



MAURITIUS RESEARCH COUNCIL
INNOVATION FOR TECHNOLOGY

**FACTORS INFLUENCING SUBSTANCE
ABUSE AMONG YOUTH (8-18 YRS)
IN HOUSING ESTATES
OF MAURITIUS**

Final Report

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RESEARCH REPORT

FACTORS

INFLUENCING

SUBSTANCE ABUSE AMONG YOUTH (8–18 YRS)

IN

HOUSING ESTATES OF MAURITIUS

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SUMMARY

Introduction

The National Agency for the Treatment and Rehabilitation of Substance Abusers commissioned a study on factors influencing substance abuse among youth aged between eight and eighteen years in housing estates of Mauritius to the Mauritius Institute of Health. The Mauritius Research Council funded the study. It entailed a cross-sectional survey of quantitative and qualitative nature. A two-stage sampling method was used to identify respondents by random selection of 10 housing estates in villages and 10 others in town areas. 30 male and 10 female youth aged 8-18 years were randomly selected in each housing estate. Overall, 800 respondents were selected, equally identified between the rural and urban areas. Data was collected through face to face interviews using a pre-designed and pre-coded questionnaire. The study sample was mainly characterised by urban dwellers (51.9%), males (75.0%), adolescents aged between 15 and 18 years (53.0%), a lower level of education at the secondary level (48.4%) and Christians (76.6%).

Licit Drugs

Cigarette

Cigarette, Alcohol and Inhalants

Youth used cigarette, alcohol and inhalants as licit drugs. While forty percent of youth had ever smoked cigarette, twenty five percent were current and fourteen percent daily smokers. Twelve percent smoked to enjoy themselves, eight percent because their peers smoked and seven percent because of curiosity. Twelve percent smoked in public and anywhere whereas six percent in tobacco shops. Twenty three percent of smokers said that cigarette was easily available while three percent said that cigarette was not sold to minors.

Alcohol

Fifty two percent of youth were lifetime users of alcohol compared with thirty two percent who were current and twelve percent daily users. While fifteen percent were binge drinkers seven percent were heavy alcohol users. Thirty six percent celebrated occasions with alcoholic beverages and twenty three percent used alcohol to enjoy themselves. Most users of alcohol, twenty six percent, drank at home followed by twenty three percent who drank in homes of friends. Thirty seven percent of youth said that they easily got alcoholic drinks while fifteen percent said that alcohol was not sold to minors.

Inhalants Thirteen percent of youth ever used inhalants. Ten percent ever used glue and six percent thinner amongst others. Seven percent respondents were current users. Two percent used inhalants daily, mostly glue and thinner. While nine percent used inhalants to enjoy themselves, five percent were influenced by peers to do so. Six percent used inhalants at home while another six percent used inhalants in remote and discrete places. Twelve percent said that inhalants were easily available. This proportion sniffed inhalants.

Illicit Drugs

Marijuana Marijuana, Heroin, White Lady, Uppers/downers and Designer drugs
Youngsters used marijuana, heroin, White Lady, uppers/downers, designer drugs and Ecstasy as illicit drugs. Eighteen percent were lifetime users of marijuana. Seven percent were current and six percent daily users. Ten percent used marijuana to enjoy themselves followed by seven percent who were influenced by their peers to do so. Most users of marijuana, that is, eleven percent used the drug in remote and discrete places. Four percent used the drug in homes of friends. Eleven percent said that it was easy to get marijuana. Users mainly smoked marijuana.

Heroin Seven percent of youth ever used heroin. Seven percent were current and five percent daily users. Most youth, that is, six percent used heroin to enjoy themselves followed by three percent who were influenced by their peers. Six percent mainly used heroin in remote and discrete places. Four percent used the drug in the homes of friends. Five percent said that they could get heroin easily. Users mainly injected heroin followed by inhaling and snorting. While three percent injected heroin two percent both inhaled and snorted heroin.

Injecting drug use One percent used a needle they themselves used before. Another two percent used a needle others used before. Injecting drug users rarely cleaned needles before use. Two percent of users shared needles. During the past three months preceding the survey, one percent of injecting drug users shared the same syringes between four and ten times while injecting drugs in groups. Many injecting drug users bought syringes on the streets and from pharmacies.

White Lady Many youth used White Lady, a highly impure form of heroin with a purity of 4 to 5% as reported by the Forensic Science Laboratory. Six percent of youth ever used White Lady. Five percent used them currently and two percent daily.

Most abusers used White Lady in order to enjoy themselves while two percent did so for no reason and one percent was influenced by friends to use the drug. Four percent mainly used the drug in discrete and remote places. Three percent of youth said that White Lady was easily available compared with two percent who said that it was difficult to get the drug. Youth drug abusers mainly inhaled White Lady.

Uppers/downers While five percent ever used psychotropic drugs, two percent used them currently and one percent daily. Drug users advanced enjoyment through use of psychotropic drugs and the influence of peers as reasons for using them. Youth mainly used these drugs in remote and discrete places and at home. Three percent said that psychotropic drugs were easily available. They mainly swallowed psychotropic drugs.

Designers Youngsters used Ecstasy commonly known as 'club drugs'. Nine percent ever used Ecstasy (MDMA). Six percent were current users. Less than one percent used MDMA daily. Seven percent used Ecstasy to enjoy themselves. Most users of the drug, six percent, used Ecstasy in clubs. Eight percent said that Ecstasy was easily available. Almost all respondents swallowed Ecstasy.

Features of use Youth in housing estates used alcohol and cigarette since early adolescence as gateway drugs to shift to inhalants and harder drugs use later. They started to use alcohol, cigarette and inhalants at lower mean ages. Lifetime, current and daily user rates were higher for the licit drugs compared with the illicit drugs. Fifteen percent of youth were 'Binge Drinkers'. Poly-use of drugs was common. Almost all youth drug abusers used cigarette and alcohol. Cigarette was most heavily used followed by alcohol, marijuana and heroin, amongst others. However, many youth in the housing estates tried some drugs but did not continue their use. Non-continuation rates were highest among cigarette, alcohol and marijuana users. Under-age use of drugs was common among inhalant users followed by cigarette users. Four percent of youth used both inhalants and cigarette aged between eight and thirteen years.

Risk/Protective

Factors

Risk factors contributed largely to the use of drugs while protective factors offered some protection against the use of drugs. Among risk factors, the experience of stress because of examinations, unemployment and financial

problems; use of licit and illicit drugs by peers; and antisocial behaviour were present at the individual domain. Risk factors at the family domain included use of substances by parents, the relationships among parents and parents being critical of youth. At the level of the community, factors involved crime in the neighbourhood, drug selling, drug use, violence, same ethnic group living in the environment, street fights, robberies and abandoned buildings in the environment. On the other hand, protective factors for the individual included youth living with parents and good use of leisure activities. The family domain included counselling at times of difficulties and caring parents. Community offered protection through a safe neighbourhood, people helping each other and the organisation of social/cultural activities.

Assistance to users Few youth needed treatment and counselling mainly for alcohol and marijuana use. But most of them did not try to obtain treatment/counselling because the programme was either too complicated or treatment was not of the wanted type or too far or inconvenient business hours of the dispensing agencies. However, few received treatment for alcohol, marijuana and heroin mainly by private medical practitioners, in self-help/religious groups and NGOs. Dropouts from treatment programmes and relapses were common. Very few were not satisfied with the treatment.

Awareness of Consequences While some respondents mainly knew death, family conflict and school dropouts as consequences of substance use, others said that there were none. This hints a low knowledge of the destructive effects of drug use.

Alternatives of drug use Some youth did not know how to resist the urge for drug use. Others knew of sports, staying away from drug selling sites and to think of drug as a killer.

Recommendations With a view to eradicating the problem of drug abuse among youth aged between eight and eighteen years, several measures were proposed. Law enforcement should be strengthened with a view to diminishing the sale of licit and illicit drugs. Parents should continuously emphasize the disapproval of the use of cigarette, alcohol and other drugs. Drug education and prevention programmes should be dispensed as from the primary school level and in community/youth

centres. Sustained leisure activities should be offered for youth at the community level. The authorities should ensure that competent and effective counselling services are readily available for youth to get professional help for drug abuse problems. School, community and municipality libraries should be fully equipped with regularly updated drug information. Specialised treatment and drop in centres should be established in high risk regions throughout the island.

1. INTRODUCTION

Background of Study

Substance abuse has become epidemic worldwide. Young people constitute the largest proportions of abusers. The average age of drug users has declined in recent years and multiple drug use is common. While opium has been regularly used in Asia for many years, heroin use is popular among youth in many parts of the world. In Asia, opium and heroin use are common. However, the illicit drug most commonly taken by young people is cannabis worldwide, ranging from 8.0% in Mexico to 56.0% in USA. Cocaine and 'crack' use have also increased rapidly around the world.^{1,3,6} In South America, the first illicit drug tried by young people is coca paste, combined with cannabis. While barbiturates are abused in many African countries, Dhat is widely used by youth in Eastern Mediterranean and East Africa. However, the use of tobacco is universal among most substance abusers.

Cigarette smoking is highly related to the use of alcohol and other substances. Most substance abusers first start using tobacco and then progress to illicit drug use. Cigarette smokers are more likely than nonsmokers to be regular users of alcohol and other illicit drugs. In USA, 87.0% of daily smokers had tried cannabis compared to 20.0% of nonsmokers.² In Zambia, nonsmokers consume less alcohol than smokers.^{2,3} Youth use either cigarette or alcohol or illicit drugs or all of them for the same reasons.

Reinforcement of the male image of toughness and maturity, being in the modern trend and sophistication, peer pressure, social disintegration, poverty, homelessness, unemployment and unstable family atmosphere amongst others trigger the trial of substance by young people.⁴ As a consequence, drug dependence, overdose, accidents, physical and psychological damage and premature death among youth result from the consumption of drugs.^{5,6} Substance use thus results into preventable morbidity and morbidity among 20.0% - 60.0% of youth worldwide. The highest proportions of these health disasters occur in developing countries (WHO, 1993). The severity of these problems depend on the type of drugs used. While a particular substance is popular at some time, another substance becomes popular at some other time.

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Worldwide, the actual trends of substance abuse is diverting from the use of cannabis and heroin to that of inhalants. Inhalants refer to over a thousand different household and commercial products that can be intentionally abused by inhaling or huffing to get high. Model glue, gasoline, cement, lacquers, cleaning fluids, paints, cosmetics, disposable lighters, hair sprays and correction fluids are commonly inhaled.

Inhalant is the fourth most prevalent substance abused among Maine and USA youth after marijuana and alcohol.¹ Inhalant use is reaching epidemic proportions and affecting many young people, the most vulnerable population. In 2000, 23 million youth in USA reported a lifetime use of inhalants: 1 in 5 school-aged children is trying inhalant. According to the US Substance Abuse and Mental Health Services, about 476,000 youngsters ages 12 to 17 are experimenting with inhalants. Throughout school years inhalant use exceed rates of all other illicit drugs. Inhalant use is among the most prevalent forms of substance abuse in Mexico, Columbia and Japan.¹ Inhalants are considered a 'gateway' drug leading to the use of other illicit drugs. They are often the first substance young people try because they are legal, easy to get, inexpensive and difficult to detect.

Poverty, poor housing, high levels of unemployment and incarceration, epidemics of HIV/AIDS and inadequate health education influence youth to use inhalant.² The use of inhalant is costly for the individual, the family and the State as well. In 2000, there were 64 deaths associated with volatile substance abuse in Britain, most of them aged under 18 years. The death rates were highest in Northern Ireland, Scotland and North East England. More males were involved. Glues, gas fuels and deodorants were responsible for these deaths.³

Mauritius has not been spared from the epidemic of illicit drugs. Although substance abuse is not universal among young people, a substantial number are addicted to illicit drugs like cannabis and heroin. Young people start abusing substance at an early age.⁴ Some develop dependence, mental and psychomotor disabilities and vascular diseases. However, the recent trends in substance abuse show that although heroin and alcohol remain the common substances of abuse, the use of inhalants and glue is emerging.⁵ Social workers and treatment data from NGOs report that the use of inhalants is more common in housing estates and poverty-stricken areas.

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2. Sulliman, F. Ameerbeg, S. Trends and Patterns of Substance Abuse in Mauritius, MENDU. 2002.
3. National Monitoring the Future Survey. North East Region .University of Michigan. 1995.
4. Ameerbeg, S. Lanièce , C. KABP study of HIV/AIDS in the republic of Mauritius. MIH/MOH. 1997.
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Justification of Study

The knowledge, attitudes and use of inhalants among the population were never explored. What youth knew and felt about inhalants were unknown. Intervention programmes on substance abuse were mounted for youth. Aggressive campaigns were implemented. Yet substance use increased. Young people shifted from the illegal, costly and not easily available substances to easily accessible drugs.

There prevailed a general feeling that many young people indulged in inhalant abuse. They were exposed to the hazards of ill health and the risks of running their careers. It was aimed that the aggressive campaign on the dangers of substance abuse be reoriented. To devise an appropriate and update prevention programme, the knowledge and prevalence of inhalants abuse should be assessed. This could only be achieved through the acquisition of valid, reliable and update information from research.

Hence, the need to undertake a scientific study geared to the exploration of the new trends of substance abuse showed itself. A study of factors influencing substance abuse among young people seemed imperative.

Objectives

Main Objective

To study the factors influencing substance abuse among youth aged 8 to 18 years in housing estates of Mauritius.

Specific Objectives

To identify the socio-demographic and family background of substance abusers.

To determine the prevalence and reasons for substance abuse.

To determine the awareness of health, economic and cultural consequences of substance abuse.

To identify the alternatives which can counteract substance use.

To determine the awareness and participation in IEC programmes against substance abuse.

To formulate recommendations in order to increase the awareness of hazards from substance use with a view to eradicating substance abuse among youth.

