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SUBSTANCE ABUSE IN RODRIGUES 2005/2006

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Substance Abuse in Rodrigues 2005/2006

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Summary

1. Throughout human history substances that alter perception or performance have been a part of the daily lives of people all around the world. Drugs, whether legal or not, are a part of human existence at the individual level, the community level and the societal level.

2. The World Health Organization (WHO) (1993) defined drugs as any substance that provides an alteration to the proper functioning of a living organism. Alcohol, tobacco, solvents and psychoactive substances are included within this definition.

3. However, generally speaking, alcoholism and any other drug related behaviour could be based on compulsive, obsessive and dependent behaviours that tend to be given priority over other human needs and relationships.

4. Substance abuse is a global phenomenon The United Nations Drug Control Programme has tried to standardize estimates into the annual prevalence of drug use among people aged 15 and above. It reports that worldwide, in the late 1990s, some 180 million people had a drug dependency. (World Drug report, 2000) which amounts to 3% of the world population. As it is not an even distribution the problem has to be studied locally with solutions designed that fit the local context and cultural reality.

5. Statistics from the Centers for Disease Control and Prevention indicate that tobacco use remains the leading preventable cause of death in the United States, causing approximately 440,000 premature deaths each year.

6. The costs incurred by an individual using any form of drugs include progressive damage to health, increasing incidence of attracting diseases, depleting the income of the drug user and secondary effects on those dependent on the income of the abuser.

7. It has been forcefully argued that addiction contributes to the weakening of the family unit and it has been suggested that for every drug user, there are perhaps ten persons who may have to bear the drastic consequences of drug dependency.

8. Lack of dialogue or communication among parents and children, recurring conflicts and domestic violence can contribute in influencing a child to start a drug career.

9. Peer group influence can also be a crucial factor in influencing an individual to begin using drugs.

10. Drug use is also linked with traditions, customs and rituals.

11. Drug addiction affects the economy in that it impairs working efficiency, productivity and increases accident-prone behaviour.

12. **Substance Abuse in Rodrigues** - In June of 2005, the Centre for Applied Social Research (CASR) was commissioned by the National Agency for the Treatment and Rehabilitation of Substance Abusers (NATReSA) through the Mauritius Research Council (MRC) to implement a study on The Prevalence of Substance Abuse in Rodrigues. The study was implemented in association with CRAC, an organization in Rodrigues that is critically involved in, among other things, educating the people about the dangers of substance abuse.

13. The study used a triangulation of techniques involving quantitative aspects based on the use of a questionnaire

survey of a representative sample of the population of Rodrigues and qualitative techniques including direct observation, informal structured interviews and Focus Group Discussions.

14. It is important to recognize that the study subject was *substance abuse* which included tobacco, alcohol and the use of various drugs.

15. The main objectives of the study were to identify the consumption patterns and trends of alcohol, tobacco and illicit drugs among a representative sample of the population of the Island of Rodrigues and to investigate possible influences on smoking, drinking and drug use.

16. The survey was conducted using a representative sample of 400 Individuals aged 15 years and above living in private households stratified for geographical spread (Stage 1), ethnic group (Stage 2), social class (Stage 2), age (Stage 3) and gender of the respondent (Stage 3).

17. Focus Group Discussions (FGDs) were held with representatives of relevant organizations and identified key informants and informal interviews with relevant key individuals were also held.

18. The assumption among the various participants in the FGDs was that there was widespread substance abuse in Rodrigues, particularly alcohol abuse which was felt to be compounded by the amounts drunk and the poor quality of the drinks purchased. The use of alcohol was also believed to contribute to the social problems witnessed in Rodriguan society.

19. The opinion was that drug use is still very rare in Rodrigues but should not be disregarded totally but studied in relation to its impact on social behaviour and compared to the effects of alcohol abuse.

20. Most celebrations in Rodrigues contain some form of alcohol use. This means that the use of alcohol is not just condoned but could be seen to be encouraged.

21. It was argued that those whose intake of alcohol is considerable do not regard their behaviour as abnormal. They have difficulty in recognizing the fact that they have an alcohol dependency.

22. The socio-economic specificities of Rodrigues were also felt to encourage alcohol abuse. The group sharing of alcohol can give the idea that one is participating in a social responsibility rather than sating a dependency leading to a justification for continued and increased use. The need to escape through alcohol use is also often justified given the lack of any other impetus in the daily experience of many individuals.

23. Participants thought that those who abuse alcohol in Rodrigues are very bad at judging the amounts they are drinking.

24. Average Rodriguan individuals and households, have minimal or no monthly income to allow for the expense incurred by the overuse of alcohol and tobacco products. Therefore, the diet, educational and leisure needs of the family are sacrificed to pay for the high cost of the high rates of consumption of alcohol and tobacco.

25. It was also stated that many of the negative social and economic effects of such abuse are experienced by spouses, children and other close family members.

26. It was believed that alcohol, being the more socially acceptable, easily obtained and relatively inexpensive option, cocooned in cultural acceptance and part of celebratory custom was by far the greatest threat.

27. Cigarette smoking remains widespread in Rodrigues and like alcohol smoking is in many ways accepted socially.

28. **Field Study** - The final study population was 50.3% Female and 49.8% Male.

29. 4.8% of the respondents were aged 17 years old or below while 6.3% were aged between 18 and 21 years old, 18.3% were aged between 22 and 29 years old, 23.5% 30-39 and 30.8% of respondents were aged between 40 and 59 years old. 16.5% were in the age category of 60 years old or over.

30. Some 56% were married while 23% were single.

31. 22% had a School Certificate, its equivalent or higher while only 0.5%, had obtained a Degree or equivalent. Over 40% of respondents had no formal education or an incomplete primary education.

32. 15% of respondents reported that they had a monthly income of less than Rs2,000 and 67% had a monthly income of less than Rs6, 000. Only 1% enjoyed a personal monthly income of Rs20, 000 or more.

33. 1 in 5 of all respondents lived in a household where the total monthly income was less than Rs4,000 and almost 4% of respondents lived in a household where the total monthly income was less than Rs2,000.

34. Some 62% of respondents stated that they lived in a household where the total monthly household income was less than Rs6,000 and just over 10% of respondents lived in households where the total monthly income was greater than Rs20,000.

35. The majority of households would find it difficult to find excess income to over–indulge in tobacco or alcohol

unless privations were made to find the necessary disposable income.

36. **Smoking** – 63% of respondents said that they had never smoked cigarettes while 16% had once smoked but had stopped while 20% stated that they currently smoke.

37. The highest concentration of current smokers was among respondents aged between 26 and 50 years old and 51% of those respondents that smoked were in the age group 30 to 49 years old.

38. Over 90% of current smokers in Rodrigues were Male.

39. Some 26% of smokers in Rodrigues said that they smoke between 6 and 10 cigarettes a day while 21% said that they smoke between 11 and 20 cigarettes per day.

40. Some 87% of smokers buy cigarettes at least once or twice a week, a proportion that includes the 60% of all smokers who admitted to buying them every day.

41. 49% of the smokers spent more than Rs150 per week on cigarettes with almost 1 in 5 spending more than Rs300 per week and 14% spending between Rs201 and Rs300 per week.

42. Some 20% of smokers who live in a household with a total monthly income of less than Rs4,000 spend Rs1,200 or more of that income on cigarettes alone each month while 50% of those with a total household income of less than Rs6, 000 per month spend between Rs100 and Rs150 per week on cigarettes only.

43. 57% of smokers believed their consumption pattern to be the same as 1 year ago while 22% thought their consumption had increased in this period and 21% thought their smoking in this period had decreased.

44. Over the previous 4 years 39% of smokers in Rodrigues believed that their cigarette consumption had remained the same while 35% felt that their consumption had decreased and 25% that it had increased.

45. 32% of smokers stated that their smoking had increased over the last five years.

46. 46% of smokers in Rodrigues first began smoking around the age of 16 – 18 years old and very few respondents took up smoking over the age of 30 years old.

47. 85.5% of respondents who smoked would like to stop doing so with only 8.4% stating that they were unwilling to stop.

48. 56% of those smokers who wished to stop smoking had tried to stop smoking before but had failed.

49. 37.3% thought that it would be difficult for them to stop smoking for one day and 48.2% believed that it would not be difficult for them to stop smoking for one week.

50. 75.9% of smokers and 79.8% of all respondents were of the opinion that rates of smoking in Rodrigues have increased.

51. 90.7% of all respondents thought that more young Rodriguans are taking up smoking

52. Some 72.3% of smokers said that other people in their family smoked while for non smokers the rate was 60.6%.

53. Some 70.2% of the respondents did not believe that the media encourages smoking and 12.6% of respondents felt that there was a need to publicize the dangers of cigarette smoking.

54. However, 74.4% did think that there are not enough information campaigns against smoking.

55. In Rodrigues, some 42.9% of all respondents and 28.9% of respondents who smoked agreed that the price of cigarettes should be increased to discourage smoking.

56. **Alcohol use** - 48% of respondents said that they drank alcohol, over three quarters of whom were Male.

57. Some 59% of drinkers were aged between 26 and 49 years old with a high concentration of Male drinkers in this age group at 64%.

58. 49% of the respondents who admitted to being drinkers said that they drank alcohol "very rarely" while only 9% said that they drink "often" but 53% of the respondents who said that they drink said that they had drank alcohol in the seven days preceding the day the study was carried out.

59. The weekend appears to be the most popular drinking period with a clustering of drinking around Friday, Saturday & Sunday.

60. 55% had drunk on days in the previous week including the previous Saturday which included 4% who said that they had drank on every day of the preceding seven. 35% of the drinkers in Rodrigues had drunk on the previous Sunday and 21% had drunk on the previous Friday.

61. The most popular alcoholic drink was Beer (51%) followed by Rum (27%), other Spirits (12%) and Wine (6%).

62. Of those respondents who said that they normally preferred to drink Rum 59% considered a wine glass and 15% a small beer glass as one unit. Spirit drinkers measuring a small beer glass of 250ml as one drink are

drinking the equivalent of between 5 and 10 times the amount that would be regarded as a single measure in some licensed establishments.

63. Drinkers of other spirits displayed a similar regard for using a wine glass or even small beer glass for measuring their alcohol, while 24% of drinkers who preferred beer measured their intake by the bottle.

64. 53% who drink imbibe 3 or more units during one session and for those measuring out Rum or other spirits by the wine glassful this can be a quite considerable amount.

65. 75% of the respondents who drank and who answered the relevant question had spend more than Rs50 on alcohol in the week preceding the survey while 24% had spent more than Rs200 on alcohol in the previous week which can amount to a significant proportion of the low personal and household incomes we have previously recorded. Some 35% of drinkers said that they reckoned that they spend over Rs500 per month on alcohol alone. In addition to this, some 36% of those respondents who drink alcohol also smoke.

66. 77% of the drinkers in the survey drink in the company of other people with the most common setting being in the home (66%). 19% of drinkers usually drink in Shops and 13% in Other Places.

67. 90% of respondents who drank did not believe that it would be tough to go without an alcoholic drink for either one day or one week.

68. Of the drinkers some 87% buy alcohol as well obtaining it in more roundabout methods. This includes the 50% who said that buying it was their sole means of obtaining alcohol. Most drinkers are sharing the alcohol that they have paid for with other drinkers and, in return, sharing the alcohol that others have paid for. When purchased it is

predominantly paid for in cash although a few do use informal credit facilities.

69. 18% of those who drink have been involved in a road accident compared to 11% who do not drink.

70. Those that drink alcohol are also more likely to have been involved in brawls of some kind, both as victims (12%) than non drinkers (8%), and as perpetrators (4%).

71. Some 18% of the total study population said that they had ever been the victim of somebody under the influence of alcohol. A greater percentage of Men (24%) than Women (12%) reported being assaulted by somebody under the influence of alcohol.

72. Around 60% of those that drink believe that their alcohol consumption had either remained fairly constant or had increased over the last 3 years. Just 37% of drinkers felt that they drank less than one year ago, 39% less than two years ago and 40% less than three years ago.

73. **Drug Use –** 19% of respondents said that they thought that their area was not drug free with just 33% of the respondents confident that it was. 47% of all respondents selected the "Don't Know" option.

74. Some 68% of respondents thought that there was at least some Gandia use in Rodrigues with 47% believing that the usage was minimal. 21% of the respondents thought that there was either "quite a lot" of Gandia use (8%), or "a lot" of Gandia use on the island (13%) while just 1%, stated that they thought that there was no Gandia use in Rodrigues.

75. Just 1% of the respondents thought that there was quite a lot of Heroin use and 7% believed that there was a "little" rate of usage.

76. The highest rates of response on questions about drug use are the "Don't Knows"

77. While 3% of the respondents admitted to having used drugs, 8% stated that they had been offered drugs to buy or use and 4% of respondents said that their friends use drugs.

78. 48% of the respondents stated that they were likely to report any drug use they witnessed to the authorities, 32% said that they would not and 20% were unsure. However, 58% stated that they would report witnessing the selling of drugs.

79. Some 64% of the respondents thought that there was a drug problem in Rodrigues 12% thought otherwise and 24% unable to decide.

80. 37% agreed that the problem was under control, 27% did not think it was and 36% could not decide either way. Concentrating on just those respondents who previously stated that they thought that there was a drug problem in Rodrigues, 41% of them thought that the problem was under control.

81. Some 44% of all respondents thought that the number of drug users in Rodrigues was increasing with 59% of respondents thinking that the use of drugs was becoming more common among young people in Rodrigues.

82. 63% of those respondents who previously stated that there was a drug problem in Rodrigues perceived that the number of drug users in Rodrigues is rising. Similarly, 78% of this same group of respondents thought that more young people were taking drugs nowadays.

83. 88% of all respondents thought that, in Rodrigues, drugs are a social problem and 68% of all respondents thought that there are not enough information campaigns in Rodrigues to combat what is seen by some a growing drugs problem.

84. The data indicate that drug use is prevalent in Rodrigues but on a minor scale in comparison with both the use of alcohol and the rates of drug use in other countries. More tellingly, perhaps, is how many people believe that drug use, particularly among the young, is increasing, indicating the need for timely intervention in order to stem the practice before it becomes endemic.

85. Alcohol use is widespread and appears to be grounded in the social structures of Rodrigues and woven into many aspects of local behaviour patterns both recreational and celebratory.

86. Tobacco use is also widespread and together with alcohol can account for a large proportion of available income in some households leaving little for other essential purchases or social activities not to mention educational or recreational activities or related items for children.

87. The apparent social acceptance of alcohol and tobacco use is also transferring over to attitudes to drug use and although the evidence of drug abuse is not significant many of the respondents do feel that it is a growing problem and that it particularly affects the young of the country.

88. This indicates the need for timely and effective programmes based on greater awareness of the problems associated with all aspects of substance abuse which many of the respondents feel are lacking.

89. The spending on alcohol and tobacco products indicates that these often account for a large part of the total income available each month, which is bound to have deleterious social effects on the fabric of the family and on the health and physical and mental well-being of members of the household.

90. As time progresses substance abusers may turn to drugs as the availability of various products increases and the price falls but it is clear from this study that many people in Rodrigues feel that it is necessary to educate local people on the dangers of alcohol and tobacco use which appear to be directly linked to financial and social problems in the country.

Chapter 1

Introduction

The Meaning of Substance Abuse

The scourge of drugs is not a recent phenomenon. Throughout human history drugs, and by drugs it is meant the use of any substance that alters perception or performance, have been a part of the daily lives of people all around the world. It is important to understand that drug use can be both licit and illicit and that the same drugs can be used for both purposes. For example prescribed drugs can be used by someone for pain or symptom alleviation but abused by someone for whom the drugs have not been prescribed but who wishes to utilize them to exploit a secondary effect. Drugs, whether legal or not, are a part of, and an influence on, human existence at the individual level, the community level and the societal level.

There is no straightforward definition of the term *drugs* since its conceptualization implies having an holistic view of the phenomenon. In ancient Greek, the term *Pharmakon,* from which the words pharmacy, pharmaceuticals and pharmacopoeia originate, meant both medicine and poison. The World Health Organization (WHO) (1993) defined drugs as any substance that provides an alteration to the proper functioning of a living organism. Alcohol, tobacco, solvents and psychoactive substances are included within this definition. In defining abuse of these substances, WHO explained it as *the persistent or sporadic excessive use inconsistent with or unrelated to acceptable medical practice.*[1] In 2006, a document published in Texas USA defined substance abuse as any use of a product that causes physical,

[1] Quoted in P Ladegourdie, 2002, A study of Drug Abuse among male young people in the Republic of Mauritius, Dissertation for the MSc Social Development at the University of Mauritius, 2002

mental or emotional damage on either a temporary or permanent basis.[2]

However, one should be aware that this can be viewed as an overly simplistic overview of the phenomenon. Generally speaking, alcoholism and any other drug related behaviour could be based on, or exacerbated by, compulsive, obsessive and dependent behaviours that tend to be given priority over other human needs and relationships.

The Global Trend

Substance abuse is a global phenomenon although the type of substances used and the extent of the problem will differ from country to country based upon socio-economic and cultural traits. The United Nations Drug Control Program's (UNDCP) Annual Reports, which are based on an analysis of the geographical spread of drug use in 134 countries found that the most favoured drug among users was Cannabis with 96% consumption, Opiates[3] 87% and Cocaine-type substances (81%). These are followed by amphetamine-type stimulants 73%, benzodiazepines 69% and various volatile substances or inhalants 69%. It should be noted that the effect and social acceptability of these drugs are not comparable and some will have a greater social acceptance in some societies However, making a particularly exact estimate of the extent of drug abuse among the world population is problematic because it initially involves the measurement of a hidden population which is heterogeneous both in terms of quality and reliability. However, the UNDCP has tried to standardize estimates into a single indicator, the annual prevalence of drug use among people aged 15 and above. Using this indicator it reports that, worldwide, in the late 1990's, some 144 million people were using Cannabis, 29 million were taking amphetamine-type stimulants, 14 million were cocaine users, and 13.5 million were addicted to opiates, including 9 million who were Heroin users. Based on these

[2] Lets All Work To Fight Drug Abuse, LAW Publications, Texas, USA, 2006
[3] This includes Heroin, Morphine and Opium among others

estimates, it was concluded that some 180 million people have a drug dependency. (World Drug Report, 2000) However, shocking these figures are, out of a world population at the time of roughly six billion this amounts to just 3% of the world population. Nevertheless, it is not an even distribution and, therefore, the problem has to be studied locally with solutions designed that fit the local context and cultural reality.

