

**Grenada Second Secondary School  
Drug Prevalence Survey  
2005**

*Funded by:*

**GOVERNMENT OF GRENADA  
AND**

**ORGANIZATION OF AMERICAN STATES/  
INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION**



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## ACKNOWLEDGEMENTS

This study was conducted by the Drug Control Secretariat, Ministry of Education under the management of, Mr. Arthur Pierre, Officer

The preparation of this report would not have been possible without the tremendous support provided to the Research Coordinator by a number of individuals and institutions.

Special thanks to Mrs. Dianne Roberts, Research and Development Consultant for writing the report for the survey.

Nurses attached to the Grenada School of Nursing provided invaluable assistance during the data collection process by facilitating the administration of the survey instrument.

Thanks also to all the principals and parents who fully supported the initiative and cooperated throughout every stage of the research process.

To all the students who willingly participated in this study, thanks for the wealth of information provided and your continued interest in your development.

## EXECUTIVE SUMMARY

This report presents the findings of the second secondary school drug prevalence survey administered to three thousand and eighty-eight (3,088) 2<sup>nd</sup>, 4<sup>th</sup> and 5<sup>th</sup> form students in Grenada in 2005. The survey's objectives were two-fold:

1. To determine the prevalence and incidence of drug use among secondary school students in Grenada;
2. To establish comparisons with the results of the first secondary school drug prevalence survey conducted in 2002 as a means of informing policy makers of new trends.

The major areas of concern regarding drug use among secondary school students in Grenada include inter alia: Low level of drug prevention education; the potential for peer motivated drug use; accessibility of illicit drugs; desire among less than 10% of the population to try illicit drugs; the significant consumption of alcohol, marijuana and cigarette among secondary school students; and the emerging use of solvents and inhalants among the target group.

The following recommendations are therefore proposed to address the above issues.

1. Elaborate the development of a drug education and life skills programme for primary and secondary school students based on the comparative analysis of critical information needed by students to support prevention, and the degree of drug-related information and decision making skills already infused within the school's curricula.
2. Scale up current public awareness and education efforts aimed at primary prevention of drug use. This initiative should highlight the myths, socio-economic and public health realities of drug use - particularly alcohol, marijuana, cigarette and solvent and inhalants.
3. Strengthen the enforcement of policies and laws that limit minors' access to alcohol and illegal substances.
4. Employing a participatory approach, develop a policy that supports the implementation of an alternative livelihood initiative targeting potential and actual drug traffickers as part a broader plan of supply reduction.
5. Supplement the information from this and future surveys with qualitative focus assessment studies designed to explain the results and trends, and assist in developing more relevant and effective interventions to curb the challenges of drug use.
6. Implement a qualitative based study designed to better understand the socio-cultural drivers for alcohol use in Grenadian society.

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**LIST OF ABBREVIATIONS**

GRENDIN	Grenada Drug Information Network
Kg	Kilogram
NIDA	National Institute on Drug Abuse
OID	Inter-American Observatory on Drugs
SIDUC	Inter-American Drug Use Data System
SPSS	Statistical Package for Social Sciences
UNDP	United Nations Drug Control Programme

## 1.0 INTRODUCTION

The last two decades have been marked by significant changes in adolescent health throughout the Caribbean region (Halcon et al, 2003; OAS et al, 2003). There has been a major shift from infectious to social diseases and mortalities caused mainly by individual risk behaviours and environmental factors (Halcon et al, 2003). Drug use and drug-related delinquent activities have therefore become one of the major challenges facing the region's young people. Fueled by increased drug trafficking, supportive cultural norms and practices, and inadequacies in community youth-based services, this phenomenon is currently threatening the human resource base and the viability of national economies. Yet, implementing effective interventions to curb drug use among adolescents is a very complex and resource intensive process. Moreover, evaluation of these activities has not always been consistent or reliable. A new approach therefore which focuses on health promotion and risk reduction within a strategically developed monitoring and evaluation framework is needed to guide the way forward.

The Inter-American Observatory on Drugs (OID) as part of its mission to assist in the promotion and building of a drug information network for the Americas, commenced regional implementation of the Secondary School Drug Prevalence survey in July 2001. Grenada participated in this initiative, and conducted its first survey in 2002 targeting four thousand, two hundred and twenty three (4,223) 2<sup>nd</sup>, 4<sup>th</sup> and 6<sup>th</sup> form students. To ensure effective monitoring and evaluation, the survey was repeated among three thousand and eighty-eight (3,088) 2<sup>nd</sup>, 4<sup>th</sup> and 5<sup>th</sup> form students in 2005.<sup>1</sup> The survey's objectives were two-fold:

3. To determine the prevalence and incidence of drug use among secondary school students in Grenada;
4. To establish comparisons with the results of the first secondary school drug prevalence survey conducted in 2002 as a means of informing policy makers of new trends.

This document reports on the findings of the second secondary school drug prevalence survey administered in 2005.

**Section 1** provides an overview of the study and its context. This includes Grenada's geographical position, its socio-economic status and a summary of national drug related statistics covering the period 1988 – 2005.

**Section 2** presents the study's methodology.

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<sup>1</sup> Ideally, surveys should be conducted every two years. Grenada's second secondary schools drug prevalence survey was scheduled to be held in November 2004. However, the activity was postponed due to the impact of Hurricane Ivan in September 2004.

**Section 3** summarizes the study's findings. In particular, it details information on respondents' exposure to drugs and drug use, and lifetime, past year and current drug consumption rates.

**Section 4** compares the results of the two drug prevalence surveys.

**Section 5** discusses the results of the study.

**Section 6** concludes the report with recommendations geared to reducing the incidence of drug use among the target population.

## 1.1 National Context

Grenada, part of a tri-island state (Grenada, Carriacou and Petit Martinique), is the southernmost windward island in the Eastern Caribbean situated approximately 100 miles north of Venezuela and 90 miles southwest of Barbados. Approximately 101,000 people live on the 344 sq km island. The population is fairly evenly distributed along gender lines, with slightly more females (50.4%) than males (49.6%). Age distribution revealed that the population is primarily young with 47% less than 20 years old (Government of Grenada, 2001). Over 40 percent of the population lives in urban settings concentrated in coastal areas. It is estimated that, by 2030, almost 60 percent of the island's population will live in urban areas (UNDESA, 2003). English is the official language of the island state. According to the 2005 UNDP Human Development Index, Grenada ranks 66<sup>th</sup> out of 177 nations based on measures such as life expectancy, educational attainment and adjusted real income. Grenada gained independence from the United Kingdom in 1974, and currently has a stable democratic political environment based on the Westminster-style parliament.

The economy of Grenada is based on a diverse service sector with significant contributions from the construction, agriculture and tourism industries. Real GDP growth of 6-6.5% is projected for 2006. Beyond 2006-2007, growth of 4% would need to be sustained through growth enhancing reforms. This positive growth projection reflects continued activity in the construction sector, preparation for hosting Cricket World Cup, and the revitalization of the tourism and agriculture sectors (Ministry of Finance, 2006).

A national poverty assessment survey conducted by Kairi Consultants in 1998 estimated that 32.1% of all individuals in Grenada were poor, in that their annual expenditure was less than EC\$3,362 - the cost of meeting their minimal food and other basic requirements. The report also highlighted that poverty is seriously affecting young people, *with over 56% of the poor being less than 25 years old*. Moreover, the country had a limited human capital stock with *approximately 64% reporting having no form of educational certification*.

## 1.2 OVERVIEW OF DRUG SITUATION

### 1.2.1 Cultivation and Production

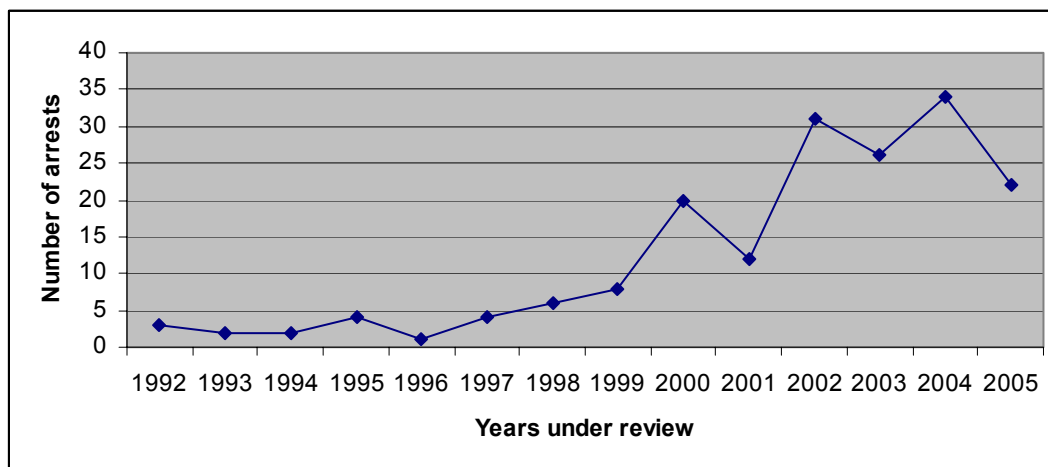
Cocaine manufacturing or the cultivation of coca plants does not occur within Grenada. Marijuana however, is cultivated on a small scale and is utilized primarily for local consumption. The majority of the latter drug found locally is smuggled into Grenada from neighbouring islands such as St. Vincent and the Grenadines.

### 1.2.2 Trafficking

Grenada’s geo-strategic location, as the southernmost island of the Eastern Caribbean, its proximity to South America and the numerous uninhabited, un-policed islands and beaches make it an ideal location for the transshipment of narcotics to other parts of the Caribbean, North America and Europe (Grendin, 2003; Bureau for International Narcotics and Law Enforcement Affairs, 2006). Maritime smuggling is the principal method used to traffic cocaine and marijuana into Grenada. Drugs are smuggled into and out of island aboard a variety of vessels, including go-fast and fishing boats, small merchant vessels and commercial containerized cargo ships. Grenada is not considered however, a major transshipment point for essential chemicals that may be diverted for illicit drug production.

According to the 2003 GRENDIN<sup>2</sup> report, the transfer of drugs particularly cocaine through the island’s sole international airport is of major concern to authorities. As illustrated by Figure 1-1, drug trafficking related arrests during the period 1992 – 2005 increased almost exponentially by 633%, with the highest recorded apprehension (34 arrests) occurring in 2004.

**Figure 1-1: Drug trafficking related arrests**



<sup>2</sup> GRENDIN, the Grenada Drug Information Network is the system through which Grenada coordinates the collection and dissemination of statistical information from all institutions involved in the area of drug control (GRENDIN, 2003).

To date no ecstasy trafficking or use is reported in Grenada. Albeit this, intelligence reports indicated that some heroin which was seized in Canada, was transshipped to Grenada in 2001.

Box 1 outlines the types and quantity of drugs seized by the Royal Grenada Police Force (1988 – 2005) and the Customs and Excise Department (2003 – 2005) (Drug Control Secretariat, 2005).

**Box 1: Types and total quantity of drugs seized by the Royal Grenada Police Force 1988 – 2005**

Cannabis trees	Marijuana cigarettes	Cured marijuana (kg)	Cocaine (kg)	Crack (blocks)	Methamphetamines (tablets)
<b>259,728</b>	<b>24,901</b>	<b>8,836.62</b>	<b>874.27</b>	<b>11,450</b>	<b>89</b>

**The Excise and Customs Department seized 45.72 kg of cured compressed cannabis leaves during the period 2003 – 2005.**

Detailed analysis of the quantity of drugs seized during 1988 – 2005 revealed the following information:

- The number of marijuana trees seized decreased significantly by approximately 92%, with the highest and lowest seizures occurring in 1989 (50,479 trees) and 2004 (2,280 trees) respectively.
- Similarly, marijuana cigarettes seized during the period understudy dropped by 76.5%, with the highest and lowest seizures occurring in 1988 (5,507 cigarettes) and 2000 (437 cigarettes) respectively.
- Cured marijuana confiscated decreased by 21.1%. Seizures were lowest in 1989 (23.58 kg) and then increased significantly in 1992 (4008.71 kg).
- On the contrary, the amount of cocaine impounded increased by 379.2% over the 13-year period. Seizures peaked in 1992 (218.17 kg) and was lowest in 1989 (0.8 kg).
- Sole confiscation of Methamphetamines tablets occurred in 2003.

### 1.2.3 Statistical Review<sup>3</sup>

During the period 1988 – 2005, five thousand, seven hundred and sixty four (5,764) persons were arrested and charged with drug related offenses. On average, nine in every ten persons or 92.7% were males. Approximately 13.1% of persons charged and arrested during the understudy period represented individuals twenty (20) years and under. Males in this age category outnumbered females by 86.1% (Males: 662 and Females: 92).

The data further showed that 24.1% of persons (n = 1,388) arrested and charged for drug related offences were convicted to Her Majesty's prison during the seventeen year period.

Investigation of the age range of males convicted for drug related offences revealed that the majority of individuals were between the ages of 30 - 39 (46.6%) and 20 – 29 (33.3%) years. Males 0 – 19 years were least convicted (3.8%) during the period under review.

On the contrary, 53.4%, or one in every two convicted females convicted were between the ages of 20 – 29, with approximately one in every five or 24.2% between the ages of 30 – 39.

During the period 1999 – 2004, the vast majority of males convicted to Her Majesty's Prisons were Grenadians (84.2%). Most female convicts however, were persons with British/English (39.2%) and Jamaican (25%) nationalities. Grenadians represented only 14.3% of all females convicted during the seven year period.

The principal drug treatment and rehabilitation centre in Grenada, Carlton House culminated its provision of services in 2004 after destruction of the facility by Hurricane Ivan. A fire in 2006 further demolished the property.

---

<sup>3</sup> Based on data collected by the Drug Control Secretariat, Ministry of Education.

## **2.0 METHODOLOGY**

### **2.1 Sample Design**

Students enrolled in Forms 2, 4 and 5 at the nineteen public secondary schools in Grenada represented the survey's population (N=6024) (Ministry of Education, 2005). A total of three thousand and eighty-eight (3,088) students from these forms participated in the survey, representative of 51.3% involvement.

### **2.2 Data Collection**

Data was collected from all attending students in the selected forms through the use of a self-administered questionnaire (Refer to Appendix 1). Trained facilitators from the Grenada School of Nursing were used to distribute and collect the research instruments, and answer students questions or concerns as needed. Confidentiality of information was maintained throughout the entire data collection process. Specifically, facilitators did not have access to students' responses during the time the questions were answered, and no information that could be used to identify respondents was recorded.

The surveys collected data on the use of the following drugs: tobacco, alcohol, tranquillizers, stimulants, marijuana, cocaine hydrochloride, crack cocaine, ecstasy, methamphetamines, hallucinogens, heroin, opium, morphine, and solvents/inhalants.

Drug use was measured through three indicators as outlined below:

1. Lifetime prevalence/experimental drug use: The percentage of the targeted population that used drugs at least once in their lifetime;
2. Prevalence in the last year: The percentage that of the target population that used drugs one or more times during the 12 months preceding the survey;
3. Prevalence in the last month/current use: The percentage of the population that used drugs one or more times in the 30 days immediately preceding the survey.

In addition to the prevalence data, information was also collected on other relevant indicators such as the number of friends who used illicit drugs and/or alcohol, desire and opportunity to use drugs, exposure to prevention measures, and extent of behavioural and/or disciplinary problems at school.

### **2.3 Data Handling**

The steps recommended by the Inter-American Drug Use Data System (SIDUC) to ensure accuracy, completeness and integrity of the data were adhered to by survey coordinating personnel. For instance, facilitators gave clear and consistent instructions and explanations to reduce the chance of ambiguity. Additionally, they were responsible for checking all returned questionnaires for completeness and consistency in the responses as soon as possible after the exercise was completed in each class. Finally, the data was entered twice for verification purposes to eliminate the chance of data entry

error. The file containing the data was converted to SPSS format (Statistical Package for Social Sciences) for use in data tabulation.



### 3.0 PRESENTATION OF FINDINGS

#### 3.1 STUDENT DEMOGRAPHICS

Three thousand and eighty-eight (3,088) students from across 19 public secondary schools participated in the second secondary school drug prevalence survey. As illustrated by Table 3-1, the majority of participants were between the ages of 15-16 (44.3%) followed by persons 12-14 (36.5%) and 17-18 (19.2%). Distribution based on grade level was fairly consistent, with approximately one third of respondents selected from each of the participating forms/grade level. Male participation (53.4%) however, was slightly greater than that of females (45.2%).

**Table 3-1: Students' demographics**

Demographic indicator	Distribution of students	
	Number	Percent
<b>Type of school</b>		
Public	3088	100.0
<b>Age<sup>4</sup></b>		
12-14	1043	33.8
15-16	1276	41.3
17-18	518	16.8
19+	35	1.1
<b>Sex</b>		
Male	1649	53.4
Female	1395	45.2
<b>Grade/Form in school</b>		
Second	1011	33.1
Fourth	1086	35.6
Fifth	957	31.3

#### 3.2 KNOWLEDGE AND EXPOSURE TO DRUGS AND DRUG USE

##### 3.2.1 Knowledge of the Consequences of Drug Use

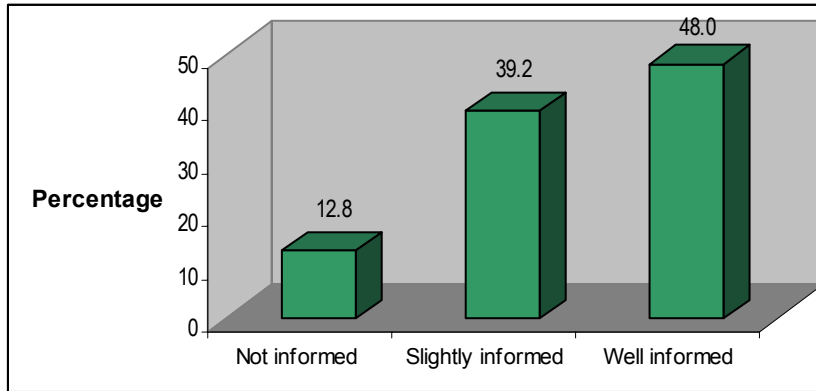
In response to the general question of whether they felt that they knew enough about the consequences of drugs,<sup>5</sup> 87.2% indicated that they had some knowledge. In particular, 48.0% were well informed, while 39.2% were slightly informed. Only 12.8% or approximately one in every ten students was of the opinion that they were not informed about the implications of drug use as shown by Figure 3-1.

---

<sup>4</sup> Two hundred and eight (208) respondents did not include their age on the questionnaire, while eight (8) respondents were eleven (11) years of age.

<sup>5</sup> Drugs as used in this section include tobacco, alcoholic drinks, marijuana, cocaine etc.

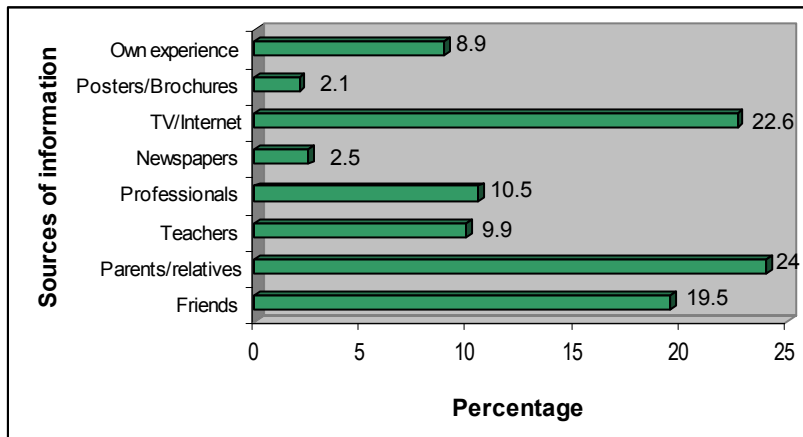
**Figure 3-1: Knowledge of the consequences of drug use**



### 3.2.2 Sources of Information

The most popular sources of information on drugs were almost evenly divided between participants' parents and relatives (24.0%) and the television or Internet (22.6%). This was followed by information from friends (19.5%), professionals (10.5%), teachers (9.9%) and students' own experience (8.9%). Other less significant sources included newspapers (2.5%), posters and brochures (2.0%) (Refer to Figure 3-2).

