considered it to be moderately harmful. Very few students thought that using the drug sometimes is only slightly harmful (7.9%) or not harmful at all (2.7%). Approximately one-fifth (18.5%) of all students did not know the level of harm associated with 'using ecstasy sometimes'.

With regards to the frequent use of ecstasy, just over two-thirds (68.7%) of all students considered this to be very harmful to one's health. This was distantly followed by those who believed it to be moderately harmful (8.4%), slightly harmful (3.7%) or not harmful (1.5%). The remaining 17.6% indicated that they did not know how harmful the frequent use of ecstasy is to an individual's health.

### *Coca Paste*

Just over one-third of all students (34.9%) stated that 'using coca paste sometimes' was very harmful while approximately one-fifth (19.0%) felt that it was moderately harmful. Very few students considered 'using coca paste sometimes' to be only slightly harmful (5.6%) or not harmful (1.7%) to one's health; while approximately 39 out of every 100 students indicated that they did not know the level of harm posed by 'using coca paste sometimes'.

Nearly one-half of all students (48.1%) considered the frequent use of coca paste to be very harmful. Considerably less students believed it to be moderately harmful (9.4%), slightly harmful (2.3%) or not harmful at all (1.5%). Those persons who did not know the harm associated with the frequent use of coca paste accounted for 38.7% of all students.

### *Tranquilizers/Stimulants*

Most students were of the opinion that 'using tranquilizers/stimulants sometimes' is either very harmful (57.2%) or moderately harmful (21.5%). Very few considered it to be slightly harmful

(5.6%) or not harmful (1.3%), while the remaining 14.3% did not know the level of harm associated with using tranquilizers/stimulants sometimes.

The frequent use of tranquilizers/stimulants was thought to be very harmful by approximately three-quarters of the students (74.3%). Fewer students considered it to be moderately harmful (8.4%), slightly harmful (2.2%) or not harmful (1.1%). The remaining 13.8% were unaware of the harms associated with frequent tranquilizer/stimulant use.

**Table 40: Perceptions of Harm for Less Commonly Used Drugs**

| Drug | Not harmful | Slightly harmful | Moderately harmful | Very harmful | Don't Know |
|---|---|---|---|---|---|
| Using cocaine/crack sometimes | 1.9% | 4.1% | 22.5% | 63.3% | 8.1% |
| Using cocaine/crack frequently | 1.2% | 1.7% | 7.5% | 80.6% | 9.0% |
| Using ecstasy sometimes | 2.7% | 7.9% | 23.7% | 47.2% | 18.5% |
| Using ecstasy frequently | 1.5% | 3.7% | 8.4% | 68.7% | 17.6% |
| Using coca paste sometimes | 1.7% | 5.6% | 19.0% | 34.9% | 38.8% |
| Using coca paste frequently | 1.5% | 2.3% | 9.4% | 48.1% | 38.7% |
| Using tranquilizers/stimulants sometimes | 1.3% | 5.6% | 21.5% | 57.2% | 14.3% |
| Using tranquilizers/stimulants frequently | 1.1% | 2.2% | 8.4% | 74.3% | 13.8% |

## Perception of Harm Summary

A review of the perception of harm data for each of the drugs presented in this report allows for the identification of the following observations:

**Students were more likely to indicate that they did not know the harm associated with:**
- Using coca paste (sometimes: 38.8%; or frequently: 38.7%)
- Using ecstasy (sometimes: 18.5%; or frequently: 17.6%)

**Students were more likely to indicate that there was no harm associated with:**
- Smoking marijuana (sometimes: 15.7%; or frequently: 9.1%)
- Inhaling second-hand marijuana smoke (10.0%)

**Students were more likely to indicate that the following were very harmful:**
- Smoking cigarettes frequently (77.5%)
- Using stimulants/tranquilizers frequently (74.3%)
- Using solvents/inhalants frequently (63.0%)
- Using marijuana frequently (61.0%)
- Using cocaine/crack (sometimes: 63.3%; or frequently: 80.6%)
- Using ecstasy frequently (68.7%)

# Access to Drugs

## Ease of Access (Table 41)

Students were asked to identify how difficult it would be for them to obtain a number of illicit drugs. Table 41 shows the level of difficulty associated with each drug.

**Table 41: Access to Drugs**

| Drug | It would be easy for me | It would be hard for me | I would not be able to get any | Don't Know |
|---|---|---|---|---|
| Marijuana | 46.6% | 10.2% | 16.9% | 26.3% |
| Cocaine | 12.3% | 17.4% | 28.7% | 41.6% |
| Crack | 10.4% | 16.0% | 31.1% | 42.5% |
| Ecstasy | 11.8% | 15.5% | 27.8% | 44.9% |
| LSD | 6.6% | 15.8% | 30.0% | 47.6% |
| Heroin | 10.2% | 14.4% | 30.0% | 45.5% |

### Marijuana

Just under half (46.6%) of all students stated that it would be easy for them to obtain marijuana. In contrast, a much smaller proportion of the students (10.2%) said that it would be hard for them to obtain the drug while 16.9% indicated that they would unable to obtain it. The remaining 26.3% did not know the level of difficulty associated with obtaining marijuana.

### Cocaine

Very few students (12.3%) stated that it would be easy for them to obtain cocaine. This was followed by those who said that it would be hard for them to obtain the drug (17.4%) and those who indicated that they would be unable to do so (28.7%). The largest proportion of students (41.6%) did not know how difficult it would be to access cocaine.

### Crack

Approximately 4 out of every 10 (42.5%) students reported that they did not how difficult or easy it would be for them to obtain crack while just under one third (31.1%) stated that they would be unable to obtain the drug. The remaining students stated that it would be either hard (16.0%) or easy (10.4%) for them to access crack.

*Ecstasy*

Most students stated that they either did not know the level of difficulty associated with obtaining ecstasy (44.9%) or would be unable to access the drug (27.8%). Of the remaining students, 15.5% indicated that it would be hard for them to obtain ecstasy while 11.8% revealed that it would be easy for them to get the drug.

*LSD*

A very small proportion of students stated that it would be easy for them to access LSD (6.6%) while 15.8% indicated that it would be hard for them to do so. In contrast, the majority of students stated that they either did not know how difficult it would be for them to obtain LSD (47.6%) or would be unable to do so (30.0%).

*Heroin*

Most students revealed that they either did not know the level of difficulty associated with obtaining heroin (45.5%) or would be unable to obtain the drug (30.0%). Alternately, very few students (10.2%) indicated that it would be easy for them to obtain heroin while the remaining 14.4% stated that it would be hard for them to do so.

## Drug Offers (Tables 42, 43 & 44)

Students were asked a number of questions regarding the last time they were offered drugs. Their responses to each question are presented below.

*When Last Offered Drugs*

Table 42 shows the recency of drug offers students received for various illicit substances.

**Table 42: When Student was Last Offered Drugs**

| Drug | Over the past 30 days | More than 1 month ago but less than 1 year ago | More than 1 year ago | I have never been offered any |
|------|------------------------|------------------------------------------------|----------------------|-------------------------------|

| | | | | |
|---|---|---|---|---|
| **Marijuana** | 18.1% | 12.6% | 8.5% | 60.8% |
| **Cocaine** | 2.6% | 1.9% | 2.3% | 93.3% |
| **Crack** | 1.4% | 0.9% | 2.2% | 95.4% |
| **Ecstasy** | 2.2% | 2.0% | 3.2% | 92.6% |
| **LSD** | 1.0% | 0.7% | 1.9% | 96.4% |
| **Heroin** | 1.6% | 1.4% | 2.5% | 94.4% |

*Marijuana*

The majority of students (60.8%) stated that they have never been offered marijuana. This was distantly followed by those who were offered the drug: within the past 30 days (18.1%), more than 1 month ago but less than 1 year ago (12.6%), and more than 1 year ago (8.5%).

*Cocaine*

Most students have never been offered cocaine (93.3%). Of those students who have been offered the drug, there was a near equal distribution of those who were offered it: over the past 30 days (2.6%), more than 1 year ago (2.3%), and more than 1 month ago but less than 1 year ago (1.9%).

*Crack*

Very few students have ever been offered crack. Of those who have been offered the drug, 1.4% were offered it in the past 30 days, 0.9% more than 1 month ago but less than 1 year ago and 2.2% more than 1 year ago. The majority (95.4%) have never been offered crack.

*Ecstasy*

Approximately 9 out of every 10 (92.6%) students have never been offered ecstasy. In contrast, 2.2% were offered the drug within the past 30 days while 2.0% were offered it more than 1 month ago but less than 1 year ago. The remaining 3.2% reported being offered ecstasy more than 1 year ago.

*LSD*

The students who reported being offered LSD are in the minority (3.6%). Of those who have been offered the drug, 1.9% stated that they were offered the drug more than 1 year ago. This was followed by those who were offered the drug in the past 30 days (1.0%) and those were

offered it more than 1 month ago but less than 1 year ago (0.7%). The majority of students (96.4%) have never been offered the drug.

*Heroin*

While most students (94.4%) stated that they have never been offered heroin, a small proportion have reportedly been offered the drug. Such offers took place: more than a year ago (2.5%), within the past 30 days (1.6%) and more than 1 month ago but less than 1 year ago (1.4%).

**Where Last Offered Drugs**

Students were also asked to indicate the location at which they were last offered various illicit drugs. Table 43 shows the responses by drug type.