Some types of licit and illicit drugs available on the local market

Heroin

This is a highly addictive drug that, like Morphine and Codeine is created by refining the Opium Poppy. Pure Heroin has a white colour, but, due to impurities left during the manufacturing process, the colour may eventually vary from white to dark brown. However, it is unlikely that any Heroin abuser will be using a product that is anywhere near pure in quality. In its procession from manufactory to the user Heroin will pass through many processes and at each step its purity will decrease until, eventually, the heroin used by the drug abuser will contain a variety of white powdery products. Production and marketing of pure Heroin originates mainly from Afghanistan, which accounts for 76% of the world production, followed by Laos (2%) and Colombia (3%). Heroin is usually injected, sniffed or smoked. Most users in the world inject as this method provides them with the most rapid and intense effect and the greatest sense of euphoria.

Marijuana

The scientific name of Marijuana is Cannabis Sativa but it is also known as Cannabis, Gandia, Indian Hemp and Hashish. It is a green, brown or gray mixture of shredded leaves, stems and flowers of the Hemp plant. It grows in temperate and tropical regions and the plants can reach from five to twenty feet high. The most common means of consumption are smoking as a

cigarette, in a pipe, or with a combination of other drugs such as Cocaine. Cannabis is a mind altering substance that contains the active ingredient THC (Delta-9-tetrehydrocannabinol). In some countries it is prescribed as a pain reliever and has been used historically in the treatment of asthma and similar conditions.

Alcohol

This is a depressant that is derived from the fermentation or distillation of certain plant, fruit or grain products. Most alcoholic beverages contain the active ingredient ethanol the concentration of which varies between different forms of alcohol. The consistent use of alcohol can lead to a dependency that in its chronic form manifests as Alcoholism affecting the central nervous system and leading to a craving for alcohol, loss of control and a physical dependency. However, because an alcoholic can often continue to perform many social functions it is can be less then obvious that the problem exists and more difficult to treat. In many countries the availability of alcohol is widespread with alcoholic products easily and inexpensively obtained.

Tobacco

The use of tobacco is a fairly recent phenomenon outside of native tobacco growing regions. Its popularity grew from the 1500s onwards until by the early 20th Century its use was endemic worldwide and socially acceptable to a degree that non-smoking adults were a rarity. However, from the mid 20th Century onwards the use of tobacco began to be linked to cardiovascular diseases, respiratory disease, and infant deaths related to mothers smoking during pregnancy. It was also linked to being a primary cause of tongue, throat and lung cancers. There has recently been a lot of attention paid to the effect of passive smoking whereby non-smokers are put at risk through the inadvertent and non-purposive inhalation of stale tobacco smoke. Secondhand smoke, also known as environmental tobacco smoke, is a mixture of the smoke given off by the burning end of tobacco products (sidestream smoke) and the mainstream smoke exhaled by smokers. Nonsmokers exposed to secondhand smoke at home or work increase their risk of

developing heart disease by 25 to 30 percent and lung cancer by 20 to 30 percent. In addition, secondhand smoke causes respiratory problems in nonsmokers such as coughing, phlegm, and reduced lung function. Children exposed to secondhand smoke are at an increased risk of sudden infant death syndrome, acute respiratory infections, ear problems, and more severe asthma.

This has led to increased control in some countries over the use of tobacco and the places where smokers can indulge their habit. Most countries now prohibit smoking in public places such as restaurants and cafes, offices, schools, public buildings and public transport. The active ingredient in tobacco is Nicotine and through the use of cigarettes, cigars, chewing tobacco and patches to assist smokers in reducing their intake, nicotine is one of the most heavily used addictive drugs in the world. However cigarettes do not contain just tobacco as the raw product is mixed with a variety of ingredients which produce a complex mixture containing many chemicals that include formaldehyde, cyanide, carbon monoxide and ammonia. Many of these additional ingredients are known carcinogens.

Statistics from the Centers for Disease Control and Prevention indicate that tobacco use remains the leading preventable cause of death in the United States, causing approximately 440,000 premature deaths each year.

In 1988, the Surgeon General of the United States concluded that tobacco products are addictive and that nicotine is the drug in tobacco that causes addiction. Nicotine provides an almost immediate "kick" because it causes a discharge of epinephrine from the adrenal cortex. This stimulates the central nervous system and endocrine glands, which causes a sudden release of glucose. Stimulation is then followed by depression and fatigue leading the user to seek more nicotine.

Addiction to nicotine results in withdrawal symptoms when a person tries to stop smoking. For example, a study found that when chronic smokers were deprived of cigarettes for 24 hours, they had increased anger, hostility, and aggression and loss of

social cooperation. Persons suffering from withdrawal also take longer to regain emotional equilibrium following stress. During periods of abstinence and/or craving, smokers have shown impairment across a wide range of psychomotor and cognitive functions, such as language comprehension.

Inhalants
These are breathable chemical vapours that produce mind and mood altering sensations. The mode of consumption is known as sniffing, snorting, bagging or huffing. Inhalants are products that can be easily obtained as the active ingredients are found in many common household products, particularly volatile solvents such as paint thinners or removers, correction fluids, Aerosols such as sprays, gases such as chloroform and products containing Nitrates.

The costs of Addiction

Individual level
Some theories and studies have pinpointed that drug abuse is clearly linked with certain genetic predispositions while others have highlighted deficiencies in neurotransmitters which may lead a user to develop an addiction to psychoactive drugs. In relation to alcohol abuse, it has been found that children whose parents abuse alcohol are more prone to become alcoholic themselves in the future.[4] Freud suggested that drug abuse has a strong relationship with a '*deficient ego functioning*'. According to him, the user finds a refuge for his/her infantile gratification through addiction. However, sociologists like Howard Becker take the view that drug taking can be seen as a thrilling experience that holds a social significance for the user. In his studies on Marijuana users, Becker argued that drug taking is a learnt process and as the user progresses in his/her drug behaviour, he/she passes through some kind of rituals or stages.

[4] Goldstein, 'Heroin Addiction: Neurobiology, Pharmacology and Policy" the Journal of Psychoactive Drugs, Vol 23, April-June 1991.

Firstly, this involves learning to get *high*, secondly, to be able to enjoy the effects and thirdly to maximize the effects through regulating the habit.

The costs incurred by the individual include progressive damage to health, increasing incidence of attracting diseases, and depleting the income of the drug user, which also implies finding illegal means to get income to feed his/her drug needs and which will have secondary effects on those dependent on the income of the abuser This is supported by the World Drug Report 2000, which stipulates that, besides being considered as a crime, drug abuse influences the propensity of property and violence-related crimes. Drug abuse is also related to a whole set of socio-demographic and individual variables like poverty, bleak future, low self esteem and poor social integration.

Effects on the family and community level

It has been forcefully argued that addiction contributes to the weakening of the family unit and family ties. The effect is a two way process as the family can be both a victim of, and an influencer on, drug abuse. Indirect victims can be the parents, siblings, spouse and children of the drug user. It has been suggested that for every drug user, there are perhaps ten persons who may have to bear the drastic consequences of drug dependency. It has also been strongly suggested that drug abuse affects the family structure in terms of the parenting style, the quality of parent-child relationships, the effectiveness of rule and enforcement in the home and the effective supervision of family members.

Parents being the primary role models of their children can influence their offspring's choice to take drugs in order to cope with the various difficulties they encounter. Lack of dialogue or communication among parents and children, recurring conflicts and domestic violence can contribute in influencing a child to start a drug career. At the same time, parents who use drugs as a

means to solve their problems can indirectly transmit the wrong message to their children. (Kaufman & Kaufman, 1992)

At the community level peer group influence can also be a crucial factor in influencing an individual to begin a drug career. The transition from childhood to adulthood also implies a shift in values learnt from within the family to those promoted by the peer group. The opportunities for sustaining behaviour tend to extend with factors like low school attendance and early drop out. At the same time, it is obvious that a risk prone environment can yield a greater probability of abuse. Parker and Lingginton (2001) showed that peer group influence was a determinant factor that increases the likelihood of addiction among teenagers. They identified factors such as poverty and that living in a poor social environment where drugs are easily available can affect the likelihood of eventually having an addiction. The availability of drugs, social rules, values and norms that accept the use of alcohol and other drugs can also influence individuals in normalizing drug use.

Socio-environmental and cultural level

Drug use is also linked with traditions, customs and rituals. For instance, it has been found by the UN Report (2000) that 93% of the Jamaican population accepts the use of Marijuana as a tradition. *Bhang*, which is a mixture of Gandia leaves and milk, has been used for Holi festivals by Hindus for centuries while in some Asian countries smoking opium has traditionally been considered an acceptable recreational pursuit. However, over time, the consumption and use of some addictive products has taken on another meaning. Ganguly et al (1995) perceived that the use of opium among youths was a means of overcoming their despair, frustration and inability to find jobs. Others might use drugs as an associative accessory to fashion, pleasure and sex. In this respect, use can become normalized and is seen as acceptable.

Economic costs

Perhaps the primary economic effect that drug addiction has on an economy is in the impairment of working efficiency possibly due to absenteeism, low motivation and productivity and accident-prone behaviour. In many respects some observers are of the opinion that the drug economy is not affected by price elasticity as, regardless of the price, the individual drug user will buy his/her daily dose.

Substance Abuse in Rodrigues

In June of 2005, the Centre for Applied Social Research (CASR) was commissioned by the National Agency for the Treatment and Rehabilitation of Substance Abusers (NATReSA) in Mauritius to prepare a proposal for a study, to be implemented by CASR, on The Prevalence of Substance Abuse in Rodrigues. This study was to be implemented in association with CRAC, an organization representing NATReSA in Rodrigues and which is critically involved in, among other things, educating the people about the dangers of substance abuse.

In line with its efforts to reduce substance abuse through prevention, treatment and rehabilitation of abusers and its stated aim of working towards creating and maintaining a drug-free society, NATReSA relies strongly on the availability of reliable and up to date baseline data on the actual nature and extent of the problem. It was believed that, previously, this information had often been lacking, had been of an unreliable standard or was often based on opinion or hearsay rather than the results of scientifically rigorous studies.

For this particular study CASR proposed the application of a triangulation of techniques. Quantitative aspects of the study were addressed primarily by the implementation of a questionnaire survey of a representative sample of the population of Rodrigues, controlled for relevant age groups. Qualitative techniques applied included direct observation,

informal structured interviewers with relevant persons in the field and Focus Group Discussions.

The application of these techniques ensured that the results obtained were a reflection of the complete picture of substance abuse in Rodrigues at the time of the implementation of the study. It is important to recognize that the study subject was *substance abuse*, but, given the individual peculiarities and social trends of Rodriguan society there was the central issue of the prevalence of alcohol use and abuse. Existing data highlighted alcohol as a major social issue in Rodrigues and full cognizance of this was taken when designing the survey instruments. It was also felt necessary to not only cover the issues of tobacco and illicit drug use, but to implement the study in such a manner that the findings would be presented as a result of a scientifically rigorous study and that accordingly, in this respect, would be reproducible at a later date to ascertain any shifts in usage trends or habits.

Abuse of any product, in such a manner that may create a dependency or addiction, is a serious illness and a social problem. The impact of an individual's usage and abuse of such products as alcohol or narcotics will often have far reaching effects on their family, home and professional life. There is likely to be a deleterious effect on health, finances, relationships and careers, not just for the abuser but also for those closely involved with them in their personal lives.

Epidemiological research has firmly established that the abuse of drugs and alcohol is a leading cause of preventable illnesses and premature death in society. The importance of substance abuse prevention and treatment cannot be overstated, and, fortunately, many effective treatments are available. The road to recovery, however, begins with recognition.

The problem of alcohol abuse in Rodrigues has been raised in official reports[5]. A survey carried out in 1990 by The Rodrigues

[5] See for instance the 'Social Fabric Phase II Report' MRC (1999)

Anti-Alcohol and Anti-Drug Committee among 4,000 primary school children revealed that 4.8% of the children were drinking alcohol regularly, almost daily, and 68.5% were drinking at weekends and on special occasions. There was even a case of child death following heavy intake of alcohol in 1991.[6]

Moreover, drawing on data available from official statistics in Rodrigues, serious concern has been expressed by the Rodrigues Regional Assembly and NATReSA about the high volume of sales of alcohol in Rodrigues. This is calculated to be of the order of Rs175m to Rs200m annually, a sum which is equal to 50% of the capital budget of Rodrigues. It is estimated by NATReSA that some Rodriguan families spend around Rs25,000 per year on alcohol. This is a significant proportion of their annual income.

It is often the case that substance abuse has a primary effect on those who are most vulnerable, such as the poor and the young. It is well documented that the transition from adolescence to young adulthood is a crucial period in an individual's life and is often the time when experimentations with tobacco, alcohol and illicit drugs begin.

A recent study of Knowledge, Attitudes, Beliefs and Practices of Substance Abuse Among Youth (aged 12-24) in Mauritius[7] found that 54.6 % of youth had experimented with cigarette smoking while 40.9% were current smokers with 13.3% being heavy smokers. Regarding alcohol usage, 61.5% had experimented with alcohol while 36.9% were current drinkers and 22.8% drank heavily. According to this particular report 18.2% of youth stated that they had experimented with illicit drugs at some point in time.

However, it is significant that corresponding figures for the island of Rodrigues, either when it was classified as a district of the Republic of Mauritius, subsequently as a semi autonomous

[6] Cited from the 'Situation Analysis of Women and Children (UNICEF 1997)
[7] Ameerbeg and Pottaya (2001), under the aegis of the Ministry of Health

region or as an individual entity were missing from this and other studies. Such information is vital, so that any relevant problem in Rodrigues can be identified, measured and the trends plotted in order that information campaigns and future service provision can be efficiently and effectively targeted at those identified as being most involved, most at risk or prone to experimentation.

The main objectives of this study were to identify the consumption patterns and trends of alcohol, tobacco and illicit drugs among a representative sample of the population of the Island of Rodrigues. The study also investigated possible influences on smoking, drinking and drug use and other factors pertinent to those involved in monitoring substance abuse and preparing prevention and rehabilitation campaigns.

Chapter 2

Study Methodology

Sample size

The survey was conducted using a representative sample of 400 Individuals aged 15 years and above living in private households.

To ensure that the sample was representative of the target population, the sampling methodology took into consideration the following parameters:

(i) geographical spread (Stage 1)
(ii) ethnic group (Stage 2)
(iii) social class (Stage 2)
(iv) age (Stage 3)
(v) gender of the respondent (Stage 3)

1. **Sample Design**
   There was a 3 stage stratified design
   1st Stage: Primary Sampling Units (PSUs)
   2nd Stage: Households
   3rd Stage: Individual (Using a Kish Selection Table)

Different sampling methods covering sampling with probability proportional to size, systematic sampling and ultimately the Kish Selection Table were used in the sampling process to arrive at the final selection of the 400 individuals.

2. **Sample Size:** 400 individuals

3. **Frame**: Census 2000 / updated listing of selected Primary Sampling Units (PSUs) by CASR 2005

4. **1st stage**: Selection of 8 PSUs by regional strata

5. **2nd stage**: Listing of the 8 PSUs

- Selection of 50 households from each PSU (8 x 50 = 400) – stratified by ethnic group and expenditure class.

6. **3rd stage:** Selection of one person from each selected household stratified by sex and age using the Kish Selection Table technique.

7. **Field Force**:

   Supervisors = 2
   Interviewers (1st round - listing) = 8
   Interviewers (2nd round - Interviews) = 16

Sampling

The sampling unit at the first stage consisted of a systematic random selection of Enumeration Areas (EAs) obtained from the CSO. Following this the EAs were combined to identify the PSUs.

A Listing was then made of all households in those PSUs. This listing process involved the verification of the makeup of each household selected in each PSU encompassing any differences or changes since the taking of the Census in 2000. The final result of the listing gave an accurate and up to date sampling frame on which to base the ensuing sampling process. Stage 2 involved the implementation of a systematic random sampling of 50 households from each PSU. Households were selected after stratification by household size, average expenditure of household and the age category of the residents.

The age and gender representativeness of respondents in selected households was determined using statistical criteria.

The intention in a study of this type is to achieve a 100% response rate. However, it has to be recognized that some factors will have to be taken into consideration. Some of those

prospective respondents selected may have died, be out of the country long term or in other ways not contactable or may have moved address and become untraceable.

Nevertheless, the system designed and used ensured a 100% response by employing a process of respondent replacement where necessary. Once identified by the sampling methodology all of the selected respondents were pursued. Only after exhaustive efforts had been made and it was accepted by the Chief Field Supervisor that the interview with the selected respondent was not likely to be possible was a prospective respondent replaced. Replacements were selected only by the Chief Field Supervisor and Statistician who selected an alternative respondent whose personal profile matched as closely as possible that of the original selected respondent using the original sampling processes

Note
Percentages given in the text and tables may not add up to 100 per cent given the use of rounding up procedures.

Chapter 3

Focus Group Discussions

Before launching into the fieldwork study it was deemed relevant and, ultimately, productive to conduct a series of Focus Group discussions and interviews with key individuals in order to situate the study content with relevance to the contemporary situation.

Focus Group Discussions (FGDs) are an effective means of gathering qualitative data. They can be held prior to the drafting of a quantitative survey questionnaire in order to generate hypotheses that can then be tested on a wider scale or they can be used as a means of unearthing more in-depth and valid data to balance that captured by the questionnaire method.

For this particular study, FGDs were used mainly as an informal basis on which to build the formal framework of enquiry. For this reason, the themes covered during the discussions were in strict accordance with the pre-determined parameters of the enquiry.

The FGDs were held with members of organizations generally representing those with an interest in the subject under study together with representatives of organizations that can, and do, work in tandem with those having a more direct line of interest. The organizations involved were selected from a compiled list of representative organizations based throughout the island of Rodrigues. After the selection process, the organizations were approached and, subsequent to being appraised of the objectives of the study, were asked to nominate participants to take part in FGDs based on gender, ethnic group and their active position within the organization.

All of the FGDs were held in Rodrigues, with each group being moderated by a member of the CASR team while another

member of the research team noted and recorded the views and comments made. The topics for discussion had been pre-determined but each meeting was allowed to develop naturally and to follow its own course, the moderator's task being to ensure that each participant had a fair chance of being involved and that the core study topics, were, at some relevant point, brought up for discussion.

