

# Report of the Survey of Students on Knowledge and Attitudes of Drugs and Health, 2012



GOVERNMENT OF BERMUDA  
Ministry of Public Safety

**Department for National Drug Control**





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Ministry of Public Safety

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**Department for National Drug Control**

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Published by:

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February, 2013

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Reference as:

Department for National Drug Control. (2013). *Report of the Survey of Students on Knowledge and Attitudes of Drugs and Health, 2012*.  
Government of Bermuda.

## FOREWORD

The Department for National Drug Control (DNDC) remains committed in providing relevant and timely research on the drugs phenomenon in Bermuda. One of the highlighted results of the 2011 National School Survey (of Middle and Senior School Students on Alcohol, Tobacco, Other Drugs, and Health) was that the average age of initiation of drug use ranged from a low of 9.3 years for inhalants to a high of 13.8 years for hashish. This data, along with other information, provided an impetus for this “2012 Survey of Students on Knowledge and Attitudes of Drugs and Health”, to gain some insight into what is occurring in younger aged students as it relates to drug, tobacco, and alcohol consumption. While the 2011 Survey targeted students in M2 to S4, (10-18 years), this survey targeted students in P5, P6, and M1 (ages 9-11 years). It is important to note that this survey has been successfully implemented in other jurisdictions in the Caribbean and has proven to be useful in informing policy makers about the prevalence of drug use among the lower age cohort.


This is the first time that the Department for National Drug Control has sought to uncover the behaviours and belief systems of younger children in Bermuda in hopes of determining from a very early age, how to best address drug using behaviours and ideologies prior to more serious drug experimentation and problem drug use later in adulthood. As demonstrated in the literature, substance use has a severe and lasting impact on the developing brain when consumed by children and adolescents. Often youths entering the school system demonstrate cognitive delays or may engage in antisocial behaviours as a result of early experimentation of alcohol and other drugs.

The results of this survey form part of the expanding body of evidence-based research available on drug consumption in Bermuda, specifically among youths. Information on drug knowledge and awareness, consumption of drugs, perceptions of and reasons for drug use, among other key areas have been garnered from a representative group of students within the public, private, and home schools.

Although drugs have become deeply engrained in our society, parents and guardians must remain vigilant. Substance use is unacceptable and young people must receive clear messages of this especially as it relates to underage drinking and illicit drug use. The legal drinking age in Bermuda is 18 years and it is, therefore, against the law to sell or provide anyone under this age with alcohol. Parents and the wider community have a responsibility to uphold the law and to protect children from exposure to and early initiation of drinking alcohol and using other drugs.

Prevention of alcohol and other drug use programming has traditionally been focused at the Primary School level in Bermuda, with effort being made by the DNDC and its partners, PRIDE and CADA. However, a clear focus is now being given to providing prevention efforts to address drug use that has begun during pre-teen and teenage years. To this end, the DNDC will continue to build relationships and networks to enhance prevention and treatment of youths affected by substance use.

This survey would not have been possible without the collaboration of the Ministry of Education and the respective schools for agreeing to the students’ participation.



**JOANNE DEAN**

*Director*

**Department for National Drug Control**

*February, 2013*



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## NOTES, SYMBOLS, AND ABBREVIATIONS

ATOD	Alcohol, Tobacco, and Other Drugs
DNDC	Department for National Drug Control
W	Weighted
U	Unweighted
%	Percent
n	Number of Survey Respondents*
-	Not Applicable

## EXECUTIVE SUMMARY

### Survey Administration

- The Survey of Students on Knowledge and Attitudes of Drugs and Health 2012 was an ad hoc study conducted by the Department for National Drug Control in collaboration with the Ministry of Education during the week of October 8<sup>th</sup> to 12<sup>th</sup>, 2012.
- The purpose of the survey was mainly to study the use of licit and illicit substances among a younger age cohort. Specifically it was designed to determine prevalence and frequency of drug use; assess knowledge and awareness of drugs; reasons for drug use; determine access to drugs; and evaluate perceptions of use.
- It targeted 2,060 P5, P6, and M1 students (equivalently ages 9 to 11) in 34 public, private, and home schools in Bermuda. A total of 1,106 students participated in the survey representing 30 schools (23 public, two private, and five home schools). This accounted for a participation rate of 53.7% (1,106 of 2,060) or a response rate of 80.0% of those who took the survey (1,106 of 1,382).



### Survey Results

- Most students were in P6 (33.9%) followed closely by grade M1 (33.2%) and P5 (32.9%). The mean age of participants was 10.4 years with the youngest participant being age 8 and oldest age 14. The majority of students indicated they are “Black” (57.4%) followed by “Mixed” race (30.2%). The top three parishes of residence for student participants were: Pembroke (16.8%), St. George’s (15.7%), and Sandy’s (14.7%).
- Irrespective of grade level or sex of the respondent, most student said they got information from parents/guardians/family members (72.5%), teachers/cousellors (67.3%), followed by the television (53.0%).
- Regardless of students’ grade level or sex, the highest proportion of positive responses were directed toward the situational statement “if someone gives me drugs I would tell my teacher or parents’ at 93.3% and for “if a friend gives me drugs I would tell my teacher or parents” at 89.7%.
- There were no apparent differences in the reasons for drug use among grade levels or between the sexes. However, overall, most students positively responded to the statements “people use drugs because their friends use drugs” at 38.2% and “people use drugs because their parents use drugs” at 23.7%.
- One-third of all survey participants (368) reported use of at least one drug in their lifetime (this does not include energy drinks). If energy drinks consumption was taken into account then the proportion of students who used all of the surveyed substances reached 689 or 62.3%.
- Overall, the highest lifetime prevalence was reported for energy drinks by 52.3%, followed by 25.2% of students who reported ever using alcohol (even a sip and not including wine given at church) and 15.3% of students who used inhalants. With the exception of energy drinks consumption which was reported at 23.4%, current prevalence was reportedly low, with 3.7% of survey respondents reporting use of inhalants in the past 30-days prior to survey administration, followed by 3.4% who indicated current use of alcohol.

- Prevalence-of-use of most substances increases as students advance to higher grades as was evident for alcohol, inhalants, and energy drinks consumption for both lifetime current use in addition to marijuana use in the current reference period.
- In terms of the sex of the respondent, a greater proportion of boys reported both lifetime and current use of alcohol, energy drinks, and marijuana while a larger portion of girls reported use of inhalants in both reference periods.
- The average age of onset for student participants ranged from a low of 7.6 years for inhalants to 8.3 years for marijuana. Students in earlier grades like P5 and P6 began use of all the substances earlier than students in the later grade like M1.
- The average age of onset for male survey respondents ranged from a low of 7.3 years for inhalants to a high of 8.3 years for marijuana while for female respondents average age of onset ranged from a low of 6.8 years for cigarettes to a high of 8.3 years for marijuana.
- Overwhelmingly, 63.3% (164) of current energy drink users or 14.8% of all respondents reported that they used energy drinks before or after sporting activities or while hanging out with family or watching TV (110). In terms of the reason proffered for using energy drink, 62.5% (162) of current users or 14.6% of all respondents said they used them to get more energy or strength or to stay awake (93). Of all survey respondents, 3.2% reported using a mixture of alcoholic beverages and an energy drink in the past 30-days prior to survey administration.
- Despite grade level or sex of the student, inhalants seemed to be the easiest drug to access as indicated by 46.5% of the survey respondents, followed by alcohol, which was reported by 31.0% of the students.
- Overall, most students believed that all four risk behaviours are harmful, ranging from 48.0% of students who felt that inhaling common household products are harmful to 74.5% who reported that smoking cigarettes is harmful. P5 students were less likely to report that any of the four behaviours is harmful when compared to their P6 and M1 counterparts. Disparity also existed among the sexes, where the propensity for boys to report that the four behaviours are harmful was higher than for girls.
- Overall, most students are of the correct view that wine (65.9%), beer (63.4%), cigarettes (60.5%), and rum (56.2%) are legal for adults only, while 8.8% and 8.0% indicated that marijuana and cocaine, respectively, are legal for adults. Almost one-fifth or one-quarter of the survey respondents did not know the legality of the substances under consideration.

## Conclusion and Recommendation

- The survey results demonstrated the need for more education with students at an earlier age than traditionally provided. Simultaneously, parents/guardians should also receive information on substances used by young people, the associated dangers with use, and the parents'/guardians' role in prevention of problem substance use. While caution is advised when interpreting this type of data, due to methodological limitations, the above findings, nonetheless, offer further evidence of drug usage among children of primary school age.

## INTRODUCTION

### Background

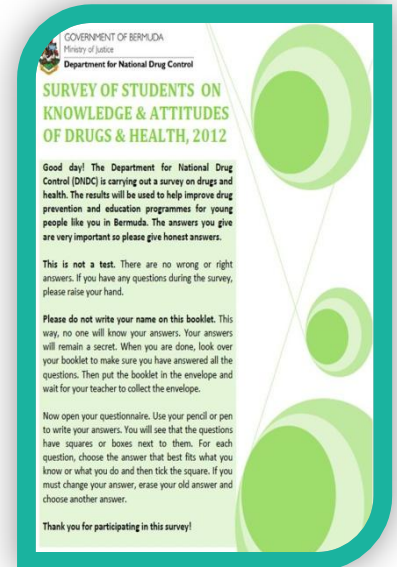
The Survey on Knowledge of Alcohol, Tobacco, Other Drugs (ATODs) and Health, was a collaborative effort between the Department for National Drug Control and the Department of Education. This ad hoc survey was implemented as results of the National School Survey 2011 of Middle and High school students demonstrated that young people in Bermuda may be experimenting with alcohol and particular drugs at an earlier age than previously suspected. That fact, along with research from other jurisdictions, led to the decision taken by Department for National Drug Control to assess the extent of experimentation in this younger group of students.

Many young people begin drinking as early as middle school or even sooner. Early initiation of alcohol use is one of the strongest predictors of subsequent alcohol abuse and alcohol-related problems, including drinking and driving, school or work absenteeism, and injuries. Youths who drink are also more likely to be victims of violent crime and sexual assault. They are more likely to have serious problems in school, be involved in drinking-related traffic crashes, and develop problems with alcohol later in life. Typically, adolescence is a time of experimentation. Young people may take drugs as they struggle to establish their independence in a society where alcohol and other drugs are associated with being an adult. Other reasons that young people may use alcohol and other drugs include:

- curiosity
- social influences (peer pressure)
- enjoying the feeling – for example, the effects of ecstasy include increased energy and confidence
- risk taking and rebellion can be exciting, especially when it involves parental disapproval and illegal substances
- escapism – alcohol and other drugs may be used as a means of avoiding problems associated with family life, school frustrations, friendship and relationship difficulties, low self-esteem and/or depression. These problems should be addressed as early as possible to prevent any related drug use from escalating.

Although most young people who experiment with alcohol and other drugs do not experience major issues, drug use can cause many and varied problems. Using legal or illegal drugs may not only affect the young people themselves, but also friends, family, and others around them. The short term risks of alcohol and other drug use include risk of injury, loss of possessions, relationship problems, time away from school or work, and perhaps even trouble with the law. The longer term risks, on the other hand, include the risk of developmental problems, dependence, and chronic health problems.

Alcohol use has continued to increase among students 11 to 19 years in Bermuda. The risks associated with drinking can be far greater for young people than for adults, because they are still developing, both physically and emotionally. This means that drinking is more likely to cause physical, mental health, and



social problems for them. Furthermore, as the brain is still developing until the mid-20s, heavy drinking before this age is likely to cause problems with brain development, and can lead to difficulties with memory and learning.

Mental health issues associated with drug use can range from problems that affect a person's self-esteem, confidence and happiness, through to major psychoses. There is evidence that use of some drugs (such as cannabis), especially if regular, heavy, and commencing at a young age, increases the likelihood of mental health problems occurring in people who have a personal or family history of mental illness. The resulting health and social issues arising out of early initiation of alcohol and other drugs by youths are key reasons why substance use should be delayed until the legal age for consumption is reached, or not at all in the case of the illicit substances.

This survey is the first of its kind in the Islands of Bermuda and was implemented to assess alcohol and drug experimentation of students aged 9 to 11 years in years P5, P6 and M1. Students from all government schools, two private schools, and home schools participated in this survey. The survey tool that was utilized has been provided by the Barbados National Drug Council. Whilst a range of data collection approaches have been developed for research with 9 to 11 year olds, questionnaire surveys remain the most popular method. This report describes the administration and results of the survey in addition to recommendations for programme and policy formation and reform. The findings are presented in seven separate sections: 1) Demographics, 2) Knowledge and Awareness, 3) Reasons for drug use, 4) Prevalence of drug experiences, 5) Access to drugs, 6) Perceptions, and 7) Relationships.

## Objectives

The Survey of Knowledge on Alcohol, Tobacco, Other Drugs and Health serves many purposes. Among them is to study the use of licit and illicit substances; determine prevalence and frequency of drug use; assess knowledge and awareness of drugs and reasons for drug use; determine access to drugs; and evaluate perceptions of use. In recent years, Bermuda has experienced changes in public opinion toward alcohol, tobacco, and other drug use. Much of the current upheaval is concentrated in the attitudes of today's youth.

There are several benefits of using school surveys.<sup>1</sup> The findings presented in this report are useful to the Department for National Drug Control, its stakeholders, and policy-makers at all levels of government to: improve drug abuse prevention and intervention programmes, understand the drug and health perceptions and beliefs in need of attention in the community, monitor progress toward national health goals, and encourage healthy drug-free lifestyles among Bermuda's youth.

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<sup>1</sup> Department for National Drug Control (2012). *National School Survey 2011. Survey of Middle and Senior School Students on Alcohol, Tobacco, Other Drugs, and Health*. Government of Bermuda.

## Survey Advantages and Limitations

The Survey of Knowledge on Alcohol, Tobacco, Other Drugs and Health provides descriptive data on the what, who, where, and when of self-reported behaviours in seven major categories. The questions of why and how cannot be answered by this survey. By definition, a school survey is a study of young people enrolled in the educational system of a particular country.

There are several advantages of the current survey. The main advantage of this survey is the collection of information regarding the perceptions and beliefs of students, ages 9 to 11, on alcohol and drug-using behaviours, of which has never before been implemented in Bermuda. Another benefit is that responses were gathered in a standardised way, so questionnaires were more objective. Generally, it was relatively quick to collect information using the questionnaire. When questionnaires are utilised information can be collected from a large portion of a group and return rates can be dramatically improved if the questionnaire is delivered and responded to in class time. Additionally, the sanctioning of the survey by the Ministry of Education meant that government schools were more likely to participate.

Of course, no survey is without limitations. The lack of participation by four private schools meant the findings were not generalisable to schools who did not participate. It is possible students in these schools have perceptions, knowledge and beliefs about alcohol and drug use that differ from the participating students. Additionally, the data can only be generalised to the population that is defined in the representative sample: public, private (2), and group home school students in grades P5, P6, and M1. Students absent on the day of administration and special education classes are not represented and, therefore, the findings are not extended to those individuals.

Secondly, because this is the first time this particular survey has been implemented, there is no way to measure change in the population unless two or more surveys were done at different points in time. Given that the survey was conducted among students in schools, some institutions had a lower priority for carrying out the survey because of competing urgent tasks. The use of a standardized tool to solicit responses meant that it was not possible to explain any points in the questions that participants might misinterpret. This was partially solved by pilot testing the questions on a representative group of students, which allowed the DNDC to amend the instructions, survey items, and process as indicated by the students. In some classes there were a number of students with reading challenges; the teacher, therefore, read aloud the questions and answers, which meant the survey took a longer time than planned.

Lastly, the survey results are presented as a proportion by grade level and for overall survey respondents. A determination, therefore, of causal links between ATOD use, perceptions and beliefs or sub-group variations in substance use were not assessed. Additionally, no comparisons were made of poly drug use.

## METHODOLOGY

### Survey Design

The survey was administered during the week of October 8<sup>th</sup> – 12<sup>th</sup>, 2012 targeting all students in P5, P6, and M1 in Bermuda.

### Population Coverage

The survey targeted 2,060 students enrolled in 34 schools in Bermuda (23 public, six private, and five home schools) (see *Appendix II*). Students were either in one of three grade levels: P5, P6, or M1 or the private school equivalent of Grades/Year 4, 5, and 6. The age range of the target population was between 9 and 11 years. This age cohort was selected based on the recently conducted National School Survey, which indicated that age of initiation of substance use was as early as 9 years; and since that survey covered students ages 12 years and above, this study focused on students in the final levels of primary education and who are just beginning middle school.

Of the 23 public schools, there were five middle schools and the remainder comprises of primary schools. As was the case of the National School Survey of Middle and Senior School Students, home schools were invited to participate in the survey as long as these schools have enrolled students who met the grade selection criteria.

Although the survey targeted the entire P5, P6, and M1 population of students in Bermuda, four of the six private schools declined to participate in the survey on account of a number of reasons. Among the reasons cited were: the perception that students were too young to partake in a survey of this nature despite steps to address any concerns by the Department for National Drug Control, the view of skewed results given that students within this age cohort do consume alcohol, and the inability to obtain buy-in from the respective school boards and parent associations.