**Table 43: Location of Last Drug Offer**

| Drug | Home | School | On the Block | Friend's House | Sporting Event | Other Social Events | Other | I have never been offered any |
|------|------|--------|--------------|----------------|----------------|---------------------|-------|-------------------------------|
| **Marijuana** | 5.5% | 5.5% | 8.7% | 3.1% | 1.3% | 11.3% | 5.5% | 59.1% |
| **Cocaine** | 0.4% | 0.8% | 2.0% | 0.8% | 0.2% | 1.8% | 1.6% | 92.3% |
| **Crack** | 0.1% | 0.3% | 2.1% | 0.6% | 0.1% | 0.8% | 1.4% | 94.6% |
| **Ecstasy** | 0.9% | 0.8% | 1.3% | 0.7% | 0.4% | 2.1% | 1.3% | 92.6% |
| **LSD** | 0.4% | 0.4% | 0.7% | 0.1% | 0.6% | 0.5% | 1.1% | 96.3% |
| **Heroin** | 0.5% | 0.6% | 1.6% | 0.2% | 0.0% | 1.1% | 1.4% | 94.5% |

*Marijuana*

The most common locations at which students reported being offered marijuana are: other social events (11.3%), on the block (8.7%), home (5.5%), school (5.5%) and other undisclosed locations (5.5%). Reports of offers at friends' houses (3.1%) and sporting events (1.3%) were much less frequent.

*Cocaine*

The locations at which students have reportedly been offered cocaine include: the block (2.0%), other social events (1.8%), other undisclosed locations (1.6%), school (0.8%), a friend's house (0.8%), home (0.4%) and sporting events (0.2%).

*Crack*

The locations at which students have been offered crack in order of frequency are: the block (2.1%), other undisclosed locations (1.4%), other social events (0.8%), a friend's house (0.6%), school (0.3%), home (0.1%), sporting events (0.1%).


*Ecstasy*

For those students who have been offered ecstasy, other social events (2.1%), the block (1.3%) and other undisclosed locations (1.3%) were the most commonly reported locales at which such offers took place. These were closely followed by: home (0.9%), school (0.8%), a friend's house (0.7%) and sporting events (0.4%).


*LSD*

While most students have never been offered LSD (96.3%), there were reports of students being offered the drug at: other undisclosed locations (1.1%), the block (0.7%), sporting events (0.6%), other social events (0.5%), home (0.4%), school (0.4%) and a friend's house (0.1%) respectively.


*Heroin*

Only a small proportion of students have been offered heroin. Of those students who received such offers, they occurred: on the block (1.6%),at other undisclosed locations (1.4%), at other social events (1.1%),  at school (0.6%), at home (0.5%), and at a friend's house (0.2%) respectively.


**Who Last Offered Drugs**

Students were asked to indicate the person who last offered them various illicit drugs. The responses to this item are presented by drug type in Table 44.


**Table 44: Person Who Last Offered Student Drugs**

| Drug | Relative/ Family Member | Friend | Someone you know but who is not a friend | Someone you do not know | I have never been offered any |
|---|---|---|---|---|---|
| Marijuana | 5.3% | 24.4% | 9.7% | 2.5% | 58.1% |
| Cocaine | 1.0% | 2.4% | 2.4% | 1.8% | 92.3% |

| | | | | | |
|---|---|---|---|---|---|
| **Crack** | 0.5% | 1.1% | 2.3% | 1.3% | 94.8% |
| **Ecstasy** | 1.1% | 2.7% | 2.5% | 1.1% | 92.6% |
| **LSD** | 0.4% | 1.5% | 1.3% | 0.9% | 96.0% |
| **Heroin** | 0.9% | 1.4% | 1.8% | 1.5% | 94.5% |

*Marijuana*

Approximately one-quarter (24.4%) of students reported that they have been offered marijuana by a friend while 9.7% stated that they were offered the drug by someone they know who is not their friend. Few students reported being offered marijuana by family members (5.3%) and persons they do not know (2.5%).

*Cocaine*

An equal number of students reported being offered cocaine by friends (2.4%) and someone they know but who is not their friend (2.4%). Fewer persons were offered cocaine by strangers (1.8%) and family members (1.0%).

*Crack*

Of those persons who have been offered crack, most reported being offered the drug by someone they know but who is not a friend (2.3%). This was followed by those who were offered the drug by a stranger (1.3%), a friend (1.1%) and a family member (0.5%).

*Ecstasy*

Near equal numbers of students reported being offered ecstasy by a friend (2.7%) or by someone they know but who is not their friend (2.5%). Likewise, an equal number of students reported being offered the drug by a relative/family member (1.1%) or a stranger (1.1%).

*LSD*

Friends (1.5%) and someone they know but who is not a friend (1.3%) were the most commonly sited persons who offered students LSD. This was followed by strangers (0.9%) and relatives/family members (0.4%).

*Heroin*

There was little variation in the number of students who reported being offered herion by: someone they know but who is not a friend (1.8%), strangers (1.5%) and friends (1.4%). Fewer persons reported being offered heroin by relatives/family members (0.9%).

## Drugs in the School Environment (Table 45)

### *Drugs at School*

When asked, 6 out of every 10 students (60.5%) were of the opinion that drugs are present at school. This was distantly followed by those who did not know if they were drugs on the school compound (31.6%) and those who did not believe that there were drugs at their school (7.8%).

### *Students Bring, Try or Deal Drugs at School*

Approximately two-thirds (67.6%) of all students believed that there are students who bring, try or deal drugs on the school compound. In sharp contrast, only 5.5% were of the opinion that this does not happen at their school. The remaining 27.0% selected the "don't know" response option.

### *Drugs Near to School*

When asked if they believe that there are drugs in the area surrounding or next to their school, 65.3% revealed that they do believe so while 28.3% did not know. Only 6.4% did not believe that there were drugs near their school.

### *Students Try, Buy or Deal Drugs near School*

Just over half (53.8%) of all students believed that there are students who try, buy or deal drugs in the area surrounding their school or just outside of the school itself.  Alternately, 9.9% of students did not believe that this occurs while 36.3% did not know.

### *Ever Seen Students Selling or Giving Drugs At or Around School*

When asked if they have ever personally seen a student selling or giving drugs to another individual at or near their school, very few students (31.3%) indicated that they have had such an experience. In fact, most students (55.8%) stated that they had never seen this happen, while 12.9% did not know if they had seen such a transaction take place.

*Ever Seen Students Using Drugs At or Near School*

When asked if they have ever personally seen another student using drugs at or near their school, 41.0% stated that they have in fact seen this occur while 49.0% stated that they have not. The remaining 10.0% did not know if they had witnessed such an event.

**Table 45: Drugs in School Environment**

|  | Yes | No | Don't Know |
|---|---|---|---|
| **Believe that there are drugs at school** | 60.5% | 7.8% | 31.6% |
| **Believe that students bring, try or deal drugs at school** | 67.6% | 5.5% | 27.0% |
| **Believe that there are drugs near to school** | 65.3% | 6.4% | 28.3% |
| **Believe that students try, buy or deal drugs near school** | 53.8% | 9.9% | 36.3% |
| **Ever seen students selling or giving drugs to another at or around school** | 31.3% | 55.8% | 12.9% |
| **Ever seen students using drugs at or near school** | 41.0% | 49.0% | 10.0% |

# 4. Discussion

Adolescents' misuse of drugs and alcohol has been recognized as a public health problem in Barbados (NCSA, 2006). Although not all adolescents who use alcohol or drugs will go on to have long–term problems, the significant risks associated with alcohol and other drug use during this developmental period warrants early intervention.

## Comparison of the 2013 and 2006 Prevalence and Incidence Rates

### *Prevalence (See Appendix 1)*

In 2013, alcohol, tobacco, marijuana and inhalants were found to be the substances used most often by students. This corresponds with the findings of the previous secondary school survey conducted in 2006 which also showed that these were the top four substances used by students. Furthermore, it should be noted that similar lifetime prevalence rates for alcohol (2013: 72.4%; 74.7%), tobacco (2013: 21.8; 2006: 21.3%) and inhalants (2013: 18.6%; 2006: 19.7%) were uncovered by both surveys. However, there was a notable increase in the number of students who reported using marijuana at some point in their lifetime (2013: 27.5%; 2006: 17.7%).

As was the case in 2006, significant numbers of students reported using alcohol, marijuana and tobacco at least once in the 12 months leading up to the survey. More specifically, more than one half (56.3%) of the students reported consuming alcohol during this period in the 2013 survey which is comparable to the 54.9% found in 2006. With regards to marijuana, 16.9% reported one-year use of this drug in 2013 versus 10.8% in 2006. For tobacco, approximately one in 16 students (6.8%) reported smoking cigarettes during the 12 month period in 2013 versus one in ten (10.8%) in 2006, representing a 4% reduction in the one-year prevalence.

When compared to the findings of the 2006 survey, the results from the 2013 survey revealed an increase in the percentage of students who were current users of illegal drugs (2013: 17.2%; 2006: 12.7%). The most commonly used illegal drug was marijuana, which had an 11% current use prevalence rate. This represents a 5% increase over the current use prevalence rate for marijuana reported in 2006.  There were also slight increases in the current use of cocaine (2006: 0.5% versus 2013: 1.3%) and crack (2006: 0.5% versus 2013: 1.3%). With regards to legal substances, a similar number of students reported being current users of alcohol and tobacco in 2013 and 2006 (alcohol – 2006: 34% versus 2013: 32.8%; tobacco – 2006: 3.5% versus 2013: 3.0%).

It should be noted that inhalant use continues to pose a risk for students, especially female students. Over one-fifth (22.6%) of female students reported lifetime inhalant use in 2013 which is comparable to the 21.3% found in 2006. Likewise, the number of female students who reported the current use of inhalants in 2013 (8.7%) was also similar to that found in 2006 (7.6%). With respect to male students, approximately 20% indicated lifetime use in 2013 versus 18% in 2006. Similar current use rates were also obtained for males in 2006 and 2013 (2013: 5.3%; 2006: 4.9%).