The FGDs were supported by a number of interviews with key informants whose knowledge and experience was felt to be useful to the study but did not necessarily fit into the groups invited to take part in the FGDs.

However, it should be noted that while FGDs can uncover interesting aspects associated with the research topic, the findings are anecdotal in nature rather than scientific. Therefore the information is presented as a separate part of the analysis, and should be read with caution and an open mind.

Findings of the FGDs

In general, it would be fair to say that the assumption among the participants in the various groups was that there was widespread substance abuse in Rodrigues, particularly alcohol abuse. The detrimental effect to the health of individuals abusing alcohol was also felt to be compounded by the amounts drunk and the often poor quality of the drinks purchased. This widespread use of alcohol was also believed to contribute to many of the identified social problems witnessed in Rodriguan society, although poverty was also cited as being a key factor in determining behaviour that was detrimental both to the health and to the life chances of many Rodriguans.

This study was commissioned to look into Substance Abuse in Rodrigues but it was clear from the FGDs and other interviews held that the overall general perception was that the major problems lay primarily with alcohol use and smoking. For the participants in the FGDs the opinion was that drug use is still

very rare in Rodrigues but is present and should not be disregarded totally but studied in relation to its impact on social behaviour compared to the effects of alcohol abuse. It was felt by many of the participants that alcohol use was systemic in Rodriguan culture and that alcohol abuse was endemic. Certainly, the general agreement was that alcohol use accounted for many of the health problems of locals, was often the major expenditure item of many individuals and households and was implicated in other social problems.

It was suggested that to best understand this, it is necessary to focus on and understand the specificities of Rodriguan life and culture. Most, if not all, celebrations in Rodrigues contain some form of alcohol use. This means that the use of alcohol is not just condoned but could be seen to be encouraged. Therefore, it was logical that the use of alcohol, being so socially acceptable, can encourage overindulgence which, eventually, can give rise to a dependency and, ultimately, lead to an addiction.

It was argued that an additional problem is that many of those whose intake of alcohol is considerable do not regard their behaviour as abnormal. They have difficulty in recognizing the fact that they have an alcohol dependency. In addition, the known process of denial of the dependency leads to an inability to accept that the abuse of alcohol is perhaps the cause of some, or many, of their other problems.

The socio-economic specificities of Rodrigues were also felt to encourage alcohol abuse. Few people have paid employment and in the family home there is little control over what meager income there may often be. The group sharing of alcohol can also promote the idea that one is participating in a social responsibility rather than sating a dependency therefore leading to a justification for continued and increased use. The need to escape through alcohol use is also often justified given the lack of any other impetus in the daily experience of many individuals and role modeling and peer pressure can ensure the constant reinforcement that behaviour based on alcohol use is not only socially acceptable but socially desirable. And so it goes on.

It was also strongly reported by participants that those who abuse alcohol in Rodrigues are very bad at judging the amounts they are drinking. Often, alcoholic spirits are consumed by the large glassful and wines and beers by the bottleful while if pushed, the drinker would perhaps count each relevant container as "one drink". This is important when trying to quantify amounts of alcohol used as it can appear for the user that their intake of alcohol is minimal and under control because they have only had a small number of drinks, whereas, in reality, by other standards, the intake is very high given the large quantities that account for the notion of "one drink".

And all of this has to be paid for. The point was made that average Rodriguan individuals and, indeed, Rodriguan households, have minimal or no monthly income to allow for the expense incurred by the overuse of alcohol and tobacco products. Therefore, the diet, educational and leisure needs of the family are sacrificed to pay for the high cost of the high rates of consumption of alcohol and tobacco.

Taken together, it was felt by the participants that alcohol and tobacco abuse account for a disproportionate amount of the income that a household will have and, regardless of health effects, have a deleterious effect on the social opportunities and experiences of many Rodriguans.

It was also stated that many of the negative social and economic effects of such abuse are experienced not necessarily by the individual who is involved in the abuse of the product but secondary significant others in the lives of the abusers such as spouses, children and other close family members or those in some way reliant of the individual locked into the cycle of alcohol abuse.

As to drug use and abuse, the participants believed that there was some drug abuse in Rodrigues and that it might be growing, but imperceptibly. In relation to alcohol abuse it was felt to be quite small in number and effect. It was explained that it was

known that there was some Cannabis (Gandia) use but that this was not evidently widespread in the community. There may be some little Heroin use but not at levels that, in the opinion of the FGD participants, would constitute a major social problem. However, it was accepted that the there is some potential for the problem to grow.

It was believed that alcohol, being the more socially acceptable, easily obtained and relatively inexpensive option, cocooned in cultural acceptance and part of celebratory custom, was by far the greatest threat.

Lack of disposable income and the relatively poor Rodriguan population perhaps act as a limit to the opportunities of potential drug pushers who operate on a system of high profits. For this reason hard drug use may not yet have achieved a critical mass whereby the operation would become profitable enough to encourage widespread drug pushing. Nevertheless, it was accepted that there was some prevalent drug use, in particular by the younger population who might see it as a more "trendy" outlet compared to alcohol.

Cigarette smoking remains widespread in Rodrigues according to the participants in the FGDs who pinpointed that, like alcohol, smoking is in many ways accepted socially. Nevertheless, the issue was raised that in many countries around the world the tide is turning against cigarette smoking with high taxes on the product making it an expensive habit and with smokers barred from enjoying their vice in an increasing number of public places. It was felt that these attitudes to smoking might start to permeate Rodrigues but that it was also noticeable that alcohol use did not as yet suffer such restrictions as tobacco use either internationally or locally.

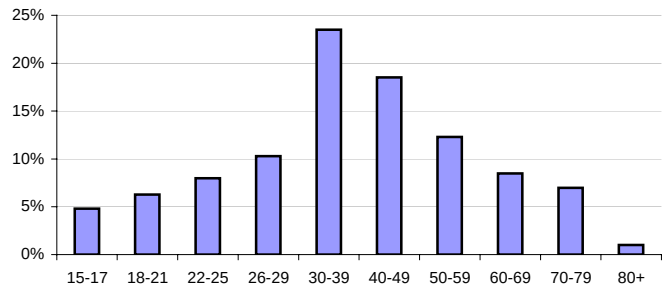
Chapter 4

Demographic Details

The final sample gave a study population of which 50.3% were Female and 49.8% were Male. (Table 1)

4.8% of the respondents were aged 17 years old or below while 6.3% were aged between 18 and 21 years old. 18.3% were aged between 22 and 29 years old with 23.5% 30-39. 30.8% of respondents were aged between 40 and 59 years old while 16.5% were in the age category of 60 years old or over. (Chart 1 – Table 2)

Chart 1
Age Categories of Respondents

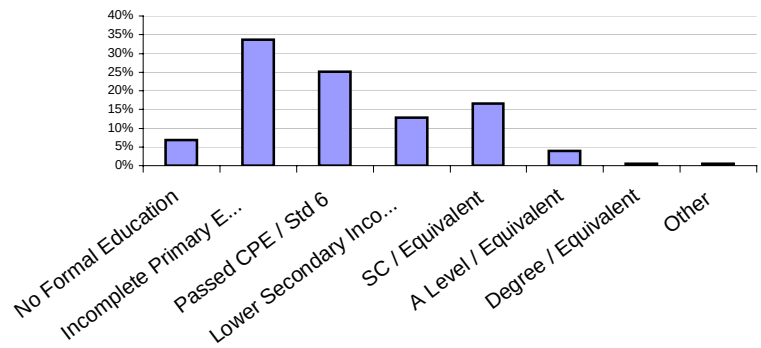


Over half of the respondents (56%) were married while almost a quarter were single (23%). This is a reflection of what would be expected from the sample given that it was intended to be representative of a particular age range. (Table 3)

It is well documented in the sociological literature that the education one receives may well impact on the behaviour one adopts. Socialization processes, particularly those involved in schooling, have a great role to play in forming an individual's

behaviour. This may be positive or negative as role modeling and peer pressure inherent in any system of education will also come into play. Nevertheless, it is perhaps safe to say that the broader one's education then the more likely one is to have been informed of the likely outcomes attached to the adoption of various forms of personal behaviour. This is particularly the case regarding subjects such as human biology which may not be adequately covered in a system of education until the later secondary years meaning that those who do not progress that far in their education may be denied the opportunity of fully understanding how their own body works and how certain behaviour patterns may deleteriously impact on their health.

Chart 2
Formal Education Levels



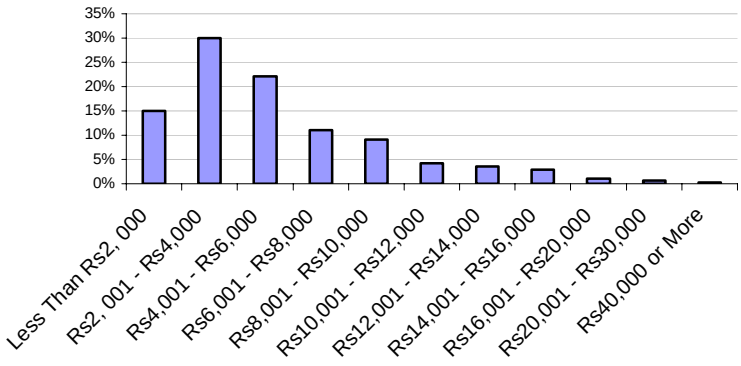
Of the respondents to this study less than one quarter (22%) had a School Certificate, its equivalent or higher. At the other end of the scale only 0.5%, which is equal to two respondents had obtained a Degree or equivalent. Perhaps more importantly for the purpose of this analysis over 40% of respondents had either had no formal education or, at best, had received an incomplete primary education. (Chart 2 – Table 4)

Income

Another of the important variables for analysis is income. For the purposes of this study details were collected for both personal monthly income and total household monthly income. Of

course, more often than not, it would be reasonable to expect that the amount of income one has, whether personal or cumulative within the household, will dictate how much expenditure can be allocated to particular items. Failing to live within ones financial means can have serious economic and social repercussions that will consequently impact on one's personal and family life.

Chart 3
Personal Monthly Income



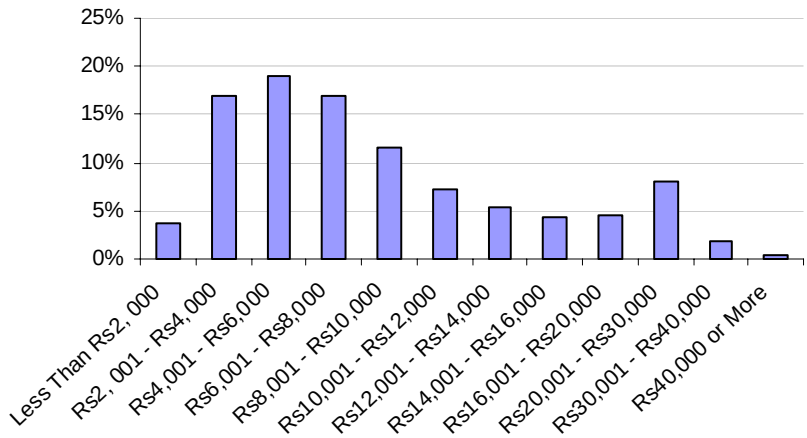
Having obtained details on income it would be possible to estimate what proportion of the personal or household income, if any, is spent on such items as cigarettes and alcohol. The results show that 15% of respondents reported that they had a monthly income of less than Rs2,000 while over two thirds of respondents (67%) had a monthly income of less than Rs6,000. Only 1% enjoyed a personal monthly income of Rs20,000 or more. (Chart 3 – Table 7)

An analysis of the returns regarding total monthly household income reveals some interesting data. 1 in 5 of all respondents lived in a household where the total monthly income was less than Rs4,000 and almost 4% of respondents lived in a household where the total monthly income was less than Rs2,000.

Some 62% of respondents stated that they lived in a household where the total monthly household income was less than Rs6,000. We also see that just over 10% of respondents lived in

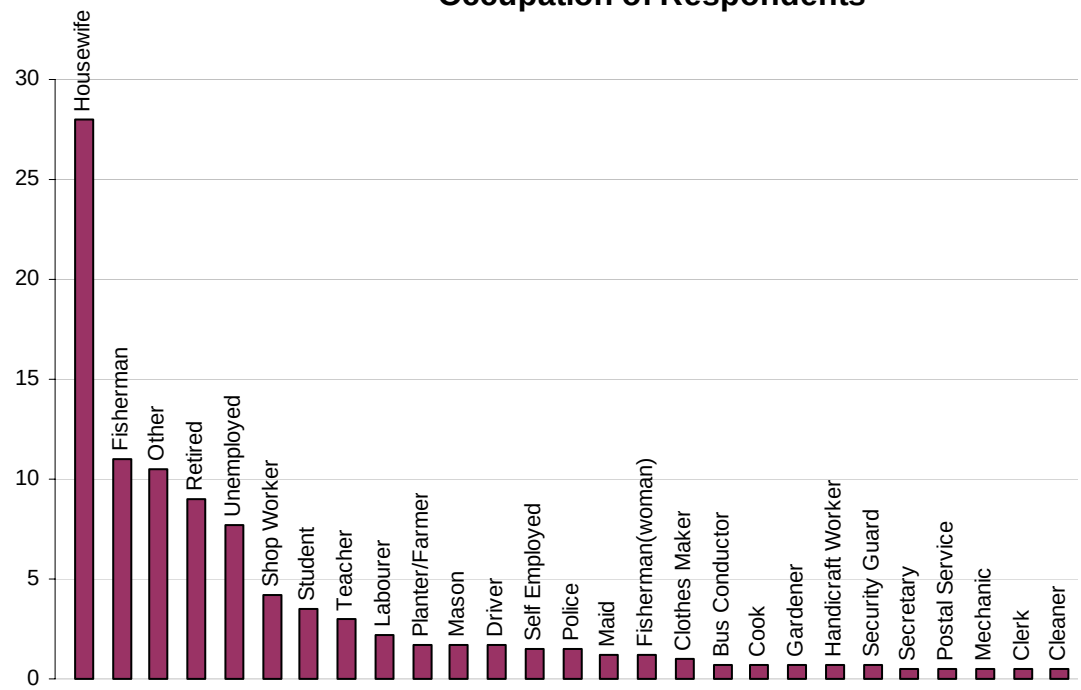
households where the total monthly income was greater than Rs20,000.

Chart 4 Household Monthly Income



In essence, we see that the majority of households would find it difficult to find excess income to over–indulge in tobacco or alcohol given the rates of monthly income displayed, unless privations were made to find the necessary disposable income by, for instance, cutting back on more essential items (Chart 4 - Table 8)

Chart 5
Occupation of Respondents



Other Occupations Include: Excavator; Trainee Technician; Meteorological Observer; Stand Regulator; Pastor LVD; Fisheries Protection Officer; Cabinet Maker; Cartographer; Caretaker; Carpenter/Welder; Value Operator; Operator (Patching); Purchase And Supply Officer; Hospital Servant; Assistant Inspector Of Work; Electrician; Customer Advisor; Director; Recovery Agent; Journalist; Forest Guard; Sand Quarrier; Pipe Fitter ; Hospital Servant ; Nursery Man; Handyman; Technical Officer; Probation Officer ; Senior Confidential Clerk ; Confidential Clerk ; Cashier ; Cabinet Maker; Printer; Storekeeper; Maintainer;

Tables

Table 1		%	Number
Sex	Male	49.8%	199
	Female	50.3%	201
Group Total		100.0%	400

Table 2		%	Number
Age Category	15-17	4.8%	19
	18-21	6.3%	25
	22-25	8.0%	32
	26-29	10.3%	41
	30-39	23.5%	94
	40-49	18.5%	74
	50-59	12.3%	49
	60-69	8.5%	34
	70-79	7.0%	28
	80+	1.0%	4
Group Total		100.0%	400

Table 3		%	Number
Marital Status	Single	23.3%	93
	Married	56.3%	225
	In a Union	9.3%	37
	Separated	3.3%	13
	Widowed	8.0%	32
Group Total		100.0%	400

Table 4		%	Number
Educational Attainment	No Formal Education	6.8%	27
	Incomplete Primary Education	33.7%	134
	Passed CPE / Std 6	25.1%	100
	Lower Secondary Incomplete	12.8%	51
	SC / Equivalent	16.6%	66
	A Level / Equivalent	4.0%	16
	Degree / Equivalent	.5%	2
	Other	.5%	2
Group Total		100.0%	398

Table 5		%	Number
Religion	Hindu	.5%	2
	Christian	96.8%	387
	Muslim	1.5%	6
	Other	1.3%	5
Group Total		100.0%	400

Table 6		%	Number
Ethnic Group	Hindu	.5%	2
	Muslim	1.5%	6
	General Population	96.5%	386
	Sino Mauritian	1.5%	6
Group Total		100.0%	400

Table 7		%	Number
Personal Monthly Income	Less Than Rs2, 000	15.0%	46
	Rs2, 001 - Rs4,000	30.0%	92
	Rs4,001 - Rs6,000	22.1%	68
	Rs6,001 - Rs8,000	11.1%	34
	Rs8,001 - Rs10,000	9.1%	28
	Rs10,001 - Rs12,000	4.2%	13
	Rs12,001 - Rs14,000	3.6%	11
	Rs14,001 - Rs16,000	2.9%	9
	Rs16,001 - Rs20,000	1.0%	3
	Rs20,001 - Rs30,000	.7%	2
	Rs40,000 or More	.3%	1
Group Total		100.0%	307

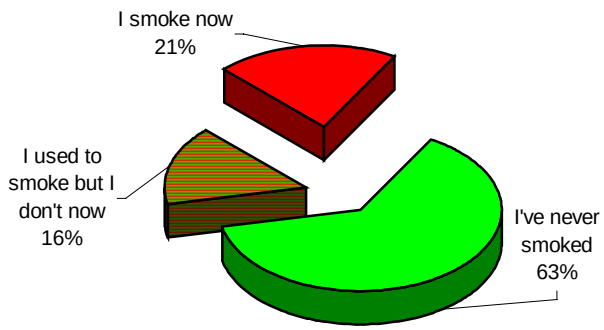
Table 8		%	Number
Household Monthly Income	Less Than Rs2, 000	3.8%	15
	Rs2, 001 - Rs4,000	16.9%	67
	Rs4,001 - Rs6,000	19.1%	76
	Rs6,001 - Rs8,000	16.9%	67
	Rs8,001 - Rs10,000	11.6%	46
	Rs10,001 - Rs12,000	7.3%	29
	Rs12,001 - Rs14,000	5.3%	21
	Rs14,001 - Rs16,000	4.3%	17
	Rs16,001 - Rs20,000	4.5%	18
	Rs20,001 - Rs30,000	8.1%	32
	Rs30,001 - Rs40,000	1.8%	7
	Rs40,000 or More	.5%	2
Group Total		100.0%	397

Chapter 5

Smoking

As we move into the actual use of substances it is worth reminding ourselves that respondents in studies such as this, where the subject matter is very sensitive and personal, can be notoriously cagey about revealing the true incidence of their habits. The use of products such as tobacco and alcohol are very difficult to quantify and estimate even by the individual who uses them. With cigarettes, most users greatly underestimate their consumption often preferring to believe that they smoke fewer cigarettes than they actually do. Most smokers are poor at calculating the amount of cigarettes they purchase and often forget to include those cigarettes they have accepted from others when calculating their consumption. One of the aspects of cigarette smoking is that it can be a social activity among

Chart S1 Smoking Habits



smokers who often share their own cigarettes around the group thereby making the number of packets purchased a relatively poor indicator of consumption patterns and practices.