### Data Collection

From the inception of the planning process in early 2012, the Ministry of Education was informed of this initiative and permission was sought to engage the schools in this survey. In addition, the questionnaire to be used was provided to the Ministry's liaison personnel to be shared with other members of the Ministry's senior team. Permission was given by the Ministry to engage the representatively selected schools in a pilot testing of the survey in June 2012 with the intention of administering the survey to all schools in October 2012. DNDC staff met individually with the Principal of each school that participated in the pilot survey to obtain their buy-in.





At the beginning of the 2012/2013 academic year, schools' principals were formally notified of the scheduled survey, the staff and time requirements of the schools; and were asked to inform the DNDC of their school's scheduled participation. Of the 34 targeted schools, 30 indicated their interest to be part of this survey initiative. The four schools which did not participate were private schools.

Data collection was carried out from Monday, October 8<sup>th</sup> to Friday, October 12<sup>th</sup>. A couple of schools administered the survey in the following week because of scheduling conflict. The paper and pencil method was utilised to capture the self-reported responses.

## Supervision and Control

The project team for the survey consisted of staff from the Department for National Drug Control, who worked closely with an assigned contact person (school survey coordinator) from within each school. The DNDC was mainly responsible for planning the survey, printing the questionnaires, providing logistical assistance to school survey coordinators, analysing survey results, and preparing the survey reports. In addition, data entry was contracted to the Department of Statistics and the Ministry of Education provided the link between the DNDC and the various schools by approving the administration of the survey and providing feedback to the DNDC on the survey instrument and guidance on the process of engaging the schools and parents.

## Questionnaire Design and Testing

### Instrument

The survey instrument was adopted from the questionnaire used by the Barbados National Council on Substance Abuse in its recent study of this population cohort. Questions included in this instrument are typical drug consumption question that have been used in similar school-based surveys regionally and internationally. There were six sections in the questionnaire: demographics, knowledge and awareness of drugs, reasons for drug use, prevalence of drug experiences, access to drugs, and perception (see *Appendix I*). Questions on energy drinks consumption were added to the prevalence section of the questionnaire. All of the questionnaire items were pre-coded with the exception of questions on age, name of school, and one question on name of alcoholic beverages.

### Pilot Survey

The pilot served the purposes of testing both the questionnaire and the survey process with the aim of making modifications prior to the launch of the survey.

Although the questionnaire has been previously used and proven to be valid, the DNDC decided that since this was a new initiative for Bermuda, pilot testing needed to be done before the launch of the survey. In addition, some of the questions had to be tailored to the Bermuda context, which required testing for

reliability and validity. Further, this initial testing checked for readability, order, timing, overall respondent well-being and reaction, understanding of instructions, skip pattern, response categories, meaning of words, and general format and layout. The findings showed that the time for completion ranged from nine minutes to 45 minutes; most students understood the instructions for each section; the questions were easy to read except when the words posed difficulty; all students agreed that the text size and layout of the questions were readable; students were only stuck on those questions where the words were difficult; and most students understood the skip instructions and in other instances when explained by the Administrator students proceeded. Additionally, difficult words were identified and noted by for modification in the final questionnaire. For the pilot, however, the difficult words were explained to the students, which then allowed them to accurately answer the questions. All of the aforementioned findings were considered in finalising the questionnaire where a number of revisions were made based on the pilot findings. These revisions included but not limited to eliminating sections where there were no indication of drug consumption, rewording sentences to make them clearer, replacing words with simpler synonyms, and adding more clarity to instructions.

In terms of the process, the pilot allowed for checks in terms of the consent process, logistics, and resource requirements. The pilot revealed that nothing obvious needed to be changed or done differently; DNDC staff members needed to be present to observe and offer assistance to schools; schools need to inform their classroom teachers beforehand about the survey administration and distribute materials to the respective classes; and 30-45 minutes seemed to be a suitable time to allocate for survey completion. Longer durations were mostly in the instances where the questionnaire was read by the administrator or the students had reading challenges.

Administration of the pilot survey occurred in the month of June, from June 11<sup>th</sup> to June 25<sup>th</sup> at the school's convenience; that is, when the school could have accommodated all the selected classes to take the survey at the same time on the selected date. In most instances the questionnaire was self-administered and in those instances where it was read, students still moved without waiting for the administrator to read the questions. Administrators reading the questions could divulge students' responses in some instances. All the pilot sessions were observed by staff of the DNDC.

A total of 272 students in eight schools participated in the pilot survey. Classes within schools were selected for participation in the pilot based on a two-stage stratified random sampling design. In stage one, a representative sample was selected from public and private schools; and in stage two, classes were then randomly selected from within public and private school, representing the proportion of the sample that needed to be selected from each group. Replacement of classes occurred where a class or a school could not participate for any number of reasons. Students in P4, P5, and P6 were targeted for the pilot as these students eventually became the targeted P5, P6, and M1 for the actual survey in October. The sampling procedure yielded 336 students as the representative sample based on the 2011/2012 enrollment obtained from the Ministry of Education. This therefore means that there was an 81% response rate for the pilot survey.

Overall, P4 students in three schools, P5 and P6 students in four schools, respectively, participated in the pilot study. The profile of the pilot respondents are shown in Appendix III.

## Survey Administration

### Consent

Participation by students in this survey was voluntary but subject to the consent of a parent or guardian. Permission for participation was obtained through a passive consent form (that is, a parent or guardian of each student signs and returns the form only if refusing to allow the child to participate; otherwise, permission is considered to be granted). This method was in preference of the active consent method as it was thought that the participation rate would not be seriously affected.

The passive consent form was sent to the school's contact person to be given to each student. The form was accompanied by a letter to the parent or guardian explaining the purpose of the survey, the confidentiality of their child's participation and that non-participation will not affect the child's grades, and it was signed by a representative of both the DNDC and the Ministry of Education. In addition, in an effort to provide parents with more information about the survey, a page was appended to the consent form describing the questionnaire and the types of questions that will be asked in the survey, without divulging the exact wording or response categories of the questions. Parents were advised that if they needed more information they could contact either the school or the DNDC. Students were given the forms in advance and were asked to return it to the school prior to the survey. A total of 113 students (8%) did not receive consent to participate in the survey.

### Pre-Administration

Enrolment numbers were obtained from each school in order to obtain an accurate count of the number of questionnaires to be printed. The questionnaires were packaged in envelopes and boxes, accompanied by relevant control forms and instructions for the survey administrators. These were delivered to the schools prior to each school's scheduled survey administration date.

In addition, the Ministry of Education advised the DNDC, that before proceeding with the survey administration, parents needed to be provided with as much information about the survey as is possible. As such, in addition to providing the additional information on the consent letters mentioned above, the DNDC posted one advertisement in each of the local newspapers to be run on one day in the week preceding the survey (see *Appendix V*).

### Administration

The survey was administered in the classroom solely under the supervision and guidance of the teacher and required approximately 30 minutes to complete. In some instances, the administration extended a little beyond this time, for which the classroom teachers were accommodating. Most schools administered the survey during their health class. Each school's contact person received an approximate number of questionnaires in envelopes to match their enrolment at that time. Each classroom teacher was then given an estimated number of questionnaires for the students in attendance on that day for that class period along with the *Instructions for Survey Administrators*.

The teachers reviewed the instructions with their students. The instructions informed the students that there were no right or wrong answers. The instructions also explained the skip patterns and one example of a question (on parents' marital status) that may pose difficulty and the meaning of the associated response categories. Both the teacher and the written instructions on the front of the questionnaire assured students that the survey was confidential. Students were then asked to complete the survey and reminded to place the completed questionnaire in the envelope, which can be sealed to preserve confidentiality. In some instances, the teacher read the questions and response categories out aloud to students who had reading challenges, without offering any additional information to bias the students' answers.

Student cooperation was generally good. The general pattern of behaviour was for initial comments and levity on the topic of the survey but then the majority of students worked seriously on completing the questionnaire.

Staff of the DNDC observed the administration of the survey in a number of schools during the week to answer any questions that might arise.

The school's contact person gathered all the questionnaires as well as completed the control forms for resubmission to the DNDC.

### Post Administration

The completed questionnaires were uplifted from each school by the DNDC. They were retrieved from the envelopes, counted, stamped in sequential order, and packaged in batches of ten to be sent to the data entry service provider (Department of Statistics). All discrepancies in the count and the numbers indicated by the schools were queried and reconciled.

## Data Quality

### Response Rate

A total of 1,106 students responded to the survey representing 23 public, two private, and five home schools) (see *Appendix II*). This accounted for a participation rate of 53.7% of the 2,060 target population. However, discounting the non-participating schools, the survey response rate was 80.0% (of the total 1,383 students in the participating schools). There were 8% of students who were not given parental consent to participate in the survey and 12% of students who were absent or sick on the day of survey administration.

## Validation

In order to ensure that a high level of accuracy was maintained in data entry, 20% of questionnaires (approximately 221) were validated by supervisors of the data entry process. Two questionnaires from each of the batches of 10 questionnaires were randomly selected for verification. Supervisors reviewed every response in each of the selected questionnaires and corrected any error(s), which the data entry personnel may have entered. In addition, checks were made for logical inconsistencies. In most instances, logic was used to fill in missing data, that is, when a respondent omitted the school name, it was possible to look at questionnaires in the same batch to ascertain which school code should be assigned to that response. Other inconsistencies that were observed and corrected included, but not limited to the following instances:

1. If a respondent had answered that he/she had smoked/drank alcohol/drank energy drinks in the past year, but omitted responses leading up to that question, the previous codes of “No Answer” were replaced with the code “Yes”.
2. If a respondent had answered that he/she first had an alcoholic beverage at the age of 8, but omitted responses leading up to that question, the previous codes of “No Answer” were replaced with the code “Yes”.
3. If a respondent had answered that he/she had consumed a mixture of alcohol and energy drinks, but answered that they had not tried alcohol, the previous answer of “No” was changed to “Yes”.

## Missing Data

Imputations were not made for missing answers since it would be difficult to assign responses founded on self-report. Hence, missing data was treated as “no answer” or “not stated” and forms part of the total response.

## Data Processing

### **Database Design**

It was necessary to construct a database to house the information that was collected during the data collection phase of the survey. An electronic or digital version of the questionnaire was created to replicate each of questions on the paper version of the questionnaire. This electronic questionnaire acted as data entry application. SPSS DimensionsNet was the software which was utilized to construct the database question by question. Response options for every question on the questionnaire were added to the data dictionary of the database. Additionally, a response option for “No Answer” was added to each question and would be used if the respondent left the question blank. Skip instructions were added to the electronic version of the questionnaire to assist the data entry personnel with following the respective skips instructions on the paper questionnaire. The electronic questionnaire was tested for errors before the data entry process started.

### ***Training of Data Entry Personnel***

Around twenty temporary survey staff were hired by the Department of Statistics as data entry personnel to assist with keying in the data from the paper questionnaires. It was necessary for the data entry personnel to attend a detailed training session in which they were familiarized on the utilization of the software SPSS DimensionsNet. Training took place at the Department of Statistics on Thursday 18<sup>th</sup> October, 5:30 p.m. to 6:30 p.m.

### ***Data Entry Process***

Data entry personnel were required to report to the Department of Statistics from 5:30 p.m. – 8:30 p.m. every night during the data entry process. The process commenced on Monday 22<sup>nd</sup> October and ended on Wednesday 24<sup>th</sup> October. All 1,106 questionnaires were keyed into the database during this period. Data entry personnel were assigned to key in a batch of questionnaires that were grouped in batches of ten questionnaires. Two to three batches of questionnaires were keyed in by each data entry personnel each night.

At the end of the verification process, the electronic database was formatted into a (.sav) data file so that the data could be edited and cleaned using SPSS; a specialized statistical analysis tool.

When a respondent had omitted a response, a “no answer” code was applied to each omitted question.

## **Data Analysis**

Analyses were done by for each section of the questionnaire. The results of the survey are presented in three ways: (1) for each surveyed grade level, (2) for the overall surveyed population, and (3) by sex of the respondents. Measurement of each of these is elaborated in the respective sections.

Although four schools did not participate in the survey, the number of students in each grade cohort who, in fact, participated adequately represents the respective grade-level populations. As such, some inferences can be made about the attitudes and behaviours of students in these grade levels across the population.

Frequencies of count (number) and percent were generated for all variables. Basic descriptive analyses were carried out for all variables under the ATOD section. Descriptive statistics, such as the mean, mode, and range, were also derived and used in the analysis. Relevant cross tabulations between certain selected variables were derived from which inferences were made about the strength of the relationships between ATOD use and these variables.

SPSS v.19 software was used for the analysis of survey data. Charts were created in Microsoft Excel and tables and text were prepared in Microsoft Word.

### Weighting

Although the survey was intended to be a census targeting all schools with students ages 9 to 11, there were four private schools that did not participate, and represented 46.3% of the target population. This, therefore, meant that the responses collected represented a sample of the target population. In order to ensure that the reporting group (sample) was representative of the target population, and given that grade-level was the main unit of analysis, a weighting factor was used to adjust grade enrollment and the actual number of students surveyed in each grade. The purpose of this weighting is not to compensate for missing grades but rather to ensure that the proportion of each grade in the reporting group matches the proportions of enrolled students in those grades surveyed. Ideally, the percentage of students in each grade of the reporting group should match the school's enrollment to get a true representation of the population. This weighting factor was applied to both the individual grade level and overall statistics.

In order to adjust for any inconsistencies between the reporting group and enrollment grade-level distributions that are shown in Table 1, the results presented in this report are weighted by grade enrollment to reflect the population distribution of grades within the school. For each grade, the grade weight was derived by calculating the grade enrollment as a proportion of the total enrollment, which was then divided by the responses obtained for grade as a proportion of the total responses obtained.

**TABLE 1: WEIGHT ADJUSTMENTS**

GRADE	TARGET POPULATION/ENROLLMENT				RESPONSES		WEIGHTS
	NUMBER	PARTICIPATING SCHOOLS	NON-PARTICIPATING SCHOOLS	PERCENT	NUMBER	PERCENT	
P5	677	467	210	32.9	354	32.0	1.027
P6	699	487	212	33.9	383	34.6	0.980
M1	684	429	255	33.2	369	33.4	0.995
<b>TOTAL</b>	<b>2,060</b>	<b>1,383</b>	<b>677</b>	<b>100.0</b>	<b>1,106</b>	<b>100.0</b>	<b>1.000</b>

$$\text{GRADE WEIGHTS} = \frac{\text{PROPORTION OF GRADE ENROLLMENT TO TOTAL ENROLLMENT}}{\text{PROPORTION OF GRADE RESPONSE TO TOTAL RESPONSE}}$$

## RESULTS

This section of the report provides the survey findings by the following sub-sections: demographics, knowledge and awareness, reasons for drug use, prevalence of drug experiences, access to drugs, perceptions, and relationships.

### Demographics

A total of 1,106 students responded to the survey. Survey responders were majority male (52.3%) followed by 47.0% females (see *Table 1.1.1*). Most students were in grade P6 (33.9%) followed closely by grade MI (33.2%) and P5 (32.9%) (see *Figure 3.1.1*). The mean age of participants was 10.4 years with the youngest survey participant being age 8 and oldest age 14. When it came to race, majority of the students indicated they considered themselves as “Black” (57.4%) followed by “Mixed” (30.2%). More specifically, 57.3% (331) of boys were “Black” males, and 58.6% (304) were “Black” females, while 29.9% (173) indicated being “Mixed” race and a male, compared to 30.4% (158) who indicated being of “Mixed” race and female. The top three parishes of residence for student participants were: Pembroke (16.8%), St. George’s (15.7%), and Sandy’s (14.7%).

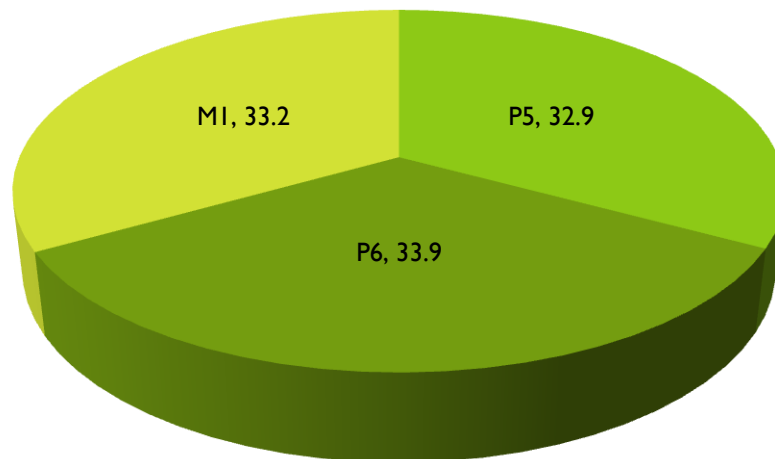


Figure 3.1.1. Grade-level percentage distribution of survey respondent.