### *Incidence (See Appendix 2)*

As in 2006, the one-year incidence rate for both legal and illegal drugs was of some concern. The proportion of students who reported using alcohol for the first time in the one-year period preceding the survey was 43.1%, which was slightly down from 47.5% in 2006. The one-year incidence of cigarettes (2013: 6.2%; 2006: 6%) and inhalants (2013: 10.6%; 2006: 10%) was similar to that reported in 2006. In the case of illegal drugs, the one-year incidence rate for marijuana was about 10.9%, which represented an increase of 4% over 2006.

### *No Lifetime or Current Use*

While the statistics regarding reported lifetime and current use were notably high and of great concern, it should be highlighted that just under two out of every three students (62.6%) had never used an illegal drug and more than eight out of every 10 students (82.8%) were not currently using such substances (illegal drugs). In addition, just over eight out of 10 students (82%) had reportedly never smoked a cigarette in 2013 versus 78% of students in 2006. Furthermore, 97% of students were not presently smoking cigarettes versus 94% of students in 2006. In this regard, efforts to reduce cigarette smoking among adolescents appear to show decreasing rates of smoking and should be supported. Such efforts contribute to healthy lifestyle choices and may be attributed to several factors including: media messages about harm caused by smoking, restrictions in access to tobacco by minors, increased taxation on tobacco products, public smoking bans and increased advertising on cigarette packages about the harms associated with smoking.

It should also be noted that strategies similar to those used to reduce smoking can be applied to alcohol. As such, strategies to reduce alcohol consumption among adolescents can include: setting a minimum legal purchasing and/or drinking age, restricting the types of alcoholic beverages sold in stores, restricting the density of stores selling alcoholic beverages in a given area, restricting the hours of business when alcohol can sold, mandatory training of alcoholic servers and increasing the price of alcohol. The comprehensiveness and stringency of this

country's regulatory policies may be particularly important for reducing alcohol consumption and related harms among youth.

## Perceived Harm

The perception of harm findings were similar in 2006 and 2013 whereby the students in both surveys were of the opinion that even the infrequent use of substances, including tobacco, alcohol and marijuana, was harmful. Of note however, is the fact that while more than three-quarters (77.5%) of all students considered the frequent smoking of tobacco cigarettes to be very harmful, only 61.0% considered the frequent smoking of marijuana to be very harmful. In relation, the students who considered frequent marijuana use to be only slightly harmful (9.2%) or not harmful at all (9.1%) were greater in number than those who considered frequent tobacco smoking to be slightly harmful (4.1%) or not harmful (1.4%).

With regards to alcohol, approximately four out of every 10 students (43.7%) considered the frequent consumption of alcoholic beverages to be very harmful while 18.4% believed it to be only slightly harmful. A very small proportion (4.8%) of students did not consider drinking alcohol frequently to be harmful. Frequent inhalant use was considered to be very harmful by almost two-thirds of all students (63.0%). In contrast, very few students considered the frequent use of substances to be slightly harmful (5.5%) or not harmful at all (2.0%).

Overall, the low perception of harm related to alcohol and marijuana use may be a possible link to the high prevalence rates (lifetime, annual and current) uncovered for these two substances. Thus, there is a clear need for continuous education programmes about the harmful consequences of substance use.

## Attitude to Illegal Drug Use

As was stated earlier in this report, the National Institute of Drug Abuse (NIDA 2008) has identified four main reasons why people misuse substances: to feel good, to feel better, to do better, and out of curiosity or because others are doing it. In this survey, more than a third (37.3%) of all students revealed that they have been curious about trying illicit drugs. Similarly, just under one-third (32.7%) have been curious about trying marijuana. In contrast, almost all students indicated that they have never been curious about trying cocaine (91.0%), crack (94.7%) or ecstasy (86.6%). The great disparity between the curiosity levels associated with marijuana use and the use of the other three drugs coupled with the prevalence rate data which reveals considerably more marijuana use, suggests that curiosity may contribute to illegal substance use among Barbadian secondary school students, particularly the use of marijuana.

## Availability/Access to Drugs

For Bronfenbrenner and Morris (1998), the potential influences on opportunities to use alcohol, tobacco and other drugs are linked to one's family and peers and the neighborhood one resides in. This corresponds with the 2013 finding that friends were the most common source from which students obtained alcohol and marijuana, two of the most popular substances reportedly used by students in this survey. More specifically, friends were cited as the source for alcohol by approximately one third of students (27.2%) and as the source for marijuana by 56.8% of persons who have used this drug. These findings are similar to those uncovered by the 2006 survey and highlight the importance of friendship patterns in the adoption of drug use among youth.

Family members were also commonly cited sources from which students obtained alcohol (parents/guardians: 20.1%; siblings: 2.5%; other relatives: 12.9%) and marijuana (parents/guardians: 4.9%; siblings: 3.7%; other relatives: 5.5%). This too parallels Bronfenbrenner and Morris's (1998) notion and points to the possible role of the family in adolescent substance use.

In addition, students were also asked to indicate how easy it would be for them to obtain various illegal drugs. Just under half (46.6%) of all students stated that it would be easy for them to obtain marijuana, a finding which was similar to that uncovered in 2006 (45%). In contrast, a much smaller proportion of the students (10.2%) said that it would be hard for them to obtain the drug while 16.9% indicated that they would unable to obtain it. Furthermore, marijuana was perceived to be the easiest drug to obtain, distantly followed by cocaine, ecstasy, crack, heroin and LSD. These findings are similar to those uncovered in 2006, at which time it was also found that marijuana was considered to be the easiest drug to obtain followed by cocaine and the remaining drugs. Given the realization that marijuana is both the most commonly used illegal drug and the drug which is considered the easiest to obtain, it would appear that ease of access is also a key variable in adolescent drug use.

## Cross-Tabulations

Cross-tabulations between the prevalence of substance use and numerous variables were presented. Among these were cross-tabulations between prevalence rates and: the number of repeated grade levels; the likelihood of finishing school and relationships with parents and teachers.

*Educational Factors*

As in the 2006 survey, higher proportions of substance use were consistently found to be related to the number of grade levels repeated by a student. For example, higher lifetime prevalence rates for alcohol, tobacco and marijuana use were observed among those who reported repeating a grade level as compared to those who never repeated a level. This trend was also observed for the one-year and one-month prevalence rates for these substances. In a similar manner, there were also higher proportions of drug use among those who were reportedly less likely to finish secondary school.

The quality of the student-teacher relationship was another key variable which was cross-tabulated with the prevalence rates for each drug presented within this report. Lower prevalence rates were generally found among students who reported having better relationships with their educators. In contrast, those students who reported having poor student-teacher relationships typically reported higher levels of drug use.

*Parental Factors*

In this survey, cross-tabulation data generally revealed lower prevalence rates for both licit and illicit drug use among those students whose parents were more greatly involved in their daily lives. Similarly, students who reported having higher quality relationships with their parents, and whose parents had better relationships with each other, also tended to have lower prevalence rates. These are important findings as a strong parent-child relationship has been identified as an important protective factor for preventing substance abuse problems during adolescence, as well as in young adulthood ( Davis & Spillman, 2011).

## Recommendations

4.  There is a need for further investigation and monitoring of drug use and vulnerability factors among young people who may be at significantly greater risk of developing chronic drug problems. Drug prevention strategies focusing on reducing vulnerability among adolescents should include:
    -   Selective interventions aimed at improved academic performance and reduced drug involvement among high school students whose poor academic records and behavioral problems indicate they are at high risk of dropping out of school and abusing drugs.
    -   Interventions that focus on the social environment in which adolescents live. For example, curiosity does not stand in isolation, and may suggest adolescents' wide exposure to illicit drugs within the home or other social environments as well as easy access to drugs once they become addicted.

- A focus on changing parenting behaviours or parental modelling to prevent adolescents' drug use.
- Efforts to promote the development of positive student-teacher relationships.

5. Under the current Liquor Licensing Act (1957), young people of any age can purchase alcohol. A continued policy of restricting alcohol use to adolescents should be supported. This can be achieved through increasing the price of alcohol, thereby increasing the resources necessary to obtain it or the potential costs for possessing or consuming it.  In addition, consideration should be given to instituting a minimum purchasing and legal drinking age as well as the training of alcoholic beverage servers to detect underage drinking, and to deter binge drinking.

6. The use of illicit drugs on the school compound presents challenges for school officials, law enforcement and drug prevention professionals. As such, principals and teachers should be become acquainted with the Barbados Education Act (2002).  Section 64 A (3) of this Act outlines the procedures for dealing with students who have in their possession any intoxicating liquor or controlled drug within the meaning of section 3 of the Drug Abuse (Prevention and Control) Act, 1991.  In addition, attempts to foster collaborative relations between community leaders, law enforcement and school officials should be encouraged. Such a collaborative approach should focus on the reporting of legal and illegal drug use by adolescents in the community and school settings.

## 5. Conclusion

In conclusion, the results from this survey highlight the problems of substance availability, the somewhat low perception of harmfulness associated with drug use, attitudes toward illegal drug use and low age of first use. It is however of great concern that adolescents began using drugs during childhood (9 years) and have a low perception of harm related to alcohol and marijuana use which continues to be possibly linked to the high prevalence of annual and current use for these two substances. In light of this, and based on the findings of the survey, public education on drug related harms may be one of several intervention points for future prevention activities.

In this regard, school based education programmes are the best way of reaching the target population and are an effective way of ensuring that over time, critical knowledge is provided to the entire population. However, there is a need for future research to establish how this information can best be delivered to the target population and whether it or not it is effective in reducing drug use (Lijun et al., 2009). In addition, it would be unrealistic to expect that drug education programmes alone would reduce drug use, without addressing broader influences such as family structure disruption, unemployment, dropping out of school and rising social inequalities. Furthermore, the ease with which the respondents indicated they could access marijuana indicates a need for further review of the supply reduction initiatives currently in place. However, supply reduction efforts should be viewed within the broader cultural, social, and political challenges in drug prevention and reduction as a whole.