Bearing this in mind, we can look at the results obtained from the survey. Initially, almost two thirds of respondents said that they had never smoked cigarettes (63%) while 16% said that they used to smoke at some time in the past but not anymore. 1 in 5 of

respondents (20%) stated that they currently smoke. (Chart S1 - Table S1)

The highest concentration of current smokers was among respondents aged between 26 and 50 years old with the highest proportion among those aged 30 to 39 years old. In support of this we see that over half of those respondents that smoked (51%) were in the age group 30 to 49 years old. (Table S2)

Over 90% of current smokers in Rodrigues were Male. Basing our assumptions on these results we can perhaps allow ourselves the luxury of projecting a profile of an average smoker in Rodrigues as being male and aged between 30 and 50 years old. (Table S3)

The amount of cigarettes that people smoke varies although with similar returns for each category. However, as said earlier it is not uncommon for smokers to greatly underestimate the number of cigarettes they smoke since they usually base their calculation on the number of packets of cigarettes bought, which is not necessarily the most valid indicator. Some 26% of smokers in Rodrigues said that they smoke between 6 and 10 cigarettes a day while 21% said that they smoke between 11 and 20 cigarettes per day. (Table S4)

This view is supported by the findings provided in the next table which shows that some 87% of smokers buy cigarettes at least once or twice a week, a proportion that includes the 60% of all smokers who admitted to buying them everyday. (Table S5)

Cigarette smoking is expensive. As well as being unhealthy the cost of cigarettes can account for a significant proportion of a smoker's disposable income. The findings suggest that almost half of the smokers (49%) spent more than Rs150 per week on cigarettes with almost 1 in 5 spending more than Rs300 per week and 14% spending between Rs201 and Rs300 per week. (Chart S2 -Table S6)

Some 20% of smokers who live in a household with a total monthly income of less than Rs4,000 spend Rs1,200 or more of that income on cigarettes alone each month. While half (50%) of those with a total household income of less than Rs6,000 per month spend between Rs100 and Rs150 per week on cigarettes only. This reflects only the personal spending and it might well be that somebody else in the household also smokes which would increase the amount spent per month solely on cigarettes. (Table S7)

Chart S2
Amount Spent on Cigarettes per Month by Monthly Household Income

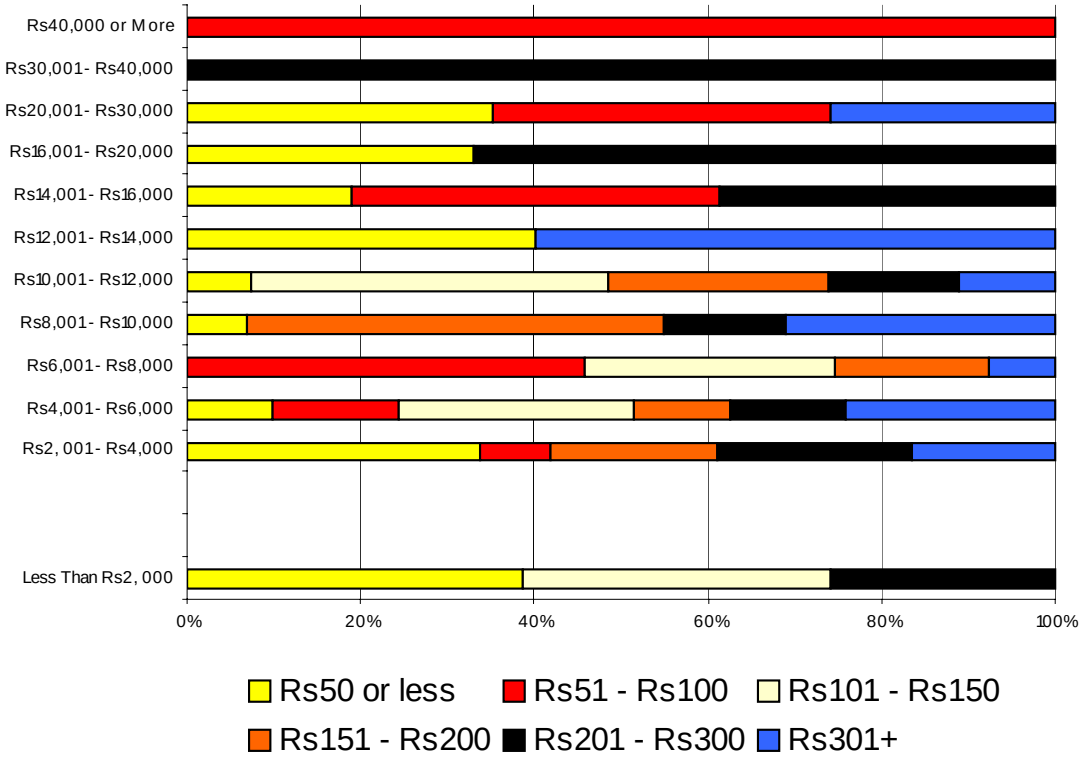


Chart S3
Cigarette Consumption Compared with One Year Ago

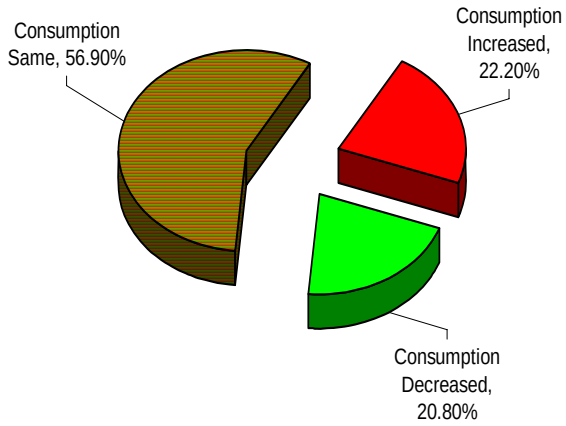


Chart S4
Cigarette Consumption Compared to 4 Years Ago

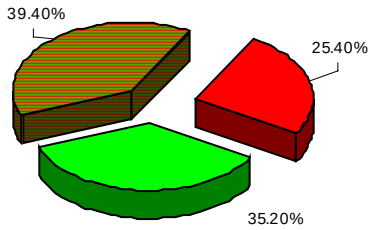
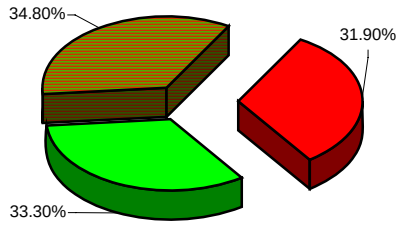


Chart S5
Cigarette Consumption Compared to 5 Years Ago



Turning to consumption patterns we see that over half of the smokers believe their consumption pattern to be the same as 1 year ago (57%) while the remaining smokers are split between those whose consumption has increased in this period (22%) and those whose smoking in this period has decreased (21%) (Table S8)

Over the longer period of 4 years, 39% of smokers in Rodrigues believed that their cigarette consumption had remained the same while more smokers felt that their consumption had decreased (35%) than those who thought that it had increased (25%). Over 5 years the results become more evenly split over the three camps with 32% of smokers stating that their smoking had increased over this period. (Charts S3, S4, S5 - Table S8)

Most of the smokers in Rodrigues first began smoking around the age of 16 – 18 years old (45.9%) although there were also some who began in their earlier teenage years. Very few respondents took up smoking over the age of 30 years old.

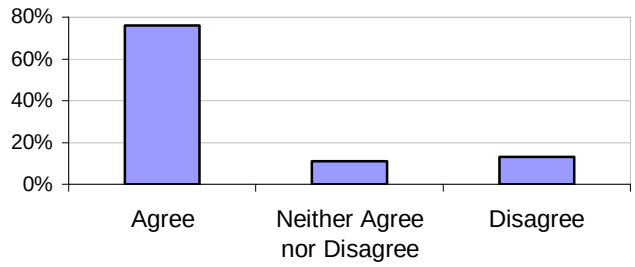
The great majority of those respondents who smoked would like to stop doing so, (85.5%), with only a small percentage (8.4%) stating that they were unwilling to stop. However, it is well known that it can be extremely difficult translating a desire to stop smoking into a successful action (Table S10)

Of those smokers who wished to stop smoking over half of them, (56.3%), had tried to stop smoking before but, obviously, had failed to do so long term. Interestingly, following on from this we see evidence of the way that smokers often delude themselves into thinking that giving up smoking would simply be a matter of their choice to do so and that once this choice was made they would be able to quit. In fact, this is not the case as we see from the high failure rate of those trying to give up smoking. (Table S11)

Only just over one third of the smokers (37.3%) thought that it would be difficult for them to stop smoking for one day and

almost half of them (48.2%) believed that it would not be difficult for them to stop smoking for one week. (Table S12)

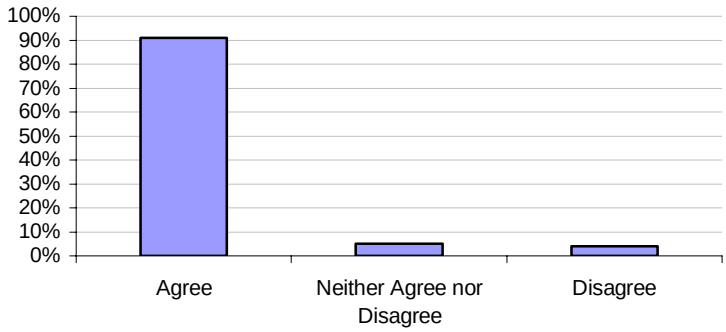
Chart S6 Rates of Smoking in Rodrigues Have Increased (Smokers Only)



The smoking population of Rodrigues appears to be of the opinion that rates of smoking in Rodrigues have increased as over three quarters of them (75.9%) stated that they thought this to be the case. (Chart S6 Table S13)

This opinion is strongly supported by the general result where we see that 79.8% of all of the respondents believe that rates of smoking in Rodrigues have increased. (Table S14)

Chart S7 More Young People Are Smoking in Rodrigues Nowadays



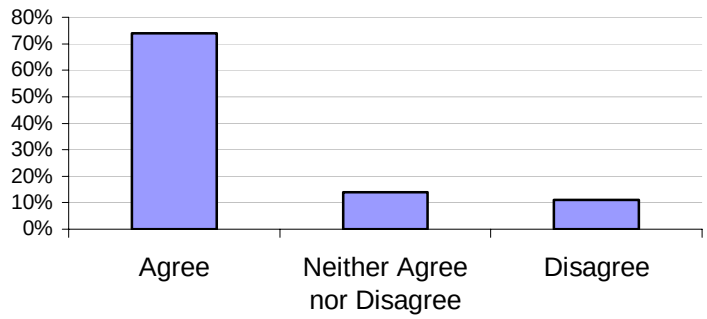
Having previously identified that smokers tend to take up the habit when young, it is also known that cigarette manufacturers are targeting young people, particularly young girls, as the market for their products among older people, particularly in developed countries, is decreasing. This idea is supported by 90.7% of respondents who think that more young Rodriguans are taking up smoking (Chart S7, Table S15)

In all societies, smoking tends to begin as a social exercise perhaps because it is often more socially condoned than other forms of substance abuse and, accordingly, is easier to take up. Smoking, up until the advent of current anti-smoking action in many parts of the world, has also been a highly visible vice. Peer pressure is also a major factor in the inducement to take up smoking. Role modeling based on the observed habits of significant adults in the lives of the young people is also another key factor in encouraging behaviour patterns in young people. There appears to be a link between the tendency to smoke and the prevalence of other family members who smoke. Some 72.3% of smokers said that other people in their family smoked while for non smokers the rate is significantly less at 60.6%. This is perhaps no surprise to those who strongly believe in the power of example and the power of peer pressure. Certainly these are factors recognized by advertisers and exploited by the tobacco companies when marketing their products. (Tables S16, S17)

In reference to this issue of influences on smoking behaviour it is interesting to note that the majority of the respondents (70.2%) did not believe that the media encourages smoking. However, given the advertising budgets of the tobacco companies it is perhaps safe to believe that these companies do believe in the power of the media in influencing behaviour. (Table S18)

The average Rodriguan does not seem to see smoking as such a big enough threat to life that it needs a strong publicity drive to warn of the adverse effects that taking up the habit can have. Just 12.6% of respondents felt that there was a need to publicize the dangers of cigarette smoking. (Table S19)

Chart S8 There Are Not Enough Information Campaigns Against Smoking



Conversely and somewhat bizarrely however, the greater part of the respondents (74.4%) did think that there are not enough information campaigns against smoking. This result indicates a need for an effective campaign to be mounted warning of the effects of smoking. (Chart S8, Table S20)

In many parts of the world the price of cigarettes has been made high to deter smoking. In Rodrigues, some 42.9% of all respondents agreed that the price of cigarettes should be increased to discourage smoking although, as is perhaps to be expected, the rate of smokers in agreement with this idea is less at 28.9% (Table S21, Table S22).

Smoking - Conclusion

Smoking is still fairly prevalent in Rodrigues and the habit appears to be strongly embedded among the young. It also appears that it is the young who are also being encouraged to smoke, a view recognized by the high proportion of respondents who believe that that the number of young people smoking is increasing.

Although it was noted that there are not enough information campaigns in the island related to issues to do with smoking the respondents generally did not feel that more should be done to illustrate the dangers of smoking. There was some relatively high degree of support that the price of cigarettes should be increased to discourage smoking.

Smokers are more likely to come from families where other family members smoke, perhaps the mutuality of the habit, the sharing of the products and the strong influence to take up the habit when one is sharing space where others smoke are factors to be considered as to why this should be. Encouragement to take up habits may also be tacitly provided through the effect of role modeling and peer pressure, whether active or passive. Perhaps campaigns should be strongly directed towards significant adults, such as parents and teachers, on the influence that their own smoking habits will have in influencing the future behaviour of their children or pupils.

On the issue of information campaigns it is the young who need to be targeted as it is they who are taking up smoking. With tobacco use it is prevention that is necessary rather than cure. The results demonstrate that smokers find it very difficult to give up even though they express a desire to do so. This is clouded by the fact that even though they do not manage to quit smoking they feel that it would not be difficult for them to do so should they take that decision.

Almost half of the smokers spend more than Rs150 per week on cigarettes, and some up to or more than Rs300. Calculations indicate that this one habit will account for large expenditure item from the average personal and household budget. In fact, over half of the respondents in Rodrigues who smoked, 52%, lived in households with a total monthly income of less than Rs6,000 and 42% had a total personal monthly income of less than Rs4,000, in which case they could be spending anywhere between one quarter and one third of their income on cigarettes alone.