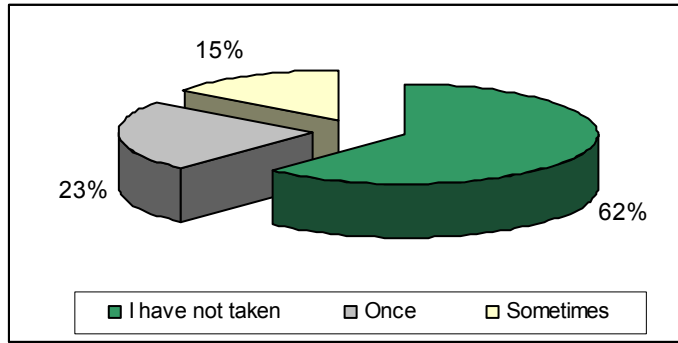
**Figure 3-2: Sources of information on drug use**



### 3.2.3 Participation in Drug Prevention Education

Students were also asked about their exposure to drug prevention education as illustrated in Figure 3-3. Results revealed that drug prevention education in the secondary schools was at a relatively low level. A total of 61.9% of students reported that they have not taken any drug prevention course, highlighting the need for expanding school based drug prevention programmes. Albeit this, almost two in every five students or 38.1% indicated participation in past drug prevention courses. Specifically, 23.3% had taken these courses once, while 14.8% reported that they have taken these courses sometimes.

**Figure 3-3: Student participation in drug prevention education**

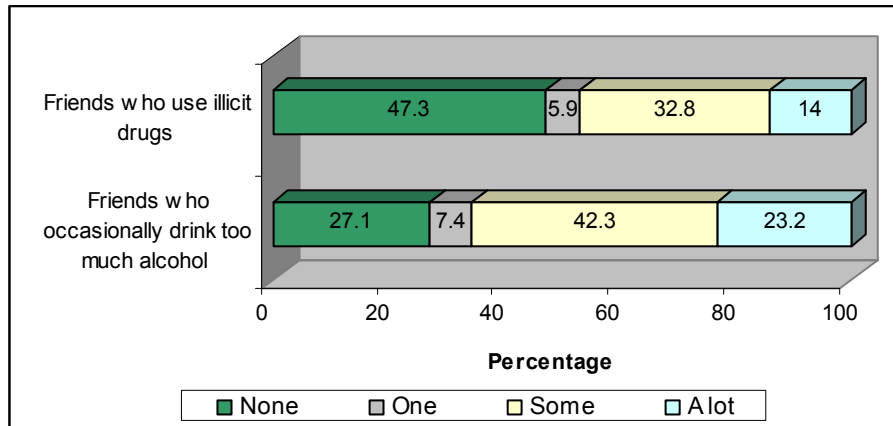


**3.2.4 Exposure to Drugs and Drug Use**

**3.2.4.1 Friends who occasionally drank too much alcohol**

The potential for peer pressure to play a major role in students’ use of alcohol was quite significant as shown in Figure 3-4. Seven in every ten students (72.9%) reported having at least one friend who occasionally drank too much alcohol. In fact, 23.2% reported having a lot of friends who occasionally drank too much, 42.3% some friends and 7.4% only one friend. Less than one third of participants (27.1%) reported having no friend who occasionally drank too much alcohol.

**Figure 3-4: Friends who engaged in drug taking behaviour**



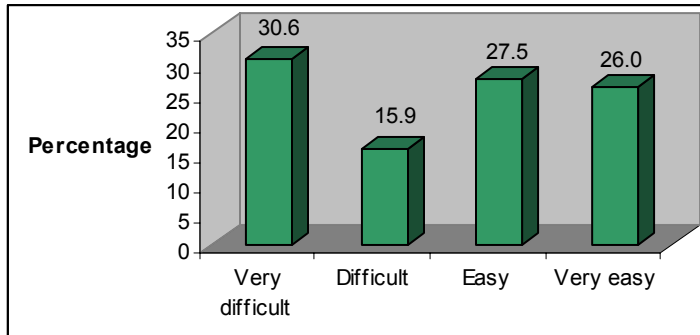
**3.2.4.2 Friends who used illicit drugs**

Though less significant than the former indicator, students exposure to illicit drugs through friends could potentially be an area of concern in Grenada (Refer to Figure 3-4). Approximately one in every two students (52.7%) reported having at least one friend who used illicit drugs. Fourteen percent (14.0%) had a lot of friends who use illicit drugs, while 32.8% and 5.9% had some and one friend respectively who participated in the above drug taking behaviour. *This reflected a 20.2% difference in response when compared to the previous measure – peers who occasionally drank too much alcohol.* Less than half of participating students (47.3%) indicated that they did not have a friend who used illicit drugs.

**3.2.4.3 Accessibility of illicit drugs**

In response to the general question of how easy is it to obtain illicit drugs, results revealed that access to drugs would not prove too difficult for students as shown by Figure 3-5. Slightly more than half of respondents (53.5%) reported that it was very easy (26.0%) or easy (27.5%) to obtain illicit drugs. On the other hand, 46.5% reported some degree of difficulty – very difficult (30.6%) and difficult (15.9%).

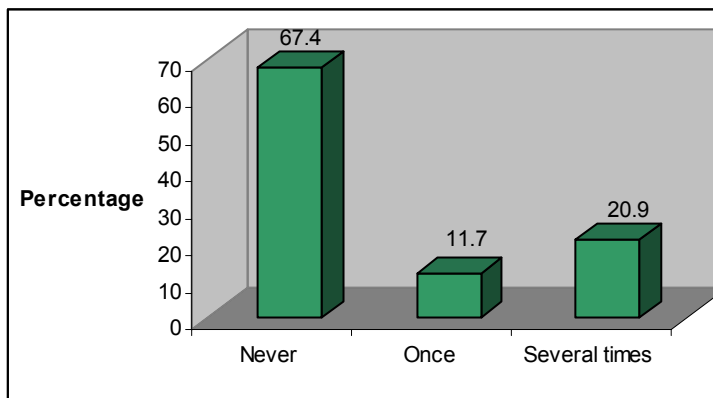
**Figure 3-5: Accessibility of illicit drugs**



**3.2.4.4 Opportunity and desire to try an illicit drug**

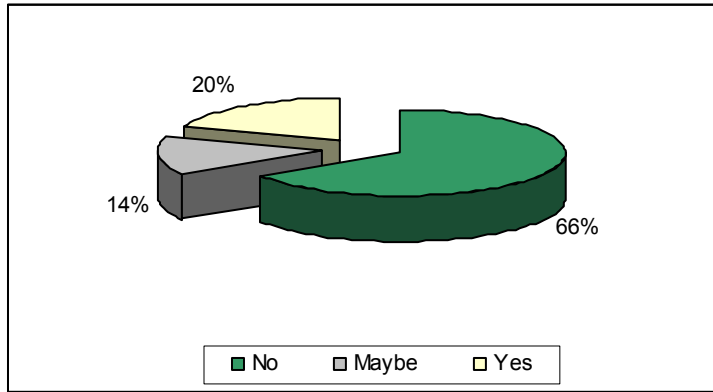
Participants were also asked if they ever had a chance to try an illicit drug. Three in every five students or 67.4% indicated that they were never provided with that opportunity. Notwithstanding this, one in every three students or 32.6% had some previous opportunity as shown in Figure 3-6.

**Figure 3-6: Opportunity to try an illicit drug**



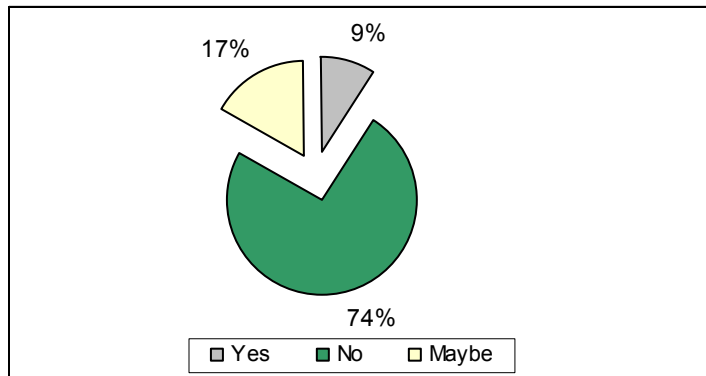
The study also sought to determine the extent of students' desire to try an illicit drug as shown in Figure 3-7. Approximately three in every five respondents or 66.0% stated that they were not curious to try an illicit drug. On the contrary, 34.0% or one in every three students displayed some level of curiosity (19.6% reported yes, while 14.4% maybe).

**Figure 3-7: Level of curiosity to try an illicit drug**



When students were asked if they would try an illicit drug if they had the chance, approximately seven in every ten students or 73.8% reported that they would not. Almost one in every three students or 26.2% revealed some degree of willingness to try an illicit drug if provided with the opportunity (16.9% indicated maybe, while 9.3% stated yes as shown in Figure 3-8).

**Figure 3-8: Willingness to try an illicit drug if given the opportunity**



### 3.3 PREVALENCE OF CIGARETTE USE

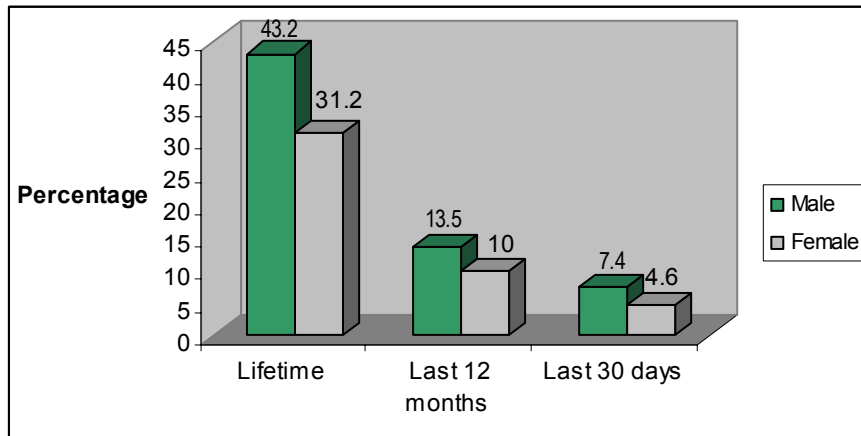
Tobacco consumption is the leading cause of preventable death in the world today, and has been shown to significantly increase the risk of cardiovascular disease and some cancers. In fact, the World Health Organization (2004) reported that tobacco smoking is responsible for 90% of all lung cancers, 75% of chronic bronchitis and emphysema and 25% of ischaemic heart disease.

Approximately one of every three secondary school students or 37.4% reported consumption of cigarette at least once in their lifetime. Further analysis revealed that 11.8% and 6.0% consumed cigarettes in the last year and one month period respectively.

#### 3.3.1 Prevalence of Cigarette Use by Gender

The prevalence of cigarette smoking was higher for males when compared to females for all time periods assessed. Mean lifetime prevalence for males and females was 43.2% and 31.2% respectively. Similarly, the prevalence of cigarette smoking in the past year was 13.5% for males and 10.0% for females and in the past month 7.4% for males and 4.6% for females (Refer to Figure 3-9).

Figure 3-9: Prevalence of cigarette use by gender

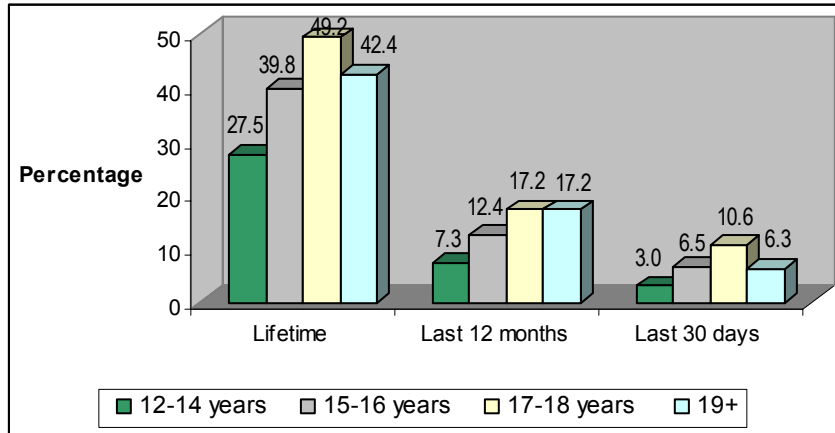


#### 3.3.2 Prevalence of Cigarette Use by Age

The prevalence of cigarette smoking among secondary school students in Grenada increased consistently up to 18 years, and then decreased or remained the same for persons 19 years and over for lifetime, past year, and current use as illustrated in Figure 3-10. The proportion of students who had tried cigarettes at least once in their lifetime was 27.5%, 39.8%, 49.2% and 42.4% for persons aged 12-14, 15-16, 17-18 and 19 and over respectively. For use in the past year, the usage rates for the same age groups were 7.3%, 12.4%, 17.2% and 17.2% respectively. Similarly, past month use were 3.0%, 6.5%, 10.6% and 6.3%.<sup>6</sup>

<sup>6</sup> It is important to note that the number of persons in the sample aged 19 and over was only 35. This small number relative to the other age groups may skew the results (e.g. prevalence) obtained for this group.

**Figure 3-10: Prevalence of cigarette use among students by age groups**

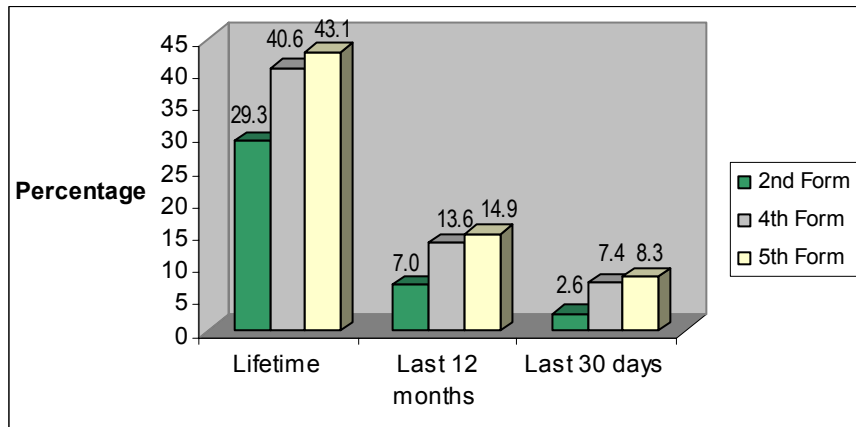


The median age of first use of cigarette smoking among Grenadian secondary school students was 11 years.<sup>7</sup>

### 3.3.3 Prevalence of Cigarette Use by Grade Level

As shown by Figure 3-11, the prevalence of cigarette smoking was highest among 5<sup>th</sup> form students for each of the three parameters assessed. For use at least once in students' lifetime, the prevalence rates were 29.3%, 40.6% and 43.1% for students in Forms 2, 4 and 5 respectively. For use within the past year, the rates were 7.0%, 13.6% and 14.9% respectively. Similarly, current use was 2.6%, 7.4% and 8.3% respectively.

**Figure 3-11: Prevalence of cigarette smoking among students by grade level**



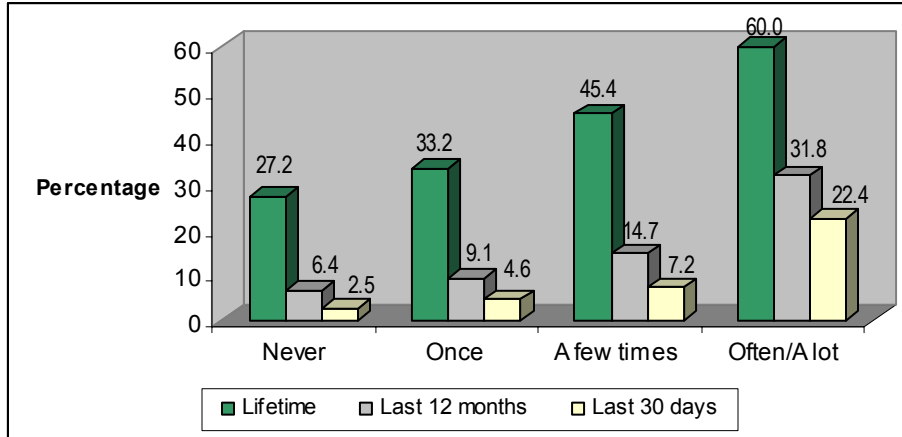
### 3.3.4 Prevalence of Cigarette Use by Behavioural/Discipline Problems

Results revealed a consistent positive association between reported behavioural problems and cigarette use. The more behavioural problems exhibited by the students, the higher the prevalence of lifetime smoking, smoking within the past year and smoking within the past month.

<sup>7</sup> Mean and mode age distribution for first use of cigarettes were 10.7 and 10 years respectively.

For those students who reported that they had never being disciplined for behavioural problems, the prevalence rates were 27.2%, 6.4% and 2.5% respectively for lifetime use, use in the past year and past 30 days. In contrast, the prevalence rates for students who were disciplined several times were significantly greater than those who reported never being disciplined for behavioural problems. Lifetime, past year and current prevalence for persons disciplined often or a lot were 59.6%, 31.8% and 22.4% respectively as illustrated by Figure 3-12.

**Figure 3-12: Prevalence of cigarette use by behavioural problems**



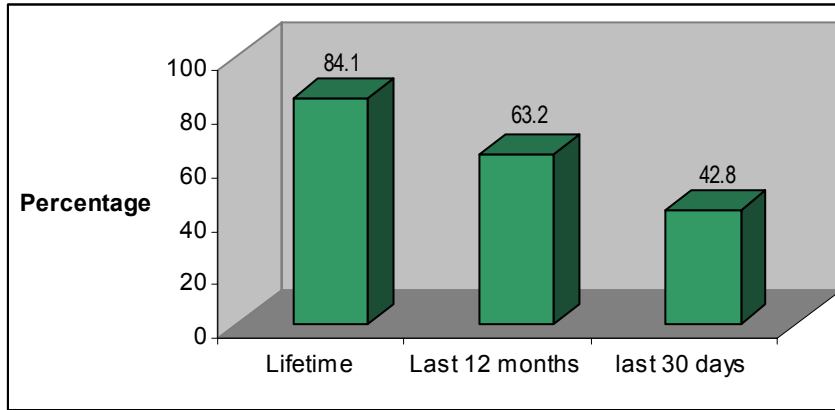
### 3.4 ALCOHOL

Alcohol is the world’s most widely used drug, both in terms of volume consumed and number of consumers (Fountain, 2003). The active ingredient is ethyl alcohol, a substance that causes depression of the Central Nervous System. Excessive alcohol, used either in the form of heavy drinking (drinking more than two drinks for men per day on average and one drink per day on average for women) or binge drinking (drinking more than four drinks during a single occasion for men and more than three drinks during a single occasion for women) (McKenzie et al, 2005) can lead to increased risk of health problems such as liver disease or unintentional injuries (CDC, 2006). Alcohol and tobacco have also been identified as gateway drugs; that is drugs that can lead to the use of many other psychoactive substances in the future.

Four of every five students or 84.1% had drunk an alcoholic beverage at least once in their lifetime as shown by Figure 3-13. In addition, past year and last month prevalence of alcoholic drinks among Grenadian students was 63.2% and 42.8% respectively.