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## 7.1 Appendix 1 – Comparison of 2006 & 2013 Prevalence Rates

**Table 46: Comparison of 2006 & 2013 Prevalence Rates**

| Drug | Lifetime Prevalence | | | | | | One-Year Prevalence | | | | | | One-Month Prevalence | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2006 | | | 2013 | | | 2006 | | | 2013 | | | 2006 | | | 2013 | | |
| | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female |
| Tobacco | 21.3% | 22.3% | 20.3% | 18.1% | 21.8% | 16.6% | 7.6% | 6.6% | 8.4% | 6.8% | 9.1% | 5.6% | 3.5% | 3.6% | 3.2% | 3.0% | 4.0% | 2.4% |
| Alcohol | 74.7% | 71.5% | 77.5% | 71.2% | 72.4% | 74.7% | 54.9% | 51.9% | 57.3% | 56.3% | 55.2% | 60.2% | 34.0% | 32.0% | 35.4% | 32.8% | 34.1% | 33.8% |
| Marijuana | 17.7% | 20.4% | 14.8% | 22.0% | 27.5% | 19.6% | 10.8% | 12.4% | 9.0% | 16.9% | 20.3% | 15.5% | 6.0% | 8.1% | 4.3% | 11.0% | 14.6% | 9.2% |
| Cocaine | 2.0% | * | * | 2.8% | 4.4% | 1.8% | 0.9% | * | * | 1.6% | 2.9% | 0.8% | 0.5% | * | * | 1.3% | 2.5% | 0.6% |
| Crack | 2.0% | * | * | 2.2% | 3.2% | 1.6% | 0.7% | * | * | 1.4% | 2.6% | 0.7% | 0.5% | * | * | 1.3% | 2.6% | 0.4% |
| Inhalants | 19.7% | 17.7% | 21.3% | 20.3% | 18.6% | 22.6% | 9.9% | 7.7% | 11.9% | 9.7% | 7.8% | 11.8% | 6.5% | 4.9% | 7.6% | 7.0% | 5.3% | 8.7% |
| Coca Paste | 1.1% | * | * | 0.9% | 1.1% | 0.9% | * | * | * | * | * | * | * | * | * | * | * | * |
| Ecstasy | 1.9% | * | * | 2.5% | 3.7% | 1.9% | 0.7% | * | * | * | * | * | 0.4% | * | * | * | * | * |
| Hallucinogens | 3.4% | * | * | 0.8% | 1.5% | 0.4% | * | * | * | * | * | * | * | * | * | * | * | * |
| Hashish | 1.1% | * | * | 0.6% | 0.8% | 0.5% | * | * | * | * | * | * | * | * | * | * | * | * |
| Heroin | 0.9% | * | * | 1.7% | 1.7% | 1.8% | * | * | * | * | * | * | * | * | * | * | * | * |
| Morphine | 1.2% | * | * | 1.2% | 1.8% | 0.8% | * | * | * | * | * | * | * | * | * | * | * | * |
| Opium | 0.9% | * | * | 0.7% | 1.1% | 0.4% | * | * | * | * | * | * | * | * | * | * | * | * |
| Stimulants | 3.5% | * | * | 3.7% | 3.9% | 3.8% | 2.3% | * | * | 1.9% | * | * | 1.6% | * | * | 1.6% | * | * |
| Tranquilizers | 2.6% | * | * | 3.0% | 3.1% | 3.1% | 1.1% | * | * | 1.9% | 2.4% | 1.6% | 0.8% | * | * | 0.8% | 1.3% | 0.4% |
| Other Drugs | 5.1% | * | * | 10.4% | 13.3% | 9.0% | 4.2% | * | * | * | * | * | 2.4% | * | * | * | * | * |
| Any Illegal Drug | 34.4% | * | * | 37.4% | 42.4% | 36.1% | 20.1% | * | * | 25.1% | 26.1% | 26.0% | 12.7% | * | * | 17.2% | 18.4% | 17.5% |

* = Not Available

# Comparison of 2006 & 2013 Lifetime Prevalence Rates for Most Commonly Used Substances
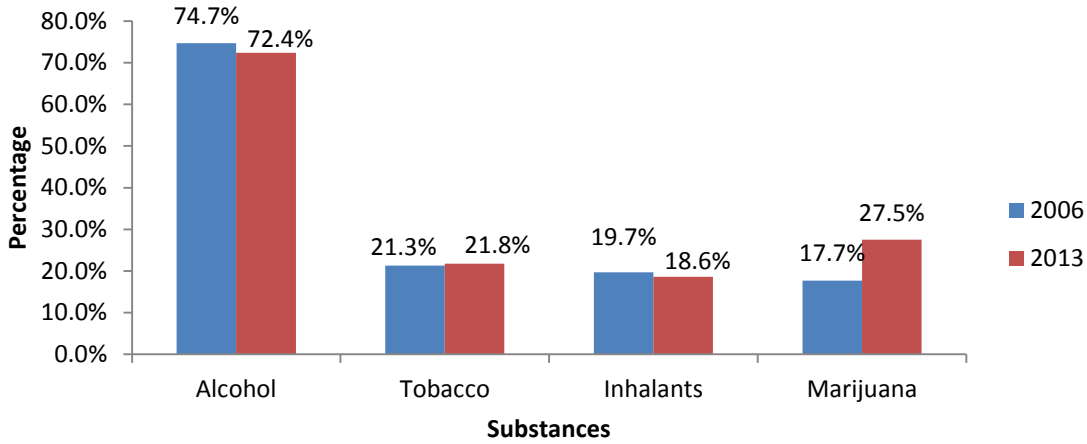


# Comparison of 2006 & 2013 One-Year Prevalence Rates for Most Commonly Used Substances
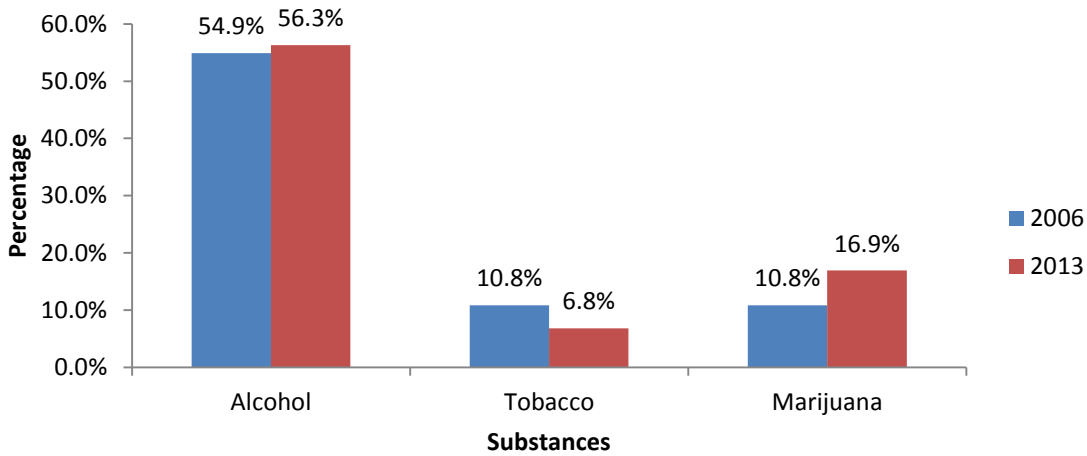
# Comparison of 2006 & 2013 One-Month Prevalence Rates for Most Commonly Used Substances
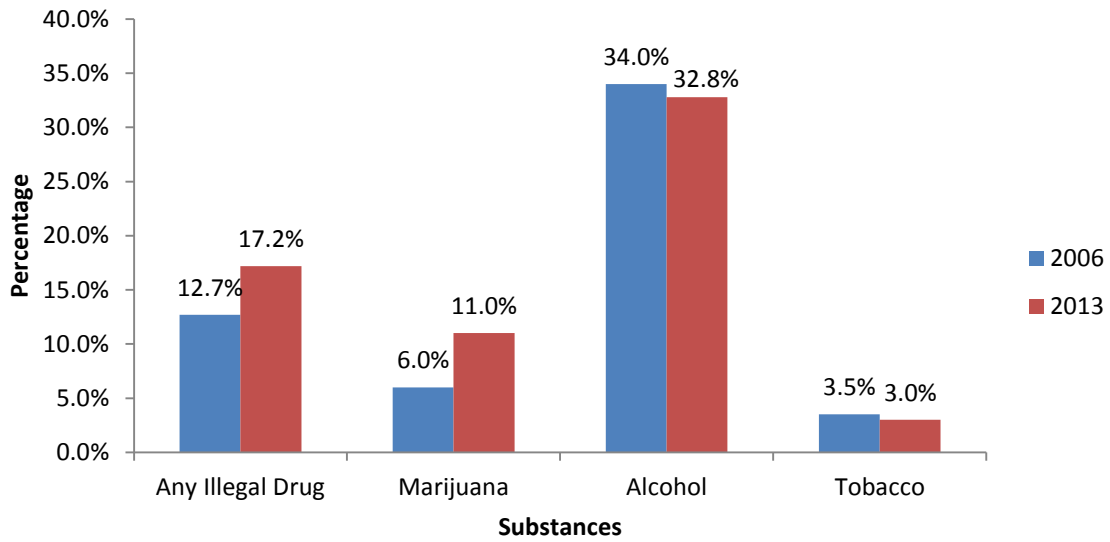
## 7.2 Appendix 2 – Comparison of 2006 & 2013 Incidence Rates

