



GOVERNMENT OF BERMUDA
Ministry of National Security

Department for National Drug Control

NATIONAL SCHOOL SURVEY 2015



Report of the
Survey of Middle and Senior School Students
on Alcohol, Tobacco, Other Drugs, and Health

Copyright© 2016 Department for National Drug Control

Authors:

Kyla Raynor, DrPH CHES, Senior Research Officer/Policy Analyst, Department for National Drug Control
Tashema Bholanath, Research Officer, Department for National Drug Control

Published by:

Government of Bermuda, Ministry of National Security, Department for National Drug Control
P. O. Box 480, HM CX, Bermuda

Telephone: (441) 292-3049
Fax: (441) 295-2066

E-mail: dndc@gov.bm

Website: www.dndc.gov.bm

March, 2016

Data from this publication may be reproduced with acknowledgement from source.

Reference as:

Department for National Drug Control. (2016). *National School Survey 2015. Survey of Middle and Senior School Students on Alcohol, Tobacco, Other Drugs, and Health*. Government of Bermuda.

NATIONAL SCHOOL SURVEY 2015

Report of the
Survey of Middle and Senior School Students
on Alcohol, Tobacco, Other Drugs, and Health



FOREWORD

*“We all have an interest in making sure teens grow up healthy and drug free”
~ John Walters, 2001*

This report is the output of the fourth round of implementation of a school survey among middle and high school students in Bermuda. The National School Survey (NSS) is the longest ongoing surveillance programme of alcohol and substance use and other health-related behaviours among adolescent students in Bermuda. These regularly occurring surveys collect data on alcohol and substance use among students within the classroom setting. Survey results are used to monitor trends and inform decision making about policies, programmes, and services to improve the health outcomes of children and youth through the application of evidence.

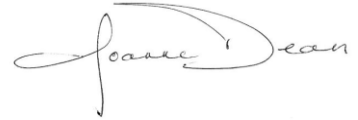
Repeated cross-sectional surveys, such as the NSS, contribute to an understanding of the past, present, and potential future patterns of alcohol and other substance use and misuse in the adolescent population, the harms stemming from such use, antisocial behaviours in which they are involved, and the associated contextual, social, and demographic risk and protective factors. Drug use in adolescence is a strong predictor of drug use in adulthood; hence, elevated drug use among the oldest students may be a signal for a future rise in prevalence among young adults 18 to 29 years in the general population. Adolescent drug use can be a rapidly changing phenomenon. Drug use can rise or fall in popularity or availability from one year to the next, and the related harms may occur for youth, their families, their schools, and their communities. Due to these factors, monitoring mechanisms, such as the NSS, is fundamental to the decision-making of the government and health care professionals alike.

The results of school surveys are released in a comprehensive technical report. Survey highlights, thematic reports, and resources designed for school and health professionals are also developed to facilitate uptake of the information into evidence-informed policies, programmes, and practices. The information provided in the following chapters identifies the groups of young people to whom this information and interventions need to reach in order to be effective.

As mandated through of the National Drug Control (NDC) Act of 2013, the Department for National Drug Control (DNDC) will continue to provide accurate and timely data regarding adolescent substance use and misuse, early initiation of use, and trends over time; the nature of, and the trends resulting from the harms associated with alcohol and other drug use and misuse; and the attitudes and beliefs about alcohol and other drug use.

The active support of schools, school boards, health authorities, and the Ministry of Education is integral to the success and sustainability of this survey. Similarly, their active support is required in the application of survey results through the development or enhancement of policies and programmes aimed at reducing problematic trends and harms in the adolescent population. Further, a total community effort required to address the needs of our young people if we are to have an impact.

The DNDC team would like to take this opportunity to thank all those persons who have contributed to the success of this, the fourth National School Survey.



JOANNE DEAN, M.A., B.Sc., BSN, ICADC, CCS
Director
Department for National Drug Control
March, 2016

CONTENTS

Foreword.....	i
Notes, Symbols, and Abbreviations.....	x
Executive Summary.....	1
About the Survey.....	1
Demographic Profile of Survey Respondents.....	1
Alcohol, Tobacco, and Other Drug Use.....	1
Risk and Protective Factor Profile.....	3
Outcome Measures.....	3
Chapter 1: Introduction	5
1.1 Background.....	7
1.1.1 The Use of School Surveys.....	7
1.2 Objectives.....	8
1.3 Survey Limitations.....	8
Chapter 2: Methodology	11
Survey Design.....	13
2.1 Population Coverage.....	13
2.2 Data Collection.....	13
2.2.1 Questionnaire Design and Testing	15
Instrument.....	15
New Survey Items.....	16
2.2.2 Survey Administration.....	17
2.3 Data Quality.....	18
2.4 Data Processing.....	19
2.5 Data Analysis.....	20
Chapter 3: Results	23
3.1 Alcohol, Tobacco, and Other Drug Use	23
3.1.1 Introduction and Measurement.....	25
3.1.2 Overall Prevalence.....	26
3.1.3 Lifetime and Current Prevalence by Grade Level.....	29
3.1.4 Lifetime and Current Prevalence by Sex.....	29
3.1.5 Age of Onset.....	31
3.1.6 Consumption by Type of Drug.....	34
Alcohol.....	34

Tobacco	39
Marijuana.....	43
Inhalants.....	46
Other Illegal Drugs.....	48
Prescription Drug Use.....	50
Energy Drinks.....	52
3.1.7 Access to Drugs.....	56
3.1.8 Perception of Health Risk.....	58
3.1.9 Perception of Drug Use at School or in Surrounding Area.....	61
3.1.10 Reaction & Involvement of Parents/Guardians.....	62
3.1.11 Reaction of Close Friends to Marijuana Use.....	63
3.2 Risk and Protective Factors.....	65
3.2.1 Overall Results.....	67
3.2.2 Grade-Level Results.....	69
3.2.3 Protective Factors.....	71
3.2.4 Risk Factors.....	81
3.3 Outcome Measures.....	103
3.3.1 Introduction.....	105
3.3.2 Measurement.....	105
3.3.3 Depression.....	106
3.3.4 Other Antisocial Behaviours.....	106
Overall Results.....	106
Grade-Level Results.....	107
Chapter 4: Discussion.....	115
4.1 Discussion of Findings.....	115
Appendices.....	121
Appendix A: Demographic Trends: 2003, 2007, and 2011.....	123
Appendix B: Enrolment and Respondents by School and Grade.....	124
Appendix C: Trend Analysis of ATOD Use: 2003 and 2007.....	125
Appendix D: Risk and Protective Results: 2003 and 2007.....	127
Appendix E: Public vs. Private School Comparisons on Substance Use.....	133
Appendix F: Questionnaire.....	135
References.....	154

LIST OF TABLES

Table 2.1	Risk and Protective Factor Scales and Outcome Measures	16
Table 3.1.1	Lifetime Use of ATODs and Energy Drinks by Grade Level of Survey Respondents	27
Table 3.1.2	Current Use of ATODs and Energy Drinks by Grade Level of Survey Respondents	28
Table 3.1.3	Lifetime and Current Use of ATODs and Energy Drinks by Sex of Survey Respondents	30
Table 3.1.4	Average Age of Onset by Grade Level of Survey Respondents	31
Table 3.1.5	Average Age of Onset by Sex of Survey Respondent	32
Table 3.1.6	First Use of Alcohol for Survey Respondents	35
Table 3.1.7	Alcohol Use in the Past 12 Months for Survey Respondents	35
Table 3.1.8	Number of Days Current Users of Alcohol Drank too much and got Drunk	35
Table 3.1.9	Location Where Current Users Most Often Drink Alcohol	36
Table 3.1.10	Source of Alcohol for Current Users	36
Table 3.1.11	Frequency of Use by Type of Alcoholic Beverages for Current Users	37
Table 3.1.12	Respondents' Awareness of Vehicular Driver Being under the Influence	38
Table 3.1.13	First Use of Cigarettes for Survey Respondents	40
Table 3.1.14	Cigarette Use in the Past 12 Months for Survey Respondents	40
Table 3.1.15	Number of Cigarettes Smoked in a Day in the Past Month by Current Smokers	40
Table 3.1.16	Location Where Current Users Most Often Smoke Cigarettes	41
Table 3.1.17	Source of Cigarettes for Current Users	41
Table 3.1.18	Respondents' Exposure to Second Hand Smoking in the Home and in a Vehicle	42
Table 3.1.19	First Use of Marijuana for Survey Respondents	44
Table 3.1.20	Marijuana Use in the Past 12 Months for Survey Respondents	44
Table 3.1.21	Frequency of Marijuana Use for Recent Users	44
Table 3.1.22	Location Where Current Users Most Often Smoke Marijuana	45
Table 3.1.23	Source of Marijuana for Current Users	45
Table 3.1.24	First Use of Inhalants for Survey Respondents	47
Table 3.1.25	Inhalant Use in the Past 12 Months for Survey Respondents	47
Table 3.1.26	Frequency of Inhalant Use for Recent Users	47
Table 3.1.27	Lifetime Use of Prescription Drugs by Grade Level of Survey Respondents	51
Table 3.1.28	Current Use of Prescription Drugs by Grade Level of Survey Respondents	51

Table 3.1.29	Circumstance of Use of Energy Drinks for Lifetime and Current Users	53
Table 3.1.30	Mode of Acquisition of Energy Drinks for Lifetime and Current Users	54
Table 3.1.31	Frequency of Use of Energy Drinks for Lifetime and Current Users	54
Table 3.1.32	Prevalence of Combining Energy Drinks with Alcoholic Beverages	55
Table 3.1.33	Ease of Access to Drugs by Proportion of Survey Respondents	56
Table 3.1.34	Last Offer to Buy or Use Drugs by Proportion of Survey Respondents	56
Table 3.1.35	Proportion of Survey Respondents Curious About Trying or Seizing Opportunity to Try Illicit Drugs	57
Table 3.1.36	Percentage of Survey Respondents by Grade Level Who Reported Perception of Health Risk	58
Table 3.1.37	Perception of Health Risk by Proportion of Survey Respondents	59
Table 3.1.38	Perception of Parents’/Guardians’ Reaction to Respondent’s Behaviours by Proportion of Survey Respondents	62
Table 3.1.39	Close Friends’ Reaction to Marijuana Use by Proportion of Survey Respondents	63
Table 3.2.1	Protective Factor Scale Proportions for Survey Respondents by Grade Level	69
Table 3.2.2	Risk Factor Scale Scores Reported by Survey Respondents by Grade Level	70
Table 3.2.3	Age of First Belonging to a Gang by Grade Level and Overall	95
Table 3.3.1	Antisocial Behaviours of Survey Respondents by Grade Level and Overall	108

LIST OF FIGURES

Figure 2.1	Survey Design Steps	14
Figure 3.1.1	Drug Use by Survey Respondents	26
Figure 3.1.2	Lifetime Use of ATODs and Energy Drinks for Survey Respondents	26
Figure 3.1.3	Current Use of ATODs and Energy Drinks for Survey Respondents	26
Figure 3.1.4	Current Use of Selected Substances by Grade Level of Survey Respondents	29
Figure 3.1.5	Lifetime Use of Selected Substance by Sex of Survey Respondents	30
Figure 3.1.6	Current Use of Selected Substance by Sex of Survey Respondent	30
Figure 3.1.7	Average Age of Onset for All Lifetime Users by Type of Drug	32
Figure 3.1.8	Average Age of Onset for All Lifetime Users of Selected Substances by Grade Level	32
Figure 3.1.9	Average Age of Onset for All Lifetime Users by Sex of Respondent	33
Figure 3.1.10	Lifetime and Current Use of Alcohol by Grade Level of Survey Respondents	34
Figure 3.1.11	Binge Drinking Among Current Users of Alcohol by Grade Level of User	37

Figure 3.1.12	Lifetime and Current Use of Cigarettes by Grade Level of Survey Respondents	39
Figure 3.1.13	Lifetime and Current Use of Marijuana by Grade Level of Survey Respondents	43
Figure 3.1.14	Lifetime and Current Use of Inhalants by Grade Level of Survey Respondents	46
Figure 3.1.15	Lifetime and Current Use of Energy Drinks by Grade Level of Survey Respondent	52
Figure 3.1.16	Prevalence of Combining Energy Drinks with Alcohol Among Lifetime Users of Energy Drinks	55
Figure 3.1.17	Prevalence of Combining Energy Drinks with Alcohol Among Current Users of Energy Drinks	55
Figure 3.1.18	Harmful Rating of Health Risk Behaviours by Survey Respondents	60
Figure 3.1.19	Perception of Drug Use at School, Outside of School, or in Surrounding Area	61
Figure 3.1.20	Proportion of Respondents who have had a Serious Conversation about the Dangers of Drugs with Parents/Guardians	63
Figure 3.2.1	Overall Protective Factor Scale Scores	67
Figure 3.2.2	Overall Risk Factor Scale Scores	68
Figure 3.2.3	Community Rewards for Prosocial Involvement Scale by Grade Level and Overall	71
Figure 3.2.4	Community Opportunities for Prosocial Involvement Scale by Grade Level and Overall	72
Figure 3.2.5	Family Attachment Scale by Grade Level and Overall	73
Figure 3.2.6	Family Opportunities for Prosocial Involvement Scale by Grade Level and Overall	74
Figure 3.2.7	Family Rewards for Prosocial Involvement Scale by Grade Level and Overall	74
Figure 3.2.8	School Opportunities for Prosocial Involvement Scale by Grade Level and Overall	75
Figure 3.2.9	School Rewards for Prosocial Involvement Scale by Grade Level and Overall	76
Figure 3.2.10	Peer Rewards for Prosocial Involvement Scale by Grade Level and Overall	77
Figure 3.2.11	Interaction with Prosocial Peers Scale by Grade Level and Overall	78
Figure 3.2.12	Belief in Moral Order Scale by Grade Level and Overall	78
Figure 3.2.13	Peer-Individual Prosocial Involvement Scale by Grade Level and Overall	79
Figure 3.2.14	Religiosity Scale by Grade Level and Overall	80
Figure 3.2.15	Social Skills Scale by Grade Level and Overall	81

Figure 3.2.16	Low Neighbourhood Attachment Scale by Grade Level and Overall	82
Figure 3.2.17	Community Disorganisation Scale by Grade Level and Overall	82
Figure 3.2.18	Transitions and Mobility Scale by Grade Level and Overall	83
Figure 3.2.19	Perceived Availability of Drugs Scale by Grade Level and Overall	84
Figure 3.2.20	Perceived Availability of Handguns Scale by Grade Level and Overall	85
Figure 3.2.21	Laws and Norms Favourable to Drug Use Scale by Grade Level and Overall	86
Figure 3.2.22	Laws and Norms Favourable to Handguns Scale by Grade Level and Overall	87
Figure 3.2.23	Family History of Antisocial Behaviour Scale by Grade Level and Overall	88
Figure 3.2.24	Poor Family Management Scale by Grade Level and Overall	89
Figure 3.2.25	Family Conflict Scale by Grade Level and Overall	90
Figure 3.2.26	Parental Attitudes Favourable toward ATOD Use Scale by Grade Level and Overall	90
Figure 3.2.27	Parental Attitudes Favourable to Antisocial Behaviour Scale by Grade Level and Overall	91
Figure 3.2.28	Poor Academic Performance Scale by Grade Level and Overall	92
Figure 3.2.29	Lack of Commitment to School Scale by Grade Level and Overall	93
Figure 3.2.30	Rebelliousness Scale by Grade Level and Overall	93
Figure 3.2.31	Gang Involvement Scale by Grade Level and Overall	94
Figure 3.2.32	Favourable Attitudes toward ATOD Use Scale by Grade Level and Overall	96
Figure 3.2.33	Favourable Attitudes toward Antisocial Behaviours Scale by Grade Level and Overall	96
Figure 3.2.34	Sensation Seeking Scale by Grade Level and Overall	97
Figure 3.2.35	Peer Rewards for Antisocial Involvement Scale by Grade Level and Overall	98
Figure 3.2.36	Friends' Use of Drugs Scale by Grade Level and Overall	99
Figure 3.2.37	Friends' Delinquent Behaviour Scale by Grade Level and Overall	100
Figure 3.2.38	Low Perceived Risks of Drug Use Scale by Grade Level and Overall	100
Figure 3.2.39	Early Initiation of Drug Use Scale by Grade Level and Overall	101
Figure 3.2.40	Intention to Use Scale by Grade Level and Overall	102
Figure 3.3.1	Depression Scale by Grade Level and Overall	106
Figure 3.3.2	Overall Prevalence of Antisocial Behaviours	107
Figure 3.3.3	Prevalence of Other Antisocial Behaviours	107
Figure 3.3.4	Attacking Someone with the Intent to Harm	109
Figure 3.3.5	Stolen or Tried to Steal a Motor Vehicle such as a Car or Motorcycle	109
Figure 3.3.6	Been Arrested	110

Figure 3.3.7	Drunk or High at School	110
Figure 3.3.8	Carrying a Handgun	111
Figure 3.3.9	Getting Suspended from School	111
Figure 3.3.10	Sold Illegal Drugs	112
Figure 3.3.11	Taking a Handgun to School	112
Figure 3.3.12	Stolen Something Worth More than \$5	113
Figure 3.3.13	Purposely Damaged or Destroyed Property that Did Not Belong to You	113
Figure 3.3.14	Taken Something from a Store Without Paying for It	114

NOTES, SYMBOLS, AND ABBREVIATIONS

Readers should note that all prevalence proportions presented in the accompanying tables are rounded to one decimal place. A point (.) is used to indicate decimals. Where ‘-’ appears it does not mean that no one has used the drug, rather it means that in this category no respondent reported use. Details and percentages in tables do not necessarily add to totals on account of rounding. The data contained in this report are themselves subject to future revision. Other symbols and abbreviations used are as follows:

..	Not applicable
...	Not available
-	A magnitude of zero or less than half the unit employed
%	Percent
ATOD	Alcohol, Tobacco, and Other Drugs
CASA	National Center on Addiction and Substance Abuse
CDC	Centers for Disease Control and Prevention
CICAD	Inter-American Drug Abuse Control Commission
CSAP	Centre for Substance Abuse Prevention
DNDC	Department for National Drug Control
n	Number of Survey Respondents
NIDA	National Institute on Drug Abuse
NIH	National Institute of Health
NSDUH	National Survey on Drug Use and Health
OAS	Organisation of American States
RPFs	Risk and Protective Factors
SAMHSA	Substance Abuse and Mental Health Services Administration
SPSS	Statistical Package for the Social Sciences
UNODC	United Nations Office on Drugs and Crime
US	United States (of America)

EXECUTIVE SUMMARY

About the Survey

The National School Survey 2015 of Middle and Senior Schools on Alcohol, Tobacco, Other Drugs (ATODs) and Health, was a collaborative effort between the Department for National Drug Control and the Department of Education. The survey was implemented to continue to monitor and study changes in the use of licit and illicit substances; monitor trends in the prevalence and frequency of drug use; examine the prevalence and frequency of antisocial behaviours; assess sexual health knowledge and behaviours; determine changes in the level of risk associated with ATOD use, delinquency, and other problem behaviours in adolescents; and discover the levels of protective factors that help guard against those behaviours.

The survey questionnaire comprised two sections: 1) ATOD Consumption and 2) Risk and Protective Factors. Section 1 of the questionnaire was adopted from the Inter-American Drug Abuse Control Commission (CICAD) School Survey questionnaire, while section 2 of the questionnaire was adopted from the Communities That Care Youth Survey, which was developed by the Centre for Substance Abuse Prevention (CSAP) of the US Department of Health and Human Services. Questions related to sexual health and energy drink consumption were also added.

Survey implementation occurred the week of October 12th – 16th, 2015, during one class period (approximately 50 minutes) and recorded an 86.2% response rate, up 2.3% from 2011.

Demographic Profile of Survey Respondents

The target population comprised all students in grade levels M2 through S4 (10-18 years), attending public, private, and home schools on the Island. In total 3,017 students (52.8% females, 45.9% males) completed the self-administered questionnaire; the majority of whom considered themselves as Black (52.9%).

Alcohol, Tobacco, and Other Drug Use

- **Slightly fewer students have experimented with substance use:** About seven in 10 students have reported use of at least one drug in their lifetime, down from eight in 10 student in 2011.
- **Trying marijuana increased but use of alcohol dropped:** While the experimentation with energy drinks (61%) and alcohol (53%) have slightly dropped since 2011 (66% and 55%, respectively), there were, however, proportionately more students who have tried marijuana (26%), inhalants (15%), and cigarettes (12%) in 2015 versus in 2011 (21%, 12%, and 11%, respectively). Other lifetime prevalence ranges from a low of 1.2% for heroin to a high of 5.5% for other drugs.
- **Current use of substances was most prevalent among older students:** Current alcohol use for all respondents ranges from a low of 49% among M2 students to a high of 53% among S4

students; for marijuana, from a low of 5% to a high of 55%; and for cigarettes, from a low of 6% to a high of 24%.

- **Gender differences were apparent:** In both the lifetime and current reference periods, males were more likely to use cigarettes (13% and 3%) and inhalants (16% and 3%), along with other illegal drugs; while alcohol use was more prevalent among females (55% and 20%). Marijuana use was the same for the two sexes in both reference periods (26% and 11%).
- **Students mostly get alcohol and marijuana from friends:** About half (51%) of the current users of alcohol have reported that they usually get it from a “friend” and that they most often drink at “other social events” (41%), at “home” (22%), or at “a friend’s house” (20%). Seven out of every 10 (72%) current marijuana users indicated they usually get it from a “friend” and that they most often use it “at a friend’s house” (37%) or “at home” (18%).
- **Non-medical prescription drug use was very low:** Overall, lifetime prevalence of tranquilizers was reported at 1% and stimulants at 2%; while current use was indicated at 1% for both tranquilizers and stimulants. These proportions were marginally higher than in 2011.
- **Mixing energy drinks with alcohol still prevalent:** Energy drinks consumption remained relatively high; although it dipped in both the lifetime (61%) and current use (21%) periods (66% and 32% in 2011). One-quarter (26%) or one in every four of the students who indicated using energy drinks in the past month has consumed a mixture of energy drinks with alcohol.
- **No delayed or earlier age of initiation:** The average age of first use remained similar to four years ago, ranging from nine years for inhalants to 14 years for hashish and marijuana. Alcohol use began around 12 years and cigarette use at 13 years, on average. Females initiated substance use later than males with the exception of their earlier use of inhalants.
- **Alcohol and marijuana are easily accessible; students are being offered to buy or use these substances:** One in five students was offered to buy or use alcohol (21%) or marijuana (19%) in the last 30 days. One in five students (21%) was curious to try an illegal drug and one in 10 (10%) reported that the opportunity to try an illicit drug would be taken, if presented.
- **Smoking cigarettes is perceived to be most harmful:** The majority of students (93%) perceived “smoking cigarettes frequently” to be the most harmful behaviour in terms of health risk when compared to alcohol or marijuana use; whereas “smoking marijuana sometimes” is perceived to be harmful by 71% of survey respondents. This finding is similar to 2011.
- **Second-hand smoking is prevalent in homes and in vehicles:** About one in every six students (16%) has reported that someone smoked tobacco products in their home at least one day in the past week, and about one in every 10 students (9%) said the same about someone smoking in a vehicle.
- **Persons are drinking and driving or riding with passengers (students):** About one in eight students (13%) indicated that he/she has been in a car driven by someone who had been drinking alcohol; 7% indicated the same about being on a bike.
- **Belief that drugs are in school or surrounding area and students engage in illicit behaviour; although not personally evident:** A majority of students believe that there are drugs in the area surrounding or next to their school (46%) or at their school (39%). While there is the belief that students bring, try, or deal with drugs at their school (39%) or outside the school (38%), fewer students reported personally seeing a student selling or giving drugs (18%) or using drugs at school or in an area surrounding the school (19%).

- **Parents admonish substance using behaviours and convey dangers; but there is room for improvement:** Four in five parents will reportedly get upset if they catch their children coming home tipsy or drunk or find out that they are smoking marijuana; however, about one third (32.4%) of the respondents said that they have not had a serious conversation about the dangers of drugs with their parents/guardians.
- **There are friends who will not disapprove nor convince another to stop smoking marijuana:** While most students said that all or some of their friends would try to convince them to stop or disapprove of them smoking marijuana, there were about 20% of students who indicated that no friend will do so.

Risk and Protective Factor Profile

- A range of percentile scores¹ were observed across the 13 protective factor² scales ranging from 38 to 91, with an average score of 70.
- The three highest proportions for protective factors were for Interaction with *Prosocial Peers* (91); *Prosocial Involvement* (90); and *Rewards for Prosocial Involvement* (87).
- The three lowest proportions on the protective factor scales were for: *Belief in Moral Order* (38), *Religiosity* (38), and *Community Opportunities for Prosocial Involvement* (63).
- The range of percentile scores on the 25 risk factor³ scales was 4 to 69, with an average score of 24.
- The three highest proportions on the risk factor scales were: *Sensation Seeking* (69), *Transitions and Mobility* (58), and *Friends' Use of Drugs* (50). These were the same factors observed as highest risk in the 2011 survey.
- The lowest proportions of risk factor scales were: *Gang Involvement* (4), *Favourable Attitudes toward Antisocial Behaviour* (8), and *Perceived Availability of Handguns* (7), and *Parental Attitudes Favourable toward ATOD* (7).