**Figure 3-13: Prevalence of alcoholic drinks**

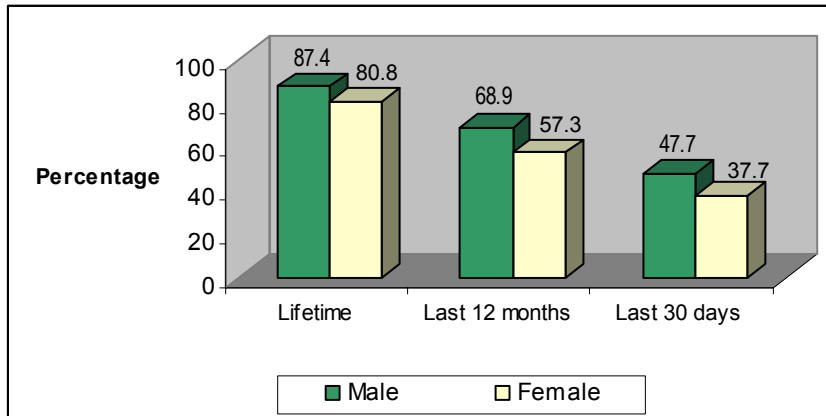


The median age at which students in Grenada took their first drink of alcohol was 11 years (mean: 11.2 years and mode: 10 years).

**3.4.1 Prevalence of Alcohol Use by Gender**

Gender-specific comparisons as illustrated in Figure 3-14 revealed that the rate of drinking among males was slightly higher than among females at both experimental and more experienced stages. A total of 87.4% of male students and 80.8% of female students had taken alcohol at least once in their lifetime, compared to 47.7% and 37.7% males and females in the last 30 days.

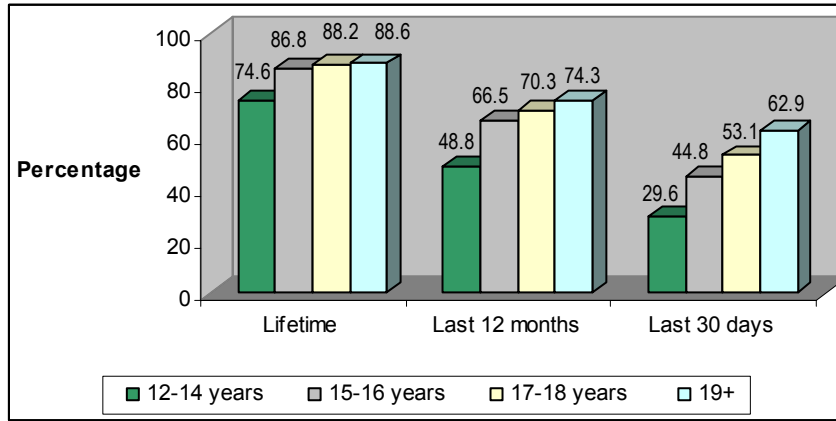
**Figure 3-14: Prevalence of alcohol use by gender**



**3.4.2 Prevalence of Alcohol Use by Age**

For drinking at least once in one’s lifetime, where the general lifetime prevalence was 84.1%, age specific lifetime rates were 74.6%, 86.8%, 88.2% and 88.6% for persons aged 12-14, 15-16, 17-18 and 19 and above respectively. Rates for current use among the same groups were 29.6%, 44.8%, 53.1% and 62.9% respectively as shown in Figure 3-15.

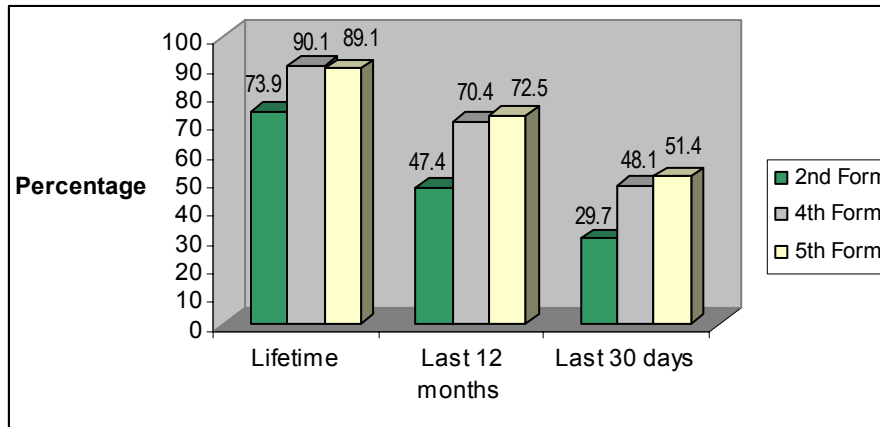
**Figure 3-15: Prevalence of alcohol use among student by age group**



### 3.4.3 Prevalence of Alcohol Use by Grade Level

Figure 3-16 shows that the higher the form the more students drank alcohol except for the first drink which indicated highest prevalence among fourth (4<sup>th</sup>) form students.<sup>8</sup> As early as second (2<sup>nd</sup>) form, 73.9% of students had drunk at least once in their life, almost one in every two students (47.4%) in the past year, and almost one in every three or (29.7%) in the month preceding the survey. For students in the fifth (5<sup>th</sup>) form, these rates increased to 89.1%, 72.5%, and 51.4% respectively.

**Figure 3-16: Prevalence of alcohol use by grade level**



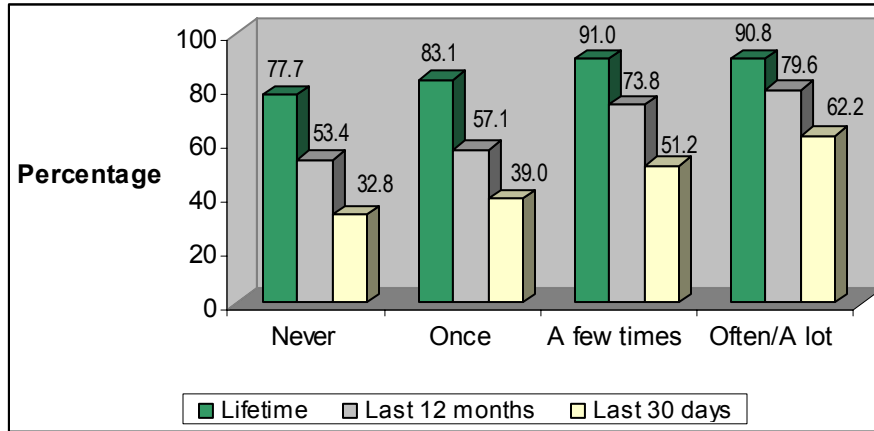
### 3.4.4 Prevalence of Alcohol Use by Behavioural Problems

Generally, based on the results as shown in Figure 3-17, drinking levels in the sub-population of students with behavioural problems were higher than those for students who did not report any behavioural problems. The proportion of drinkers increased consistently as the number of behavioural or discipline problems increased from never, to once to a few times and dropped slightly for first time users when problems escalated to

<sup>8</sup> One percent more fourth formers (90.1%) reported drinking at least once in their lifetime when compared to fifth formers (89.1%).

‘often or a lot’. In the group who reported most problems, rates were 90.8%, 79.6% and 62.2% for use at least once in their lifetime, within the past year and past month respectively. Compared to those who never had any behavioural or disciplinary problems, rates were 77.7%, 53.4% and 32.8% for lifetime, past year and past month prevalence respectively.

**Figure 3-17: Prevalence of alcohol use by behavioural problems**



### 3.5 MARIJUANA

Marijuana is the most commonly used illicit drug in the world (UNODC, 2006). The active ingredient tetrahydrocannabinol (THC) is found in the leaves and flowers of the hemp plant, *Cannabis sativa*. The potency of this drug varies greatly, with some of the more potent versions grown throughout South and Central America and the Caribbean (Fountain, 2003).

The acute health effects of marijuana use include reduced concentration, slowed reactive time, and impaired short-term memory and judgment (UNODC, 2004; McKenzie et al, 2005). Chronic effects of smoking marijuana include damage to the respiratory system by the smoke itself (UNODC, 2004), and for some, the development of the controversial condition known as *amotivational syndrome* (McKenzie et al, 2005). Marijuana use has also been linked to polydrug use (the use of more than one drug at any one time) which could potentially be more serious than those associated with single drug use.

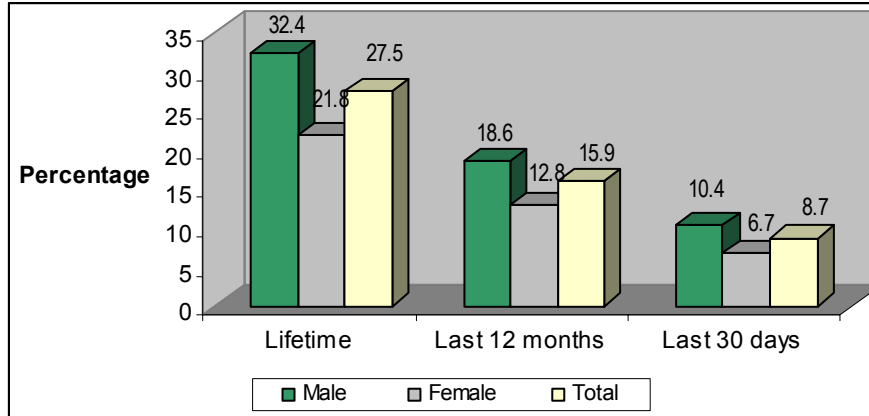
Marijuana was tried by approximately one in every four students or 27.3% respondents. A total of 15.7% had used marijuana in the past year and 8.6% in the past 30 days preceding the survey.

The median age of first use of marijuana was 13 years for participating students (mean and mode age: 12.6 and 14.0 years respectively).

### 3.5.1 Prevalence of Marijuana Use by Gender

When these results were looked at for males and females separately, it was observed that the usage rates among males were significantly higher than females for all prevalence indicators. For lifetime use, 32.4% of all male students had used marijuana at least once versus 21.8% females, while 10.4% of males compared to 6.7% of the females were considered current users (Refer to Figure 3-18).

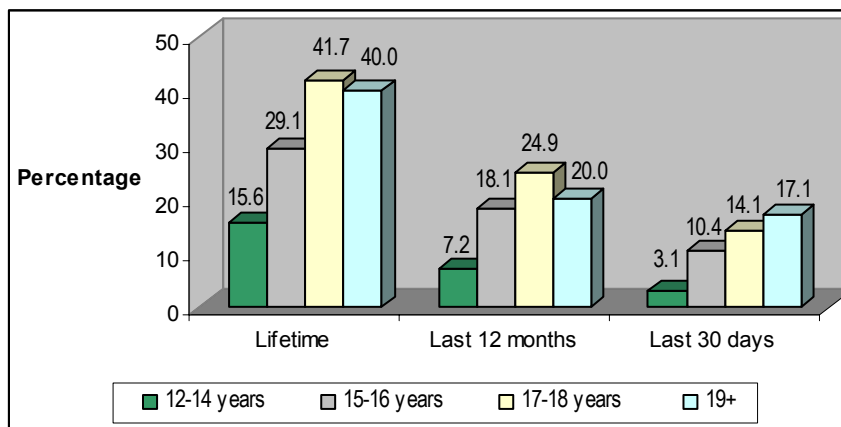
**Figure 3-18: Prevalence of marijuana use among students by gender and total**



### 3.5.2 Prevalence of Marijuana Use by Age

Generally, marijuana consumption was positively related to students' age. For lifetime use, rates among 12-14 year olds was 15.6% compared to 40.0% among persons aged 19 and above - approximately 2.5 times more than the oldest group. Moreover, age specific rates for current use revealed that while only 3.1% of those aged 12-14 used marijuana in the last 30 days, usage increased to 10.4%, 14.1% and 17.1% for those aged 15-16, 17-18 and 19 and above respectively (Refer to Figure 3-19).

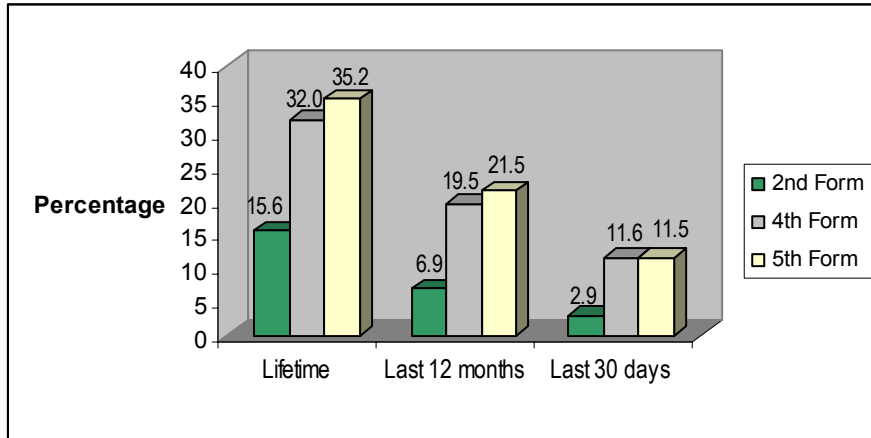
**Figure 3-19: Prevalence of marijuana use by age**



### 3.5.3 Prevalence of Marijuana Use by Grade Level

Lifetime marijuana usage rates of 5<sup>th</sup> formers more than doubled those of 2<sup>nd</sup> formers. A total of 15.6% of students from the second form tried marijuana at least once compared to 32.0% of fourth formers and 35.2% of fifth formers. Similarly, the prevalence of marijuana use within the past month was 2.9%, 11.6% and 11.5% for 2<sup>nd</sup>, 4<sup>th</sup> and 5<sup>th</sup> form students respectively as shown by Figure 3-20.

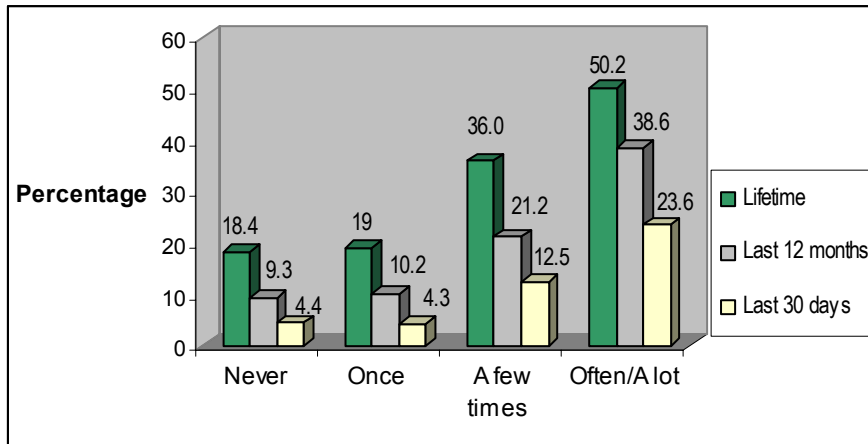
**Figure 3-20: Prevalence of marijuana use by grade level**



### 3.5.4 Prevalence of Marijuana Use by Behavioural Problems

Students who reported never having any behavioural or disciplinary problems in school had significantly lower marijuana usage rates than those who did (Figure 3-21). For lifetime use, the prevalence was 18.4% for those with no prior behavioural problems, 19.0% for those with one incident and 50.2% for those who reported several incidences. For use in the past month, prevalence rates were 4.4%, 4.3% and 23.6% for those with no incidences or behavioural problems, one incident and several incidences respectively.

**Figure 3-21: Prevalence of marijuana use by academic problems**



### 3.6 TRANQUILIZERS

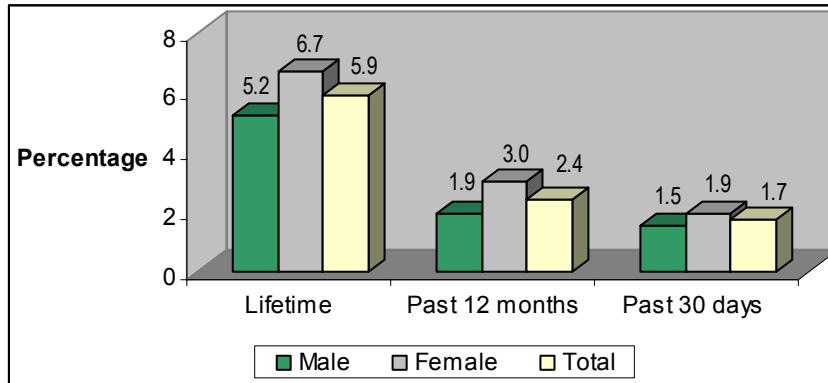
Tranquilizers are generally categorized into two groups: major and minor. Minor tranquilizers are the most commonly used and include Benzodiazepines (known by trade names such as Valium, Xanax and Librium) (Fountain, 2003). The primary route of tranquilizer administration is oral - swallowed either as a tablet, capsule or liquid. However, they are also available in solution for intravenous use. Minor tranquilizers induce a feeling of calm and relaxation, and can be addictive even at prescribed dosages if the medication is administered for long periods of time (Fountain, 2003).

A total of 5.9%, 2.5% and 1.7% of Grenadian students reported non-prescribed use of tranquilizers at least once in their lifetime, in the past year and month respectively. The mean and median ages of first use was 11 years (modal age: 10 years).

#### 3.6.1 Prevalence of Tranquilizer Use by Gender

Gender specific findings indicated that a slightly higher percentage of females consumed non-prescribed tranquilizers when compared to males. Prevalence rates for lifetime, past year and last 30 days were 5.2%, 1.9% and 1.5% for males compared to 6.7%, 3.0% and 1.9% for females for the same usage rates (Refer to Figure 3-22).

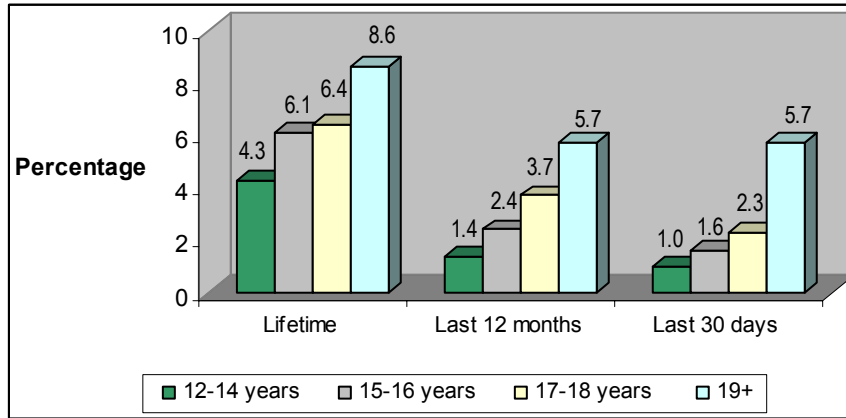
**Figure 3-22: Prevalence of tranquilizer use by gender**



#### 3.6.2 Prevalence of Tranquilizer Use by Age

As illustrated by Figure 3-23, use of tranquilizers increased as age increased for all prevalence indicators. Lifetime prevalence of tranquilizer use for those students aged 12-14, 15-16, 17-18 and 19 and older was 4.3%, 6.1%, 6.4% and 8.6%. For use in the 30 days preceding the survey, the prevalence rates for the same age groups were 1.0%, 1.6%, 2.3% and 5.7% respectively.