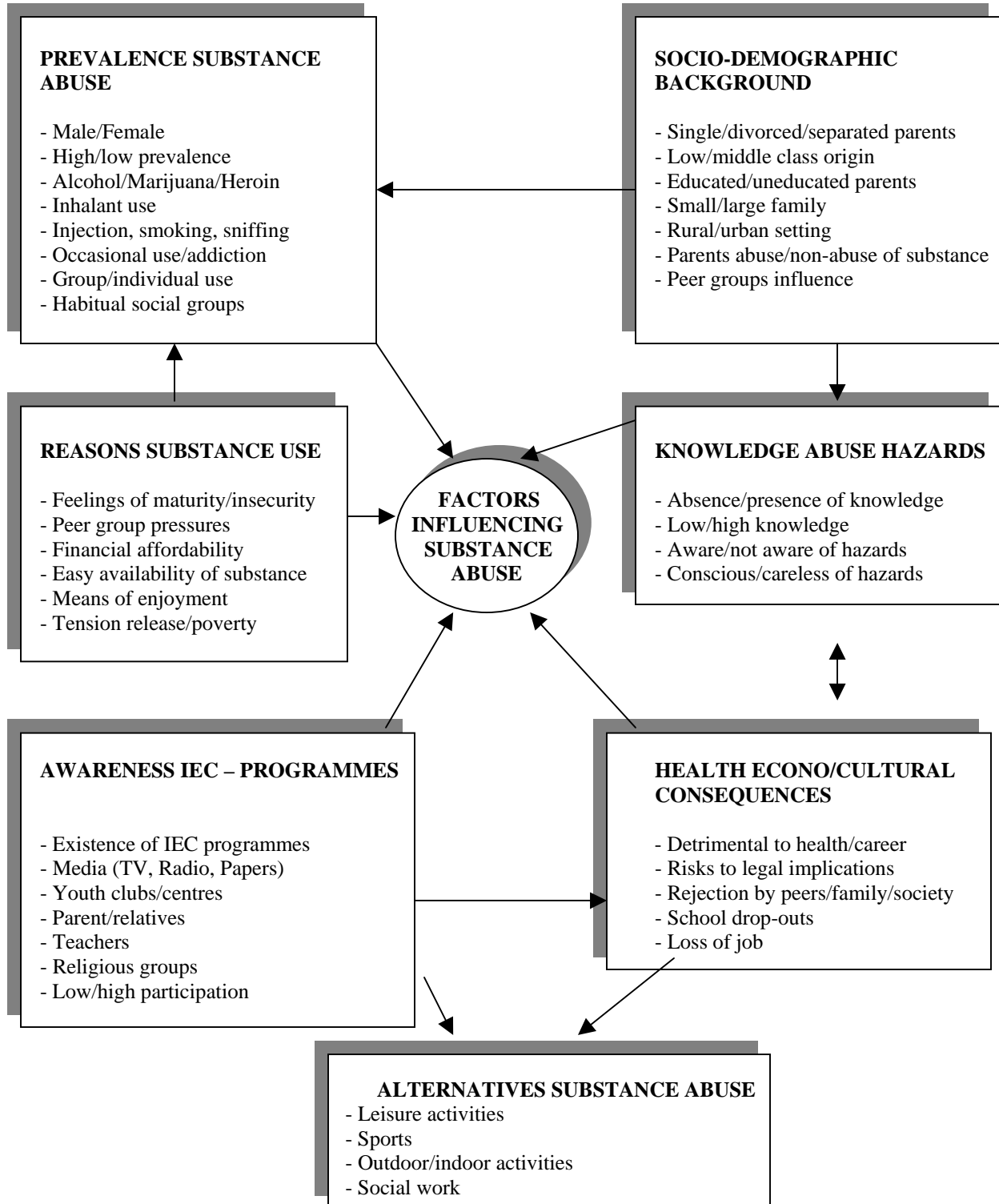
Methodology

Study Design

This study entailed a cross-sectional survey of quantitative and qualitative nature among youth ages 8-18 in housing estates.

Variables

The dependent variable being substance abuse among male youth, the independent variables are listed below. These explanatory factors are interrelated. Hereunder, they have been grouped in categories and some of their relationships shown.



*Data Collection Technique
and Instrument*

Data was collected through face to face interviews using a pre-designed and pre-coded questionnaire. Each question carried a Creole transliteration in order to ensure standardisation in its administration. This Creole version was put to the respondents to ensure a good understanding of the questions.

The questionnaire aimed at collecting information on socio demographic characteristics of respondents, their environment, use of drugs, experience with intervention programmes, health, economic and cultural consequences on drug use and alternatives to drug use. This tool was pre-tested on 25 youth of some housing estates who did not constitute the respondents of the study.

Sample Size

A two-stage sampling method was used to identify respondents for the study. At the first stage, 10 housing estates in villages and 10 in town areas were randomly selected. At the second stage, 40 youth aged 8-18 years were randomly selected in each housing estate. Overall, 800 respondents were selected, equally divided between the rural and urban areas.

The sample size, calculated from a statistical formula, is shown below.

$$n \geq K \frac{Z^2 pq}{e^2}$$

where n = the minimum sample size.

K = the cluster effect (2).

Z = the level of confidence (1.96 or 2).

P = the percentage of substance abusers (50.0%).

Q = the percentage of non-abusers (50.0%).

E = the margin of error (5%).

The level of confidence and margin of error was assumed as 2 and 5 respectively. The percentages of substance abusers and non-abusers were assumed as 50% as the prevalence of this phenomenon has never been documented in the housing estates. 50% allowed for a larger sample size enough to infer on the youth population (8-18) in housing estates of Mauritius.

$$\text{The above formula yield } n \geq 2 \frac{2^2 \times 50 \times 50}{5^2} \geq 800$$

800 male youth constituted the sample size whereby 30 males and 10 females were selected and interviewed in each of the 10 rural and 10 urban housing estates.

Data Collection

The housing estate constituted the basic unit of study. 10 housing estates in villages and another 10 in town areas were randomly selected using a table of random numbers. From each estate, 30 males and 10 females ages 8-18 were identified for a face to face interview. Interviews were conducted by members of youth centres living in the selected estates and supervised by Youth Officers. The investigator monitored the data collection exercise daily. Respondents were interviewed from 16.00 to 19.00 hours during weekdays but from 9.00 to 16.00 hours during weekends. Contacts during these time periods minimised revisits.

Prior to the fieldwork, interviewers were trained during a 1-day workshop. They were exposed to the methodology of the study and a detailed discussion of the questionnaire. Emphasis was also laid on the techniques of interviewing and mock interviews.

Data Management

The Investigator closely monitored the data collection exercise through close contacts with interviewers and supervisors. All 800 questionnaires were checked for completeness and consistency. The Investigator developed a codebook from a 25% sample of the questionnaires. Responses were listed and categorised.

Data was entered and analysed through SPSS PC 9.5 computer package. Then data entry ensued followed by data cleaning. The Investigator worked out frequency counts and cross-tabulations of variables accompanied by multivariate analysis.

Quality Control

Strategies

Bearing in mind the sensitivity of the issue under study and the identity of the respondents, some quality control strategies were put in place in order to acquire a data of high quality.

*Reliability/Validity of
the Findings*

In order to improve on the reliability and validity of the findings of the study, data collected by the interviewers were triangulated with data collected for 50

respondents by the Investigator. The Investigator compared data he collected for these youth with data presented to him by the interviewers.

Pre-testing of Data

Collection instrument The data collection instrument, that is, the questionnaire was pretested by the Investigator and the interviewers. The aim of this exercise was to refine the questionnaire and to improve the practical skills of the interviewers. It also helped the interviewers to master certain approaches like probing for sensitive issues and techniques in convincing youth to participate in the study.

Training of Interviewers Interviewers were exposed to the objectives of the study and stress was laid on the high quality of data. Emphasis was also laid on the principles and techniques of interviews with practice. Furthermore, the questionnaire was discussed in details including skipping patterns.

Supervision The Investigator of the study closely supervised the data collection exercise. Interviewers were given full assistance on the field. Consistency and completeness checks were conducted on completed questionnaires. Doubtful responses on questionnaires were verified for a second time on the field.

Limitations of the Study This study, as any other studies, have certain limitations. However, these minor drawbacks did neither affect the implementation of the objectives of the study nor the validity or reliability of the findings.

Recall Bias Respondents complained of the length of the questionnaire and recalled events which occurred some 12 months back with difficulty. Some even did not remember what happened a month ago. Nevertheless, they were assisted by the trained interviewers to ease recall.

Under/Over-reporting In some cases, it seemed that some youth did not report exactly what they are used to do as far as injecting drug use and use of substances are concerned while on the other hand some exaggerated on the types of drugs used and their frequencies. However, such outliers in the data were dealt with during analysis.

Terminology

Alcoholic drink 1 can/bottle of beer or wine, glass of wine, mixed drink or short glass (peg) of distilled spirits.

<i>Substance/drugs</i>	Other than cigarette and alcohol which includes marijuana, heroin, Ecstasy (MDMA), uppers/downers and White Lady.
<i>Uppers</i>	Stimulants such as amphetamine or over the counter drugs containing Ephedrine.
<i>Downers</i>	Sleeping pills, sedatives and tranquilizers such as Valium/ Librium.
<i>Prevalence</i>	Proportion of youth reporting use of a substance at a given time.
<i>Lifetime prevalence</i>	Any use over respondents lifetime- ever use.
<i>Current prevalence</i>	Any use 30 days prior to the survey. At least 1 use in past 30 days. Includes Binge/ Heavy drinking for alcohol.
<i>Daily prevalence</i>	Once a day or more often or for the past 30 days, based on using 20 or more days.
<i>Binge drinking</i>	Consuming 5 drinks or more in a row on the same occasion at least ONCE in the past 30 days, includes Heavy Use.
<i>Heavy use</i>	Defined as daily or weekly use of any drug.
<i>Heavy drinking</i>	5 or more drinks on same occasion at least 5 different days in past 30 days.
<i>Under-age use</i>	Use of any drug/substance below age thirteen.
<i>Socio-Demographics</i>	The study was conducted in the following rural/urban housing estates: Argy, Atlee, Barkly, Bois Chéri, Henrietta, Ville Noire, Pamplemousses, Hibiscus, Kennedy, L'oyseau, La Caverne, Malherbes, Mangalkhan, Mère Thérèse, Roche Bois, Ravaton, Scipion, Surinam, Telfair and Trèfles. Table 1.5 shows that the sample of youth (8-18 yrs) in the housing estates comprised almost equal proportions of urban (48.1%) and rural (51.9%) dwellers (51.9%), males (75.0%), adolescents aged between 15 and 18 years (53.0%), respondents with a lower level of education at the secondary level (48.4%) and Christians (76.6%).

Table 1.5: Socio-Demographic Characteristics of Respondents

Characteristics	n	%
Community Type		
Urban	385	48.1
Rural	415	51.9
Gender		
Male	600	75.0
Female	200	25.0
Age group (years)		
< 10	68	8.5
11 – 14	308	38.5
15 – 18	424	53.0
Education		
None	10	1.3
Primary	257	32.1
Secondary	466	58.2
Sc/HSc	67	8.4
Occupation		
Unemployed	98	12.3
Street boys/girls	31	3.9
Trade apprentice	31	3.9
Student	563	70.4
Unskilled employment	32	4.0
Skilled employment	45	5.6
Religion		
Hindu	145	18.1
Muslim	30	3.8
Christian	613	76.6
No religion	12	1.5
All Respondents	800	100.0

2. PATTERNS OF SUBSTANCE USE

This section describes the findings of the survey with details on drugs used by youth aged 8-18 years. Drug use is weighed against the socio- demographic characteristics of users. The overall frequency distribution for each variable and the variable distribution for the following socio- demographic groups are presented: Community type (urban and rural); Gender (male and female); Age in years (< 10, 11-14 and 15-18) ; Education (none / primary, primary, secondary and Sc/HSc) ;and Occupation (unemployed, street boys/girls, trade apprentice, student, unskilled and skilled employment).

Licit Drugs

Cigarette, Alcohol and Inhalants

Cigarette

While forty percent of youth ever smoked cigarette, twenty five percent were current and fourteen percent daily smokers

Lifetime use

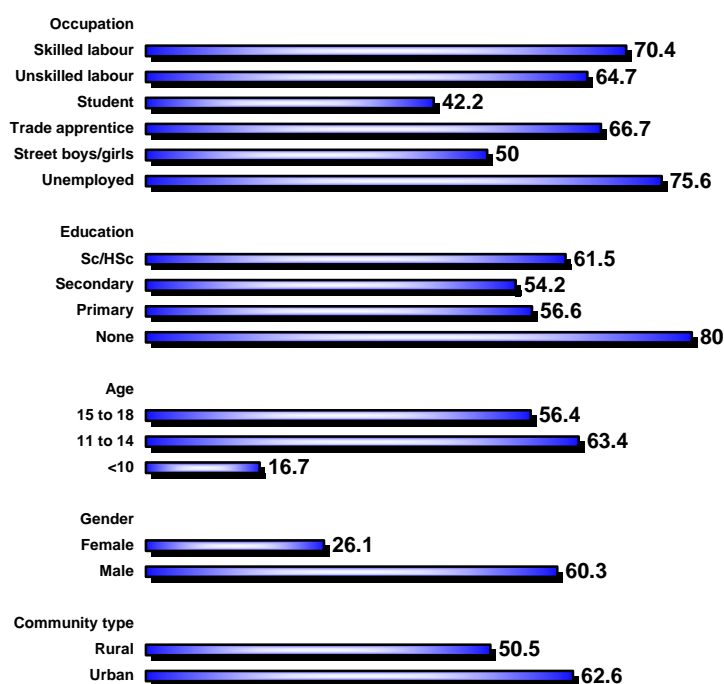
Lifetime prevalence of cigarette use was almost the same both in rural and urban regions. But twice as many males compared to females, over half of youth aged fifteen to eighteen years and approximately three quarters of both youth with no formal education and those in skilled employment had ever used cigarette. Over half of them tried smoking between eleven and fourteen years of age. About three out of five, that is, sixty percent of urban, female, those with secondary education and student smokers initiated cigarette smoking between eleven and fourteen years old. In their lifetime, thirteen percent ever smoked daily, that is, on more than three hundred days.

Current use

Twenty five percent of youth were current smokers. Most urban and rural youth, males, older respondents aged between fifteen and eighteen years, those with no formal education and youth in unskilled employment smoked currently.

Daily use

Fourteen percent of youth aged eight to eighteen years smoked daily, according to figure 2.1. The urban regions, the male gender, early adolescence, no formal education and unemployment triggered daily use of cigarette.

Figure 2.1: Daily use of cigarette by socio-demographic characteristics

Eight percent smoked up to five cigarettes daily followed by five percent who smoked about fifteen daily. Urban youth, females, adolescents, those with secondary education and trade apprentices were likely to smoke half a packet. Rural youth, males, older respondents, those with primary level of education and street boys/girls were heavy smokers. Many daily smokers, that is, nine percent of youth started smoking when aged between fifteen and eighteen years old. But five percent did so as early as eleven to thirteen years of age. Late initiation of smoking was common among urban youth, males, Sc/HSc holders and respondents in skilled employment. Ten percent of youth ever smoked daily for one to two years and five percent for three to five years. Rural youth, females, older respondents, those with secondary education and trade apprentices were likely to have smoked daily for three to five years.

Reasons for use

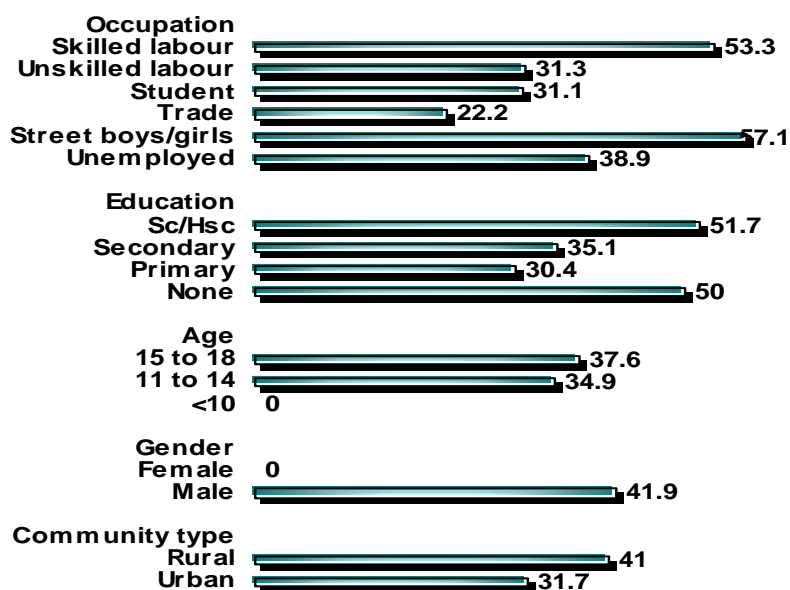
Twelve percent youth smoked cigarette to enjoy themselves, eight percent because their peers smoked and seven percent because of curiosity. A feeling of euphoria from cigarette smoking was common among urban youth, males, older respondents, Sc/HSc holders and those in skilled employment.