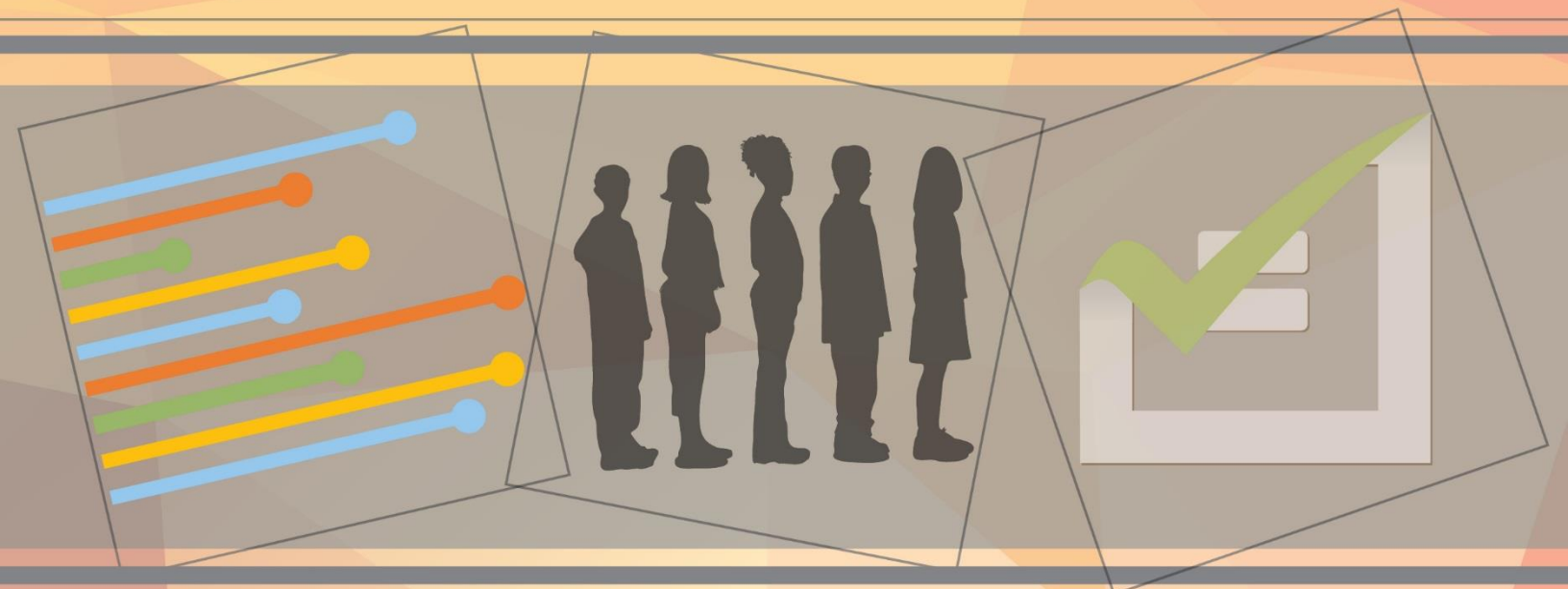
Outcome Measures

- In addition to protective and risk factors, students were assessed on a variety of outcome measures, such as depression, carrying a handgun, and other antisocial behaviours.
- Across all grades, “*Being Suspended from School*” was reported at 14%, making it the most prevalent of the 11 behaviours, and “*Stolen Something Worth More than \$5*”, the second most prevalent antisocial behaviour at 13%. Students reported low levels of participation in “*Taking a Handgun to School*”, “*Carried a Handgun*”, and “*Been Arrested*”.

¹ Percentile scores range from 0 to 100. For example, a score of 75 indicates that 75% of respondents reported a lower score and 25% reported a higher score. It is better to have lower risk factor scale scores and higher protective factor scale scores.

² Characteristics that are known to decrease the likelihood that a student will engage in problem behaviours (substance abuse, depression and anxiety, delinquency, teen pregnancy, school dropout, or violence). They encompass family, social, psychological and behavioural characteristics.

³ Characteristics in the community, family, school, peer, and individual's environments that are known to increase the likelihood of a student engaging in problem behaviours.



CHAPTER 1

Introduction

1.1 Background 7

1.2 Objectives 8

1.3 Survey Limitations 8

1.1 Background

The National School Survey 2015 of Middle and Seniors Schools on Alcohol, Tobacco, Other Drugs (ATODs) and Health, was a collaboration between the Department for National Drug Control and the Department of Education. The year 2015 marked the fourth round of a school-based survey among Bermuda's young people. The three previous surveys, administered in 2003, 2007, and 2011 utilised the *Communities That Care* programme of the Center for Substance Abuse Prevention (CSAP) in the office of the United States Government's Substance Abuse and Mental Health Services Administration (SAMHSA). These previous surveys were executed with the assistance of Rothenbach Research and Consulting, LLC.

The needs-assessment tool, a combination of the school survey developed by the Inter-American Drug Abuse Control Commission (CICAD) and the *Communities That Care Youth Survey*, was designed to help communities plan and implement successful prevention programmes and targeted middle and senior school students within public, private, and home schools who were between 12 to 18 years old. For the second time, group home schools have been included.

The following 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 four separate sections: 1) ATOD prevalence of use, 2) risk and protective factors, and 3) outcome measures.

1.1.1 The Use of School Surveys

There are many traditional methods (face-to-face or telephone interviews) and new technologies (web-based or computer assisted interviewing) used to survey populations. According to the United Nations Office on Drugs and Crime (UNODC), school surveys are the most efficient and frequently used method to collect information on alcohol, tobacco, and drug use prevalence⁴.

Several benefits associated with this assessment method are usually provided. Firstly, given the current economic challenges facing our community, an advantage of school surveys is that they are cost-effective and relatively easy to conduct. Appropriate schools and classes are usually easily selected and students are available in the classroom during the school day. Instead of contacting randomly selected individuals, it is possible to reach a large number of students in one session.

Secondly, research shows that youths are less likely to disclose drug use at home than at school, whether in a household face-to-face interview or over the telephone.⁵ Students also indicated that data collection in school is more confidential than answering a questionnaire or being interviewed at home, where parents may be present in the next room.

⁴ United Nations Office on Drugs and Crime. (2003). *Conducting School Surveys on Drug Abuse. Global Assessment Programme on Drug Abuse Toolkit Module 3*, p. 5.
<http://www.unodc.org/documents/GAP/GAP%20Toolkit%20Module%203%20ENGLISH.pdf> (accessed November 28, 2011).

⁵ Ibid. p. 6.

Thirdly, an added benefit of school surveys is that the mode of data collection is relatively easy to standardise and control. If students trust school staff, teachers or other members of staff, such as school nurses, they can administer the questionnaires to the students.⁶

The fact that students represent age groups in which the onset of different substance use is likely to occur, makes them an important group to monitor the prevalence rates of such use over time. This provides additional support for the use of school surveys to study ATOD consumption.

Finally, the response rate in school surveys is usually high. This rate in most studies is equal to the number of students present in class on the day of data collection; refusals are uncommon in most surveys. It is therefore not uncommon for school surveys to have a response rate of over 90%, while other forms of epidemiological surveys often have a response rate of 70% or less.⁷

1.2 Objectives

The National School Survey 2015 serves many purposes. Among them is to study changes in the use of licit and illicit substances; monitor trends in the prevalence and frequency of drug use; examine the prevalence and frequency of antisocial behaviours; assess sexual health knowledge and behaviours; determine changes in the level of risk associated with ATOD use, delinquency, and other problem behaviours in adolescents; and discover the levels of protective factors that help guard against those behaviours. In recent years, Bermuda has experienced changes in public opinion toward alcohol, tobacco, and other drug use. Much of our current upheaval in attitudes is concentrated in today's youth.

The findings presented in this report are useful to the Department for National Drug Control, its stakeholders, and policymakers at all levels of government to: improve drug abuse prevention and intervention programmes, understand the risk and protective factors most in need of attention in the community, monitor progress toward national health goals, and encourage healthy drug-free lifestyles among Bermuda's youth.

1.3 Survey Limitations

The National School Survey 2015 provides descriptive data on the what, who, where, and when of self-reported behaviours in four major categories. The questions of why and how cannot be answered by this survey.

By definition a school survey is a study of youth enrolled in the educational system of a particular country. There are, of course, some disadvantages associated with school surveys.

⁶ T. Bjarnason. (1995). Administration mode bias in a school survey on alcohol, tobacco and illicit drug use. *Addiction*, 90(4), 555-560. p. 558.

⁷ D. A. Dillman, G. Phelps, R. Tortora, K. Swift, J. Kohrell, J. Berck, & B. L. Messer. (2009). Response rate and measurement differences in mixed-mode surveys using mail, telephone, interactive voice response (IVR) and the Internet. *Social Science Research*, 38, 1-18. p. 15.

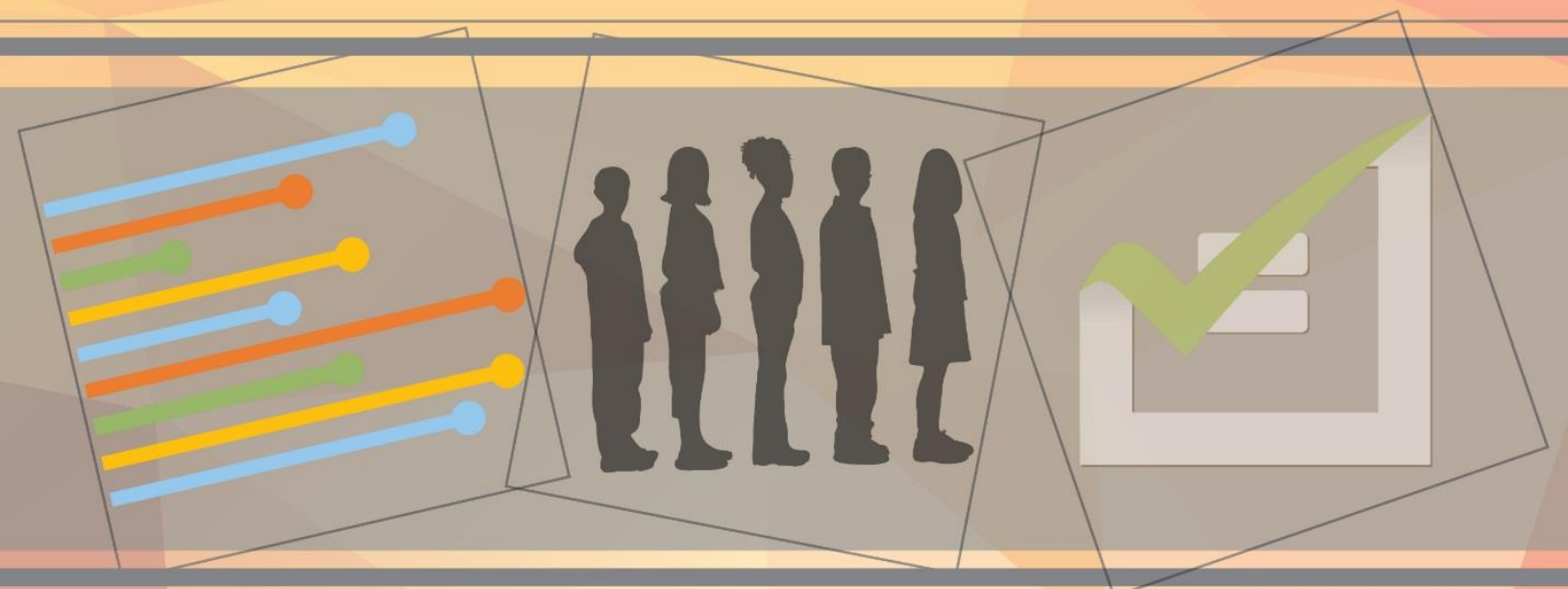
One of the most obvious relates to the target population. Previous surveys of the adult Bermuda population⁸ demonstrated that when adults are asked about their alcohol and drug use, they tend to underestimate their consumption. There are many reasons for this; one of which is social desirability or the tendency of respondents to give answers that they think are either consistent with researchers' expectations or that will make them look better in the eyes of the researchers. By contrast, young people may overestimate their drinking habits, for example, if they feel that drinking is associated with adult behaviour or is expected by their friends. The risk of receiving inaccurate responses is probably higher if the data collection setting is less formal, that is, if the student thinks that classmates might be able to see their responses. There is strong evidence from many studies, however, that data collected through school surveys have a high level of reliability and validity. To minimise the effects of overestimation a very large population frame was utilised. Additionally, consumption questions were asked in a variety of ways as a means of confirming previous responses. As this survey was based on self-reported data, the results should therefore be interpreted with caution.

Furthermore, the data can only be generalised to the population that is defined in the representative sample: public, private, and group home school students in grades M2 to S4. Students who were absent on the day of survey administration, special education classes, and schools for students with behaviour issues are not represented. Also, youths who dropped out of school were not included. It is important to note that students outside the middle and senior school system can be expected to differ from students within the educational system, not only in terms of prevalence rates of alcohol and drug use, but also in terms of social and economic status. Additionally, among those students absent from school and those who have dropped out of school, it is likely that a higher proportion of individuals would be taking drugs or drinking a lot of alcohol. Non-response to survey items may also present a limitation, as it could be a source of bias in the survey.

There were little to no setbacks in the administration of the survey. All participating schools were expected to administer the survey during the week of October 12th – 16th. 2015; however, there was one school that requested to complete the survey the following week and another that experienced a delay in survey implementation which resulted in survey implementation the following week. Literacy issues posed a challenge to a few students in completing the questionnaire on their own; and, therefore, teachers were permitted to verbally read the survey questions aloud. Students of one private school did not participate in the survey, as it was determined by the school's board that due to the nature of the survey questions consent would not be given for younger (M2) aged students.

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

⁸ Department for National Drug Control (2010). *National Household Survey 2009*. Government of Bermuda; Department for National Drug Control (2014). *2013 National Household Survey. Report of the National Household Survey on Drug Use and Health among the Adult Population in Bermuda*. Government of Bermuda.



CHAPTER 2

Methodology

Survey Design	13
2.1 Population Coverage	13
2.2 Data Collection	13
2.2.1 Questionnaire Design and Testing	15
2.2.2 Survey Administration	17
2.3 Data Quality	18
2.4 Data Processing	19
2.5 Data Analysis	20

Survey Design

The 2015 round of the National School Survey was administered during the week of October 12th – 16th to middle and senior school students in Bermuda. The survey design is briefly described in the sections below and in Figure 2.1.

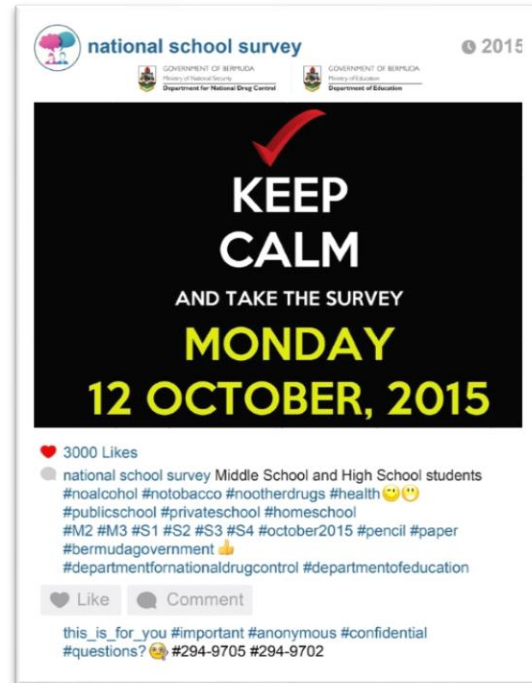
2.1 Population Coverage

The survey targeted 3,501 students, enrolled in 25 schools (eight public schools including one special school, six private schools, and 11 home schools); in two school phases: (1) middle school grade levels M2 and M3 (excluding M1) and (2) senior school grade levels S1 to S4 (see *Appendix B*). According to the Department of Education, these were the operational schools for the 2015/2016 academic year. The seven public schools comprise of two senior schools and five middle schools. This is the second time the National School Survey was conducted among home schools. Students' ages in the M2 to S4 grades correspond to approximately 12 to 18 years, although there were some students who were 10 to 11 years old and a few 19 year old students within these grades (see *Appendix A*).

The entire M2 to S4 student population was targeted for the survey since full coverage is known to eliminate sampling error and to provide data on all the students in the target population. In this way, a low margin of error was obtained, that is, $\pm 1\%$, and high confidence. This is the range, or confidence interval, in which the average population opinion is expected to lie.

2.2 Data Collection

At the beginning of the planning process, early in 2015, the Ministry of Education was informed of the opportunity to collaborate yet again on the National School Survey as was done in 2011. Schools' principals and administrators were formally notified at the end of the 2013/2014 academic year, of the scheduled survey, the staff and time requirements of the schools; and were asked to inform the DNDC of their school's participation and liaison. Of the 25 schools on record, only 22 indicated their interest to be part of this initiative. The three schools which did not participate are two home schools with few students whose administrator did not consent to them participating in the survey and the one public special school, which could not schedule the survey during the week of administration due to staffing constraints. Also, one private school did not allow its M2/Y8 students to be surveyed, on the grounds that some of the questions were not suitable for this age group.



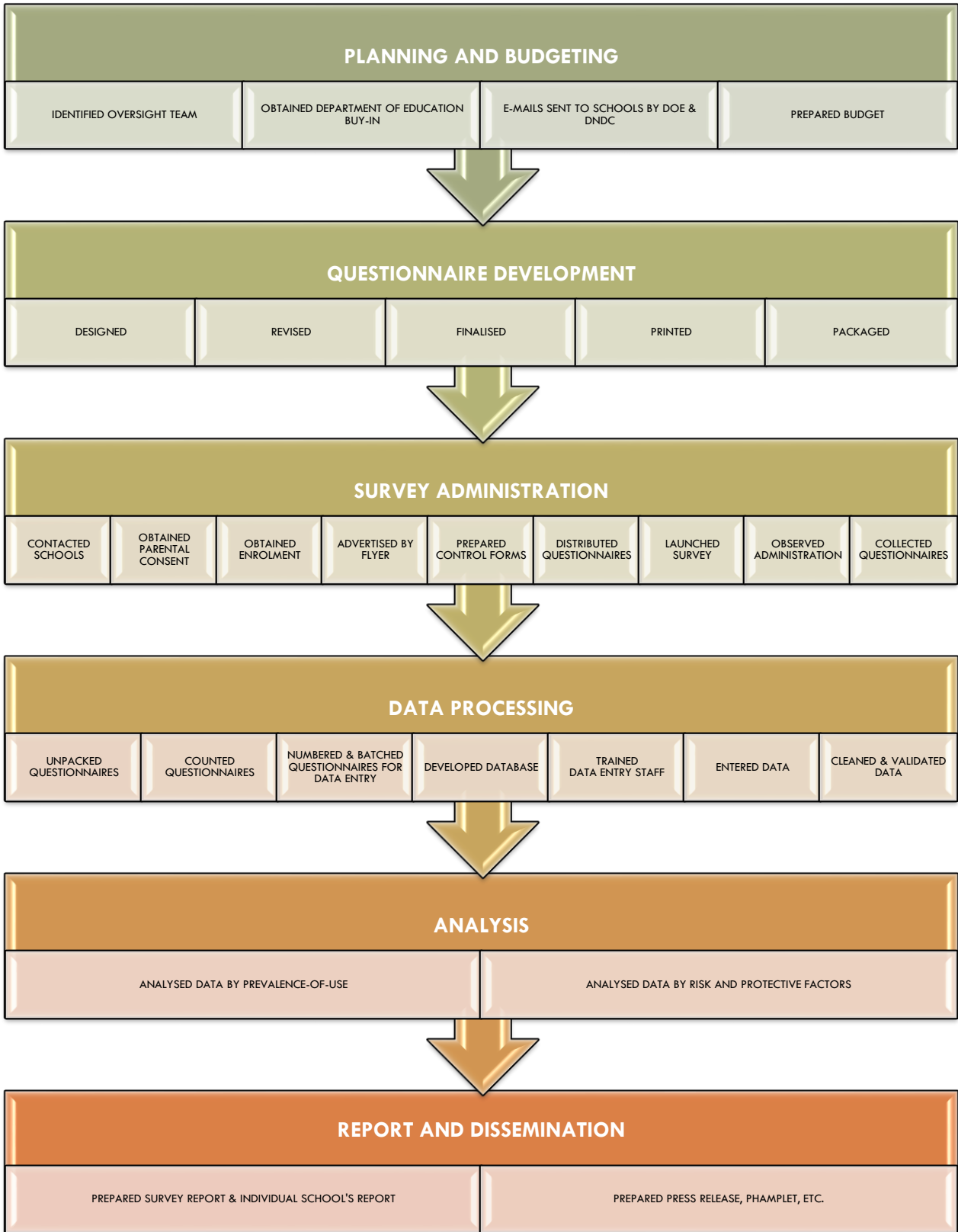


Figure 2.1. Survey design steps.

Data collection for the survey was carried out from Monday, October 10th – Friday, October 14th; with all schools participating during this designated period. Each school conducted the survey across all classes on the same day and at the same time to reduce contamination of responses. 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 DNDC, 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 the survey results, and preparing the survey reports. In addition, there was a team of trained observers who had oversight at the various schools and classrooms during their administration of the survey. Their main responsibility was to ensure that teachers were not involved in any way with students' responses and to provide any technical assistance on the questionnaire items should there have been any issues raised by the students.

2.2.1 Questionnaire Design and Testing

Instrument

The questionnaire comprised of two sections (see *Appendix F*). Section 1 of the questionnaire was adopted from the Inter-American Drug Abuse Control Commission (CICAD) School Survey questionnaire, which is a standardised instrument commonly used among Organisation of American States (OAS) Members and Caribbean countries for their National School Surveys. This part of the questionnaires contained the basic demographic questions and questions that measure reported ATOD consumption.

Section 2 of the questionnaire was adopted from the Communities That Care Youth Survey, which was developed by the Centre for Substance Abuse Prevention (CSAP) of the U.S. Department of Health and Human Services. This section contained questions measuring a variety of risk and protective factors (RPFs) by using groups of survey items or indicators, which are called scales. It should be noted that some of the risk factors are measured with more than one scale. For the purposes of this survey and for ease of understanding by the target population, the specific terminologies of the scales were not used in grouping the questions. There were four (4) main domains for each of the risk and protective factors: Community, Family, School, and Peer-Individual, in addition to Outcome Measures such as depression and antisocial behaviours including fighting, getting suspended from school, and selling drugs. The domains, scales, and outcome measures are delineated in Table 2.1.

All of the questionnaire items were pre-coded with the exception of two open-ended questions relating to school and age.

New Survey Items

As outlined in Section 1.3, additional items were added to the questionnaire in this round of the survey while a few were removed. Two questions each were added on second-hand smoking and drinking; three questions were included on parental reaction and engagement, while two were included to assess friends' reaction; six questions were asked about drug activity at school or in its surrounding areas; and two questions were asked to ascertain to some degree the reliability and consistency of the responses to alcohol and marijuana use. A few questions were removed regarding current use of some substances because, in the previous surveys, the reported prevalence was quite low. No pretesting of the questionnaire was done for this round of the survey as the questionnaire was very much similar to the one used in the last survey with the exception of a few additional questions which were taken from a standardised questionnaire used by other Caribbean countries.

Table 2.1
Risk and Protective Factor Scales and Outcome Measures

Domains	Scales	
Community	RISK FACTORS	PROTECTIVE FACTORS
	1. Low Neighbourhood Attachment	1. Opportunities for Prosocial Involvement
	2. Community Disorganisation	2. Rewards for Prosocial Involvement
	3. Transitions and Mobility	
	4. Perceived Availability of Drugs	
	5. Perceived Availability of Handguns	
	6. Laws and Norms Favourable to Drug Use	
Family	7. Laws and Norms Favourable to Handguns	
	1. Family History of Antisocial Behaviour	1. Attachment
	2. Poor Family Management	2. Opportunities for Prosocial Involvement
	3. Family Conflict	3. Rewards for Prosocial Involvement
	4. Parental Attitudes Favourable Toward ATOD Use	
School	5. Parental Attitudes Favourable to Antisocial Behaviour	
	1. Poor Academic Performance	1. Opportunities for Prosocial Involvement
Peer-Individual	2. Lack of Commitment to School	2. Rewards for Prosocial Involvement
	1. Rebelliousness	1. Rewards for Prosocial Involvement
	2. Gang Involvement	2. Interaction with Prosocial Peers
	3. Favourable Attitudes Toward ATOD Use	3. Belief in Moral Order
	4. Favourable Attitudes Toward Antisocial Behaviour	4. Prosocial Involvement
	5. Sensation Seeking	5. Religiosity
	6. Peer Rewards for Antisocial Involvement	6. Social Skills
	7. Friends' Use of Drugs	
	8. Friends' Delinquent Behaviour	
	9. Intention to Use	
	10. Early Initiation of Drug Use	
11. Low Perceived Risks of Drug Use		

Table 2.1
Risk and Protective Factor Scales and Outcome Measures cont'd

Domains	Scales
Outcome Measures	1. Depression
	2. Antisocial Behaviours

2.2.2 Survey Administration

Consent

Students' participation in the survey was voluntary; but subject to the consent of a parent or guardian. Permission for students to participate in the survey was obtained through a passive consent procedure (that is, a parent or guardian of each student signs and returns the consent form only if refusing to allow the child to participate; otherwise, permission is considered to be granted). This method was chosen over the active consent procedure as it was thought that survey participation rate would not be seriously affected in this way. A 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 anonymity and confidentiality of their child's participation, that non-participation will have no effect on the child's grades, among other relevant information. Students had one week in which to return the form to the school. In total, 114 (3.3%) students did not receive consent to participate in the survey (and this includes the one entire grade of students who did not participate).

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 schools were provided with a flyer about the survey. They were asked to place it on their notice boards or send it by e-mail to the students and/or their parents to remind them of the survey or to use any other suitable means for students' attention.

Administration

The survey was administered in the classroom solely under the supervision of the teacher and required approximately one class period (50 minutes) to complete. In some instances, the administration extended a little beyond the one class period, for which the schools were accommodating. Most schools administered the survey during the advisory, home room, or assembly

hall period. 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 have posed 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 anonymous and 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.

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 and its representatives observed the administration of the survey in all the schools during the week to answer any questions that might have arisen. There were a few instances of literacy problems: where students might have English as a second language or reading below grade level. In both instances, these students are counted as part of the non-responses since they did not participate in the completion of the survey.

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 then uplifted by the DNDC. They were retrieved from the envelopes, counted, numbered, and batched for data entry. All discrepancies in the count and the numbers indicated by the schools were queried and reconciled.

2.3 Data Quality

Response Rate

Of the target population, a total of 3,017 students responded to the survey, accounting for a response rate of 86.2% (see *Appendix B*). This represents an increase in the response rate by 2.3% from the 2011 round of the survey.

Of the 11 home schools, two did not participate in the survey. These schools were of the view that with their small population, confidentiality and anonymity cannot be guaranteed or the administrators simply did not want their students to participate (see *Section 1.4*). In addition, there

were non-responses due to parents who did not consent to their child's participation in the survey (3.3%), students being absent or away from school on the day of the survey (7.1%), or students returning blank questionnaires (3.5%).

Validation

A higher proportion of approximately 17% (503) of the questionnaires were validated since this was the first year the DNDC has undertaken to oversee data entry. This allowed for any possible data entry errors to be corrected. In addition, checks were made for exaggeration and these were excluded from the data set; for example, number of days of drug use greater than 31 days or age beyond a reasonable expected number of years. Another validation check was done to eliminate responses on patterns of drug use which were logically inconsistent; for instance, if a student reported that he or she had used a drug in the past 30 days but had never used this drug in his or her lifetime.

Missing Data

Imputations were not made for missing answers since it would be difficult to ascribe responses founded on self-report. Hence, missing data was treated as "not-stated" and comprised part of the total response.