Table 3.1.1  
Demographics of Survey Participants

	Grade Level						Overall	
	P5		P6		MI			
	n	%	n	%	n	%	n	%
<b>TOTAL</b>	<b>363</b>	<b>32.9</b>	<b>375</b>	<b>33.9</b>	<b>367</b>	<b>33.2</b>	<b>1,106</b>	<b>100.0</b>
<b>Sex</b>								
Male	200	55.1	181	48.3	197	53.7	579	52.3
Female	162	44.6	188	50.1	169	46.1	520	47.0
Not Stated	1	0.3	6	1.6	1	0.3	8	0.7
<b>Age*</b>								
8	73	20.1	-	-	-	-	73	6.6
9	267	73.4	68	18.0	-	-	335	30.3
10	21	5.6	281	74.9	71	19.2	372	33.7
11	-	-	24	6.3	266	72.4	289	26.2
12	-	-	-	-	27	7.3	27	2.4
13	-	-	-	-	3	0.8	3	0.3
14	-	-	-	-	1	0.3	1	0.1
Not Stated	3	0.8	3	0.8	-	-	6	0.5
<b>Race</b>								
Black	189	52.0	228	60.8	218	59.3	635	57.4
White	24	6.5	16	4.2	16	4.3	55	5.0
Portuguese	20	5.4	12	3.1	26	7.0	57	5.2
Asian or Pacific Islander	5	1.4	8	2.1	2	0.5	15	1.4
Mixed	123	33.9	107	28.5	104	28.2	334	30.2
Not Stated	3	0.8	5	1.3	2	0.5	10	0.9
<b>Parish</b>								
Devonshire	39	10.7	38	10.2	37	10.0	114	10.3
Hamilton	33	9.0	26	7.0	42	11.4	101	9.1
Southampton	32	8.8	24	6.5	27	7.3	83	7.5
Paget	21	5.6	14	3.7	23	6.2	57	5.2
Pembroke	63	17.2	63	16.7	61	16.5	186	16.8
Warwick	37	10.2	49	13.1	50	13.6	136	12.3
St. George's	60	16.4	70	18.5	45	12.2	174	15.7
Sandy's	46	12.7	66	17.5	51	13.8	163	14.7
Smith's	27	7.3	20	5.2	24	6.5	70	6.3
Multiple parishes	4	1.1	3	0.8	7	1.9	14	1.3
Not stated	3	0.8	3	0.8	2	0.5	8	0.7

\*Note: Although the target age was 9 to 11, there were some students who were below and above this criterion.

## Knowledge and Awareness

As demonstrated in Table 3.2.1, when it came to the source from which students obtained information related to the dangers of drugs, most of them said they got information from parents/guardians/family members (72.5%), teachers/cousellors (67.3%), followed by the television (53.0%). There were no apparent differences in sources of information by grade level, in that most P5 through M1 students all said they got their information about the dangers of drugs from parents/guardians/ family members as well as from teachers/consellors. Although different proportions are reported, both males and females said the top three sources of information were: 1) parents/guardians/family members; 2) teachers/consellors; and 3) the television. These three sources may indicate modalities through which prevention specialist should tap into as they consider ways to intervene with young people.

For student who indicated a source other than what was provided, 1.5% or five said they obtained information from the police and 3.0% or 10 said from PRIDE or a PRIDE Pals Club (prevention programmes).

Table 3.2.1  
Information Source(s) on the Dangers of Drugs by Grade Level, Overall, and Sex of Respondents

Information Source	Grade Level						Overall (n=1,106)		Sex			
	P5 (n=363)		P6 (n=375)		M1 (n=367)				Male (n=579)		Female (n=520)	
	n	%	n	%	n	%	n	%	n	%		
Friends	79	21.8	102	27.2	103	27.9	283	25.6	151	26.1	131	25.2
Newspapers	149	41.0	168	44.6	157	42.8	474	42.8	251	43.4	219	42.2
Internet	124	34.2	173	46.2	163	44.4	461	41.7	255	44.0	202	38.9
TV	158	43.5	210	55.9	218	59.3	586	53.0	333	51.5	248	47.8
Radio	112	30.8	117	31.1	112	30.6	341	30.8	194	33.5	143	27.5
Parents/Guardians/ Family Members	242	66.7	277	73.9	283	77.0	802	72.5	397	68.6	401	77.3
Teachers/Cousellors	206	56.8	282	75.2	256	69.6	744	67.3	370	64.0	370	71.2
Posters or Brochures	51	14.1	94	25.1	115	31.4	261	23.6	117	20.2	142	27.4
Own Experience	37	10.2	45	12.0	37	10.0	119	10.7	73	12.6	44	8.5
Church	66	18.1	82	21.9	83	22.5	231	20.9	115	19.9	115	22.1
DVD/Movies	78	21.5	98	26.1	124	33.9	300	27.2	177	30.6	120	23.0
Other	1	0.3	10	2.6	4	1.1	15	1.3	5	0.9	10	1.9

Students were asked various questions with regard to six situations involving drugs. Overall, the highest proportion of positive responses were directed toward the statement “if someone gives me drugs I would tell my teacher or parents” at 93.3% and for the statement “if a friend gives me drugs I would tell my teacher or parents” at 89.7% (see Table 3.2.2). As anticipated the lowest responses were reported for the statements “you have to use drugs lots of times before you get addicted/hooked on them” and the statement “if someone gives me drugs I would take them”. There were no apparent differences in responses based on the respondents’ sex, in that males and females felt the same way about the situations presented. Additionally, although there was a statistically significant association between each of the five statements and grade level, very little differences in proportions by grade level were observed. Therefore, regardless of age, students felt similar with respect to responding positively to each statement.

Table 3.2.2  
Statements about Drugs by Grade Level, Overall, and Sex of Respondents

Statement	Grade Level						Overall (n=1,106)		Sex			
	P5 (n=363)		P6 (n=375)		M1 (n=367)		n	%	Male (n=579)		Female (n=520)	
	n	%	n	%	n	%			n	%	n	%
You have to use drugs lots of times before you get addicted/hooked on them.*	83	22.9	111	29.5	91	24.7	284	25.7	148	25.6	137	26.3
If someone gives me drugs I would tell my teacher or parents.*	340	93.5	357	95.0	335	91.3	1032	93.3	524	90.6	502	96.5
If someone gives me drugs I would take them.	5	1.4	1	0.3	4	1.1	10	0.9	7	1.2	3	0.6
If a friend gives me drugs I would tell my teacher or parents.**	321	88.4	351	93.5	319	87.0	992	89.7	503	87.0	481	92.7
If a friend gives me drugs I would refuse to take them.**	263	72.3	323	86.2	319	87.0	906	81.9	475	82.0	425	81.8
If a family member (parent/guardian) gives me drugs I would tell my teacher or parents.**	297	81.6	318	84.9	293	79.7	908	82.1	459	79.4	444	85.4

\*  $p < .05$ , \*\*  $p < .001$

## Reasons for Drug Use

As seen in Table 3.3.1, the top two statements with positive responses were “people use drugs because their friends use drugs” at 38.2% and “people use drugs because their parents use drugs” at 23.7%, while a smaller proportion of students felt that “using drugs make you look cool” (1.3%). With respect to respondents’ sex and grade, there were no differences in responses to the statements based on these variables.

When it came to reasons for drug use and race, greater proportions of Black students answered positively to the statement such that: of respondents indicating “using drugs makes you look cool” (14), 9 were “Black”, two “Portuguese”, one said they were “Asian or Pacific Islander”, and two respondents were of “Mixed” race, which were statistically significant ( $p < .01$ ).

Similarly, of those students responding in favor of “my friends like me more if I use drugs” (17), five students indicated their race as “Black”, three indicated “White”, two said they were “Portuguese”, and seven said they were of “Mixed” race, which were statistically significant ( $p < .01$ ).

Although not statistically significant, of respondents indicating “people use drugs because their parents use drugs” (218), 129 were “Black”, 12 were “White”, nine said they were “Portuguese”, one said they were “Asian or Pacific Islander”, and 64 respondents were of “Mixed” race.

Students who responded positively to the statement “people use drugs because other persons in their family use drugs” (262), were predominantly “Black” (159) or of “Mixed” race (71), followed by “White” (16), and “Asian or Pacific Islander” (3). This analysis was also not statistically significant, albeit of practical significance.

When it came to peer drug use, students who positively responded to “people use drugs because their friends use drugs” (422), were more likely to be “Black” (247), of “Mixed” race (128), “Portuguese” (20), and “White” (19), which was not statistically significant, albeit of practical significance.

Lastly, concerning alcohol use based on advertising, respondents in favor of the statement “I want to use alcoholic drinks such as beer, rum, and wine when I see them advertised on television or in the newspaper” (43), respondents were of “Mixed” race (19), “Black” (17), “Portuguese” (4), and “White” (2), a statistically significant finding.

**Table 3.3.1**  
*Statements about Reasons for Drug Use by Grade Level, Overall, and Sex of Respondents*

Statement	Grade Level						Overall (n=1,106)		Sex			
	P5 (n=363)		P6 (n=375)		M1 (n=367)				Male (n=579)		Female (n=520)	
	n	%	n	%	n	%	n	%	n	%		
Using drugs make you look cool.	6	1.7	3	0.8	5	1.4	14	1.3	10	1.7	4	0.8
My friends like me more if I use drugs.	6	1.7	4	1.0	7	1.9	17	1.5	11	1.9	6	1.2
People use drugs because their parents use drugs.	73	20.1	67	17.8	79	21.4	218	19.7	126	21.8	92	17.7
People use drugs because other persons in their family use drugs.	84	23.2	84	22.5	94	25.5	262	23.7	144	24.9	118	22.7
People use drugs because their friends use drugs.	117	32.2	135	36.0	170	46.3	422	38.2	227	39.2	195	37.5
I want to use alcoholic drinks such as beer, rum, and wine when I see them advertised on television or in the newspaper.	18	5.1	14	3.7	11	3.0	43	3.9	29	5.0	14	2.7

## Prevalence of Drug Experiences

In this survey, drug prevalence is measured by a set of questions (see *Appendix 1*) similar to those generally used to study drug consumption among school-age populations. Consumption of alcohol, cigarettes, energy drinks, inhalants, marijuana, and other drugs (apart from marijuana and not including prescription drugs) were measured at two main reference periods: lifetime use (ever used a drug) and current use (used a drug in the last month or 30 days). In some instances recent use (used a drug in the past 12 months or year) was also measured but not reported. Lifetime prevalence is a good measure of student experimentation, while past 30-days prevalence-of-use is a good measure of current use.

This section of the report presents the finding of the prevalence of alcohol, tobacco, and other drugs (ATODs) as well as energy drinks. The overall results are shown for both lifetime and current use, disaggregated by grade level and sex of respondents. In addition, other findings such as average age of first use, source of drugs, location of use, symptoms of drug use, etc. are also analysed in this section.

### Lifetime and Current Use

One-third of all survey respondents (368) reported use of at least one drug in their lifetime (this does not include energy drinks). If energy drinks consumption was taken into account then the proportion of students who used all of the surveyed substances reached 689 or 62.3%.

Overall, the highest lifetime prevalence was reported for energy drinks by 52.3% of all survey respondents P5 through M1 (see *Table 3.4.1*). This was followed by 25.2% of students who reported ever using alcohol (even a sip and not including wine given at church) and 15.3% of students who used inhalants. A marginal proportion of students reported lifetime use (even a puff, sniff, or snort) of cigarettes (3.4%) and marijuana (3.1%), while only 0.5% indicated that they had used other drugs in their lifetime (see *Figure 3.4.1*). On the other hand, with the exception of energy drinks consumption which was reported at 23.4%, current prevalence was reportedly low, with 3.7% of survey respondents reporting use of inhalants in the past 30-days prior to survey administration, followed by 3.4% who indicated current use of alcohol (see *Table 3.4.2*). Other current prevalence ranges from 0.4% for cigarettes to 0.5% for marijuana and other drugs (see *Figure 3.4.2*).

Table 3.4.1

*Lifetime Use of Substances by Grade Level, Overall, and Sex of Survey Respondents as a Proportion of Grade Level Respondents*

Substances	Grade Level						Overall						Sex			
	P5 (n=363)		P6 (n=375)		M1 (n=367)		Overall (n=1,106)		Male (n=579)		Female (n=520)					
	n	%	n	%	n	%	n	%	n	%	n	%	n	%		
Alcohol	63	17.4	95	25.3	121	33.0	279	25.2	167	28.8	110	21.2				
Cigarettes	8	2.2	14	3.7	12	3.3	34	3.1	25	4.3	9	1.7				
Energy Drinks	169	46.6	203	54.1	206	56.1	578	52.3	342	59.1	232	44.6				
Inhalants	52	14.3	59	15.7	58	15.8	169	15.3	83	14.3	86	16.5				
Marijuana	13	3.6	12	3.2	13	3.5	38	3.4	24	4.1	14	2.7				
Other Drugs	2	0.6	2	0.5	2	0.5	6	0.5	3	0.5	3	0.6				

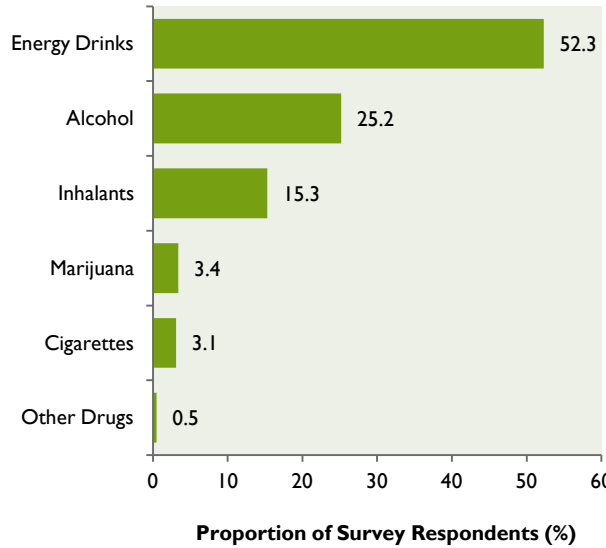


Figure 3.4.1. Lifetime use of ATODs and energy drinks.

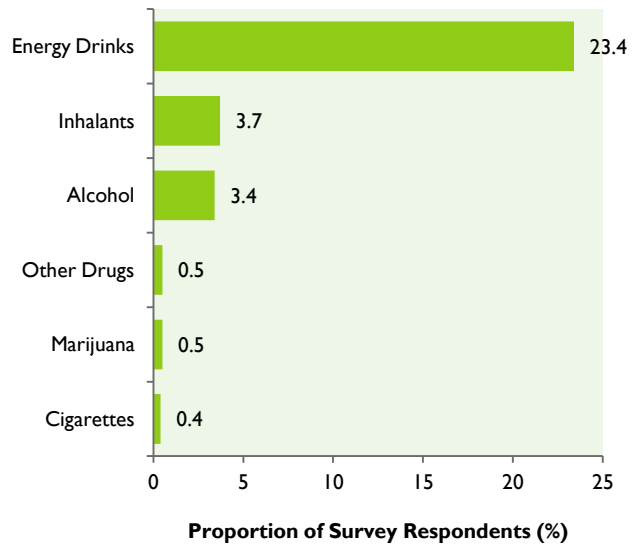


Figure 3.4.2. Current use of ATODs and energy drinks.

Table 3.4.2

Current Use of Substances by Grade Level, Overall, and Sex of Survey Respondents as a Proportion of Grade Level Respondents

Substances	Grade Level						Overall						Sex			
	P5 (n=363)		P6 (n=375)		M1 (n=367)		Overall (n=1,106)		Male (n=579)		Female (n=520)					
	n	%	n	%	n	%	n	%	n	%	n	%				
Alcohol	8	2.2	13	3.5	17	4.6	38	3.4	22	3.8	16	3.1				
Cigarettes	1	0.3	3	0.8	2	0.5	4	0.4	2	0.3	2	0.4				
Energy Drinks	76	20.9	92	24.5	91	24.8	259	23.4	166	28.7	90	17.3				
Inhalants	12	3.3	13	3.5	16	4.4	41	3.7	17	2.9	24	4.6				
Marijuana	1	0.3	5	1.3	6	1.6	6	0.5	4	0.7	2	0.4				
Other Drugs	2	0.6	2	0.5	2	0.5	6	0.5	3	0.5	3	0.6				

Typically, prevalence-of-use of most substances increases as students advance to higher grades. This trend was indeed evident for alcohol, inhalants, and energy drinks consumption for both lifetime and current use (see Tables 3.4.1 and 3.4.2) in addition to marijuana use in the current reference period. For instance, 17.4% of P5 students reported lifetime use of alcohol as compared to 33.0% of M1 students; and 2.2% of P5 student indicated current use of alcohol versus 4.6% of M1 students. While 3.6% of P5 students experimented with marijuana in their lifetime, only 0.3% reported use in the past 30-days prior to survey administration. However, 1.6% of M1 students were current users of marijuana although 3.2% had experimented with this drug. Among grade levels, current use of inhalant was most prevalent among M1 (4.4%) and P6 (3.5%) students while for P5 students only 3.3% reported current use. Of all substances, energy drink consumption was the most prevalent among students of all grade levels in both reference periods. For instance, over half of the students in P6 and M1 reported using energy drinks in

their lifetime; and one in five P5 students reported current use of energy drinks, while about one in four P6 and MI students reported using energy drinks in the 30-days prior to survey administration.