Smoking sites	Twelve percent smoked in public and anywhere while six percent in tobacco shops, amongst others. Smoking in public was common among rural youth, males, older respondents, those with secondary education and trade apprentices. Free smoking was frequent among urban respondents, males, those aged between fifteen and eighteen years, respondents with no formal education and those in unskilled employment.
Availability of Cigarette	Twenty three percent said that cigarette was easily available for sale while three percent said that cigarette was not sold to minors. Youth of the urban areas, males, those aged between fifteen and eighteen years, those with no formal education and youth in skilled employment got cigarette easily. Many of those aged between eleven and thirteen years old, females and students said that minors could not buy cigarettes.
Alcohol	
Lifetime use	Fifty two percent of youth were lifetime users of alcohol compared with thirty two percent who were current and twelve percent daily users. Urban youngsters, males, older respondents, Ss/HSc holders and those in skilled employment were more likely to have ever used alcohol. Twenty eight percent first used alcohol as early as eleven to fourteen years of age. Equal proportions of urban and rural youth, males, older respondents, those with secondary education and street boys/girls tried alcohol when aged between eleven and fourteen years. Eleven percent of youth used alcohol for one or two days weekly during twelve months followed by nine percent who used it for one or two days a week and eight percent who drank alcoholic beverages for three to five days during the past twelve months preceding the survey. In addition, four percent used alcohol for at least three to six days a week during the past twelve months. These users constituted mainly of rural youth, males, those aged between fifteen and eighteen years, those with no formal education and the unemployed. Furthermore, twelve percent got very high during the past twelve months for one or two days followed by five percent who indulged in binge drinking. However, three percent got very high for at least three to six days a week comprising mainly rural youth, males, older respondents, Sc/HSc holders and those in unskilled employment.

Current use Thirty two percent of youngsters were current users of alcohol. Urban youth, males, senior youth, youngsters with primary level of education and those in skilled employment were likely to use alcohol currently. Most current drinkers used one to four drinks followed by eight percent who took five to ten drinks on the day they drank.

Daily use Twelve percent of youth used alcohol daily. Most youngsters from the rural areas, males, older respondents, Sc/HSc holders and street boys/girls were daily drinkers of alcoholic beverages, as shown in figure 2.2.

Figure 2.2: Daily use of alcohol by socio-demographic characteristics



Binge/Heavy use While fifteen percent of respondents were binge drinkers, seven percent were heavy alcohol users. Both binge and heavy alcohol use was common in urban areas, among females, adolescents, those with a higher level of education and unskilled employees.

Reasons for use Thirty six percent of users celebrated occasions with alcoholic beverages followed by twenty three percent who used alcohol to enjoy themselves and thirteen percent because their friends drank. Rural users, females, older users, highly educated youth and street boys/girls were likely to use alcohol to celebrate occasions. On the other hand, urban youth, males, mature youth, those with secondary level of education and those in skilled employment drank

because their peers did so. They were mostly rural youth, males, adolescent, those with primary education and street boys/girls.

Drinking sites

Most users of alcohol, twenty six percent, drank at home. Twenty three percent drank in homes of friends. Rural users, females, those aged below ten years, those with no formal education, the unemployed and trade apprentices were likely to drink at home. Rural youngsters, males, mature youth, Sc/HSc holders and those in unskilled employment drank in homes of friends.

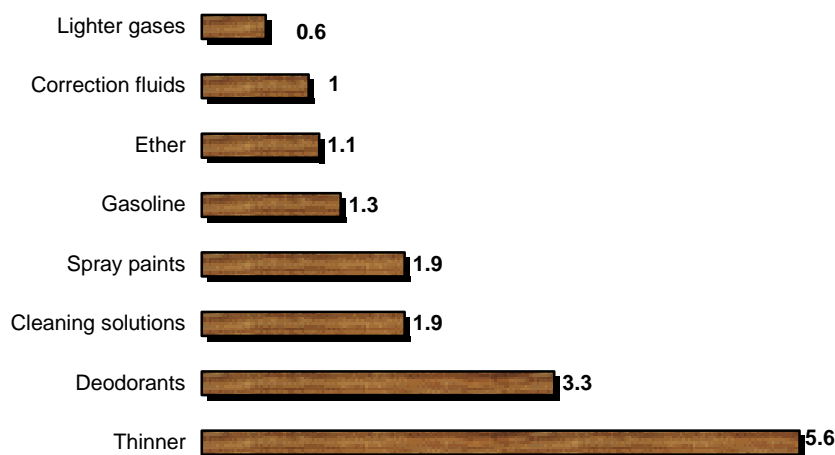
Availability of alcohol

Thirty seven percent of youth easily got alcoholic drinks while fifteen percent said that alcohol was not sold to minors. Rural youth, males, older respondents, highly educated youth and those in skilled employment got alcohol easily.

Inhalants

Thirteen percent of youth ever used inhalants. Most of them, that is, ten percent ever used glue followed by six percent who used thinner, amongst others, as visualised in figure 2.3.

Figure 2.3: Ever use of inhalants



Lifetime use

Rural youth, males, adolescents, those with primary level of education and street boys/girls were likely to have ever used glue, thinner and deodorants. Most users of inhalants, six percent, started use when aged below ten years followed by five percent who first did so when aged between eleven and fourteen years old. Rural youth, males, those with no formal education and trade apprentices were likely to use inhalants between eight and ten years old. In their lifetime,

four percent used inhalants for three to eleven days followed by another four percent who used inhalants longer both for once or twice monthly and for once or twice weekly. In addition, two percent used inhalants between hundred and three hundred days, that is, three to six days a week with urban youth, females, adolescents, those with secondary education and trade apprentices being numerous. On the other hand, two percent used inhalants both for three to five days a week in twelve months preceding the survey. Rural youth, females, adolescents, those with secondary education and trade apprentices were likely to use inhalants for three to five days a week.

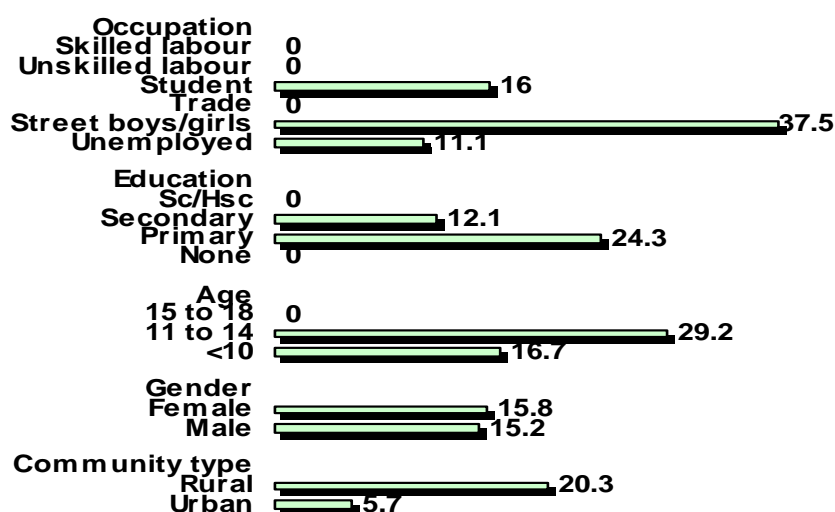
Current use

Seven percent of respondents currently used inhalants. The rural youngsters, females, those aged between eleven and fourteen years, youth with primary level of education and trade apprentices were likely to be current users.

Daily use

Two percent of youth used inhalants daily, mostly glue and thinner, as seen in figure 2.4. Youth from the rural areas, females, adolescents aged between eleven and fourteen years, most with primary level of education and street boys/girls used inhalants daily.

Figure 2.4: Daily use of inhalants by socio-demographic characteristics



Reasons for use

While nine percent used inhalants to enjoy themselves, five percent were influenced by peers to do so. In both instances, rural respondents, females, those aged below ten years, youth with primary education and street boys/girls were numerous.

Sites of use Six percent of youth used inhalants at home while another six percent used inhalants in remote and discrete places. Rural respondents, females, those aged below ten years, those with no formal education, the unemployed and students used inhalants at home.

Availability of inhalants Twelve percent of youngsters said that inhalants were easily available. Urban youth, males, those aged between eight and ten years, youth with no formal schooling, street boys/girls and trade apprentices got inhalants easily.

Mode of use Most users of inhalants sniffed followed by three percent who huffed. Urban respondents, males, those aged below ten years, youth with no formal education, the unemployed, street boys/girls and trade apprentices mostly sniffed glue.

Illicit Drugs

Marijuana

Lifetime use

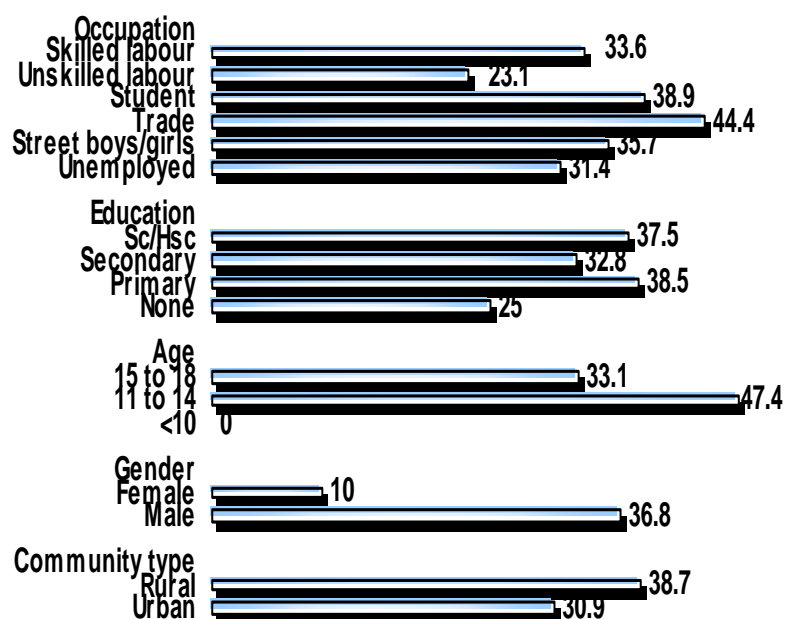
Marijuana, Heroin, White Lady, Uppers/downers, Designers

Eighteen percent had ever used marijuana. Most rural youth, males, older youth aged between fifteen and eighteen years, those with no formal education and street boys/girls ever used marijuana. Twelve percent first used marijuana when aged between fifteen and eighteen years and five percent between eleven and fourteen years. Many youth used marijuana for one or two days in their life. Five percent used marijuana both for one or two days monthly and once or twice weekly, that is, for twelve to hundred days. Urban respondents, males, adolescents, those with secondary level of education and students used marijuana once or twice weekly. But during the twelve months preceding the survey, five percent of youth used marijuana for only one to two days followed by three percent who used the drug on one or two days a week. Urban youngsters, males, adolescents, those with secondary education and students were weekly users.

Current use Seven percent of respondents currently used marijuana. Current use of marijuana was common among youth in rural housing estates, among males, adolescents, among those with secondary education and the unemployed.

Daily use Six percent of youth in the housing estates used marijuana daily. Rural youth, males, adolescents, those with primary education and trade apprentices were likely to use marijuana daily, as shown in figure 2.5.

Figure 2.5: Daily use of marijuana by socio-demographic characteristics



Reasons for use

Ten percent used marijuana to enjoy themselves followed by seven percent who were influenced by their peers to do so. Rural youngsters, males, adolescents, those with secondary education and street boys/girls were likely to use marijuana to enjoy themselves.

Sites of use

Even percent used marijuana in remote and discrete places followed by four percent who used the drug in homes of friends. Rural youngsters, males, adolescents, those with secondary education and street boys/girls were likely to use marijuana discretely.

Availability of marijuana

Eleven percent of youth said that it was easy to get marijuana. Rural youth, males, adolescents, Sc/HSc holders and street boys/girls got marijuana easily.

Mode of use

Users mainly smoked marijuana. Very few infused the dried leaves in hot milk to prepare 'Bhang' which they drank in groups.

Heroin

Lifetime use

Seven percent of youth ever used heroin. They were mostly from the rural areas, males, older youth aged between fifteen and eighteen years with no formal education and in unskilled employment. Only two percent initiated heroin use between eleven and fourteen years while five percent first used heroin when aged between fifteen and eighteen years. Rural youth, females, adolescents, and those with secondary education started to use heroin at an early age. In their lifetime, three percent of youth ever used the drug once or twice monthly and another three percent once or twice weekly comprising mainly rural youth, males, older youth, those with no formal education and trade apprentices. During the past twelve months, three percent used heroin during three to four days weekly. Most rural youth, females, adolescents, those with no formal education and the unskilled employees used heroin for three to four days a week.

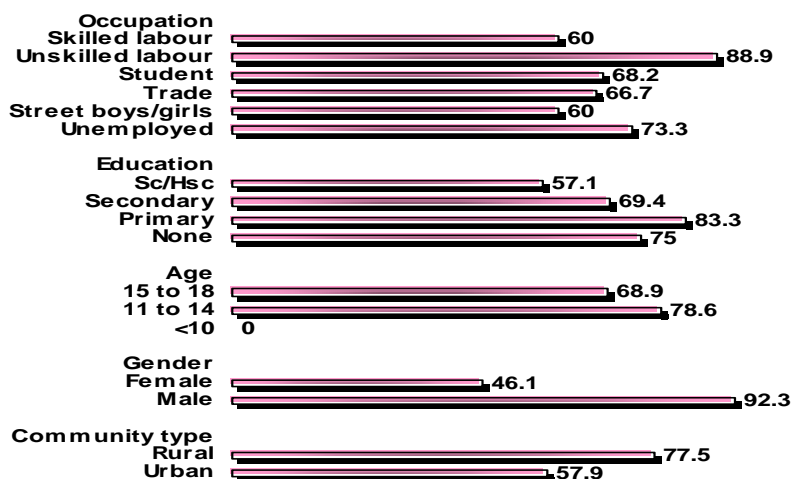
Current use

Seven percent of respondents used heroin during the past month. Rural users, males, adolescents, those with no formal education, trade apprentices and those in unskilled employment currently used heroin.

Daily use

Five percent of youth in the housing estates used heroin daily, as depicted by figure 2.6. They were mostly rural youth, males, adolescents, those with primary education and those in unskilled employment.