2.4 Data Processing

Responses to the survey questions were captured directly onto the questionnaire by the respondents. Data entry was undertaken, for the first time, by the DNDC with trained external staff performing this function. Steps were taken to ensure confidentiality and reliability of the process and outcome. The process spanned approximately six weeks and was done three week subsequent to survey administration (one week for recruitment, training, and setup of the data entry screen; three weeks for manual data entry; and two weeks for data validation, cleaning, and documentation of the data entry steps and anomalies). No coding of the questionnaire was required since the questionnaire was pre-coded. To guard against transcription errors, care was taken in entering the responses from the paper questionnaires, unto the computer. Microsoft Excel was used on individual computers for data entry, which was seamlessly integrated into SPSS for data processing. The captured data file was then cleaned and 17% (approximately 503) of the questionnaires validated.

The DNDC staff then performed the data analyses for this report. This included the generation of appropriate tables and descriptive statistics for inclusion in this final report.

2.5 Data Analysis

Analyses were done by sections: ATOD Use; Risk and Protective Factors; Outcome Measures; and Relationships with ATOD Use. The results of the survey are presented in two ways: (1) for each surveyed grade level and (2) for the overall surveyed population. Measurement of each of these is elaborated in the respective sections. In some instances the results are also presented by the sex of the respondent (see *Chapter 3.1*) and by public and private school disaggregation (see *Appendix E*).

Since students in grades M2 through S4 participated in this survey, this includes the full range of grade levels in the schools surveyed. As such, the overall survey results can be interpreted as representing the attitudes and behaviours of the student population as a whole. It is important to keep in mind, however, that scores averaged across the full range of grade levels included in this report can mask problems within individual grades. In trying to make comparisons to normative data it is important to examine the data grade by grade in addition to looking at combined statistics for all grade levels. For many items there is typically a great deal of difference between grades or sex. For example, M2 grade alcohol use is typically much lower than S4 grade level alcohol use. Hence, only paying attention to the overall alcohol use statistic would mask these grade differences in alcohol usage.

Although in one instance the middle school students did not participate in the survey, the number of students in this grade cohort, who in fact participated, adequately represents this grade population. 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.

For the risk and protective factor analysis, average scores (proportions) were computed for each scale used to measure the respective domain. Each of the risk and protective factor scores are measured on a scale of 0 to 100. A score of 50 is the normative average for this scale. A low score indicates the relative absence of the risk or protective factor. A high score indicates an elevated level of that risk or protective factor. Because risk factors are associated with an increased likelihood of alcohol and drug use, and other problem behaviours, lower scores on risk factors are desirable. Conversely, because protective factors are associated with a decreased likelihood of problem behaviours, a higher score on the protective factors is desirable. For ease of data interpretation and reporting, some variables required reverse coding and recoding. In regards to the risk and protective scales, new variables were created to allow for estimation of the level of protection or risk.

In addition to a complete profile of risk and protective factor levels, substance use, and other behaviour prevalence rates, analyses were also done by public vs. private school comparisons on ATOD use (see *Appendix E*). Summary results from the two previous rounds of the survey are also

included in Appendices C and D of this survey report for trend analysis. Each school's results will also be analysed and compared to the national averages in separate reports prepared for each school. Normative comparisons of this type are one of the best ways of identifying the strengths a school can build on and weaknesses that must be addressed.

In the interest of minimising the additional burden of data collection required from schools and preserving fast turnaround times for processing and reporting, overall statistics in this report are presented without grade weighting since analysis of previously collected data has shown that in schools where the grade levels are well represented the unweighted results are either the same or within a point or two of the weighted results.

IBM SPSS v. 21 software was used for the analysis of survey data. Charts were created in Microsoft Excel and tables and text were prepared in Microsoft Word.



CHAPTER 3.1
RESULTS
ATOD Use

3.1.1 Introduction and Measurement	25
3.1.2 Overall Prevalence	26
3.1.3 Lifetime and Current Prevalence by Grade Level	29
3.1.4 Lifetime and Current Prevalence by Sex	29
3.1.5 Age of Onset	31
3.1.6 Consumption by Type of Drug	34
3.1.7 Access to Drugs	56
3.1.8 Perception of Health Risk	58
3.1.9 Perception of Drug Use at School or in Surrounding Area	61
3.1.10 Reaction & Involvement of Parents/Guardians	62
3.1.11 Reaction of Close Friends to Marijuana Use	63

3.1.1 Introduction and Measurement

In this survey, drug consumption is measured by a set of 30 survey questions, similar to questions generally used to study drug consumption by middle and senior school students, regionally and internationally. Energy drinks consumption is measured by a set of six questions. (See Appendix F).

This section presents the results of the consumption of alcohol, tobacco, and other drugs (ATODs), as well as energy drinks. The findings on the use of other drugs – apart from marijuana – such as cocaine, ecstasy, crack, and other drugs can be used by prevention planners as an overall gauge of “hard” drug use. Also included in this section is the prevalence of use of drugs such as inhalants, tranquilizers, and stimulants. These results are presented for both lifetime and current use (last 30-days) of ATODs and energy drinks, disaggregated by sex and grade level of student, with relevant tables and charts included to illustrate the number and proportion of students who have reported use of these substances. Lifetime prevalence of use, that is, whether the student has ever used the drug, is a good measure of student experimentation. Past 30-days prevalence of use, that is, whether the student has used the drug within the last month is a good measure of current use. Current use is obtained from filtering students who have indicated lifetime use and who then have indicated recent use; and is reported as a proportion of all survey respondents. In addition, this section also examines age of first use. Further, this section shows the results of students’ perception of harm in consuming ATODs and ease of obtaining these substances. In addition to the standard lifetime and current use prevalence of alcohol, perception of risk, and ease of availability, binge drinking behaviour is also measured.

TECHNICAL NOTE

What is Prevalence?

The terms prevalence refers to the proportion of a population who has used a drug over a particular time period. In this population survey of middle and senior school students, prevalence is measured by asking students to recall their use of drugs. Typically, the three most widely used recall periods are: lifetime (ever used a drug), last year (used a drug in the last twelve months), and last month (used a drug in the last 30 days).

Lifetime prevalence: the proportion of survey respondents who reported ever having used the named drug at the time they were surveyed; that is, at least once. A person who records lifetime prevalence may – or may not – be currently using the drug. Lifetime prevalence should not be interpreted as meaning that people have necessarily used a drug over a long period of time or that they will use the drug in the future.

Last year (past 12 months) prevalence: the proportion of survey respondents who reported using a named drug in the year prior to the survey. For this reason, last year prevalence is often referred to as **recent use**; and also classified as lifetime prevalence.

Last month (past 30 days) prevalence: the proportion of survey respondents who reported using a named drug in the 30-day period prior to the survey. Last month prevalence is often referred to as **current use**; and also classified as lifetime and recent prevalence. A proportion of those reporting current use may be occasional (or first-time) users who happen to have used in the period leading up to the survey – it should therefore be appreciated that current use is not synonymous with regular use.

Binge drinking: a report of five drinks or more in a row within the past two weeks.

3.1.2 Overall Prevalence

Students were asked to report if they “have ever consumed any of these substances...” and “when was the first time you have tried...”. Their negative responses (“no” or “never”) to these questions provide the number and proportion of students who reported that they have never used any of the drugs surveyed. Overall, 71.3% (2,152) of all survey respondents (or seven in 10) have reported use of at least one drug in their lifetime. This includes the use of tranquilizers and stimulants without medical prescriptions, as well as any “other” drug. However, if energy drink consumption were to be included in the substances used or tried, then the proportion of students who have reported experimentation of a substance increased to 85.3% (2,574).

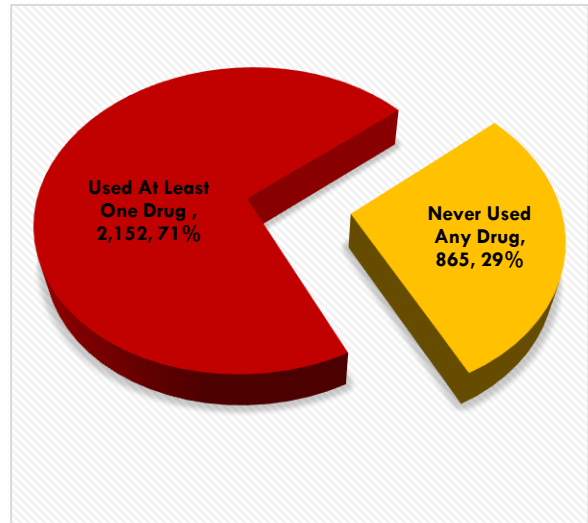


Figure 3.1.1. Drug use by survey respondents.

ATOD prevalence for all students M2 through S4 is presented in Figures 3.1.2 and 3.1.3 and the overall results columns of Tables 3.1.1 and 3.1.2. As these results show, students recorded the highest lifetime prevalence-of-use for energy drinks (61.1%), alcohol (52.6%), marijuana (26.2%), inhalants (15.1%), and cigarettes (12.0%). Other lifetime prevalence ranges from a low of 1.2% for heroin to a high of 5.3% for cannabis resin.

Students reported the highest current prevalence-of-use for energy drinks (20.7%), alcohol (18.0%), and marijuana (10.8%). Other current use prevalence ranges from a low of 0.4% for heroin and ecstasy to a high of 3.1% for cigarettes.

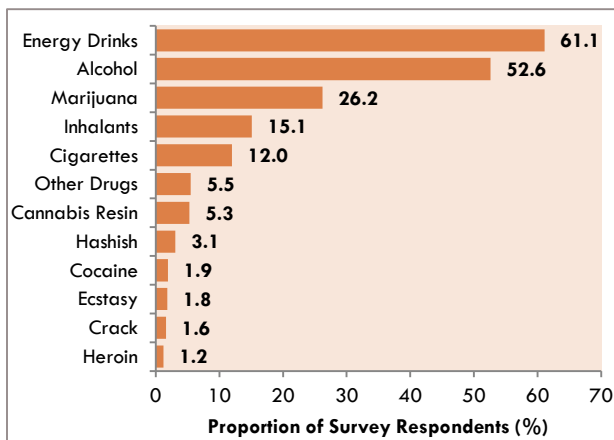


Figure 3.1.2. Lifetime use of ATODs and Energy Drinks for survey respondents.

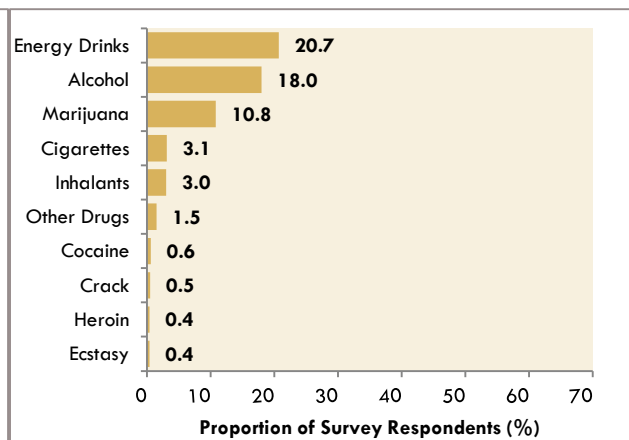


Figure 3.1.3. Current use of ATODs and Energy Drinks for survey respondents.

Lifetime Use

Table 3.1.1
Lifetime Use⁹ of ATODs and Energy Drinks by Grade Level of Survey Respondents

Substance	Grade Level ¹⁰												Overall (n = 3,017)	
	M2 (n = 490)		M3 (n = 547)		S1 (n = 584)		S2 (n = 511)		S3 (n = 457)		S4 (n = 427)			
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
LEGAL DRUGS	292	59.6	367	67.1	385	65.9	315	61.6	281	61.5	307	71.9	1,947	64.5
Alcohol	239	48.8	320	58.5	322	55.1	255	49.9	223	48.8	228	53.4	1,587	52.6
Cigarettes	27	5.5	32	5.9	48	8.2	80	15.7	71	15.5	103	24.1	361	12.0
Inhalants	82	16.7	96	17.6	113	19.3	72	14.1	48	10.5	46	10.8	457	15.1
ILLEGAL DRUGS	31	6.3	53	9.7	118	20.2	172	33.7	206	45.1	235	55.0	815	27.0
Cannabis Resin	7	1.4	6	1.1	25	4.3	28	5.5	43	9.4	51	11.9	160	5.3
Cocaine	4	0.8	3	0.5	12	2.1	12	2.3	7	1.5	19	4.4	57	1.9
Crack	9	1.8	4	0.7	9	1.5	8	1.6	5	1.1	12	2.8	47	1.6
Ecstasy	5	1.0	3	0.5	9	1.5	11	2.2	8	1.8	17	4.0	53	1.8
Hashish	4	0.8	4	0.7	9	1.5	13	2.5	28	6.1	37	8.7	95	3.1
Heroin	6	1.2	2	0.4	9	1.5	3	0.6	4	0.9	13	3.0	37	1.2
Marijuana	26	5.3	46	8.4	111	19.0	168	32.9	205	44.9	233	54.6	789	26.2
Other Drugs	21	4.3	19	3.5	33	5.7	37	7.2	27	5.9	29	6.8	166	5.5
Energy Drinks	192	39.2	307	56.1	381	65.2	342	66.9	323	70.7	298	69.8	1,844	61.1

⁹ Students responding to “ever” consuming the substance (asked of all survey respondents). There was one student for whom the grade level was not reported; hence responses were not included in the table above.

¹⁰ Percentages are computed with the number as a proportion of grade level total.

Current Use

Table 3.1.2
Current Use¹¹ of ATODs and Energy Drinks by Grade Level of Survey Respondents

Substance ¹²	Grade Level ¹³												Overall (n = 3,017)	
	M2 (n = 490)		M3 (n = 547)		S1 (n = 584)		S2 (n = 511)		S3 (n = 457)		S4 (n = 427)		n	%
	n	%	n	%	n	%	n	%	n	%	n	%		
LEGAL DRUGS	106	21.6	143	26.1	136	23.3	95	18.6	95	20.8	115	26.9	690	22.9
Alcohol	88	18.0	127	23.2	111	19.0	67	13.1	74	16.2	77	18.0	544	18.0
Cigarettes	6	1.2	6	1.1	8	1.4	19	3.7	18	3.9	37	8.7	94	3.1
Inhalants	14	2.9	14	2.6	26	4.5	17	3.3	7	1.5	13	3.0	91	3.0
ILLEGAL DRUGS	3	0.6	12	2.2	38	6.5	70	13.7	85	18.6	130	30.4	338	11.2
Cocaine	1	0.2	1	0.2	2	0.3	3	0.6	3	0.7	7	1.6	17	0.6
Crack	2	0.4	1	0.2	2	0.3	1	0.2	3	0.7	5	1.2	14	0.5
Ecstasy	-	-	-	-	4	0.7	1	0.2	1	0.2	7	1.6	13	0.4
Heroin	1	0.2	1	0.2	2	0.3	1	0.2	3	0.7	3	0.7	11	0.4
Marijuana	2	0.4	9	1.6	37	6.3	68	13.3	83	18.2	126	29.5	325	10.8
Other Drugs	5	1.0	3	0.5	10	1.7	8	1.6	9	2.0	9	2.1	44	1.5
Binge Drinking ¹⁴	32	6.5	57	10.4	44	7.5	24	4.7	31	6.8	24	5.6	212	7.0
Energy Drinks	65	13.3	111	20.3	134	22.9	125	24.5	86	18.8	103	24.1	624	20.7

¹¹ Of students who responded to “ever” consuming the substance, and reported use in the past 12 months, who then have consumed it in the “past 30 days” (asked only of all lifetime and recent users but reported as a proportion of all survey respondents). There was one student for whom the grade level was not reported; hence responses were not included in the table above.

¹² Survey did not measure current use of cannabis resin and hashish.

¹³ Percentages are computed with the current use number as a proportion of total grade level survey respondents for each substance.

¹⁴ Computed for current use but reported as a proportion of all survey respondents.

3.1.3 Lifetime and Current Prevalence by Grade Level of Respondent

ATOD prevalence for individual grade levels is presented in Tables 3.1.1, 3.1.2, and Figure 3.1.4. Typically, prevalence-of-use of most substances increases as students advance to higher grades. However, inhalant use provides an exception to this pattern, often peaking during the late middle school or early high school years. This may be because inhalants are relatively easy for younger students to obtain. The survey results shows that current alcohol use for all survey respondents ranges from a low of 13.1% among S2 students to a high of 23.2% among M3 students. Current use of marijuana ranges from a low of 0.4% among M2 students to a high of 29.5% among S4 students; while for cigarettes, current use ranges from a low of 1.1% for M3 students to a high of 8.7% for S4 students. Inhalant current use ranges from a low of 1.5% for S3 students to a high of 4.5% for S1 students.

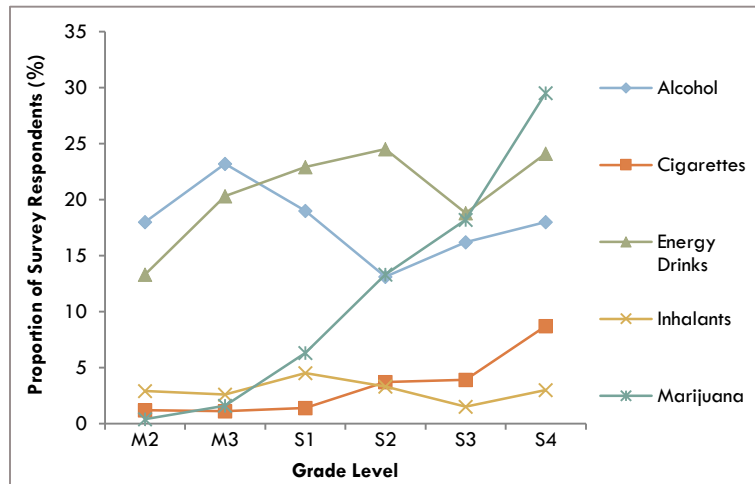


Figure 3.1.4. Current use of selected substances by grade level of survey respondents.

3.1.4 Lifetime and Current Prevalence by Sex of Respondent

- The results in Table 3.1.3 show that there were more males who reported the use of cigarettes, inhalants, and illegal drugs such as cannabis resin, cocaine, crack, ecstasy, hashish, and heroin for both lifetime and current use reference periods.
- Alcohol use was more prevalent among females for both lifetime (55.1%) and current (19.8%) use reference periods.
- Marijuana prevalence was the same for both males and females at the lifetime use reference period (26.2%) and marginally higher for males at the current use reference period (10.9% for males vs. 10.7% for females).

Table 3.1.3

Lifetime and Current Use of ATODs and Energy Drinks by Sex of Survey Respondents

Substance	Lifetime Use (%)				Current Use (%)			
	Male (n = 1,384)	Female (n = 1,592)	Not Stated (n = 41)	Total (n = 3,017)	Male (n = 1,384)	Female (n = 1,592)	Not Stated (n = 41)	Total (n = 3,017)
Alcohol	49.8	55.1	51.2	52.6	16.0	19.8	14.6	18.0
Cannabis Resin	7.9	3.0	9.8	5.3	..	..	..	..
Cigarettes	12.5	11.4	14.6	12.0	3.1	3.1	4.9	3.1
Cocaine	2.8	0.9	7.3	1.9	1.0	0.1	2.4	0.6
Crack	2.5	0.6	4.9	1.6	0.7	0.1	4.9	0.5
Ecstasy	2.4	1.1	7.3	1.8	0.8	0.1	-	0.4
Energy Drinks	66.4	56.5	63.4	61.1	26.2	15.6	31.7	20.7
Hashish	5.1	1.4	4.9	3.1	..	..	..	..
Heroin	2.1	0.4	4.9	1.2	0.6	0.1	2.4	0.4
Inhalants	15.7	14.5	22.0	15.1	2.7	3.1	7.3	3.0
Marijuana	26.2	26.2	24.4	26.2	10.9	10.7	9.8	10.8
Other Drugs	6.6	4.5	7.3	5.5	1.5	1.1	12.2	1.5

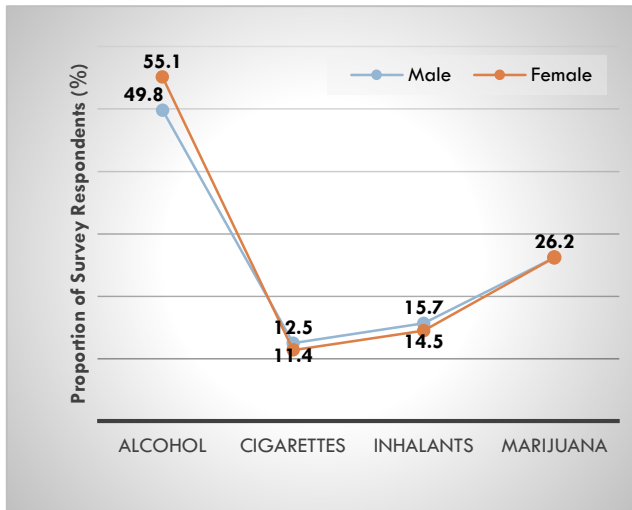


Figure 3.1.5. Lifetime use of selected substances by sex of respondent.

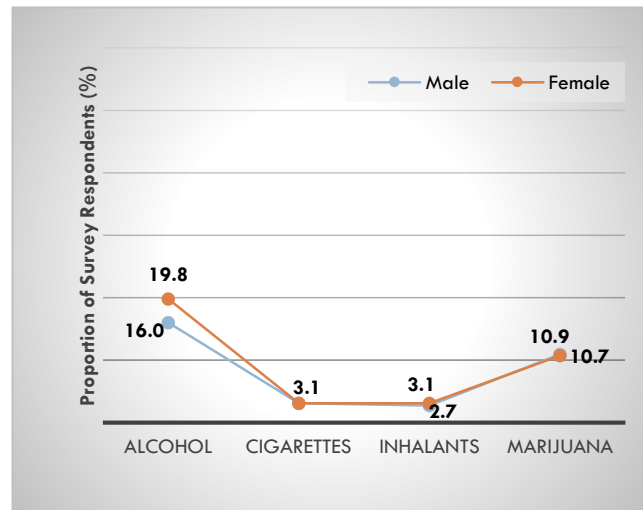


Figure 3.1.6. Current use of selected substances by sex of respondent.

3.1.5 Age of Onset

Using age-of-initiation data to coordinate the timing of prevention efforts can be an important tool for maximising programme effectiveness. For example, programmes delivered after the majority of potential drug users have already initiated the behaviour may have limited impact. Alternatively, very early intervention might prove less effective because it is not close enough to the critical initiation period.

Surveyed youths were asked to report how old they were when they used or tried these substances for the first time: alcohol, cigarettes, inhalants, marijuana, cannabis resin, cocaine, heroin, hallucinogens, hashish, crack, ecstasy, and other illicit drugs. Some of these drugs (alcohol, cigarettes, and marijuana) are generally considered to be the major gateway drugs, usually preceding the use of hard drugs.¹⁵ The average age of onset is based only on the ages of first use of students who reported ever engaging in the behaviour, that is, lifetime users. Table 3.1.4 presents the average age of onset students reported within each grade level, Figure 3.1.7 shows this for all lifetime users for each substance, while Figure 3.1.8 shows the average age of onset for a few selected substances by grade level of survey respondent. These survey questions form part of the risk factor scale *Early Initiation of Drug Use*. On the other hand, Table 3.1.5 and Figure 3.1.9 show the average age of onset by sex of survey respondent.

Table 3.1.4
Average Age of Onset by Grade Level of Survey Respondents

Substance	Grade Level						Average Age of Onset (Years)	Number of Lifetime Users
	M2	M3	S1	S2	S3	S4		
Alcohol	12.0	12.7	12.4	11.5	11.8	12.3	12.1	1,587
Cannabis Resin	8.0	12.2	11.3	13.2	13.8	13.1	12.9	160
Cigarettes	8.4	10.7	12.4	12.5	13.3	14.2	12.8	361
Cocaine	12.0	...	10.7	12.9	10.0	11.7	11.8	57
Crack	12.0	12.5	13.2	12.3	7.0	11.0	11.8	47
Ecstasy	12.0	...	12.0	12.0	13.3	13.4	12.8	53
Hashish	12.0	12.3	12.8	13.0	14.3	13.7	13.6	95
Heroin	12.0	...	12.3	11.7	10.5	13.0	12.1	37
Inhalants	7.7	8.9	9.1	9.2	9.3	9.5	8.9	457
Marijuana	10.0	11.9	12.4	13.5	14.0	14.5	13.6	789
Other Drugs	9.2	11.3	11.6	14.2	14.1	13.0	12.5	166

¹⁵ National Center on Addiction and Substance Abuse. (1994). National Study Shows “Gateway” Drugs Lead to Cocaine Use. In R. J. Hackett (Ed.), *Columbia University Record*, 20(4). Columbia University, NY: Office of Public Information. http://www.columbia.edu/cu/record/archives/vol20/vol20_iss10/record2010.24.html (accessed January 25, 2012).

- Age of initiation of drug use ranges from a low of 8.9 years for inhalants to a high of 13.6 years for marijuana.
- Alcohol use began around 12.1 years, cigarette use at 12.8 years, and marijuana use at 13.6 years.
- Students in earlier grades like M2 began use of inhalants and cigarettes much earlier (at nine years) than students in later grades.

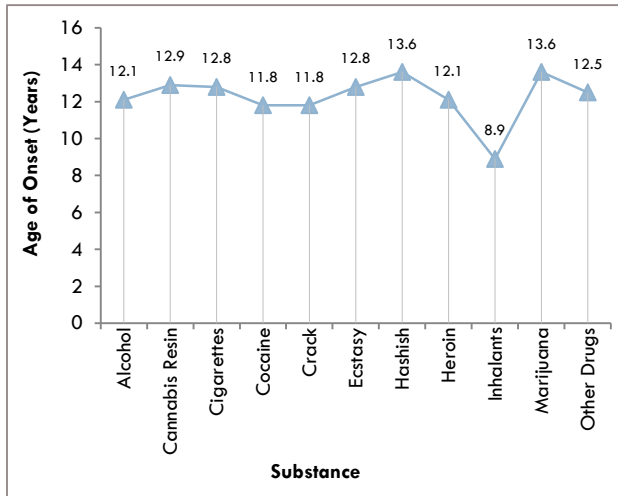


Figure 3.1.7. Average age of onset for all lifetime users by type of drug.

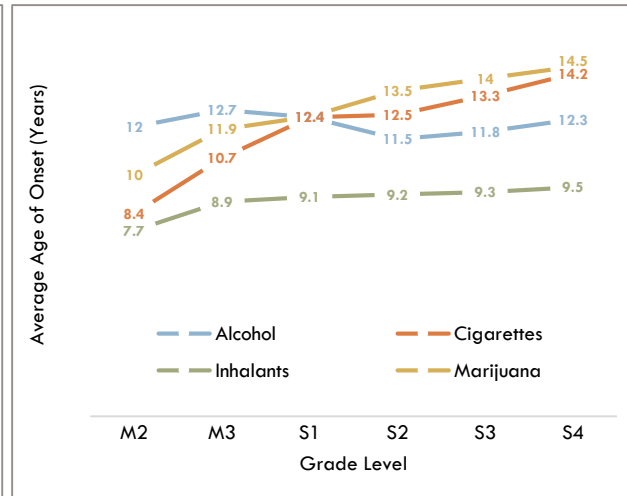


Figure 3.1.8. Average age of onset for all lifetime users of selected substances by grade level.