**Table 47: Comparison of 2006 & 2013 Incidence Rates**

| Drug | One-Year Incidence 2006 Total | Male | Female | 2013 Total | Male | Female | One-Month Incidence 2006 Total | Male | Female | 2013 Total | Male | Female |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Tobacco | 6.6% | * | * | 6.2% | 6.2% | 6.2% | 2.3% | * | * | 2.3% | 4.3% | 1.0% |
| Alcohol | 47.5% | * | * | 43.1% | 40.8% | 49.1% | 28.7% | * | * | 23.8% | 26.0% | 25.8% |
| Marijuana | 5.9% | * | * | 10.9% | 10.6% | 11.8% | 2.3% | * | * | 4.5% | 5.7% | 4.1% |
| Cocaine | 0.9% | * | * | 1.4% | 2.8% | 0.5% | 0.5% | * | * | 0.7% | 1.5% | 0.1% |
| Crack | 0.7% | * | * | 1.0% | 2.0% | 0.3% | 0.3% | * | * | 0.4% | 1.1% | 0.0% |
| Inhalants | 9.9% | * | * | 10.6% | 9.9% | 12.0% | 6.9% | * | * | 6.2% | 6.6% | 6.5% |
| Coca Paste | * | * | * | * | * | * | * | * | * | * | * | * |
| Ecstasy | 0.8% | * | * | 2.0% | 3.4% | 1.2% | 0.3% | * | * | 0.6% | 1.0% | 0.4% |
| Hallucinogens | * | * | * | * | * | * | * | * | * | * | * | * |
| Hashish | * | * | * | * | * | * | * | * | * | * | * | * |
| Heroin | * | * | * | * | * | * | * | * | * | * | * | * |
| Morphine | * | * | * | * | * | * | * | * | * | * | * | * |
| Opium | * | * | * | * | * | * | * | * | * | * | * | * |
| Stimulants | 1.8% | * | * | 2.5% | 4.0% | 1.6% | 0.9% | * | * | 1.3% | 2.6% | 0.5% |
| Tranquilizers | 0.8% | * | * | 2.3% | 3.0% | 1.9% | 0.5% | * | * | 1.1% | 1.8% | 0.8% |
| Other Drugs | 3.4% | * | * | 5.1% | 7.7% | 3.6% | 1.5% | * | * | 3.0% | 5.8% | 1.3% |
| Any Illegal Drug | 15.9% | * | * | 19.3% | 20.1% | 20.4% | 9.3% | * | * | 9.6% | 11.9% | 9.0% |

* = Not Available

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# Comparison of 2006 & 2013 One-Year Incidence Rates for Most Commonly Used Substances



Bar chart comparing 2006 and 2013 one-year incidence rates (Percentage) for substances:

- Alcohol: 2006 = 47.5%, 2013 = 43.1%
- Tobacco: 2006 = 6.0%, 2013 = 6.2%
- Inhalants: 2006 = 10.0%, 2013 = 10.6%
- Marijuana: 2006 = 5.9%, 2013 = 10.9%

X-axis: Substances. Y-axis: Percentage. Legend: 2006, 2013.
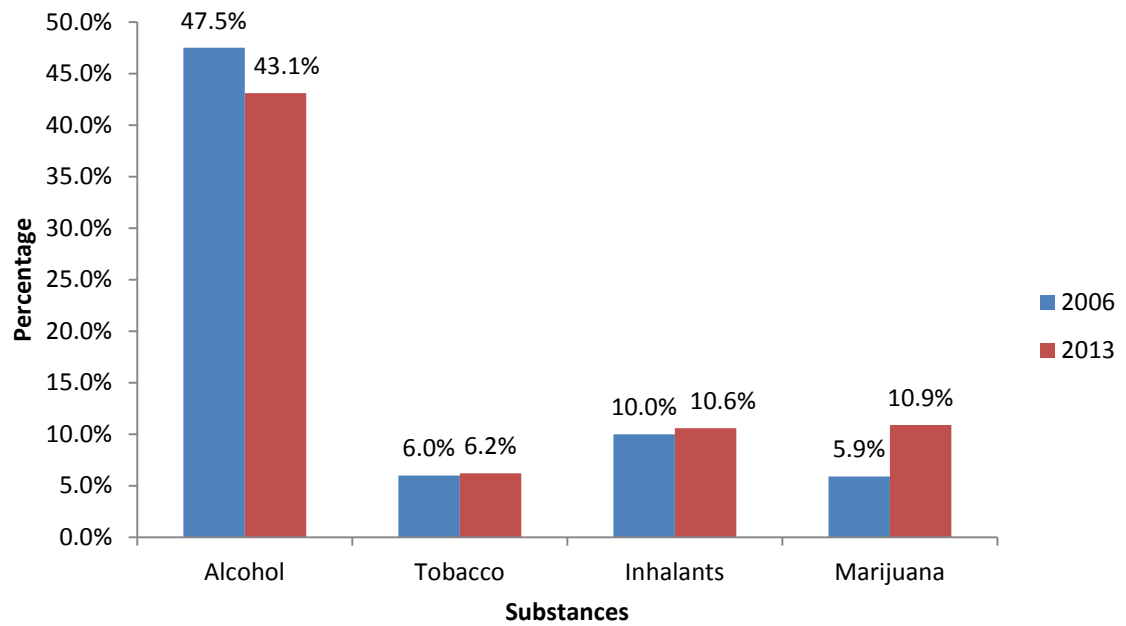
## 7.3 Appendix 3

**Survey of Secondary School Students in Barbados Standardized Questionnaire 2013**

**Good morning/Good afternoon  –**

 The NCSA in collaboration with  the Inter-American Drug Control Commission  (CICAD), is conducting a survey of secondary school students in Barbados on issues involving public health. This survey is  currently being conducted in other countries by  CICAD, and is  aimed at obtaining information to orient, as best as possible, a series of actions geared to solving public health problems.  To this end, your cooperation in this survey shall be very useful. Your answers are absolutely confidential, that is, no one other than the research team will have access to them. In addition, there is no way that anyone can identify you with your answers, as you must not write down any of your personal information anywhere. That is why we are asking you to answer honestly and sincerely.

**Please begin filling out this questionnaire on the following page (page 2, question 7).**

| 1. COUNTRY | 2. CITY | 3. QUESTIONNAIRE NUMBER |
|---|---|---|
|  |  |  |

| 4. Type of school | 5. Type of students at school |
|---|---|
| 1.Public | 1.Only males |
| 2.Private | 2.Only females |
| 3.Other (Specify:…………………………) | 3.Both males and females (coed) |

| 6. Grade or form the student is attending: | 6A Control Number: | |
|---|---|---|
| **1.Eighth grade or 2nd Form** | **School** | **Class** |
| **2.Tenth grade or 4th Form** | | |
| **3. Eleventh grade or 5th Form** | | |
| **4.Twelfth grade or 6th Form** | | |

## ST.1. THE STUDENT BEGINS TO FILL OUT THE QUESTIONNAIRE HERE

**7. Gender**

| | 1. Male |
|---|---|
| | 2. Female |

**8. Age (at last birthday)**

| | **Age (at last birthday)** |
|---|---|

**9. What is your parents'/guardians' marital status? (in relation to each other)**

| | 1. Single |
|---|---|
| | 2. Married |
| | 3. Divorced |
| | 4. Separated |
| | 5. Widow(er) |
| | 6. Living together/common law |
| | 7. Other |

**10. With whom do you live? (you may tick as many options as necessary)**

| | 1. Father |
|---|---|
| | 2. Mother |
| | 3. Brother and/or Sister |
| | 4. Stepmother |
| | 5. Stepfather |
| | 6. Wife/Husband |
| | 7. Girlfriend/Boyfriend |
| | 8. Guardian(s) |
| | 9. Other relative |
| | 10. Friend |
| | 11. Alone |
| | 12. Other |

## ST.2. PARENTAL INVOLVEMENT

| | |
|---|---|
| **11**. After school hours or on weekends, **how often does your mother or father or guardian know where you are?** Let's say for one or more hours.<br><br>| **12**. As a rule, **do any of your parents/guardian(s) focus on or know the programs you watch on television?** |

**11**. After school hours or on weekends, **how often does your mother or father or guardian know where you are?** Let's say for one or more hours.

| | |
|---|---|
| | 1. They never or almost never know where I am |
| | 2. Sometimes they do not know |
| | 3. They always or almost always know where I am |

**12**. As a rule, **do any of your parents/guardian(s) focus on or know the programs you watch on television?**

| | |
|---|---|
| | 1.Yes |
| | 2.No |

**13. How closely do your parents/guardian(s) (or one of them) pay attention to what you are doing in school?**

| | |
|---|---|
| | 1. Very closely |
| | 2. Closely |
| | 3. Somewhat |
| | 4. Not at all |

**14.** In a normal week, how many days do you sit down together, you and your parents/ guardian(s) (or one of them), at the same table, whether for breakfast, lunch, supper or dinner? **(Check just one option)**

| | |
|---|---|
| | 1. Never |
| | 2. One single day |
| | 3. Two days |
| | 4. Three days |
| | 5. Four days |
| | 6. Five days |
| | 7. Six days |
| | 8. Every day |

**15.** On weekends, **do your parents/guardian(s) (or one of them) control what time you come home at night?**

|   |    |        |
|---|----|--------|
|   | 1. | Yes    |
|   | 2. | No     |
|   | 3. | Rarely |
|   | 4. | Never  |

**16.** When you go out in the afternoon or on weekends, **do your parents/guardian(s) (or one of them) ask you and/or expect you to tell them where you are going?**

|   |    |        |
|---|----|--------|
|   | 1. | Yes    |
|   | 2. | No     |
|   | 3. | Rarely |
|   | 4. | Never  |