Figure 2.6: Daily use of heroin by demographic characteristics



Reasons for use	Six percent used heroin to enjoy themselves followed by three percent who did so influenced by their peers. Most rural youth, females, adolescents, those with secondary education and students were influenced by their peers.
Sites of use	Six percent of youth mainly used heroin in remote and discrete places. Four percent used the drug in homes of friends. The rural youth, females, adolescents, those with no formal education and students were likely to use heroin with friends.
Availability of heroin	Five percent, that is, all daily users said that they could get heroin easily comprising mainly rural youth, males, older youth aged between fifteen and eighteen years, those with primary education and those in unskilled employment.
Mode of use	Users mainly injected heroin followed by inhaling and snorting. While three percent injected heroin, two percent both inhaled and snorted heroin. Rural youth, females, adolescents, those with no formal education, the unemployed, students and those in unskilled employment injected heroin.
Injecting Drug Use	One percent used needles they used before. Another two percent used needles which others used before. Rural youth, females, those aged between fifteen and eighteen years old, those with primary education and the street boys/girls ever used needles which had ever been used by others.
Needle cleaning	Users rarely cleaned needles before use. Rural drug injectors, males, those aged between fifteen and eighteen years, those with a higher level of education and the unemployed were less likely to clean needles before use. However, one percent used water and vinegar to clean the needles.
`Sharing of Needle	Two percent of youth shared needles comprising mainly of rural youth, females, adolescents, Sc/HSc holders and trade apprentices. While two percent cleaned needles with water at times, less than one percent sometimes cleaned needles with vinegar before using shared needles. Rural youth, females and adolescents cleaned needles with water.
Group injection	During the past three months preceding the survey, one percent of injecting drug users shared the same syringes between four and ten times while injecting drugs

in groups. Some users did so for more than ten times. Rural youth, females, adolescents, Sc/HSc holders and the unemployed shared the same syringes for four to ten times.

Syringes supply

A substantial proportion of injecting drug users bought syringes on the streets and from pharmacies. Urban youth, males, older youth aged between fifteen and eighteen years, Sc/HSc holders and students bought syringes on streets.

White Lady

Lifetime use

The use of White Lady, an impure form of heroin with a purity of 4-5 %, is common. Six percent of youth were lifetime users of White Lady, five percent current and two percent daily users. Rural youth, males, older youth, those with no formal education and street boys/girls were likely to be lifetime users. The fifteen to eighteen age period seemed to be the popular time of White Lady initiation though many users tried the drug during their adolescence. Rural youngsters, males, those aged between fifteen and eighteen years, Sc/HSc holders, trade apprentices and those in unskilled employment mostly tried the drug when aged between fifteen and eighteen years old. During their lifetime, four percent of youth had ever used for three to six days a week. Rural youth, males, older youth, those with no formal education, street boys/girls and trade apprentices were likely to have used White Lady for three to six days a week. During the past twelve months, many youth had used White Lady for three to four days a week comprising urban youth, males, older youth, those with primary education and the unemployed.

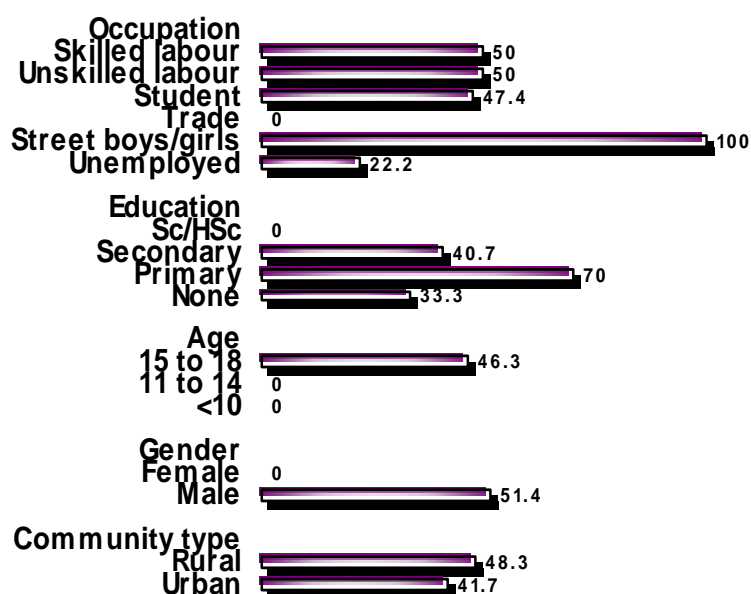
Current use

Five percent of youth were current users of White Lady. They were mainly from the rural areas, females, those aged between fifteen and eighteen years, both those with no formal education and the Sc/HSc holders, street boys/girls, trade apprentices and those in unskilled employment.

Daily use

Two percent used White Lady daily. They were rural dwellers, males, aged fifteen to eighteen years, those with primary education and street boys/girls, as shown in table 2.7.

Figure 2.7: Daily use of White Lady by socio-demographic characteristics



Reasons for use	Most abusers used White Lady in order to enjoy themselves while two percent did so for no reason and one percent was influenced by friends to use the drug. Rural youth, females, those aged between fifteen and eighteen years, the Sc/HSc holders, trade apprentices and those in skilled employment used the drug for enjoyment.
Sites of use	Four percent used the drugs in discrete and remote places. They were mostly urban youth, males, older respondents, those with secondary education, trade apprentices and youth in unskilled employment.
Availability of White Lady	Three percent of youth said that White Lady was easily available compared with two percent who said that it was difficult to get the drug. Rural youngsters, males, older respondents, those with primary education and those in unskilled employment got the drug easily.
Mode of use	Drug abusers mainly inhaled White Lady. Rural and urban youth, males and females, older youth, those with no formal education, street boys/girls, students and those in skilled employment were likely to inhale White Lady.

Uppers/Downers

Psychotropic drugs

Uppers are drugs which comprised stimulants such as amphetamine or over the counter drugs containing ephedrine. Downers comprised sleeping pills, sedatives and tranquilizers such as Valium and Librium. In this study, these drugs are referred to as psychotropic drugs including Buprenorphine (Subutex).

Lifetime use

Five percent of young people ever used uppers and downers. Urban users, males, those aged between fifteen and eighteen years, those with secondary education and unskilled employees were likely to have ever used uppers and downers. Most users of those drugs started to use them when aged between fifteen and eighteen years old. They constituted mainly of rural youth, males, Sc/HSc holders and street boys/girls and both of those in unskilled and skilled employment. A substantial proportion of psychotropic users, that is, two percent of youth had used the drugs between three and eleven days in their lifetime. In addition, one percent had ever used the drugs for three to four days a week comprising mainly of rural youth, females, those aged between fifteen and eighteen years old, those with secondary education and students. During the past twelve months, fewer youth had used the drugs for one or two days a week and five to six days a week. Urban youth, females, older youth, those with primary education and students were likely to use psychotropic drugs for five or six days a week.

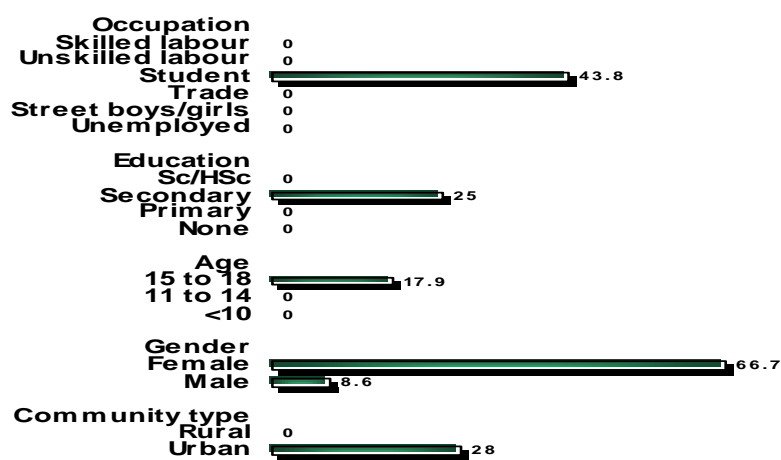
Current use

Two percent of youth currently used psychotropic drugs. They were mostly urban youth, females, older youth, those with no formal education and the unemployed.

Daily use

Less than one percent used psychotropic drugs daily. Urban youth, females, older youth aged between fifteen and eighteen years, those with secondary education and students were likely to use psychotropic drugs daily, as seen in figure 2.8.

Figure 2.8: Daily use of psychotropic drugs by socio-demographic characteristics



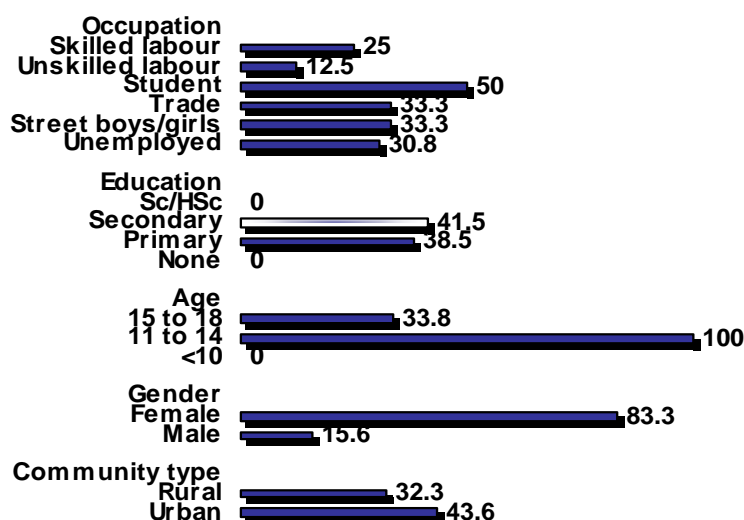
Reasons for use	Youth used psychotropic drugs to enjoy themselves. Others used because their peers did so. Rural youth, females, those aged below ten years, and street boys/girls were likely to be influenced by peers to use drugs.
Sites of use	Using drugs in remote and discrete places was common followed by use at home. Urban youth, females, those aged up to fourteen years, those with secondary education and students used psychotropic drugs at home.
Availability of psychotropic drugs	Three percent said that psychotropic drugs were easily available. Urban youth, males, those aged between fifteen and eighteen years, Sc/HSc holders and students were likely to have easy access to these drugs.
Mode of use	Youth mainly swallowed psychotropic drugs. However, one percent inhaled the drugs. They were mainly youth of urban areas, females, those aged below ten years, those with no formal education and those in skilled employment.
Designer drugs	‘Designer drugs’ point to drugs of abuse produced clandestinely and which are similar to pharmacologically produced drugs. They produce the euphoria in search by substance abusers. ^{1,2} Ecstasy is referred as designer drug in this study.

1. Ghodse, H. Drugs and addictive behaviour: a guide to treatment. Blackwell; 100-1, 1989.

2. Dixon, P. The truth about drugs. Hodder & Stoughton, 140-141, 1998.

Lifetime use	Nine percent of youth in the housing estates ever used Ecstasy (MDMA), commonly known as ‘club drugs’. Urban respondents, males, older respondents, those with secondary education and those in unskilled employment were likely to use Ecstasy. This drug was mainly tried during early adolescence as five percent of youth comprising mainly urban youth, females, adolescents, those with secondary education and students used the drug for the first time when aged between eleven and fourteen years. Five percent had used the drug for three to six days a week in their lifetime. They were mostly urban respondents, males, adolescents, those with secondary education and students. During the past twelve months, many abusers used MDMA for one or two days a week followed by others who did so daily.
Current use	Less than one percent of youth currently used Ecstasy comprising mainly of urban youngsters, females, adolescents, those with secondary education and students.
Daily use	Three percent used MDMA daily. They were mostly urban youngsters, females, adolescents, those with secondary education and students, as shown in figure 2.9.

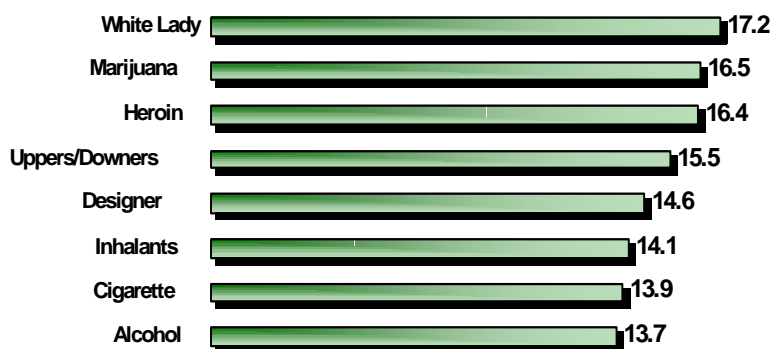
Figure 2.10: Daily use of Ecstasy by socio-demographic characteristics



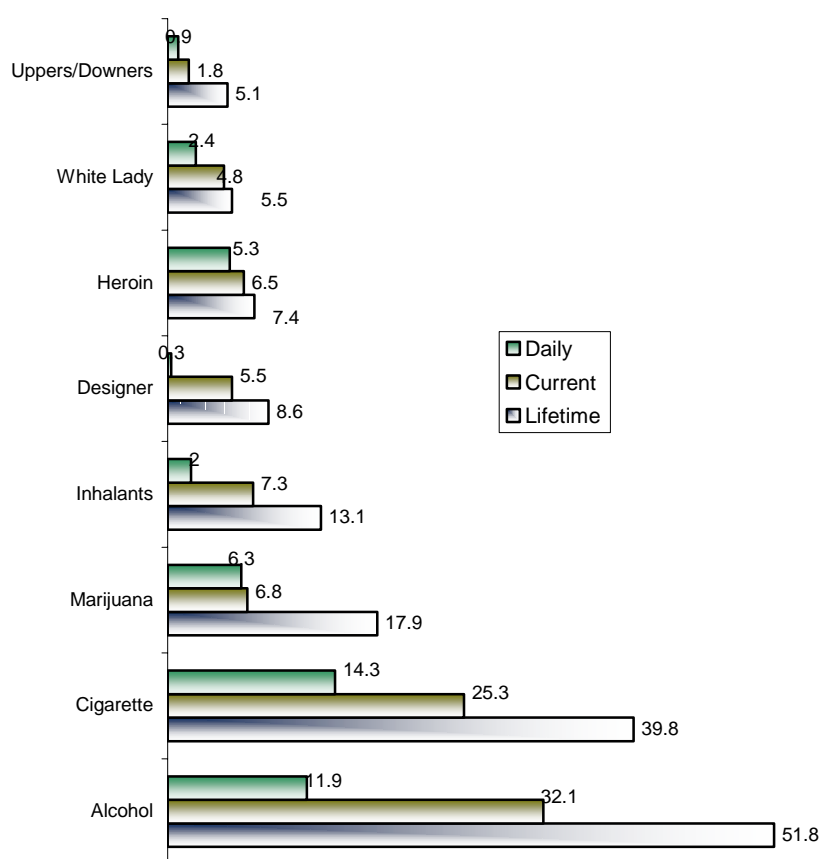
Reasons for use	Seven percent used Ecstasy to enjoy themselves comprising mainly of rural youth, females, older respondents, those with secondary education and students.
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Sites of use	Most users, six percent, used Ecstasy in clubs. They were urban youth, females, older respondents, those with secondary education and students. However, four percent used the drug in homes of friends.
Availability of Ecstasy	Eight percent of youth said that Ecstasy was easily available. They were mainly urban residents, females, those aged between fifteen and eighteen years, both those with no formal education and Sc/HSc holders and students were likely to get Ecstasy easily.
Mode of use	Ecstasy was swallowed by almost all users, that is, by sixty seven out of sixty nine users of MDMA.
Features of use	The main features governing the use of both the licit and illicit drugs are highlighted in this section for the reader to have a better glimpse of the patterns of substance use in the housing estates.
Mean age at initiation of drugs	Youth in housing estates used alcohol and cigarette in early adolescence as gateway drugs to shift to inhalants and harder drugs use later, as shown in figure 2.10. Alcohol, cigarette and inhalants were used at lower mean ages.