In terms of sex disaggregation, a greater proportion of boys reported both lifetime and current use of alcohol, energy drinks, and marijuana, while a larger portion of girls reported use of inhalants in both reference periods (see *Tables 3.4.1 and 3.4.2*). For instance, 28.8% of boys indicated experimenting with alcohol in their lifetime versus 21.2% girls and 4.1% of boys used marijuana in their lifetime compared to 2.7% girls. Similarly, in the past 30-day period, 3.8% of boys reported use of alcohol compared to 3.1% girls and 0.7% boys used marijuana versus 0.4% girls. In contrast, 16.5% of female survey respondents reported experimenting with inhalants in their lifetime as compared to 14.3% boys. Likewise, 4.6% of girls indicated use of inhalants in the current reference period versus 2.9% boys. Six in 10 males (59.1%) reported lifetime use of energy drinks compared to about four in 10 females (44.6%); while for the current use period, about three in 10 males (28.7%) indicated use versus two in 10 females (17.3%).

The results in *Table 3.4.3* show the average age of initiation of substance use by lifetime users. Age of initiation data can be used to coordinate the timing of prevention efforts to maximize programme effectiveness. For example, a programme may have limited impact if it is delivered after the majority of potential drug users have already initiated the behaviour. Very early intervention, on the other hand, might prove less effective if it is not delivered close enough to the critical initiation period. Students were asked to report how old they were when they first tried: cigarettes, alcohol, inhalants, marijuana, and energy drinks. Some of these substances such as alcohol, cigarettes, and marijuana, are commonly considered as major gateway drugs, which usually precede the use of hard drugs.

Overall for this age cohort under review, the average age of onset ranged from a low of 7.6 years for inhalants to 8.3 years for marijuana (see *Figure 3.4.3*). Alcohol use began around 7.8 years while the consumption of cigarettes commenced around 7.7 years and the use of energy drinks at just over 8 years (8.2 years).

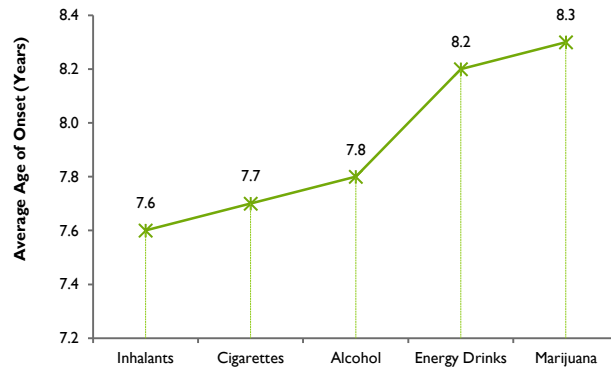


Figure 3.4.3. Average age of onset for all respondents.

Table 3.4.3  
Average Age of First Use by Grade Level, Overall, and Sex of Survey Respondents

(n=1,106)

Substances	Grade Level			Overall	Sex	
	P5	P6	MI		Male	Female
Alcohol	6.7	7.3	8.5	7.8	7.6	7.9
Cigarettes	6.1	7.7	8.9	7.7	7.9	6.8
Energy Drinks	7.2	8.1	9.0	8.2	8.1	8.2
Inhalants	6.3	7.4	9.0	7.6	7.3	7.8
Marijuana	7.4	7.8	9.5	8.3	8.3	8.3

Students in earlier grades like P5 and P6 began use of all the substances earlier than students in the later grade like M1 (see Figure 3.4.4). For instance, students in P5 reported initiating use of cigarettes and inhalants as early as 6.1 and 6.3 years, respectively as compared to their M1 counterparts who reported first using these substances at an average age of 8.9 years and 9.0 years, respectively.

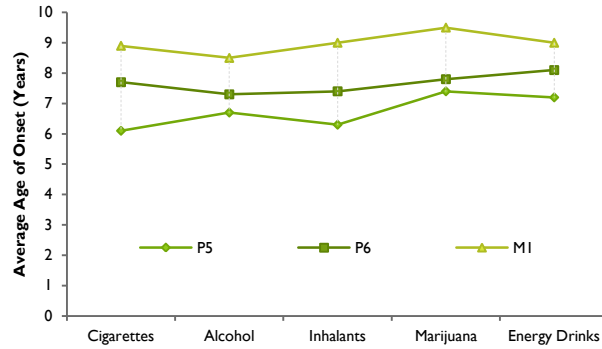


Figure 3.4.4. Average age of onset by grade level.

The average age of onset for male survey respondents ranged from a low of 7.3 years for inhalants to a high of 8.3 years for marijuana while for female respondents average age of onset ranged from a low of 6.8 years for cigarettes to a high of 8.3 years for marijuana. In other words, marijuana use commenced about the same age (8.3 years) for both boys and girls.

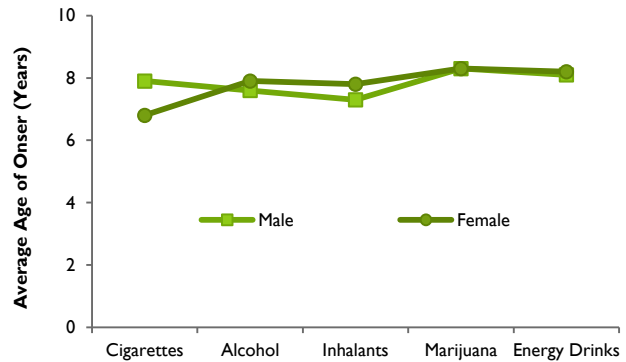


Figure 3.4.5. Average age of onset by sex of respondent.

Students were also asked questions on whether certain drinks contained alcohol. On the list of substances, over half of them are known to contain alcohol, with content ranging from as low as four to 5 ounces of alcohol in the case of long island iced tea to 50% in the case of vodka. Varying proportions of students indicated that all of the substances contained alcohol (see Table 3.4.4), though this is not the case as with coke soda, Sobe, and the energy drinks Monster, 5-Hour Energy, and Red Bull; although the verdict is still out on the alcoholic content of these energy drinks. Magnum, for instance, has been tested by the

**Table 3.4.4**  
*Knowledge of Alcohol Prevalence in Beverages [“Yes” Responses] by Grade Level and Overall as a Proportion of Total Survey Respondents*  
 (n=1,106)

List of Drinks	P5		P6		M1		Overall	
	n	%	n	%	n	%	n	%
Coke Soda	49	4.4	40	3.6	34	3.1	123	11.1
Monster	148	13.4	170	15.4	147	13.3	465	42.0
Baileys	90	8.1	116	10.5	114	10.3	320	29.0
Twisted Ice Tea	42	3.8	64	5.8	106	9.6	212	19.3
Heineken	256	23.1	308	27.8	307	27.8	871	78.8
Long Island Iced Tea	29	2.6	38	3.4	50	4.5	117	10.6
Magnum	113	10.2	121	10.9	123	11.1	357	32.5
5-Hour Energy	56	5.1	70	6.3	69	6.2	195	17.6
Red Bull	218	19.7	223	20.2	201	18.2	642	58.1
Rum Punch	262	23.7	285	25.8	272	24.6	819	74.0
WKD (Wickeds)	244	22.1	287	25.9	286	25.9	817	73.9
Breezers	151	13.7	179	16.2	184	16.6	514	46.5
Smirnoff Ice	104	9.4	149	13.5	177	16.0	430	38.9
Vodka	227	20.5	281	25.4	289	26.1	797	72.0
Beer	289	26.1	325	29.4	315	28.5	929	84.0
Sobe	81	7.3	71	6.4	72	6.5	224	20.0

Central Government Laboratory in Bermuda and shown to contain 16% alcohol. Overwhelmingly, over



70% of students reported that beer, Heineken, rum punch, Wicked's, and vodka contained alcohol. Some students (11.1%) were of the opinion that coke soda also contained alcohol. Few students (10.6%) were aware that Long Island Iced tea (a mixed drink or cocktail) contained alcohol.

Of the 38 self-reported current users of alcohol, 47.4% (18) or equivalently 1.6% of all survey respondents indicated that they usually get the alcohol from parents/guardians, followed by getting it from friends (seven) (see Table 3.4.5). Some of the alcohol beverages mentioned in the open-ended responses were beer, Breezers, wine, rum punch, Smirnoff Ice, margarita, vodka, among others. Not surprisingly, students most often drank alcohol at home as reported by 34.2% (13) of current users of alcohol or 1.2% of all survey respondents (see Table 3.4.6).

Table 3.4.5  
Source of Alcohol by Current Users as a Proportion of Total Survey Respondents

(n=1,106)		
Source	Number of Respondents	% of Respondents
Friends	7	0.6
Parents/Guardians	18	1.6
Brother/Sister	2	0.2
Other Relative(s)	4	0.4
Street Vendor	1	0.1
Shop	4	0.4

Table 3.4.6  
Location of Alcohol Use by Current Users as a Proportion of Total Survey Respondents

(n=1,106)		
Place	Number of Respondents	% of Respondents
At Home	13	1.2
At School	2	0.2
At a Friend's House	3	0.3
At Sporting Events	3	0.3
At Other Social Events	4	0.4
Other Place	7	0.6

When the students who indicated current use of alcohol were asked how they felt or what they did after using alcohol, symptoms indicative of alcohol use, most of them said that they felt dizzy (10), had headaches (nine), or were tired (six) (see Table 3.4.7).

Table 3.4.7  
Symptoms of Alcohol Use by Current Users as a Proportion of Total Survey Respondents

(n=1,106)		
	Number of Respondents	% of Respondents
Were you involved in (...) after using alcohol?		
Fighting	2	0.2
Bickering	4	0.4
Cursing	6	0.5

Table 3.4.7 cont'd  
Symptoms of Alcohol Use by Current Users as a Proportion of Total Survey Respondents

	(n=1,106)	
	Number of Respondents	% of Respondents
Did you (...) after using alcohol?		
Have headaches	9	0.8
Throw-up	5	0.4
Feel ill	6	0.5
Work less at school	6	0.5
Were you (...) after using alcohol?		
Tired	7	0.6
Dizzy	10	0.9
Absent from school	3	0.3

Of the 41 self-reported current users of inhalants, 26.8% (11) or equivalently 1.0% of all survey respondents indicated that they usually get the inhalants from another source other than those specified, followed by getting it from a medicine cabinet (8) (see Table 3.4.8). Not surprisingly, students most often used inhalants at home as reported by 63.4% (26) of current users of alcohol or 2.3% of all survey respondents (see Table 3.4.9).

Table 3.4.8  
Source of Inhalants by Current Users as a Proportion of Total Survey Respondents

	(n=1,106)	
Source	Number of Respondents	% of Respondents
Friends	4	0.4
Parents/Guardians	4	0.4
Medicine Cabinet	8	0.7
Brother/Sister	5	0.5
Other Relative(s)	1	0.1
From the Kitchen	3	0.3
Parents'/Guardian's Bedroom	4	0.4
Other*	11	1.0

\*bathroom, own room, school, store, self

Table 3.4.9  
Location of Inhalant Use by Current Users as a Proportion of Total Survey Respondents

	(n=1,106)	
Place	Number of Respondents	% of Respondents
At Home	26	2.3
At School	7	0.6
On the Street	2	0.2
At a Friend's House	4	0.4
At Other Social Events	1	0.1
Other Place	1	0.1

When the students who indicated current use of inhalants were asked how they felt or what they did after using inhalants, symptoms indicative of inhalant use, most of them said that they worked less at school (17), were nervous (17), had headaches (12), or were absent from school (12) (see Table 3.4.10).

Table 3.4.10

*Symptoms of Inhalant Use by Current Users as a Proportion of Total Survey Respondents*

(n=1,106)

	Number of Respondents	% of Respondents
Did you (...) after using inhalants?	12	1.1
Have headaches	5	0.5
Throw-up	9	0.8
Feel ill	4	0.4
Work less at school	17	1.5
Were you (...) after using inhalants?		
Tired	11	1.0
Nervous	17	1.5
Dizzy	2	0.2
Absent from school	12	1.1

Of the 259 self-reported current users of energy drinks, 59.5% (154) or equivalently 13.9% of all survey respondents indicated that they usually buy the energy drinks they consumed, followed by getting them from their parents (141) (see Table 3.4.11). Only 2.9% of all survey respondents indicated they got energy drinks from friends. Most of the students (80) indicated that they consume energy drinks once in a month while only 11 students said they used energy drinks twice or more in a day (see Table 3.4.12).

Table 3.4.11

*Source of Energy Drinks by Current Users as a Proportion of Total Survey Respondents*

(n=1,106)

Source	Number of Respondents	% of Respondents
Friends give them to me	32	2.9
My parents give them to me	141	12.7
My brother and/or sister give them to me	56	5.0
Other relative(s) give them to me	75	6.8
I buy them	154	13.9

Table 3.4.12

*Frequency of Use of Energy Drinks by Current Users as a Proportion of Total Survey Respondents*

(n=1,106)

Frequency	Number of Respondents	% of Respondents
Once in a day	36	3.3
Twice or more in a day	11	1.0
Once in a week	36	3.2
Twice in a week	29	2.6
Once in a month	80	7.2
Other	64	5.8

When students were asked about the circumstance surrounding the use of energy drinks, overwhelmingly, 63.3% (164) of current energy drink users or 14.8% of all respondents reported that they used them before or after sporting activities or while hanging out with family or watching TV (110) (see Table 3.4.13). In terms of the reason for using energy drink, 62.5% (162) of current users or 14.6% of all respondents said they used them to get more energy or strength or to stay awake (93) (see Table 3.4.14).

Table 3.4.13

*Circumstances of Use of Energy Drinks by Current Users as a Proportion of Total Survey Respondents*

(n=1,106)

<b>Situation</b>	<b>Number of Respondents</b>	<b>% of Respondents</b>
While Studying	21	1.9
Before or after sporting activities	164	14.8
While hanging out with family or watching TV	110	9.9

Table 3.4.14

*Reason for Use of Energy Drinks by Current Users as a Proportion of Total Survey Respondents*

(n=1,106)

<b>Reason</b>	<b>Number of Respondents</b>	<b>% of Respondents</b>
To stay awake	93	8.4
To get more energy or strength	162	14.6
To relax	56	5.1

While consumption of energy drinks should be cautioned, more specifically for youths because of the high caffeine content, ranging from 50 mg to 505 mg per can or bottle, consuming a mixture of alcoholic beverages with energy drinks is even more risky. The results from this survey showed that 35 students or 3.2% of all survey respondents reported using a mixture of alcoholic beverages and an energy drink in the past 30-days prior to survey administration.

## Access to Drugs

This section presents the results of students' opinion on the ease of obtaining four substances: marijuana, inhalants, cigarettes, and alcohol. Overall, inhalants seemed to be the easiest drug to access as indicated by 46.5% of the survey respondents, followed by alcohol, which was reported by 31.0% of the students (see Table 3.5.1). A great proportion of students did not know how easy it is to obtain any of the substances surveyed. For instance, 67.5% of students did not know whether or not marijuana was easy to obtain and 49.9% felt the same way about cigarettes. On the other hand, students reported that marijuana (7.7%) and cigarettes (7.1%) are the substances which are "impossible" to obtain. The results were consistent when analysed by grade, where, irrespective of the grade, a larger proportion of students felt that inhalants and alcohol were the easiest substances to access. However, more of the students were from M1 who felt that inhalants were the easiest to obtain, while more of the students who felt that alcohol was the easiest drug to access were in P6. Similarly, a greater proportion of both boys and girls reported that inhalants and alcohol were the easiest substances to acquire as well as cigarettes. Inhalants, for instance, was reported by 23.7% male respondents and 22.5% female respondents as being the easiest drug to access. However, boys were more likely to report ease of access to any of the substances than girls. For example, 4.8% of male survey respondents indicated that marijuana was easy to obtain as compared to 3.6% female respondents.