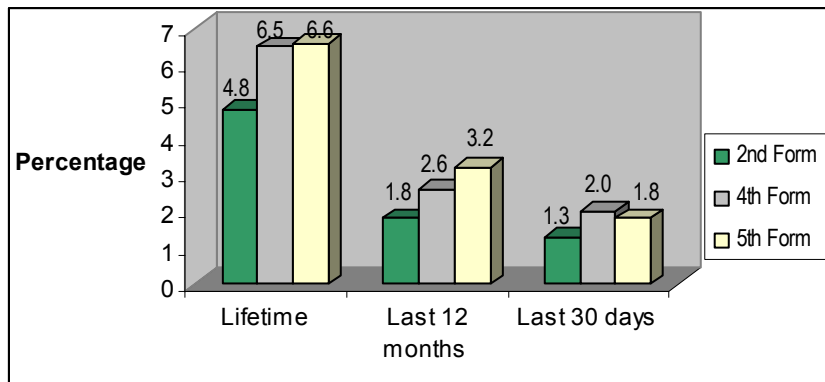
**Figure 3-23: Prevalence of tranquilizer use by age**



### 3.6.3 Prevalence of Tranquilizer Use by Grade Level

Lifetime and past year prevalence rates increased slightly as grade level increased. Specifically, lifetime prevalence rates for tranquilizers for 2<sup>nd</sup>, 4<sup>th</sup> and 5<sup>th</sup> formers were 4.8%, 6.5% and 6.6% respectively compared to 1.8%, 2.6% and 3.2% for the same grade levels with the past 12 months. The highest prevalence within the last 30 days occurred among fourth (4<sup>th</sup>) formers - 2.0%.

**Figure 3-24: Prevalence of tranquilizer use by grade level**



## 3.7 STIMULANTS

Stimulants are a class of drugs that activate, enhance, or increase activity of the central nervous system. They include the amphetamines, such as methamphetamine (Meth) and dextromethamphetamine (Ice) (McKenzie et al, 2005). The use of stimulants produces euphoria, temporary happiness, hyperactivity, insomnia, and loss of appetite, but can also result in irritability, anxiety and apprehension. When used continuously, the effects can be unpleasant leading to profound depression (Fountain, 2003).

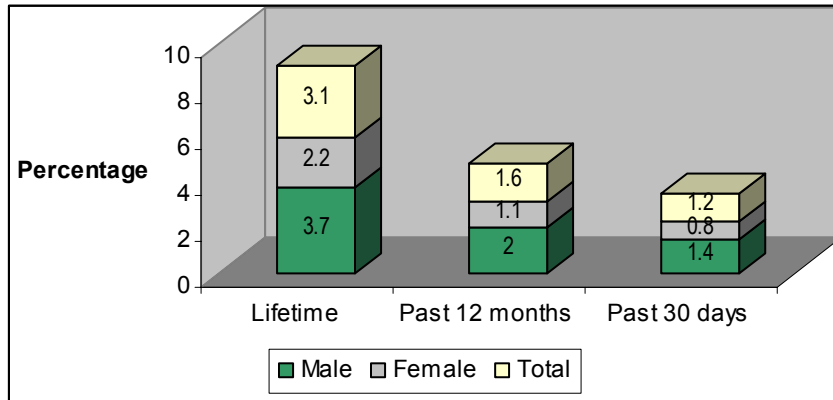
Lifetime, past year and current use of stimulants for participating students were 3.1%, 1.6% and 1.2% respectively.

The mean and median age of first use was 12.4 and 13 years respectively (mode: 14 years).

### 3.7.1 Prevalence of stimulant Use by gender

Prevalence rates were slightly higher for males than females for all indicators assessed. As shown by Figure 3-25, 3.7% of male students and 2.2% of females experimented with stimulants at least once in their lifetime. Similarly, current use among males was 1.4% compared to 0.8% among females.

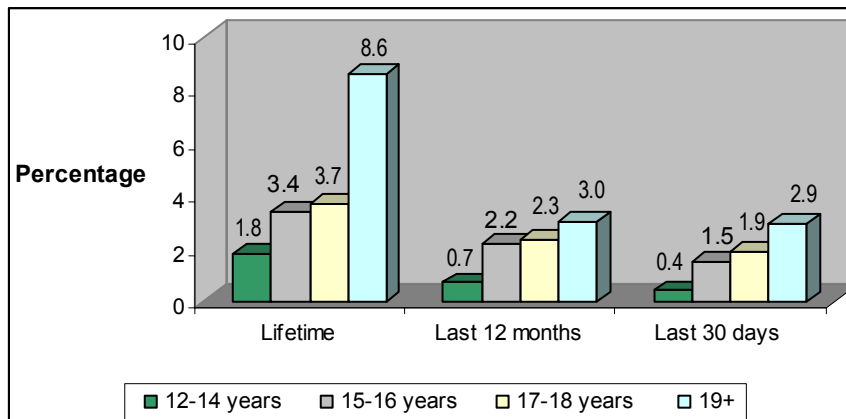
Figure 3-25: Prevalence of Stimulant Use by Gender



### 3.7.2 Prevalence of Stimulant Use by Age

Stimulant use increased with increasing age for all three prevalence indicators. For lifetime use, the prevalence rates were 1.8%, 3.4%, 3.7% and 8.6% for persons aged 12-14, 15-16, 17-18 and 19 and above respectively. For use within the past month, the prevalence for the same age groups was 0.4%, 1.5%, 1.9% and 2.9% respectively (Refer to Figure 3-26).

Figure 3-26: Prevalence of stimulant use by age

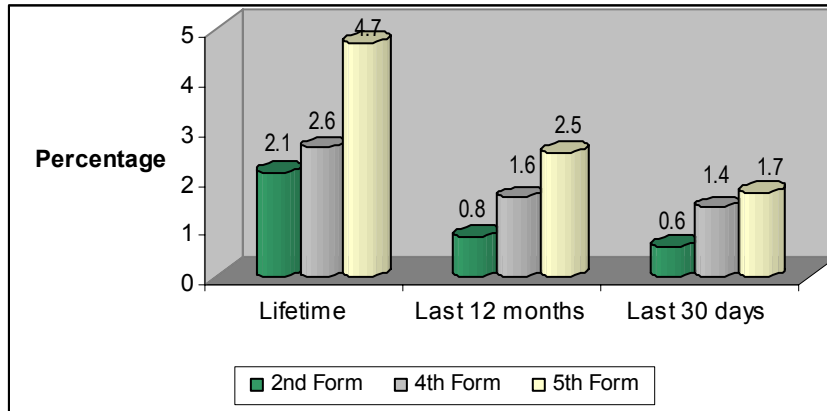




### 3.7.3 Prevalence of Stimulant Use by Grade Level

As illustrated by Figure 3-27, use of stimulants increased, though slightly as grade level became higher. Prevalence of lifetime use for 2<sup>nd</sup>, 4<sup>th</sup> and 5<sup>th</sup> formers were 2.1%, 2.6% and 4.7% respectively while current use for the same grade levels were 0.6%, 1.4% and 1.7% respectively.

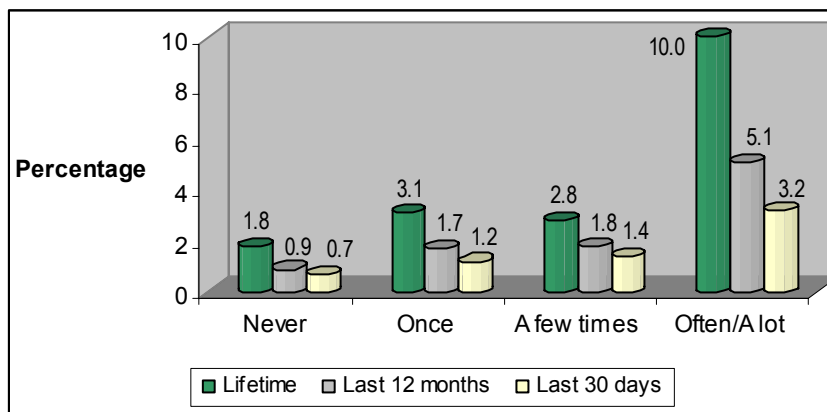
**Figure 3-27: Prevalence of stimulant use by grade level**



### 3.7.4 Prevalence of Stimulant Use by Behavioural Problems

Prevalence of stimulant use increased consistently as the number of reported behavioural or disciplinary problems increased for past year and current use, but showed one slight variation for lifetime use as illustrated by Figure 3-28. Lifetime prevalence of stimulant use was highest among persons who reported numerous behavioural/disciplinary problems (10.0%). Albeit this, a slightly higher percentage of students involved in one disciplinary problem (3.1%) reported experimental consumption of stimulant compared to students reporting a few problems (2.8%).

**Figure 3-28: Prevalence of stimulant use by behavioural problems**



### 3.8 SOLVENTS AND INHALANTS

Inhalants are a collection of psychoactive, breathable chemicals. Examples include motor fuels, cleaners, glues, aerosol sprays, cosmetics and other types of vapour. These substances are generally very cheap and easy to obtain, which makes their control especially difficult among young people. Depression is the primary effect of most inhalants. The user may at first experience a reduction in anxieties and inhibitions, creating the feeling of ‘being high’ similar to that of alcohol consumption (McKenzie et al, 2005). Many of these chemicals are extremely toxic to the kidneys, liver and nervous system. Use of inhalants among youths has been attributed to boredom and peer pressure (McKenzie et al, 2005).

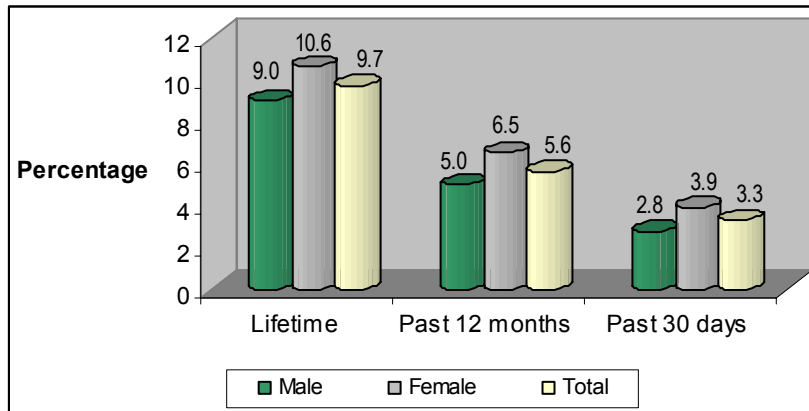
The prevalence of solvent and/or inhalant use among Grenadian students was surprising with almost one in every ten students or 9.7% having tried these drugs at least once in their lifetime. A total of 5.6% and 3.3% used either a solvent or inhalant within the past year and month respectively.

The mean, median and modal ages of first use of solvents or inhalants were 10.4, 10 and 10 years respectively.

#### 3.8.1 Prevalence of Solvents and Inhalants by Gender

Results by gender indicated slightly higher usage rates among females than males for all indicators assessed especially at the experimental stage as shown by Figure 3-29.

**Figure 3-29: Prevalence of solvents and inhalants by gender**

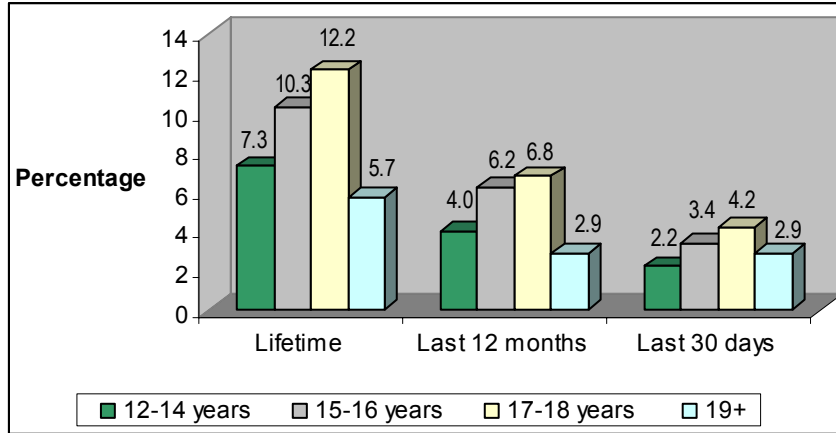


For lifetime use, the prevalence rate was 9.0% for males and 10.6% for females. For use within the past month, the usage rates were 2.8% and 3.9 for males and females respectively.

### 3.8.2 Prevalence of Solvents and Inhalants by Age

Age specific prevalence rates revealed that consumption of solvents and inhalants among students increased as age increased from 12 to 18. As shown by Figure 3-30, lifetime prevalence rates for persons aged 12-14, 15-16, 17-18 and 19 and above were 7.3%, 10.3%, 12.2% and 5.7% respectively. Current use revealed a similar trend with usage among the above age groups documented as 2.2%, 3.4%, 4.2% and 2.9% respectively.

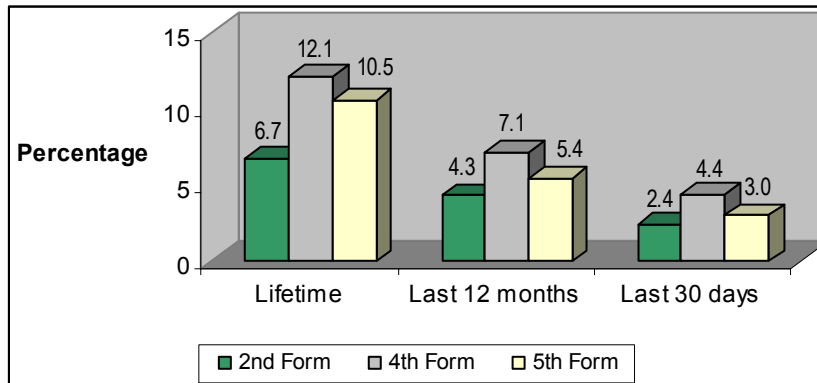
**Figure 3-30: Prevalence of solvents and inhalants by age**



### 3.8.3 Prevalence of Solvents and Inhalants by Grade

As indicated by Figure 3-31, prevalence of solvents and inhalants were highest among fourth (4<sup>th</sup>) formers for all indicators assessed. Lifetime prevalence rates for 2<sup>nd</sup>, 4<sup>th</sup> and 5<sup>th</sup> formers were 6.7%, 12.1% and 10.5% respectively. Similarly current use for the same grade levels were 2.4%, 4.4% and 3.0% respectively.

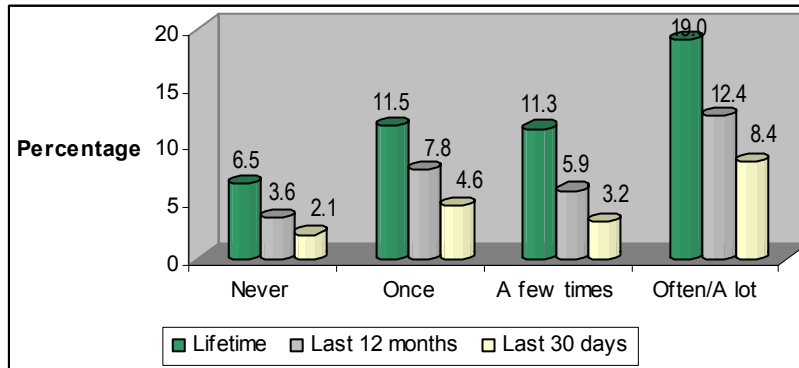
**Figure 3-31: Prevalence of solvents and inhalants by grade level**



### 3.8.4 Prevalence of Solvents and Inhalants by Behavioural Problems

Typical to most drugs studies, prevalence rates for solvents and inhalants use were significantly higher among students who exhibited a lot of behavioural or disciplinary problems. Lifetime prevalence rates for students involved in many problems were 19.0% compared to 6.5% among students who never reported any such problems. Similarly, current use of the drug under study for students with many reported problems was 8.4% compared to 2.1% among respondents with no reported case of such problems (Refer to Figure 3-32).

**Figure 3-32: Prevalence of solvents and inhalants by behavioural problems**



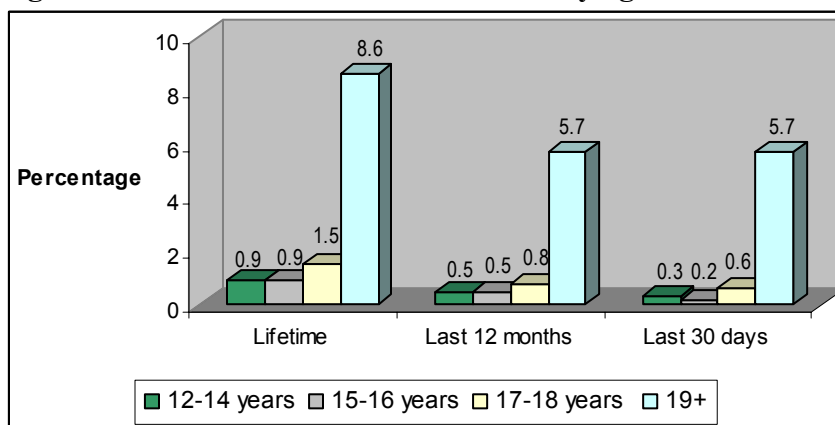
## 3.9 CRACK COCAINE

Cocaine is the psychoactive ingredient in the leaves of the coca plant, *Erythoxolyn coca*. It is one of the most powerful natural stimulant or euphoriant available (McKenzie et al, 2005). Accompanied by paranoia, visual and auditory illusions, use of this drug can make the user become very dangerous capable of committing anti-social acts (Fountain, 2003).

The prevalence of crack cocaine use was 1.4% for lifetime use, 0.8% for use in the last 12 months and 0.5% for use within the last 30 days.

### 3.9.1 Prevalence of Crack Cocaine Use by Age

Use as measured by all indicators increased significantly from persons aged 12-14 to those 19 and older. Lifetime prevalence for crack cocaine use among students aged 12-14 was 0.9% compared to 8.6% for persons aged 19 and above. Similarly current use for the same age groups was 0.3 and 5.7% respectively (Refer to Figure 3-33).

**Figure 3-33: Prevalence of crack cocaine by age**

### 3.9.2 Cocaine Hydrochloride (HCL)

Cocaine hydrochloride (HCL) is normally the most widely used form of cocaine. The illegal version is distributed in the form of a white crystalline powder, and is most commonly ingested via sniffing or snorting (Fountain, 2003). It is also injected directly into the blood stream through the use of hypodermic needles.

Similar to crack cocaine, the use of powdered cocaine HCl was not common among secondary school students. Only 1.5% of students reported experimentation with this form of cocaine, with 1.0% using the drug in the past 12 months and 0.5% in the last 30 days prior to the study.

## 3.10 OTHER NAMED DRUGS<sup>9</sup>

### 3.10.1 Hallucinogens

Hallucinogens are drugs that produce illusions, hallucinations, and other changes in one's perceptions of the environment due to the phenomenon known as synesthesia, a mixing of the sense. These drugs include both naturally derived substances like mescaline, from the peyote cactus and psilocybin from the psilocybin mushroom; and synthetic drugs such as lysergic acid diethylamide (LSD) (McKenzie et al, 2005).

Fortunately, the use of hallucinogens was not popular among Grenadian students, with only 1.6% having ever tried any of these drugs. In the past year and month, use among students were 0.8% and 0.5% respectively.

### 3.10.2 Opium

Opium is a natural narcotic derived from the Oriental poppy plant *Papaver somniferum*. It may appear as a liquid, solid or powder, and has the capacity to numb the senses and reduce pain (McKenzie et al, 2005).

<sup>9</sup> Usage for all of these drugs increased consistently as aged increased as shown in Table 3-2.

Results revealed that 0.7% of students reported the use of opium once in their lifetime, 0.6% in the past year and 0.4% in the past month.

### 3.10.3 Morphine

Morphine is an opium derivative. As a drug, it is sold in the form of white crystals, hypodermic pellets, and preparations for injections (Fountain, 2003). It is administered subcutaneously, intramuscularly and intravenously, and dependence and tolerance develop rapidly. Morphine use can lead to a feeling of relaxation and satisfaction. However, this depends on the quality of the drug, the means of administration and the dosage used.

Survey results revealed that 1.1% of respondents had tried morphine at least once in their lifetime, 0.7% one or more times during the past year and 0.4% within the past month.

### 3.10.4 Heroin

Heroin is an illegal, highly addictive drug that is processed from morphine. It is both the most abused and the most rapidly acting of the opiates (McKenzie et al, 2005). It is typically sold as a white or brownish powder or as a black sticky substance known on the street as *black tar heroin*. Although purer heroin is becoming more common, most street heroin is *cut* with other drugs or with substances such as sugar, starch, powdered milk or quinine. Heroin is usually injected, sniffed/snorted or smoked (Fountain, 2003).