Tables

Table S1		%	Number
What Best Describes You	I've never smoked	63.5%	254
	I used to smoke but I don't now	15.8%	63
	I smoke now	20.8%	83
Group Total		100.0%	400

Table S2		I smoke now	
		%	Number
Age Category	15-17	1.2%	1
	18-21	4.8%	4
	22-25	7.2%	6
	26-29	12.0%	10
	30-39	31.3%	26
	40-49	19.3%	16
	50-59	14.5%	12
	60-69	6.0%	5
	70-79	1.2%	1
	80+	2.4%	2
Total		100%	83

Table S3		I smoke now	
		%	Number
Sex	Male	90.4%	75
	Female	9.6%	8
Total		100%	83

Table S4		%	Number
How much do you smoke	1-3 per day	22.0%	18
	4-5 per day	20.7%	17
	6-10 per day	25.6%	21
	11-20 per day	20.7%	17
	more than 20 per day	6.1%	5
	I smoke as many as I get	4.9%	4
Total		100.0%	82

Table S5		%	Number
How often do you buy cigarettes	Every day	60.2%	50
	Once or Twice per Week	26.5%	22
	Two or Three Times per Month	4.8%	4
	Perhaps Once per Month	3.6%	3
	Never	4.8%	4
Total		100.0%	83

Table S6		%	Number
How much do you spend on cigarettes per week	Rs50 or less	28.8%	23
	Rs51- Rs100	12.5%	10
	Rs101-Rs150	10.0%	8
	Rs151-Rs200	16.3%	13
	Rs201-Rs300	13.8%	11
	More than Rs300 per week	18.8%	15
Total		100.0%	80

Table S7		How much do you spend on cigarettes per week (by Monthly Household Income)											
		Rs50 or less		Rs51- Rs100		Rs101-Rs150		Rs151-Rs200		Rs201-Rs300		More than Rs300 per week	
		%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Household Monthly Income (Smokers Only)	Less Than Rs2, 000	13.6%	3	.0%	0	12.5%	1	.0%	0	9.1%	1	.0%	0
	Rs2, 001 - Rs4,000	40.9%	9	10.0%	1	.0%	0	23.1%	3	27.3%	3	20.0%	3
	Rs4,001 - Rs6,000	13.6%	3	20.0%	2	37.5%	3	15.4%	2	18.2%	2	33.3%	5
	Rs6,001 - Rs8,000	.0%	0	40.0%	4	25.0%	2	15.4%	2	.0%	0	6.7%	1
	Rs8,001 - Rs10,000	4.5%	1	.0%	0	.0%	0	30.8%	4	9.1%	1	20.0%	3
	Rs10,001 - Rs12,000	4.5%	1	.0%	0	25.0%	2	15.4%	2	9.1%	1	6.7%	1
	Rs12,001 - Rs14,000	4.5%	1	.0%	0	.0%	0	.0%	0	.0%	0	6.7%	1
	Rs14,001 - Rs16,000	4.5%	1	10.0%	1	.0%	0	.0%	0	9.1%	1	.0%	0
	Rs16,001 - Rs20,000	4.5%	1	.0%	0	.0%	0	.0%	0	9.1%	1	.0%	0
	Rs20,001 - Rs30,000	9.1%	2	10.0%	1	.0%	0	.0%	0	.0%	0	6.7%	1
	Rs30,001 - Rs40,000	.0%	0	.0%	0	.0%	0	.0%	0	9.1%	1	.0%	0
	Rs40,000 or More	.0%	0	10.0%	1	.0%	0	.0%	0	.0%	0	.0%	0
Group Total		100.0%	22	100.0%	10	100.0%	8	100.0%	13	100.0%	11	100.0%	15

Table S8		%	Number
In comparison with 1 year ago	Consumption Increased	22.2%	16
	Consumption Decreased	20.8%	15
	Consumption Same	56.9%	41
Group Total		100.0%	72
In comparison with 4 years ago	Consumption Increased	25.4%	18
	Consumption Decreased	35.2%	25
	Consumption Same	39.4%	28
Group Total		100.0%	71
In comparison with 5 years ago	Consumption increased	31.9%	22
	Consumption decreased	33.3%	23
	Consumption same	34.8%	24
Group Total		100.0%	69

Table S9		%	Number
Age first smoked cigarette	8	1.2%	1
	10	3.6%	3
	13	2.4%	2
	14	4.8%	4
	15	7.2%	6
	16	13.3%	11
	17	13.3%	11
	18	19.3%	16
	19	2.4%	2
	20	8.4%	7
	21	3.6%	3
	22	2.4%	2
	23	1.2%	1
	24	2.4%	2
	25	6.0%	5
	28	4.8%	4
	30	1.2%	1
	31	1.2%	1
	35	1.2%	1
Group Total		100.0%	83

Table S10		%	Number
Do you want to stop smoking	Yes	85.5%	71
	No	8.4%	7
	Don't Know	6.0%	5
Group Total		100.0%	83

Table S11		%	Number
Have you previously tried to stop smoking	Yes	56.3%	40
	No	43.7%	31
Group Total		100.0%	71

Table S12		%	Number
How difficult would it be for you not to smoke for one day	Very Difficult	25.3%	21
	Difficult	12.0%	10
	Not Too Difficult	24.1%	20
	Not Difficult At All	37.3%	31
	Don't Know	1.2%	1
Group Total		100.0%	83
How difficult would it be for you not to smoke for one week	Very Difficult	38.6%	32
	Difficult	10.8%	9
	Not Too Difficult	18.1%	15
	Not Difficult At All	30.1%	25
	Don't Know	2.4%	2
Group Total		100.0%	83

Table S13		%	Number
Rates of smoking in Rodrigues have increased (Smokers Only)	Strongly Agree	19.3%	16
	Agree	56.6%	47
	Neither Agree nor Disagree	10.8%	9
	Disagree	12.0%	10
	Strongly Disagree	1.2%	1
Group Total		100.0%	83

Table S14		%	Number
Rates of smoking in Rodrigues have increased	Strongly Agree	25.6%	101
	Agree	54.2%	214
	Neither Agree nor Disagree	10.1%	40
	Disagree	9.6%	38
	Strongly Disagree	.5%	2
Group Total		100.0%	395

Table S15		%	Number
More young people smoke in Rodrigues nowadays	Strongly Agree	42.1%	168
	Agree	48.6%	194
	Neither Agree nor Disagree	5.3%	21
	Disagree	3.8%	15
	Strongly Disagree	.3%	1
Group Total		100.0%	399

Table S16		%	Number
Do other people in your family smoke (Smokers)	Yes	72.3%	60
	No	27.7%	23
Group Total		100.0%	83

Table S17		%	Number
Do other people in your family smoke (Non Smokers)	Yes	60.6%	154
	No	38.2%	97
	Don't Know	1.2%	3
Group Total		100.0%	254

Table S18		%	Number
The media encourages smoking	Strongly Agree	2.3%	9
	Agree	13.7%	54
	Neither Agree nor Disagree	13.9%	55
	Disagree	48.4%	191
	Strongly Disagree	21.8%	86
Group Total		100.0%	395

Table S19		%	Number
Need to publicize dangers of cigarette smoking	Strongly Agree	2.3%	9
	Agree	10.3%	41
	Neither Agree nor Disagree	11.5%	46
	Disagree	37.3%	149
	Strongly Disagree	38.6%	154
Group Total		100.0%	399

Table S20		%	Number
There are not enough information campaigns against smoking	Strongly Agree	21.6%	86
	Agree	52.8%	210
	Neither Agree nor Disagree	14.3%	57
	Disagree	9.8%	39
	Strongly Disagree	1.5%	6
Group Total		100.0%	398

Table S21		%	Number
The price of cigarettes should be increased to discourage smoking (All respondents)	Strongly Agree	20.8%	83
	Agree	22.1%	88
	Neither Agree nor Disagree	6.5%	26
	Disagree	33.1%	132
	Strongly Disagree	17.5%	70
Group Total		100.0%	399

Table S22		%	Number
The price of cigarettes should be increased to discourage smoking (Smokers Only)	Strongly Agree	12.0%	10
	Agree	16.9%	14
	Neither Agree nor Disagree	6.0%	5
	Disagree	37.3%	31
	Strongly Disagree	27.7%	23
Group Total		100.0%	83

Table 23		%	Number
Household Monthly Income (Smokers Only)	Less Than Rs2, 000	7.4%	6
	Rs2, 001 - Rs4,000	23.5%	19
	Rs4,001 - Rs6,000	21.0%	17
	Rs6,001 - Rs8,000	11.1%	9
	Rs8,001 - Rs10,000	11.1%	9
	Rs10,001 - Rs12,000	8.6%	7
	Rs12,001 - Rs14,000	3.7%	3
	Rs14,001 - Rs16,000	3.7%	3
	Rs16,001 - Rs20,000	2.5%	2
	Rs20,001 - Rs30,000	4.9%	4
	Rs30,001 - Rs40,000	1.2%	1
	Rs40,000 or More	1.2%	1
Group Total		100.0%	81

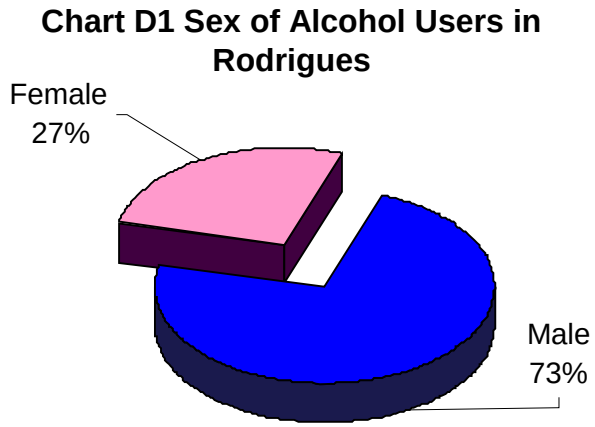
Table 24		%	Number
Personal Monthly Income (Smokers Only)	Less Than Rs2, 000	13.0%	10
	Rs2, 001 - Rs4,000	28.6%	22
	Rs4,001 - Rs6,000	19.5%	15
	Rs6,001 - Rs8,000	13.0%	10
	Rs8,001 - Rs10,000	14.3%	11
	Rs10,001 - Rs12,000	5.2%	4
	Rs12,001 - Rs14,000	1.3%	1
	Rs14,001 - Rs16,000	5.2%	4
Group Total		100.0%	77

Chapter 6

Drinking

During the Focus Group Discussions and other interviews held in the background to preparing this study the assumption was always that the rate of alcohol usage in Rodrigues was very high. Participants were of the opinion that alcohol use was widespread and that the amounts consumed were significantly high. It was felt that not only did many individuals drink but that they routinely drank large measures of alcohol. This, combined with the poor quality of the product generally purchased, amounted to a social problem in need of urgently addressing.

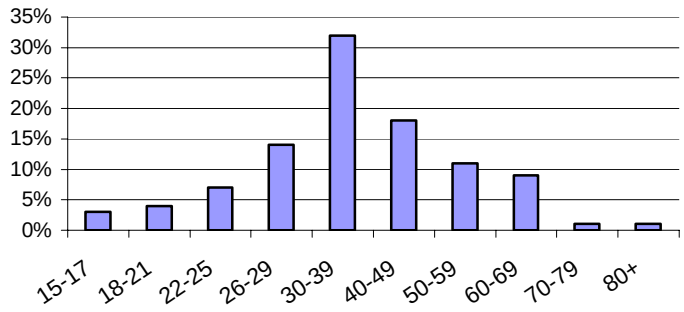
It was expected from the outset that there would be some degree of under reporting of alcohol consumption habits but the actual results from the survey show that just under half of the population (48%) said that they drank alcohol. (Table D1)



However, as we dig a little deeper into the results we uncover some interesting factors related to the profiles of those who drink alcohol in Rodrigues.

For example, one of the more significant factors associated with drinking in Rodrigues is that it is a predominantly Male habit as over three quarters of those respondents who said that they drink alcohol were Male. (Chart D1, Table D2)

Chart D2 Male Drinkers by Age Group



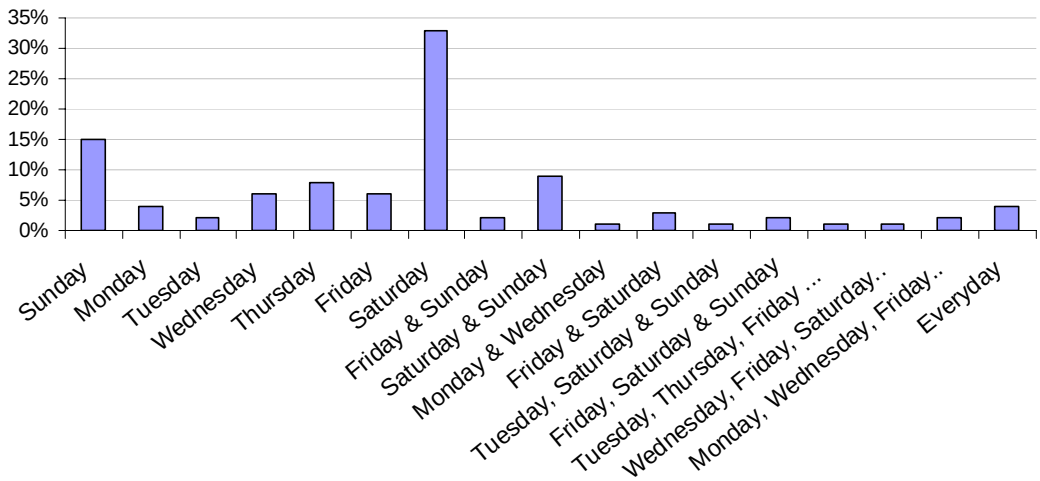
Drinking habits can also be based around age relative behaviour. In it is well documented that in some cultures young people in particular tend to binge drink at social events such as parties and weekends. They later develop a more adult and responsible attitude towards their drinking, controlling their habit to become more social drinkers, drinking less and generally in a more controlled manner based around celebrations.

In Rodrigues some 59% of drinkers were aged between 26 and 49 years old with a high concentration of Male drinkers in this age group at 64%. (Chart D2, Tables D3, D4)

How much one drinks is a measure relative to personal perceptions of quantity and frequency and is difficult to measure. It would be a rare person indeed who kept a precise record of their drinking habits. Perhaps the reader should be aware that there needs to be some degree of license applied to the frequencies recorded around drinking behaviour and that they are intended as a rough guide only to regularity of consumption rather than a precise pattern of drinking behaviour.

Just under half of the respondents who admitted to being drinkers (49%) said that they drank alcohol "very rarely" with only 9% said that they drink "often". Nevertheless, perhaps some caution, not to say doubt, should be applied to this result as when probing deeper we see that over half of the respondents who said that they drink (53%) said that they had drank alcohol in the seven days preceding the day the study was carried out. (Tables D5, D6)

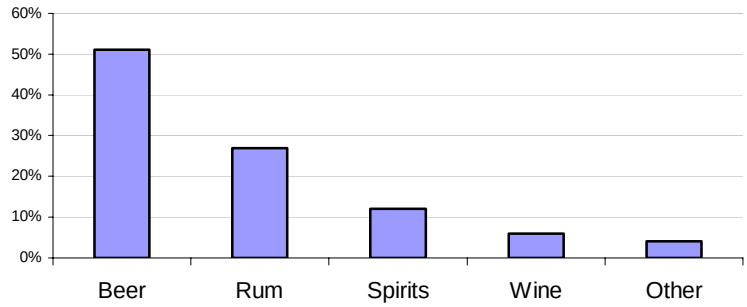
Chart D3 Days of the Week Drink Alcohol



The weekend appears to be the most likely time that we will find these respondents drinking. It is clear from the results of the study that there is a clustering of drinking around Friday, Saturday & Sunday. Saturday is the prime drinking day with 33% of those who had drank in the seven days preceding the study having drunk on that day. If we add in those that drank on Saturday as well as other days of the week we arrive at a percentage of 55% of drinkers who had drank on the previous Saturday, including those (4%) who said that they had drank on every day of the preceding seven. Over one third of the drinkers in Rodrigues (35%) had drunk on the previous Sunday and 21% had drunk on the Friday. (Chart D3, Table D7)

Alcohol comes in many forms and the regular consumers of alcohol often drink a variety of types depending on availability, occasion, price, location and social event. However, most drinkers will have a preference for a particular type of alcohol that they will opt for if they have the choice.

Chart D4 Preferred Alcoholic Drink



In this study, of those respondents who expressed a preference, the most popular alcoholic drink was beer (51%) followed by Rum (27%), other Spirits (12%), giving 39% of spirit drinkers and Wine (6%). (Chart D4, Table D8)

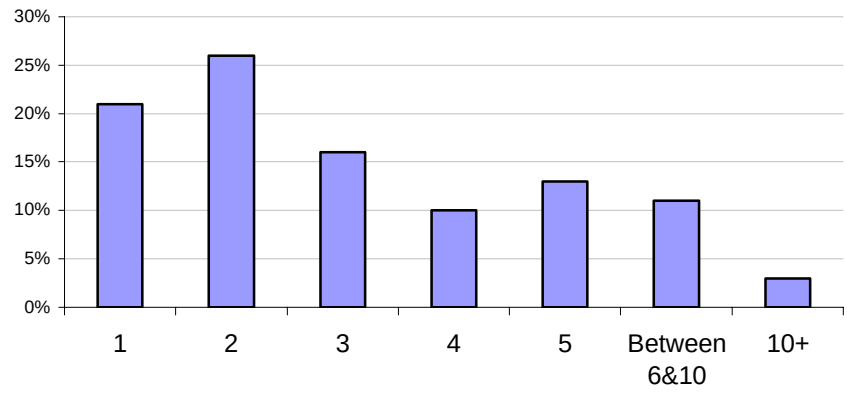
One of the interesting factors to do with alcohol use is the gauging of the amount that one drinks. In establishments licensed to sell alcohol the drinks are poured and sold in set measures. However, it is unlikely that the quantities poured and drunk when one is drinking outside of licensed premises will mirror those set by the legal standards. For this reason, in this study the respondents were shown representations of different types of amounts and asked to state which, in their view, they considered "one drink". This could then be translated to more established representations of units of alcohol consumed. The representations ranged from a standard sized whisky tumbler up to a wine bottle. Looking at just those respondents who said that they normally preferred to drink Rum we see that over half of them (59%) thought that a wine glass was considered as one unit while for some (15%) a small beer glass was regarded as one unit. In fact, both the wine glass and the small beer glass contain

far above the amount that would be considered in international studies as one unit of alcohol. For example, in the Republic of Mauritius, the measures used for spirits sold in licensed premises range from not less than 25ml to not more than 50ml, therefore spirit drinkers measuring a small beer glass of 250ml as one drink are drinking the equivalent of between 5 and 10 times the amount that would be regarded as a single measure in some licensed establishments. (Tables D9, D10)

Those drinkers for other spirits displayed a similar regard for using a wine glass or even small beer glass for measuring their alcohol. (Table D10) While of those drinkers who preferred beer almost a quarter of them (24%) measured their intake by the bottle. (Table D11)

Having established a measure of what constituted a unit of alcohol we see that over half of the respondents (53%) who drink imbibe 3 or more units during one session. For those measuring out Rum or other spirits by the wine glassful this can be a quite considerable amount particularly for those who are drinking 6 or more units in a session. (Chart D5, Table D12)

Chart D5 How Many Measures Drink in One Session



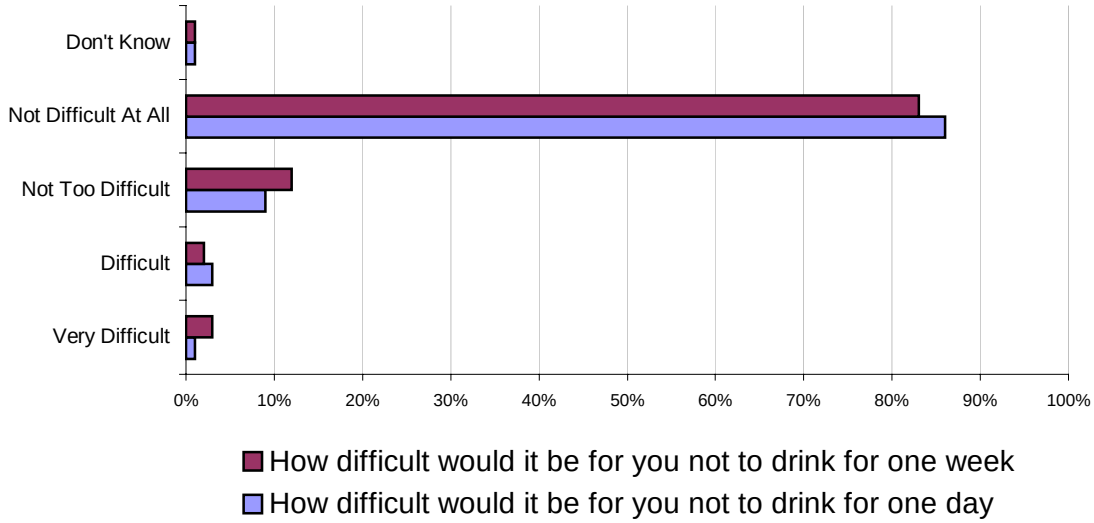
Of course, all of this drinking costs money and we have seen previously that many of the respondents have little income to spare on such luxuries as alcohol. Of the respondents who drank

and who answered the relevant question three quarters of them (75%) had spend more than Rs50 on alcohol in the preceding week to the survey while 24% had spent more than Rs200 on alcohol in that week. While at first sight not appearing to be a great deal of money the cost adds up over the course of a month particularly if there is a degree of underestimation. Rs200 per week adds up to over Rs800 per month which is a significant proportion of the low personal and household incomes we have previously recorded. In fact, some 35% of drinkers said that they reckoned that they spend over Rs500 per month on alcohol alone. In addition to this, some 36% of those respondents who drink alcohol also smoke which must place a heavy burden on the family expenditure for any particular period just for drinks and tobacco. (Tables D13, D14, D15)