Table 3.5.1

Access to Substances by Grade Level, Overall, and Sex of Survey Respondents as a Proportion of Total Respondents (n=1,106)

How easy is it to get...?	Grade Level						Overall	Sex				
	P5		P6		M1			Male		Female		
	n	%	n	%	n	%		n	%	n	%	
<b>Marijuana</b>												
Easy	32	2.9	29	2.6	34	3.1	95	8.6	53	4.8	40	3.6
Difficult	29	2.6	47	4.2	40	3.6	116	10.5	62	5.6	53	4.8
Impossible	32	2.9	31	2.8	24	2.2	87	7.7	50	4.5	36	3.3
Don't Know	250	22.6	247	22.3	249	22.5	746	67.5	377	34.1	367	33.2
Not Stated	11	1.0	29	2.6	22	2.0	62	5.6	36	3.3	24	2.2
<b>Inhalants</b>												
Easy	135	12.2	185	16.7	194	17.5	514	46.5	262	23.7	249	22.5
Difficult	27	2.4	19	1.7	10	0.9	56	5.1	29	2.6	27	2.4
Impossible	12	1.1	12	1.1	13	1.3	37	3.3	21	1.9	15	1.4
Don't Know	168	15.2	137	12.4	130	11.8	435	39.3	229	20.7	204	18.4
Not Stated	12	1.1	30	2.7	22	2.0	64	5.8	37	3.3	25	2.3
<b>Cigarettes</b>												
Easy	89	8.0	123	11.1	97	8.8	309	27.9	165	14.9	141	12.7
Difficult	28	2.5	34	3.1	32	2.9	94	8.5	52	4.7	42	3.8
Impossible	27	2.4	23	2.1	29	2.6	79	7.1	49	4.4	29	2.6
Don't Know	194	17.5	172	15.6	186	16.8	552	49.9	271	24.5	279	25.2
Not Stated	16	1.4	31	2.8	25	2.3	72	6.5	41	3.7	29	2.6
<b>Alcohol</b>												
Easy	101	9.1	125	11.3	117	10.6	343	31.0	175	15.8	165	14.9
Difficult	27	2.4	38	3.4	37	3.3	102	9.2	65	5.9	37	3.3
Impossible	27	2.4	20	1.8	26	2.4	73	6.6	44	4.0	28	2.5
Don't Know	185	16.7	168	15.2	165	14.9	518	46.8	256	23.1	260	23.5
Not Stated	14	1.3	32	2.9	24	2.2	70	6.3	38	3.4	30	2.7

## Perceptions

In this segment, students' perceptions of the harm associated with four risky behaviours are analysed. Perception of health risk is an important determinant in the decision-making process young people consider when choosing whether or not to use ATODs. Risk awareness or opinions of the harmfulness of substances is a key component to educating adolescents about substance abuse. Risk perception can vary across sexes, ages, and drug types. Adolescents' perceptions of the risk associated with a behavior are closely related to their choices, with an inverse association between drug use and risk perception (as risk is perceived to be higher, the adolescent chooses not to participate in the behavior). Research has shown a consistent negative correlation between perception of health risk and the level of reported ATOD use. That is, generally when the perceived risk of harm is high, reported frequency of use is low, and vice versa. Evidence also suggests that perceptions of risks and benefits associated with drug use sometimes serve as a leading indicator of future drug use patterns.

Tables 3.6.1 below shows the distribution of students' perceptions of harm to four drug use behaviours by grade level and sex of students, as well as for overall survey respondents. Overall, most students believed that all four behaviours are harmful, ranging from 48.0% of students who felt that inhaling common household products are harmful to 74.5% who reported that smoking cigarettes is harmful (see Figure 3.6.1). Similarly, 64.8% of students indicated that drinking alcohol is harmful while 70.1% of the students said the same about smoking marijuana. However, it should be noted that although almost half of the students indicated that inhaling common products (inhalants) is harmful, 12.8% indicated that this behaviour is not harmful. About one-third (33.6%) of the survey respondents did not know if inhaling common products poses any harm and just under one-quarter (22.6%) felt the same way about alcohol.

Table 3.6.1

*Perceptions of Harm by Grade Level, Overall, and Sex of Survey Respondents as a Proportion of Total Respondents (n=1,106)*

Harms	Grade Level						Overall		Sex			
	P5		P6		MI				Boys		Girls	
	n	%	n	%	n	%	n	%	n	%		
<b>Is smoking cigarettes harmful to you?</b>												
Yes	260	23.5	283	25.6	281	25.4	824	74.5	423	38.2	395	35.7
No	15	1.4	12	1.1	16	1.4	43	3.9	25	2.3	17	1.5
Don't Know	68	6.1	60	5.4	52	4.7	180	16.3	94	8.5	86	7.8
Not Stated	11	1.0	28	2.5	20	1.8	59	5.3	36	3.3	22	2.0
<b>Is drinking alcohol harmful to you?</b>												
Yes	218	19.7	243	22.0	256	23.1	717	64.8	375	33.9	338	30.6
No	31	2.8	28	2.5	19	1.7	78	7.1	42	3.8	35	3.2
Don't Know	92	8.3	84	7.6	74	6.7	250	22.6	123	11.1	125	11.3
Not Stated	13	1.2	28	2.5	20	1.8	61	5.5	38	3.4	22	2.0
<b>Is inhaling common products harmful to you?</b>												
Yes	157	14.2	180	16.3	194	17.5	531	48.0	271	24.5	257	23.2
No	51	4.6	49	4.4	42	3.8	142	12.8	72	6.5	69	6.2
Don't Know	133	12.0	125	11.1	114	10.3	372	33.6	197	17.8	172	15.6
Not Stated	13	1.2	29	2.6	19	1.7	61	5.5	38	3.4	22	2.0
<b>Is smoking marijuana harmful to you?</b>												
Yes	235	21.2	271	24.5	269	24.3	775	70.1	398	36.0	371	33.5
No	16	1.4	11	1.0	13	1.2	40	3.6	21	1.9	18	1.6
Don't Know	89	8.0	73	6.6	68	6.1	230	20.8	122	11.0	108	9.8
Not Stated	14	1.3	28	2.5	19	1.7	61	5.5	37	3.3	23	2.1

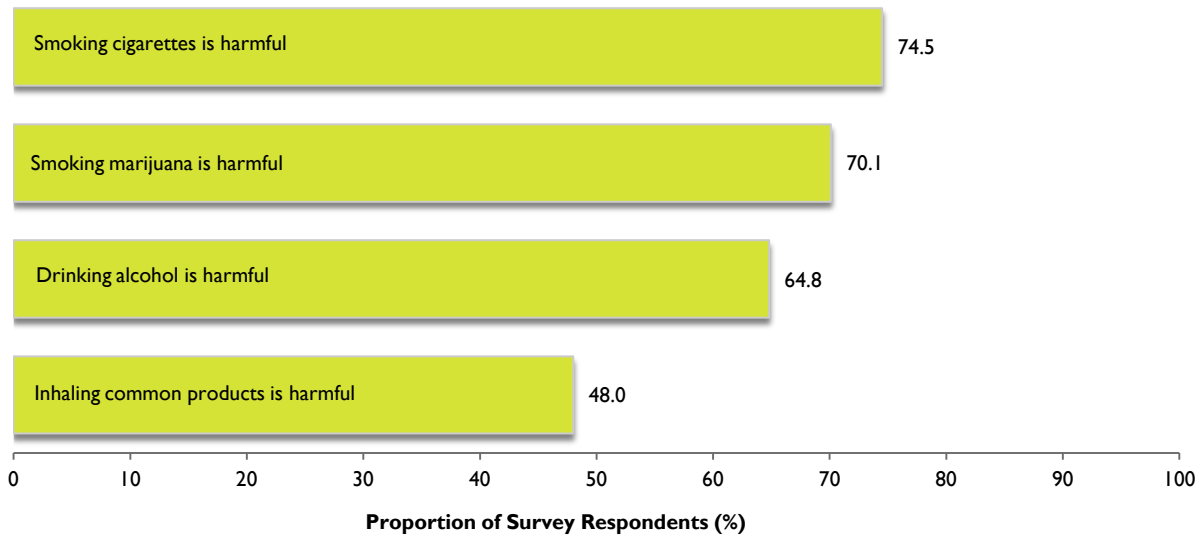


Figure 3.6.1. Proportion of overall survey respondents who perceived each substance use behaviour to be harmful.

When analysed by grade, the results showed that P5 students were less likely to report that any of the four behaviours is harmful when compared to their P6 and M1 counterparts. For instance, 14.2% of the students who reported inhaling common products is harmful were in P5 as compared to 16.3% and 17.5% of students who were in P6 and M1, respectively. Likewise, 24.3% of the students who indicated that smoking marijuana is harmful were in M1 versus 21.2% who were in P5. Could this mean that the older age cohorts reported based on experience?

Disparity also existed between the sexes where the propensity for boys, to report that the four behaviours are harmful, was higher than for girls. In addition, the proportion of boys who reported “no” and “don’t know”, to the perception of harm to each of the four substance use, was greater than for girls with the exception of the perceived harm associated with drinking alcohol, where more of the survey respondents who reported “don’t know” was girls as compared to boys (11.1%).

In terms of a further disaggregation of the survey respondents by grade and sex (Table 3.6.2), the results were consistent with the overall results for students in P5 and M1 where boys were more likely to perceive the various behaviours as harmful. In contrast, the proportion of girls in P6 who reported perception of harm to the four substance use behaviours was higher than their male counterparts.

Table 3.6.2  
Perceptions of Harm by Sex of Survey Respondents as a Proportion of Grade Level Respondents

Harms	P5 (n=363)				P6 (n=375)				MI (n=367)			
	Male		Female		Male		Female		Male		Female	
	n	%	n	%	n	%	n	%	n	%	n	%
<b>Is smoking cigarettes harmful to you?</b>												
Yes	138	38.0	120	33.1	135	36.0	144	38.4	149	40.6	131	35.7
No	8	2.2	7	1.9	5	1.3	6	1.6	12	3.3	4	1.1
Don't Know	42	11.6	26	7.2	29	7.7	31	8.3	23	6.3	29	7.9
Not Stated	6	1.7	5	1.4	16	4.3	11	2.9	14	3.8	6	1.6
<b>Is drinking alcohol harmful to you?</b>												
Yes	116	32.0	101	27.8	120	32.0	121	32.3	139	37.9	116	31.6
No	18	5.0	13	3.6	12	3.2	15	4.0	12	3.3	7	1.9
Don't Know	53	14.6	39	10.7	37	9.9	45	12.0	33	9.0	41	11.2
Not Stated	8	2.2	5	1.4	16	4.3	11	2.9	14	3.8	6	1.6
<b>Is inhaling common products harmful to you?</b>												
Yes	86	23.7	70	19.3	85	22.7	93	24.8	100	27.2	94	25.6
No	27	7.4	24	6.6	22	5.9	26	6.9	23	6.3	19	5.2
Don't Know	74	20.4	59	16.3	61	16.3	62	16.5	62	16.9	51	13.9
Not Stated	8	2.2	5	1.4	17	4.5	11	2.9	13	3.5	6	1.6
<b>Is smoking marijuana harmful to you?</b>												
Yes	127	35.0	107	29.5	127	33.9	140	37.3	144	39.2	124	33.8
No	9	2.5	7	1.9	4	1.1	6	1.6	8	2.2	5	1.4
Don't Know	51	14.0	38	10.5	38	10.1	35	9.3	33	9.0	35	9.5
Not Stated	8	2.2	6	1.7	16	4.3	11	2.9	13	3.5	6	1.6

Table 3.6.3 overleaf shows the perception of the legality of substances by students in the surveyed grade levels. The results are presented by grade level, overall, and sex of the respondents for each substance considered. Overall, most students are of the correct view that wine (65.9%), beer (63.4%), cigarettes (60.5%), and rum (56.2%) are legal for adults only, while 8.8% and 8.0% were of the opinion that marijuana and cocaine, respectively, are legal for adults. Further, 61.8% of the students reported that marijuana is illegal. It is worthy to note that almost one-fifth or one-quarter of the survey respondents did not know the legality of the substances under consideration. For instance, 25.3% did not know if rum was legal or illegal, while 23.6% felt the same about marijuana. Students in P5 and P6 were of greater proportion of all the students who reported marijuana and cocaine were legal compared to the proportion of their MI counterparts who indicated that these substances were illegal (see *Figure 3.6.2*). More MI students, on the other hand, correctly reported that rum, cigarettes, beer, and wine, were legal for adults only. When the results were analysed by respondents' sex, it was evident that girls were less likely to know whether a substance was legal or illegal (see *Figure 3.6.3*). For example, 15.2% of girls did not know whether cocaine was legal or illegal compared to 13.5% of boys. On the other hand, of the survey respondents who indicated whether a substance was legal or illegal more were boys than girls.



Table 3.6.3

Perceptions of Legality of Substances by Grade Level, Overall, and Sex of Survey Respondents as a Proportion of Total Respondents

(n=1,106)

		Legal		Illegal		Don't Know		Not Stated	
		n	%	n	%	n	%	n	%
Grade Level/Substances	<b>P5</b>								
	Cocaine	49	4.4	157	14.2	132	11.9	16	1.4
	Marijuana	34	3.1	193	17.5	113	10.2	14	1.3
	Rum	171	15.5	53	4.8	112	10.1	18	1.6
	Cigarette	170	15.4	76	6.9	93	8.4	15	1.4
	Wine	196	17.7	48	4.3	93	8.4	17	1.5
	Beer	187	16.9	56	5.1	95	8.6	16	1.4
	<b>P6</b>								
	Cocaine	28	2.5	224	20.3	102	9.2	29	2.6
	Marijuana	37	3.3	238	21.5	77	7.0	31	2.8
	Rum	219	19.8	50	4.5	85	7.7	29	2.6
	Cigarette	236	21.3	52	4.7	67	6.1	28	2.5
	Wine	256	23.1	36	3.3	63	5.7	28	2.5
	Beer	249	22.5	38	3.4	68	6.1	28	2.5
	<b>MI</b>								
	Cocaine	11	1.0	254	23.0	84	7.6	20	1.8
	Marijuana	26	2.4	252	22.8	71	6.4	20	1.8
	Rum	232	21.0	33	3.0	83	7.5	21	1.9
	Cigarette	263	23.8	37	3.3	50	4.5	19	1.7
	Wine	277	25.0	23	2.1	48	4.3	21	1.9
	Beer	265	24.0	27	2.4	55	5.0	22	2.0
<b>Overall</b>									
Cocaine	88	8.0	635	57.4	318	28.8	65	5.9	
Marijuana	97	8.8	683	61.8	261	23.6	65	5.6	
Rum	622	56.2	136	12.3	280	25.3	68	6.1	
Cigarette	669	60.5	165	14.9	210	19.0	62	5.6	
Wine	729	65.9	107	9.7	204	18.4	66	6.0	
Beer	701	63.4	121	10.9	218	19.7	66	6.0	
Sex/Substances	<b>Male</b>								
	Cocaine	50	4.5	342	30.9	149	13.5	37	3.3
	Marijuana	60	5.4	365	33.0	116	10.5	37	3.3
	Rum	339	30.7	64	5.8	139	12.6	36	3.3
	Cigarette	358	32.4	84	7.6	100	9.0	36	3.3
	Wine	381	34.4	52	4.7	106	9.6	39	3.5
	Beer	382	34.5	54	4.9	103	9.3	39	3.5
	<b>Female</b>								
	Cocaine	37	3.3	289	26.1	168	15.2	26	2.4
	Marijuana	36	3.3	312	28.2	145	13.1	27	2.4
	Rum	279	25.2	70	6.3	140	12.7	31	2.8
	Cigarette	308	27.8	77	7.0	110	9.9	25	2.3
	Wine	342	30.9	54	4.9	98	8.9	26	2.4
Beer	313	28.3	67	6.1	114	10.3	26	2.4	

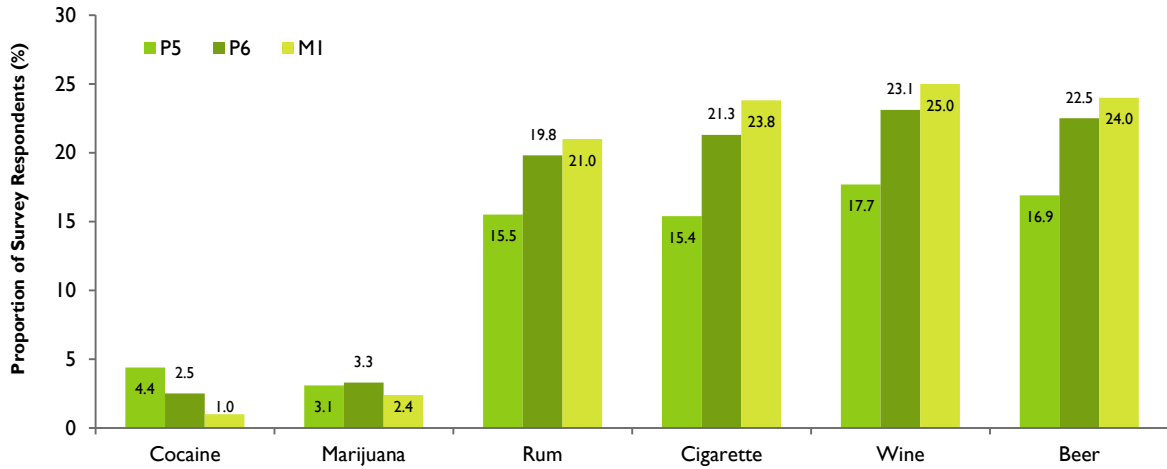


Figure 3.6.2. Proportion of survey respondents by grade level who reported “legal” for each substance.