Table 3.1.5
Average Age of Onset by Sex of Survey Respondents

Substance	Male	Female
Alcohol	12.0	12.2
Cannabis Resin	12.8	13.7
Cigarettes	12.2	13.4
Cocaine	11.0	14.4
Crack	11.9	14.5
Ecstasy	11.4	15.0
Hashish	13.6	14.3
Heroin	12.5	14.0
Inhalants	9.1	8.8
Marijuana	13.2	14.1
Other Drugs	11.5	13.8

- Females initiated substance use later than their male counterparts with the exception of their earlier use of inhalants.
- Males indicated first use of inhalant as early as 9.1 years old and use of hashish as late as 13.6 years
- Females began use of inhalants as early as 8.8 years old and use of ecstasy as late as 15.0 years.

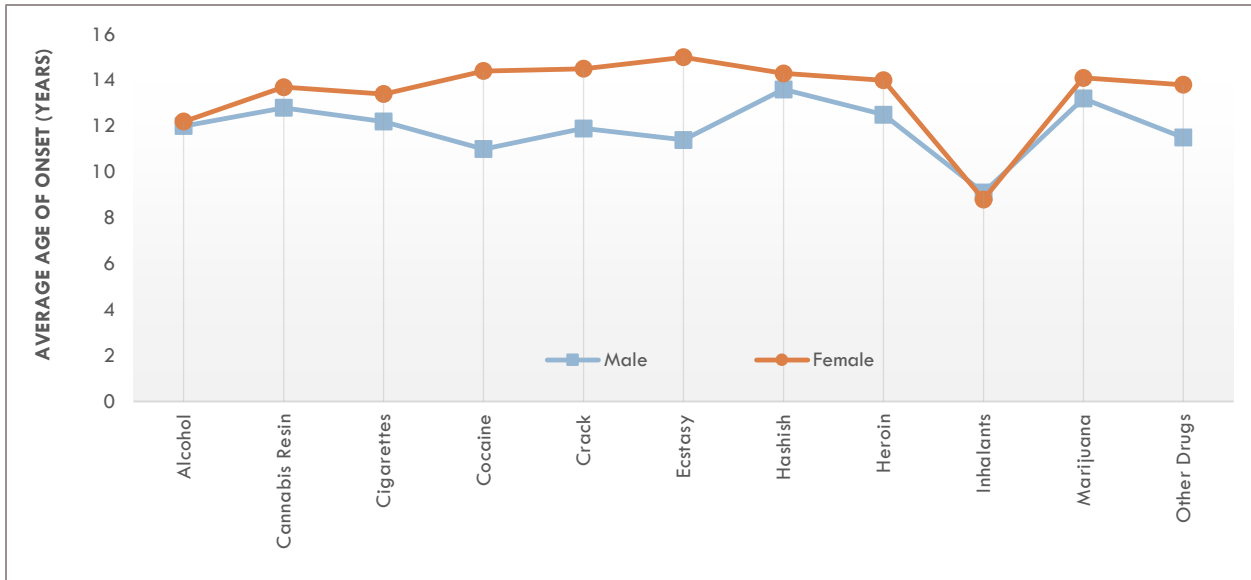


Figure 3.1.9. Average age of onset for all lifetime users by sex of respondent

3.1.6 Consumption by Type of Drug

Alcohol

Alcohol, including beer, wine, and hard liquor, is the drug most often used by adolescents today. Research and similar surveys in the past have shown the pervasiveness of alcohol in middle and high schools.¹⁶ In comparison, the use of cigarettes, inhalants, or marijuana are less than half as prevalent as alcohol use. Given the national pattern, it is not surprising that alcohol is the most used drug among the surveyed age cohort in Bermuda. Furthermore, the high prevalence of alcohol consumption among adolescents raises the issue of binge drinking, which can be extremely dangerous, and is the pattern of alcohol use that is of greatest concern among researchers.¹⁷ Several studies have shown that alcohol use by youths and young adults increases the risk of both fatal and nonfatal injuries and that binge drinking is related to higher probabilities of drinking and driving as well as injury due to intoxication.¹⁸ This body of research has also shown that children who began alcohol use before age 15 are 5 times more likely to abuse alcohol by age 21. Other consequences include: risky sexual behaviours, poor school performance, and increased risk of suicide and homicide. As with alcohol use in general, binge drinking tends to become more pervasive as students grow older.

Lifetime and Current Use

- Lifetime prevalence of alcohol use ranges from a low of 48.8% for M2 and S3 students to a high of 58.5% for M3 students. Overall, over half (52.6%) of the survey respondents have reported using alcohol in their lifetime.
- Current prevalence (previous 30-days) of alcohol use ranges from a low of 13.1% for S2 students to a high of 23.2% for M3 students. Overall, 18.0% of the survey respondents have used alcohol in the past 30 days.

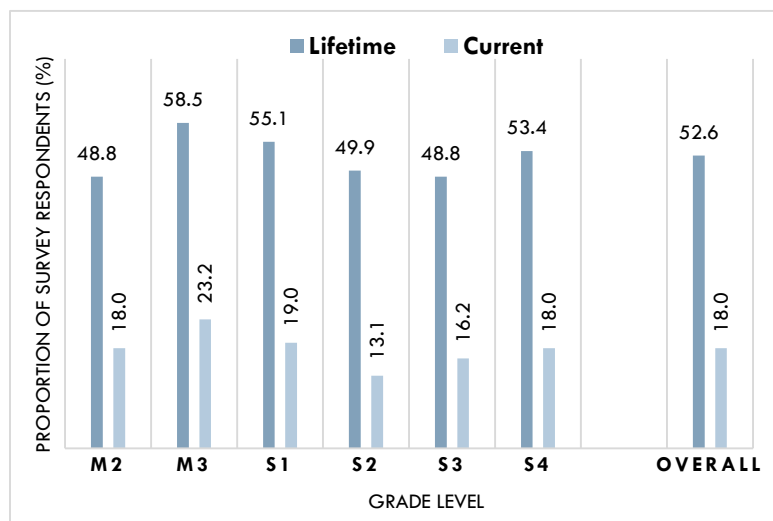


Figure 3.1.10. Lifetime and current use of alcohol by grade level of survey respondents.

¹⁶ L. D. Johnston, P. M. O'Malley, J. G. Bachman, & J. E. Schulenberg. (2012). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2011*. Ann Arbor: Institute for Social Research, The University of Michigan. <http://monitoringthefuture.org/pubs/monographs/mtf-overview2011.pdf> (accessed January 28, 2012).

¹⁷ Ibid. p. 36.

¹⁸ National Institute on Drug Abuse. (Unknown). *Drugs of Abuse. Alcohol*. <http://www.drugabuse.gov/category/drugs-abuse/alcohol> (accessed January 28, 2012); Centers for Disease Control and Prevention. (2011). *Alcohol and Public Health. Frequently Asked Questions*. Georgia: USA. <http://www.cdc.gov/alcohol/faqs.htm#young> (accessed January 28, 2012).

First Use

- Of the lifetime users, 975 initiated alcohol consumption “more than a year ago” (32.3% of all survey respondents), while 129 (consumed alcohol for the first time “during the past 30 days” (4.3% of all survey respondents).

Table 3.1.6
First Use of Alcohol for Survey Respondents

First Use	Number	Percent
Never	1,277	42.3
During the past 30 days	129	4.3
More than 1 month ago, less than 1 year	377	12.5
More than a year ago	975	32.3
Not Stated	106	3.5
Total	3,017	100.0

Recent Use

- The majority (1,104) of lifetime users of alcohol, approximately seven out of every ten, have reported recent use of alcohol (use in the past 12 months). This corresponds to about 36.6% of all survey respondents who can be considered as recent users.

Table 3.1.7
Alcohol Use in the Past 12 Months for Survey Respondents

Annual Use	Number	Percent (n = 3,017)
Yes	1,104	36.6
No	382	12.7
Not Stated	101	3.3
Total	1,587	52.6

Heavy Drinking

- On at least one day in the past month, 201 current users of alcohol have reported that they had too much to drink and got drunk (6.7% of all survey respondents). There were 29 current users who reported to have been drunk for more than half the month (1.0% of all survey respondents).

Table 3.1.8
Number of Days Current Users of Alcohol Drank too much and got Drunk

Days	Number	Percent (n = 3,017)
None	282	9.3
1 – 5 days	146	4.8
6 – 10 days	20	0.7
11 – 15 days	6	0.2
16+ days	29	1.0
Not Stated	61	2.0
Total	544	18.0

Location of Alcohol Use

- The majority of current users of alcohol reported that they most often drink at “other social events” (224), “home” (119), or at “a friend’s house” (111). This corresponds to 7.4%, 3.9%, and 3.7% of all survey respondents, respectively. Very few of these students have reported drinking alcohol at “sporting events” (6) or at “school” (8).

Table 3.1.9
Location Where Current Users Most Often Drink Alcohol

Location	Number	Percent (n = 3,017)
At Home	119	3.9
At School	8	0.3
On the Corner/Block	26	0.9
At a Friend’s House	111	3.7
At Sporting Events	6	0.2
At Other Social Events	224	7.4
Other	32	1.1
Not Stated	18	0.6
Total	544	18.0

Source of Alcohol

- About half (294) of the current users of alcohol have reported that they usually get it from “friends” (9.2% of all survey respondents). A significant number (66) or about one out of every eight current users has reported the “shop” as the source of their alcohol consumed (2.2% of all survey respondents). Very few current users have obtained alcohol from a “street vendor” (11) or from a “brother/sister” (24).

Table 3.1.10
Source of Alcohol for Current Users

Source	Number	Percent (n = 3,017)
Friend	279	9.2
Parents	65	2.2
Brother/Sister	24	0.8
Other Relative(s)	34	1.1
Street Vendor	11	0.4
Shop	66	2.2
Other	36	1.2
Not Stated	29	1.0
Total	544	18.0

Frequency of Use and Type of Alcoholic Beverage Consumed

- With reference to use in the past 30 days, the majority of students consumed beer, Guinness, breezers, and/or wickets “only in social events” (265) or on the “weekends” (121) (see Table 3.1.11). This corresponds to 8.8% and 4.0% of all survey respondents, respectively. Very few (29) current users of alcohol consumed these beverages daily (1.0% of all survey respondents).
- On the other hand, 244 of current users reported that they have “never” consumed wine in the past 30 days (8.1% of all survey respondents); although a considerable proportion of the

students (134) who have consumed wine have done so “only in social events” (4.4% of all survey respondents).

- Likewise, a significant number of current users indicated that they have consumed hard liquor, such as rum, rum punch, vodka, and whiskey, “only in social events” (274) or have “never” had hard liquor (104). Overall, this represents 9.1% and 3.5% of all survey respondents, respectively. Only 18 current users reported daily use of hard liquor (0.6% of all students).

Table 3.1.11
Frequency of Use by Type of Alcoholic Beverage for Current Users

Frequency of Use	Type of Alcoholic Beverage					
	Beer, Guinness, Breezers, Wickets		Wine		Hard Liquor (Rum, Vodka, etc.)	
	Number	Percent (n = 3,017)	Number	Percent (n = 3,017)	Number	Percent (n = 3,017)
Daily	29	1.0	13	0.4	18	0.6
Weekends	121	4.0	53	1.8	76	2.5
Some week days	45	1.5	34	1.1	38	1.3
Only in social events	265	8.8	134	4.4	274	9.1
Never	56	1.9	244	8.1	104	3.5
Not Stated	28	0.9	66	2.2	32	1.1
Total	544	18.0	544	18.0	544	18.0

Binge Drinking

- Across grades, current binge drinking prevalence rates range from a low of 4.7% for S2 students to a high of 10.4% for M3 students (see Table 3.1.2). Overall, 7.0% of the survey respondents have reported at least one episode of binge drinking in the past two weeks.

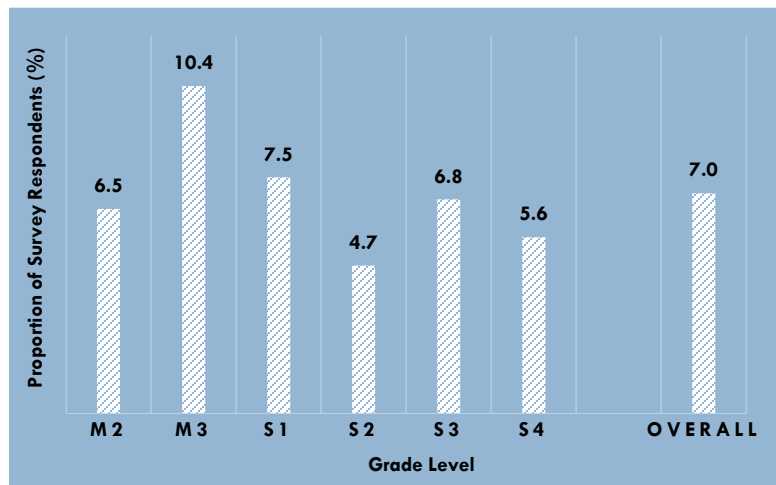


Figure 3.1.11. Binge drinking among current users of alcohol by grade level of user.

Second Hand Effects of Alcohol

- Although many students did not know whether or not they had ever ridden in a vehicle that was driven by someone who had been drinking alcohol, there were, however, 12.5% of students who said that they were in a car driven by such person; and 6.7% said the same about being on a bike.

Table 3.1.12
Respondents' Awareness of Vehicular Driver Being under the Influence

Response	Have you ever ridden in a vehicle driven by someone who had been drinking alcohol?			
	Bike		Car	
	Number	Percent	Number	Percent
Yes	201	6.7	376	12.5
No	642	21.3	489	16.2
I do not know	2,081	69.0	2,031	67.3
Not stated	93	3.1	121	4.0
Total	3,017	100.0	544	18.0

Tobacco

NIDA-reported research identified nicotine as the main addictive ingredient in cigarettes. Nicotine use has been found to activate reward pathways and increases dopamine (feel good hormone) levels.¹⁹ However, other research indicates that smokers may continue smoking to keep high levels of dopamine in their body. Approximately, 90% of smokers start smoking by age 18. More than 6 million of smokers under the age of 18 are projected to die prematurely from smoking related reasons. Recent findings suggest that tobacco use among youths may be as a result of biological reasons experienced during this period of increased vulnerability and not merely psychosocial reasons such as peer pressure. Public health researchers claim that cigarette smoking is the leading cause of preventable deaths in the United States.²⁰ After alcohol, tobacco or cigarettes is the most commonly used drug among adolescents, but its consumption has been on the decline since the late 1970s even though there are periods when it remained steady.

Lifetime and Current Use

- Lifetime prevalence of cigarette use ranges from a low of 5.5% for M2 students to a high of 24.1% for S4 students. Overall, 12.0% of the survey respondents have used cigarettes in their lifetime.
- Current prevalence of cigarette use ranges from a low of 1.1% for M3 students to a high of 8.7% for S4 students. Overall, 3.1% of the survey respondents have smoked cigarettes in the past 30 days.

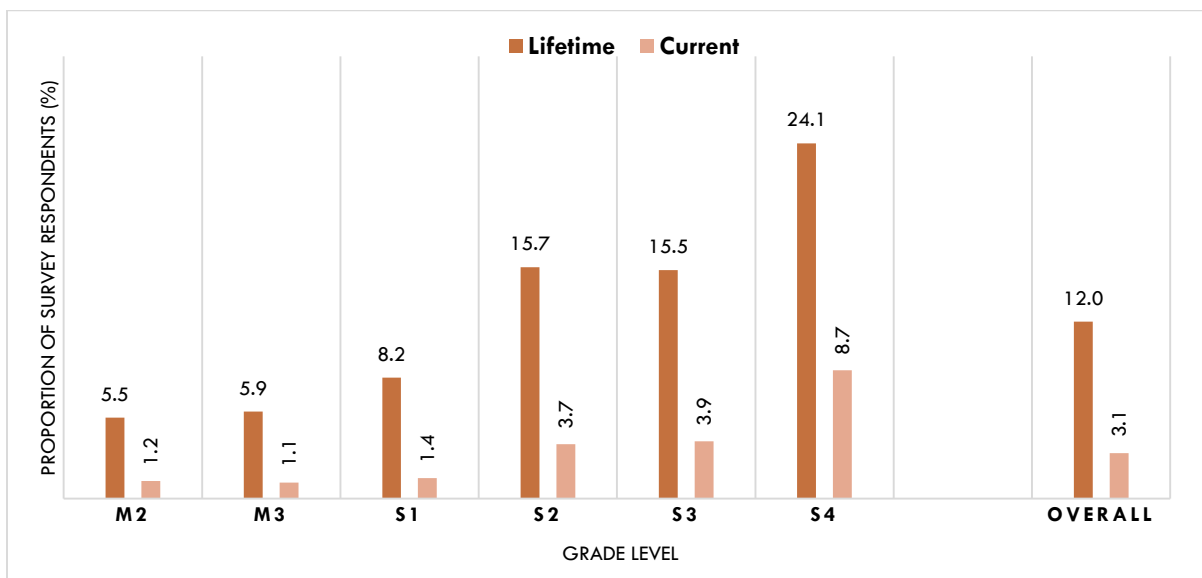


Figure 3.1.12. Lifetime and current use of cigarettes by grade level of survey respondents.

¹⁹ National Institute on Drug Abuse. (2011). *Topics in Brief: Tobacco Addiction*. <http://www.drugabuse.gov/publications/topics-in-brief/tobacco-addiction> (accessed January 28, 2012).

²⁰ L. D. Johnston, et al. (2012). p. 38.

First Use

- Of the lifetime users, most (194) initiated cigarette smoking “more than a year ago” (6.4% of all survey respondents), while 22 students smoked cigarettes for the first time “during the past 30 days” (0.7% of all survey respondents).

Table 3.1.13
First Use of Cigarettes for Survey Respondents

First Use	Number	Percent (n = 3,017)
Never	2,714	90.0
During the past 30 days	22	0.7
More than 1 month ago, less than 1 year	57	1.9
More than a year ago	194	6.4
Not Stated	30	1.0
Total	303	10.0

Recent Use

- More than half of the lifetime users of cigarettes (164 of the 300) have reported smoking cigarettes in the past 12 months. This corresponds to approximately 5.4% of all survey respondents who were recent users.

Table 3.1.14
Cigarette Use in the Past 12 Months for Survey Respondents

Annual Use	Number	Percent (n = 3,017)
Yes	164	5.4
No	135	4.5
Not Stated	4	0.1
Total	303	10.0

Cigarettes Smoked

- Almost six out of 10 (53) current users of cigarettes have indicated that they smoked “1 to 5” cigarettes per day in the past month (1.8% of all survey respondents). Only five students reported smoking 11 to 20 cigarettes per day in the past month, while 15 students smoked “more than 20” per day.

Table 3.1.15
Number of Cigarettes Smoked in a Day in the Past Month by Current Smokers

Cigarettes	Number	Percent (n = 3,017)
1 to 5	53	1.8
6 to 10	9	0.3
11 to 20	5	0.2
More than 20	15	0.5
Not Stated	12	0.4
Total	94	3.1

Location of Cigarette Smoking

- The majority of current cigarette users reported that they most often smoke “at home” (26) or “at other social events” (21). Overall, this represents 0.9% and 0.7% of all students, respectively. Very few of these students have reported smoking cigarettes at “school” (6); while 14 students said they smoked “at a friend’s house”.

Table 3.1.16
Location Where Current Users Most Often Smoke Cigarettes

Location	Number	Percent (n = 3,017)
At Home	26	0.9
At School	6	0.2
On the Corner/Block	11	0.4
At a Friend’s House	14	0.5
At Sporting Events	1	0.0
At Other Social Events	21	0.7
Other	8	0.3
Not Stated	7	0.2
Total	94	3.1

Source of Cigarettes

- About one out of every three current users of cigarettes has reported that he/she usually gets it from “friends” (34) and about one out of every four said they got it from the “shop” (24). Overall, this corresponds to 1.1% and 0.8% of all survey respondents, respectively. Very few current smokers have obtained cigarettes from a “street vendor” (8), siblings (1), or “other relatives” (1).

Table 3.1.17
Source of Cigarettes for Current Users

Source	Number	Percent (n = 3,017)
Friend	34	1.1
Parents	9	0.3
Brother/Sister	1	0.0
Other Relative(s)	1	0.0
Street Vendor	8	0.3
Shop	24	0.8
Other	9	0.3
Not Stated	8	0.3
Total	94	3.1

Second Hand Smoking

- About one in every six students (16.0% or 483) reported that someone smoked tobacco products in their home at least one day in the past week.
- There were 6.5% (347) of the students who reported that someone smoked every day (seven days) of the past week in their home.
- About one in every 10 students (8.9% or 271) reported that someone smoked tobacco products in a vehicle at least one day in the past week.
- There were 2.6% (77) of the students who reported that someone smoked every day (seven days) of the past week in a vehicle.

Table 3.1.18
Respondents' Exposure to Second Hand Smoking in the Home and in a Vehicle

Number of Days	How many of past 7 days did someone smoke tobacco products in home?		How many of past 7 days did someone smoke tobacco products in vehicle?	
	Number	Percent	Number	Percent
0 day	2,187	72.5	2,319	76.9
1 day	90	3.0	79	2.6
2 days	41	1.4	31	1.0
3 days	51	1.7	26	0.9
4 days	37	1.2	21	0.7
5 days	47	1.6	24	0.8
6 days	20	0.7	13	0.4
7 days	197	6.5	77	2.6
Not Stated	347	11.5	427	14.2
Total	3,017	100.0	3,017	100.0

Other Drugs

Marijuana

While it is clear that in many countries of the world marijuana or cannabis use is not as popular as alcohol and tobacco it is usually the first illegal drug, and is the most widely used illegal drug, used by teens around the world.²¹ The average age of first use in many Western countries is around 14-15 years old. The average age of use among developing countries seems to be a bit older. While it is true that boys are more likely to use marijuana, alcohol, and tobacco than girls, the gap is closing in many countries. Further, street youths are more likely to use marijuana and more heavily than “mainstream” youth. A review of addiction studies show that use of cannabis in youth is related to one or more of the following: truancy, low self-esteem, delinquent behaviours (stealing, vandalism, etc.), having delinquent friends, hanging out on the streets in boredom, and other behavioural/mental health issues.²²

Lifetime and Current Use

- Lifetime prevalence of marijuana use ranges from a low of 5.3% for M2 students to a high of 54.6% for S4 students. Overall, 26.2% of the survey respondents (one in every four) have used marijuana in their lifetime.
- Current prevalence of marijuana use ranges from a low of 0.4% for M2 students to a high of 29.5% for S4 students. Overall, 10.8% (one in every 10) of the survey respondents have used marijuana in the past 30 days.

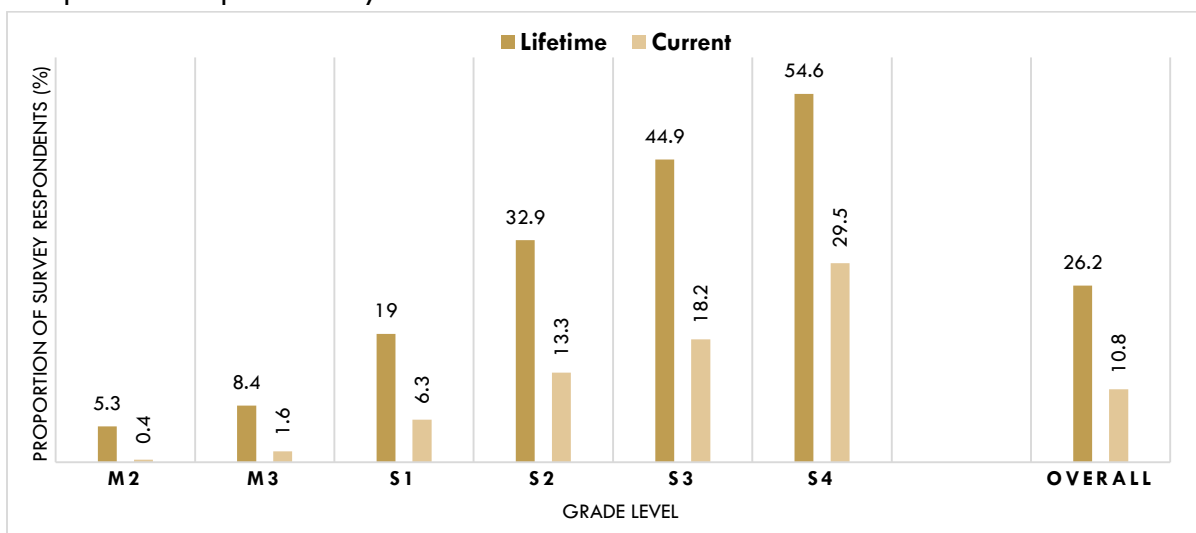


Figure 3.1.13. Lifetime and current use of marijuana by grade level of survey respondents.

²¹ The Global Youth Network. (Unknown). *Drug Trends. Cannabis: A Few Issues*. http://www.unodc.org/youthnet/en/youthnet_youth_drugs_trends_cannabis.html (accessed January 28, 2012).

²² I. P. Spruit (Ed.). (2002). *Cannabis 2002 Report*. p. 20. Ministry of Public Health of Belgium. http://www.cpha.ca/uploads/portals/substance/Cannabis_report_2002.pdf (accessed January 28, 2012).

First Use

- Of the lifetime users, most (484) tried marijuana for the first time “more than a year ago” (16.0% of all survey respondents), while 70 students have tried it for the first time “during the past 30 days” (2.3% of all survey respondents).

Table 3.1.19
First Use of Marijuana for Survey Respondents

First Use	Number	Percent
Never	2,188	72.5
During the past 30 days	70	2.3
More than 1 month ago, less than 1 year	235	7.8
More than a year ago	484	16.0
Not Stated	40	1.3
Total	3,017	100.00

Recent Use

- The majority of lifetime users of marijuana (586), about three out of every four, have reported using marijuana in the past 12 months. This corresponds to 19.4% of all survey respondents, or about one out of every five, who were recent users.

Table 3.1.20
Marijuana Use in the Past 12 Months for Survey Respondents

Annual Use	Number	Percent (n = 3,017)
Yes	586	19.4
No	128	4.2
Not Stated	75	2.5
Total	789	26.2

Frequency of Use

- The majority (185) of recent users have indicated using marijuana “sometimes in the past 12 months”. This represents 6.1% of all survey respondents. Only 3.3% of all survey respondents reported using marijuana “sometimes during the week” and 3.6% who said “once daily”.