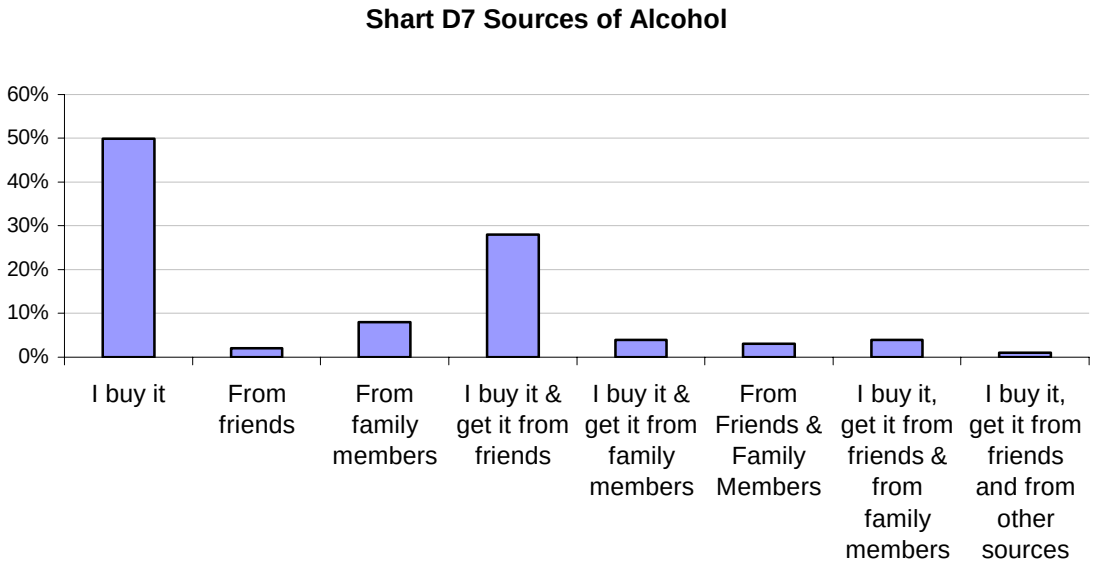
The social processes involved in drinking are well documented and there is a duality to alcohol use centered on social drinking patterns. We see that more than three quarters of the drinkers in the survey drink in the company of other people (77%). The setting where most drinking took place was mainly in the home (66%) presumably, given previous results in the company of other people. Some drinkers usually drink in Shops (19%) or in Other Places (13%). (Tables D16, D17)

Should they wish to stop drinking for either one day or one week the respondents who drank did not feel that it would be too difficult to stop with over 90% believing that it would not be so tough to go without an alcoholic drink for either one day or one week. However, this does not appear to have been successfully tested as the respondents all still drink. Perhaps, like smokers, drinkers feel that they are more in control of their habit than they actually are. They also appear to be confident that they could stop if they wished to do so and it was just the lack of desire to stop that was preventing them from doing so. This issue can be important when addressing addiction. One of the first key steps is the recognition that one is not as in control of the addiction as one believes and that one recognizes that one has a dependency. (Chart D6, Table D18)

Chart D6 How Difficult to Give Up Drinking



Sources of alcohol in Rodrigues are set within the parameters of either buying it or getting it from friends or family members which ties in with the social drinking processes we have identified previously. Of the drinkers some 87% buy alcohol as well obtaining it in more round about methods. This includes the 50% who said that buying it was their sole means of obtaining alcohol. These results indicate that at some point most people are sharing the alcohol that they have paid for with other drinkers and, in return, sharing the alcohol that others have paid for. When it is purchased it is predominantly paid for in cash although a few do resort to credit facilities, which are probably informal arrangements at the local shop.
(Chart D7, Table D19)



Besides the general health effects of alcohol intoxification another interesting result is that we see that a higher percentage of respondents that drink (18%) have been involved in a road accident than those that don't drink (11%). Up until now this has perhaps been controlled somewhat by the lower frequency of road transport in Rodrigues than in other countries but is worth monitoring as the numbers of vehicles and journeys made on the island increase with the active social development currently in place. (Table D20)

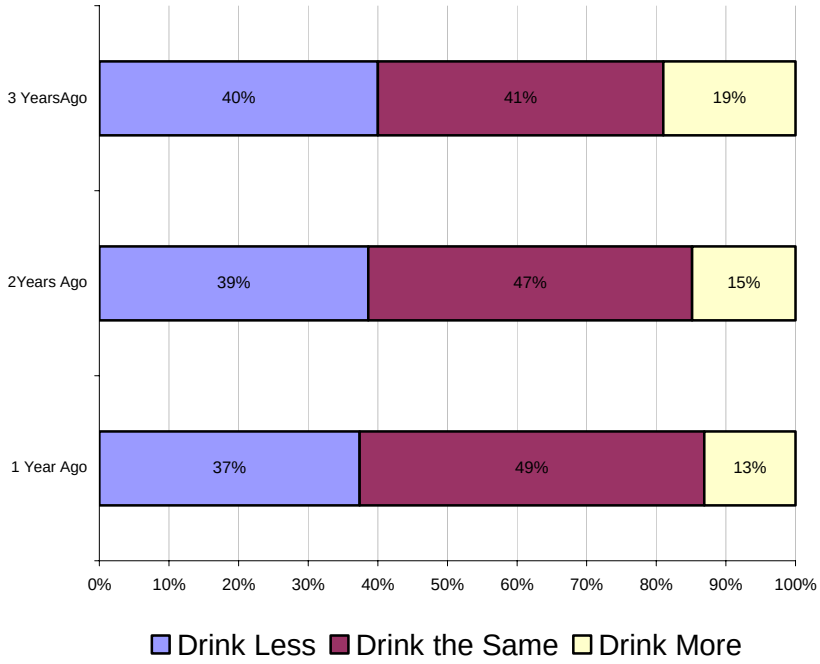
Apart from a greater likelihood of being involved in road accidents those who drink alcohol are also more likely to have been involved in brawls of some kind, both as victims (12%) than non drinkers (8%), and as perpetrators (4%). Such events are almost inexistent among the non drinking respondents with no recorded incident of a non drinker being involved in a brawl as a perpetrator. (Tables D23, D24)

Some 18% of the total study population said that they had ever been the victim of somebody under the influence of alcohol. Interestingly, a greater percentage of Men (24%) than Women (12%) reported being assaulted by somebody under the influence of alcohol, which may indicate that violence tends to be among

males drinking together given that we have seen that a higher proportion of males drink and that they tend to drink in the company of others. (Table D25)

Frequencies and rates of drinking appear to be stable or rising. Around 60% of those that drink believe that their alcohol consumption had either remained fairly constant or had increased over the last 3 years. Just 37% of drinkers felt that they drank less than one year ago, 39% less than two years ago and 40% less than three years ago. (Chart D8, Table D26)

Chart D8 Change in Amounts Drunk Over Last 3 Years



Drinking - Conclusion

The drinking of alcohol, as suspected by the participants in the FGDs (prior to the fieldwork study) does appear to be very prevalent in Rodrigues. As ever, the reader can perhaps justifiably expect there to be some degree of under-reporting of the phenomena. Where respondents have said that they use alcohol it is also probably quite likely that in some instances they underestimate the quantities that they drink. Perhaps one of the most striking results is the quantities drunk as indicated by the drinking vessels used. This indicates that large amounts of spirits are consumed in any one session. This, obviously, will have deleterious effects on both the health and the pocket of the party involved. There are likely to be both direct and indirect knock-on effects for their immediate family members, particularly the spouse and children who may be left in need given the investment that would be needed to purchase alcohol in the amounts indicated. Where economies are made in alcohol purchase, either by choice or by necessity, they are made by selecting and buying cheap, and therefore inferior quality, products.

In this respect poverty hits home with many strikes given that it may well be the indirect cause of such high rates of consumption, it will necessitate using inferior quality products and the effects on the family purse will perhaps lead to the embedding of those other indicators of poverty malnutrition and family disharmony.

Alcohol use appears to be embedded in the culture and is socially accepted in as much as the products are widely available, widely used and are often incorporated into social and celebratory events giving rise to early experimentation coupled with peer approval and perhaps parental or significant other encouragement.

The amount spent on alcohol by those that use it can often be ill afforded which will have adverse effects on more than the actual drinker.

It is also noticeable that there is not a particularly high rate of drinkers who are decreasing their intake over the years even though the cost of alcohol is rising.

It would appear that although perhaps the actual rates of drinkers are less than predicted by the participants involved in the earlier qualitative part of the study, alcohol use and abuse is certainly prevalent in Rodrigues and is linked to many other social problems that bedevil many of the households in the island.

Tables

Table D1		%	Number
Do you Drink?	Yes	190	48%
	No	209	52%
Group Total		100%	399

Table D2		Do you Drink? Yes	
		%	Number
Sex	Male	73%	139
	Female	27%	51
Group Total		100%	190

Table D3		Respondents That Drink Alcohol by Age Group	
		%	Number
Age Category	15-17	3%	6
	18-21	7%	14
	22-25	9%	18
	26-29	13%	24
	30-39	29%	55
	40-49	17%	32
	50-59	11%	21
	60-69	8%	15
	70-79	2%	4
	80+	1%	1
Group Total		100%	190

Table D4		Respondents that Drink Alcohol by Age Group (Male Only)	
		%	Number
Age Category	15-17	3%	4
	18-21	4%	6
	22-25	7%	10
	26-29	14%	19
	30-39	32%	45
	40-49	18%	25
	50-59	11%	15
	60-69	9%	12
	70-79	1%	2
	80+	1%	1
Group Total		100%	139

Table D5		%	Number
How often do you drink?	Very Rarely	49%	94
	Drink just a little	12%	22
	Drinking is under control	29%	56
	Drink Often	9%	17
	Drink a lot - everyday	1%	1
Group Total		100%	190

Table D6		%	Number
Drunk alcohol in preceding seven days	Yes	53%	100
	No	47%	89
Group Total		100%	189

Table D7		%	Number
Which in last seven days drank alcohol	Sunday	15%	15
	Monday	4%	4
	Tuesday	2%	2
	Wednesday	6%	6
	Thursday	8%	8
	Friday	6%	6
	Saturday	33%	33
	Friday & Sunday	2%	2
	Saturday & Sunday	9%	9
	Monday & Wednesday	1%	1
	Friday & Saturday	3%	3
	Tuesday, Saturday & Sunday	1%	1
	Friday, Saturday & Sunday	2%	2
	Tuesday, Thursday, Friday & Sunday	1%	1
	Wednesday, Friday, Saturday & Sunday	1%	1
	Monday, Wednesday, Friday & Saturday	2%	2
	Everyday	4%	4
Group Total		100%	100

Table D8		%	Number
Which type of alcohol most often drink	Beer	51%	51
	Rum	27%	27
	Spirits	12%	12
	Wine	6%	6
	Other	4%	4
Group Total		100%	100

Table D9		%	Number
What do you consider one "unit" of alcohol (Rum Drinkers Only)	whisky glass	15%	4
	wine glass	59%	16
	small beer glass	15%	4
	bottle	11%	3
Group Total		100%	27

Table D10		%	Number
What do you consider one "unit" of alcohol (Other Spirits Only)	whisky glass	8%	1
	wine glass	50%	6
	small beer glass	25%	3
	bottle	17%	2
Group Total		100%	12

Table D11		Number	%
What do you consider one "unit" of alcohol (Beer Drinkers Only)	whisky glass	6	12%
	wine glass	16	31%
	small beer glass	17	33%
	bottle	12	24%
Group Total		51	100%

Table D12		Number	%
When you drink how many units do you drink	1	40	21%
	2	50	26%
	3	31	16%
	4	18	10%
	5	24	13%
	6 - 10	21	11%
	More than 10	5	3%
Group Total		189	100%

Table D13		%	Number
How much spent on alcohol in preceding week	Less than Rs50	24%	25
	Rs51 - Rs200	51%	53
	Rs201 - Rs400	20%	21
	Rs401 - Rs600	3%	3
	More than Rs800	1%	1
Group Total		100%	103

Table D14		%	Number
How much spent on alcohol every month	Less than Rs500	66%	102
	Rs501 - Rs1, 000	30%	46
	Rs1, 001 - Rs1, 500	3%	4
	Rs1, 501 - Rs2, 000	2%	3
Group Total		100%	155

Table D15		%	Number
What Best Describes You (Alcohol Drinkers Only)	I've never smoked	43%	81
	I used to smoke but I don't now	22%	41
	I smoke now	36%	68
Group Total		100%	190

Table D16		%	Number
Normally drink alone or with others	I drink alone	23%	43
	I drink with other people	77%	146
Group Total		100%	189

Table D17		%	Number
Where do you most often drink alcohol	At Home	61%	109
	In Restaurants etc	7%	13
	In Shops	19%	35
	Other	13%	23
Group Total		100%	180

Table D18		%	Number
How difficult would it be for you not to drink for one day	Very Difficult	1%	2
	Difficult	3%	5
	Not Too Difficult	9%	17
	Not Difficult At All	86%	164
	Don't Know	1%	2
Group Total		100%	190
How difficult would it be for you not to drink for one week	Very Difficult	3%	5
	Difficult	2%	4
	Not Too Difficult	12%	22
	Not Difficult At All	83%	157
	Don't Know	1%	2
Group Total		100%	190

Table D19		%	Number
Where do you normally get your alcohol	I buy it	50%	94
	From friends	2%	4
	From family members	8%	15
	I buy it & get it from friends	28%	52
	I buy it & get it from family members	4%	7
	From Friends & Family Members	3%	6
	I buy it, get it from friends & from family members	4%	8
	I buy it, get it from friends and from other sources	1%	1
Group Total		100%	187

Table D20		%	Number
How do you pay for your alcohol	Cash	81%	139
	Credit	3%	5
	Other	1%	2
	Cash & Credit	15%	25
Group Total		100%	171

Table D21		%	Number
Have you ever been involved in a road accident (Drinkers Only	Yes	18%	35
	No	82%	155
Group Total		100%	190

Table D22		%	Number
Have you ever been involved in a road accident (Non Drinkers	Yes	11%	23
	No	89%	185
Group Total		100%	208

Table D23		%	Number
Ever Involved in Brawl (Drinkers Only)	Yes - As a Victim	12%	23
	Yes - As a Perpetrator	4%	8
	No	84%	159
Group Total		100%	190

Table D24		%	Number
Ever Involved in Brawl (Non Drinkers)	Yes - As a Victim	8%	16
	No	92%	193
Group Total		100%	209

Table D25		Sex				Group Total	
		Male		Female		%	Number
		%	Number	%	Number		
Have you ever been the victim of violence (physical or emotional) of someone under the influence of alcohol	Yes	24%	47	12%	24	18%	71
	No	76%	151	88%	177	82%	328
Group Total		100%	198	100%	201	100%	399

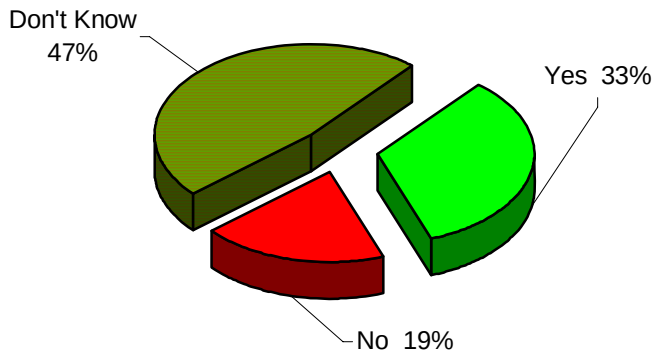
Table D26		%	Number
Frequency of Drinking (Comparison with One Year Ago)	Drink more than drank one year ago	13%	25
	Drink about the same as one year ago	49%	92
	Drink less than one year ago	37%	69
Group Total		100%	186
Frequency of Drinking (Comparison with Two Years Ago)	Drink more than drank two years ago	15%	27
	Drink about the same as two years ago	47%	86
	Drink less than two years ago	39%	71
Group Total		100%	184
Frequency of Drinking (Comparison with Three Years Ago)	Drink more than drank three years ago	19%	34
	Drink about the same as three years ago	41%	75
	Drink less than three years ago	40%	74
Group Total		100%	183

Chapter 7

Drug Use

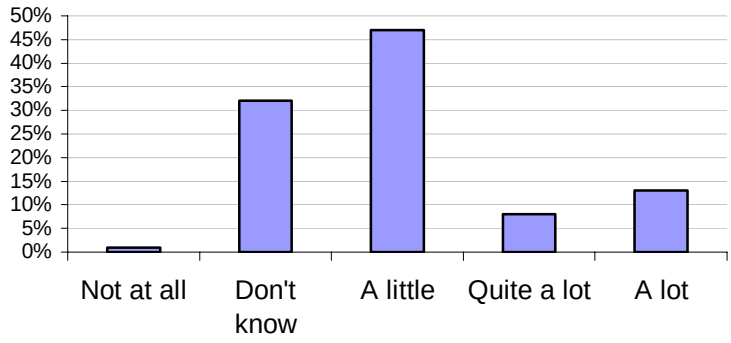
The drug problem in Rodrigues might not be as burgeoning at present as in other places. It was evident in the FGDs and other interviews that the main cause of concern was alcohol abuse and its attendant problems. However, there was some recognition, and expectation, that some Rodriguans were using drugs.