**17.** As a rule, **how well do you think your parents/guardian(s) (or one of them) know your closest friends?**

|   |                |
|---|----------------|
|   | 1. Very well   |
|   | 2. More or less |
|   | 3. Slightly    |
|   | 4. Not at all  |

| How do you think your father, mother or guardian would react in the following situations? | 1. Extremely upset | 2. Very upset | 3. Somewhat upset | 4. Not upset | 5. I have no idea how they would react | 6. Not applicable, I have no living father/mother /guardian or I have never seen them |
|---|---|---|---|---|---|---|
| 18. If your father/guardian catches you coming home tipsy or drunk. | | | | | | |
| 19. If your mother/guardian catches you coming home tipsy or drunk. | | | | | | |
| 20. If your father/guardian finds out you are smoking marijuana | | | | | | |
| 21. If your mother/guardian finds out you are smoking marijuana | | | | | | |

| FOCUSING ON YOUR RELATIONSHIP WITH YOUR PARENTS/ GUARDIAN(S) | 1. Very good | 2. Good | 3. Bad | 4. Very Bad | Not applicable, I have no living father/mother/guardian, I have no relationship with them |
|---|---|---|---|---|---|
| **22. How would you describe the relationship you currently have with your father/guardian?** | | | | | |
| **23. How would you describe the relationship you currently have with your mother/guardian?** | | | | | |
| **24. How would you describe the relationship your Parents/ guardian(s) have with each other? Describe it even if they do not live together.** | | | | | |

| **25. Have you had any serious conversations with any of your parents/guardian(s) about the dangers of drug use?** | **26. Focusing now on your parents/ guardian(s), do you believe that any one of them used any illegal drug when they were young?** |
|---|---|
| | |

**25.**

| | 1. YES |
|---|---|
| | 2. NO |

**26.**

| | 1.YES |
|---|---|
| | 2.NO |
| | 3. I don't know |

| **27. Do any one of your parents/guardian(s) regularly smoke at least one cigarette per day?** | **28. As far as you know, do any of your brothers or sisters or anybody else living at home with you currently use any drug?** |
|---|---|
| | |

| | 1.YES, my father/guardian |
|---|---|
| | 2.YES, my mother/guardian |
| | 3.YES, both |
| | 4.NO, neither of them |

| | 1.YES |
|---|---|
| | 2.NO |
| | 3. I don't know |

**29 and 30.** Which one of the following best describes *__your father's and mother's or guardian's drinking habits__* regarding alcohol? (e.g. wine, beer, magnum, Smirnoff ice, hard liquor) Select only **one response** for Q.29 and **one response** for Q.30.

| | **Answer Q.29**<br>**Father/ Guardian** | **Answer Q.30 Mother/ Guardian** |
|---|---|---|
| 1. Never drinks any alcohol | | |
| 2. Only on special occasions | | |
| 3. Only on weekends, but never during the week | | |
| 4. Sometimes during the week | | |
| 5. Drinks alcohol every day | | |
| 6. Not applicable, I have no living father/mother/ guardian, or I never see them | | |

**31. How happy do you feel when you go to school?**

| | |
|---|---|
| | 1. Very happy |
| | 2. Fairly happy |
| | 3. Neither happy/nor unhappy |
| | 4. Unhappy |
| | 5. Very unhappy |

**32. Speaking generally, would you say that you feel a sense of belonging at school?**

| | |
|---|---|
| | 1. YES |
| | 2. NO |

**33. In the past year, how often did you skip school without permission for a part of the day or the entire day?**

| | |
|---|---|
| | 1. Never |
| | 2. A few times |
| | 3. Several times |
| | 4. Often |

**34. In the past year, how many full days were you absent from school? Choose one of the following options.**

| | |
|---|---|
| | 1. Less than 5 days |
| | 2. Between 5 and 10 days |
| | 3. Between 11 and 20 days |
| | 4. Between 21 and 30 days |
| | 5. More than 30 days |

**35. How would you describe the relationship you generally have with your teachers at school?**

| | |
|---|---|
| | 1. Very good |
| | 2. Good |
| | 3. Average |
| | 4. Bad |
| | 5. Very bad |

| | 1. YES | 2. NO | 3. I do not know |
|---|---|---|---|
| **36A. In general, do you believe that there are drugs (alcohol, marijuana, beady, cigarettes, etc.) at your school?** | | | |
| **36B. In general, do you believe that there are students who bring, try or deal with drugs at your school?** | | | |
| **37A. Do you believe that there are drugs in the area surrounding or next to your school?** | | | |
| **37B. Do you believe that some students try to buy or deal in drugs amongst themselves just outside the school or in the surrounding area?** | | | |
| **38. Have you personally ever seen a student selling or giving drugs at school or in the area surrounding the school?** | | | |
| **39. Have you personally ever seen a student using drugs at school or in the area surrounding the school?** | | | |

**40. Do you have a job in addition to going to school?**

| | |
|---|---|
| | 1. YES |
| | 2. NO *(Go to # 42)* |

**41. How many hours a week do you work at your job?**

| | |
|---|---|
| | **Hours** |
| | |

**42. How likely is it that you will complete high school/secondary school?**

| | |
|---|---|
| | 1.Very likely |
| | 2. Likely |
| | 3. Not very likely |
| | 4. Impossible |
| | 5. Don't know |

| 43. How likely is that you will go to University? | 44. How many grade levels or years have you had to repeat throughout your school years? |
|---|---|
| <table><tr><td></td><td>1. Very likely</td></tr><tr><td></td><td>2. Likely</td></tr><tr><td></td><td>3. Not very likely</td></tr><tr><td></td><td>4. Impossible</td></tr><tr><td></td><td>5. Don't know</td></tr></table> | <table><tr><td></td><td>1. None</td></tr><tr><td></td><td>2. One</td></tr><tr><td></td><td>3. Two or more</td></tr></table> |

**45. Have you ever had behavioural and disciplinary problems during your school years? (e.g. detentions, suspensions, being sent to the headmaster/mistress or corporal punishment).**

|   | 1. Never |
|---|---|
|   | 2. Once |
|   | 3. A few times |
|   | 4. Often |

**46A. If your close friends knew you were smoking marijuana/ganja, how many of them would try to convince you to stop?**

|   | 1. All |
|---|---|
|   | 2. Some |
|   | 3. None |

**46B. If your close friends knew you were smoking marijuana/ganja, how many of them would disapprove?**

|   | 1. All |
|---|---|
|   | 2. Some |
|   | 3. None |

| JUST FOCUSING ON YOUR FRIENDS NOW | 1. None | 2. One | 3. Some | 4. A lot |
|---|---|---|---|---|
| **47. How many of your friends drink alcohol regularly?** Let's say every weekend, evenings after school or even more often | | | | |
| **48. How many of your friends smoke marijuana regularly?**<br><br>Let's say every weekend, evenings after school or even more often | | | | |

## ST.3.RISK PERCEPTION AND CURIOSITY

| | 1.<br><br>Not harmful | 2.<br><br>Slightly harmful | 3.<br><br>Moderately<br><br>harmful | 4.<br><br>Very harmful | 5.<br><br>Don't know |
|---|---|---|---|---|---|
| **49. <u>In your opinion</u>, how harmful are the following to your health?**<br><br>**MARK YOUR ANSWER WITH AN X IN THE CHECKBOX** | | | | | |
| 1. Smoking cigarettes sometimes | | | | | |
| 2. Smoking cigarettes frequently | | | | | |
| 3. Drinking alcoholic beverages frequently | | | | | |
| 4. Getting drunk | | | | | |
| 5. Taking tranquilizers/stimulants without medical prescription sometimes | | | | | |
| 6. Taking tranquilizers/stimulants without medical prescription frequently | | | | | |
| 7. Inhaling solvents sometimes | | | | | |
| 8. Inhaling solvents frequently | | | | | |
| 9. Smoking marijuana sometimes | | | | | |
| 10. Smoking marijuana frequently | | | | | |
| 11. Consuming cocaine or crack sometimes | | | | | |
| 12. Consuming cocaine or crack frequently | | | | | |
| 13. Consuming coca paste sometimes | | | | | |
| 14. Consuming coca paste frequently | | | | | |
| 15. Consuming ecstasy sometimes | | | | | |
| 16. Consuming ecstasy frequently | | | | | |
| 17. Inhaling second hand cigarette smoke | | | | | |

| 18. Inhaling second hand marijuana smoke | | | | | |
| --- | --- | --- | --- | --- | --- |

| **50A. Have you ever been curious about trying an illicit drug?** *(example: marijuana, cocaine, crack, ecstasy, beady or similar)* | **51. If you had the opportunity, would you try an illicit drug?** *(example: marijuana, cocaine, crack, ecstasy, beady or similar)* |
| --- | --- |

**50A. Have you ever been curious about trying an illicit drug?**
*(example: marijuana, cocaine, crack, ecstasy, beady or similar)*

| | 1. YES |
| --- | --- |
| | 2. NO |
| | 3. Not sure |

**50B. Have you ever been curious to try any of the following drugs?**

| | 1. Yes | 2. No | 3. Maybe |
| --- | --- | --- | --- |
| 1. Marijuana/Ganja | | | |
| 2. Cocaine | | | |
| 3. Crack | | | |
| 4. Ecstasy | | | |