A total of 1.1% of the students reportedly used heroin at least once in their lifetime. Within the past year and last 30 days, the percentage of users was 0.6% and 0.5% respectively.

### 3.10.5 Ecstasy (MDMA)

Ecstasy is a synthetic or psychoactive drug with both stimulant like and hallucinogenic properties. It occurs in the form of pills, capsules or a crystalline white powder and may be of varying potency. It is usually taken orally or intravenously, but can be snorted or smoked with tobacco. Like other stimulants, its use generally results in anxiety, hyperactivity, anorexia and increased temperatures. Research has also linked MDMA use to long-term damage to those parts of the brain critical to thought and memory (Fountain, 2003). Due to an increase in the availability of ecstasy within the region, local authorities are particularly interested in the current level of use of this substance.

Only 1.1% of students used ecstasy at least once in their lifetime. Reported past year and current use of the drug was 0.6% and 0.4% respectively.

### 3.10.6 Methamphetamines

Methamphetamine (referred to as 'Meth' or 'Speed') is a very addictive stimulant drug that activates the central nervous system. It is chemically related to amphetamine but at

comparable doses, the effects of methamphetamine are much more potent, longer lasting, and harmful to the central nervous system (NIDA, 2006). Taken orally, intra-nasally or via needles, this drug is associated with serious health conditions including memory loss, aggressive and psychotic behaviour, and heart and brain damage (Fountain, 2003).

Methamphetamine does not appear to be a major problem in Grenada currently based on the prevalence of use. However, students' responses indicate an availability of the drug. Less than 1% of participating students reporting using 'Meth' in their lifetime (0.5%), with 0.4% in the past year and 0.3% in the past 30 days prior to the study.

### 3.10.7 Hashish

Hashish is the most potent form of marijuana. It is made from resin which is extracted from the flow clusters and the top leaves of the marijuana plant (Fountain, 2003).

Lifetime, past year and last month prevalence of hashish was 1.4%, 0.6% and 0.4% respectively.

**Table 3-2: Summary of prevalence of other drugs by age**

Drug	Age			
	12-14	15-16	17-18	19+
Lifetime prevalence of hallucinogen	0.9	1.6	1.5	5.7
One year prevalence of hallucinogen	0.5	0.5	0.8	2.9
One month prevalence of hallucinogen	0.4	0.2	0.8	2.9
Lifetime prevalence of opium	0.2	0.2	0.8	2.9
One year prevalence of opium	0.2	0.3	0.6	2.9
One month prevalence of opium	0.2	0.5	0.4	2.9
Lifetime prevalence of morphine	0.4	0.9	1.5	5.7
One year prevalence of morphine	0.2	0.8	0.8	2.9
One month prevalence of morphine	0.2	0.3	0.6	2.9
Lifetime prevalence of heroin	0.8	0.7	1.2	5.7
One year prevalence of heroin	0.3	0.4	1.2	2.9
One month prevalence of heroin	0.2	0.2	0.2	0
Lifetime prevalence of ecstasy	0.5	1.0	1.4	5.7
One year prevalence of ecstasy	0.3	0.5	0.8	2.9
One month prevalence of ecstasy	0.2	0.2	0.6	2.9
Lifetime prevalence of methamphetamine	0.4	0.3	0.6	5.7
One year prevalence of methamphetamine	0.3	0.2	0.4	2.9
One month prevalence of methamphetamine	0.3	0.2	0	2.9
Lifetime prevalence of hashish	0.8	1.7	1.0	5.7
One year prevalence of hashish	0.5	0.9	0.4	2.9
One month prevalence of hashish	0.3	0.5	0.2	2.9

#### 4.0 COMPARISON OF SECONDARY SCHOOL PREVALENCE SURVEYS (2002 and 2005)

This section of the report highlights the main changes observed in the various measures evaluated during the first and second secondary school drug prevalence surveys. Comparisons are made within the following thematic areas: students' demographics, knowledge and exposure to drugs and drug use, and prevalence of drug use. The section concludes with a discussion of results.

#### 4.1 STUDENTS' DEMOGRAPHICS

**Table 4-1: Summary of student demographics**

Demographic indicators	1 <sup>st</sup> prevalence survey 2002	2 <sup>nd</sup> prevalence survey 2005
<b>Number of students sampled</b>	4223	3088
<b>Age distribution</b>		
- 12-14	49.0	33.8
- 15-16	37.9	41.3
- 17-18	11.9	16.8
- 19+	1.2	1.1
<b>Grade/form level</b>		
- 2 <sup>nd</sup>	52.9%	33.1%
- 4 <sup>th</sup>	41.2%	35.6%
- 5 <sup>th</sup>	Not assessed <sup>10</sup>	31.3%
<b>Gender</b>		
- male	43.5%	54.2%
- female	56.5%	45.8%
<b>Type of school</b>		
- public	98.9%	100.0%

As illustrated by Table 4-1, 26.9% less students participated in the second prevalence survey. The age distributions of the research samples used in 2002 and 2005 varied quite significantly particularly among persons aged 12-14. Distributions by grade level showed some differences particularly in the forms sampled and in the number of respondents from each form. In particular, the first prevalence survey sampled students from Forms 2, 4 and 6 compared to Forms 2, 4 and 5 in 2005. In addition, a significantly larger number of 2<sup>nd</sup> and 4<sup>th</sup> formers participated in the first survey (52.9% and 41.2% respectively) compared to the second (33.1% and 35.6% respectively). Gender

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<sup>10</sup> Students from the 2<sup>nd</sup>, 4<sup>th</sup> and 6<sup>th</sup> forms were surveyed in the first prevalence study.



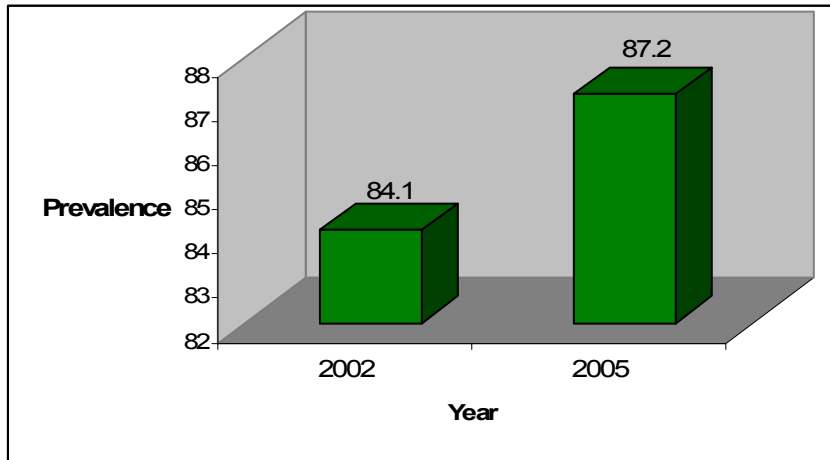
distribution varied somewhat in both years with more males sampled in 2005 and more females in 2002.

## 4.2 KNOWLEDGE AND EXPOSURE TO DRUGS AND DRUG USE

### 4.2.1 Knowledge of the Consequences of Drugs

The number of students who reported knowing enough about the consequences of drugs increased from 84.1% in 2002 to 87.2% in 2005 as shown in Figure 4-1.

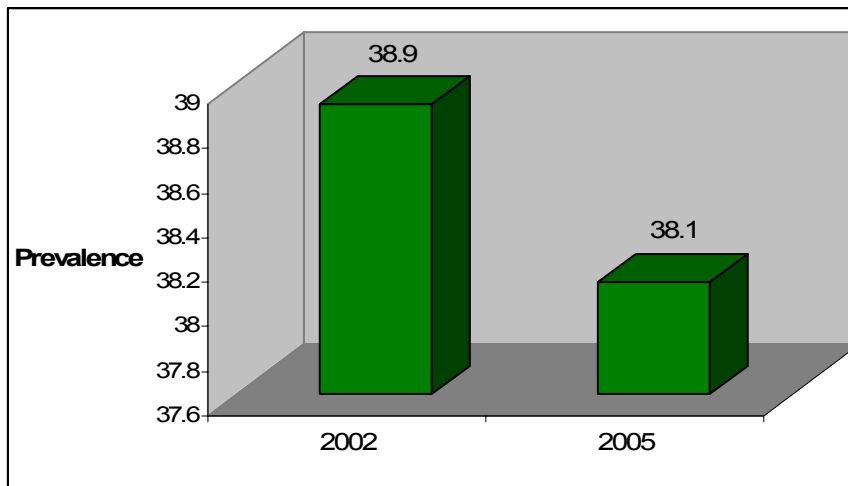
**Figure 4-1: Students' perceptions of the knowledge of the consequences of drugs**



### 4.2.2 Participation in Drug Prevention Education

Results revealed that drug prevention education among Grenadian secondary school students was relatively low in both years, and decreased by a further 0.8% in 2005 as shown in Figure 4-2.

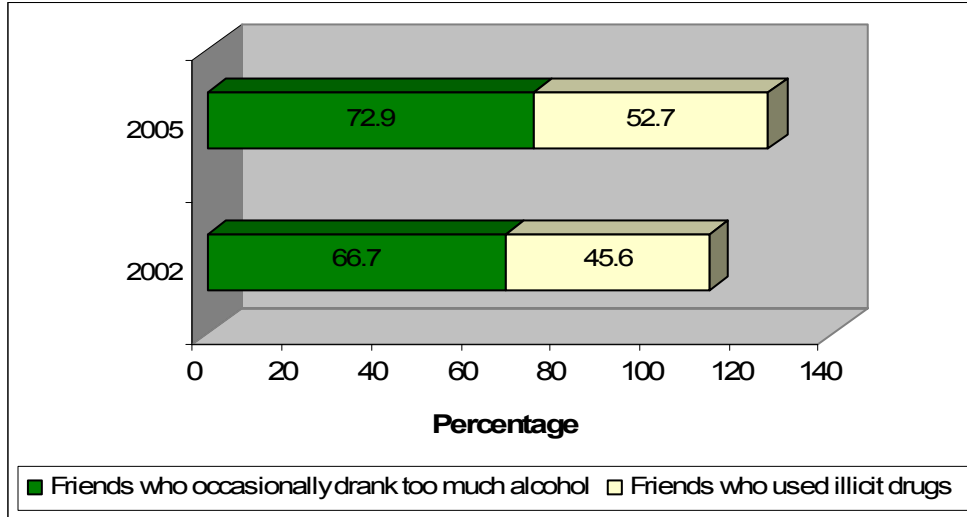
**Figure 4-2: Students reporting participation in drug prevention education (2002 and 2005)**



### 4.2.3 Influence of Peer Pressure

The potential for peer pressure to play a major role in students' use of alcohol and illicit drugs was more significant during the second prevalence survey as illustrated by Figure 4-3.

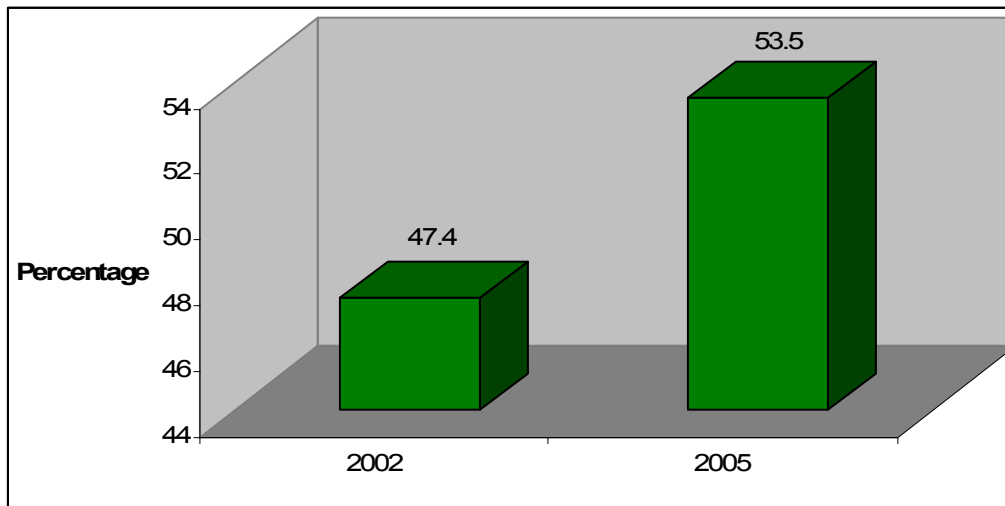
Figure 4-3: Friends who engaged in drug taking behaviour (2002 and 2005)



### 4.2.4 Accessibility of illicit drugs

Approximately 6% more students were of the opinion that access to illicit drugs was very easy or easy during the second survey when compared to the survey conducted three years ago in 2002 as illustrated in Figure 4-4.

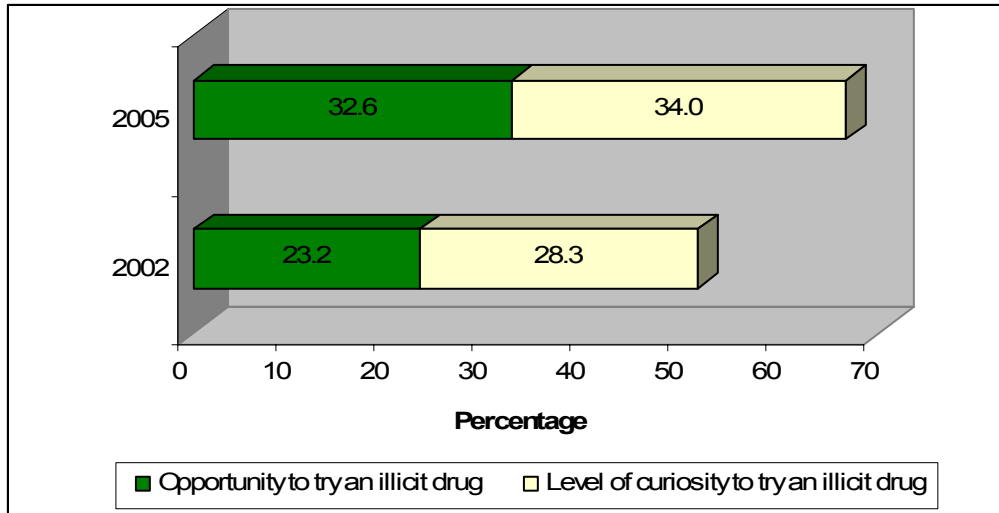
Figure 4-4: Accessibility of illicit drugs 2002 and 2005



#### 4.2.5 Opportunity and Desire to Try an Illicit Drug

Quite significantly, 9.4% more students reported been provided with some previous opportunity to try an illicit drug during the second drug prevalence survey. Similarly, level of curiosity to try an illicit drug among students increased from 28.3% in 2002 to 34.0% in 2005 (Refer to Figure 4-5).

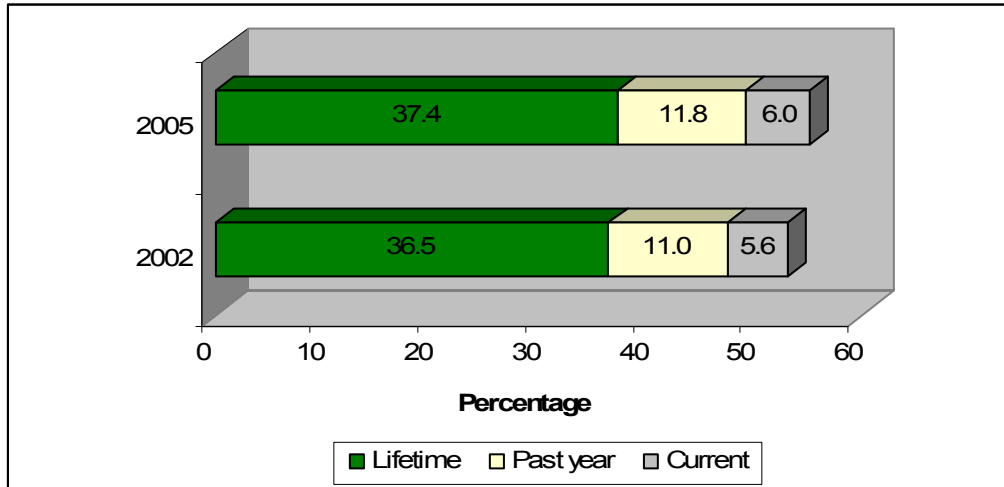
**Figure 4-5: Opportunity and desire to try an illicit drug (2002 and 2005)**



#### 4.3 PREVALENCE OF CIGARETTE SMOKING

Comparative analysis as shown in Figure 4-6 indicates that lifetime, past year and current prevalence of cigarette smoking among students increased slightly in 2005.

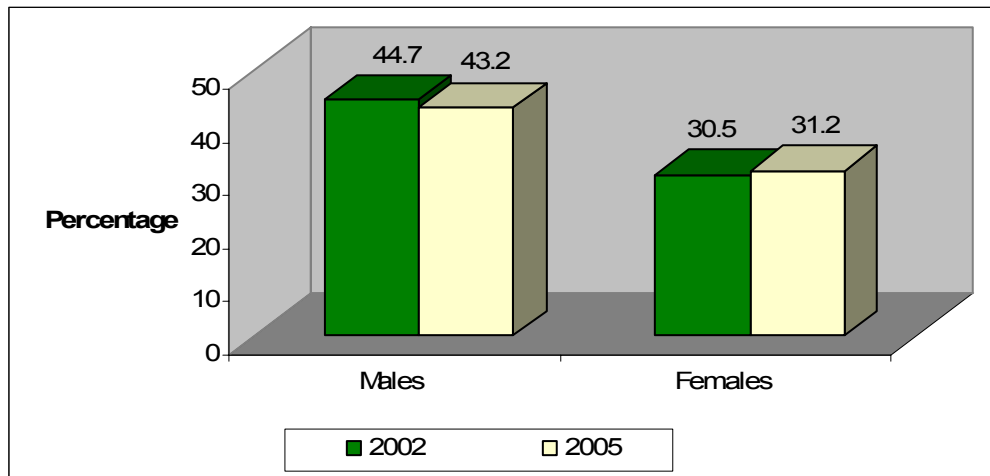
**Figure 4-6: Trend in lifetime, past year and current prevalence (2002 and 2005)**



### 4.3.1 Trends in Prevalence of Cigarette Smoking by Gender 2002 and 2005

Gender analysis revealed that 1.5% less males experimented with cigarette smoking in 2005 when compared to the previous administration of the survey as shown in Figure 4-7. On the contrary, 0.7% more females experimented with cigarettes in 2005.

**Figure 4-7: Trends in lifetime prevalence of cigarette smoking by gender (2002 and 2005)**



### 4.3.2 Trends in Prevalence of Cigarette Smoking by age groups

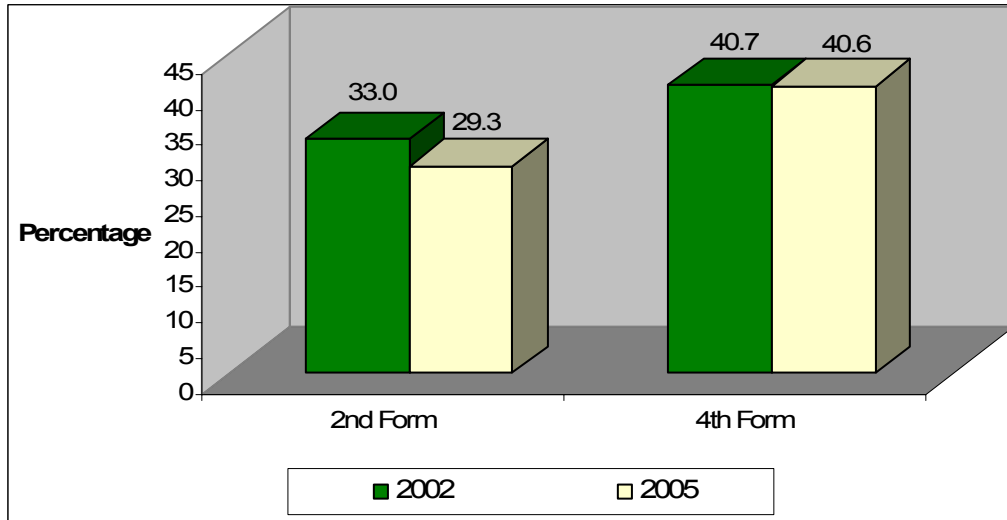
No consistent trends were observed with respect to the prevalence of cigarette smoking among the four age groups. Albeit this, increases in consumption rates were reported in 2005 for the following age groups: lifetime prevalence among 17-18 year olds; past year and current prevalence among persons aged 15-16 and 17-18.