Figure 2.10 Mean age at initiation of drugs



Prevalence comparison	Lifetime, current and daily prevalence were rated higher for the licit drugs, as seen in figure 2.11. Fifteen percent of youth were 'Binge Drinkers' – having 5 or more drinks in a row on the same occasion at least once in thirty days. On the other hand, there were narrow differences between current and daily users of marijuana and heroin.
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Figure 2.11: Percent distribution of use of drugs by category of use**Poly-use of drugs**

Poly-use of drugs was common among youth aged eight to eighteen years in the housing estates, as seen in table 2.1. Almost all youth drug abusers used cigarette and alcohol concurrently with other drugs.

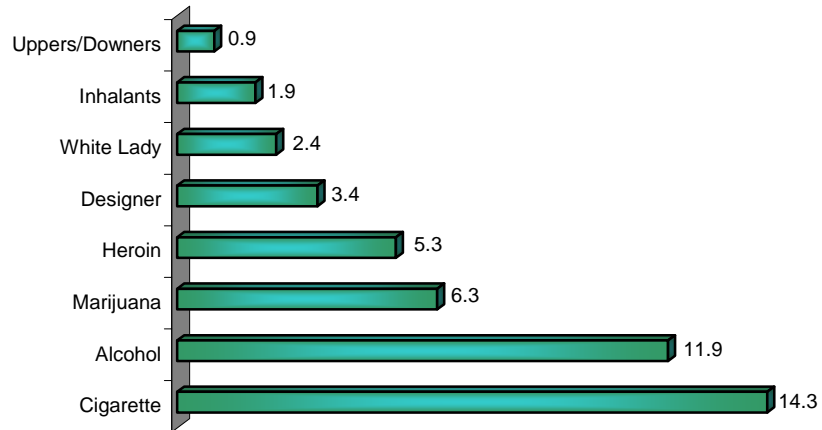
Table 2.1: Percent distribution of drugs and their combinations

Main drug					
	Cigarette	Alcohol	Marijuana	Heroin	WLadyr
Cigarette	-	36.1	17.5	14.0	1.4
Alcohol	42.1	-	20.0	12.6	3.2
Marijuana	40.0	38.0	-	8.0	8.0
Heroin	38.1	28.6	9.5	-	7.1
White Lady	26.3	15.8	15.8	15.8	-

Heavy use of drugs

Heavy use of drugs was defined as daily or weekly use for any drug. Cigarette was most heavily used followed by alcohol, marijuana and heroin, amongst others, as shown in figure 2.12.

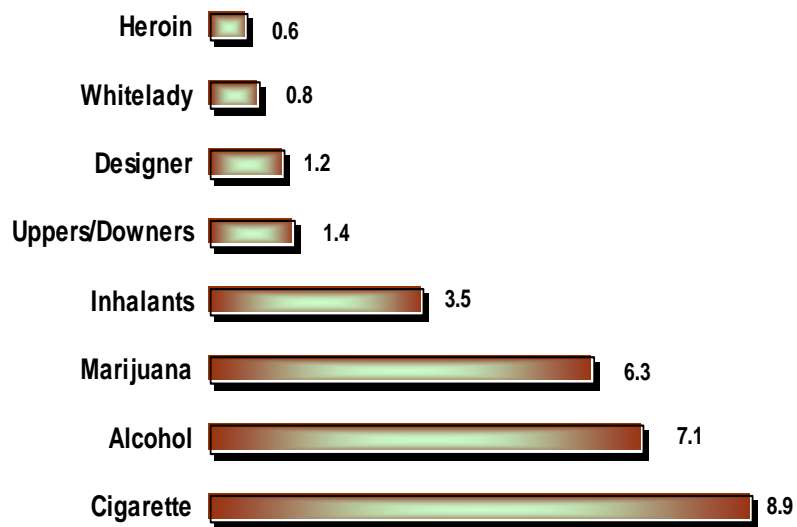
Figure 2.12 Percent distribution of heavy use of drugs



Non-continuation rates of use

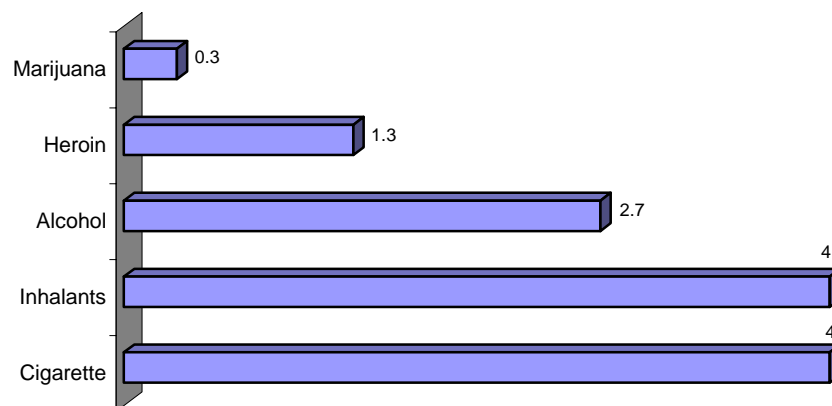
Many youth in the housing estates tried some drugs but did not continue their use. Non-continuation rate was highest among cigarette, alcohol and marijuana users, as visualised in figure 2.13.

Figure 2.13: Non-continuation rates of use of drugs



Under-age use of drugs Under-age use of drugs was defined as use of drugs below the age of thirteen. Under-age use of drugs was common among inhalant users followed by cigarette users. Four percent of youth used both inhalants and cigarette aged between eight and thirteen years, as shown in figure 2.14.

Figure 2.14: Percent distribution of under-age use of drugs



3. PROTECTIVE AND RISK FACTORS ASSOCIATED WITH SUBSTANCE USE

Risk/Protective Factors Risk factors are characteristics of individuals, families and communities that make them vulnerable to delinquent behaviour and ill health. Protective factors are characteristics that reduce the likelihood of disease and delinquent behaviour.¹ Risk and protective factors involve attitudes and behaviour associated with a higher likelihood of use or of non-use of substances.²

Risk and protective factors related to drug use and non-use from the individual/peer, family and community domains were identified among respondents. Risk factors for the individual/peer domain included the experience of stress, use of cigarette, illicit drugs and alcohol use by peers, fight with parents and at work/school, gang fight, selling of illicit drugs, committing robberies and attacking/hurting people. Family risk factors involved use of alcohol/illicit drugs by parents, relationship among parents and parents being critical of youth. The community risk factors considered length of stay in neighbourhood, crime, drug selling, drug users, violence, street fights, robberies, abandoned buildings and whether same ethnic group lived in the neighbourhood. On the other hand, individual/peer protective factors explored with whom respondent was living and practice of leisure activities. Counselling for problems of young people and caring parents dealt with family protective factors. Community protective factors identified whether people often helped each other, whether the neighbourhood was safe and if social/cultural activities were organised in the community.

Risk Factors

Individual/ Peer Domain

Experience of stress Forty percent of youth experienced stress during the past twelve months preceding the survey with eight percent who were very stressed. The higher the level of stress the higher the probability to use hard drugs. Youth shifted from cigarette smoking to heroin use as the level of stress increased. Most youth who were stressed because of examinations took upper/downers while those with family problems used White Lady. Respondents who were bothered by unemployment and love affairs mainly used heroin while financial problems triggered the heavy use of cigarette.

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1. Office of the Superintendent of Public Instruction. Washington State Youth Survey. 2003.
 2. Hawkins, JD. Catalano, RF. Miller JY. Risk and protective factors for alcohol and other drugs in adolescence and early adulthood Implications for substance abuse prevention. Psychological Bulletin. 112: 64-105. 1992.

Use of cigarette	Thirty five percent of youth had few friends who smoked compared with thirty four percent who had most friends and seven percent had all friends who smoked cigarettes. As the number of smoking friends increased, the probability for the use of White Lady, cigarette and heroin increases.
Use of illicit drugs	Seventeen percent of youth had friends who used illicit drugs. Thirteen had few, three percent had most and one percent had all friends who used illicit drugs. Those who had few or most friends using illicit drugs were likely to use cigarette. But those who had all their friends using illegal drugs were influenced to use alcohol, marijuana, White Lady, the designer drugs and heroin.
Use of alcohol	Forty nine percent of youth had either few or most or all friends who used alcoholic beverages. Those who had few or most friends using alcohol were likely to use alcohol. But respondents with all friends using alcohol were likely to use White Lady, cigarette, alcohol and heroin.
Heavy use of alcohol	Thirty five percent had friends who got drunk at least once weekly. Twenty four percent had few, seven percent most and four percent all friends who got drunk at least once weekly. The bigger the proportion of friends using alcohol heavily the higher the probability to use heroin, cigarette, alcohol, the designer drugs and White Lady.
Argued/fought with parents	Ten percent of youth had ever fought or argued with their parents in the past twelve months followed by forty one percent who did so between one and five times. The greater the number of fights, the higher the probability to use heroin. Fighting with parents was a precursor of heroin use. In addition, as the frequency of fights increased, the use of cigarette, alcohol, marijuana and heroin increased.
Got into serious fight at school/work	Thirty six percent of youth got into serious fights with twenty three getting into fights for one or two times, seven percent for three to five times and six percent for more than six times. The probability of heroin, cigarette and the designer drugs increased with the frequency of fights.

Gang fights	Twenty six percent of youth had ever taken part in gang fights where five percent did so for more than five times and nineteen percent between one and five times. Those who participated in several gang fights were likely to use heroin, cigarette, designer drugs, and White Lady.
Selling illicit drugs	Three percent of youth had ever sold drugs with one percent selling illicit drugs for more than ten times. Those selling drugs were likely to use cigarette, alcohol and heroin.
Committing robberies	Twelve percent of youth had stolen or tried to steal during the past twelve months. Three percent stole for five or more times compared with nine percent who committed robberies for one or two times. Those who committed robberies for more than ten times were likely to use cigarette, heroin and alcohol.
Attack/hurt others	Eight percent of youngsters attacked people with the intention to seriously hurting them. While seven percent did so once or twice, one percent did so for more than ten times. Heroin, cigarette and inhalants use were common among those who highly indulged in attacks.

Family Domain

Family use

of alcohol/drug

Seventy two percent of youth had parents using alcohol with twenty five percent using rarely, thirty nine percent using on occasions and eight percent using alcohol a lot. Those whose parents drunk a lot were likely to use alcohol, marijuana, cigarette, White Lady and Ecstasy.

Eleven percent of parents used illicit drugs. While five percent did so rarely, the same percent used them on occasions. But one percent was addicted. Children of addicts were likely to use cigarette, heroin, Ecstasy and White Lady.

Parental relationship

Nine percent of parents always fought among themselves while forty-five percent got along well and thirty six percent very well. Unstable familial relationships triggered the use of heroin, uppers/downers and Ecstasy.

Critical Parents

Eighty percent of parents were critical of youth with eleven percent being always, forty four percent sometimes and twenty four percent seldom critical. Parents who were always critical had youth more likely to use White Lady, heroin and cigarette.

Community Domain

Neighbourhood	This section identified the attitudes of the respondents on their neighbourhood. Over seventy five percent of youth aged eight to eighteen years lived for more than five years in their neighbourhood. There was a likelihood for new-comers in the neighbourhood to abuse alcohol, marijuana and heroin. Those who lived for longer in an environment were likely to abuse cigarette, inhalants, the uppers/downers, White Lady and Ecstasy. It seems that the number of years a respondent had lived in an environment does not act as a protective factor in relation to substance use.
Lot of crime	Forty two percent of youth agreed that there were a lot of crime in their environment compared with fifty eight percent who disagreed. An environment of crime was favourable to the use of cigarette, marijuana, uppers/downers and heroin.
Lot of drug selling	Twenty eight percent of youth strongly agreed that there was a lot of drug selling in their environment in addition to twenty four percent who somewhat agreed. Youth were likely to use cigarette, White Lady, Ecstasy, heroin and uppers/downers where there was a lot of drug selling.
Many drug users	Thirty-five percent strongly agreed on top of twenty six percent who agreed, that there were many drug sellers in their environment. An environment with many drug users was conducive to the use of White Lady, cigarette, the uppers/downers and Ecstasy.
Family violence rampant	Thirteen percent strongly agreed and twenty five percent who somewhat agreed that family violence was rampant in their areas. Youth were likely to use White Lady in areas where family violence was rampant.
Same ethnic group	Fifty two percent of youth agreed that the same ethnic group lived in their areas. Those youth living in areas where there was mainly one ethnic group were more likely to use cigarette, marijuana, the uppers/downers and White Lady.
Lot of street fights	Fifty three percent of youth agreed that there were lots of street fights in their neighbourhood. Such areas were conducive for the use of cigarette, heroin, inhalants, the uppers and downers and Ecstasy.

Lot of robberies Forty four percent of youngsters said that there were lots of robberies where they lived. Such environments were infested with youth using marijuana, inhalants, White Lady and Ecstasy.

Many abandoned buildings Eighteen percent youth said that there were many abandoned buildings in their neighbourhood. Youth in such areas were likely to use cigarettes, marijuana, heroin and White Lady.

Protective Factors

Individual/Peer Domain

Living with whom Seventy six percent of youngsters lived with both parents, thirteen percent with mothers, five percent with fathers, three percent with grand parents, two percent alone and less than one percent were adopted. Those living with single parents and grand parents were more likely to use substances like heroin, cigarette and marijuana. Those living alone were more likely to use cigarette, alcohol and marijuana. Living with both parents decreased the probability of using substances.

Leisure activities Sixty three percent of youth participated in sports activities while thirty one percent took part in activities organised by youth centres, fourteen percent in social work, thirteen percent in sex education, twelve in scouts activities and seven percent in drug use prevention campaign. Few youth participating in these activities used drugs. Few of those who participated in scouts activities used White Lady and Ecstasy and a small proportion of those participating in the other activities mostly used heroin.

Family Domain

Counselling for problems Most youth would consult their blood relatives and friends to discuss a serious problem. Fifty-three percent would consult mothers, forty-eight percent friends, thirty-two percent fathers and twenty seven percent brothers and sisters. In addition, thirteen percent would contact grand parents, ten percent other relatives, ten percent girlfriends, ten percent priests and five percent teachers. Respondents who confided in neighbours and counsellors were likely to use White Lady and heroin.

Caring parents While forty four percent of parents always showed concern for feelings of youth, thirty four percent showed concern sometimes, thirteen percent seldom and nine percent never. Parents who never showed concern for youth had youth more likely to use heroin, cigarette, White Lady, alcohol, marijuana and uppers/downers.