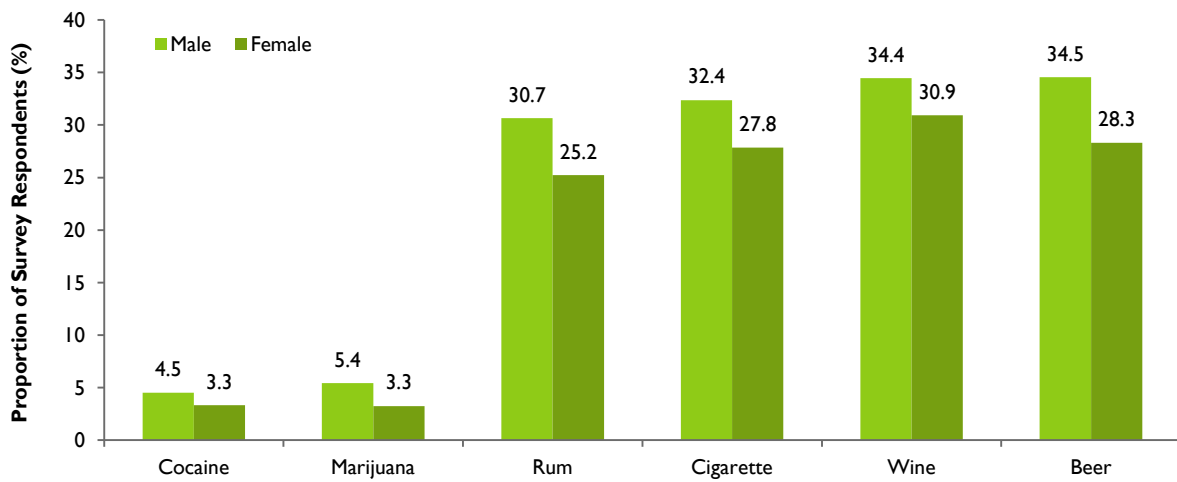


Figure 3.6.3. Proportion of survey respondents by sex of respondent who reported “legal” for each substance.

## Relationships

### Reasons for Drug Use and Consumption of ATODs

When it came to the reasons young people may use drugs and actual drug consumption, an interesting relationship was observed. When the five statements were compared to students who actually admitted to using alcohol, tobacco, and other drugs, in most instances there was a significant relationship between those admitting drug use and the reason for using (see *Table 3.7.1*). For example, of students admitting to cigarette and alcohol use and who also said that “using drugs make you look cool”, a statistically significant relationship was observed among those who ever used cigarettes or alcohol in their lifetime ( $p < .001$ ) and past 30 days ( $p < .01$ ). In other words, students who actually admitted to using cigarettes and alcohol were likely to have done so because they were of the opinion that their use made them look cool. Similar relationships were observed for students who have used inhalants and marijuana over the same reference periods.

Another example would be that of drug consumption and using drugs because “my friends like me more if I use drugs”. A statistically significant relationship was observed among those who ever used alcohol and cigarettes in their lifetime ( $p < .01$ ) and in the past 30 days ( $p < .01$ ). This would indicate that some students who used cigarettes and alcohol were likely to have done so because their peers liked them more if they used those substances. Similar relationships were observed for students who have used inhalants and energy drinks. Likewise, a similar relationship was evident for those marijuana users who used it at least once in their lifetime; in that students’ use is closely related to their peers.

Table 3.7.1

Reasons for Drug Use and Consumption of ATODs by Lifetime and Current Prevalence.

Statement	Cigarettes				Alcohol				Marijuana				Inhalants				Energy Drinks			
	Lifetime		Current		Lifetime		Current		Lifetime		Current		Lifetime		Current		Lifetime		Current	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Using drugs make you look cool.	6	22.2**	4	50.0*	15	57.7**	7	46.7*	8	29.6**	2	33.3**	11	42.3**	4	50.0*	22	84.6*	11	73.3
My friends like me more if I use drugs.	2	6.3	2	100.0*	17	53.1*	-	-	2	6.3**	7	5.1	6	18.8*	4	100.0*	24	75.0**	7	100.0*
People use drugs because their parents use drugs.	22	5.4*	-	-	126	31.0**	24	25.8*	19	4.7	4	11.8	54	13.3	23	37.1	224	55.2	114	59.7*
People use drugs because other persons in their family use drugs.	19	3.9*	2	20.0	143	29.3*	24	22.2*	21	4.3	4	8.5	67	13.7*	15	22.4*	272	55.7	132	54.8
People use drugs because their friends use drugs.	35	4.4*	6	28.6*	233	29.6*	39	24.1*	33	4.2*	9	12.5	123	15.6*	34	33.0	440	55.9*	208	55.5*
I want to use alcoholic drinks such as beer, rum, and wine when I see them advertised on television or in the newspaper.	17	21.0**	4	50.0*	43	53.1**	9	28.1**	9	11.3**	4	30.8*	28	34.6**	9	45.0*	56	69.1*	35	77.8**

\*p < .01, \*\* p < .001

### Access to Drugs and Consumption of ATODs

A cross tabulation of the results of students' responses to access to drugs and their self-reported lifetime and current use of inhalants and alcohol shows a statistically significant relationship between these variables for both the lifetime and current use reference periods. Table 3.7.2 shows that 10.7% of survey respondents who felt that inhalants were easy to access were also lifetime users of this substance. Similarly, 11.0% of the students who indicated that alcohol was easy to access had also used it in their lifetime.

Table 3.7.2  
*Relationship between Access to Selected Substances and Lifetime and Current Use of Substances*

(n=1,106)

		Lifetime Use**		Current Use**	
		n	%	n	%
<b>How easy is it to get inhalants?</b>	Easy	118	10.7	32	2.9
	Difficult	10	0.9	2	0.2
	Impossible	1	0.1	0	-
	Don't Know	34	3.1	5	0.5
	Not Stated	6	0.5	2	0.2
		Lifetime Use**		Current Use*	
		n	%	n	%
<b>How easy is it to get alcohol?</b>	Easy	122	11.0	22	2.0
	Difficult	43	3.9	6	0.5
	Impossible	18	1.6	2	0.2
	Don't Know	76	6.9	6	0.5
	Not Stated	21	1.9	2	0.2

p < 0.01, \*\*p < 0.001

### Perception of Harm and Consumption of ATODs

Table 3.7.3 overleaf shows a cross tabulation of the students' responses to questions on their perception of harm associated with drug use and their self-reported lifetime and current use of the substances. The findings revealed a statistically significant relationship between these variables for both the lifetime and current use reference periods, with the exception of cigarette smoking and current use. For instance, 15.3% of survey respondents who felt that drinking alcohol is harmful were also lifetime users of this substance. Similarly, 6.1% of the students who indicated that inhaling common products is harmful also used inhalants in their lifetime. Although only a small proportion of students who reported smoking cigarettes or marijuana as being harmful were users of these substances, their associations were statistically significant.

Table 3.7.3

*Relationship between Perception of Harm of Selected Substances and Lifetime and Current Use of Substances*

(n=1,106)

		Lifetime Use*		Current Use	
		n	%	n	%
<b>Is smoking cigarettes harmful to you?</b>	Yes	22	2.0	3	0.3
	No	5	0.5	1	0.1
	Don't Know	5	0.5	0	-
	Not Stated	2	0.5	0	-
		Lifetime Use**		Current Use**	
		n	%	n	%
<b>Is drinking alcohol harmful to you?</b>	Yes	169	15.3	22	2.0
	No	44	4.0	7	0.6
	Don't Know	50	4.5	7	0.6
	Not Stated	16	1.4	2	0.2
		Lifetime Use**		Current Use*	
		n	%	n	%
<b>Is inhaling common products harmful to you?</b>	Yes	68	6.1	17	1.5
	No	42	3.8	11	1.0
	Don't Know	54	4.9	11	1.0
	Not Stated	5	0.5	2	0.2
		Lifetime Use**		Current Use*	
		n	%	n	%
<b>Is smoking marijuana harmful to you?</b>	Yes	25	2.3	5	0.5
	No	6	0.5	1	0.1
	Don't Know	4	0.4	0	-
	Not Stated	3	0.3	0	-

p < 0.01, \*\*p < 0.001

### Perception of Legality and Consumption of ATODs

Students' perception of the legality of substances seemed to be linked to their use of the substances. A cross tabulation of the results of students' responses to questions on the legality of substances and their self-reported lifetime and current use of these substances shows a statistically significant relationship between these variables for only the lifetime reference period. In other words, the current use behaviours may not be consistent in repeated surveys. Table 3.7.4 shows that 20.1% of survey respondents who felt that wine is legal were also lifetime users of this substance. Similarly, 19.1% and 18.6% of the students who indicated that rum and beer, respectively, are legal substances, had also used them in their lifetime. Note, however, the questions clarified that legal meant only for adults, as in the case of alcoholic beverages; yet still students indicated use of these substances.

Table 3.7.4

*Relationship between Perception of Legality of Selected Substances and Lifetime and Current Use of Substances*

(n=1,106)

		Lifetime Use**		Current Use	
		n	%	n	%
<b>Is marijuana:</b>	Legal	7	0.6	2	0.2
	Illegal	25	2.3	3	0.3
	Don't Know	4	0.4	1	0.1
	Not Stated	2	0.2	0	-
		Lifetime Use**		Current Use	
		n	%	n	%
<b>Is rum:</b>	Legal	206	18.6	25	2.3
	Illegal	23	2.1	3	0.3
	Don't Know	35	3.2	8	0.7
	Not Stated	15	1.4	2	0.2
		Lifetime Use**		Current Use	
		n	%	n	%
<b>Is wine:</b>	Legal	223	20.1	30	2.7
	Illegal	13	1.2	2	0.2
	Don't Know	27	2.4	4	0.4
	Not Stated	16	1.4	2	0.2
		Lifetime Use**		Current Use	
		n	%	n	%
<b>Is beer:</b>	Legal	211	19.1	28	2.5
	Illegal	21	1.9	3	0.3
	Don't Know	31	7.9	5	0.5
	Not Stated	16	1.4	2	0.2

p < 0.01, \*\*p < 0.001

## DISCUSSION AND CONCLUSION

The Survey on Knowledge and Attitudes of Drugs and Health was undertaken to evaluate a young cohort of students with regard to their perceptions, knowledge, beliefs, and experimentation with alcohol, tobacco and/or other drugs. The survey itself was met with some hesitation from the private school sector, discussed in the limitations section of this report, which, therefore, limited the ability to assess students attending four private schools on the Island. Those students' perceptions, knowledge, and belief systems may be different than students attending public schools, and as such a complete picture of the perceptions and experiences of 9 to 11 year olds in Bermuda is limited by the exclusion of this subset. However, a more representative sample was obtained during the pilot test phase and those results are provided for comparison.



Overall, amongst students who participated in the survey, lifetime and current (past 30 day) prevalence-of-use were highest for energy drinks, alcohol, and inhalants, following a traditionally ATOD model of substances first used by adolescents. The fact that both males and females showed similar proportions in use would indicate that at the ages of 9 to 11 there are very few differences in experimentation between boys and girls and so prevention programmes with this age group can be of mixed sex and may be of added benefit by doing so. Of no surprise, in terms of substance use at the grade level, M1 students, who are typically 11 or 12 years, showed higher prevalence-of-use of alcohol and inhalants when compared to P5 and P6 students. This is indicative of differences in consumption by age or grade level. Although cigarettes, marijuana, and other drugs were assessed during the survey, their prevalence were not as significant. This may be because as adolescents mature they have a tendency to escalate the substance with which they experiment.

A common indicator tracked through consumption surveys is age of initiation or first use. This indicator allows researchers to monitor the age in which students' first start experimenting as a way to assess the success of prevention efforts. The expectation is that age of first use would increase, and not decrease, as this would indicate a delay in drug use. In this current survey there were a great number of unexpected results in this regard. Results of the National School Survey 2011 suggested that the lowest age of first use was for inhalants at age 9 years. However, the age of first use of most substances asked in this survey, was on average between 7.7 and 8.3 years, which is most worrisome. Additionally, given that girls admitted to trying or experimenting with cigarettes as young as age 6.8 years, prevention efforts should start earlier; as early as age 5 or 6 years, which is supported by a wide body of research.

Equally concerning is the use of energy drinks amongst this very young cohort. As reported first in the National School Survey 2011, young people in Bermuda indicated a high rate of energy drinks consumption over both lifetime and current use periods. In this survey, an equally high proportion said they had ever (lifetime) [52.3%] used energy drinks, with a still sizeable proportion admitting to past 30-day (current) use (23.4%). When students were asked about the source of the energy drinks they consumed, the majority admitted that they buy them or are given them by a parent. Much of the research currently being conducted would suggest young people should not consume energy drinks



because of the high caffeine content, which leads to heart palpitations and, worst case scenario, even death. While this is a fairly new phenomenon, public education for both young people and parents alike is suggested.

Even more concerning than the level of alcohol and drug experimentation is the apparent lack of knowledge regarding the presence of alcohol in a selection of beverages. The fact that three of the most popular alcoholic beverages (Twisted Tea, Breezers, Smirnoff Ice), were selected by more than half of students as drinks that did not have alcohol demonstrates the need for more alcohol awareness education. Similarly, the legality of cocaine and marijuana appears to be uncertain amongst student participants, as between 8.0% to 8.8% of students said those substances were legal. These issues are further compounded by a higher proportion of users of alcohol indicating the source of alcohol as a parent/guardian. This would suggest that parents/guardians need to be educated on the dangers of alcohol and other drugs on growing adolescents and the cognitive implications its use may have on a developing brain. Additionally, more education is needed to inform young people about alcohol and drugs, in general, and should include a discussion on acceptable and unacceptable drinks for their age, prior to experimentation.

Students were keen to admit that inhalants, alcohol, and marijuana were the easiest drugs to obtain. Making these substances more difficult to obtain may result in delaying first use. Obviously parents may feel that household products or other inhalants are difficult to conceal; however, locking them away in a cabinet may be easily accommodated. With respect to alcohol, similar principle would apply to securing alcohol in the home in locked cabinet. Alcohol sales to minors is illegal. A comprehensive media campaign, which addresses this issue would bring more attention to the matter and raise parents' and the general public's awareness of the underage drinking problem. While marijuana remains an illegal substance in Bermuda, its use has become culturally accepted in some communities. Educating young people of the associated harms of use should continue as research has categorised it as a gateway drug. This fact, combined with a skewed perception of harm resulting from use of alcohol and inhalants, would suggest that this younger cohort requires basic health information related to drug use and its consequences on the body.

In the evaluation of relationships among ATOD consumption and other factors, resulting analyses would suggest that drug consumption may be accelerated or prevented by one's belief system. For example, alcohol, cigarettes, and marijuana use was coupled with the variable called "reasons for drug use". In most cases those students who admitted to using alcohol or drugs did so because it made them "look cool", or it made their friends "like me more if I use drugs", or they used drugs because their friends or parents use drugs. Other relationships were explored between access to drugs, perception of harm, and perception of legality of substances and lifetime and current use of the selected substances. In most instances the relationships were statistically significant, especially at the lifetime reference period. In other words, the results obtained seemed not to have occurred by chance but instead are viewed as highly probable.

It is critical to determine, for several reasons, both the prevalence of alcohol and other drug use and their risk factors in children. First, it is necessary to determine the prevalence of alcohol and other drug use in this population to monitor the need for, and the success of, prevention efforts in the primary schools. Second, alcohol use onset is one of the initial stages in the progression to illicit drug use.

Knowing how many children have experience with licit and illicit substances thus serves as an indicator of the number potentially at risk for illicit drug use. Third, childhood onset of substance use predicts problems in adolescence as well as problem drug use and dependence in adulthood. Fourth, determination of the risk factors for early onset of alcohol use would permit the design of more effective prevention programmes for use in primary schools.

During the planning process for the Survey on Knowledge and Attitudes of Drugs and Health, it was hypothesized that experimentation of alcohol, tobacco, and other drugs may be prevalent among this younger cohort of students. Thus, the results of the present survey have provided evidence to support this theory. The questions of what, where, why, and how have been answered as a result of this survey. More interestingly, the current survey imparted information never before collected from this younger age cohort – that of the perceptions, beliefs, and knowledge around alcohol and drugs. Among 9 to 11 year olds who participated in the survey some students had a tendency to experiment mostly with alcohol, inhalants, and energy drinks at some point in their short lifespan. One of the more important statistics relates to the lack of knowledge by students' with respect to drinks that did and did not contain alcohol and the substances that were and were not legal (for example, cocaine, marijuana).

Findings from the pilot test of the survey, which took place in June 2012 utilising a sample representing current students 9 to 11 years (which included schools otherwise excluded from the current survey), showed similar patterns of substance consumption (inhalants, alcohol, energy drinks) and comparable results in terms of reasons for drugs use, perceptions of harm, and legality of substances (see Appendix III). These results suggest that that the current survey results may be more generalisable to the all students 9 to 11 years in Bermuda than previously stated.