### 4.3.3 Trends in Prevalence of Cigarette Smoking by Grade Level

Prevalence of cigarette use by grade level<sup>11</sup> revealed that lifetime use of cigarette smoking among Form Two students decreased from 33.0% in 2002 to 29.3% in 2005, but remained almost unchanged for 4<sup>th</sup> formers during both years (Refer to Figure 4-8). Past year and current prevalence decreased among Form Two students in 2005 but increased slightly among Fourth Formers.

<sup>11</sup> Comparisons were conducted between 8<sup>th</sup> grade and form 2 students, and grade 10 and form 4 students. It was not possible to compare form 5 students since the survey was conducted among 6<sup>th</sup> form students in 2002.

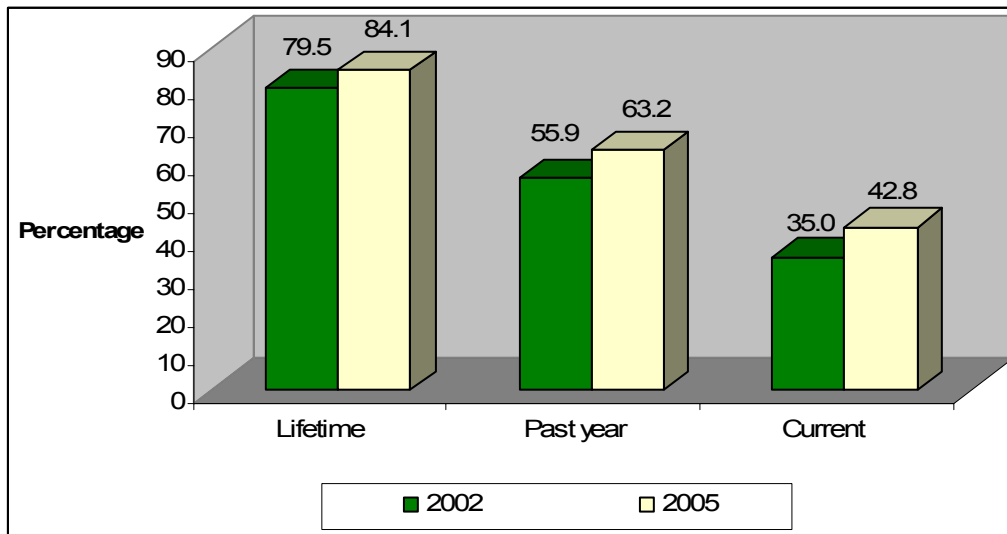
**Figure 4-8: Trends in lifetime prevalence of cigarette smoking by grade level**



#### 4.4 PREVALENCE OF ALCOHOL USE

Consumption rates of alcohol among secondary school students in Grenada increased quite significantly for all prevalence indicators in 2005. Lifetime, past year and current prevalence of alcoholic drinks were 79.5%, 55.9% and 35.0% respectively in 2002 compared to 84.1%, 63.2% and 42.8% in 2005 (Refer to Figure 4-9).

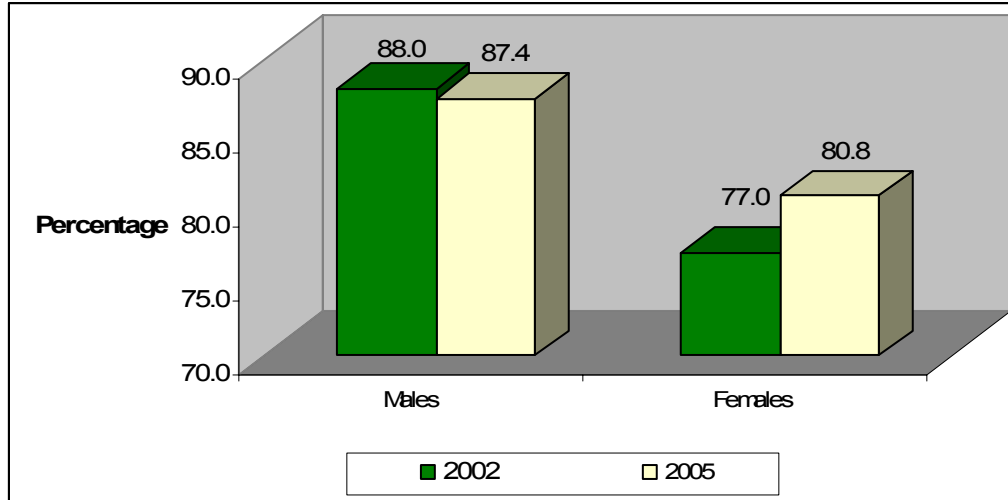
**Figure 4-9: Trends in lifetime prevalence of alcohol use**



**4.4.1 Trends in Prevalence of Alcohol Use by Gender**

Gender analysis revealed that 0.6% less males experimented with alcohol in 2005 when compared to the previous administration of the survey in 2002. On the contrary, 3.8% more females experimented with the alcoholic drinks in 2005 as shown in Figure 4-10. Past year and current prevalence recorded an increase for both males and females in 2005.

**Figure 4-10: Lifetime prevalence of alcohol use in 2002 and 2005**



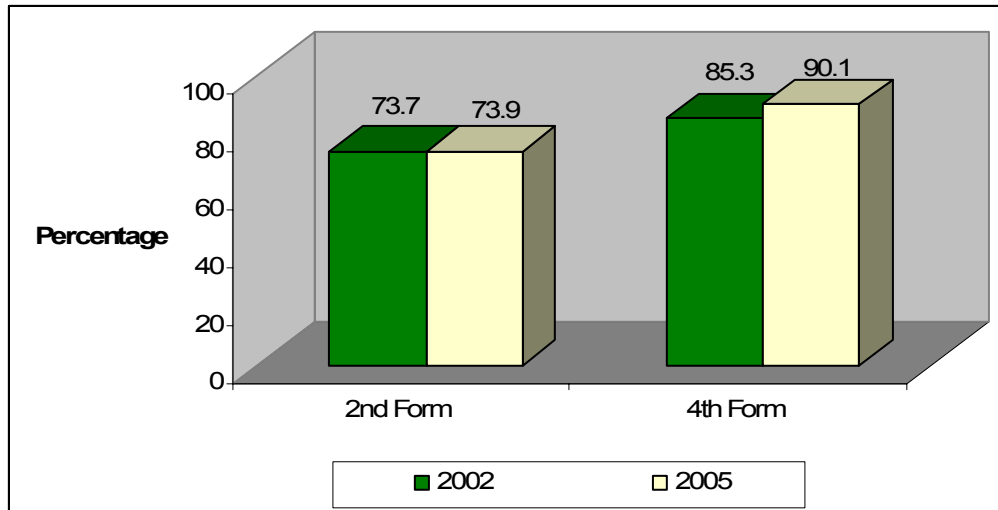
**4.4.2 Trends in Alcohol Use by Age Groups**

Prevalence of alcohol use by age showed an almost uniform trend when comparisons were made between 2002 and 2005. Lifetime prevalence increased among students aged 12-14 and 15-16; remain unchanged among 17-18 year olds and decreased among persons 19 years and older in 2005.

**4.4.3 Trends in Alcohol Use by Grade Level**

Lifetime prevalence of alcohol remained almost unchanged for second form students but increased by 4.8% in 2005 among fourth formers as shown in Figure 4-11. Similarly, past year and current use of the substance increased among both groups of students in 2005, though more significant among fourth formers.

**Figure 4-11: Lifetime prevalence of alcohol use by grade level 2002 and 2005**



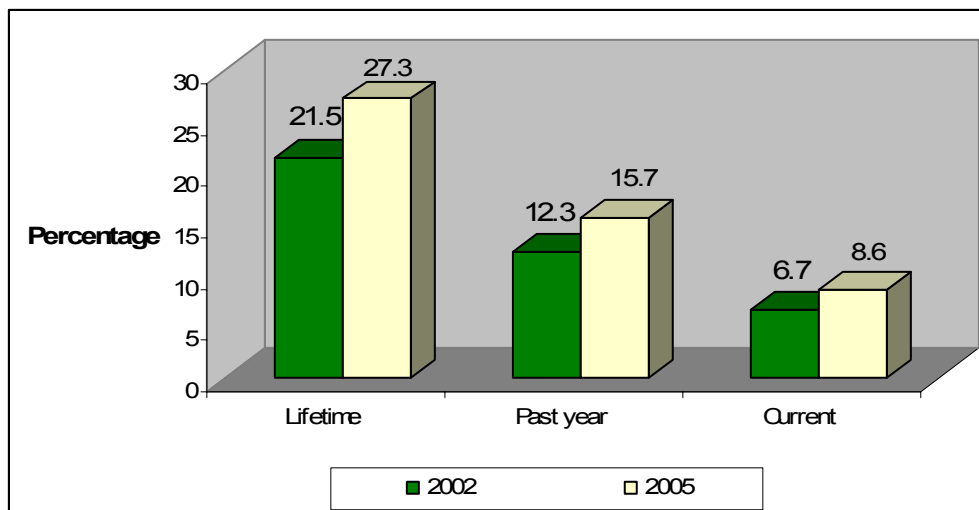
**4.4.4 Trends in Prevalence of Alcohol Use by Behavioural Problems**

Consumption of alcohol increased for all prevalence indicators among students who were never disciplined and those who were disciplined several times.

**4.5 PREVALENCE OF MARIJUANA USE**

Consumption rates of marijuana among secondary school students in Grenada increased for all prevalence indicators in 2005. Lifetime, past year and current prevalence of marijuana were 21.5%, 12.3% and 6.7% respectively in 2002 compared to 27.3%, 15.7% and 8.6% in 2005.

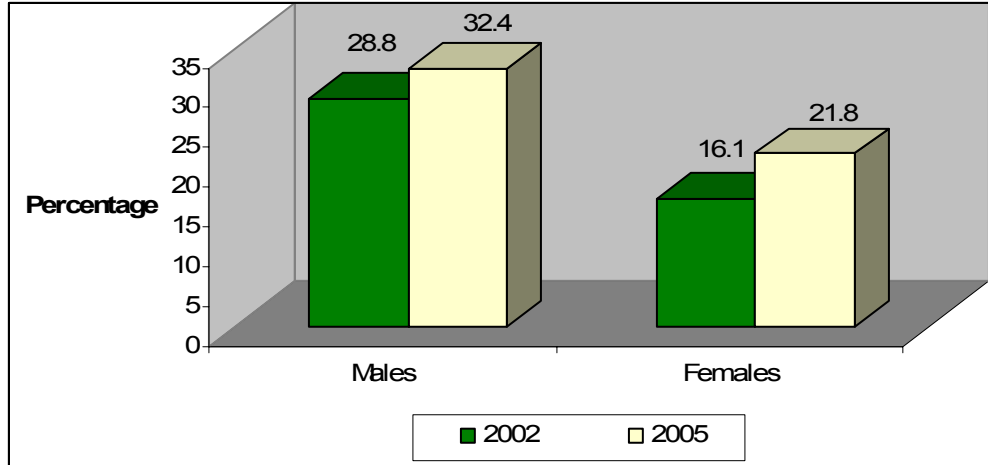
**Figure 4-12: Trends in prevalence of marijuana use (2002 and 2005)**



**4.5.1 Trends in prevalence of marijuana by gender**

Gender analysis revealed that all three prevalence indicators increased among males and females in 2005. In fact, 3.6% and 5.7% more males and females respectively experimented with marijuana in 2005 as shown in Figure 4-13. Similarly, current use of marijuana among males and females increased from 9.5% and 4.7% respectively in 2002 to 10.4% and 6.7% in 2005.

**Figure 4-13: Trends in lifetime prevalence of marijuana use by gender (2002 and 2005)**



**4.5.2 Trends in prevalence of marijuana by age**

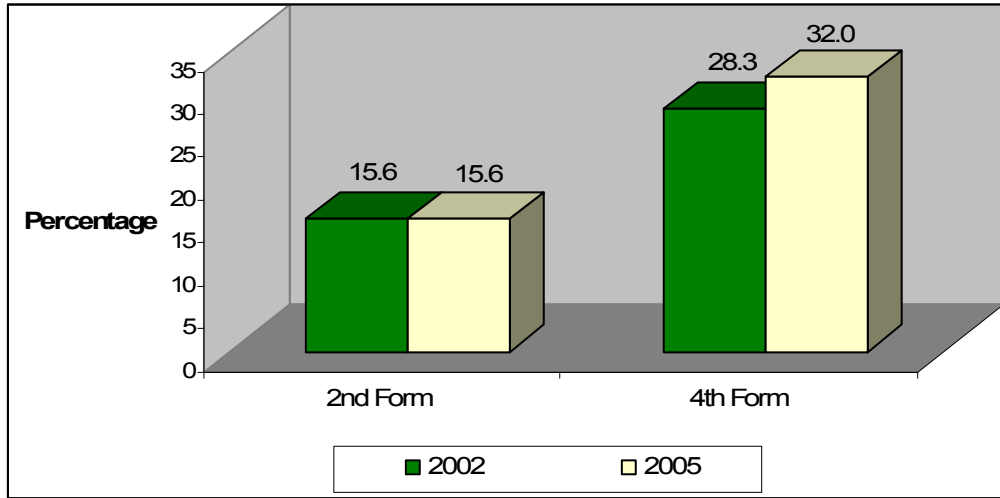
Prevalence of marijuana use by students’ age showed a consistent trend for lifetime and past year prevalence but deviated for current use. Lifetime and past year prevalence of marijuana use increased from 2002 to 2005 among 12-14, 15-16 and 17-18 year olds, and decrease among students 19 years and older. On the other hand, current use decreased among students aged 12-14 and 19 and over and increased among students 15-16 and 17-18 in 2005.

**4.5.3 Trends in prevalence of marijuana by grade level**

Lifetime prevalence of marijuana among 2<sup>nd</sup> formers remained unchanged in 2005 but increased for fourth formers as indicated in Figure 4-14. Past year and past month prevalence among 2<sup>nd</sup> form students decreased in 2005 but increased in the same period for 4<sup>th</sup> form students.



**Figure 4-14: Trends in lifetime prevalence of marijuana by grade level (2002 and 2005)**



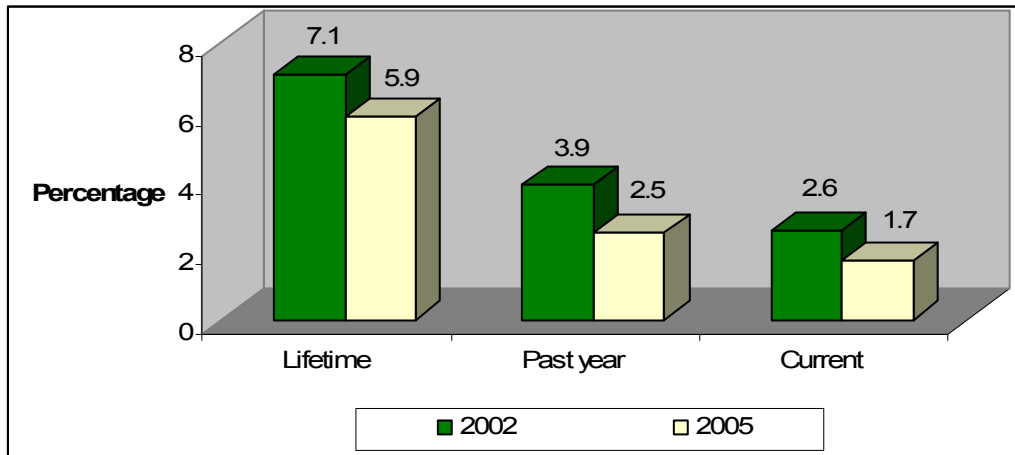
**4.5.4 Trends in prevalence of marijuana use by behavioural problems**

Consumption of marijuana among students who were never disciplined for behavioural problems increased for all prevalence indicators in 2005. Similarly, lifetime, past year and past month prevalence among students who were disciplined several times for behavioural problems increased in the same period.

**4.6 PREVALENCE OF TRANQUILIZERS**

Lifetime prevalence of tranquilizer use decreased from 7.1% in 2002 to 5.9% in 2005. A similar trend was reported for past year and current use of the substance as shown in Figure 4-15.

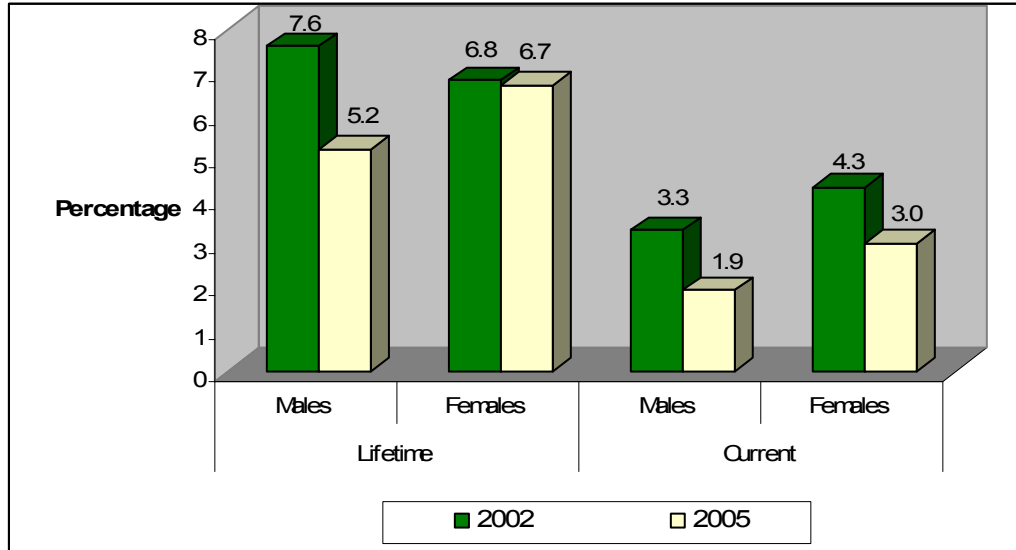
**Figure 4-15: Trends in prevalence of tranquilizer use (2002 and 2005)**



**4.6.1 Trends in prevalence of tranquilizer use by gender (2002 and 2005)**

Gender analysis revealed that consumption of tranquilizers decreased among males and females for all prevalence indicators assessed as indicated in Figure 4-16.