**51. If you had the opportunity, would you try an illicit drug?**
*(example: marijuana, cocaine, crack, ecstasy, beady or similar)*

| | 1. YES |
| --- | --- |
| | 2. NO |
| | 3. Not sure |

## ST.4. ACCESS TO ILLICIT DRUGS AND SUPPLY

| **52. How hard or easy would it be for you to get any of the following drugs?** (*Mark with an X the corresponding checkbox for each drug*) | 1. It would be easy for me | 2. It would be hard for me | 3. I would not be able to get any | 4. I do not know if it would be hard or easy |
|---|---|---|---|---|
| 1. Marijuana | | | | |
| 2. Cocaine | | | | |
| 3. Crack | | | | |
| 4. Ecstasy | | | | |
| 5. LSD | | | | |
| 6. Heroin | | | | |

| 53. When was the **last time** someone offered you any of these drugs, whether to buy or try?<br><br>(*Mark with an X the corresponding checkbox for each drug*) | 1. Over the past 30 days | 2. More than one month ago, but less than one year ago | 3. More than one year ago | 4. I have never been offered any |
|---|---|---|---|---|
| 1. Marijuana | | | | |
| 2. Cocaine | | | | |
| 3. Crack | | | | |
| 4. Ecstasy | | | | |
| 5. LSD | | | | |
| 6. Heroin | | | | |

| 54. Think back to the last time you were offered one of the following drugs. Where did that occur? | 1. At home | 2. At school | 3. On the block | 4. At a friend's house | 5. At sporting events | 6. At other social events | 7. Other | 8. I have never been offered |
|---|---|---|---|---|---|---|---|---|
| 1. Marijuana | | | | | | | | |
| 2. Cocaine | | | | | | | | |
| 3. Crack | | | | | | | | |
| 4. Ecstasy | | | | | | | | |
| 5. LSD | | | | | | | | |
| 6. Heroin | | | | | | | | |

| 55. Think back to the last time you were offered any of the following drugs; Who was the person offering it? | 1. A relative/ family member | 2. A friend | 3. Someone you know but who is not your friend | 4. Somebody you do not know | 5. I have never been offered |
|---|---|---|---|---|---|
| 1.  Marijuana | | | | | |
| 2.  Cocaine | | | | | |
| 3.  Crack | | | | | |
| 4.  Ecstasy | | | | | |
| 5.  LSD | | | | | |
| 6.  Heroin | | | | | |

## ST.5. TOBACCO/CIGARETTES

| 56. Have you ever smoked cigarettes *in your lifetime*? | 57. How old were you when you smoked cigarettes for the **first time in your life**? |
|---|---|
| | 1.YES | | |
| | 2.NO | **(Go to #62)** | | **Years old** |
| **58. When was the <u>first time</u> you smoked cigarettes?** | **59. Have you smoked cigarettes over the <u>past 12 months</u>?** |
| | 1.  Never | | |
| | 2.  Over the past 30 days | | 1.YES |
| | 3.  More than one month ago, but less than one year ago | | 2.NO | **(Go to #62)** |
| | 4.  More than one year ago | | |

| 60. Have you smoked cigarettes over the past 30 days? | 61. About how many cigarettes a day have you smoked over the past 30 days? |
|---|---|
| | **Number of cigarettes per day:** |

| | 1.YES | |
|---|---|---|
| | 2.NO | **(Go to #62)** |

| | 1. From 1 to 5 |
|---|---|
| | 2. From 6 to 10 |
| | 3. From 11 to 20 |
| | 4. More than 20 |

## ST.6. ALCOHOL

| 62. Have you ever drunk alcoholic beverages in your lifetime? *(Consider wine, beer or hard liquor such as, rum, vodka, Smirnoff ice etc. Do not include any time when your parents/guardian(s) gave you a sip of alcohol to taste)* | 63. How old were you when you drank alcoholic beverages for the first time in your life? *(Do not include any time when your parents/ guardian(s) gave you a sip of alcohol to taste)* |
|---|---|

| | 1.YES | |
|---|---|---|
| | 2.NO | **(Go to #73)** |

| | **Years old** |
|---|---|

| 64. When was the <u>first time</u> you drank alcoholic beverages? | 65. Have you drunk any alcoholic beverages over the <u>past 12 months</u>? |
|---|---|

| | 1. Never |
|---|---|
| | 2. Over the past 30 days |
| | 3. More than one month ago, but less than one year ago |
| | 4. More than one year ago |

| | 1.YES | |
|---|---|---|
| | 2.NO | **(Go to #73)** |

| 66. **Have you drunk alcoholic beverages over the past 30 days?** | 67. **Where do you most often drink alcohol? (Tick only one (1) response)** |
|---|---|
| <table><tr><td></td><td>1.YES</td></tr><tr><td></td><td>2.NO</td></tr></table> | <table><tr><td></td><td>1. At home</td></tr><tr><td></td><td>2. At school</td></tr><tr><td></td><td>3. On the block</td></tr><tr><td></td><td>4. At a friend's house</td></tr><tr><td></td><td>5. At sporting events</td></tr><tr><td></td><td>6. At other social events</td></tr><tr><td></td><td>7. Other</td></tr></table> |
| 68. **From whom/where do you usually get alcohol?  Tick only one (1) response)** | 69. **How many days, over the past 30 days, have you taken too much to drink and have gotten drunk?** |
| <table><tr><td></td><td>1. Friends</td></tr><tr><td></td><td>2. Parents/Guardians</td></tr><tr><td></td><td>3. Brother/Sister</td></tr><tr><td></td><td>4. Other relatives</td></tr><tr><td></td><td>5. Street vendor</td></tr><tr><td></td><td>6. Shop</td></tr><tr><td></td><td>7. Other</td></tr></table> | <table><tr><td></td><td>**Number of days**</td></tr></table> |

70. **Over the past 30 days, what type of alcoholic beverage did you drink and how often?**

(*Mark with an X only that option that corresponds to each alcoholic beverage*)

|  | 1. Daily | 2. Several days of the week | 3. Weekends | 4. A few times during the month | 5. Never |
|---|---|---|---|---|---|
| 1. Beer |  |  |  |  |  |
| 2. Wine (red label, etc.) |  |  |  |  |  |
| 3. Hard liquor (rum, whisky, vodka, brandy, magnum, Smirnoff ice, etc.) |  |  |  |  |  |

| **71. Over the past two weeks, how many times have you consumed five (5) or more alcoholic drinks in one (1) sitting?** | **72. Just focusing on the past month, about how much money did you end up spending on buying alcoholic beverages?** |
|---|---|
| <table><tr><td></td><td>1. Not once</td></tr><tr><td></td><td>2. Only once</td></tr><tr><td></td><td>3. Between 2 and 3 times</td></tr><tr><td></td><td>4. Between 4 and 5 times</td></tr><tr><td></td><td>5. More than 5 times</td></tr></table> | |

**ST.7. LIFETIME PREVALENCE AND AGE OF FIRST USE**

| 73. Have you ever consumed any of these substances?<br><br>**INDICATE THE ANSWER FOR EACH DRUG WITH AN (X). If you answer 'YES' to any drug, please indicate age of first use of that drug in Question 74 in the column to the right.** | | | 74. Age at first use? |
|---|---|---|---|
| | **NO** | **YES** | → |
| 1.  Tranquilizers without medical prescription | | | Years old |
| 2.  Stimulants without medical prescription | | | Years old |
| 3.  Inhalants (e.g. Glue, Diesel, Fuel, other 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 |

**ST.8. PREVALENCE YEAR, MONTH, INCIDENCE, FREQUENCY OF USE**

**INHALANTS**

| 75a. When was the <u>first time</u> you tried inhalants (e.g. Glue, Diesel, Fuel, other Solvents)? | 75b. Have you used inhalants at least once over the <u>past 12 months</u>? |
|---|---|
| <table><tr><td></td><td>1.I have never used inhalants (**Go to #76a**)</td></tr><tr><td></td><td>2. Over the past 30 days</td></tr><tr><td></td><td>3. More than one month ago, but less than one year ago</td></tr><tr><td></td><td>4. More than one year ago</td></tr></table> | <table><tr><td></td><td>1.YES</td></tr><tr><td></td><td>2.NO (**Go to #75e**)</td></tr></table> |
| **75c. How often have you used inhalants?** | **75d. Have you used inhalants at least once over the <u>past 30 days</u>?** |
| <table><tr><td></td><td>1. Just once</td></tr><tr><td></td><td>2. Several times over the past 12 months</td></tr><tr><td></td><td>3. Several times a month</td></tr><tr><td></td><td>4. Several times a week</td></tr><tr><td></td><td>5. Every day</td></tr></table> | <table><tr><td></td><td>1.YES</td></tr><tr><td></td><td>2.NO</td></tr></table> |
| **75e. Have you ever sniffed inhalants such as glue, whiteout, paint, thinner, etc. in order to get high?**<br><br><table><tr><td></td><td>**1. Yes**</td></tr><tr><td></td><td>**2. No**</td></tr></table> | |

**MARIJUANA**

| 76a. When was the <u>first time</u> you ever smoked marijuana? | 76b. Have you smoked marijuana at least once over the <u>past 12 months</u>? |
|---|---|
| 1.I have never smoked marijuana (Go to # 77a) | 1.YES |
| 2. Over the past 30 days | 2.NO(Go to #77a) |
| 3.More than one month ago, but less than one year ago | |
| 4.More than one year ago | |

| 76c.How often have you smoked marijuana? | 76d. Have you smoked marijuana at least once over the <u>past 30 days</u>? |
|---|---|
| 1. Just once | 1.YES |
| 2. Several times over the past 12 months | 2. NO    **(Go to #76h)** |
| 3. Several times a month | |
| 4. Several times a week | |
| 5. Every day | |

| 76e. Where do you most often use marijuana? | | 76f. From whom/where do you usually get marijuana? | |
|---|---|---|---|
| 1. At home | 2. At a friend's house | 1. Friends | 2. Other relative(s) |
| 3. At school | 4. At sporting events | 3. Parents | 4. Street pusher |
| 5. On the block | 6. At other social events | 5. Brother/Sister | 6. Other …………….. |
| 7. Other ……………. | | | |

| 76g. Just focusing on the past month, about how much money did you end up spending on buying marijuana? | |
|---|---|
| ☐☐ | |

| 76h. Over the PAST 12 MONTHS, how often has any of the following described below happened to you? | 1. Never | 2. Rarely | 3. From time to time | 4. Fairly often | 5. Very often |
|---|---|---|---|---|---|
| a) Have you ever smoked marijuana before noon? | | | | | |
| b) Have you ever smoked marijuana when you were alone? | | | | | |
| c) Have you ever had memory problems when you smoked marijuana? | | | | | |
| d) Have friends or members of your family ever told you that you should reduce or stop your marijuana use? | | | | | |
| e) Have you ever tried to reduce or stop your marijuana use without succeeding? | | | | | |
| f) Have you ever had problems because of your use of marijuana (argument, fight, accident, bad result at school, etc.)? | | | | | |