Overall, the survey results demonstrated the need for more education with students and at an earlier age than traditionally provided. The question to be answered is when is the most appropriate time to intervene with children regarding alcohol and drugs. Some argue that exposing young children to such alcohol and drug education may introduce them to the concepts that lead to use simply out of curiosity. The Department for National Drug Control, recognizing the need to intervene at the earliest possible stage, implemented the *Al's Pals* programme with pre-school children in September 2009. The *Al's Pals: Kids Making Healthy Choices* programme is a recognised model programme from the United States that utilises a resilience-based early childhood curriculum and teacher training programme to develop social, emotional, and behavioral skills in children 3 to 8 years old. Although the Bermuda programme is currently being implemented with children ages 3 to 4, it is anticipated to be implemented in Primary 1 and 2 classes throughout the Island. While it is too early in the programme implementation to evaluate its impact on beliefs and behaviours of children, the programme is anticipated to build drug resistance skills and social-emotional competence. Simultaneously, parents/guardians should consistently receive information on substances used by young people, the associated dangers with use, and the parents'/guardians' role in prevention of problem substance use.

This survey, the first of its kind in Bermuda, along with other empirical evidence collected and reported by the DNDC, provides a snapshot of drug experimentation and also imparts knowledge on the perceptions and belief systems in Bermuda among children 9 to 11 years of age. It is intended that the results will be used by a wide audience of teachers, researchers, policy makers, prevention specialists,

and others working with young people. While caution is advised when interpreting this type of data, due to methodological limitations, the above findings, nonetheless, offer further evidence of drug usage among children of primary school age.

## RECOMMENDATIONS

Alcohol and drug experimentation is common amongst adolescents. Because adolescence is a time of curiosity, young people must be provided with information about the dangers of various substances and the impact of use on their futures. With the release of the National School Survey 2011 and other events, there has been a renewed interest in the topic of alcohol use and misuse among those who are too young to legally drink.

Worldwide, very limited empirical evidence exists on the drug using behaviours of those 9 to 11 years, and almost non-existent in Bermuda. Not only is there absence of good surveillance of the prevalence of alcohol and other drug use among children, but there is also a lack scientific studies on the risk factors for the onset of drinking in childhood, speaking to the need for more research amongst this subset.



In terms of future programming, the following recommendations are suggested for consideration:

- For upcoming prevention initiatives it is recommended that a broader range of youth project staff (age, sex, and socio-economic status) work on the various projects. The programme staff's needs (that is, personal support and guidelines) should be identified, and structured policies put into place. It is further recommended that an adult staff be consistently present.
- In terms of the findings, as was mentioned above, this research needs to continue in order to disseminate the findings of this survey to teachers, social workers, and others working with this population.
- With the ready availability of more data that has been generated on Bermuda's youths, a blueprint for youth substance abuse treatment in Bermuda should be developed. Such a plan should take into account the broad needs of the children and youths in Bermuda and must not only consist of one treatment option. The community should be as actively involved as possible in this planning process. The data should be presented back to the community and discussed in such a way that concrete suggestions are generated through broad consultation and planning. Any support services proposed need to be varied and creative.
- Campaigns/initiatives that reach 9 to 11 year olds should be developed with the involvement of young people, and include, but not limited to:
  - Prevention programmes with students 9 to 11 years that impart the dangers of alcohol, inhalants, and other drugs either within the school curriculum or after school.
  - Multimedia campaigns targeting underage drinking should be considered a priority.
- From a policy perspective, more work is needed to implement policies related to alcohol and drug use, such as:
  - National School Drug Policy
  - National School-based Drug Prevention Education
  - Enforcement of Under-age Drinking Laws



GOVERNMENT OF BERMUDA  
Ministry of Justice

**Department for National Drug Control**

# **SURVEY OF STUDENTS ON KNOWLEDGE & ATTITUDES OF DRUGS AND HEALTH, 2012**

**Good day! The Department for National Drug Control (DNDC) is carrying out a survey on drugs and health. The results will be used to help improve drug prevention and education programmes for young people like you in Bermuda. The answers you give are very important so please give honest answers.**

**This is not a test.** There are no wrong or right answers. If you have any questions during the survey, please raise your hand.

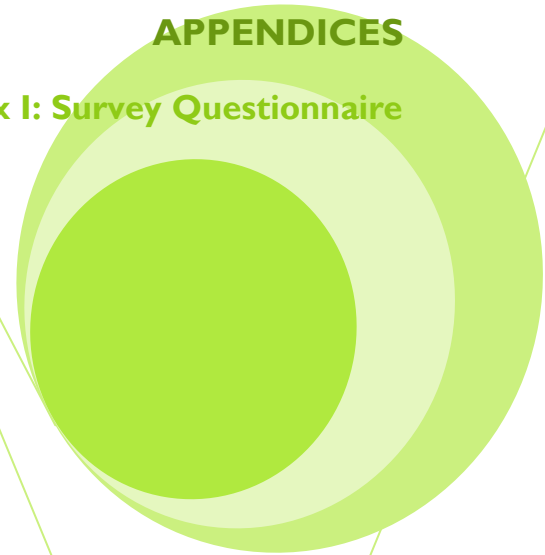
**Please do not write your name on this booklet.** This way, no one will know your answers. Your answers will remain a secret. When you are done, look over your booklet to make sure you have answered all the questions. Then put the booklet in the envelope and wait for your teacher to collect the envelope.

Now open your questionnaire. Use your pencil or pen to write your answers. You will see that the questions have squares or boxes next to them. For each question, choose the answer that best fits what you know or what you do and then tick the square. If you must change your answer, erase your old answer and choose another answer.

**Thank you for participating in this survey!**

## **APPENDICES**

### **Appendix I: Survey Questionnaire**





**INSTRUCTIONS**

Please read each question carefully. Answer each question by ticking the box

**SECTION A: DEMOGRAPHICS****1) Name of your school?**


---

**2) You are in?**

1.  P5      2.  P6      3.  M1

**3) You are a:**

1.  Boy      2.  Girl

**4) Your age is:**

years old

**5) What do you consider yourself to be?**

1.  Black      3.  Portuguese      5.  Mixed (two or more)  
2.  White      4.  Asian or Pacific Islander

**6) Which parish do you most often live in?**

1.  Devonshire      4.  Paget      7.  St. George's  
2.  Hamilton      5.  Pembroke      8.  Sandys  
3.  Southampton      6.  Warwick      9.  Smith's

## SECTION B: KNOWLEDGE AND AWARENESS OF DRUGS

### 7) Where do you get information about the dangers of drugs?

(TICK (✓) **ALL** THAT APPLY TO YOU)

1. <input type="checkbox"/> Friends	7. <input type="checkbox"/> Teachers/Counsellor
2. <input type="checkbox"/> Newspapers	8. <input type="checkbox"/> Posters or brochures
3. <input type="checkbox"/> Internet	9. <input type="checkbox"/> Own experience
4. <input type="checkbox"/> TV	10. <input type="checkbox"/> Church
5. <input type="checkbox"/> Radio	11. <input type="checkbox"/> DVD/Movies
6. <input type="checkbox"/> Parents/Guardians/Family Members 12. <input type="checkbox"/> Other (please say) _____	

### 8) Carefully read each statement below. Please TICK (✓) the box next to EACH statement that tells us what your answer is to the statement.

**Drugs refer to alcohol (like beer, rum, wine, gin, vodka), marijuana (weed, joint, spliff), or inhalants (like glue, paint, gasoline, diesel). Drugs do not include medicines from home, the doctor, or pharmacy.**

a) You have to use drugs lots of times before you get addicted/hooked on them.	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>	3. Don't Know <input type="checkbox"/>
b) If someone gives me drugs I would tell my teacher or parents.	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>	3. Don't Know <input type="checkbox"/>
c) If someone gives me drugs I would take them.	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>	3. Don't Know <input type="checkbox"/>
d) If a friend gives me drugs I would tell my teacher or parents.	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>	3. Don't Know <input type="checkbox"/>
e) If a friend gives me drugs I would refuse to take them.	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>	3. Don't Know <input type="checkbox"/>
f) If a family member (parent/guardian) gives me drugs I would tell my teacher or parents.	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>	3. Don't Know <input type="checkbox"/>



**SECTION C: REASONS FOR DRUG USE**

9) Carefully read each statement below. Please TICK (✓) the box that best describes how you feel about EACH statement.

Drugs refer to alcohol (like beer, rum, wine, gin, vodka), marijuana (like weed, joint, spliff), or inhalants (like glue, paint, gasoline, diesel). Drugs do not include medicines from home, the doctor, or pharmacy.

a) Using drugs make you look cool.	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>	3. Don't Know <input type="checkbox"/>
b) My friends like me more if I use drugs.	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>	3. Don't Know <input type="checkbox"/>
c) People use drugs because their parents use drugs.	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>	3. Don't Know <input type="checkbox"/>
d) People use drugs because other persons in their family use drugs.	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>	3. Don't Know <input type="checkbox"/>
e) People use drugs because their friends use drugs.	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>	3. Don't Know <input type="checkbox"/>
f) I want to use alcoholic drinks such as beer, rum, and wine when I see them advertised on television or in the newspaper.	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>	3. Don't Know <input type="checkbox"/>

## SECTION D: PREVALENCE OF DRUG EXPERIENCES

## CIGARETTES

10a) Have you ever smoked cigarettes? (Even a puff)

1.  Yes      2.  No

(If your answer is No to question 10a, go to question 11a on page 7)

10b) About how old were you when you first smoked a cigarette?

years old

10c) Have you smoked cigarettes in the past year?

1.  Yes      2.  No

If your answer is No to question 10c, go to question 11a on page 7)

10d) Have you smoked cigarettes in the past month?

1.  Yes      2.  No

If your answer is No to question 10d, go to question 11a on page 7)

10e) From whom/where do you usually get cigarettes? (Tick only ONE answer)

1.  Friends      2.  Parents/Guardian      3.  On the Street  
 4.  Shop      5.  Brother/Sister      6.  Other relative(s)  
 7.  Other place (please say) \_\_\_\_\_

10f) Where do you most often smoke cigarettes? (Tick only ONE answer)

1.  At home      2.  At school      3.  On the street      4.  At a friend's house  
 5.  At sporting events      6.  At other social events (parties, fairs)  
 7.  Other place (please say) \_\_\_\_\_

**ALCOHOL (like beer, rum, wine, gin, vodka)**

**11a) On the list of drinks, place a TICK (✓) next to ALL those drinks that have alcohol.**

1. <input type="checkbox"/> Coke Soda	9. <input type="checkbox"/> Red Bull
2. <input type="checkbox"/> Monster	10. <input type="checkbox"/> Rum Punch
3. <input type="checkbox"/> Baileys	11. <input type="checkbox"/> WKD (Wicked)
4. <input type="checkbox"/> Twisted Ice Tea	12. <input type="checkbox"/> Breezers
5. <input type="checkbox"/> Heineken	13. <input type="checkbox"/> Smirnoff Ice
6. <input type="checkbox"/> Long Island Iced Tea	14. <input type="checkbox"/> Vodka
7. <input type="checkbox"/> Magnum	15. <input type="checkbox"/> Beer
8. <input type="checkbox"/> 5-Hour Energy	16. <input type="checkbox"/> Sobe

**11b) Did you ever drink alcoholic beverages (even a sip)? These DO NOT include wine given at church.**

1.  Yes      2.  No

**(If your answer is No to question 11b, go to question 13a on page 9)**

**11c) How old were you when you tried alcohol for the first time?**

years old

**11d) Did you drink alcoholic beverages in the past year?**

1.  Yes      2.  No

**(If your answer is No to question 11d, go to question 13a on page 9)**

**11e) Did you drink alcoholic beverages in the past month?**

1.  Yes      2.  No

**(If your answer is No to question 11e, go to question 13a on page 9)**

**11f) Name the alcoholic beverages that you drink.**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

**11g) From whom/where do you usually get alcohol? (Tick only ONE answer)**

1.  Friends                      2.  Parents/Guardian                      3.  Brother/Sister  
 4.  Other relative(s)    5.  Street vendor                      6.  Shop  
 7.  Other place (please say) \_\_\_\_\_

**11h) Where do you most often drink alcohol? (Tick only ONE answer)**

1.  At home    2.  At school    3.  On the street    4.  At a friend's house  
 5.  At sporting events                      6.  At other social events (parties, fairs)  
 7.  Other place (please say) \_\_\_\_\_

**12)**

- |  |                                    |                                   |
|--|------------------------------------|-----------------------------------|
| a) Were you involved in <b><u>fighting</u></b> after using alcohol?  | 1. Yes<br><input type="checkbox"/> | 2. No<br><input type="checkbox"/> |
| b) Were you involved in <b><u>bickering</u></b> after using alcohol? | 1. Yes<br><input type="checkbox"/> | 2. No<br><input type="checkbox"/> |
| c) Were you involved in <b><u>cursing</u></b> after using alcohol?   | 1. Yes<br><input type="checkbox"/> | 2. No<br><input type="checkbox"/> |
| d) Did you have <b><u>headaches</u></b> after using alcohol?         | 1. Yes<br><input type="checkbox"/> | 2. No<br><input type="checkbox"/> |
| e) Did you <b><u>throw-up</u></b> after using alcohol?               | 1. Yes<br><input type="checkbox"/> | 2. No<br><input type="checkbox"/> |
| f) Were you <b><u>tired</u></b> after using alcohol?                 | 1. Yes<br><input type="checkbox"/> | 2. No<br><input type="checkbox"/> |
| g) Were you <b><u>dizzy</u></b> after using alcohol?                 | 1. Yes<br><input type="checkbox"/> | 2. No<br><input type="checkbox"/> |
| h) Did you <b><u>feel ill</u></b> after using alcohol?               | 1. Yes<br><input type="checkbox"/> | 2. No<br><input type="checkbox"/> |
| i) Did you <b><u>work less at school</u></b> after using alcohol?    | 1. Yes<br><input type="checkbox"/> | 2. No<br><input type="checkbox"/> |
| j) Were you <b><u>absent from school</u></b> after using alcohol?    | 1. Yes<br><input type="checkbox"/> | 2. No<br><input type="checkbox"/> |

**INHALANTS (household cleaning products, glue, paint, gas, hair spray, nail polish remover, markers)**

---

**13a) Have you ever purposely inhaled products such as glue, paint, deodorant, hair spray, nail polish remover, cleaning products, or other similar products to get high?**

1.  Yes      2.  No

**(If your answer is No to question 13a, go to question 15a on page 11)**

---

**13b) How old were you when you tried inhalants for the first time?**

years old

---

**13c) Have you purposely inhaled household products such as glue, paint, deodorant, hair spray, nail polish remover, cleaning products, or other products in the past year to get high?**

1.  Yes      2.  No

**(If your answer is No to question 13c, go to question 15a on page 11)**

---

**13d) Have you purposely inhaled household products such as glue, paint, deodorant, hair spray, nail polish remover, cleaning products, or other products in the past month to get high?**

1.  Yes      2.  No

**(If your answer is No to question 13d, go to question 15a on page 11)**

---

**13e) From whom/where do you usually get inhalants? (Tick only ONE answer)**

1.  Friends                      2.  Parents/Guardian      3.  Medicine cabinet  
 4.  Brother/Sister      5.  Other relative(s)      6.  From the kitchen  
 7.  Parents'/Guardians' bedroom      8.  Other place (please say) \_\_\_\_\_
-

**13f) Where do you most often use inhalants? (Tick only ONE answer)**

1.  At home                      2.  At school                      3.  On the street  
 4.  At a friend's house    5.  At sporting events    6.  At other social  
 7.  Other place (please say) \_\_\_\_\_ events (parties, fairs)
- 

**14)**

- |  |                                    |                                   |
|--|------------------------------------|-----------------------------------|
| a) Did you have <b>headaches</b> after using inhalants?      | 1. Yes<br><input type="checkbox"/> | 2. No<br><input type="checkbox"/> |
| b) Did you <b>throw-up</b> after using inhalants?            | 1. Yes<br><input type="checkbox"/> | 2. No<br><input type="checkbox"/> |
| c) Were you <b>tired</b> after using inhalants?              | 1. Yes<br><input type="checkbox"/> | 2. No<br><input type="checkbox"/> |
| d) Were you <b>nervous</b> after using inhalants?            | 1. Yes<br><input type="checkbox"/> | 2. No<br><input type="checkbox"/> |
| e) Were you <b>dizzy</b> after using inhalants?              | 1. Yes<br><input type="checkbox"/> | 2. No<br><input type="checkbox"/> |
| f) Did you <b>feel ill</b> after using inhalants?            | 1. Yes<br><input type="checkbox"/> | 2. No<br><input type="checkbox"/> |
| g) Did you <b>work less at school</b> after using inhalants? | 1. Yes<br><input type="checkbox"/> | 2. No<br><input type="checkbox"/> |
| h) Were you <b>absent from school</b> after using inhalants? | 1. Yes<br><input type="checkbox"/> | 2. No<br><input type="checkbox"/> |
-

**MARIJUANA (weed, joint, hash, spliff)**

---

**15a) Have you ever used marijuana? (Even a puff, sniff, snort)**

- 1.
- 
- Yes      2.
- 
- No

**(If your answer is No to question 15a, go to question 16a on page 12)**

---

**15b) How old were you when you used marijuana for the first time?**years old

---

**15c) Have you used marijuana in the past year?**

- 1.
- 
- Yes      2.
- 
- No

**(If your answer is No to question 15c, go to question 16a on page 12)**

---

**15d) Have you used marijuana in the past month?**

- 1.
- 
- Yes      2.
- 
- No

**(If your answer is No to question 15d, go to question 16a on page 12)**

---

**15e) From whom/where do you usually get marijuana? (Tick only ONE answer)**

- |  |   |   |
|--|---|---|
| 1. <input type="checkbox"/> Friends        | 2. <input type="checkbox"/> Parents/Guardian  | 3. <input type="checkbox"/> Street pusher |
| 4. <input type="checkbox"/> Brother/Sister | 5. <input type="checkbox"/> Other relative(s) | 6. <input type="checkbox"/> Other place   |
| (please say) _____                         |   |   |
- 

**15f) Where do you most often use marijuana? (Tick only ONE answer)**

- |  |  |   |
|--|--|---|
| 1. <input type="checkbox"/> At home                        | 2. <input type="checkbox"/> At school          | 3. <input type="checkbox"/> On the street   |
| 4. <input type="checkbox"/> At a friend's house            | 5. <input type="checkbox"/> At sporting events | 6. <input type="checkbox"/> At other social |
| 7. <input type="checkbox"/> Other place (please say) _____ | events (parties, fairs)                        |   |
-

**OTHER DRUGS (other than cigarettes, alcohol, inhalants, marijuana)**

Other Drugs **DO NOT** include medicines from home, the doctor, or pharmacy.