Table 3.1.21
Frequency of Marijuana Use for Recent Users

Frequency of Use	Number	Percent (n = 3,017)
Only once	109	3.6
Sometimes in the past 12 months	185	6.1
Sometimes during the month	115	3.8
Sometimes during the week	99	3.3
Daily	72	2.4
Not Stated	6	0.2
Total	586	19.4

Location of Use

- The majority of recent marijuana users reported that they most often use it “at a friend’s house” (219), “at home” (105), or at “other social events” (96). Overall, this represents 7.2%, 3.5%, and 3.2% of all students, respectively. Very few of these students have reported using marijuana at “school” (13).

Table 3.1.22
Location Where Recent Users Most Often Use Marijuana

Location	Number	Percent (n = 3,017)
At Home	105	3.5
At School	13	0.4
At the Corner/Block	75	2.5
At a Friend’s House	219	7.2
At Sporting Events	6	0.2
At Other Social Events	96	3.2
Other	51	1.7
Not Stated	21	0.7
Total	586	19.4

Source of Marijuana

- About seven out of every 10 recent marijuana users have reported that they usually get it from “friends” (421), while 46 students got marijuana from a “street pusher”. Overall, this corresponds to 14.0% and 1.5% of all survey respondents, respectively. Very few current marijuana users have obtained the marijuana from “parents” (11) or siblings (9).

Table 3.1.23
Source of Marijuana for Recent Users

Source	Number	Percent (n = 3,017)
Friend	421	14.0
Parents	11	0.4
Brother/Sister	9	0.3
Other Relative(s)	18	0.6
Street Pusher	46	1.5
Other	50	1.7
Not Stated	31	1.0
Total	586	19.4

Inhalants

Inhalants are household products which are either “sniffed” through the nose or “huffed” through the mouth, e.g., paint, glue, diesel fuel. The effects are similar to getting drunk on alcohol but some experience something like hallucinations.²³ They can give an almost immediate high. Children are more likely to be users than adults. Poor children, school drop-outs, street children, and disengaged youths are more susceptible to inhalant use. Inhalants are often the first substance used by many children and adolescents because they are often the easiest drugs for them to obtain and not as costly as other drugs. Various studies around the world have shown that less than 10% of the general youth population has used inhalants. Inhalants are the only substance used by young people where use typically peaks in pre-adolescence and goes down through the teen years. The health consequences of inhalant use can be substantial. Reported long-term use effects include organ damage (liver, kidney, bone marrow, heart) and, in the case of gasoline sniffing, lead poisoning. Risk of injury or death is great with inhalant abuse. While continued inhalant abuse is in itself a serious concern, young inhalant abusers are at risk for getting involved in other harmful substance use.

Lifetime and Current Use

- Lifetime prevalence of inhalant use ranges from a low of 10.5% for S3 students to a high of 19.3% for S1 students. Overall, 15.5% of the survey respondents have used inhalants in their lifetime.
- Current prevalence of inhalant use ranges from a low of 1.5% for S3 students to a high of 4.5% for S1 students. Overall, current inhalant use is prevalent among 3.0% of all survey respondents.

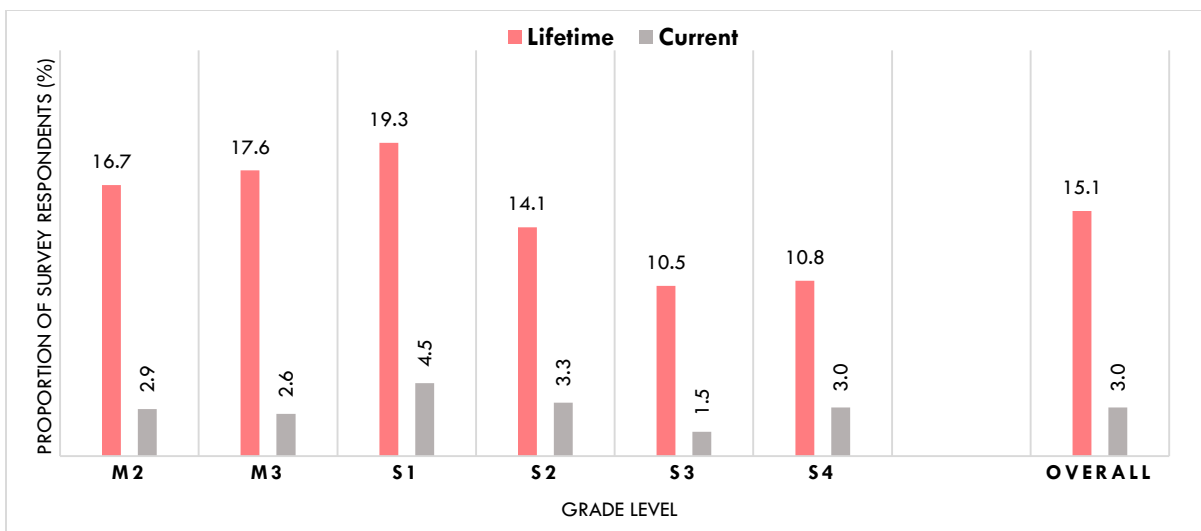


Figure 3.1.14. Lifetime and current use of inhalants by grade level of survey respondents.

²³ World Health Organization. (1999). *Volatile solvents abuse: A global overview*. Substance Abuse Department Geneva, Switzerland: World Health Organization. p. 54. http://www.unodc.org/pdf/youthnet/trends_five.pdf (accessed January 28, 2012).

First Use

- Of the lifetime users, most (283) tried inhalants for the first time “more than a year ago” (9.4% of all survey respondents), while 87 students have tried it for the first time “in the past 30 days” (2.9% of all survey respondents).

Table 3.1.24
First Use of Inhalants for Survey Respondents

First Use	Number	Percent
Never	2,513	83.3
In the past 30 days	87	2.9
More than 1 month ago, less than 1 year	87	2.9
More than a year ago	283	9.4
Not Stated	47	1.6
Total	3,017	100.0

Recent Use

- Unlike the other substances previously discussed, most lifetime inhalant users (210) were not recent users of this drug. Only 157 students or 5.2% of all survey respondents have reported using inhalants in the past 12 months.

Table 3.1.25
Inhalant Use in the Past 12 Months for Survey Respondents

First Use	Number	Percent (n = 3,017)
Yes	157	5.2
No	210	7.0
Not States	90	3.0
Total	457	15.1

Frequency of Use

- The majority (40) of recent users who responded to this survey item have indicated using inhalants “only once”. This represents 2.0% of all survey respondents. Only 10 students or 0.3% of all survey respondents reported daily use of inhalants.

Table 3.1.26
Frequency of Inhalant Use for Recent Users

Frequency of Use	Number	Percent (n = 3,017)
Only once	61	2.0
Sometimes in the past 12 months	37	1.2
Sometimes during the month	37	1.2
Sometimes during the week	25	0.8
Daily	10	0.3
Not Stated	287	9.5
Total	457	15.1

Other Illegal Drugs

Cocaine

- Lifetime prevalence of cocaine use ranges from a low of 0.5% for M3 students to a high of 4.4% for S4 students. Overall, 1.9% of all survey respondents have used cocaine in their lifetime.
- Current prevalence of cocaine use by survey respondents is low, ranging from a low of 0.2% for M2 and S3 students to a high of 1.6% for S4 students. Overall, only 0.6% of all survey respondents have used cocaine in the past 30 days.

Crack

- Lifetime prevalence of crack use ranges from a low of 0.7% for M3 students to a high of 2.8% for S4 students. Overall, 1.6% of all survey respondents have used crack in their lifetime.
- Current prevalence of crack use by survey respondents is low, ranging from a low of 0.2% for M3 and S2 students to a high of 1.2% for S4 students. Overall, only 0.5% of all survey respondents have used crack in the past 30 days.

Ecstasy

- Lifetime prevalence of ecstasy use ranges from a low of 0.5% for M3 students to a high of 4.0% for S4 students. Overall, 1.8% of all survey respondents have used ecstasy in their lifetime.
- Current prevalence of ecstasy use by survey respondents is low, ranging from a low of 0% for M2 and M3 students to a high of 1.6% for S4 students. Overall, only 0.4% of all survey respondents have used ecstasy in the past 30 days.

Heroin

- Lifetime prevalence of heroin use ranges from a low of 0.4% for M3 students to a high of 3.0% for S4 students. Overall, 1.2% of all survey respondents have used heroin in their lifetime.
- Current prevalence of heroin use by survey respondents is low, ranging from a low of 0.2% for M2 and M3 students to a high of 0.7% for S3 and S4 students. Overall, only 0.4% of all survey respondents

Cannabis Resin

- Lifetime prevalence of cannabis resin use ranges from a low of 1.1% for M3 students to a high of 11.9% for S4 students.
- Overall, 5.3% of all survey respondents have used cannabis resin in their lifetime.

Hashish

- Lifetime prevalence of hashish use ranges from a low of 0.7% for M3 students to a high of 8.7% for S4 students.
- Overall, 3.1% of all survey respondents have used hashish in their lifetime.

Other

- Lifetime prevalence of “other” drug use (apart from those drugs previously mentioned) ranges from a low of 3.5% for M3 students to a high of 7.2% for S2 students.
- Overall, 5.5% of all survey respondents have report use of some “other” drug (including Adderall, among others) in their lifetime.
- Current prevalence of “other” drug use ranges from a low of 0.5% for M3 students to a high of 2.1% for S4 students.
- Overall, only 1.5% of all survey respondents have indicated use of some “other” drug in the past 30 days.

Prescription Drug Use

In recent years the nonmedical use of prescription drugs (controlled substances which cannot be legally bought or sold without a doctor's prescription) has emerged as a major public health issue. Studies on youth drug abuse prevalence data, have reported increases in the unauthorised use of prescription drugs.²⁴ This trend is particularly troubling given the adverse health consequences related to prescription drug abuse, which include addiction and physical dependence, and the possibility of overdose.

Despite these concerns, researchers are still in the early stages of developing measures to accurately assess the prevalence of prescription drug abuse. If anonymity is ensured, most students will honestly and accurately report their use of alcohol, tobacco, marijuana, and other easily recognised categories of illicit drugs. The measurement of prescription drug use, however, is more complex. There are many prescription medicines that are subject to abuse, making it impossible to present an exhaustive list. Also, respondents may have difficulty identifying the names of prescription drugs they have used, and may have difficulty distinguishing between prescription and over-the-counter medications.

With these challenges in mind, this round of the survey asked two sets of questions – one set specific to tranquilizer use (e.g., Valium, Xanax) and another set asked about stimulant use (e.g., Ritalin, Adderall, pseudoephedrine). These two categories are among the most likely to be abused along with pain relievers. Each set of questions was accompanied by examples of some of the best known drugs within that category and which are usually most commonly used by students. The behaviour reported in this section excludes any use under medical supervision.

Tranquilizers

Lifetime and Current Use

- Lifetime use of tranquilizers (without medical prescription) ranges from a low of zero prevalence for M3 students to a high of 2.3% for S4 students. Overall, 1.2% of all survey respondents have used tranquilizers without medical prescription in their lifetime.
- Current use of tranquilizers (without medical prescription) ranges from a low of zero prevalence for M3 students to a high of 1.9% for S4 students. Overall, current use of tranquilizers without medical prescription is prevalent among 0.7% of all survey respondents.

²⁴ L. D. Johnston, et al. (2012). p. 6.

Table 3.1.27
Lifetime Use of Prescription Drugs by Grade Level of Survey Respondent

Substance	Grade Level						Overall (n = 3,017)
	M2 (n = 490)	M3 (n = 547)	S1 (n = 584)	S2 (n = 511)	S3 (n = 457)	S4 (n = 427)	
	%	%	%	%	%	%	
Tranquilizers	0.8	-	1.0	1.8	1.3	2.3	1.2
Stimulants	0.4	0.5	1.9	3.5	2.6	4.0	2.1

Table 3.1.28
Current Use of Prescription Drugs by Grade Level of Survey Respondent

Substance	Grade Level						Overall (n = 3,017)
	M2 (n = 490)	M3 (n = 547)	S1 (n = 584)	S2 (n = 511)	S3 (n = 457)	S4 (n = 427)	
	%	%	%	%	%	%	
Tranquilizers	0.4	-	0.5	0.8	1.1	1.9	0.7
Stimulants	0.2	0.5	1.0	1.2	1.1	1.9	1.0

Stimulants

- Lifetime prevalence of stimulant use (without medical prescription) ranges from a low of 0.4% for M2 students to a high of 4.0% for S4 students. Overall, 2.1% of all survey respondents have used stimulants without medical prescription in their lifetime.
- Current prevalence of stimulant use (without medical prescription) ranges from a low of 0.2% for M2 students to a high of 1.9% for S4 students. Overall, current use of stimulants without medical prescription is prevalent among 1.0% of all survey respondents.

Energy Drinks

Consumption of energy drinks (beverages with caffeine content ranging from 50 mg to 505 mg per can or bottle²⁵) appear to be prevalent among today's youths. Popular brands such as Red Bull, Monster, SoBe, etc., all target young consumers. Also increasing in popularity is the practice of mixing alcoholic beverages with energy drinks. Research has shown that individuals who have a high frequency of energy drink consumption are at increased risk of engaging in episodes of heavy drinking and developing alcohol dependence.²⁶ In addition, research has highlighted the dangers of combining energy drinks with alcohol.²⁷ However, to-date, in Bermuda there has been no research regarding energy drink consumption patterns, more specifically, among this age cohort. The subsequent sections will show the prevalence and frequency of energy drink use, situations for which energy drinks are used, and means by which energy drinks are obtained for both lifetime and current (last 30 days) use.

Lifetime and Current Use

- Lifetime prevalence-of-use of energy drinks ranges from a low of 39.2% for M2 students to a high of 70.7% for S3 students. Overall, 61.1% (three of every five) of the survey respondents have reported using energy drinks in their lifetime.
- Current prevalence-of-use of energy drinks ranges from a low of 13.3% for M2 students to a high of 24.5% for S2 students. Overall, about one-fifth (20.7%) of the survey respondents have used energy drinks in the past 30 days.

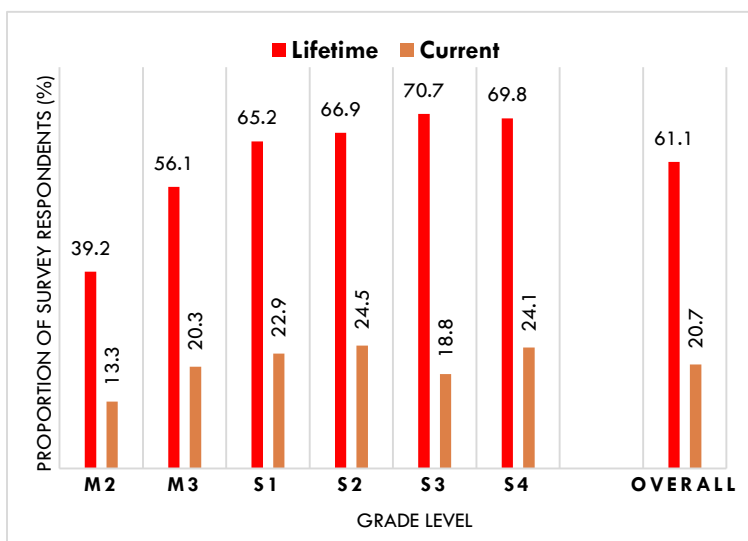


Figure 3.1.15. Lifetime and current use of energy drinks by grade level of survey respondents.

²⁵ C. J. Reissig, E. C. Strain, & R. R. Griffiths. (2009). Caffeinated energy drinks – a growing problem. *Drug and Alcohol Dependence*, 99(1-3), 1-10. p. 1. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2735818/pdf/nihms90556.pdf> (accessed January 23, 2012).

²⁶ A. M. Arria, K. M. Caldeira, S. J. Kasperski, K. B. Vincent, R. R. Griffiths, & K. E. O'Grady. (2011). Energy Drink Consumption and Increased Risk for Alcohol Dependence. *Alcoholism: Clinical and Experimental Research*, 35, 365-375. doi: 10.1111/j.1530-0277.2010.01352.x. p. 365. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3058776/pdf/nihms-240328.pdf> (accessed January 18, 2012).

²⁷ Reissig, et al. (2009) p. 6; A. M. Arria, K. M. Caldeira, S. J. Kasperski, K. E. O'Grady, K. B. Vincent, R. R. Griffiths, & E. D. Wish. (2010). Increased alcohol consumption, nonmedical prescription drug use, and illicit drug use are associated with energy drink consumption among college students. *J Addict Med*, 4(2), 74-80. doi:10.1097/ADM.0b013e3181aa8dd4. p. 3. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2923814/pdf/nihms115856.pdf> (accessed January 23, 2012); M. C. O'Brien, T. P. McCoy, S. D. Rhodes, A. Wagoner, & M. Wolfson. (2008). Caffeinated cocktails: Energy drink consumption, high-risk drinking, and alcohol-related consequences among college students. *Academic Emergency Medicine*, 15(5), 453-460. p. 453. <http://onlinelibrary.wiley.com/doi/10.1111/j.1553-2712.2008.00085.x/pdf> (accessed January 23, 2012).

Circumstances of Use

Most students (837 or 45.4%) who reported that they have used energy drinks in their lifetime indicated that they used these drinks “before or after sporting events”. This corresponds to about 27.7% of all survey respondents or about one in every three students. Approximately 38.8% (715) of lifetime users used

Table 3.1.29
Circumstance of Use of Energy Drinks for Lifetime and Current Users

Lifetime Users (n = 1,844)			
Circumstance of Use	Yes	No	Not Stated
While studying	242	1,376	226
Before or after sporting activity	837	783	224
While hanging out	715	898	231

Current Users (n = 624)			
Circumstance of Use	Yes	No	Not Stated
While studying	148	426	50
Before or after sporting activity	380	194	50
While hanging out	330	244	50

energy drinks “while hanging out” whereas only 13.1% (242) reported that they used energy drinks “while studying”. Similar circumstances of use have been reported by current users of energy drinks where 380 or 60.9% of current users consume energy drinks “before or after sporting activity” while 571 or 52.9% use these drinks “while hanging out”. Overall, in terms of all survey respondents, this corresponds to 12.6% of students who reported using energy drinks “before or after sporting activity” and 10.9% “while hanging out”.

Mode of Acquisition

Energy drinks were mainly obtained by students purchasing these drinks themselves (see Table 3.1.28). Approximately seven out of every 10 lifetime users of energy drink (1,261 or 68.4%) have indicated that they purchase the energy drinks they have consumed. This means that 41.8% of all survey respondents reported that they have purchased the energy drinks themselves. At the same time, about a quarter of those students who tried energy drinks (25.8% or 476) indicated that “friends give them to me”. Similarly, 82.1% (512) of the current users of energy drinks reported that they have purchased these drinks themselves. In other words, 17.0% of all students purchased the energy drinks they consumed in the last 30 days. In addition, approximately one-third (34.5% or 215) of the current users said that “friends give them to me”.

Table 3.1.30
Mode of Acquisition of Energy Drinks for Lifetime and Current Users

Mode of Acquisition	Lifetime Users (n = 1,844)		Current Users (n = 624)	
	Number	Percent	Number	Percent
Friends give them to me	476	25.8	215	34.5
My parents give them to me	428	23.2	187	30.0
My brother and/or sister give(s) them to me	197	10.7	106	17.0
Other relative(s) give them to me	286	15.5	138	22.1
I purchase them	1,261	68.4	512	82.1

Frequency of Use

The majority of both lifetime and current users of energy drinks reported that they used these drinks “once per month”, 25.8% and 29.0%, respectively. This equates to about 15.7% and 6.0% of all survey respondents, who indicated “once per month” lifetime and current use, respectively. On the other hand, fewer students indicated daily use of energy drinks with only 2.9% of lifetime users and 5.3% of current users indicating “once a day use” and 2.3% and 3.7% reporting consumption “twice or more a day” for the respective reference period.

Table 3.1.31
Frequency of Use of Energy Drinks for Lifetime and Current Users

Frequency of Use	Lifetime Users		Current Users	
	Number	Percent	Number	Percent
Once a day	53	2.9	33	5.3
Twice or more a day	42	2.3	23	3.7
Once per week	113	6.1	86	13.8
Twice per week	128	6.9	102	16.3
Once per month	475	25.8	181	29.0
Other	422	44.6	161	25.8
Not Stated	211	11.4	38	6.1
Total	1,844	100.0	624	100.0

Prevalence of Combining Energy Drinks with Alcoholic Beverages

Table 3.1.30 shows that of those students who have consumed energy drinks in their lifetime, the majority (67.2%) have not consumed a mixture of these drinks with alcoholic beverages; whereas about one in every five (18.1%) of these students has consumed a mixture (see Figure 3.1.16). This therefore means that 11.1% of all survey respondents (334 of 3,017) have consumed a mixture of energy drinks with alcoholic beverages in their lifetime.

In contrast, of the current users, slightly less than two-thirds (62.2%) or three in every five of these students have not consumed a mixture, while about one-quarter (26.0%) have reported mixing energy drinks with alcoholic beverages and consuming these mixtures (see Figure 3.1.17). This corresponds to about 5.4% of all survey respondents (162 of 3,017) who consume a combination of energy drinks and alcoholic beverages.

Table 3.1.32
Prevalence of Combining Energy Drinks with Alcoholic Beverages

Frequency of Use	Lifetime Users		Current Users	
	Number	Percent	Number	Percent
Yes	334	18.1	162	26.0
No	1,240	67.2	387	62.2
I don't know	127	6.9	48	7.7
Not Stated	143	7.8	27	4.3
Total	1,844	100.0	624	100.0

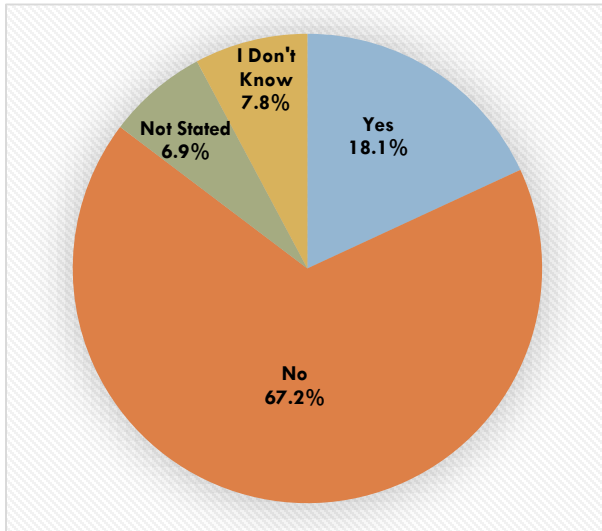


Figure 3.1.16: Prevalence of combining energy drinks with alcoholic beverages among lifetime users of energy drinks.

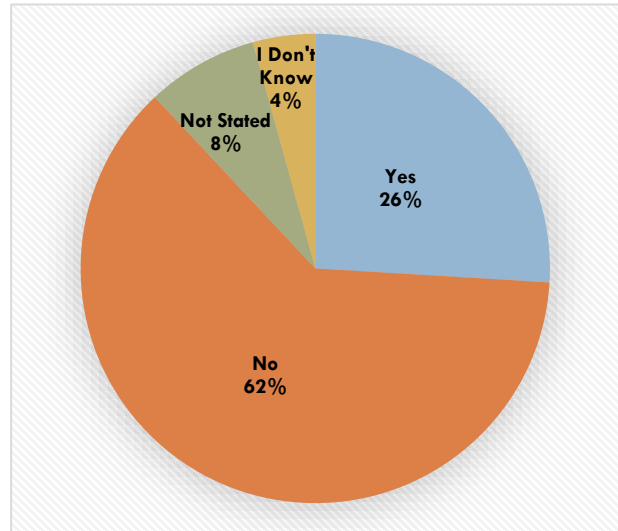


Figure 3.1.17: Prevalence of combining energy drinks with alcoholic beverages among current users of energy drinks.

3.1.7 Access to Drugs

- Apart from alcohol, which is legal for persons 18 years or older; marijuana seemed to be the easiest drug to obtain as indicated by 39.9% of all student respondents.
- Most students reported that heroin (27.0%) and crack (26.3%) are the drugs most “impossible to obtain”.

Table 3.1.33
Ease of Access to Drugs by Proportion of Survey Respondents

Ease of Access	(n = 3,017)				
	Alcohol %	Marijuana %	Cocaine %	Crack %	Heroin %
Easy	63.2	39.9	7.7	7.1	6.6
Difficult	12.9	21.4	24.3	21.7	19.5
Impossible to Obtain	5.4	12.5	25.5	26.3	27.0
Don't Know	16.1	23.8	39.9	42.2	44.2
Not Stated	2.4	2.3	2.6	2.7	2.7

- About one out of every five (18.9%) students reported that he/she was offered to buy or consume marijuana in the last 30 days, while 13.5% had this offer within the last year. In comparison, 20.9% of the students were offered to buy or use alcohol during the 30 days prior to the survey and an additional 20.4% had this offer within the year.
- The majority of students reported that they have “never been offered” to buy or consume any of the drugs for which they were questioned.

Table 3.1.34
Last Offer to Buy or Use Drugs by Proportion of Survey Respondents

Last Offer to Buy or Use	(n = 3,017)				
	Alcohol %	Marijuana %	Cocaine %	Crack %	Heroin %
During the last 30 days	20.9	18.9	1.5	1.2	1.5
More than a month ago, but less than a year ago	20.4	13.5	1.6	0.8	0.6
More than a year ago	11.8	5.4	1.7	1.4	1.4
I have never been offered	44.6	60.1	92.7	94.2	94.0
Not Stated	2.3	2.1	2.5	2.5	2.5

- When students were asked about their curiosity to try an illicit drug, 61.8% reported “No” while 20.8% or one in five students said “Yes”.
- When asked if they would try an illicit drug if given the opportunity, 65.2% said “No” whereas only 9.6% or one in 10 students indicated “Yes”.

Table 3.1.35
Proportion of Survey Respondents Curious About Trying or Seizing Opportunity to Try Illicit Drugs

<i>(n = 3,017)</i>		
Responses	Curious	Seize
	%	Opportunity
		%
No	61.8	65.2
Not sure	16.0	23.3
Yes	20.8	9.6
Not Stated	1.4	1.9

3.1.8 Perception of Health Risk

Perception of health risk is an important determinant in the decision-making process young people consider when deciding whether or not to use ATODs. Research has shown a consistent negative correlation between perception of health risk and the level of reported ATOD use.²⁸ That is, generally when the perceived risk of harm is high, reported frequency of use is low. Evidence also suggests that perceptions of risks and benefits associated with drug use sometimes serve as a leading indicator of future drug use patterns.²⁹ Table 3.1.34 shows the proportion of students at each grade level and overall for the survey who perceived various risks as “harmful”. Harmful, in this instance, is taken to be the sum of the ratings “slightly harmful”, “moderately harmful”, and “very harmful”. Table 3.1.35 presents the prevalence for all of the survey’s respondents who assigned their perception of the risk level of harm to various drug use behaviour that occur either “sometimes” or “frequently”. These survey items form the risk factor scale *Low Perceived Risks of Drug Use*.