Chart Dg 1 Is your Area Drug Free?



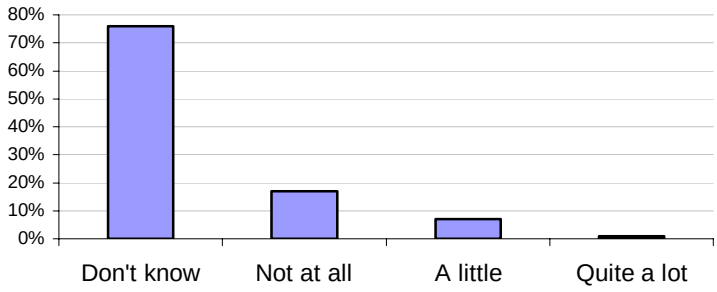
This is clear from the results of the study that show that almost one in five respondents (19%) said that they thought that their area was not drug free with just 33% of the respondents confident that it was. Perhaps it is significant to note that 47% of all respondents did not feel confident to answer definitively one way or another and selected the "Don't Know" option. (Chart Dg1, Table Dg1)

Chart Dg2 Prevalence of Gandia Use



Looking at perceptions of Gandia use, some 68% of respondents thought that there was at least some Gandia use in Rodrigues with 47% believing that the usage was minimal. At the other end of the scale, just over 1 in 5 of the respondents (21%) thought that there was either "quite a lot" of Gandia use (8%), or "a lot" of Gandia use on the island (13%). Perhaps the more buried statistic is that very few respondents, just 1%, stated that they thought that there was no Gandia use in Rodrigues. There was also a high recorded instance of those respondents choosing the "Don't Know" option. (Chart Dg2, Table Dg2)

Chart Dg 3 Prevalence of Heroin Use



Although we see that some Heroin use was known by some of the respondents it did not present itself at a significant rate. Just 1% of the respondents thought that there was quite a lot of Heroin use and 7% believed that there was a "little" rate of usage. (Chart Dg3, Table Dg3)

Other drug use responses did not figure highly enough to gain significant results but it is noticeable that the highest rates of response on questions about drug use are the "Don't Knows" rather than those who are certain that it is not prevalent.

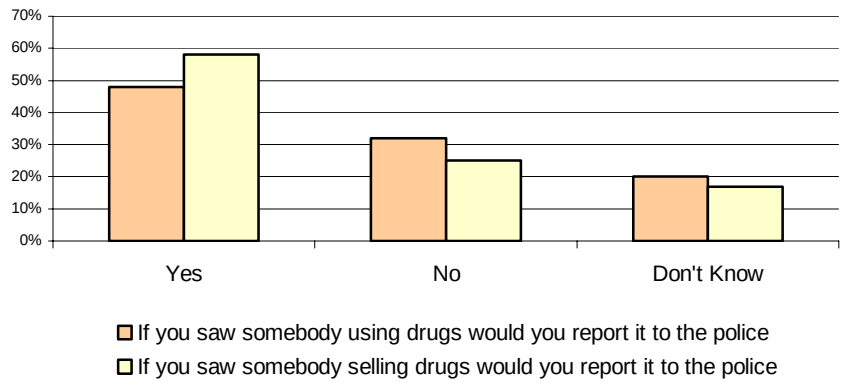
When drug use is prevalent in a society it is often visible not through its users but by the sight of drug using detritus or by an upsurge in availability leading to people being offered drugs to buy, regardless of whether or not they have previously or currently use them.

While 3% of the respondents admitted to having used drugs a higher percentage of the respondents (8%) stated that they had been offered drugs to buy or use. However, these responses should perhaps be viewed with caution. It might be prudent not to accept the significance of these responses without taking into account the likelihood that some respondents would have been deterred from answering the questions correctly, given the topic and any possible repercussions to which their responses might leave them exposed. Perhaps a more reliable guide are the responses to the questions on whether any of the friends of the respondent ever take drugs and even though here we see that the response is similar to the questions on personal drug use with 4% of respondents saying that their friends use drugs, the rate of "Don't Know" responses is quite high at around 23%. This can be compared to the question on personal drug use where the responses are unequivocally "Yes" or "No", whereas there is some room for doubt in the mind of respondents on the behaviour of their friends regarding drug use. (Tables Dg4, Dg5,Dg6)

As many or most of the members of a society will not personally be involved in or exposed to offers of drug it is perhaps more

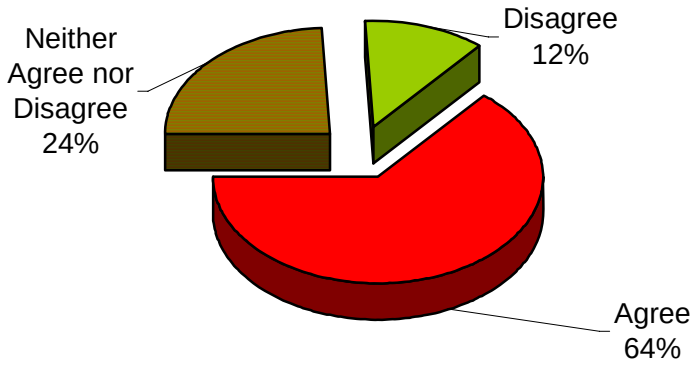
likely that their empirical awareness of drug use will be based around catching sight of drug deals being enacted or drugs users passing supplies. When asked if they were likely to report any drug use they witnessed to the authorities some 48% of the respondents agreed that they would, 32% said that they would not and 20% were unsure. However, when it came to the selling of drugs a greater percentage of respondents (58%) would report somebody they witnessed being involved. (Chart Dg4, Table Dg7, Dg8)

Chart Dg4 Would Report Drug USe / Drug Selling



Notwithstanding all of the comments made previously some 64% of the respondents thought that there was a drug problem in Rodrigues while just 12% thought otherwise with 24% unable to decide. What evidence they were basing this assumption on is unclear as the other evidence available does not point to drug use being particularly prevalent. (Chart Dg5, Table Dg9)

Chart Dg5 There is Drug Problem in Rodrigues



Whether or not this drug problem was being contained was disputed by the respondents with 37% agreeing with the idea that the problem was under control while 27% did not think it was and 36% could not decide either way. More particularly, when we concentrate on just those respondents who previously stated that they thought that there was a drug problem in Rodrigues, 41% of them thought that the problem was under control. (Table Dg10, Dg11)

Following on from current perception of drug use in Rodrigues we see that some 44% of all respondents thought that the number of drug users in Rodrigues was increasing with 59% of respondents thinking that the use of drugs was becoming more common among young people in Rodrigues. (Table Dg12, Dg13)

If we isolate just those respondents who previously stated that, in their mind, there was a drug problem in Rodrigues, 63% of this group of respondents perceived that the number of drug users in Rodrigues is rising. Similarly, 78% of this same group of respondents thought that more young people were taking drugs nowadays. (Table Dg14)

Returning to our whole population of respondents we see that a great majority of them (88%) think that, in Rodrigues, drugs are a social problem and over two thirds of all respondents (68%) agreed with the statement that there are not enough information campaigns in Rodrigues to combat what is seen by some a growing drugs problem. (Tables Dg15, Dg16)

Drug Use - Conclusion

From the outset it was expected that we would find that drug use was in evidence in Rodrigues, but in a minor way in comparison with drinking and smoking. This is exactly what the results show us. Nevertheless, it does not necessarily mean that the existence of drug abuse is ever an issue that should be taken lightly. Clearly, many respondents are aware that some people among their community are taking drugs and that they are not surprised by this. Some also believe that the incidence rate of drug use is rising. This should be seen as a wake up call to do something about the problem before it becomes too large and settles in as a systemic part of the society and its culture.

Unlike alcohol and tobacco use, drug use in Rodrigues appears to be both a relatively new and, as yet, minor problem that, given these parameters can perhaps be easier to address and control before it reaches critical proportions.

However, it is worth taking note of the fact that there appears to be some element of social acceptance of drug use among the respondents indicated by the relatively high percentage who indicated that they would not necessarily report any drug use or drug transactions that they witnessed to the police or other relevant authorities. At the same time many of the same respondents recognize that drugs are already a social problem that could easily become a greater problem in the future. Perhaps this duality of perceptions and responses is something that needs to be addressed when designing and implementing relevant information campaigns to discourage drug use, particularly experimentation among the young people of Rodrigues.

Tables
Drug Use

Table DG1		%	Number
Is your residential area drug free	Yes	33%	133
	No	19%	77
	Don't know	47%	189
Group Total		100%	399

Table DG2		%	Number
According to you, how prevalent is the use of Cannabis (Gandia) in Rodrigues	Not at all	1%	3
	A little	47%	189
	Don't know	32%	127
	Quite a lot	8%	31
	A lot	13%	50
Group Total		100%	400

Table DG3		%	Number
According to you, how prevalent is the use of Heroin in Rodrigues	Not at all	17%	68
	A little	7%	26
	Don't know	76%	302
	Quite a lot	1%	4
Group Total		100%	400

Table DG4		%	Number
Have you ever been offered drugs to buy or use	Yes	8%	31
	No	92%	367
Group Total		100%	398

Table DG5		%	Number
Have you ever used drugs	Yes	3%	13
	No	97%	384
Group Total		100%	397

Table DG6		%	Number
Do any of your friends use drugs	Yes	4%	17
	No	73%	290
	Don't know	23%	91
Group Total		100%	398

Table DG7		%	Number
If you saw somebody using drugs would you report it to the police	Yes	48%	193
	No	32%	127
	Don't Know	20%	80
Group Total		100%	400

Table DG8		%	Number
If you saw somebody selling drugs would you report it to the police	Yes	58%	233
	No	25%	101
	Don't Know	17%	66
Group Total		100%	400

Table DG9		%	Number
Drug problem in Rodrigues	Agree	64%	257
	Neither Agree nor Disagree	24%	94
	Disagree	12%	49
Group Total		100%	400

Table DG10		%	Number
The drug problem is under control in Rodrigues	Agree	37%	149
	Neither Agree nor Disagree	36%	142
	Disagree	27%	109
Group Total		100%	400

Table DG11		%	Number
The drug problem is under control in Rodrigues (Respondents think there is a drug problem only)	Agree	41%	106
	Neither Agree nor Disagree	22%	57
	Disagree	37%	94
Group Total		100%	257

Table DG12		%	Number
The number drug users in Rodrigues is increasing	Agree	44%	177
	Neither Agree nor Disagree	50%	198
	Disagree	6%	25
Group Total		100%	400

Table DG13		%	Number
More young in Rodrigues nowadays are taking drugs	Agree	59%	234
	Neither Agree nor Disagree	38%	151
	Disagree	4%	15
Group Total		100%	400

Table DG14		%	Number
The number drug users in Rodrigues is increasing (Respondents who believe there is a drug problem only)	Agree	63%	163
	Neither Agree nor Disagree	32%	83
	Disagree	4%	11
Group Total		100%	257
More young in Rodrigues nowadays are taking drugs (Respondents who believe there is a drug problem only)	Agree	78%	200
	Neither Agree nor Disagree	20%	51
	Disagree	2%	6
Group Total		100%	257

Table DG15		%	Number
In Rodrigues, drugs are a social problem	Agree	88%	353
	Neither Agree nor Disagree	8%	33
	Disagree	4%	14
Group Total		100%	400

Table DG16		%	Number
There are not enough information campaigns in Rodrigues against drugs	Agree	68%	272
	Neither Agree nor Disagree	22%	88
	Disagree	10%	39
Group Total		100%	399

Chapter 8

Conclusion & Recommendations

From the early preparatory work done on this study such as the Desk Study, interviews with key informants and the FGDs it was predicted that the results of the study would make it clear that alcohol would be the primary substance abused by Rodriguans, and that has proved to be the case. It is also the case that tobacco use is widespread and that, although there is little evidence of drug abuse, many respondents were concerned about it.

Alcohol use has been found to be widespread and, even taking into account the likelihood of some underreporting by many respondents, it does appear to be grounded in the social structures of Rodrigues, tied in as it is with many aspects of local behaviour patterns both recreational and celebratory.

Most of the households in Rodrigues recorded fairly low monthly incomes but a rough calculation of the spending on alcohol and tobacco products indicates that these often account for a large part of the total income available each month. This is bound to have deleterious social effects on the fabric of the family and even more deleterious effects on the health and physical and mental well-being of members of the household other than those using alcohol and cigarettes, particularly children.

It is interesting to note that tobacco use remains relatively common in Rodrigues at a time when smoking is being targeted in many other societies as being both risky and anti-social and action is being taken to limit the ability of people to indulge their habit, particularly in public places. The purchase of cigarettes and alcohol can account for a large proportion of available income in some households leaving little for other essential purchases or social activities not to mention educational or recreational activities or related items for children.

The apparent social acceptance of alcohol and tobacco use also appears to be transferring over to attitudes to drug use given the high numbers of respondents who felt that they would not feel the need to report any drug use or sales that they were aware of. Nevertheless, while the evidence of current rates of drug abuse is insignificant, many of the respondents do feel that it is a growing problem and that it is a problem that particularly affects the young of the country. This indicates the need for timely and effective programmes based on greater awareness of the problems associated with all aspects of substance abuse which many of the respondents feel are lacking.

It is clear from this study that many people in Rodrigues feel that it is necessary to educate local people on the dangers of alcohol and tobacco use which appear to be directly linked to financial and social problems in the country.

An approach needs to be taken that addresses the current problems of alcohol abuse and tobacco dependence while also taking the opportunity to stem the rise of drug abuse before it takes hold in the community. In this respect, information campaigns have previously been implemented to varying degrees of success. The task in hand is to make people aware of the true cost of their indulgences and that the high proportion of household income spent on alcohol and tobacco needs to be reduced. In order to do this it is necessary to sever the links between celebration and alcohol, a link that traditionally promotes the social acceptance of alcohol use and encourages each generation to become dependent on alcohol for celebratory purposes. To achieve this, social organisations could wield their positive influence by reducing the acceptance of alcohol use in social functions they promote or are held on their premises. In addition, children need to be educated about the dangers and costs of alcohol abuse from a young age as the current socialisation processes promote the use of such products encouraging them to take up the habits of their role models.

Advertising is also a strong socialising medium and steps should be taken to address the impact of the advertising of cigarettes and alcohol to counteract the intention of the advertisements in attracting the young top accept and adopt the use of alcohol and tobacco.

In addition, this needs to be tied in with effective education campaigns designed to encourage ordinary people in calculating the household budget to determine the true financial cost of fueling addictions and to create an awareness of the relative cost that is perhaps, at present, lacking.

The licensing laws currently applicable also need to be better enforced particularly around the sales of alcohol and tobacco to minors. In this, the shopkeepers themselves have a role to play and they need to be encouraged to act as an agent of change and enforcement by policing their own activities and ensuring that such products are not sold to minors. The key to all effective programmes and legislation is monitoring and assessment. To this end, proper and regular monitoring systems need to be put into place to ensure that the programmes and campaigns are reaching the people they seek to address and that the laws are being applied and those supplying tobacco or alcohol to the young or outside of appropriate licensing hours are deterred by the imposition of penalties.

The time is also right in Rodrigues to address the problem of drug use while it is still in its relative infancy. Attempts at this should be done with understanding and care but there is an opportunity to be proactive and to set up preventative procedures, which, as is generally recognised in the literature, are more effective than cure.

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Annex I Questionnaire

University of Mauritius

Centre for Applied Social Research

SURVEY OF SUBSTANCE ABUSE IN RODRIGUES 2006

Number

Questionnaire ☐☐☐

Geographical District ☐☐

Regional Stratum ☐

Enumeration Area ☐☐☐☐☐☐

Household Number ☐☐

Name of Interviewer …….

Start time of interview ☐☐☐☐ Finish time ☐☐☐☐

Date of Interview……..

Signature of interviewer upon completion……

Supervisor……

Signature of Supervisor if present at the interview……..

Date…….

Coded by …….

Input by ……

F
M

Kish Selection Sheet

Table 1 – List of Eligible Household Members	
Serial Number	**First Name** *(start with oldest down to youngest for the gender specification*
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Table 2 – Kish Selection Table										
Number of eligible males/females* in household	***Last Digit of Questionnaire Number***									
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**0**
1										
2										
3										
4										
5										
6 or more										

**delete as appropriate*

Table 3 – Recall Details		
Callbacks	**Date**	**Remarks**
1		
2		
3		
4		

Household Composition

Circle one number only for each of the respondent's characteristics and continue for each member of the household. Age and Occupation should be written in the appropriate boxes. *See Legend below each column*

Serial Number	Relationship to Respondent	Age	Sex	Occupa-tion	Head of HH	Marital Status	Smoke /Drink /Take Drugs
1	Respondent		1 2				S D TD
2	1 2 3 4 5 6 7 8 9		1 2				S D TD
3	1 2 3 4 5 6 7 8 9		1 2				S D TD
4	1 2 3 4 5 6 7 8 9		1 2				S D TD
5	1 2 3 4 5 6 7 8 9		1 2				S D TD
6	1 2 3 4 5 6 7 8 9		1 2				S D TD
7	1 2 3 4 5 6 7 8 9		1 2				S D TD
8	1 2 3 4 5 6 7 8 9		1 2				S D TD
9	1 2 3 4 5 6 7 8 9		1 2				S D TD
10	1 2 3 4 5 6 7 8 9		1 2				S D TD
11	1 2 3 4 5 6 7 8 9		1 2				S D TD
12	1 2 3 4 5 6 7 8 9		1 2				S D TD
	Spouse = 1 Offspring = 2 Parent = 3 Parent in Law = 4 Sibling = 5 Grandparent =6 Grandparent in Law = 7 Other = 8 Common Law Spouse - 9		Male 1 Female 2	Retired *write* Retired Housewife or Home Maker *write* Housewife At School or University *write* Student No Job *write* unemployed	Tick 1 box only for head of household	M Married or in a Union UM Unmarried Mother UF Unmarried Father W Widowed D Divorced Sep Separated S Single	Circle each that Applies S for Smokes D for Drinks Alcohol TD for takes Drugs

Biographical Details

1. Sex (Please circle one number only) Male 1 Female 2

2. Age ☐ ☐ Please enter respondent's age in the boxes)

15-17 **1** 18 –21 **2** 22-25 **3** 26-29 **4** 30-39 **5**

40-49 **6** 50-59 **7** 60-69 **8** 70-79 **9** 80+ **10**

3. Etat civil (Please circle one number only)

A. Célibataire **1**

B. Marié **2**

C. En ménage **3**

D. Divorcé **4**

E. Separé **5**

F. Veuf/veuve **6**

4. Education (Please circle one number only)

A. Pas ine ale l'école **1**

B. Pas ine fini l'école primaire **2**

C. Pass CPE / Std VI **3**

D. Pas ine fini l'école secondaire **4**

E. Form V 5

F. Form VI **6**

G. Degré **7**

I. Autres **8**

5. Religion Circle the respondent's religion in Box A or tick box B if respondent does not have a religion, or C if prefers not to respond

A			B	C
	Hindoue **1**	Musulman **3**		
	Chretien **2**	Autres **4**		

6. Ethnic Group. Circle One number Only to indicate the respondent's ethnic group

A. Hindou **1**
B. Population Generale **3**

C. Musulman **2**
D. Chinois **4**

E. If respondent prefers not to respond tick this box ☐

7. Revenue (Note to Interviewer: Answer both parts)

A. Eski ou capave dir mwa combien l'argent ou gagné par mois, quand nou compte tou l'argent ou travail ek le zot ti l'argent ki ou gagné en dehors?