**4-16: Trends in prevalence of tranquilizer use by gender (2002 and 2005)**



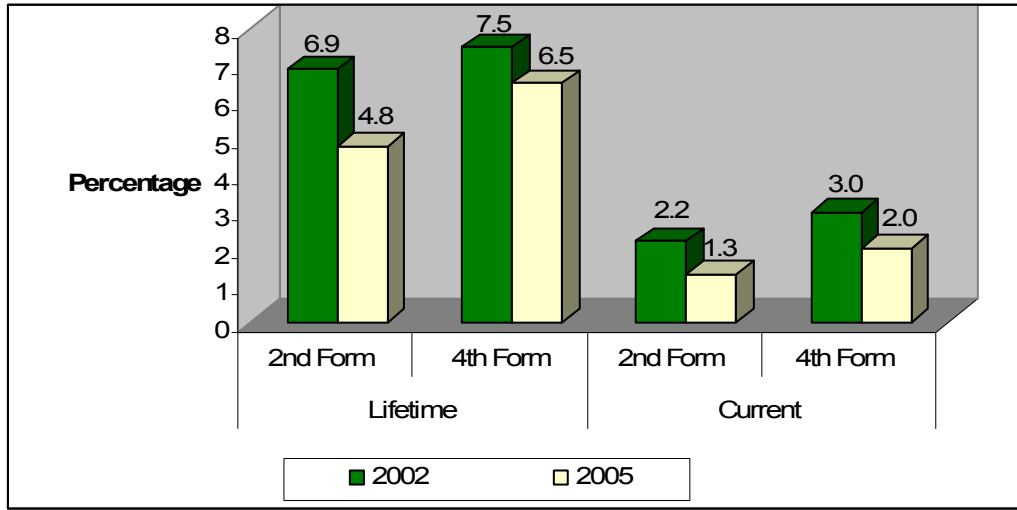
**4.6.2 Trends in prevalence of tranquilizer use by students' age**

Prevalence of tranquilizer use by students' age showed a consistent trend for lifetime and current use but deviated for use within the last 12 months. Lifetime and current use decreased from 2002 to 2005 among all age groups evaluated. On the other hand, past year prevalence decreased from 2002 to 2005 for students aged 12-14, 15-16 and 19 and older and remained the same for persons between the ages of 17-18.

**4.6.3 Trends in prevalence of tranquilizer use by grade level**

Prevalence of tranquilizers decreased among 2<sup>nd</sup> and 4<sup>th</sup> formers in 2005 for all indicators assessed (Refer to Figure 4-17).

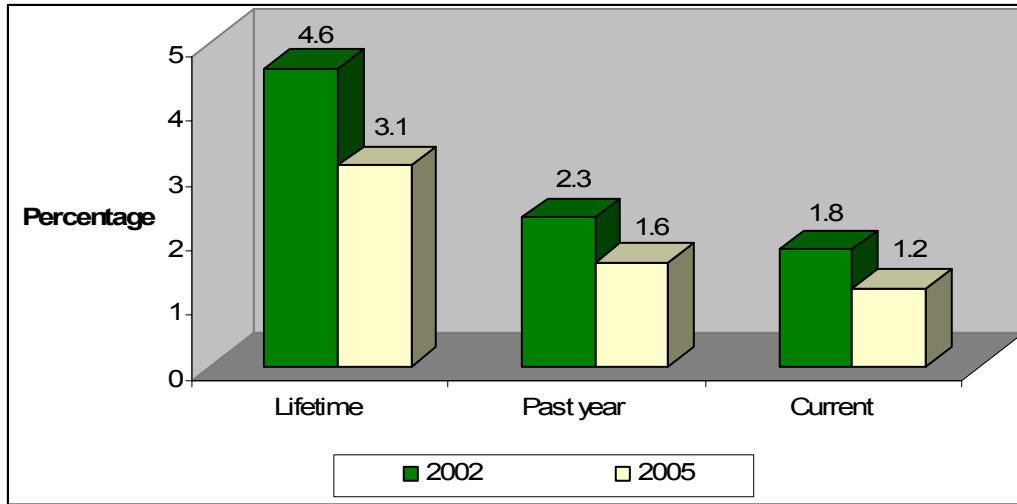
Figure 4-17: Trends in prevalence of tranquilizer use by grade level (2002 and 2005)



#### 4.7 PREVALENCE OF STIMULANTS

Lifetime, past year and past month prevalence of stimulant use among secondary students decreased from 4.6%, 2.3% and 1.8% respectively in 2002 to 3.1%, 1.6% and 1.2% in 2005 as shown in Figure 4-18.

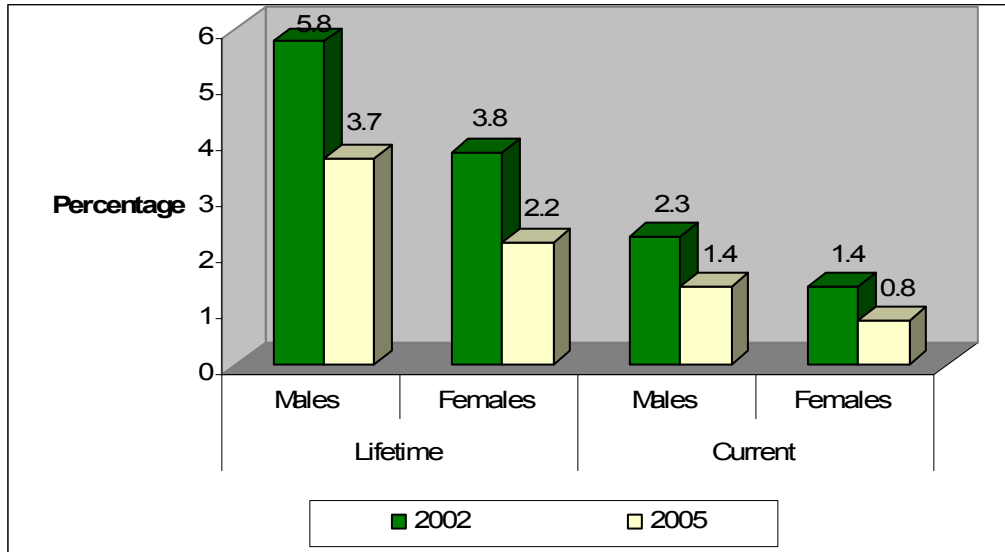
Figure 4-18: Trends in prevalence of stimulant use (2002 and 2005)



##### 4.7.1 Trends in prevalence of stimulants use by gender

Results indicated a reduction in all consumption patterns of stimulants among males and females in 2005 (Refer to Figure 4-19).

Figure 4-19: Trends in prevalence of stimulants use by gender (2002 and 2005)



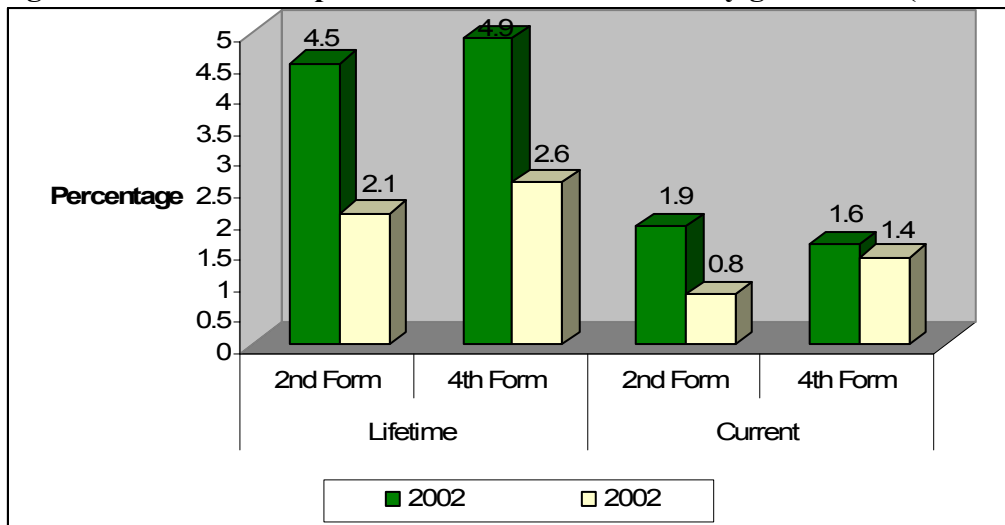
#### 4.7.2 Trends in prevalence of stimulants use by age groups

Fewer students reported consumption of stimulants in 2005 among all age groups assessed.

#### 4.7.3 Trends in prevalence of stimulants use by grade level

Consumption of stimulants decreased for all grade levels evaluated in 2005. Lifetime, past year and past month prevalence for 2<sup>nd</sup> formers decreased from 4.5%, 2.2% and 1.9% respectively in 2002 to 2.1%, 0.8% and 0.6% in 2005. Similarly, lifetime, past year and current prevalence of stimulants decreased among 4<sup>th</sup> formers from 4.9%, 2.2% and 1.6% in 2002 to 2.6%, 1.6% and 1.4% in 2005 (Refer to Figure 4-20).

Figure 4-20: Trends in prevalence of stimulants use by grade level (2002 and 2005)



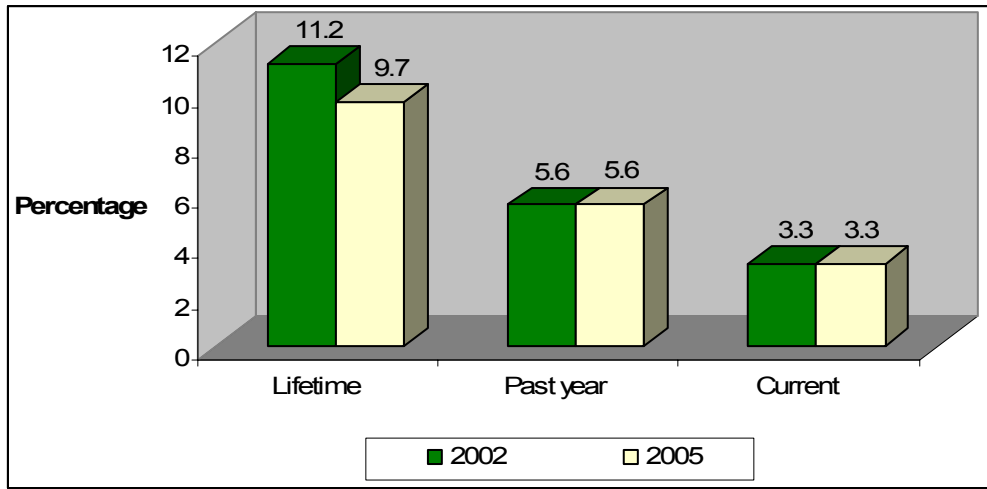
**4.7.4 Trends in prevalence of stimulant use by behavioural problems**

Consumption of stimulants among students who were never disciplined for behavioural problems decreased for all prevalence indicators in 2005. Quite differently, use increased among students who were disciplined several times for all prevalence indicators assessed.

**4.8 PREVALENCE OF SOLVENTS AND INHALANTS**

Lifetime prevalence of solvents and inhalants among students decreased from 11.2% in 2002 to 9.7% in 2005 while past year and past month prevalence rates remain unchanged (Refer to Figure 4-21).

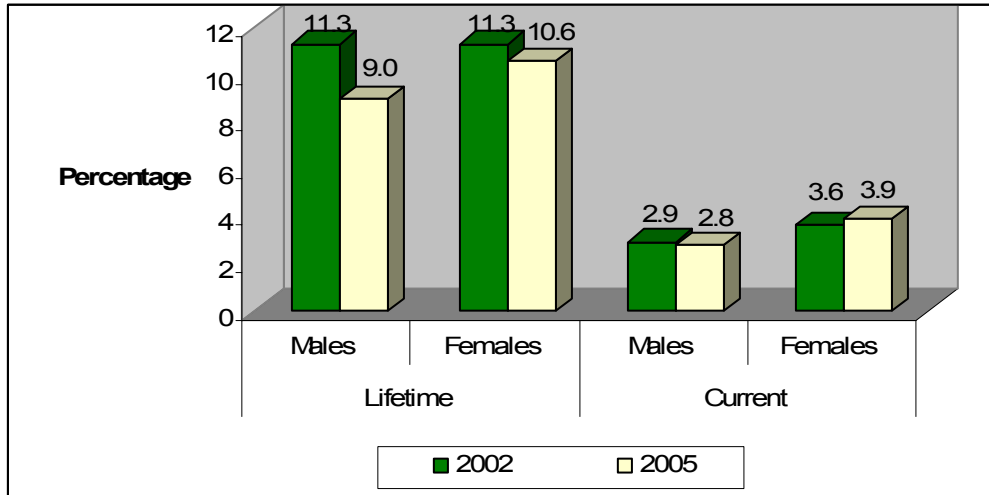
**Figure 4-21: Trend in prevalence of solvent and inhalant use (2002 and 2005)**



**4.8.1 Trends in prevalence of solvents and inhalants use by gender**

Gender analysis revealed that consumption of solvents and inhalants decreased slightly among males for all prevalence indicators assessed. Consumption among females on the contrary decreased only for lifetime prevalence as shown in Figure 4-22.

**Figure 4-22: Trends in prevalence of solvents and inhalants use by gender (2002 and 2005)**



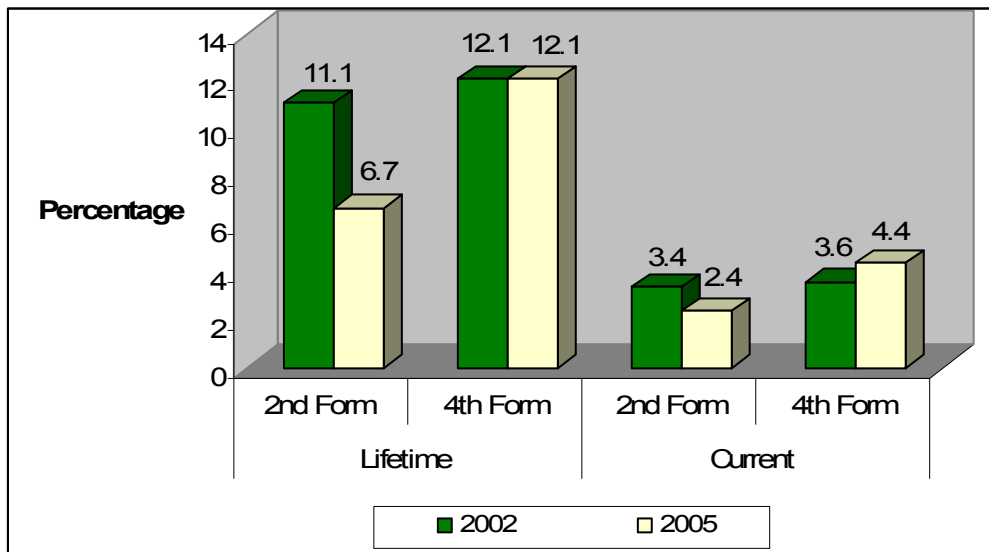
**4.8.2 Trends in prevalence of solvents and inhalants by age**

No consistent trends were observed with respect to the prevalence of solvents and inhalants among the four age groups assessed. Increases in consumption rates however, were reported in 2005 for the following indicators: lifetime prevalence for 17-18 year olds; past year prevalence among 15-16, 17-18 and persons over 19 years; and current use among 15-16 and 17-18 year olds.

**4.8.3 Trends in prevalence of solvents and inhalants by grade level**

Prevalence of solvents and inhalants decreased among 2<sup>nd</sup> formers for all indicators assessed as shown in Figure 4-23. Lifetime prevalence among students in Form Four remained unchanged in 2005, while current use increased in that period.

**Figure 4-23: Trends in prevalence of solvents and inhalants use by grade level**



#### 4.8.4 Trends in prevalence of solvents and inhalant use by behavioural problems

Consumption of solvents and inhalants among students who were never disciplined for behavioural problems decreased for all prevalence indicators in 2005. Quite differently, lifetime, past year and past month prevalence increased among students who were disciplined several times for behavioural problems.

**Table 4-2: Summary of comparisons between 2002 and 2005**

Research measure analyzed	Increase or decrease in 2005	Percentage change
<b>Knowledge and exposure to drugs and drug use</b>		
Knowledge of the consequences of drug use	+	3.1
Drug prevention education	-	0.8
Friends who occasionally drank too much alcohol	+	6.2
Friends who use illicit drugs	+	7.1
Accessibility of illicit drugs	+	6.0
Opportunity to try an illicit drug	+	9.4
Curiosity to try an illicit drug	+	5.7
Willingness to try an illicit drug if given the chance	+	5.2
<b>Drug use prevalence</b>		
Cigarette smoking		
○ Lifetime prevalence	+	0.9
○ Past year prevalence	+	0.8
○ Current prevalence	+	0.4
Alcoholic drinks		
○ Lifetime prevalence	+	4.6
○ Past year prevalence	+	7.3
○ Current prevalence	+	7.8
Marijuana		
○ Lifetime prevalence	+	5.8
○ Past year prevalence	+	3.4
○ Current prevalence	+	1.9
Tranquilizers		
○ Lifetime prevalence	-	1.2
○ Past year prevalence	-	1.4
○ Current prevalence	-	0.9
Stimulants		
○ Lifetime prevalence	-	1.5
○ Past year prevalence	-	0.7
○ Current prevalence	-	0.6
Solvents and inhalants		
○ Lifetime prevalence	-	1.5
○ Past year prevalence	Unchanged	-
○ Current prevalence	Unchanged	-

*Notes: + as used in the table denotes an increased prevalence of the research measure in 2005 when compared to the previous administration of the survey in 2002, while – as used in the table denotes a decrease prevalence of the indicator in 2005.*



## 5.0 DISCUSSION AND RECOMMENDATIONS

### 5.1 Discussion

Quite encouraging is the fact that four in every five Grenadian students were of the opinion that they are knowledgeable about the consequences of drug use. From a demand reduction perspective, this is critical due to the direct relationship between exposure to drug use prevention information and behaviours consistent with abstinence. Of significance also is the report that 3.1% more students believed that they were knowledgeable about the consequences of drugs in 2005 when compared to 2002. This could be due to one or more factors including but not limited to the following: Increased accessibility to the Internet among young people; more aggressive promotion of drug prevention values among parents, relatives and academic institutions; and increased exposure to drug prevention education via international and local media houses. Implementation of the Drug Demand Reduction Project<sup>12</sup> by the Drug Control Secretariat may have contributed to the latter.

The significantly low participation of students in drug prevention education programmes however, could potentially be an area of concern but can also be an excellent window of opportunity. An effectively integrated school-based drug prevention program is paramount in the development of knowledge, skills, and defensible values that support primary prevention of drug use/abuse among in-school youths (UNODC, 2004). Additionally, such programmes offer avenues for teacher training and the establishment of community based partnerships which provide strategic platforms for programme sustainability.

Peer pressure is commonly regarded as one of the strongest determinants of youth substance use. In this context therefore, the potential for peer pressure to play a major role in students' use of drugs including alcohol could be noteworthy considering the number of students who reported having friends that were involved in inappropriate drug taking behaviour. The fact that more students had friends who consumed alcohol compared to illicit drugs could be linked to the social acceptability and culturally enshrined values of alcohol consumption in the Grenadian society. It must be underscored that there appears to be a lack of consensus among researchers of the significance of peer influence in youth drug experimentation due to insufficient empirical data (Reed and Rountree, 1997). Albeit this, implementation of a precautionary approach<sup>13</sup> that strategically strives to reduce the impact of negative peer pressure on Grenadian youths should be prioritized in light of the socio-economic and public health burdens associated with drug abuse.

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<sup>12</sup> Funded by the European Union, this project implemented during the period 2002-2006 was designed to achieve the following objectives: to strengthen institutional capacities to design, evaluate and implement drug prevention programmes; to promote greater community involvement in drug control efforts; to provide alternative activities for youths, and to promote greater awareness of drug-related matters.

<sup>13</sup> The precautionary principle is a moral and political principle which states that if an action or policy might cause severe or irreversible harm to the public, in the absence of a scientific consensus that harm would not ensue, the burden of proof falls on those who would advocate taking the action (Wikipedia, 2007).

Other indicators of students' exposure to illicit drug use such as drug accessibility, opportunity, desire and willingness to try illicit drugs as revealed by the survey could represent major barriers to effective demand reduction in Grenada if not addressed in the short to medium term. The high level of knowledge about the consequences of drugs among students can act a protective factor, thus promoting primary prevention. Demand reduction efforts however, cannot lead to success without substantially reducing supply. In light of this therefore, supply and demand reduction initiatives at the national level must be scaled up and properly integrated for maximum outcomes.