Table 3.1.36
Percentage of Survey Respondents by Grade Level Who Reported Perception of Health Risk

Health Risk	Grade Level*						Overall (n = 3,017) %
	M2 (n = 490) %	M3 (n = 547) %	S1 (n = 584) %	S2 (n = 511) %	S3 (n = 457) %	S4 (n = 427) %	
	Drinking alcoholic beverages frequently	90.8	92.7	89.9	93.2	94.1		92.7	91.0
Getting Drunk	87.8	90.7	90.1	88.1	91.0	90.4	89.6
Smoking cigarettes frequently	92.9	93.6	92.5	93.2	94.1	92.7	93.2
Smoking marijuana sometimes	85.5	84.1	75.5	64.6	61.7	50.1	71.2
Smoking marijuana frequently	88.2	87.0	82.2	73.6	70.2	63.5	78.1

* One student did not indicate grade level.

- The majority of students (93.2%) perceived “smoking cigarettes frequently” to be the most harmful behaviour when compared to alcohol or marijuana use; whereas “smoking marijuana sometimes” is perceived to be harmful by 71.2% of the respondents.
- Rating of “Getting drunk” as being harmful ranges from a low of 87.8% by M3 students to a high of 90.7% by M3 students.
- The harmful risk rating of “Smoking marijuana frequently” ranges from a low of 63.5% by S4 students to a high of 88.2% for M2 students.

²⁸ J. Bejarano, G. Ahumada, G. Sa´nchez, N. Cadenas, M. de Marco, M. Hynes, & F. Cumsille. (2011). Perception of risk and drug use: An exploratory analysis of explanatory factors in six Latin American countries. *The Journal of International Drug, Alcohol and Tobacco Research*, 1(1), 9–17. p. 16.
<http://www.idatjournal.com/issues/Perception%20of%20Risk%20and%20Drug%20Use%20An%20Exploratory%20Analysis%20of%20Explanatory%20Factors%20in%20Six%20Latin%20American%20Countries.pdf> (accessed February 10, 2012).

²⁹ L. D. Johnston, et al. (2011). p. 345.

Table 3.1.37
 Perception of Health Risk by Proportion of Survey Respondents

Health Risk	(n= 3,017)					
	Not Harmful	Slightly Harmful	Moderately Harmful	Very Harmful	Don't Know	Not Stated
	%	%	%	%	%	%
Smoking cigarettes sometimes	2.6	13.7	40.5	37.8	3.5	2.0
Smoking cigarettes frequently	1.6	1.9	8.7	82.6	3.3	2.0
Drinking alcoholic beverages frequently	3.7	16.1	30.8	44.1	3.1	2.1
Getting drunk	3.5	10.8	22.8	56.0	4.5	2.3
Taking tranquilizers/stimulants without medical prescription sometimes	1.9	4.7	20.1	58.4	12.4	2.4
Taking tranquilizers/stimulants without medical prescription frequently	1.7	1.8	8.5	73.0	11.9	3.0
Inhaling solvents sometimes	2.3	9.7	30.1	42.4	12.3	3.2
Inhaling solvents frequently	2.3	3.5	13.1	65.4	11.9	3.7
Smoking marijuana sometimes	21.5	18.4	20.8	32.0	4.7	2.6
Smoking marijuana frequently	14.7	11.7	16.7	49.7	4.7	2.5
Consuming cocaine sometimes	1.7	3.4	17.9	68.9	5.4	2.7
Consuming cocaine frequently	1.4	0.9	4.5	85.1	5.5	2.7
Consuming crack sometimes	1.6	2.5	15.1	71.9	6.6	2.5
Consuming crack frequently	1.4	0.7	4.6	83.4	6.9	2.9
Consuming ecstasy sometimes	1.8	4.2	15.2	61.1	14.9	2.9
Consuming ecstasy frequently	1.6	1.4	7.1	71.5	14.6	3.9
Inhaling second hand cigarette smoke	4.1	22.1	28.4	36.6	5.9	2.9
Inhaling second hand marijuana smoke	16.3	18.3	21.8	34.1	7.0	2.5

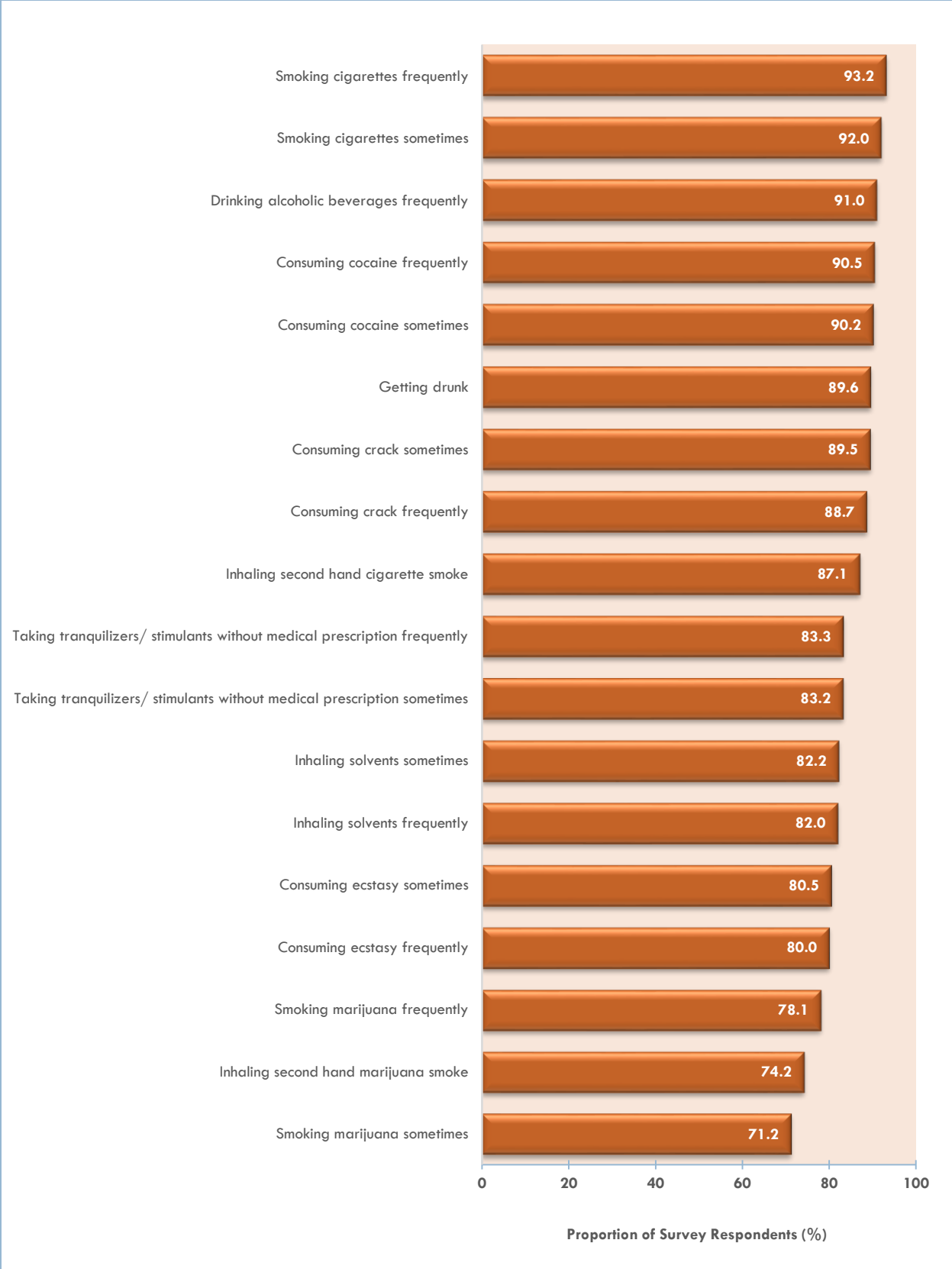


Figure 3.1.18. Harmful rating of health risk behaviours by survey respondents.

3.1.9 Perception of Drug Use at School or in Surrounding Area

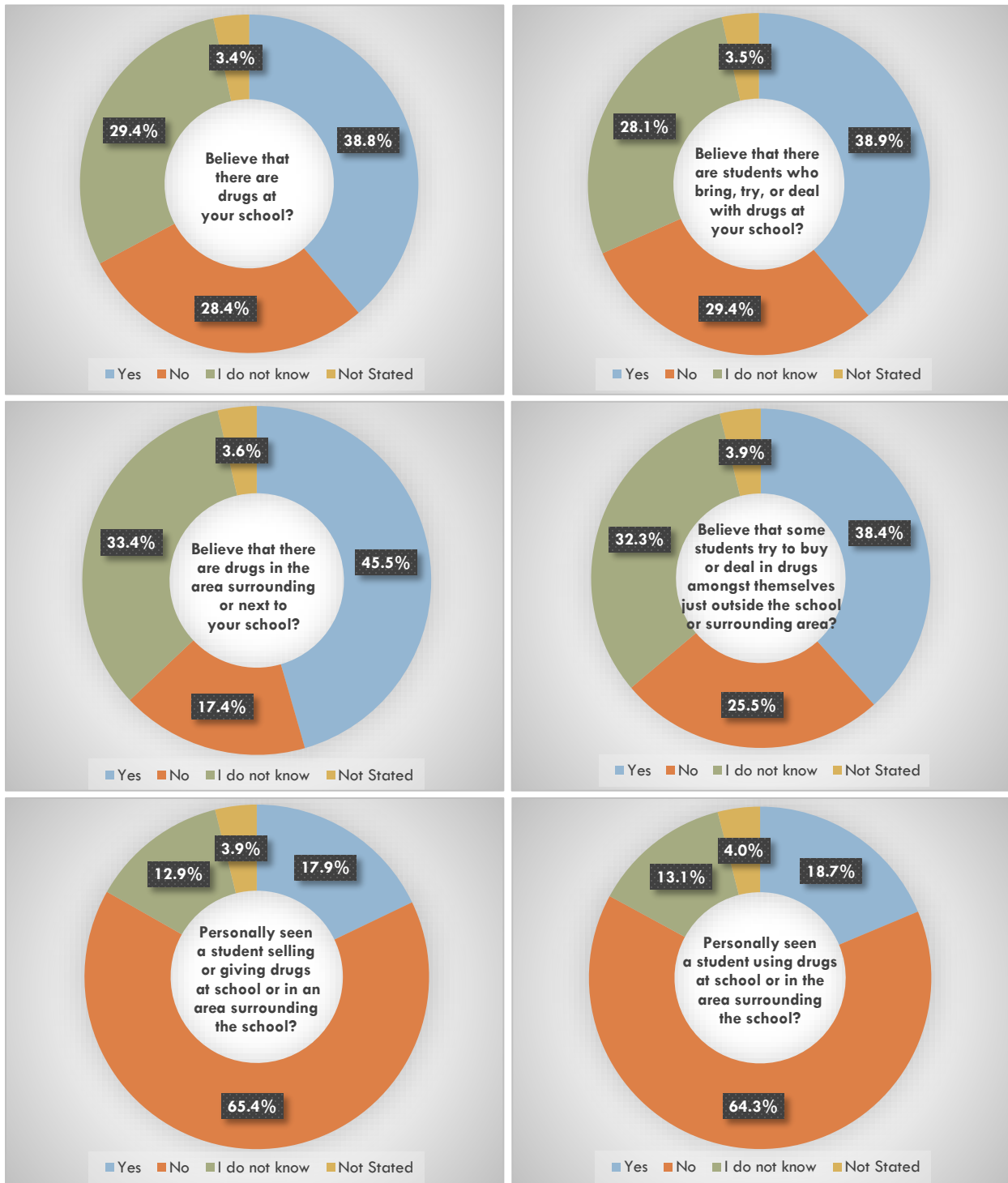


Figure 3.1.19. Perception of drug use at school, outside the school, or in surrounding area.

- Figure 3.1.19 shows that slightly less than half of the students or one in two (45.5%) believe that there are drugs in the area surrounding or next to their school.
- About two in five students believe that there are drugs in their school (38.8%); believe that there are students who bring, try, or deal with drugs at their school (38.9%); and believe that some students try to buy or deal in drugs amongst themselves just outside the school or surrounding area (38.4%).
- Fewer students, about one in five, reported personally seeing a student selling or giving drugs (17.9%) or using drugs (18.7%) at school or in an area surrounding the school.

3.1.10 Reaction & Involvement of Parents/Guardians

- When students were asked about their parents’/guardians’ reaction if they were to get caught coming home tipsy or drunk, the majority (59.1%) of them reported that their parents/guardians will be “extremely upset”. An additional 15.1% and 10.2% indicated that their parents/guardians will be “very upset” or “somewhat upset”, respectively.
- Similarly, 66.5% of the students said that their parents/guardians will be “extremely upset” if they found out they were smoking marijuana; with an additional 11.4% and 8.0%, whose parents/guardians will be “very upset” or “somewhat upset”.
- There were about five percent of the respondents who indicated that their parents/guardians will not be upset in either situation; with an additional five percent who had no idea of their parents’/guardians’ reaction.

Table 3.1.38
 Perception of Parents’/Guardians’ Reaction to Respondent’s Behaviours by Proportion of Survey Respondents

Responses	Catches you coming home tipsy or drunk		Find out you are smoking marijuana	
	n	%	n	%
Extremely upset	1,783	59.1	2,005	66.5
Very Upset	456	15.1	344	11.4
Somewhat upset	308	10.2	240	8.0
Not upset	132	4.4	142	4.7
No idea	209	6.9	156	5.2
Not applicable	2	0.1	2	0.1
Not Stated	128	4.2	128	4.2
Total	3,017	100.0	3,017	100.0

When students were asked if they have ever had any serious conversations with any of their parents/guardians about the dangers of drug use, about six in 10 or 62.5% have reported that they have in fact had this conversation. In contrast, about one-third of the respondents or one in three students (32.4%) have never had a serious conversation with their parents/guardians regarding the dangers of drugs use.

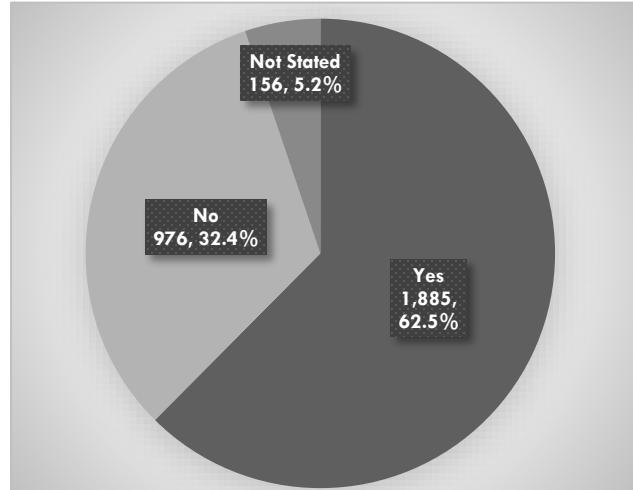


Figure 3.1.20: Proportion of respondents who have had a serious conversation about the dangers of drugs with parents/guardians.

3.1.11 Reaction of Close Friends to Marijuana Use

- While two in five students indicated that “all” (39.0%) or “some” (37.0%) of their friends will try to convince them to stop if they knew that they were smoking marijuana, there were one in five students (20.2%) who reported that “none” of their friends will try to convince them to stop.
- Likewise, 18.7% of the students, or one in five, said that “none” of their friends would disapprove if they knew they were smoking marijuana. On the other hand, about two in five students indicated that “all” (38.1%) or “some” (38.7%) of their friends would, in fact, disapprove.

Table 3.1.39

Close Friends’ Reaction to Marijuana Use by Proportion of Survey Respondents

Responses	If they knew you were smoking marijuana, how many of them would try to convince you to stop?		If they knew you were smoking marijuana, how many of them would disapprove?	
	n	%	n	%
All	1,178	39.0	1,150	38.1
Some	1,118	37.1	1,168	38.7
None	609	20.2	564	18.7
Not Stated	112	3.7	135	4.5
Total	3,017	100.0	3,017	100.0



CHAPTER 3.2

RESULTS

Risk and Protective Factors

3.2.1 Overall Results	67
3.2.2 Grade Level Results	69
3.2.3 Protective Factors	71
3.2.4 Risk Factors	81

3.2.1 Overall Results

Overall risk and protective factor scale scores are presented in Figures 3.2.1 and 3.2.2. These results provide a general description of the prevention needs of M2 through S4 students as a whole.

As Figure 3.2.1 shows, overall percentile scores across the 13 protective factor scales range from a low of 38 to a high of 91, with an average score of 70. Similar to the 2011 survey, the three lowest proportions were for the following protective factor scales: *Community Opportunities for Prosocial Involvement* (63), *Religiosity* (38), and *Belief in Moral Order* (38). Two of the three lowest protective factors, *Religiosity* and *Belief in Moral Order*, fall below the normative average of 50. While policies that target any protective factor could potentially be an important resource for students, focusing prevention planning in these areas could be especially beneficial. Students reported the three highest overall proportions for the following protective factor scales: *Interaction with Prosocial Peers* (91), *Peer-Individual Prosocial Involvement* (90), and *Peer-Individual Rewards for Prosocial Involvement* (87). In the 2011 survey, the three highest overall proportions were related to school opportunities and school rewards for prosocial involvement as well as family rewards for prosocial involvement. The 2015 three highest protective factors are above the normative score of 50. The higher scores reported by students in these areas represent strengths on which prevention programmes can build.

Comparisons Across Protective Factors

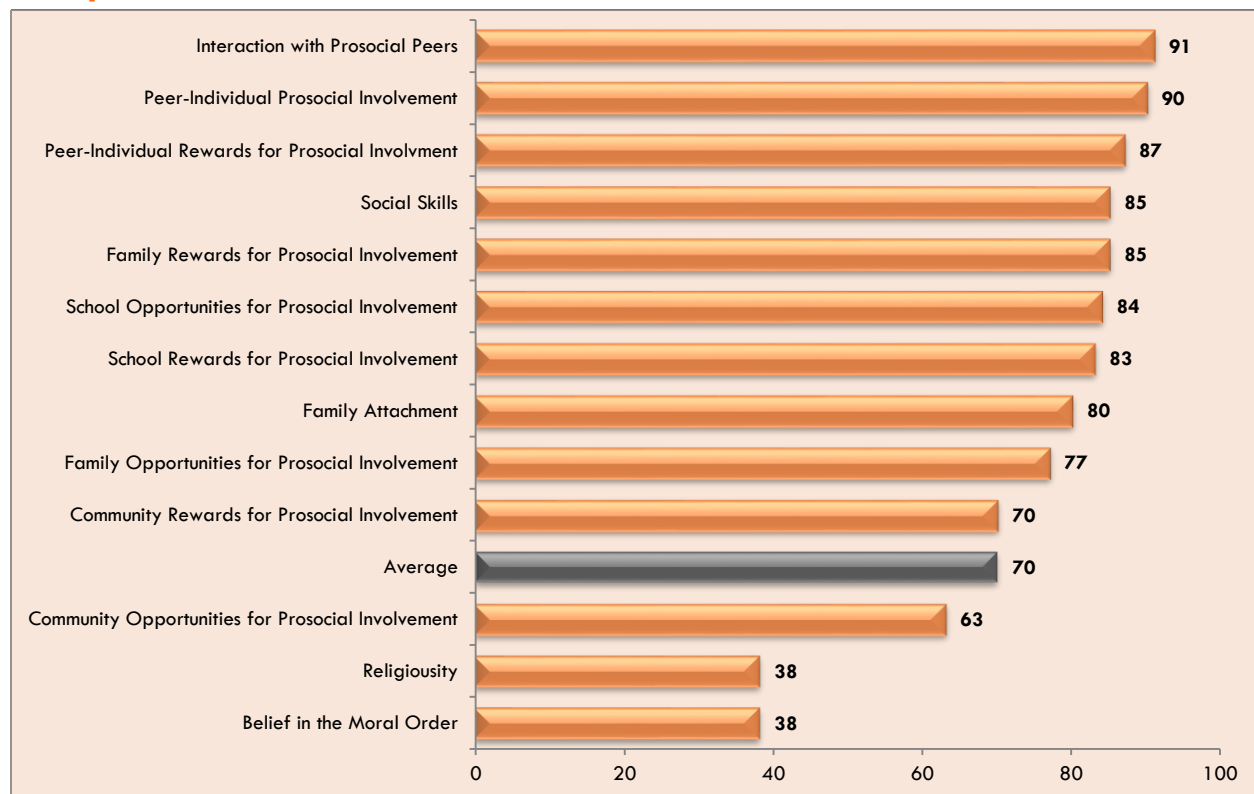


Figure 3.2.1. Overall protective factor scale scores.

As Figure 3.2.2 shows, overall scores across the 25 risk factor scales range from a low of 4 to a high of 69, with an average score of 24 (average in 2011, 26). Similar to 2011, the three highest risk factor scales are *Sensation Seeking* (69), *Transitions and Mobility* (58), and *Friends Use of Drugs* (50). These risk factors fall above the normative score of 50. Once again, while policies that target any risk factor could potentially be an important resource for students, directing prevention programming in these areas is likely to be especially beneficial. The lowest risk factor scales are *Gang Involvement* (4), *Favourable Attitudes toward Antisocial Behaviour* (6), *Parental Attitudes Favorable toward ATOD Use* (7), and *Perceived Availability of Handguns* (7). These risk factors fall below the normative score of 50. The lower scores reported by students in these areas represent strengths on which to build.

Comparisons Across Risk Factors



Figure 3.2.2. Overall risk factor scale scores

3.2.2 Grade Level Results

While overall scores provide a general picture of the risk and protective factor profile, they can mask problems within individual grades. Tables 3.2.1 and 3.2.2, as well as a series of graphs on the proceeding pages, present individual-grade data for risk and protective factor scale scores. This detailed information provides prevention planners with a snapshot; revealing the risk and protective factor scales that are of greatest concern by grade level. It allows those prevention planners to focus on the most appropriate points in youth development for preventive intervention action – and to target their prevention efforts as precisely as possible.

Younger students tend to report different factors than older students as being the most elevated or suppressed, as seen in Tables 3.2.1 and 3.2.2. When it came to the three highest protection scales, M2 students reported highest levels for: *Family Rewards for Prosocial Involvement* (94), *School Social Skills* (92), and *Interaction with Prosocial Peers* (90). However, S4 students reported highest levels for: *Prosocial Involvement* (93), *Interaction with Prosocial Peers* (91), and *Rewards for Prosocial Involvement* (87). On the other hand, M2 students reported their three highest levels of risk as *Sensation Seeking* (57), *Transitions and Mobility* (49), and *Early Initiation of Drug Use* (30), similar to 2011 results. S4 students, on the other hand, reported their three highest levels of risk as *Sensation Seeking* (80), *Friends Use of Drugs* (80), and *Perceived Availability of Drugs* (66).

Table 3.2.1

Protective Factor Scale Proportions¹ Reported by Survey Respondents, by Grade Level

		M2 %	M3 %	S1 %	S2 %	S3 %	S4 %
Community Domain	Community Rewards for Prosocial Involvement	79	73	68	64	65	66
	Community Opportunities for Prosocial Involvement	62	63	63	66	59	67
Family Domain	Family Attachment	89	83	78	76	76	75
	Family Opportunities for Prosocial Involvement	84	82	79	70	75	76
	Family Rewards for Prosocial Involvement	94	91	83	82	81	82
School Domain	School Opportunities for Prosocial Involvement	89	85	83	82	81	85
	School Rewards for Prosocial Involvement	87	84	80	79	79	82
Peer and Individual Domain	Rewards for Prosocial Involvement*	86	87	87	86	89	87
	Interaction with Prosocial Peers*	90	89	91	90	93	91
	Belief in the Moral Order	32	34	37	41	44	41
	Prosocial Involvement*	85	88	90	91	90	93
	Religiosity	45	44	41	33	35	33
	Social Skills	92	90	84	82	82	80
Average		78	76	74	73	73	74

Notes:

¹ Some scores are low because of the small number of responses to the survey items comprising the particular scale.

Table 3.2.2
Risk Factor Scale Scores¹ Reported by Survey Respondents, by Grade Level

		M2	M3	S1	S2	S3	S4
		%	%	%	%	%	%
Community Domain	Low Neighbourhood Attachment	18	18	22	21	17	18
	Community Disorganisation	6	8	11	12	9	11
	Transitions and Mobility	49	55	66	55	62	59
	Perceived Availability of Drugs	10	17	31	44	56	66
	Perceived Availability of Handguns	3	3	5	7	13	12
	Laws and Norms Favourable to Drug Use	18	23	29	34	36	37
	Laws and Norms Favourable to Handguns	24	30	41	47	55	53
Family Domain	Family History of Antisocial Behaviour	21	27	38	44	54	58
	Poor Family Management	4	5	8	10	9	12
	Family Conflict	29	30	42	41	44	37
	Parental Attitudes Favourable toward ATOD Use	2	2	4	8	11	14
	Parental Attitudes Favourable toward Antisocial Behaviour	6	6	9	9	10	9
School Domain	Poor Academic Performance	8	7	9	9	6	7
	Lack of Commitment to School	5	7	10	10	13	11
Peer and Individual Domain	Rebelliousness	15	14	24	25	25	30
	Gang Involvement	2	3	4	5	7	5
	Favourable Attitudes toward ATOD Use	3	4	11	21	28	37
	Favourable Attitudes toward Antisocial Behaviour	3	4	7	8	8	6
	Sensation Seeking	57	65	67	71	74	80
	Peer Rewards for Antisocial Behaviour	25	35	46	56	63	59
	Friends' Use of Drugs	12	24	44	61	76	80
	Friends Delinquent Behaviour	9	12	18	22	26	25
	Low Perceived Risks of Drug Use	2	4	9	14	16	21
	Early Initiation of Drug Use	30	17	19	21	17	12
	Intention to Use	3	4	10	13	18	22
Average		15	17	24	27	30	31

Note:

¹ Some scores are low because of the small number of responses to the survey items comprising the particular scale.

3.2.3 Protective Factors

Protective factors are characteristics that are known to decrease the likelihood that a student will engage in problem behaviours. They encompass family, social, psychological, and behavioural characteristics that can provide a buffer for young people and mitigate the effects of risk factors while promoting positive youth development. These factors fall into three categories – individual characteristics, bonding, healthy beliefs and clear standards. For example, bonding to parents reduces the risk of an adolescent engaging in problem behaviours. To develop these healthy positive behaviours, young people must be immersed in environments that consistently communicate healthy beliefs and clear standards for behaviour; that foster the development of strong bonds to members of their family, school, and community; and that recognise the individual characteristics of each young person (Social Development Strategy).