**COCAINE**

| 77a. When was the <u>first time</u> you ever tried cocaine? | 77b. Have you used cocaine at least once over the <u>past 12 months</u>? |
|---|---|
| <table><tr><td></td><td>1. I have never used cocaine **(Go to #78a)**</td></tr><tr><td></td><td>2. Over the past 30 days</td></tr><tr><td></td><td>3.More than one month ago, but less than one year ago</td></tr><tr><td></td><td>4.More than one year ago</td></tr></table> | <table><tr><td></td><td>1.YES</td></tr><tr><td></td><td>2. NO **(Go to #78a)**</td></tr></table> |
| **77c. How often have you used cocaine**? | **77d. Have you used cocaine at least once over the <u>past 30 days</u>?** |
| <table><tr><td></td><td>1. Just once</td></tr><tr><td></td><td>2. Several times over the past 12 months</td></tr><tr><td></td><td>3. Several times a month</td></tr><tr><td></td><td>4. Several times a week</td></tr><tr><td></td><td>5. Every day</td></tr></table> | <table><tr><td></td><td>1.YES</td></tr><tr><td></td><td>2. NO **(Go to #78a)**</td></tr></table> |
| **77e. From whom/where do you usually get cocaine?** <br><br>*Mark with an X all those checkboxes that correspond* | **77f. Just focusing on the past month, about how much money did you end up spending on buying cocaine?** |
| <table><tr><td></td><td>1. Friends</td></tr><tr><td></td><td>2. Parents</td></tr><tr><td></td><td>3. Brother/Sister</td></tr><tr><td></td><td>4. Other relative(s)</td></tr><tr><td></td><td>5. Street pusher</td></tr><tr><td></td><td>6. Other</td></tr></table> | <table><tr><td></td><td></td></tr></table> |

**CRACK**

| 78a. When was the <u>first time</u> you ever tried crack? | 78b. Have you used crack at least once over the <u>past 12 months</u>? |
|---|---|
| <table><tr><td></td><td>1. I have never used crack **(Go to #79a)**</td></tr><tr><td></td><td>2. Over the past 30 days</td></tr><tr><td></td><td>3. More than one month ago, but less than one year ago</td></tr><tr><td></td><td>4. More than one year ago</td></tr></table> | <table><tr><td></td><td>1.YES</td></tr><tr><td></td><td>2. NO**(Go to #79a)**</td></tr></table> |
| 78c. How often have you used crack? | 78d. Have you used crack at least once over the <u>past 30 days</u>? |
| <table><tr><td></td><td>1. Just once</td></tr><tr><td></td><td>2. Several times over the past 12 months</td></tr><tr><td></td><td>3. Several times a month</td></tr><tr><td></td><td>4. Several times a week</td></tr><tr><td></td><td>5. Every day</td></tr></table> | <table><tr><td></td><td>1.YES</td></tr><tr><td></td><td>2.NO **(Go to #79a)**</td></tr></table> |
| 78e. From whom/where do you usually get crack?<br><br>*Mark with an X all those checkboxes that correspond* | 78f. Just focusing now on the past month, about how much money did you end up spending on buying crack? |
| <table><tr><td></td><td>1. Friends</td></tr><tr><td></td><td>2. Parents</td></tr><tr><td></td><td>3. Brother/Sister</td></tr><tr><td></td><td>4. Other relative(s)</td></tr><tr><td></td><td>5. Street pusher</td></tr><tr><td></td><td>6. Other</td></tr></table> | |

**ECSTASY**

| 79a. When was the <u>first time</u> you ever tried Ecstasy? |
|---|
| | 1. I have never used Ecstasy |
| | 2. Over the past 30 days |
| | 3.More than one month ago, but less than one year ago |
| | 4.More than one year ago |

| 80a. When was the <u>first time</u> you ever tried HYDRO? | 80b. Have you used HYDRO at least once over the <u>past 12 months</u>? |
|---|---|
| | 1. I have never used seasoned HYDRO (**Go to #81a**) | | 1.YES |
| | 2. Over the past 30 days | | 2.NO (**Go to #81a**) |
| | 3.More than one month ago, but less than one year ago | |
| | 4.More than one year ago | |
| **80c. How often have you used HYDRO?** | **80d. Have you used HYDRO at least once over the <u>past 30 days</u>?** |
| | 1. Just once | | 1.YES |
| | 2. Several times over the past 12 months | | 2.NO |
| | 3. Several times a month | |
| | 4. Several times a week | |
| | 5. Every day | |

**81a. When was the <u>first time</u> you ever tried tranquilizers without medical prescription?**

*Consider drugs such as Alprazolam, Diazepam (Valium), Flunitrazepam (Rohypnol), Chlordiazepoxide (Librium) or similar.*

| | |
|---|---|
| | 1.I have never used prescription drugs without prescription **(Go to #82a)** |
| | 2. Over the past 30 days |
| | 3.More than one month ago, but less than one year ago |
| | 4.More than one year ago |

**81b. Have you used tranquilizers at least once without medical prescription over the <u>past 12 months</u>?**

| | |
|---|---|
| | 1.YES |
| | 2.NO **(Go to #81e)** |

**81c. Have you used tranquilizers without medical prescription at least once over the <u>past 30 days</u>?**

| | |
|---|---|
| | 1.YES |
| | 2.NO **(Go to #81e)** |

**81d. Over the <u>past 30 days</u>, how many days did you use tranquilizers without medical prescription?**
**(insert no. of days)**

| | |
|---|---|
| | **Number of days** |

**81e. How did you have access to the tranquilizers that you consumed?**

| | |
|---|---|
| | 1. From a medical doctor or other licensed medical practitioner |
| | 2. In the street |
| | 3. At home |
| | 4. From a friend |
| | 5. At the pharmacy |
| | 6. Other |

**82a. When was the <u>first time</u> you ever tried stimulants without a medical prescription?**

*Consider drugs such as Methylphenidate (Ritalin), Phenmetrazine (Preludin or Adepsin), Amphetamines (Adderall), Dextroamphetamine (Dexedrine, DextroStat), Pemoline (Cylert) or similar*

| | |
|---|---|
| | 1.I have never used over-the-counter stimulants **(Go to #83)** |
| | 2. Over the past 30 days |
| | 3.More than one month ago, but less than one year ago |
| | 4.More than one year ago |

**82b. Have you used stimulants at least once over the <u>past 12 months</u>?**

| | |
|---|---|
| | 1.YES |
| | 2.NO **(Go to #82e )** |

**82c. Have you used over-the-counter stimulants at least once over the <u>past 30 days</u>?**

| | |
|---|---|
| | 1.YES |
| | 2.NO **(Go to #82e)** |

**82d. Over the <u>past 30 days</u>, how many days did you use stimulants without a medical prescription?**

| | |
|---|---|
| | **Number of days** |

**82e. How did you get the stimulants you used?**

| | |
|---|---|
| | 1. From a medical doctor or other licensed medical practitioner |
| | 2. In the street |
| | 3. At home |
| | 4. From a friend |
| | 5. At the drugstore |
| | 6. Other |

## ST.9. USE-RELATED RISKS

| 83. Over the PAST 12 MONTHS, how often have you experienced or been in the following situations because of drinking alcohol or using illicit drugs? | 1. Never | 2. Rarely /Seldom | 3. Sometimes | 4. Often | 5. Almost always |
|---|---|---|---|---|---|
| a) Getting a low grade on an important test/ exam or school project | | | | | |
| b) Getting into some kind of trouble with the police | | | | | |
| c) Getting into any angry argument or fight | | | | | |
| d) Memory loss | | | | | |
| e) Problems with your family/relatives/ households | | | | | |
| f) Having someone taking sexual advantage of you. | | | | | |
| g) Taking sexual advantage of someone. | | | | | |
| h) Trying **without success** to stop drinking alcohol or taking illicit drugs | | | | | |
| i) Self-harm (such as self-cutting, burning, hitting, etc.) | | | | | |
| j) Seriously thinking about committing suicide | | | | | |

**ST.10. ACCURACY OF YOUR STATEMENT**

| 84. If you tried marijuana once in your lifetime, would you say so in this questionnaire? | 85. If you tried crack once in your lifetime, would you say so in this questionnaire? |
|---|---|
| 1. Yes, I have just said so<br><br>2. Definitely yes<br><br>3. Probably yes<br><br>4. Probably no<br><br>5. I would definitely not say so | 1. Yes, I have just said so<br><br>2. Definitely yes<br><br>3. Probably yes<br><br>4. Probably no<br><br>5. I would definitely not say so |

**ST.11.**

| 86. Have you ever injected drugs such as Heroin, cocaine, crack, or steroids? | 87. When you last injected, what was done with the used syringe/needle? |
|---|---|
| 1.YES<br><br>2.NO (**Go to #89** ) | 1. I threw it away<br><br>2. I kept it to reuse it<br><br>3. I gave it to someone else to use it<br><br>4. Something else, please specify:……………………<br><br>5. I do not know/ do not recall |

| 88a. Do you clean used needles/syringes that were given to you? | 88b. If so, how often do you clean them? |
|---|---|
| <table><tr><td></td><td>1.YES</td></tr><tr><td></td><td>2.NO</td></tr></table> | <table><tr><td></td><td>1. Always</td></tr><tr><td></td><td>2. Frequently</td></tr><tr><td></td><td>3. Infrequently</td></tr></table> |

**89. Do you and/or your partner use a condom every time you have sex?**

|   |   |
|---|---|
|   | 1. Yes |
|   | 2. No |
|   | 3. I do not have sex |