Community Domain

People help each other Seventy-five percent of youth said that people often helped each other in places where they lived. In such areas, fewer youth used heroin, marijuana and the uppers and downers.

Safe neighbourhood Sixty seven percent of respondents agreed that their neighbourhood was safe. Fewer youth from a safe neighbourhood used cigarette, alcohol, marijuana, inhalants, the uppers/downers and White Lady.

Lot of social/
cultural activities Fifty three percent of youth said that there were lots of social and cultural activities being organised in areas they lived. Such atmospheres offered protection against the harder drugs. Few youth used only marijuana and inhalants.

4. ASSISTANCE FOR SUBSTANCE ABUSE

Need for treatment/ counselling	Seven percent respondents said that they needed treatment/counselling for drug abuse during the past twelve months preceding the survey. They were mostly rural respondents, females, those aged between fifteen and eighteen years, those with primary education and the street boys/girls. Five percent needed treatment for alcohol, one percent for marijuana and one percent for heroin. Rural youth, males, older youth, those with secondary education and those in both unskilled and unskilled employment needed treatment/counselling for alcohol. Urban respondents, females, older youth, those with primary education and those in unskilled employment wanted to be treated/counselled for marijuana and heroin.
Effort to obtain treatment/counselling	Less than one percent tried to obtain treatment/counselling for substance abuse. The reasons for the others for not trying to obtain treatment were multiple. Six percent did not try to obtain treatment/counselling because the treatment programme was complicated, three percent because the treatment was not of the wanted type, one percent because the programme was too far and one percent because of inconvenient treatment time. Most rural youth, males, those aged below ten years, those with primary education and those in unskilled employment found the programme complicated.
Treatment/counselling Obtained	Less than one percent, that is, seven youth aged eight to eighteen years who were drug abusers received treatment and counselling against drug abuse during the past twelve months preceding the study. White two were from the urban areas five were rural dwellers. Six were males and one female. 2 were aged between eleven and fourteen years and four aged between fifteen and eighteen years. They had a low level of education with three at primary and four at secondary levels. Most of them were street boys followed by those in unskilled employment and students. Five had tried treatment for one or two times while two of them for three to five times. One tried treatment at a private practitioner, three in self-help/religious groups and other three at NGOs. Two received treatment against marijuana, two for heroin, six for alcohol, two for marijuana and one for heroin.
Outcome of treatment	Three had successful treatment/counselling, one dropped out of the treatment and three others relapsed. Four were not satisfied at all of the treatment/counselling.

5. AWARENESS OF CONSEQUENCES FROM DRUG USE

Consequences of
substance use

Many respondents knew of imprisonment, death, family conflict and school drop outs as main consequences of drug use. However, two percent said that there were no consequences. They were mostly rural youth, males, adolescents, those with a higher level of education and students.

6. ALTERNATIVES TO DRUG USE

Resistance to urge
of drug use

Seven percent of youth did not know how to resist the urge for drug use. They were mostly rural youth, females, those aged below ten years, those with no formal education and the unemployed. As means to resist drug use urge, forty seven percent proposed sports activities, forty percent warned to stay away from drugs and drug selling places and twenty nine percent said that drug should be taken as a killer and despised.

Support to resist
drug use

Nine percent said that youth did not need any support to resist drug urge. They were mostly rural youth, females, adolescents, Sc/HSc holders and those in skilled employment. But fifty one percent proposed sports infrastructure, twenty five percent said that there should be no sale of drugs and twenty percent proposed IEC programmes on drug use as means of support to youth as resistance to the urge for drug use.

7. DISCUSSION/CONCLUSIONS

Socio-Demographics

A representative sample of youth aged eight to eighteen years was enlisted in the study. Both the urban and rural areas were almost equally represented. One quarter of the sample constituted of females as the proportion of this gender is low in the study population. In addition, students and Catholics, being numerous in the housing estates were highly represented. The different age groups were also proportionally represented. Out of one hundred and eighty thousand of youth aged eight to eighteen years among the population, approximately seventy five thousand lived in housing estates.

Licit drugs use

Youngsters used cigarette, alcohol and inhalants as licit drugs. Youth started using alcohol first. Then they concurrently adopted the use of cigarette and inhalants while maintaining the use of alcohol. On the other hand, the use of

cigarette was more common followed by alcohol and inhalants among daily users. Approximately, ten thousand and five hundred (10,500 including 9,954 males and 546 females) youth smoked daily compared with nine thousand (9,000 – all males) who used alcohol and five thousand (5,000 including 4,065 males and 935 females) who used inhalants daily. Males largely over-rated females. The easy availability and affordability of cigarette and alcohol pushed youngsters to use them. Those with a low financial capacity mostly used cigarette as in the case of urban and male adolescents with no employment. Older males with some income generating capacities mostly used alcohol. More female adolescents were likely to use glue and thinner. Youngsters mainly used the licit drugs for a feeling of euphoria. Peer pressure also largely contributed to the use of drugs. These reasons depicted ignorance of the ill effects of licit drugs. The use of cigarette and alcohol were tolerated in society and hence used freely. The use of glue and thinner was condemned and hence used in the privacy of homes. The male gender, the rural areas, adolescence, a lower level of education and idleness, that is, no occupation were predisposing factors for licit drugs use.

Illicit drugs use

Youth used marijuana, heroin, uppers/downers, White Lady and designer drugs as illicit drugs. Large proportions using marijuana, heroin and Ecstasy daily hints an easy availability of these drugs. Marijuana and heroin use was widespread. The use of these drugs, once more common in the urban areas and among employed people has spread to the rural regions, among those with primary education and those in unskilled employment. More younger and less educated youth used them. On the other hand, urban youth, females, adolescents, those with a higher level of education and students were more likely to use Ecstasy. The use of uppers/downers and White Lady was also common. These were likely to be used by both those with lower and upper levels of education, males, females, older youth and students. 4,500 youth (4,410 males and 90 females) used marijuana, 3,750 (3,225 males and 525 females) heroin, 750 (323 males and 420 females) the uppers/downers, 1,500 (all males) White Lady and 225 (191 males and 34 females) Ecstasy daily.

The same scenario of ignorance on the side effects of drugs use presented itself when almost all users of illicit drugs said that they used them mainly to enjoy themselves followed by peer pressure. These drugs were mainly used in discrete and remote places and in homes of friends most probably to escape legal

prosecution. The mode of use of illicit drugs was varied. While heroin was mainly injected and snorted, White Lady was inhaled and Ecstasy swallowed.

Injecting drug use was common as the main mode of use of heroin, which seemed highly risky. Some heroin injectors made use of already used syringes, rarely cleaned with water before use. These were not disinfected and hence the probability of cross-infection was high. Others shared needles while some practised shooting of drugs in groups despite the easily availability of syringes for sale on the streets and in pharmacies. Surprisingly, such risky behaviour mostly involved rural youth, males/females, older youth and those Sc/HSc holders.

Features of use

Mean age of licit drugs use comprising mainly alcohol, cigarette and inhalants was low, 13.7, 13.9 and 14.1 years respectively. These were considered as gateway drugs as users shifted to illicit drugs at a later age like Ecstasy, uppers/downers, heroin and marijuana.

Higher proportions of youngsters used licit drugs compared with illicit drugs most likely because of easy availability. Youth mainly used cigarettes followed by alcohol, marijuana, heroin and Ecstasy.

Poly-use and concurrent use of drugs were common among youth. Those who used cigarettes and alcohol mostly used marijuana and heroin. The alcohol users were more likely to use marijuana while smokers were more likely to use heroin. However, those who used White Lady also used alcohol, marijuana and heroin in high proportions.

Drug abusers heavily used cigarette, alcohol and marijuana. For instance, fifteen percent of youth were binge and seven percent heavy drinkers of alcohol. However, youth were twice more likely to use alcohol and cigarette compared with marijuana, most probably, because of their wide availability and being less expensive.

Under-age use of drugs was significant among the licit drugs because of their wide availability and their low price compared with illicit drugs, most probably.

Risk/Protective factors

Some risk factors contributed largely to the use of drugs. These were mainly the experience of stress because of examinations, unemployment and financial problems; use of licit and illicit drugs by peers; and antisocial behaviour of the individual. Risk factors at the family domain included use of substances by parents, the relationships among parents and parents being critical of youth. At

the level of the community, factors involved crime in the neighbourhood, drug selling, drug use, violence, same ethnic group living in the environment, street fights, robberies and abandoned buildings in the environment. High proportions of youth were exposed to these factors. They were more likely to use both the licit and the illicit drugs.

Protective factors against drugs use at the level of the individual included youth living with parents and good use of leisure activities. At the level of the family, factors such as counselling at times of difficulties and caring parents were identified. The community offered protection through a safe neighbourhood, people helping each other and the organisation of social/cultural activities. These protective factors offered some protection against the use of substance.

Assistance for
substance use

Few youth needed treatment and counselling mainly for alcohol, marijuana and heroin use. Most of them did not try to obtain treatment/counselling because the programme was either too complicated or treatment was not of the wanted type of drugs or too far or inconvenient business hours of the dispensing agency. However, few received treatment for alcohol, marijuana and heroin mainly by private medical practitioners, in self-help/religious groups and NGOs. Dropouts and relapses were common. However, some were not satisfied with the treatment. It seems that the majority of drug users were not knowledgeable on the treatment programmes and were not aware of the campaign against substance abuse.

Consequence of
substance use

While some respondents mainly knew death, family conflict and school drop-outs as consequences of substance use, others said that there were none. This hints a low knowledge of the destructive effects of drug use.

Resistance of urge
to drug use

Some youth did not know how to resist the urge for drug use while others knew of sports activities, staying away from drug selling sites and to think of drugs as killer.

Support to resist
drug use

Some youth said that they did not need support to resist the urge for drug use. Others proposed sports infrastructure, no sale of drugs and organisation of IEC programmes mainly as support. Again, the knowledge of youth on substance abuse hazards was mediocre.

8. RECOMMENDATIONS

Recommendations	With a view to eradicating the problem of drug abuse among youth aged between eight and eighteen years, several measures are proposed. The main intervention resides in IEC campaigns.
Law enforcement	Law enforcement should be strengthened with a view to diminishing the sale of licit drugs to minors. Effort should also be concentrated to eradicate sale of illicit drugs.
Role of parents	Parents should continuously emphasize the disapproval of the use of cigarette, alcohol and other drugs.
Drug education at School/community	Drug education and prevention programmes should be dispensed as from the primary school level and in community/youth centres.
Leisure activities	Sustained leisure activities should be offered for youth at the community level.
Counselling services	The authorities should ensure that competent and effective counselling services are readily available for youth to get professional help for drug abuse problems. Drop-in centres for advice and treatment should be established in four corners of the island.
Drug information	Libraries at schools, in community centres and municipality libraries to be equipped with drug information.
Specialised treatment Centre	Several specialised treatment centres should be established for drug dependent adolescents in high risk regions throughout the island.

9. ACRONYMS

NATReSA: National Agency for the Treatment and Rehabilitation of Substance Abusers.

WHO: World Health Organisation

USA: United States of America

MOH: Ministry of Health

HIV: Human Immuno Deficiency Virus

MIH: Mauritius Institute of Health

SPSS: Statistical Packages for Social Sciences

NPU: National Prevention Unit

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INDIVIDUAL INTERVIEW QUESTIONNAIRE

INSTRUCTIONS TO INTERVIEWERS:

- (i) Consider all questions in this questionnaire.
- (ii) Put the Creole version of the question to the respondent.
- (iii) Circle the appropriate option where applicable.
- (iv) Start the interview by reading the Introductory Note to the respondent.

INTRODUCTORY NOTE:

L'Institut la Santé pé faire ène servey zenes. Nou pé rode un peu information personnel lors comportement banne zenes. S'il te plait, réponne banne questions là avec sincérité. Tout se ki to pou dire pou reste confidentiel. Nou pas pé prend to nom et perna aucun fasson ki nou pou associé banne réponses avec toi. Nou pou prend information, lors banne zenes couma toi pou développe ène programme pou zenes. Merci d'avance pou to cooperation.

IDENTIFICATION OF INTERVIEW LOCATION

- Form Number:
- Name of housing estate:
- Community type: 1. Urban 2. Rural
- Address of respondent:

(House number)
(Street name)
- Date of Interview:/...../ 04

(Day)
(Month)
(Year)
- Name of Interviewer:

(Other names)
(Surname)
- Name of Supervisor:

(Other names)
(Surname)
- Checked by Supervisor:/...../ 04

(Signature)
(Day)
(Month)
(Year)
- Data Entry Clerk:/...../ 04

(Signature)
(Day)
(Month)
(Year)

SECTION 1: BACKGROUND MODULE

- Q101. What is your age?
(*Ki laze to éna?*) Years
- Q102. What is your highest level of education?
(*Ki to nivo ledikasyon pli haute?*)
1. None/pre-primary
 2. Primary
 3. Secondary
 4. Sc/HSc
 5. Tertiary
 6. Other, specify,
- Q103. What is your religion?
(*Ki relizyon to suive?*)
1. Hindu
 2. Muslim
 3. Christian
 4. No religion
 5. Other, specify,
- Q104. What is your occupation?
(*Eski to éna ène metier?*)
1. Unemployed
 2. Street boys
 3. Trade apprentice
 4. Student
 5. Unskilled employment
 6. Skilled employment
 7. White collar job
 8. Other, specify,
- Q105. With whom do you live?
(*Avek qui to habité?*)
1. Both parents
 2. Mother
 3. Father
 4. Grand parents
 5. Adopted child
 6. Alone
 7. Other, specify,
- Q106. Do your parents use alcohol?
(*Eski to parents prend l'alcool?*)
1. Drink a lot
 2. Occasional
 3. Rarely
 4. No
 88. Don't know
- Q107. Do your parents use illicit drugs?
(*Eski to parents prend la drogue?*)
1. Addicts
 2. Occasional
 3. Rarely
 4. No
 88. Don't know
- Q108. How do your parents get along?
(*Couma relations entre to banne parents été?*)
1. Very well
 2. Well
 3. Always fighting
 88. Don't know

SECTION 2: ENVIRONMENT OF RESPONDENT

- Q201. How long have you lived in this neighbourhood?
(*Dépi kand to reste dans sa quartier là?*)
1. Less than 1 year
 2. 1-3 yrs
 3. 4-5 yrs
 4. 6-10 yrs
 5. > 10 yrs

- Q202. How much do you agree/disagree with the following:
(*To dire moi ki kantité to daccord ou pas avec ceki mo pou dire toi là:*)

READ OUT OPTIONS TO RESPONDENTS	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
• There is a lot of crime in my neighbourhood	1	2	3	4
• There is a lot of drug selling in my neighbourhood	1	2	3	4
• There are many drug users here	1	2	3	4
• Family violence is rampant in this area	1	2	3	4
• Most people who live here are of same ethnic group	1	2	3	4
• There are a lot of street fights here	1	2	3	4
• There are a lot of robberies in this area	1	2	3	4
• There are many abandoned buildings here	1	2	3	4
• People here very often help each other	1	2	3	4
• People in this area often visit each other's homes	1	2	3	4
• My neighbourhood is very safe	1	2	3	4
• There are a lot of social/cultural activities here	1	2	3	4

- Q203. In past 12 months, how often were your parents critical of you?
(*Combien fois to parents ti critike toi/crie avec toi dans 12 derniers mois?*)
1. Always
 2. Sometimes
 3. Seldom
 4. Never

- Q204. In past 12 months, how often did your parents show concern for your feelings and problems?
(*Combien fois to parents ti prend to sentiments et to problèmes compte dans 12 derniers mois?*)
1. Always
 2. Sometimes
 3. Seldom
 4. Never

- Q205(a). How stressful have things been for you during the past 12 months?
(*Ki kantité to la vie ti stressé dans 12 derniers mois?*)
1. Very stressful
 2. Somewhat stressful
 3. Not very stressful
 4. Not at all stressful → Q206

Q205(b).How were you stressed?