Below, each protective factor scale is described and the results are presented. Higher scores on the protective factor scales are preferred as they indicate greater levels of protection.

Community Rewards for Prosocial Involvement

Students who feel recognised and rewarded by members of their community are less likely to engage in negative behaviours, because that recognition helps increase a student's self-esteem and the feeling of being bonded to that community. This protective factor is measured using the *Community Rewards for Prosocial Involvement* scale.

The protective factor *Community Rewards for Prosocial Involvement* is measured by a single scale using three survey items:

- ✓ There are people in my neighbourhood, or the area around where I live, who are proud of me when I do something well.
 - ✓ There are people in my neighbourhood, or the area where I live, who encourage me to do my best.
 - ✓ My neighbours notice when I am doing a good job and let me know about it.
- Across grade levels, percentile scores for *Community Rewards for Prosocial Involvement* range from a low of 64 among S2 students to a high of 79 among M2 students.

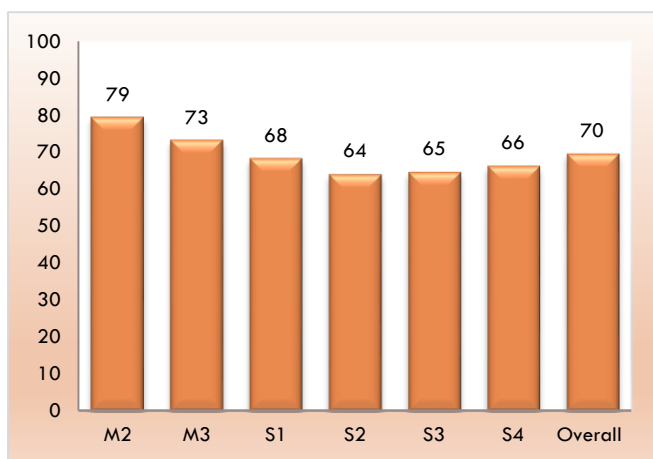


Figure 3.2.3. Community rewards for prosocial involvement scale by grade level and overall.

- In 2011, across all grade levels, percentile scores for *Community Rewards for Prosocial Involvement* range from a low of 63 among S4 students to a high of 75 among M2 students.

- Overall, students received a percentile score of 70 on the *Community Rewards for Prosocial Involvement* scale (score of 69 in 2011).

Community Opportunities for Prosocial Involvement

When students have the opportunity to make meaningful contributions to their communities they are less likely to get involved in risky behaviours. By having the opportunity to make a contribution, students feel as if they are an integral part of their community.

The protective factor *Community Opportunities for Prosocial Involvement* is measured by a single scale using six survey items:

- ✓ There are a lot of adults in my neighbourhood I could talk to about something important.
- ✓ Which of the following activities for people your age are available in your community:
 - Sports teams.
 - Boys and girls clubs.
 - Community clubs.
 - Community service.
- Across grade levels, percentile scores for *Community Opportunities for Prosocial Involvement* range from a low of 59 among S3 students to a high of 67 among S4 students.
- In 2011, across grade levels, percentile scores for *Community Opportunities for Prosocial Involvement* range from a low of 37 among M3 students to a high of 45 among S3 students.
- Overall, students received a percentile score of 63 on the *Community Opportunities for Prosocial Involvement* scale; an increase from 2011, where the score was 41.

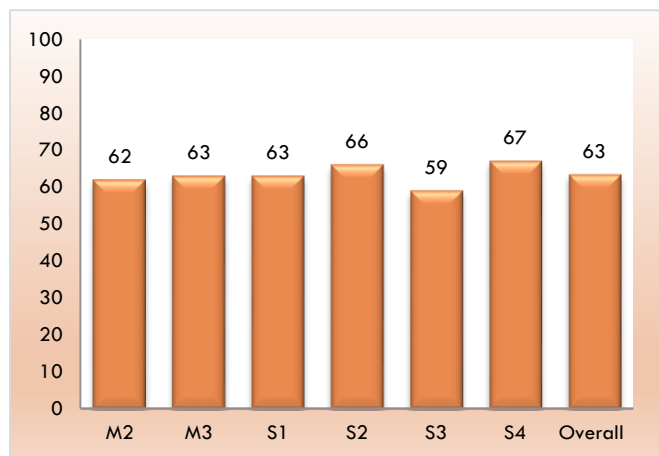


Figure 3.2.4. Community opportunities for prosocial involvement scale by grade level and overall.

Family Attachment

One of the most effective ways to reduce the risk of problem behaviours among young people is to help strengthen their bonds with family members who embody healthy beliefs and clear standards. Children who are bonded to family members who have healthy beliefs are less likely to do things that threaten that bond, such as using drugs, committing crimes, or dropping out of school.

Positive bonding can act as a buffer against risk factors. If children are attached to their parents and want to please them, they will be less likely to threaten that connection by doing things that meet strong disapproval from their parents.

The protective factor *Family Attachment* is measured by a single scale using four survey items:

- ✓ Do you feel very close to your mother?
- ✓ Do you share your thoughts and feelings with your mother?
- ✓ Do you feel very close to your father?
- ✓ Do you share your thoughts and feelings with your father?

- Across grade levels, percentile scores for *Family Attachment* range from a low of 75 among S4 students to a high of 89 among M2 students.
- In 2011, across grade levels, percentile scores for *Family Attachment* range from a low of 73 among S2 and S4 students to a high of 86 among M2 students.
- Overall, students received a percentile score of 80 on the *Family Attachment* scale (score of 78 in 2011).

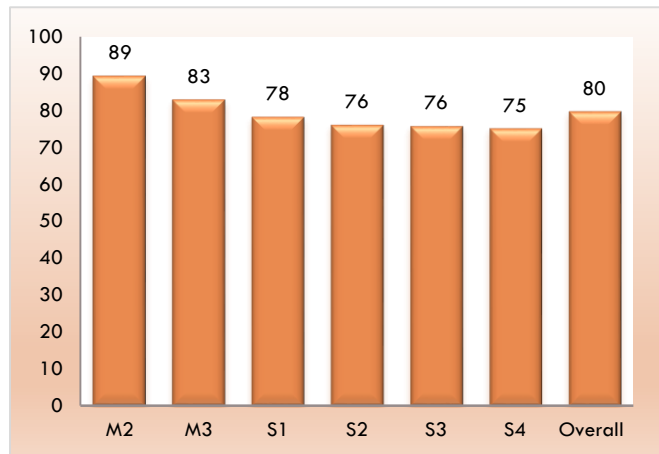


Figure 3.2.5. Family attachment scale by grade level and overall.

Family Opportunities for Prosocial Involvement

When students have the opportunity to make meaningful contributions to their families, they are less likely to get involved in risky behaviours. By having the opportunity to make a contribution, students feel as if they are an integral part of their families. These strong bonds allow students to adopt the family norms, which can protect students from risk. For instance, children whose parents have high expectations for their school success and achievement are less likely to drop out of school.

The protective factor *Family Opportunities for Prosocial Involvement* is measured by a single scale using three survey items:

- ✓ If I had a personal problem, I could ask my mom or dad for help.
- ✓ My parents give me lots of chances to do fun things with them.
- ✓ My parents ask me what I think before most family decisions affecting me are made.

- Across grade levels, percentile scores for *Family Opportunities for Prosocial Involvement* range from a low of 70 among S2 students to a high of 84 among M2 students.
- In 2011, across grade levels, percentile scores for *Family Opportunities for Prosocial Involvement* range from a low of 69 among S2 students to a high of 83 among M2 students.
- Overall, students received a percentile score of 77 on the *Family Opportunities for Prosocial Involvement* scale (score of 74 in 2011).

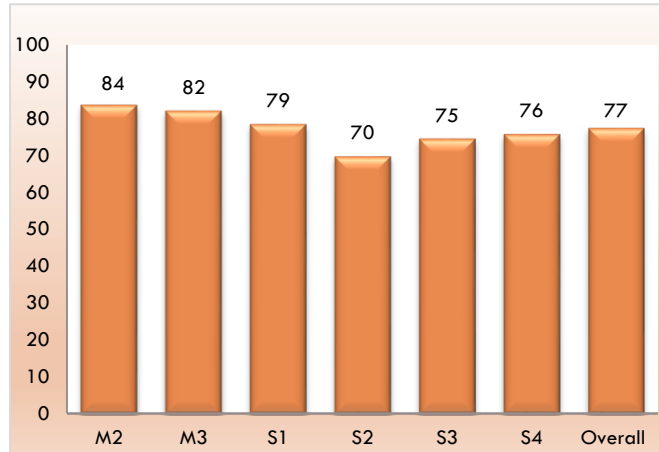


Figure 3.2.6. Family opportunities for prosocial involvement scale by grade level and overall.

Family Rewards for Prosocial Involvement

When family members reward their children for positive participation in activities, it helps children feel motivated to contribute and stay involved with the family, thus reducing their risk for problem behaviours. When families promote clear standards for behaviour, and when young people consequently develop strong bonds of attachment and commitment to their families, young people's behaviour becomes consistent with those standards.

The protective factor *Family Rewards for Prosocial Involvement* is measured by a single scale using four survey items:

- ✓ My parents notice when I am doing a good job and let me know about it.
- ✓ How often do your parents tell you they're proud of you for something you've done?
- ✓ Do you enjoy spending time with your mother?
- ✓ Do you enjoy spending time with your father?

- Across grade levels, percentile scores for *Family Rewards for Prosocial Involvement* range from a low of 81 among S3 to a high of 94 among M2 students.

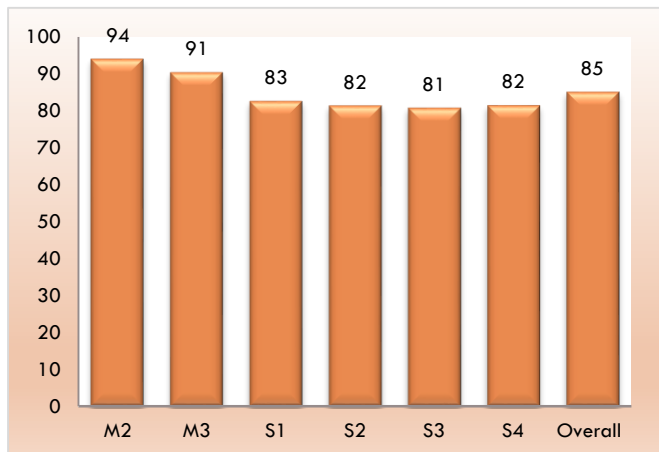


Figure 3.2.7. Family rewards for prosocial involvement scale by grade level and overall.

- In 2011, across grade levels, percentile scores for *Family Rewards for Prosocial Involvement* range from a low of 79 among S2 and S4 students to a high of 92 among M2 students.
- Overall, students received a percentile score of 85 on the *Family Rewards for Prosocial Involvement* scale (score of 84 in 2011).

School Opportunities for Prosocial Involvement

Giving students opportunities to participate in important activities at school helps to reduce the likelihood that they will become involved in problem behaviours. Students who feel they have opportunities to be involved are more likely to contribute to school activity. This bond can protect a student from engaging in behaviours that violate socially accepted standards.

The protective factor *School Opportunities for Prosocial Involvement* is measured by a single scale using five survey items:

- ✓ In my school, students have lots of chances to help decide things like class activities and rules.
- ✓ Teachers ask me to work on classroom projects.
- ✓ There are a lot of chances for student in my school to get involved in sports, clubs, and other school activities outside of class.
- ✓ There are lots of chances for students in my school to talk with a teacher one-on-one.
- ✓ I have lots of chances to be part of class discussions or activities.

- Across grade levels, percentile scores for *School Opportunities for Prosocial Involvement* range from a low of 81 among S3 students to a high of 89 among M2 students.
- In 2011, across grade levels, percentile scores for *School Opportunities for Prosocial Involvement* range from a low of 79 among S2 students to a high of 89 among M2 and M3 students.
- Overall, students received a percentile score of 84 on the *School Opportunities for Prosocial Involvement* scale, similar to 2011.

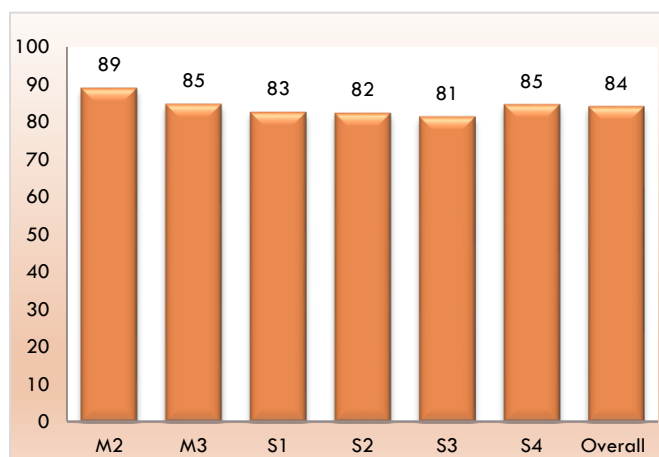


Figure 3.2.8. School opportunities for prosocial involvement scale by grade level and overall.

School Rewards for Prosocial Involvement

Making students feel appreciated and rewarded for their involvement at school helps reduce the likelihood of their involvement in drug use and other problem behaviours. This is because students who feel appreciated for their activity at school bond to their school.

The protective factor *School Rewards for Prosocial Involvement* is measured by a single scale using four survey items:

- ✓ My teacher(s) notices when I am doing a good job and lets me know about it.
 - ✓ I feel safe at my school.
 - ✓ The school lets my parents know when I have done something well.
 - ✓ My teachers praise me when I work hard in school.
- Across grade levels, percentile scores for *School Rewards for Prosocial Involvement* range from a low of 79 among S2 and S3 students to a high of 87 among M2 students.
 - In 2011, across grade levels, percentile scores for *School Rewards for Prosocial Involvement* range from a low of 79 among S2 students to a high of 91 among M2 students.
 - Overall, students received a percentile score of 82 on the *School Rewards for Prosocial Involvement* scale (score of 83 in 2011).

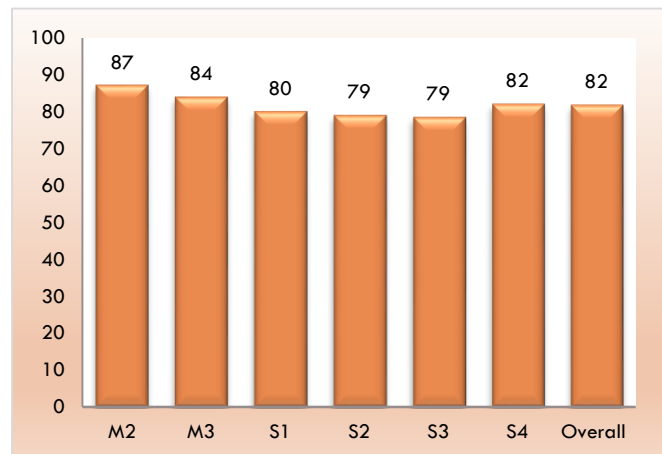


Figure 3.2.9. School rewards for prosocial involvement scale by grade level and overall.

Peer-Individual Rewards for Prosocial Involvement

Often peer acceptance of certain behaviours leads to increased social status amongst young people. Being rewarded by peers for involvement in antisocial behaviours may increase the likelihood of involvement in drug use and other problem behaviours.

The protective factor *Peer-Individual Rewards for Prosocial Involvement* is measured by a single scale using four survey items:

- ✓ What are the chances that you would be seen as cool if you worked hard at school?
- ✓ What are the chances that you would be seen as cool if you defended someone who was being verbally abused at school?

- ✓ What are the chances that you would be seen as cool if you regularly volunteered to do community service?
- ✓ What are the chances that you would be seen as cool if you made a commitment to stay drug-free?

- Across grade levels, percentile scores for *Peer Rewards for Prosocial Involvement* range from a low of 86 among M2 and S2 students to a high of 89 among S3 students.
- In 2011, across grade levels, percentile scores for *Peer Rewards for Prosocial Involvement* range from a low of 55 among S2 students to a high of 70 among M2 students.
- Overall, students received a percentile score of 87 on the *Peer Rewards for Prosocial Involvement* scale versus a score of 62 in 2011.

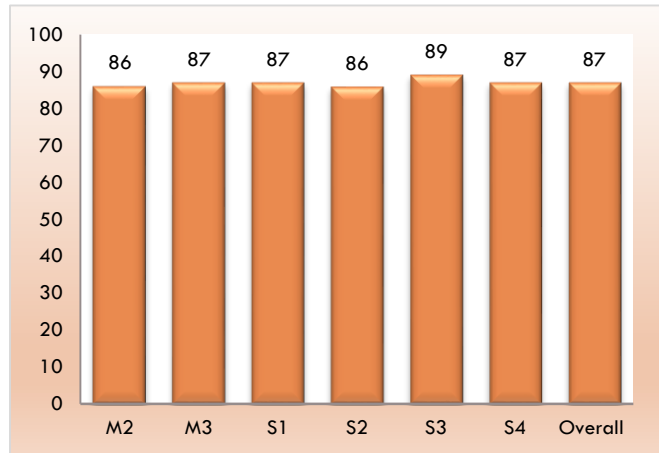


Figure 3.2.10. Peer-individual rewards for prosocial involvement scale by grade level and overall.

Peer-Individual Interaction with Prosocial Peers

Students who feel they have opportunities to be involved are more likely to contribute to school activity. These students are likely to avoid negative behaviours and delay use of alcohol and drugs. This bond can protect a student from engaging in behaviours that violate socially accepted standards.

The protective factor *Interaction with Prosocial Peers* is measured by a single scale using five survey items:

- ✓ In the past year (12 months), how many of your four (4) best friends have....
 - ✓ Participated in clubs, organisations, or activities at school?
 - ✓ Made a commitment to stay drug-free?
 - ✓ Liked school?
 - ✓ Regularly attended religious services?
 - ✓ Tried to do well in school?
- Across grade levels, percentile scores for *Interaction with Prosocial Peers* range from a low of 89 among M3 students to a high of 93 among S3 students.

- In 2011, across grade levels, percentile scores for *Interaction with Prosocial Peers* range from a low of 67 among S3 students to a high of 72 among M3 students.
- Overall, students received a percentile score of 91 on the *Interaction with Prosocial Peers* scale versus a score of 70 in 2011.

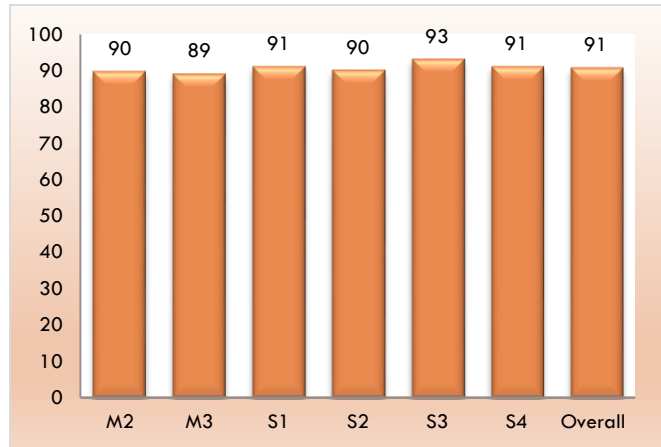


Figure 3.2.11. Interaction with prosocial peers scale by grade level and overall.

Belief in the Moral Order

When people feel bonded to society, they are more motivated to follow society's standards and expectations. It is important for families, schools, and communities to have clearly stated policies on drug use. Young people who have developed a positive belief system are less likely to become involved in problem behaviours. For example, young people who believe that drug use is socially unacceptable or harmful are likely to be protected against peer influences to use drugs.

The protective factor *Belief in the Moral Order* is measured by a single scale using four survey items:

- ✓ It is important to be honest with your parents, even if they become upset or you get punished.
- ✓ I think sometimes it is okay to cheat at school.
- ✓ I think it's okay to take something without asking if you can get away with it.
- ✓ It is all right to beat up people if they start the fight.

- Across grade levels, percentile scores for *Belief in the Moral Order* range from a low of 32 among M2 students to a high of 44 among S3 students.
- In 2011, across grade levels, percentile scores for *Belief in the Moral Order* range from a low of 27 among M2 students to a high of 54 among S2 students.
- Overall, students received a percentile score of 38 on the *Belief in the Moral Order* scale (score of 44 in 2011).

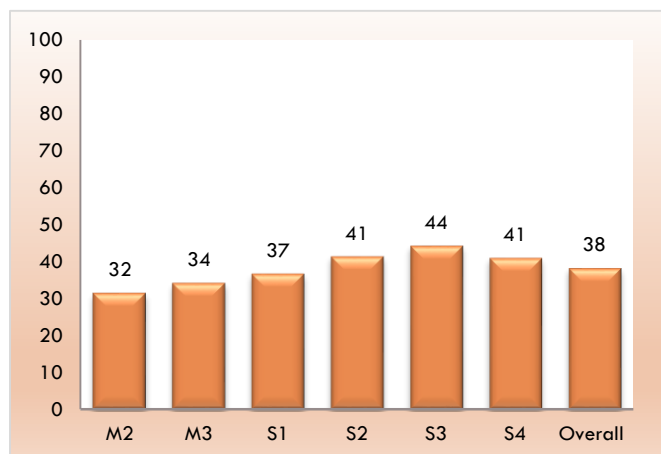


Figure 3.2.12. Belief in moral order scale by grade level and overall.

Peer-Individual Prosocial Involvement

Students who feel recognised and rewarded by peers are less likely to engage in negative behaviours, because that acceptance helps increase a student's self-esteem and the feeling of being bonded with their peers. This protective factor is measured using the *Peer Prosocial Involvement* scale.

The protective factor *Prosocial Involvement* is measured by a single scale using three survey items:

- ✓ How many times in the past year (12 months), have you....
- ✓ Participated in clubs, organisations, or activities at school?
- ✓ Done extra work on your own for school?
- ✓ Volunteered to do community service?

- Across grade levels, percentile scores for *Peer-Individual Prosocial Involvement* range from a low of 85 among M2 students to a high of 93 among S4 students.
- In 2011, across grade levels, percentile scores for *Prosocial Involvement* range from a low of 77 among S3 students to a high of 85 among S4 students.
- Overall, students received a percentile score of 90 on the *Peer-Individual Prosocial Involvement* scale versus a score of 80 in 2011.

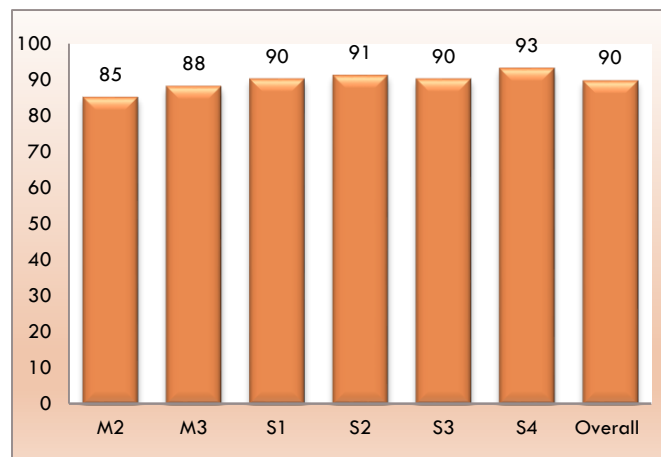


Figure 3.2.13. Peer-individual prosocial involvement scale by grade level and overall.

Religiosity

Religious institutions can help students develop firm prosocial beliefs. Students who have high levels of religious connection are less vulnerable to becoming involved in antisocial behaviours, because they have already adopted a social norm against those activities.

The protective factor *Religiosity* is measured by a single scale using one survey item:

- ✓ How often do you attend religious services?

This score was calculated by collapsing two response categories, “1-2 times a month” and “about once a week or more”, to determine respondents attending religious activities at least once a month.

- Across grade levels, percentile scores for *Religiosity* range from a low of 33 among S2 and S4 students to a high of 45 among M2 students.
- In 2011, across grade levels, percentile scores for *Religiosity* range from a low of 39 among S3 students to a high of 47 among S1 students.
- Overall, students received a percentile score of 38 on the *Religiosity* scale versus a score of 43 in 2011, indicating that students are less religious.

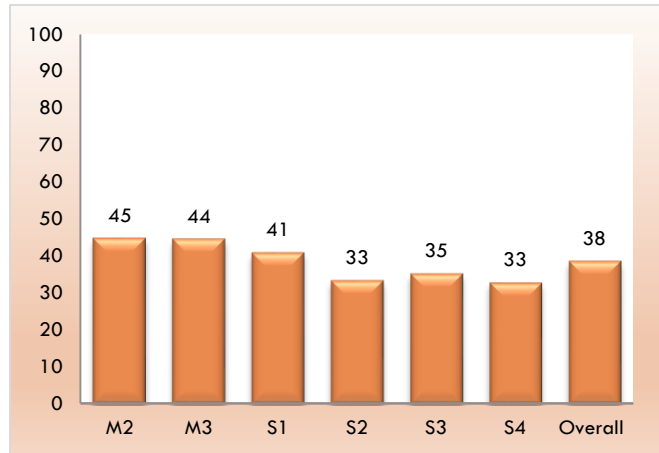


Figure 3.2.14. Religiosity scale by grade level and overall.

Social Skills

Students who have developed a high level of social skills are more likely to do well interacting with others, and will find these interactions rewarding. If they are skilled at avoiding trouble, they are less likely to engage in problem behaviours, such as drug use.

The protective factor *Social Skills* is measured by presenting students with four different scenarios and giving them four possible responses to each scenario. The following four scenarios were included on the survey:

- ✓ You are looking at CD's in the music store with a friend. You look up and see her slip a CD under her coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around". There is no one in sight, no employees or other customers. What would you do now?
 - ✓ It is 8:00 on a weeknight and you are about to go over to a friend's house when your mother asks you where you are going. You say, "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight" What would you do?
 - ✓ You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you do or say?"
 - ✓ You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?
- Across grade levels, percentile scores for *Social Skills* range from a low of 80 among S4 students to a high of 92 among M2 students.

- In 2011, across grade levels, percentile scores for *Social Skills* range from a low of 70 among S2 students to a high of 91 among M2 students.
- Overall, students received a percentile score of 85 on the *Social Skills* scale compared to a score of 80 in 2011.

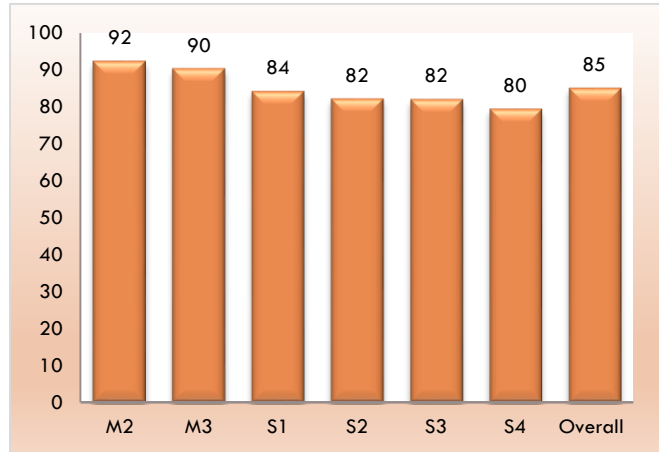


Figure 3.2.15. Social skills scale by grade level and overall.