16a) Have you **ever** used any other drug(s)?

1.  Yes (Please say which drug \_\_\_\_\_)
2.  No (If your answer is No to question 16a, go to question 17a below)

16b) Have you used any other drug(s) in the **past month**?

1.  Yes (Please say which drug \_\_\_\_\_)
2.  No (If your answer is No to question 16b, go to question 17a below)

**ENERGY DRINKS (5-Hour Energy, Monster, Red Bull)**

17a) Have you ever had energy drinks? (Monster, Red Bull, 5-Hour Energy, or Lucozade) Energy drinks **DO NOT** include Gatorade or Power Aid.

1.  Yes                      2.  No

(If your answer is No to question 17a, go to question 18 on page 14)

17b) How old were you when you tried energy drinks for the first time?

years old

17c) Did you drink energy drinks in the **past year**?

1.  Yes                      2.  No

(If your answer is No to question 17c, go to question 18 on page 14)

17d) Did you drink energy drinks in the **past month**?

1.  Yes                      2.  No

(If your answer is No to question 17d, go to question 18 on page 14)



**17e) How do you get energy drinks? (Please tick Yes or No for EACH of the following).**

- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| Friends give them to me                     | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No |
| My parents give them to me                  | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No |
| My brother and/or sister give(s) them to me | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No |
| Other relative(s) give them to me           | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No |
| I buy them                                  | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No |
| Other (specify) _____                       |                                 |                                |
- 

**17f) How often do you drink energy drinks?**

1.  Once in a day    2.  Twice or more in a day    3.  Once in a week  
 4.  Twice in a week    5.  Once in a month    6.  Other
- 

**17g) When do you drink energy drinks? (Please tick Yes or No for EACH of the following).**

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| While studying                               | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No |
| Before or after sporting activities          | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No |
| While hanging out with family or watching TV | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No |
| Other time (please say) _____                |                                 |                                |
- 

**17h) Why do you drink energy drinks? (Please tick Yes or No for EACH of the following).**

- |                                 |                                 |                                |
|---------------------------------|---------------------------------|--------------------------------|
| To stay awake                   | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No |
| To get more energy or strength  | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No |
| To relax                        | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No |
| Other reason (please say) _____ |                                 |                                |
- 

**17i) Have you ever had a mixture of an alcoholic beverage and an energy drink (for example, Vodka and Red Bull)?**

1.  Yes                      2.  No
-

### SECTION E: ACCESS TO DRUGS

**18) How easy is it to get marijuana (weed, joint, hash, spliff)?**

1.  Easy    2.  Difficult    3.  Impossible    4.  Don't know

---

**How easy is it to get inhalants (glue, paint, gas)?**

1.  Easy    2.  Difficult    3.  Impossible    4.  Don't know

---

**How easy is it to get cigarettes?**

1.  Easy    2.  Difficult    3.  Impossible    4.  Don't know

---

**How easy is it to get alcohol (beer, rum, breezers)?**

1.  Easy    2.  Difficult    3.  Impossible    4.  Don't know

---

### SECTION F: PERCEPTIONS

**19) Is smoking cigarettes harmful to you?**

1.  Yes    2.  No    3.  Don't know

---

**Is drinking alcohol (beer, rum, gin, whisky) harmful to you?**

1.  Yes    2.  No    3.  Don't know

---

**Is inhaling common products such as glue, paint, deodorant, nail polish remover, cleaning products, gas, or markers harmful to you?**

1.  Yes    2.  No    3.  Don't know

---

**Is smoking marijuana harmful to you?**

1.  Yes    2.  No    3.  Don't know

---

- 20) **Legal drugs:** the use of the drug is allowed by the law for adults only.  
**Illegal drugs:** the use of the drug is against the law for anyone.

**TICK (v) the box next to your answer for EACH substance in the list below.  
 Only TICK (v) ONE box in EACH line.**

Is cocaine      1.  Legal      2.  Illegal      3.  Don't know?

---

Is marijuana      1.  Legal      2.  Illegal      3.  Don't know?

---

Is rum      1.  Legal      2.  Illegal      3.  Don't know?

---

Is cigarette      1.  Legal      2.  Illegal      3.  Don't know?

---

Is wine      1.  Legal      2.  Illegal      3.  Don't know?

---

Is beer      1.  Legal      2.  Illegal      3.  Don't know?

---

*End of Survey*

*Thank You*

## Appendix II: Enrolment and Respondents by School and Grade

Schools			Enrolment				Respondents							
			P5	P6	MI	Total	P5		P6		MI		Total	
							U	W	U	W	U	W	U	W
Public Schools	Primary Level	1. Dalton E. Tucker Primary	11	11	-	22	9	9	9	9	-	-	18	18
		2. East End Primary	17	11	-	28	13	12	8	9	-	-	21	21
		3. Elliot Primary	42	41	-	83	32	33	33	32	-	-	65	65
		4. Francis Patton	18	23	-	41	18	18	18	18	-	-	36	36
		5. Gilbert Institute	25	18	-	43	4	4	13	13	-	-	17	17
		6. Harrington Sound Primary	39	36	-	75	35	36	32	31	-	-	67	67
		7. Heron Bay Primary	13	11	-	24	11	11	11	11	-	-	22	22
		8. Northlands Primary	33	34	-	67	31	33	34	32	-	-	65	65
		9. Paget Primary	35	34	-	69	31	32	32	31	-	-	63	63
		10. Port Royal Primary	23	18	-	41	20	21	10	10	-	-	30	31
		11. Prospect Primary	16	21	-	37	14	14	20	20	-	-	34	34
		12. Purvis Primary	21	24	-	45	19	20	12	12	-	-	31	32
		13. Somerset Primary	21	34	-	55	13	13	26	25	-	-	39	38
		14. St. David's Primary	21	20	-	41	17	16	20	21	-	-	37	37
		15. St. George's Preparatory	19	23	-	42	16	16	22	22	-	-	38	38
		16. Victor Scott Primary	13	16	-	29	9	9	12	12	-	-	21	21
		17. West End Primary	20	29	-	49	15	16	27	25	-	-	42	41
		18. West Pembroke primary	43	42	-	85	20	21	13	13	-	-	33	34
Middle Level	19. Clearwater Middle School	-	-	61	61	-	-	-	-	58	58	58	58	
	20. Dellwood Middle School	-	-	60	60	-	-	-	-	50	50	50	50	
	21. TN Tatem Middle School	-	-	80	80	-	-	-	-	65	65	65	65	
	22. Sandys Secondary Middle School	-	-	60	60	-	-	-	-	55	55	55	55	
	23. Whitney Institute Middle School	-	-	83	83	-	-	-	-	81	81	81	81	
Private Schools	24. Bermuda Institute	17	21	31	69	16	16	17	17	30	30	63	63	
	25. Mount Saint Agnes Academy	20	20	34	74	11	11	14	14	24	24	49	49	
	26. Bermuda High School for Girls	46	57	51	154	Declined Participation								
	27. Saltus Grammar School	72	68	89	229									
	28. Somersfield Academy	42	37	40	119									
	29. Warwick Academy	50	50	75	175									
	30. Home Schools*	-	-	20	20	-	-	-	-	6	6	6	6	
<b>TOTAL (ALL SCHOOLS)</b>			<b>677</b>	<b>699</b>	<b>684</b>	<b>2,060</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>TOTAL (PARTICIPATING SCHOOL)</b>			<b>467</b>	<b>487</b>	<b>429</b>	<b>1,382</b>	<b>354</b>	<b>361</b>	<b>383</b>	<b>377</b>	<b>369</b>	<b>369</b>	<b>1,106</b>	<b>1,107**</b>

U = Unweighted; W = Weighted

\* Enrolment and respondents for the five responding home schools were grouped together because of low count for each grade level.

\*\* Did not exactly equal 1,107 because of rounding of weights to 3 decimal places.

### Appendix III: Profile of Pilot Survey Respondents

DEMOGRAPHIC CHARACTERISTIC	n	%
<b>GRADE</b>		
P4	60	22.1
P5	126	46.3
P6	86	31.6
<b>SEX</b>		
Boys	121	44.5
Girl	149	54.8
Not Stated	2	0.7
<b>AGE</b>		
7	2	0.7
8	32	11.8
9	79	29.0
10	108	39.7
11	49	18.0
Not Stated	2	0.7
<b>RACE</b>		
Black	130	47.8
Mixed	69	25.4
White	51	18.8
Portuguese	19	7.0
Asian or Pacific Islander	2	0.7
Not Stated	1	0.4
<b>PARISH</b>		
Sandys	79	29.0
Warwick	45	16.5
Paget	26	9.6
Smith's	25	9.2
Devonshire	24	8.8
Pembroke	24	8.8
St. George's	24	8.8
Hamilton	13	4.8
Southampton	11	4.0
Not Stated	1	0.4

## Appendix IV: Pilot Survey Findings

### KNOWLEDGE AND AWARENESS OF DRUGS

#### Source of Information about the Dangers of Drugs (n=272)

SOURCE	n	%
Parents/Guardians/Family Members	202	74.3
Teachers	193	71.0
TV	137	50.4
Newspapers	116	42.6
Internet	107	39.3
Radio	82	30.1
Friends	67	24.6
DVD/Movies/Cinema	66	24.3
Posters or Brochures	60	22.1
Church	53	19.5
Own Experience	15	5.5
Other*	28	10.3

\* Includes bus handles. Drug dealers, Family Center, pharmacy, police, and PRIDE.

#### Offered Drugs (n=272)

RESPONSE	YES		NO		DON'T KNOW	
	n	%	n	%	n	%
If someone offers me drugs I would take them.	3	1.1	258	94.9	2	0.7
If someone offers me drugs I would tell my teacher and parents.	253	93.0	11	4.0	4	1.5
If a friend offers me drugs I would tell my teacher or parents.	244	89.7	10	3.7	9	3.3
If a family member (parent/guardian) offers me drugs I would tell my teacher or parents.	228	83.8	17	6.6	22	8.1
If a friend offers me drugs I would refuse to take them.	227	83.5	33	12.1	7	2.6
You have to use drugs lots of times before you get addicted/hooked on them.	71	26.1	125	46.0	72	26.5

Difference from total is accounted for by those missing/not stated responses.

### REASONS FOR DRUG USE

#### Reasons Students Use Drugs

REASONS	YES		NO		DON'T KNOW	
	n	%	n	%	n	%
My friends like me more if I use drugs.	5	1.8	222	81.6	38	14.0
Using drugs make you look cool.	6	2.2	253	93.0	9	3.3
I am encouraged to use alcoholic drinks such as beer, Guinness, rum, wine, etc. when I see them advertised on television or in the newspaper.	14	5.1	215	79.0	39	14.3
People use drugs because their parents use drugs.	56	20.6	93	34.2	111	40.8
People use drugs because other persons in their family use drugs.	59	21.7	93	34.2	115	42.3
People use drugs because their friends use drugs.	100	36.8	91	33.5	75	27.6

Difference from total is accounted for by those missing/not stated responses.

## PREVALENCE OF DRUG EXPERIENCES

### Prevalence of Substance Use

SUBSTANCE	LIFETIME USE		ANNUAL USE		AVERAGE AGE OF INITIATION (YEARS)
	n	%	n	%	
Cigarettes	1	0.4	1	0.4	9.0
Alcohol	31	11.4	10	3.7	8.4
Inhalants	80	29.4	65	23.9	-
Marijuana	1	0.4	1	0.4	7.0
Other Drug(s)	3	1.1	-	-	6.7
Energy Drinks	91	33.5	-	-	-

Age of initiation for **Alcohol** ranges from 3 to 11 years; for **Other Drugs** from 4 to 10 years.

### Indication of Alcohol in Drinks (Yes Responses)

DRINKS	n	%
Beer	243	89.3
Guinness	208	76.5
Rum Punch	205	75.4
Vodka	187	68.8
Wickets	185	68.0
Red Bull	148	54.4
Breezers	125	46.0
Magnum	124	45.6
Smirnoff Ice	115	42.8
Ginger Beer	40	14.7
Monster	96	35.3
Baileys	85	31.3
Twist	47	17.3
Coco-Cola	22	8.1
Sprite	13	4.8
Lemonade	12	4.4

## Energy Drinks

### When Do You Drink Energy Drinks? (Yes Responses)

WHEN	n	%
Before or After Sporting Activities	55	20.2
Other Time(s)	32	11.8
While Hanging Out	25	9.2
While Studying	5	1.8

*Source of Energy Drinks*

<b>SOURCE</b>	<b>n</b>	<b>%</b>
Parents	57	21.0
Purchase	43	15.8
Other Relative(s)	23	8.5
Brother and/or Sister	16	5.9
Other Place	9	3.3
Friends	8	2.9

**ACCESS TO DRUGS***Ease of Access to Drugs*

<b>DRUG</b>	<b>EASY</b>		<b>DIFFICULT</b>		<b>IMPOSSIBLE</b>		<b>DON'T KNOW</b>	
	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
Inhalants	155	57.0	39	14.3	13	4.8	62	22.8
Alcohol	101	37.1	46	16.9	29	10.7	91	33.5
Marijuana	27	9.9	78	28.7	26	9.6	138	50.7

Difference from total is accounted for by those missing/not stated responses.

**PERCEPTIONS***Perceptions of Harm*

<b>RISK BEHAVIOUR</b>	<b>HARMFUL</b>		<b>VERY HARMFUL</b>		<b>NOT HARMFUL</b>		<b>DON'T KNOW</b>	
	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
Smoking cigarettes	20	7.4	205	75.4	4	1.5	35	12.9
Drinking alcohol	69	25.4	120	44.1	14	5.1	60	22.1
Knowingly breathing in household products	68	25.0	74	27.2	38	14.0	85	31.3
Smoking marijuana	18	6.6	195	71.7	2	0.7	50	18.4


Difference from total is accounted for by those missing/not stated responses.

*Perceptions of Legality of Substances*

<b>SUBSTANCES</b>	<b>LEGAL</b>		<b>ILLEGAL</b>		<b>DON'T KNOW</b>	
	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
Ecstasy	17	6.3	89	32.7	161	59.2
Cocaine	26	9.6	169	62.1	76	27.9
Marijuana	33	12.1	185	68.0	53	19.5
Rum	158	58.1	50	18.4	61	22.4
Cigarettes	169	62.1	57	21.0	42	15.4
Beer	181	66.5	44	16.2	47	17.3
Wine	190	69.9	38	14.4	44	16.2



## Appendix V: Sample Newspaper Advertisement



# SURVEY OF STUDENTS ON KNOWLEDGE AND ATTITUDES OF DRUGS AND HEALTH 2012

The Department for National Drug Control (DNDC), in collaboration with the Ministry of Education, will be conducting a **Survey of Students on Knowledge and Attitudes of Drugs and Health, 2012**, in both the public and private sector as well as home schools or tutorial sites. This survey targets students in **P5, P6, and M1** or equivalently ages 9 to 11 years.

The Survey will be administered the week of **8 – 12 October 2012**.

This survey is **ANONYMOUS** and **CONFIDENTIAL**. Participation or non-participation will have no effect on your child's grades. Your child's participation is invaluable. However, if you **DO NOT** wish for your child to participate in this survey, please contact your child's School by **Friday, 5 October**.

Students will be asked questions on knowledge and attitudes towards substance use and the effects of this on health. These questions cover the following topics:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Demographics</li> <li>• Knowledge and Awareness of Drugs</li> <li>• Reasons for Drug Use</li> </ul> | <ul style="list-style-type: none"> <li>• Prevalence of Drug Experiences</li> <li>• Access to Drugs</li> <li>• Perceptions</li> </ul> |
|--|--|

The risks from participating in this study are no more than encountered in everyday life. The benefit, however, of your child's participation is that the collective responses will allow the DNDC to effectively develop intervention strategies to prevent substance use and to educate students on the risks and harms associated with its use.

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