(Couma to ti stressé?)

1. 2.
3. 4.

Q206. Which of the following people would you turn to discuss a serious problem?

(Avek ki sanne là to pou discute ène problème sérieux?)

READ LIST. MULTIPLE RESPONSES

1. Nobody
2. Mother
3. Father
4. Grand parents
5. Girlfriend
6. Brother/sister
7. Some other relative
8. Friend
9. Neighbour
10. Teacher
11. Counsellor
12. Priest
13. Boyfriend
14. Other, specify,

Q207. Have you taken part in any of these activities during the past 12 months?

(Eski to finne prend part dans sa banne activités là dans 12 derniers mois?)

⇒ **READ LIST. MULTIPLE RESPONSES**

1. Violence prevention programme
2. Youth centre activities
3. Scouts activities
4. Sports activities
5. Drug prevention programme
6. School-related clubs
7. Volunteer/social work
8. Sex education
9. Church activities
10. Other, specify,

Q208. How many of your friends do the following:

(Combien to banne copains faire sa banne zafaire là?)

READ OUT OPTIONS

	None of them	A few of them	Most of them	All of them
• Smoke cigarettes	1	2	3	4
• Use illicit drugs	1	2	3	4
• Use alcoholic beverages	1	2	3	4
• Get drunk at least once weekly	1	2	3	4

Q209. During past 12 months, how many times have you done any of the following:

(Dans 12 derniers mois, combien fois to finne faire sa banne zafaire là?)

READ OUT OPTIONS	0	1-2	3-5	6-9	10>
• Argued or fought with your parent(s)	1	2	3	4	5
• Get into serious fight at school/work	1	2	3	4	5
• Taken part in a fight where a group of your friends fought with another group	1	2	3	4	5
• Sold illicit drugs	1	2	3	4	5
• Stolen or tried to steal	1	2	3	4	5
• Attacked someone with intention to seriously hurt him/her	1	2	3	4	5

SECTION 3: USE OF DRUGS

CIGARETTE

Q301. Have you ever smoked a cigarette, even 1 or 2 puffs?
(To finne déjà fume cigarette, même 1 ou 2 dame?)

1. Yes
2. No → Q313

Q302. How old were you at that time?
(Ki laze to ti éna sa temps là?)

Years

Q303. Since you first smoked till now, on how many days did you smoke?
(Dépi ki to ti commence fumé jusqu'à zordi, combien jours to finne fumé?)

1. 1-2 days
2. 3-10
3. 11-50
4. 51-100
5. 101-300
6. > 300

Q304. How long had it been since you last smoked a cigarette?
(Combien le temps finne gagné dépi to finne fume to dernier cigarette?)

1. Within past 30 days
2. More than 30 days ago
3. More than 3 months ago
4. More than 12 months ago
5. More than 3 years ago

Q313

Q305. On how many days did you smoke during the last 30 days?
(Combien jours to ti fumé dans 30 derniers jours?)

Days

Q306. Have you ever smoked everyday?
(Eski to finne déjà fumé tout le jour?)

1. Yes
2. No → Q310

- Q307. How many did you smoke daily?
(*Combien to ti fumé par jour?*)
1. Less than 1
 2. 1-5
 3. 6-15
 4. 16-20
 5. 21-30
 6. > 30
- Q308. How old were you when you first smoked daily?
(*Ki laze to ti éna quand to ti commence fumé tout le jour?*)
1. Years
 2. Not everyday
- Q309. How many years have you smoked daily?
(*Pendan combien l'anée to fine fumé tout le jour?*)
1. Years
 2. Less than 1 year
 3. Not everyday
- Q310. Why do you smoke?
(*Ki faire to fumé?*)
1. Curiosity sake
 2. To feel more manly
 3. My peers do so
 4. To counteract face problems
 5. To enjoy life
 6. No reason
 7. Other, specify,
- ⇒ **MULTIPLE RESPONSES**
- Q311. Where do you smoke?
(*Ki côté to fumé?*)
1. At home
 2. In school compound/at work
 3. Tobacco shop
 4. Public places
 5. In toilets
 6. Anywhere
 7. Other, specify,
- ⇒ **MULTIPLE RESPONSES**
- Q312. Can you get cigarettes easily?
(*To capave gagne cigarette facilement?*)
1. Yes
 2. No selling to minors
 3. Other, specify,

ALCOHOL

AN ALCOHOL DRINK = 1 can of beer, 1 glass of wine, 1 peg of liquor or 1 peg mixed with liquor

- Q313. Have you ever, even once, had a drink of alcohol?
(*Eski to finne déjà prend ène drink alcol?*)
1. Yes
 2. Never → Q324
- Q314. How old were you at that time?
(*Ki laze to ti éna sa temps là?*)
- Years
- Q315. How long has it been since you had your last drink of an alcoholic beverage?
(*Combien temps finne gagné dépi ki to finne prend l'alcol la dernière fois?*)
1. Within 30 days
 2. More than 30 days ago
 3. More than 3 months ago
 4. More than 12 months
 5. More than 3 years

Q316. On how many days in the past 12 months did you drink an alcoholic beverage?
(*Combien jours dans 12 derniers mois to finne prend l'alcool?*)

1. Not during past 12 months
2. 1-2 days in 12 months
3. 3-5 days in 12 months
4. 6-11 days in 12 months (6-11)
5. 1-2 days a month (12-24)
6. 3-4 days a month (25-50)
7. 1-2 days a week (51-100)
8. 3-4 days a week (101-200)
9. 5-6 days a week (201-300 days)
10. Daily (more than 300 days)

Q317. During the past 12 months, on how many days did you get very high?
(*Dans 12 derniers mois, combien jours to ti bien soulé?*)

1. Not during past 12 months
2. 1-2 days in 12 months
3. 3-5 days in 12 months
4. 6-11 days in 12 months (6-11)
5. 1-2 days a month (12-24)
6. 3-4 days a month (25-50)
7. 1-2 days a week (51-100)
8. 3-4 days a week (101-200)
9. 5-6 days a week (201-300 days)
10. Daily (more than 300 days)

Q318. During past 30 days, on how many days did you drink 1 or more drinks?
(*Dans 30 derniers jours, combien jours to finne prend 1 drink ou plus?*)

1. Days
2. Not in past 30 days → **Q321**

Q319. How many drinks did you usually have on the days you drank during the past 30 days?
(*Banne jours ki to ti boire mois dernier, combien drink to ti prend?*)

Drinks

Q320. During the past 30 days, on how many days did you have 5 or more drinks on the same occasion?
(*Dans 30 derniers jours, combine jours to ti prend 5 drink ou plus quand to ti boire?*)

1. Days
2. Never had 5 drinks

Q321. Why do you use alcoholic drinks?
(*Ki faire to prend l'alcool?*)

⇒ **MULTIPLE RESPONSES**

1. To enjoy myself
2. To counteract problems
3. To celebrate occasions
4. My friends drink
5. No reason
6. Others, specify,

Q322. Where do you usually drink alcohol?
(*Ki côté to habitué boire l'alcool?*)

⇒ **MULTIPLE RESPONSES**

1. In a bar
2. At home
3. At friends home
4. At school/at work
5. Others, specify,

Q323. Can you get alcoholic drinks easily?
(*Eski to capave gagne l'alcool facilement?*)

1. Yes
2. No selling to minors
3. Others, specify,

MARIJUANA/CANNABIS

Q324. Have you ever, even once, used marijuana?
(*Eski to finne déjà fume gandia?*)

1. Yes
2. Never → Q334

Q325. How old were you at that time?
(*Ki laze to ti éna sa temps là?*)

Years

Q326. How many days in your life have you used marijuana?
(*Combien zours to finne fume gandia dans to la vie?*)

1. 1-2 days
2. 3-11
3. 12-100
4. 101-300
5. > 300

Q327. How long has it been since you last used marijuana?
(*Combien le temps finne passé dépi ki to finne fume dernier fois?*)

1. > 3 years
2. 12 months – 3 years
3. 30 days ago
4. Within 30 days

Q328. On how many days in the past 12 months did you use marijuana?
(*Combien jours dans 12 derniers mois to finne prend gandia?*)

1. Not during past 12 months
2. 1-2 days in 12 months
3. 3-5 days in 12 months
4. 6-11 days in 12 months (6-11)
5. 1-2 days a month (12-24)
6. 3-4 days a month (25-50)
7. 1-2 days a week (51-100)
8. 3-4 days a week (101-200)
9. 5-6 days a week (201-300 days)
10. Daily (more than 300 days)

Q329. During past 30 days, on how many days did you use marijuana?
(*Dans 30 derniers jours, combien jours to finne fume gandia?*)

1. Days
2. Not during past 30 days → Q334

Q330. Why do you use marijuana?
(*Ki faire to prend gandia?*)

⇒ **MULTIPLE RESPONSES**

1. To enjoy myself
2. My friends do so
3. To counteract problems
4. No reason
5. Others, specify,

Q331. Where do you usually use marijuana?
(*Ki côté to prend gandia?*)

⇒ **MULTIPLE RESPONSES**

1. In a club
2. In friends homes
3. In a remote/discrete place
4. In school/at work
5. At home
6. Others, specify,

Q332. Can you get marijuana easily?
(*Eski to capave gagne gandia facile?*)

1. Yes
2. No
3. Others, specify,

Q333. How do you use gandia?
(*Ki façon to prend gandia?*)

⇒ **MULTIPLE RESPONSES**

1. Smoke
2. Inhale
3. Inject
4. Huff
5. Swallow
6. Others, specify,

HEROIN/BROWN SUGAR

Q334. Have you ever, even once, used heroin/brown sugar?
(*Eski to finne déjà servi heroin/brown sugar?*)

1. Yes
2. Never → **Q350**

Q335. How old were you at that time?
(*Ki laze to ti éna sa temps là?*)

Years

Q336. Altogether, on how many days in your life have you used heroin?
(*Combien jours dans to la vie to finne servi heroin?*)

1. 1-2 days
2. 3-11 days
3. 12-100 days
4. 101-300 days
5. > 300 days

Q337. How long has it been since you last used heroin?
(*Combien jours finne passé depi to finne servi heroin dernier fois?*)

1. > 3 years ago
2. More than 12 months ago
3. More than 30 days ago
4. Within past 30 days

Q338. On how many days in the past 12 months did you use heroin?
(*Dans 12 derniers mois, combien zours to finne servi heroin?*)

1. Not during past 12 months
2. 1-2 days in 12 months
3. 3-5 days in 12 months
4. 6-11 days in 12 months (6-11)
5. 1-2 days a month (12-24)
6. 3-4 days a month (25-50)
7. 1-2 days a week (51-100)
8. 3-4 days a week (101-200)
9. 5-6 days a week (201-300 days)
10. Daily (more than 300 days)

Q339. During the past 30 days, on how many days did you use heroin?
(*Dans 30 derniers jours, combine zours to finne servi heroin?*)

1. Days
2. Not during past 30 days

Q340. Why do you use heroin?
(*Ki faire to servi heroin?*)

⇒ **MULTIPLE RESPONSES**

1. To enjoy myself
2. My friends do so
3. To counteract problems
4. No reason
5. Others, specify,

Q341. Where do you usually use heroin?
(*Ki côté to prend heroin?*)

⇒ **MULTIPLE RESPONSES**

1. In a club
2. In friends homes
3. In a remote/discrete place
4. In school/at work
5. At home
6. Others, specify,

- Q342. Can you get heroin easily?
(*Eski to capave gagne heroin facile?*)
1. Yes
 2. No
 3. Others, specify,
- Q343. How do you use heroin?
(*Couma to servi heroin?*)
1. Smoking
 2. Inhaling
 3. Sniffing
 4. Huffing
 5. Injecting → Q344
 6. Others, specify,
- ⇒ **MULTIPLE RESPONSES**
- ⇒ **IF INJECTING HEROIN/BROWN SUGAR IN Q343 CONTINUE HERE. ELSE GO TO Q350.**
- Q344. The last time you injected heroin, did you use a needle you used before?
(*Dernier fois to ti injecté heroin, eski to ti reservi ène aiguille/séringue to ti déjà servi avant?*)
1. Yes
 2. No
- Q345. The last time you injected heroin, did you use a needle someone else had used before?
(*Dernier fois to ti injecté heroin, eski to ti servi ène aiguille/séringue ki ène lotte ti déjà servi?*)
1. Yes
 2. No
- Q346. The last time, how did you clean a needle before injecting heroin?
(*Dernier fois, to si servi ène aiguille, couma to ti nettoye li avant piké?*)
1. No cleaning
 2. With water
 3. With alcohol
 4. Wipe dry
 5. With vinegar
 6. Others, specify,
- ⇒ **MULTIPLE RESPONSES**
- Q347. The last time you used a needle for injecting heroin, did someone else use the needle after you?
(*Dernier fois to ti piké, eski ène lotte ti pike avec même aiguille après toi?*)
1. Yes
 2. No → Q349
- Q348(a). The last time you shared a needle for injecting heroin, how did you clean it?
(*Dernier fois to ti partage ène aiguille pou pike heroin, couma to ti nettoye li?*)
1. No cleaning
 2. With water
 3. With alcohol
 4. Wipe dry
 5. With vinegar
 6. Others, specify,
- ⇒ **MULTIPLE RESPONSES**
- Q348(b). During the past 3 months, how many times did you inject heroin in groups, using the same syringe among many users in groups?
(*Pendant 3 derniers mois, combien fois to finne pike heroin avek plusieurs dimoune avek même séringue ki tou dimoune ine servi?*)
1. Never
 2. 1-3 times
 3. 4-10
 4. 11-15
 5. 16-20
 6. > 20
- Q349. The last time you used a needle, how did you get it?
(*Côte to ti gagne aiguille la dernière fois to ti pike heroin?*)
1. From pharmacy
 2. From friends
 3. Bought on the street
 4. From a shooting gallery
 5. Shared during shooting
 6. Others, specify,

INHALANTS

Q350. Have you ever used any of these inhalants, even once, for getting high or kicks?

(Eski to finne déjà servi sa banne substances là pou gagne nissa?)

⇒ **MULTIPLE RESPONSES. READ OPTIONS**

1. Deodorants
2. Correction fluid
3. Cleaning solutions
4. Gasoline
5. Glue
6. Ether
7. Thinner
8. Lighter gases
9. Spray paints
10. Unknown inhalants
11. None → **Q360**
12. Others, specify,

Q351. How old were you at that time?

(Ki laze to ti éna sa temps là?)