Moins ki Rs 2,000	1	Entre Rs 2,001 – Rs 4,000	2
Rs 4,001 – Rs 6,000	3	Rs 6,001 – Rs 8,000	4
Rs 8,001 – Rs 10,000	5	Rs 10,001 – 12,000	6
Rs 12,001 – Rs 14,000	7	Rs 14,001 – 16,000	8
Rs 16,001 – Rs 20,000	9	Rs 20,001 – Rs 30,000	10
Rs 30,001 – Rs 40,000	11	Rs 40,001 ou plis	12

B. Ça question la li lor quantité l'argent ki tou dimoune dans sa la caze la gagné par mois.

Moins ki Rs 2,000	1	Entre Rs 2,001 – Rs 4,000	2
Rs 4,001 – Rs 6,000	3	Rs 6,001 – Rs 8,000	4
Rs 8,001 – Rs 10,000	5	Rs 10,001 – 12,000	6
Rs 12,001 – Rs 14,000	7	Rs 14,001 – 16,000	8
Rs 16,001 – Rs 20,000	9	Rs 20,001 – Rs 30,000	10
Rs 30,001 – Rs 40,000	11	Rs 40,001 ou plis	12

8. Eski ou déja faire accident la route?

Oui 1 *(répone Q 9)* Non 2 *(répone Q 10)*

9. Si oui ou capave dir si ou:

A. ti pe conduire ene machine	1
B. Ene passager dans machine la	2
C. ti pe marche	3
D. lor ene bicyclette	4
E. lor moto	5

10. Eski ou ine déja impliqué dans ène la guerre, soit comme victime ou bien ou meme kine commence la guerre? *(Capave done plis ki ene reponse)*

A. Oui mo ti victime	1
B. Oui mo meme mone commence	2
C. Non	3

11. Eski ou ine déja gagne problem violence domestic ? *(Capave done plis ki ene reponse)*

A. Oui comme ene victime	1
B. Oui moi ki ti fer violence	2
C. Non	3

SECTION B: UTILISATION LALCOL

12. Eski ou pe boire n'importe ki qualité la boisson aster la?

A. Oui 1 B. Non 2

(Si oui repone Q16) *(si non, repone Q13)*

13. Si non, eski ou ti déja boire avant?

A. Oui 1 B. Non 2

(Si non, réponne section C Q35)

14. Depi combien letemps ou ine arrete boire?

A. Depi mois passé 1

B. Depi 3 mois 2

C. Depi 6 mois 3

D. Depi l'année passé 4

E. Plis ki un an 5

15. Ki fer ou ti arreté?
Open-ended

……

……

…… …….. (*reponne Section C Q35)*

16. Quand ou boire la boisson ki qualité ki ou abitié boire pli souvent?

Open-ended

……

……

……

17. Mo pou lir avek ou de trois l'information lor ki quantité l'alcol dimoune boire et mo envi ou dir mwa ki applique pou ou?

(Note to interviewer: Refer to Card A)

A. Boire bien rare 1

B. Boire ene tigite 2

C. Boire ek control 3

D. Boire assez souvent 4

E. Boire bocoup, tou lejour 5

18. Ki quantité ki ou considere ene unité?

1 2 3 4

Show Example on Card – ask Respondent to point to choice then circle matching number

19. Kan nou pense tou qualité la boisson, combien fois ou ine boire l'alcol dan sa dernier 12 mois la?

A. Tou le jour 1

B. 5 ou 6 jours dans ene semaine 2

C. 3 ou 4 jours dans ene semaine 3

D. 1 ou 2 jours dans ene semaine 4

E. 1 ou 2 fois par mois 5

F. 1 fois tous les deux mois 6

G. 1 ou 2 fois par l'année 7

H. Pa ine boire ditout dan sa 12 dernier mois 8

20. Mo ti envie poz ou deux, trois questions lor sa semaine ki fek passé la. Eski ou ine boire ene la boisson dan sa sept dernier jours ki fini hier la?

Oui 1 Non 2 *(Go to Q 25)*

21. Si oui, ki banne jours dans sa semaine la ki ou ti boire ene la boisson alcolisé? (*Can answer for each day respondent had a drink)*

Dimans	1
Lundi	2
Mardi	3
Mercredi	4
Jeudi	5
Vendredi	6
Samedi	7

22. Si ou boire plis quie ene jour, eski ene jour la-dans ou ti boire plis ki le zot, ou bien ou ti boire meme quantité tous les jours?

A. meme quantité tous les jours 1

B. boire plis certains jours 2

C. dir ki banne jour ki ou fine boire plis 3

……

……

……

23. Ki kalité la boisson ou ti boire sa jour la*?*

(capave donne plis ki ene reponse)

A. La bière 1

B. Rhum 2

C. La boisson fort 3

D. Du vin 4

E. Vodka 5

F. le zot 6

……
……

24. En tout, eski ou capave dir ki aster (A) ou boire plis bocou (B) pareil, ou bien (C) plis tigite ki avant? ***(Answer one for each part)***

	Plis bocou	Preské pareil	Plis tigite
A. Compare ek un an avant	1	2	3
B. Compare ek 2 ans avant	1	2	3
C. Compare ek 3 ans avant	1	2	3

25. Kan ou boire, eski ou boire tou sel ou bien avec le zot dimoune?

A. Mo boire tou sel 1
(Go to Q27)

B. Mo boire avec le zot dimoune 2

26. Si ou habitué boire ek le zot, ki sa banne dimounes la?

……

27. Ki quantité l'argent ou ine depensé lor l'alcol sa semaine passé la?

A. Moins ki Rs50 1

B. Entre Rs51 et Rs200 2

C. Entre Rs201 et Rs400 3

D. Entre Rs401 et Rs600 4

E. Entre Rs601 et Rs800 5

F. Plis ki Rs800 6

28. A pe pré combien l'argent ou depensé lor l'alcol tou les mois?

A. Moins ki Rs500 1

B. Entre Rs501 et Rs1,000 2

C. Entre Rs1,001 et Rs1,500 3

D. Entre Rs1,501 et Rs2,000 4

E. Entre Rs2,001 et Rs3,000 5

F. Entre Rs3,001 et Rs4,000 6

G. Plis ki Rs4,000 7

29. Kot ou gagne l'alcol? ***(Multiple answers possible)***

A. Mo asté 1

B. Avec camarades 2

C. Avec fami 3

D. Le zot donne l'exemple 4

……

30. Si ou asté,comment ou paye li? *(Multiple answers possible)*

A. Cash 1

B. Credit 2

C. Les zot façon 3

……

31. Kot sa ou boire l'alcol plis souvent?

A. La caze cot ou 1

B. Dan restaurants 2

C. Dan la boutique 3

D. Le zot l'endroits 4

……

32. En 2 - 3 mots dir nou ki fer ou boire?

……

……

33. Ki quantité difficile li pou été si ou pa boire ene journée?

A. bien difficile 1

B. assez difficile 2

C. pas tro difficile 3

D. pas difficile ditout 4

E. pas coné 5

34. Ki quantité difficile li pou été si ou pa boire ene semaine?

A. bien difficile 1

B. assez difficile 2

C. pas tro difficile 3

D. pas difficile ditout 4

E. pas coné 5

SECTION C: CIGARETTES AND SMOKING BEHAVIOUR

The following set of questions are about cigarettes and smoking behaviour.

35. Ki sa fer ou kan le zot dimoune fimé

A. derange ou 1

B. pas fer ou narien 2

C. fer ou plaisir 3

36. Lesquels dan sa bane points la ki done ene plis bon description lor ou?

A. Jamais mo ine fimé 1
(Go to Q54)

B. Mo ti fimé avant aster la mo ine arreté 2
(Go to Q54)

C. Mo fimé 3

37. Encirclé ki quantité cigarettes ki ou fimé

A. 1 a 3 par jour	1	
B. 4 a 5 par jour	2	
C. 6 a 10 par jour	3	
D. 11 a 20 par jour	4	
E. plis ki 20 par jour	5	Put the number
F. Mo fime zis kan mo gagne cigarette	6	

38. Depi combien letemps ou ine commence fimé meme 1 cigarette?

A. Moins ki 6 mois	1
B. 6 mois a un an	2
C. 1 a 5 ans	3
D. plis ki 5 ans	4

39. Comment ou pou trouve sa, si dir ou pa fimé <u>ene journée</u>?

A. bien difficile	1
B. assez difficile	2
C. pas tro difficile	3
D. pas difficile ditout	4
E. pas coné	5

40. Comment ou pou trouve sa, si dir ou pa fimé <u>ene semaine</u>?

A. bien difficile 1

B. assez difficile 2

C. pas tro difficile 3

D. pas difficile ditout 4

E. pas coné 5

41. D'habitude cote ou gagne ou cigarette? (Multiple answers possible)

A. Mo alle acheté la boutique 1

B. Mo gagné avec mo banne camarades 2

C. Mo gagné avec mo fami 3

D. Avec tous les deux 4

E. Le zot 5

……

42. Kan ou asté cigarette?

A. Tou les jours 1

B. I ou 2 fois par semaine 2

C. 2 ou 3 fois par mois 3

D. capave 1 fois par mois 4

E. capave 2 ou 3 fois par an 5

F. jamais 6

43. Combien l'argent ou capave dir ou depensé par semaine lor cigarette?

A. ziska Rs 50 par semaine 1

B. Entre Rs 51 et Rs 100 par semaine 2

C. Entre Rs 101 et Rs 150 par semaine 3

D. Entre Rs 151 et Rs 200 par semaine 4

E. Entre Rs 201 et Rs 300 par semaine 5

F. Plis ki Rs 300 par semaine 6

44. Depi combien letemps ou capave dir ou pe fimé tou le jour?

A. Depi sa dernier l'année 1 **(Go to Question 46)**

B. Depi sa dernier 2 ans 2

C. Depi sa dernier 3 ans 3

D. Depi sa dernier 4 ans 4

E. Depi sa dernier 5 ans 5

F. Depi plis ki 5 ans 6

45. Avec le temps ki ou capave dir ou ine remarké ? (Ask Question Once for *Each* Time Frame)

	Comparé ek 1 an avant	Comparé ek 2 ans avant	Comparé ek 4 ans avant	Comparé ek 5 ans avant
A. ou consommation cigarette ine augmenté	1	2	3	4
B. ou consommation cigarette ine diminié	1	2	3	4
C. pa ine ena changement dans ou consummation cigarette	1	2	3	4

46. Ki l'age ou ti ena kan ou ti fime premier cigarette ?

Mo ti ena …… ans.

47. Eski ou coné ki banne danger cigarette?

A. Oui 1 *(go to Q48)*

B. Non 2 *(go to Q49)*

48. Ou capave dire nou 2 ou 3 danger cigarette?
Open-ended

……
……
……
…..

49. Ki fer ou fimé?

……

50. Eski ou ti envi arête fimé?

A. Oui 1 *(Go to 51)*

B. Non 2 *(Go to 52)*

C. Pa cone 3 *(Go to 53)*

51. Si oui ki fer?

……

……

……

52. Si non ki fer?

……

……

……

53. Eski ou déja essaye arret fimé et apres recommencé?

A. Oui 1 B. Non 2

54. Ziska ki points ou accepté sa banne situation lor fimer dan Rodrigues?

	Tout a fait d'accord	**D'accord**	**Pena l'idée**	**Pa d'accord**	**Pa d'accord ditout**
A. Quantité fimer ine augmenté	1	2	3	4	5
B. Plis bocou zene fimé	1	2	3	4	5
C. Péna assez campagne information contre cigarette	1	2	3	4	5

D. Bizin fer publicité cigarette	1	2	3	4	5
E. Media encourage dimoun pou fimé	1	2	3	4	5
F. Prix cigarette bizin augmenté pou décourage dimoun fimé	1	2	3	4	5

55. Eski ena dimoun dan ou fami fimé?

A. Oui 1

B. Non 2

C. Pa coné 3

56. Eski kikene dan bane membres ou fami fine encourage ou fimé?

A. Oui 1

B. Non 2

C. Pa coné 3

57. Eski ena fimeur dan ou bane bon camarade?

A. Oui 1

B. Non 2

C. Pa coné 3

58. Ou capav dir si ou ine déja victime violence (physique ou emotionel) par kik ene ki sous l'influence l'alcol ?

A. Oui 1 (*Go to Q59)*

B. Non 2 *(Go to Q61)*

59. Si oui, par ki?

A. Fami proche ki reste dan meme la caze 1

spécifié .....

B. Le zot parents 2

C. camarade 3

D. voisins 4

E. le zot, 5

specifié……..

60. Combien fois ou fine vicitime sa bane abus la?

A. ene sel fois 1

B. parfois 2

C. souvent 3

61. Eski ou ine déja agresse kik ene physiquement ou verbalement kan ou sous l'influence l'alcol?

A. Oui 1 *(Go to Q62)*

B. Non 2 *(Go to Q64)*

62. Si oui, contre ki?

A. Fami proche ki reste dan meme la caze 1

Specifié……

B. Le zot fami 2

C. camarade 3

D. voisins 4

E. le zot dimoune, donne details 5

63. Combien fois?

A. ene sel fois 1

B. parfois 2

C. souvent 3

SECTION D: ILLICIT DRUGS

64. Ziska ki point ou pensé li vrai ki sa bane la drogue la ena dan Rodrigues?
(Please circle one answer for each question)

	Pa ditou	impé	Pas cone	Asse bocou	Bocou
A. Cannabis/gandia	1	2	3	4	5
B. Psychotrope	1	2	3	4	5
C. Sniffé Glue/Thinner, etc.	1	2	3	4	5
D. Heroin/Brown sugar	1	2	3	4	5
E. Le zot, la drogue specifié ……..	1	2	3	4	5

65. Eski ena parmi ou bane camarade ki servi la drogue illégal?

A. Oui	1	*(Go to Q66)*
B. Non	2	*(Go To Q67)*
C. Pa coné	3	*(Go To Q67)*

66. Si oui, ki la drogue?

……

67. Eski ena membre ou fami servi la drogue illegal?

A. Oui	1	(*Go to Q68)*
B. Non	2	(*Go to Q69)*
C. Pa coné	3	(*Go to Q69)*

68. Si oui, ki la drogue?

……
…

69. Ou capave dir si dan ou l'endroit pena la drogue?

A. Oui	1
B. Non	2
C. Pa coné	3

70. Eski kik ene ine déja offert ou la drogue?

A. Oui	1	(*Go to Q71)*
B. Non	2	(*Go to Q72)*

71. Si oui, ki la drogue?

……
……

72. Eski ou ine deja servi la drogue? (meme ene sel fois)

A. Oui 1 *(Go to Q73)*

B. Non 2 *(Go to Q77)*

73. Si oui, ki la drogue?

……

74. Ki l'age ou pensé ou ti ena premier fois ou ti prend gandia ou le zot la drogue illégal?

Mo ti ena …… ans

75. Ki dernier fois ou ine servi la drogue?

A. Semaine passé 1

B. Mois passé 2

C. Depi 6 mois 3

D. Entre 6 mois et 1 an 4

E. Plis ki 1 an 5

76. Ki bane raisons ine pousse ou pou servi la drogue?

……
……

Open-ended

77. Si ou envi asté gandia, combien letemps li pou prend ou pou gagne sa?

A. 1 heure au moins 1

B. 2 a 3 heures 2

C. Dan 1 jour 3

D. Dan 1 semaine 4

E. Plis ki ene semaine 5

F. Pa pou capave asté 6

G. Pa cone 7

78. Si ou envi asté n' importe ki la drogue illégal, combien letemps li pou prend ou pou gagne li?

A. 1 heure au moins 1

B. 2 a 3 heures 2

C. Dan 1 jour 3

D. Dan 1 semaine 4

E. Plis ki ene semaine 5

F. Pa pou capave asté 6

G. Pa coné 7

79. Si ou trouve ene dimoun pe servi gandia ou ene lot la drogue eski ou pou raport li la police?

A. Oui 1

B. Non 2

C. Pa coné 3

80. Si ou trouve ene dimoun pe vane gandia ou ene lot la drogue eski ou pou raport li la police?

A. Oui 1

B. Non 2

C. Pa coné 3

81. Ziska ki points ou d'accord avec sa bane situation la ici à Rodrigues

(Please circle one answer for each question)

	Entièrement d'accord	**D'accord**	**Pas Cone**	**Pas d'accord**	**Pas d'accord ditou**
A. Ena ene problem la drogue dans Rodrigues	1	2	3	4	5
B. Problem la drogue controllé dan Rodrigues	1	2	3	4	5
C. Nombre dimoune ki servi la drogue ici a Rodrigues pe augmenté	1	2	3	4	5

D. Bocou plis zeness pe entraine dan consummation la drogue

1 2 3 4 5

E. Péna assez campagne information contre la drogue

1 2 3 4 5

F. Bane drogués ene probleme pou societé

1 2 3 4 5

Merci bocou pou ou coopération.