Drug prevalence results emanating from the 2005 drug survey revealed that substance use continues to be a significant problem among Grenadian youths with particular emphasis on the following drugs: Alcohol, cigarettes and marijuana. The increased incidence of these substances among students in 2005 emphasizes the seriousness of the problem, and the need to prioritize primary prevention through more in-depth analysis of the socio-cultural context that supports use among the target group.

Alcohol remained the drug of choice for Grenadian secondary school students in 2005, with four of every five students reporting use at least once in their lifetime. This outcome though not encouraging is not surprising considering the social acceptability and accessibility of the drug to young people, and the difficulties in enforcing legislation which prohibits the sale of alcohol to minors at national and community levels. Though not conclusive, the recent passage of Hurricanes Ivan and Emily in 2004 and 2005 respectively could have contributed to the increase incidence of alcohol use in 2005. Research has indicated a positive correlation between adolescent risk of alcohol use and post-traumatic stress resulting from major events such as hurricanes (Schroeder and Polusny, 2004; Jacobs et al, 2001).

Awareness of the consequences of drugs did not appear to prevent use of cigarettes and marijuana among some students. This beckons policy makers and programme implementers to better understand the following issues: the degree of drug education provided to students; underlying factors promoting use; and the effectiveness of the institutional and legislative framework governing drug control at national and regional levels. The recent surge of disasters within the Caribbean region in 2004 could have also contributed to the increase incidence of the following substances as previously indicated.

Of interest also is the fairly high use of solvents and inhalants among the target population. In fact, almost one in every ten students experimented with these drugs, with females reporting higher usage rates. Urgent intervention to reduce the incidence of these substances among young people must be prioritized due to the ease of access of the substance, and the supposedly low awareness among students and parents of the drug inducing capabilities of these non-controlled substances. Equally important, solvents and inhalants have been known to be precursors of illicit drugs and other delinquent behaviours. According to Mackery-Amiti and Fendrich (2000), failure to curb these problems could increase the vulnerability of youths and the socio-economic costs associated with secondary and tertiary drug prevention.

Use of other illicit drugs such as cocaine HCL and methamphetamines was very low and could possibly be due to the following reasons: low availability and accessibility; high cost; perception among the target population that these are very harmful drugs; and little focus on marketing to youths. Health promotion efforts however, focused on primary prevention of these 'hard core' drugs must be maintained.

## 5.2 RECOMMENDATIONS

In summary, the following issues emanate as the major areas of concern regarding drug use among secondary school students in Grenada:

- Low level of drug prevention education
- The potential for peer motivated drug use
- Accessibility of illicit drugs
- Desire among less than 10% of the population to try illicit drugs
- The significant consumption of alcohol, marijuana and cigarette among secondary school students
- The emerging use of solvents and inhalants among the target group.

The following recommendations are therefore proposed to address the above issues.

7. Elaborate the development of a drug education and life skills programme for primary and secondary school students based on the comparative analysis of critical information needed by students to support prevention, and the degree of drug-related information and decision making skills already infused within the schools' curricula.
8. Scale up current public awareness and education efforts aimed at primary prevention of drug use. This initiative should highlight the myths, socio-economic and public health realities of drug use - particularly alcohol, marijuana, cigarette and solvent and inhalants.
9. Strengthen the enforcement of policies and laws that limit minors' access to alcohol and illegal substances.
10. Employing a participatory approach, develop a policy that supports the implementation of an alternative livelihood initiative targeting potential and actual drug traffickers as part a broader plan of supply reduction.
11. Supplement the information from this and future surveys with qualitative focus assessment studies designed to explain the results and trends, and assist in developing more relevant and effective interventions to curb the challenges of drug use.

12. Implement a qualitative based study designed to better understand the socio-cultural drivers for alcohol use in Grenadian society.

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APPENDIX 1



**INTER- AMERICAN DRUG ABUSE CONTROL COMMISSION  
(CICAD)  
&  
NATIONAL COUNCIL ON DRUG CONTROL  
(NCODC)**

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

**SURVEY OF SECONDARY SCHOOL STUDENTS  
STANDARDIZED QUESTIONNAIRE**

Dear Students,

Your class has been selected to participate in a national and regional secondary school survey on drug use. Many students across the country and the Caribbean region are taking part in this survey. Your participation is voluntary. The results will be used to improve the drug prevention and education programmes for our young people.

To protect your privacy, please DO NOT write your name on this booklet. That way your answers cannot be linked to your name. No one will know how you answered the questions and your teachers will not see your responses. Therefore, please try and answer each question honestly.

This is not a test. Most of the questions have no right or wrong answers. Read each question carefully before marking your answer. If you have any questions during the survey please raise your hand.

Thank you for your assistance.

---

**Dave Alexander**  
Drug Avoidance Officer

QUESTIONNAIRE NUMBER

1. COUNTRY  2. CITY\*  3. NUM. OF CONTROL

4. In what type of high school are you studying?  1. Public  
 2. Private  
 3. Other \_

5. Day, evening, or night classes?  1. Day  
 2. Evening  
 3. Night

6. Is your school:  1. All male  
 2. All female  
 3. Mixed

7. In what grade/form are you? \_\_\_\_\_

8. Sex  1. Male  
 2. Female

9. Age (on the day before the survey) \_\_\_\_\_ years

10. What is your parents' marital / union status?  1. Married  
 2. Divorced  
 3. Separated  
 4. Widow(er)  
 5. Living together/  
common law  
 6. Single  
 7. I do not know

11. With whom do you live? (Tick / check all that apply)

		Yes	No			Yes	No
<b>1</b>	<b>Father</b>			<b>2</b>	<b>Mother</b>		
<b>3</b>	<b>Stepmother</b>			<b>4</b>	<b>Stepfather</b>		
<b>5</b>	<b>Girl/Boyfriend</b>			<b>6</b>	<b>Spouse</b>		
<b>7</b>	<b>Other relative</b>			<b>8</b>	<b>Friend</b>		
<b>9</b>	<b>Lives alone</b>			<b>10</b>	<b>Other _____</b>		

12. If you are working as well as studying, how many hours do you work per week for pay?  1. I don't work  
 2. I work approximately \_\_\_\_\_ hours a week

Code

13. Have you had academic difficulties with your studies? (primary / secondary)  1. Never  
 2. Once



- 3. A few times
- 4. Often / A lot

14. How many grades/forms have you had to repeat during your studies? (primary / secondary)  1. None  
 2. \_\_\_\_\_

15. How often have you been disciplined as a result of behavioural problems at school? (primary / secondary)  1. Never  
 2. Once  
 3. A few times  
 4. Often / A lot

16. In your opinion, how harmful is the following to your health?	1. Not harmful	2. Slightly harmful	3. Quite harmful	4. Very harmful	5. Don't know
16.1 Smoking cigarettes					
16.2 Frequently drinking alcohol					
16.3 Getting drunk					
16.4 Sometimes taking tranquilizers/stimulants					
16.5 Frequently taking tranquilizers/stimulants					
16.6 Sometimes inhaling solvents					
16.7 Frequently inhaling solvents					
16.8 Sometimes smoking marijuana					
16.9 Frequently smoking marijuana					
16.10 Sometimes taking cocaine					
16.11 Frequently taking cocaine					

**CIGARETTES (ALL TOBACCO PRODUCTS)**

17. Have you ever smoked cigarettes in your life?  1. Yes

2. **No (skip**

**to #22)**

**18. How old were you when you smoked a cigarette for the first time?**

\_\_\_\_\_ **years**

19. Have you smoked cigarettes in the last 12 months?  1. Yes  
 **2. No (skip to #22)**

20. Have you smoked cigarettes in the last 30 days?  1. Yes  
 2. No (skip to #22)

21. Approximately how many cigarettes have you smoked per day in the last 30 days?  
 1. From 1 to 5  
 2. From 6 to 10  
 3. From 11 to 20  
 4. More than 20  
 5. Did not smoke daily

**ALCOHOL (E.G., RUM, BEER, WINE, HARD LIQUOR)**

22. Have you ever consumed alcoholic drinks in your life?  1. Yes  
 2. No (skip to #27)

23. How old were you when you first consumed alcoholic drinks? \_\_\_\_\_ years

24. Have you consumed alcoholic drinks in the last 12 months?  1. Yes  
 **2. No (skip to 27)**

25. Have you consumed alcoholic drinks in the last 30 days?  1. Yes  
 2. No (skip to 27)

26. In the last 30 days, how many drinks have you consumed daily?  
 1. From 1 to 5  
 2. From 6 to 10  
 3. From 11 to 20  
 4. More than 20  
 5. Did not drink daily

**TRANQUILIZERS (E.G., VALIUM, LIBRIUM)**

27. Have you ever taken tranquilizers in your life?  1. Yes  
 2. No (skip to #33)

28. How old were you when you first took tranquilizers? \_\_\_\_\_ years

29. Have you taken tranquilizers in the last 12 months?  1. Yes  
 2. No (skip to #33)

30. Have you taken tranquilizers in the last 30 days?  1. Yes  
 2. No (skip to #33)

31. In the last 30 days, how many days have you have taken tranquilizers? \_\_\_\_\_ days

32. From where did you get those tranquilizers?  1. From the doctor  
 2. In the street  
 3. In the house  
 4. From a friend  
 5. Other (specify):  
\_\_\_\_\_

**STIMULANTS (E.G., COCAINE, AMPHETAMINES)**

33. Have you ever taken stimulants in your life?  1. Yes  
 2. No (skip to #39)

34. How old were you when you first took stimulants? \_\_\_\_\_ years

35. Have you taken stimulants in the last 12 months?  1. Yes  
 2. No (skip to #39)

36. Have you taken stimulants in the last 30 days?  1. Yes  
 2. No (skip to #39)

37. In the last 30 days, how many days have you have taken stimulants? \_\_\_\_\_ days

38. From where did you get those stimulants?  1. From the doctor  
 2. In the street  
 3. In the house  
 4. From a friend  
 5. Other (specify):  
\_\_\_\_\_

39. Do you have friends who occasionally drink too much alcohol?  1. None  
 2. One  
 3. Some  
 4. A lot

**ILLICIT DRUGS**

40. Do you have friends who use illicit drugs?  1. None  
 2. One

- 3. Some
- 4. A lot

41. In your opinion, how easy is it to obtain illicit drugs?

- 1. Very difficult
- 2. Difficult
- 3. Easy
- 4. Very easy

42. Have you ever had the chance to try an illicit drug?

- 1. Never
- 2. Once
- 3. Several Times

43. Have you ever been curious about trying an illicit drug?

- 1. No
- 2. Maybe
- 3. Yes

44. If you had the chance, would you try an illicit drug?

- 1. No
- 2. Maybe
- 3. Yes

**45. SOLVENTS / INHALENTS (E.G., LAUGHING GAS, GLUE, GASOLINE)**

45a. Have you ever taken/used solvents and inhalants?

- 1. Yes
- 2. No (skip to #46a)

45b. How old were you when you first took/used solvents and inhalants? \_\_\_\_\_ years

45c. Have you taken/used solvents and inhalants in the last 12 months?

- 1. Yes
- 2. No (skip to #46a)

45d. Approximately how often have you used solvents and inhalants in the last 12 months?

- 1. Once
- 2. Occasionally during the last 12 months
- 3. Monthly
- 4. Weekly
- 5. Daily

45e. Have you taken/used solvents and inhalants in the last 30 days?

- 1. Yes
- 2. No

**46. MARIJUANA (E.G., WEED, POT, JOINT, GANJA)**

46a. Have you ever taken/used marijuana?

- 1. Yes
- 2. No (skip to #47a)

- 46b. How old were you when you first took/used marijuana? \_\_\_\_\_years
- 46c. Have you taken/used marijuana in the last 12 months?  
 1. Yes  
 2. No (skip to #47a)
- 46d. Approximately how often have you used marijuana in the last 12 months?  
 1. Once  
 2. Occasionally during the last 12 months  
 3. Monthly  
 4. Weekly  
 5. Daily
- 46e. Have you taken/used marijuana in the last 30 days?  
 1. Yes  
 2. No

**47. ABYSS**

- 47a. Have you ever taken/used abyss?  
 1. Yes  
 2. No (skip to #48a)
- 47b. How old were you when you first took/used abyss? \_\_\_\_\_years
- 47c. Have you taken/used abyss in the last 12 months?  
 1. Yes  
 2. No (skip to #48a)
- 47d. Approximately how often have you used abyss?  
 1. Once  
 2. Occasionally during the last 12 months  
 3. Monthly  
 4. Weekly  
 5. Daily
- 47e. Have you taken/used abyss in the last 30 days?  
 1. Yes  
 2. No

**48. HALLUCINOGENS (EG. PCP, LSD, ACID, ANGEL DUST)**

- 48a. Have you ever taken/used hallucinogens?  
 1. Yes  
 2. No (skip to #49a)
- 48b. How old were you when you first took/used hallucinogens? \_\_\_\_\_years
- 48c. Have you taken/used hallucinogens in the last 12 months?  
 1. Yes  
 2. No (skip to #49a)

48d. Approximately how often have you used hallucinogens in the last 12 months?

- 1. Once
- 2. Occasionally during the last 12 months
- 3. Monthly
- 4. Weekly
- 5. Daily

48e. Have you taken/used hallucinogens in the last 30 days?

- 1. Yes
- 2. No

**49. HEROIN**

49a. Have you ever taken/used heroin?

- 1. Yes
- 2. No (skip to #50a)

49b. How old were you when you first took/used heroin?

\_\_\_\_years

49c. Have you taken/used heroin in the last 12 months?

- 1. Yes
- 2. No (skip to #50a)

49d. Approximately how often have you used heroin?

- 1. Once
- 2. Occasionally during the last 12 months
- 3. Monthly
- 4. Weekly
- 5. Daily

49e. Have you taken/used heroin in the last 30 days?

- 1. Yes
- 2. No

**50. OPIUM**

50a. Have you ever taken/used opium?

- 1. Yes
- 2. No (skip to #51a)

50b. How old were you when you first took/used opium?

\_\_\_\_years

50c. Have you taken/used opium in the last 12 months?

- 1. Yes
- 2. No (skip to #51a)

50d. Approximately how often have you used opium?

- 1. Once
- 2. Occasionally during the last 12 months

- 50e. Have you taken/used opium in the last 30 days?
- 3. Monthly
  - 4. Weekly
  - 5. Daily
  - 1. Yes
  - 2. No

51. MORPHINE

- 51a. Have you ever taken/used morphine?
- 1. Yes
  - 2. No (skip to #52a)
- 51b. How old were you when you first took/used morphine?
- \_\_\_\_\_years
- 51c. Have you taken/used morphine in the last 12 months?
- 1. Yes
  - 2. No (skip to #52a)
- 51d. Approximately how often have you used morphine?
- 1. Once
  - 2. Occasionally during the last 12 months
  - 3. Monthly
  - 4. Weekly
  - 5. Daily
- 51e. Have you taken/used morphine in the last 30 days?
- 1. Yes
  - 2. No

52. COCAINE (EG. COCAINE POWDER)

- 52a. Have you ever taken/used cocaine HCL?
- 1. Yes
  - 2. No (skip to #53a)
- 52b. How old were you when you first took/used cocaine HCL?
- \_\_\_\_\_years
- 52c. Have you taken/used cocaine HCL in the last 12 months?
- 1. Yes
  - 2. No (skip to #53a)
- 52d. Approximately how often have you used cocaine HCL?
- 1. Once
  - 2. Occasionally during the last 12 months
  - 3. Monthly
  - 4. Weekly
  - 5. Daily

52e. Have you taken/used cocaine HCL in the last 30 days?

- 1. Yes
- 2. No

**53. CRACK (ROCKS OF COCAINE)**

53a. Have you ever taken/used crack?

- 1. Yes
- 2. No (skip to #54a)

53b. How old were you when you first took/used crack?

\_\_\_\_\_years

53c. Have you taken/ used crack in the last 12 months?

- 1. Yes
- 2. No (skip to #54a)

53d. Approximately how often have you used crack?

- 1. Once
- 2. Occasionally during the last 12 months
- 3. Monthly
- 4. Weekly
- 5. Daily

53e. Have you taken/used crack in the last 30 days?

- 1. Yes
- 2. No

**54. Hashish**

54a. Have you ever taken/used hashish?

- 1. Yes
- 2. No (skip to #55a)

54b. How old were you when you first took/used hashisi?

\_\_\_\_\_years

54c. Have you taken/used hashisj in the last 12 months?

- 1. Yes
- 2. No (skip to #55a)

54d. Approximately how often have you used hashish?

- 1. Once
- 2. Occasionally during the last 12 months
- 3. Monthly
- 4. Weekly
- 5. Daily

54e. Have you taken/used hashish in the last 30 days?

- 1. Yes
- 2. No



**55. ECSTASY (MDMA)**

- 55a. Have you ever taken/used Ecstasy (MDMA)?  1. Yes  
 2. No (skip to #56a)
- 55b. How old were you when you first took/used Ecstasy (MDMA)? \_\_\_\_\_years
- 55c. Have you taken/used Ecstasy (MDMA)in the last 12 months?  1. Yes  
 2. No (skip to #56a)
- 55d. Approximately how often have you used Ecstasy (MDMA)?  1. Once  
 2. Occasionally during the last 12 months  
 3. Monthly  
 4. Weekly  
 5. Daily
- 55e. Have you taken/used Ecstasy (MDMA) in the last 30 days?  1. Yes  
 2. No

**56. METHAMPHETAMINES**

- 56a. Have you ever taken/used methamphetamines?  1. Yes  
 2. No (skip to #57a)
- 56b. How old were you when you first took/used methamphetamines? \_\_\_\_\_years
- 56c. Have you taken/used methamphetamines in the last 12 months?  1. Yes  
 2. No (skip to #57a)
- 56d. Approximately how often have you used methamphetamines?  1. Once  
 2. Occasionally during the last 12 months  
 3. Monthly  
 4. Weekly  
 5. Daily
- 56e. Have you taken/used methamphetamines in the last 30 days?  1. Yes  
 2. No

**57. OTHER DRUGS**

- 57a. Have you ever taken/used other drugs?  1. Yes \_\_\_\_\_  
 2. No (Skip to #57f)
- 57b. How old were you when you first took/used this drug? \_\_\_\_\_years
- 57c. Have you taken/used this drug in the last 12 months?  1. Yes  
 2. No

- 57d. Approximately how often have you used this drug?
- 1. Once
  - 2. Occasionally during the last 12 months
  - 3. Monthly
  - 4. Weekly
  - 5. Daily
- 57e. Have you taken/used this drug in the last 30 days?
- 1. Yes
  - 2. No
- 57f. Do you feel you know enough about the consequences of drugs (tobacco, alcoholic drinks, marijuana, cocaine base, cocaine, etc.)?
- 1. Not informed
  - 2. Slightly informed
  - 3. Well informed
- 57g. What is the main source of your information about drugs?
- 1. Friends
  - 2. Parents, relatives
  - 3. Teachers
  - 4. Professionals
  - 5. Newspapers
  - 6. TV//Internet
  - 7. Posters, brochures
  - 8. Own experience
- PREVENTION ACTIVITY (WORKSHOPS, COURSES, LECTURES)
58. Have you participated in any drug prevention activity?
- 1. I have not taken
  - 2. Once
  - 3. Sometimes
59. How would you rate the prevention activity in which you participated?(workshops, courses, lectures)
- 1. Very useful
  - 2. Useful
  - 3. Slightly useful
  - 4. Not useful
  - 5. Don't know
60. Have these activities changed your attitude about drugs? (workshops, courses, lectures)
- 1. A lot
  - 2. Little
  - 3. Not at all

**End of questionnaire Thank you!**