Years

Q352. Altogether, on how many days in your life have you used an inhalant of any kind?

(Combien zours dans to la vie to finne sniff?)

1. 1-2 days
2. 3-11 days
3. 12-100 days
4. 101-300 days
5. > 300 days

Q353. How long has it been since you last used any inhalant for kicks or to get high?

(Combien le temps finne passé dépi ki to finne sniff dernier fois?)

1. More than 3 yrs ago
2. 12 months – 3 yrs
3. 30 days – 12 months
4. Within 30 days

Q354. On how many days in the past 12 months did you use an inhalant?

(Dans 12 derniers mois, combien zours to finne sniff ène substance?)

1. Not during past 12 months
2. 1-2 days in 12 months
3. 3-5 days in 12 months
4. 6-11 days in 12 months (6-11)
5. 1-2 days a month (12-24)
6. 3-4 days a month (25-50)
7. 1-2 days a week (51-100)
8. 3-4 days a week (101-200)
9. 5-6 days a week (201-300 days)
10. Daily (more than 300 days)

Q355. During past 30 days, on how many days did you use any inhalant?

(Dans 30 derniers zours, combien zours to finne servi ène substance pou sniff?)

1. Days
2. Not during past 30 days

Q356. Why do you use inhalants?

(Ki faire to sniff?)

⇒ **MULTIPLE RESPONSES**

1. To enjoy myself
2. My friends do so
3. To counteract problems
4. No reason
5. Others, specify,

Q357. Where do you usually use inhalants?
(*Ki côté to sniff?*)

⇒ **MULTIPLE RESPONSES**

1. In a club
2. In friends homes
3. In a remote/discrete place
4. In school/at work
5. At home
6. Others, specify,

Q358. Can you get inhalants easily?
(*Eski to capave gagne banne substances pou sniff facilement?*)

1. Yes
2. No
3. Others, specify,

Q359. How do you use inhalants?
(*Couma to servi substances pou sniff?*)

⇒ **MULTIPLE RESPONSES**

1. Sniffing
2. Huffing
3. Others, specify,

PSYCHOTROPIC DRUGS

Q360. Have you ever, even once, used psychotropic drugs?
(*Eski to finne déjà servi comprimés/siro?*)

1. Yes
2. Never → **Q370**

Q361. How old were you at that time?
(*Ki laze to ti éna sa temps là?*)

Years

Q362. How many days in year life have you used psychotropic drugs?
(*Combien zours to finne servi comprimés/siro dans to la vie?*)

1. 1-2 days
2. 3-11
3. 12-100
4. 101-300
5. > 300

Q363. How long has it been since you last used psychotropic drugs?
(*Combien le temps finne passé dépi ki to finne servi comprimés/siro dernier fois?*)

1. > 3 years
2. 12 months – 3 years
3. 30 days ago
4. Within 30 days

Q364. On how many days in the past 12 months did you use psychotropic drugs?
(*Combien jours dans 12 derniers mois to finne servi comprimés/siro?*)

1. Not during past 12 months
2. 1-2 days in 12 months
3. 3-5 days in 12 months
4. 6-11 days in 12 months (6-11)
5. 1-2 days a month (12-24)
6. 3-4 days a month (25-50)
7. 1-2 days a week (51-100)
8. 3-4 days a week (101-200)
9. 5-6 days a week (201-300 days)
10. Daily (more than 300 days)

Q365. During past 30 days, on how, many days did you use psychotropic drugs?
(*Dans 30 derniers jours, combien jours to finne servi comprimés/siro?*)

1. Days
2. Not during past 30 days

Q366. Why do you use psychotropic drugs?
(*Ki faire to prend comprimés/siro?*)

⇒ **MULTIPLE RESPONSES**

1. To enjoy myself
2. My friends do so
3. To counteract problems
4. No reason
5. Others, specify,

Q367. Where do you usually use psychotropic drugs?
(*Ki côté to prend comprimés/siro?*)

⇒ **MULTIPLE RESPONSES**

1. In a club
2. In friends homes
3. In a remote/discrete place
4. In school/at work
5. At home
6. Others, specify,

Q368. Can you get psychotropic drugs easily?
(*Eski to capave gagne comprimés/siro facile?*)

1. Yes
2. No
3. Others, specify,

Q369. How do you use psychotropic drugs?
(*Ki façon to prend comprimés/siro?*)

⇒ **MULTIPLE RESPONSES**

1. Smoking
2. Inhale
3. Sniff
4. Inject
5. Huff
6. Swallow
7. Others, specify,

WHITE LADY

Q370. Have you ever, even once, used White Lady?
(*Eski to finne déjà servi White Lady?*)

1. Yes
2. Never → **Q380**

Q371. How old were you at that time?
(*Ki laze to ti éna sa temps là?*)

Years

Q372. How many days in year life have you used White Lady?
(*Combien zours to finne servi White Lady dans to la vie?*)

1. 1-2 days
2. 3-11
3. 12-100
4. 101-300
5. > 300

Q373. How long has it been since you last used White Lady?
(*Combien le temps finne passé dépi ki to finne servi White Lady dernier fois?*)

1. > 3 years
2. 12 months – 3 years
3. 30 days ago
4. Within 30 days

Q374. On how many days in the past 12 months did you use White Lady?
(*Combien jours dans 12 derniers mois to finne prend White Lady?*)

1. Not during past 12 months
2. 1-2 days in 12 months
3. 3-5 days in 12 months
4. 6-11 days in 12 months (6-11)
5. 1-2 days a month (12-24)
6. 3-4 days a month (25-50)
7. 1-2 days a week (51-100)
8. 3-4 days a week (101-200)
9. 5-6 days a week (201-300 days)
10. Daily (more than 300 days)

Q375. During past 30 days, on how, many days did you use White Lady?
(*Dans 30 derniers jours, combien jours to finne servi White Lady?*)

1. Days
2. Not during past 30 days

Q376. Why do you use White Lady?
(*Ki faire to prend White Lady?*)

⇒ **MULTIPLE RESPONSES**

1. To enjoy myself
2. My friends do so
3. To counteract problems
4. No reason
5. Others, specify,

Q377. Where do you usually use White Lady?
(*Ki côté to prend White Lady?*)

⇒ **MULTIPLE RESPONSES**

1. In a club
2. In friends homes
3. In a remote/discrete place
4. In school/at work
5. At home
6. Others, specify,

Q378. Can you get White Lady easily?
(*Eski to capave gagne White Lady facile?*)

1. Yes
2. No
3. Others, specify,

Q379. How do you use White Lady?
(*Ki façon to prend White Lady?*)

⇒ **MULTIPLE RESPONSES**

1. Smoking
2. Inhale
3. Sniff
4. Inject
5. Huff
6. Swallow
7. Others, specify,

OTHER DRUGS

Q380. Have you ever, even once, used other drugs?
(*Eski to finne déjà servi les autres la drogue?*)

1. Yes
2. Never → **Q401**

Q381. How old were you at that time?
(*Ki laze to ti éna sa temps là?*)

Years

Q382. How many days in year life have you used other drugs?
(*Combien zours to finne servi les autres la drogue dans to la vie?*)

1. 1-2 days
2. 3-11
3. 12-100
4. 101-300
5. > 300

Q383. How long has it been since you last used other drugs?
(*Combien le temps finne passé dépi ki to finne servi les autres la drogue dernier fois?*)

1. > 3 years
2. 12 months – 3 years
3. 30 days ago
4. Within 30 days

Q384. On how many days in the past 12 months did you use other drugs?
(*Combien jours dans 12 derniers mois to finne prend les autres la drogue?*)

1. Not during past 12 months
2. 1-2 days in 12 months
3. 3-5 days in 12 months
4. 6-11 days in 12 months (6-11)
5. 1-2 days a month (12-24)
6. 3-4 days a month (25-50)
7. 1-2 days a week (51-100)
8. 3-4 days a week (101-200)
9. 5-6 days a week (201-300 days)
10. Daily (more than 300 days)

Q385. During past 30 days, on how, many days did you use other drugs?
(*Dans 30 derniers jours, combien jours to finne servi les autres la drogue?*)

1. ☐ ☐ Days
2. Not during past 30 days

Q386. Why do you use other drugs?
(*Ki faire to prend les autres la drogue?*)

1. To enjoy myself
2. My friends do so
3. To counteract problems
4. No reason
5. Others, specify,

⇒ **MULTIPLE RESPONSES**

Q387. Where do you usually use other drugs?
(*Ki côté to prend les autres la drogue?*)

1. In a club
2. In friends homes
3. In a remote/discrete place
4. In school/at work
5. At home
6. Others, specify,

⇒ **MULTIPLE RESPONSES**

Q388. Can you get other drugs easily?
(*Eski to capave gagne les autres la drogue facile?*)

1. Yes
2. No
3. Others, specify,

Q389. How do you use other drugs?
(*Ki façon to prend les autres la drogue?*)

1. Smoking
2. Inhale
3. Sniff
4. Inject
5. Huff
6. Swallow
7. Others, specify,

⇒ **MULTIPLE RESPONSES**

Q390. Can you cite the other drugs?
(*Eski to capave cite banne lezotte la drogue là?*)

1.
2.
3.
4.
5.

⇒ **IF Q301=2, Q313=2, Q324=2, Q334=2, Q350=11 GO TO Q501. ELSE CONTINUE HERE.**

SECTION 4: EXPERIENCE WITH INTERVENTION PROGRAMMES

Q401. At any time during the past 12 months, did you receive treatment/counselling for alcohol or drug abuse?
(*Dans 12 derniers mois, eski to finne resevoir ène traitment/conseil lors abus la drogue/alcool?*)

1. Yes → **Q406**
2. No

Q402. At any time during the past 12 months, did you need treatment counselling for alcohol or drug abuse?
(*Dans 12 derniers mois, eski to ti bizin traitement/conseil lors abus la drogue/alcool?*)

1. Yes
2. No → **Q406**

- Q403. During past 12 months, you needed treatment/counselling for:
(*Dans 12 derniers mois, to ti bizin traitement/conseil pou:*)
- ⇒ **READ OPTIONS. MULTIPLE RESPONSES**
1. Alcohol
 2. Marijuana/gandia
 3. Heroin/Brown Sugar
 4. Inhalants
 5. Psychotropic drugs
 6. White Lady
 7. Others, specify,
- Q404. Did you take steps to obtain treatment for drug or alcohol Use?
(*Eski to ti faire dimarche pou gagne traitement/conseil lors abus la drogue/l'alcool?*)
1. Yes
 2. No
- Q405. Why you did not obtain treatment/counselling for alcohol/ Drug abuse in the 12 past months?
(*Ki faire to pas finne réssi gagne conseil/traitement lors abus la drogue/l'alcool?*)
- ⇒ **MULTIPLE RESPONSES**
1. No transport to the programmes
 2. Programmes too far
 3. Programmes hours not convenient
 4. Not type of treatment/counselling wanted
 5. Participation in programmes too complicated
 6. Others, specify,
- ⇒ **GO TO Q501.**
- Q406. In the past 12 months, how many times have you started into treatment/counselling for drug/alcohol use?
(*Dans 12 derniers mois, combien fois to finne commence traitement/conseil contre abus la drogue/alcool?*)
- Times
- Q407. Have you received counselling/treatment in these facilities during past 12 months?
(*Eski to finne gagne traitement/conseil dans sa banne place là dans 12 derniers mois?*)
- ⇒ **MULTIPLE RESPONSES**
1. Overnight hospital stay
 2. Overnight in a residential rehabilitation facility
 3. As outpatient in a rehabilitation facility
 4. A Mental Health Care Centre
 5. Private doctor
 6. Prison
 7. Self-help group/Religious groups
 8. NGOs
 9. Others, specify,
- Q408. During past 12 months, you needed treatment/counselling for:
(*Dans 12 derniers mois, to ti bizin traitement/conseil pou:*)
- ⇒ **MULTIPLE RESPONSES. READ OPTIONS**
1. Alcohol
 2. Marijuana/gandia
 3. Heroin/Brown Sugar
 4. Inhalants
 5. Psychotropic drugs
 6. White Lady
 7. Others, specify,
- Q409. What was the primary drug you received treatment/ counselling?
(*Pou ki drogue to finne reservoir traitment principalement?*)
-
(Name of drug)

- Q410. What was the outcome of the primary treatment/counselling?
(*Ki finne arrive traitement principal là?*)
1. Still in treatment
 2. Successful completion
 3. Problem with programme
 4. Cannot continue treatment
 5. My family needed me
 6. I began using drugs again
 7. Others, specify,

- Q411. How many months did you stay in treatment/counselling?
(*Combien mois to ti suivre traitement là?*)
- Months

- Q412. What is your rating of the treatment received?
(*Couma to trouve traitement to ti gagné là?*)
1. Not satisfied at all
 2. Not satisfied
 3. No response
 4. Satisfied
 5. Highly satisfied

SECTION 5: HEALTH/ECONOMIC/CULTURAL CONSEQUENCES OF DRUG ABUSE

- Q501. Are you aware of consequences associated with substance abuse?
(*To conne banne consékans quand servi la drogue?*)

⇒ **MULTIPLE RESPONSES**

1. No
2. There are none
3. Deterioration of health
4. Death as outcome
5. Money spent in vain
6. School drop-out
7. Loss of job
8. Despised by society
9. Imprisonment
10. Family conflict
11. Others, specify,

SECTION 6: ALTERNATIVES TO DRUG ABUSE

- Q601. How should youth resist the urge for drugs use?
(*Couma zenes capave resister la drogue?*)

⇒ **MULTIPLE RESPONSES**

1. Resist peer pressure
2. Think drug as a killer
3. Stay away from places where drugs are sold/used
4. Practice indoor/outdoor sporting activities
5. Get involved in social work
6. Despise drugs
7. Nothing
8. Don't know
9. Others, specify,

Q602. Do youth need support to resist the urge for drug use?
(*Eski zenes bizin support pou resister la drogue?*)

⇒ **MULTIPLE RESPONSES**

1. IEC programmes
2. Family support
3. Sport infrastructure
4. Non-availability of drugs for sale
5. No support needed
6. Others, specify,

THANK-YOU! (MERCI!)

**A STUDY OF FACTORS INFLUENCING SUBSTANCE ABUSE AMONG MALE YOUTH
(8-18 YRS) IN HOUSING ESTATES OF MAURITIUS**

INFORMED CONSENT FORM

RESPONSIBLE PARTY: **RELATIONSHIP:**
(Surname) (Other names)

- I understand that the Mauritius Institute of Health is conducting a study to determine the factors influencing substance abuse in housing estates with a view to help designing an appropriate intervention against drug use.
- My ward most willingly accepts to participate in the study as a **RESPONDENT**, to which I consent.
- He undertakes to give sincere answers to questions put to him.
- The information given by him will be pooled together with information from other subjects and all information will be used for this study only. Information will be kept confidential and anonymous.
- The study will last for 8 months as from June 2004.

PARTICULARS OF RESPONDENT

NAME: **OTHER NAMES:**

GENDER: Male

AGE AT LAST BIRTHDAY:

ADDRESS:
(Street) (Estate)

PHONE NO.: (Residence)

Signature of Responsible Party:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Day)	(Month)	(Year)			

MIH