3.2.6 Risk Factors

Risk factors are characteristics in the community, family, school, peer, and individual's environments that are known to increase the likelihood of a student engaging in one or more problem behaviours (substance abuse, depression and anxiety, delinquency, teen pregnancy, school dropout, or violence). For example, a risk factor in the community environment is the existence of laws and norms favourable to drug use, which can affect the likelihood that a young person will try alcohol, tobacco, or other drugs. In those communities where there is acceptance or tolerance of drug use, students are more likely to engage in alcohol, tobacco, and other drug use.

On the following pages, each of the risk factor scales, measured in the Community, Family, School, Peer-Individual domains, is described and the results are reported. In contrast to the protective factor scales, lower scores on the risk factors scales are preferred as they indicate lower levels of risk.

Low Neighbourhood Attachment

Higher rates of drug usage, delinquency, and violence occur in communities or neighbourhoods where people feel little attachment to the community. This situation is not specific to low-income neighbourhoods. It also can be found in affluent neighbourhoods. Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in each other's lives. If the key players in a neighbourhood – such as merchants, teachers, clergy, police and human and social services personnel – live outside the neighbourhood, residents' sense of commitment will be lower. This low sense of commitment may be reflected in lower rates of voter participation and parental involvement in schools.

The *Low Neighbourhood Attachment* scale was developed to measure a component of the risk factor *Low Neighbourhood Attachment and Community Disorganisation*. This scale is measured by three survey items:

- ✓ I'd like to get out of my neighbourhood.
- ✓ If I had to move, I would miss the neighbourhood I now live in.
- ✓ I like my neighbourhood.

To obtain a score, one survey item comprising the *Low Neighbourhood Attachment* scale was reverse coded, that of “I'd like to get out of my neighbourhood”.

- Across grade levels, percentile scores for *Low Neighbourhood Attachment* range from a low of 17 among M2 students to a high of 22 among S1 students.
- In 2011, across grade levels, percentile scores for *Low Neighbourhood Attachment* range from a low of 16 among M2 students to a high of 24 among S4 students.
- Overall, students received a percentile score of 19 on the *Low Neighbourhood Attachment* scale (score of 20 in 2011).

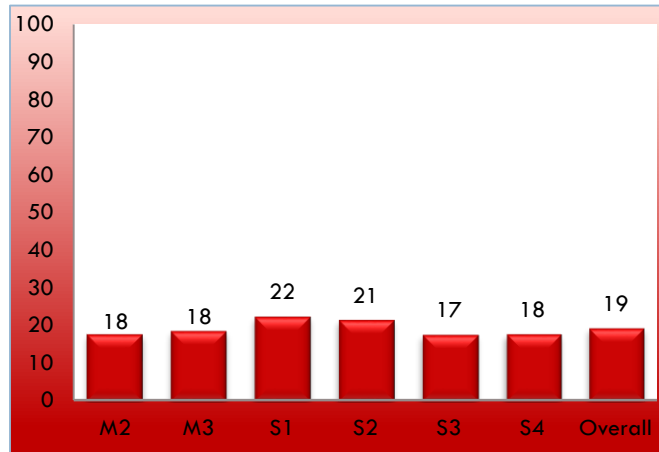


Figure 3.2.16. Low neighbourhood attachment scale by grade level and overall.

Community Disorganisation

The *Community Disorganisation* scale pertains to students' perceptions of their communities' appearance and other external attributes.

The *Community Disorganisation* scale was developed to measure a component of the risk factor *Low Neighbourhood Attachment* and *Community Disorganisation*. This scale is measured by five survey items that describe the neighbourhood in which the student resides. These items include:

- ✓ I feel safe in my neighbourhood.
- ✓ Neighbourhood has crime and/or drug selling.
- ✓ Neighbourhood has lots of empty or abandoned buildings.
- ✓ Neighbourhood has lots of graffiti.
- ✓ Neighbourhood has fighting.

To obtain a score, one survey item comprising the *Community Disorganisation* scale was reverse coded, that of “I feel safe in my neighbourhood”.

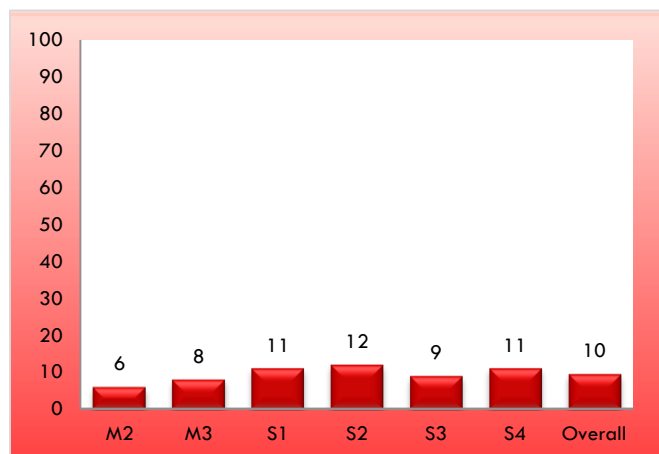


Figure 3.2.17. Community disorganisation scale by grade level and overall.

- Across grade levels, percentile scores for *Community Disorganisation* range from a low of 6 among M2 students to a high of 12 among S2 students.
- In 2011, across grade levels, percentile scores for *Community Disorganisation* range from a low of 9 among M2 students to a high of 14 among S4 students.
- Overall, students received a percentile score of 10 on the *Community Disorganisation* scale (score of 12 in 2011).

Transitions and Mobility

Even normal school transitions are associated with an increase in problem behaviours. When children move from elementary school to middle school or from middle school to high school, significant increases in the rates of drug use, school dropout, and antisocial behaviour may occur. This is thought to occur because by making a transition to new environments, students no longer have the bonds they had in their old environments. Consequently, students may be less likely to become attached to their new environments and develop the bonds that help protect them from involvement in problem behaviours.

The risk factor *Transitions and Mobility* is measured by a single scale using four survey items:

- ✓ Have you changed homes in the past year?
- ✓ Have you changed schools in the past year?
- ✓ How many times have you changed homes since kindergarten?
- ✓ How many times have you changed schools since kindergarten?

To obtain a score, two survey items comprising the *Transitions and Mobility* scale was recoded, that of “How many times have you changed schools since kindergarten?” and, “How many times have you changed homes since kindergarten?”.

- Across grade levels, percentile scores for *Transitions and Mobility* range from a low of 49 among M2 students to a high of 66 among S1 students.
- In 2011, across grade levels, percentile scores for *Transitions and Mobility* range from a low of 56 among S3 students to a high of 70 among S1 students.
- Overall, students received a percentile score of 58 on the *Transitions and Mobility* scale (score of 60 in 2011).

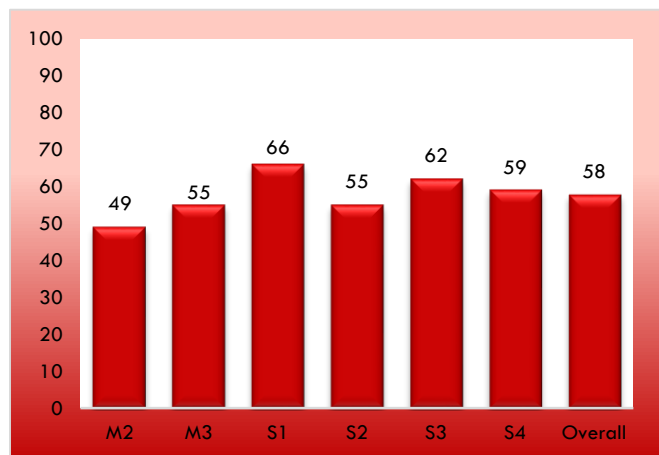


Figure 3.2.18. Transitions and mobility scale by grade level and overall.

Perceived Availability of Drugs

The perceived availability of alcohol, tobacco, and other drugs in a community is directly related to the incidence of delinquent behaviour. For example, in schools where children believe that drugs are more available, a higher rate of drug use occurs.

The risk factor scale *Perceived Availability of Drugs* was developed to measure a component of the risk factor *Availability of Drugs*. This scale is measured by four survey items:

- ✓ If you wanted to get some cigarettes, how easy would it be for you to get some?
- ✓ If you wanted to get some beer, wine, or hard liquor, how easy would it be for you to get some?
- ✓ If you wanted to get some marijuana, how easy would it be for you to get some?
- ✓ If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

Elevation of this risk factor scale score may indicate the need to make alcohol, tobacco, and other drugs more difficult for students to acquire. For instance, a number of policy changes have been shown to reduce the availability of alcohol and cigarettes. Minimum-age requirements, taxation, and responsible beverage service have all been shown to affect the perception of availability of alcohol.

- Across grade levels, percentile scores for *Perceived Availability of Drugs* range from a low of 10 among M2 students to a high of 66 among S4 students.
- In 2011, across grade levels, percentile scores for *Perceived Availability of Drugs* range from a low of 14 among M2 students to a high of 72 among S4 students.
- Overall, students received a percentile score of 37 on the *Perceived Availability of Drugs* scale versus a score of 46 in 2011.

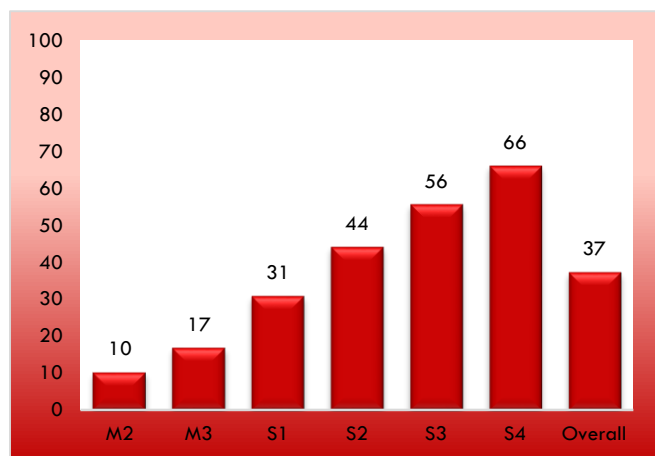


Figure 3.2.19. Perceived availability of drugs scale by grade level and overall.

Perceived Availability of Handguns

While a few studies report no association between firearm availability and violence, more studies do show a relationship. Given the lethality of firearms, the greater likelihood of conflict escalating into homicide when guns are present, and the strong association between the availability of guns and homicide rates, the availability of handguns is included in this survey.

The *Perceived Availability of Handguns* scale was developed to measure a component of the risk factor *Availability of Handguns*. This scale is measured using one survey item:

- ✓ If you wanted to get a handgun, how easy would it be for you to get one?

During analysis categories of “sort of easy” and “very easy” were collapsed for ease of reporting.

- Across grade levels, percentile scores for *Perceived Availability of Handguns* range from a low of 3 among M2 and M3 students to a high of 13 among S3 students.
- In 2011, across grade levels, percentile scores for *Perceived Availability of Handguns* range from a low of 6 among M2 students to a high of 17 among S3 students.
- Overall, students received a percentile score of 7 on the *Perceived Availability of Handguns* scale compared to a score of 12 in 2011.

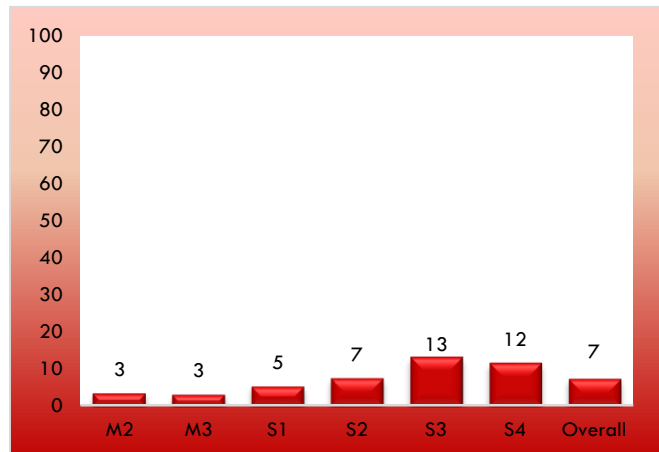


Figure 3.2.20. Perceived availability of handguns scale by grade level and overall.

Laws and Norms Favourable to Drug Use

Students’ perceptions of the rules and regulations concerning alcohol, tobacco, and other drug use that exist in their neighbourhoods are also associated with problem behaviours in adolescence. Community norms – the attitudes and policies a community holds in relation to drug use and other antisocial behaviours – are communicated in a variety of ways: through laws and written policies, through informal social practices, and through the expectations parents and other members of the community have of young people. When laws and community standards are favourable toward drug use, violence and/or other crime, or even when they are just unclear, young people are more likely to engage in negative behaviours.³⁰

An example of conflicting messages about drug use can be found in the acceptance of alcohol use as a social activity within the community. The visual promotion of alcohol and spirits at sporting events are in contrast to the “stopping use before it starts” messages that schools, parents, and prevention specialist may be promoting. These conflicting and ambiguous messages are problematic in that they do not have the positive impact on preventing alcohol and other drug use as compared to the impact of a clear community-level anti-drug message.

³⁰ L. L. Eggert, E. A. Thompson, J. R. Herting, & B. P. Randall. (2001). Reconnecting youth to prevent drug abuse, school dropout, and suicidal behaviors among high-risk youth. In Wagner, E., and Waldron, H. B. (Eds.). *Innovations in Adolescent Substance Abuse Intervention*. Oxford: Elsevier Science, 51–84.p. 80.

The *Laws and Norms Favourable to Drug Use* scale was developed to measure a component of the risk factor *Community Laws and Norms Favourable toward Drug Use, Firearms, and Crime*. This scale is measured by five survey items:

- ✓ If a kid drank some beer, wine, or hard liquor in your neighbourhood, or the area around where you live, would he or she be caught by the police?
- ✓ If a kid smoked marijuana in your neighbourhood, or the area around where you live, would he or she be caught by the police?
- ✓ How wrong would most adults in your neighbourhood, or the area around where you live, think it is for kids your age to smoke marijuana?
- ✓ How wrong would most adults in your neighbourhood, or the area around where you live, think it is for kids your age to drink alcohol?
- ✓ How wrong would most adults in your neighbourhood, or the area around where you live, think it is for kids your age to smoke cigarettes?

- Across grade levels, percentile scores for *Laws and Norms Favourable to Drug Use* range from a low of 18 among M2 students to a high of 37 among S4 students.
- In 2011, across grade levels, percentile scores for *Laws and Norms Favourable to Drug Use* range from a low of 18 among M2 students to a high of 43 among S4 students.
- Overall, students received a percentile score of 30 on the *Laws and Norms Favourable to Drug Use* scale (score of 31 in 2011).

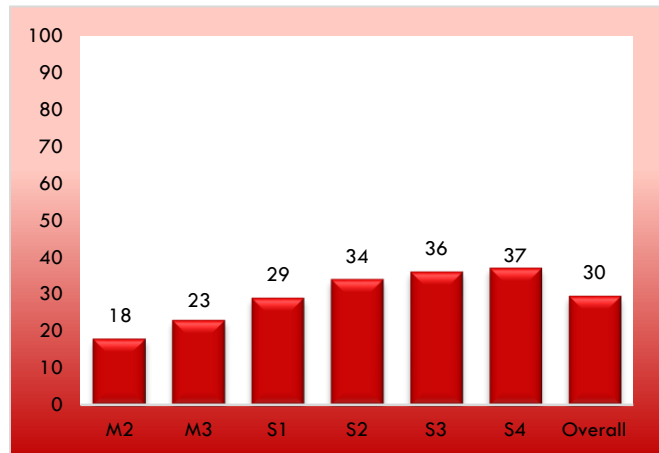


Figure 3.2.21. Laws and norms favourable to drug use scale by grade level and overall.

Laws and Norms Favourable to Handguns

As with drug use, students' perceptions of the laws regarding illegal use of firearms may be related to violence. That is, when students perceive laws to be strict and consistently enforced, they may be less likely to carry guns and to engage in gun violence.

The *Laws and Norms Favourable to Handguns* scale was developed to measure a component of the risk factor *Community Laws and Norms Favourable toward Drug Use, Firearms and Crime*. This scale is measured using one survey item:

- ✓ If a kid illegally carried a handgun in your neighbourhood, or the area you live, would he or she be caught by the police?"

- Across grade levels, percentile scores for *Laws and Norms Favourable to Handguns* range from a low of 24 among M2 to a high of 55 among S3 students.
- In 2011, across grade levels, percentile scores for *Laws and Norms Favourable to Handguns* range from a low of 30 among M2 to a high of 66 among S4 students, as seen in 2011.
- Overall, students received a percentile score of 42 on the *Laws and Norms Favourable to Handguns* scale versus a score of 52 in 2011.

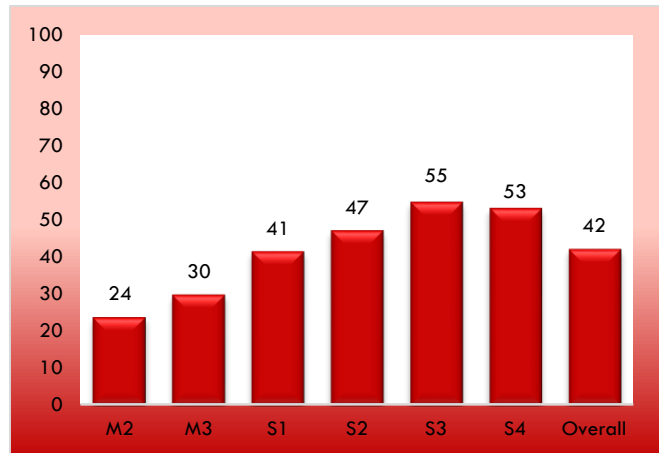


Figure 3.2.22. Laws and norms favourable to handguns scale by grade level and overall.

Family History of Antisocial Behaviour

If children are raised in a family where a history of addiction to alcohol or other drugs exists, the risk of having alcohol or other drug problems themselves increases. If children are born or raised in a family where criminal activity is present, their risk for delinquency increases. Similarly, children who are born to teenage mothers are more likely to become teen parents, and children of dropouts are more likely to drop out of school themselves. Children whose parents engage in violent behaviour inside or outside the home are at greater risk for exhibiting violent behaviour themselves. Students' perceptions of their families' behaviour and standards regarding drug use and other antisocial behaviours are measured by the survey.

The *Family History of Antisocial Behaviour* scale was developed to measure a component of the risk factor *Family History of Problem Behaviour*. This scale is measured by ten survey items:

- ✓ Has anyone in your family ever had a severe alcohol or drug problem?
- ✓ Have any of your brother(s) or sister(s) ever drunk beer, wine, or hard liquor?
- ✓ Have any of your brother(s) or sister(s) ever smoked marijuana?
- ✓ Have any of your brother(s) or sister(s) ever smoked cigarettes?
- ✓ Have any of your brother(s) or sister(s) ever taken a handgun to school?
- ✓ Have any of your brother(s) or sister(s) ever been suspended or expelled from school?
- ✓ About how many adults have you known personally who in the past year have used marijuana, crack, cocaine, or other drugs?
- ✓ About how many adults have you known personally who in the past year have sold or dealt drugs?

- ✓ About how many adults have you known personally who in the past year have done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?
- ✓ About how many adults have you known personally who in the past year have gotten drunk or high?

To obtain a score, five survey items comprising the *Family History of Antisocial Behaviour* scale were recoded, that of “Have any of your brother(s) or sister(s) ever drunk beer, wine, or hard liquor?”, “Have any of your brother(s) or sister(s) ever smoked marijuana?”, “Have any of your brother(s) or sister(s) ever smoked cigarettes?”, “Have any of your brothers or sisters brother(s) or sister(s) ever taken a handgun to school”, and “Have any of your brother(s) or sister(s) ever been suspended or expelled from school?”

- Across grade levels, percentile scores for *Family History of Antisocial Behaviour* range from a low of 21 among M2 students to a high of 58 among S4 students.
- Across grade levels, percentile scores for *Family History of Antisocial Behaviour* range from a low of 30 among M2 students to a high of 74 among S4 students.
- Overall, students received a percentile score of 40 on the *Family History of Antisocial Behaviour* scale compared to a score of 54 in 2011.

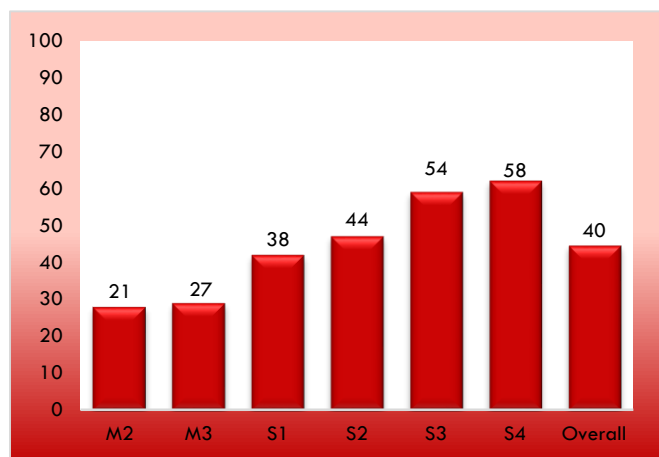


Figure 3.2.23 Family history of antisocial behaviour scale by grade level and overall.

Poor Family Management

The risk factor scale *Poor Family Management* measures two components of family life: “poor family supervision”, which is defined as parents failing to supervise and monitor their children, and “poor family discipline”, which is defined as parents failing to communicate clear expectations for behaviour and giving excessively severe, harsh or inconsistent punishment. Children who experience poor family supervision and poor family discipline are at higher risk of developing problems with drug use, delinquency, violence, and school dropout.

The risk factor scale *Poor Family Management* was developed to measure a component of the risk factor *Family Management Problems*. This scale is measured by the following eight survey items:

- ✓ The rules in my family are very clear.
- ✓ My parents ask if I have gotten my homework done.

- ✓ When I am not home, one of my parents know where I am and who I am with.
- ✓ Would your parents know if you did not come home on time?
- ✓ My family has clear rules about alcohol and drug use.
- ✓ If you drank some beer, wine, or other hard liquor without your parents' permission, would you be caught by your parents?
- ✓ If you carried a handgun without your parents' permission, would you be caught by your parents'?
- ✓ If you skipped school without your parents' permission, would you be caught by your parents?

- Across grade levels, percentile scores for *Poor Family Management* range from a low of 4 among M2 students to a high of 12 among S4 students.
- In 2011, across grade levels, percentile scores for *Poor Family Management* range from a low of 4 among M2 students to a high of 12 among S4 students.
- Overall, students received a percentile score of 8 on the *Poor Family Management* scale, the same score obtained in 2011.

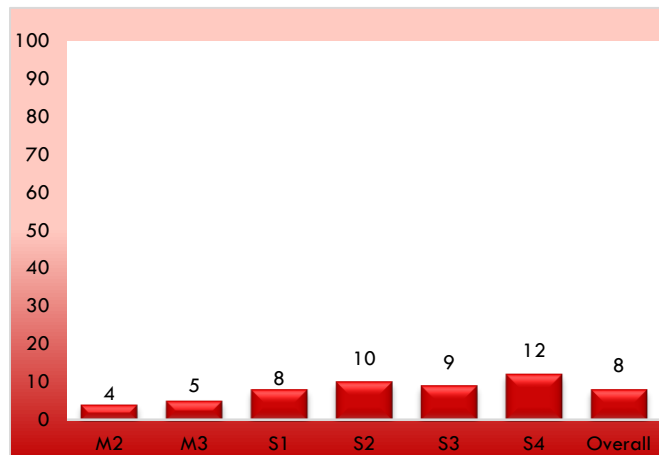


Figure 3.2.24. Poor family management scale by grade level and overall.

Family Conflict

Bonding between family members, especially between children and their parents or guardians, is a key component in the development of positive social norms. High levels of family conflict interfere with the development of these bonds, and increase the likelihood that young people will engage in illegal drug use and other forms of delinquent behaviour.

The risk factor *Family Conflict* is measured by a single scale using three survey items:

- ✓ We argue about the same things in my family over and over.
 - ✓ People in my family have serious arguments.
 - ✓ People in my family often insult or yell at each other.
- Across grade levels, percentile scores for *Family Conflict* range from a low of 29 among M2 students to a high of 44 among S3 students.

- In 2011, across grade levels, percentile scores for *Family Conflict* range from a low of 28 among S1 students to a high of 45 among S2 students.
- Overall, students received a percentile score of 37 on the *Family Conflict* scale, similar to the score obtained in 2011.

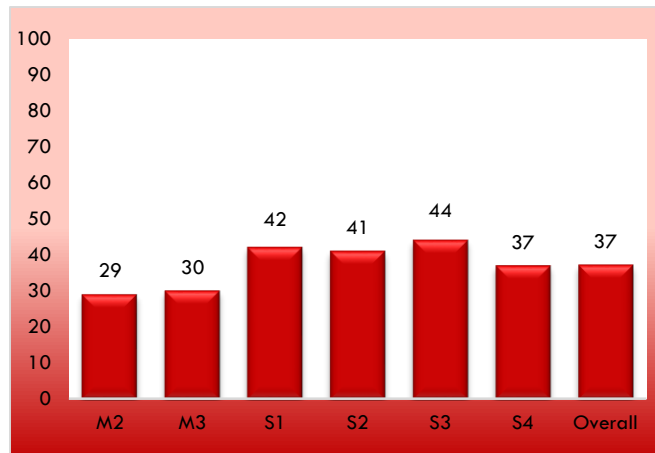


Figure 3.2.25. Family conflict scale by grade level and overall.

Parental Attitudes Favourable toward ATOD Use

Students' perceptions of their parents' opinions about alcohol, tobacco, and other drug use are an important risk factor. In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of use by their children, children are more likely to become drug users in adolescence.

The *Parental Attitudes Favourable toward ATOD Use* scale was developed to measure a component of the risk factor *Favourable Parental Attitudes and Involvement in Problem Behaviour*. This scale is measured by three survey items:

- ✓ How wrong do your parents feel it would be for you to drink beer, wine or hard liquor regularly?
- ✓ How wrong do your parents feel it would be for you to smoke cigarettes?
- ✓ How wrong do your parents feel it would be for you to smoke marijuana?

- Across grade levels, percentile scores for *Parental Attitudes Favourable toward ATOD Use* range from a low of 2 among M2 and M3 students to a high of 14 among S4 students.
- Across grade levels in 2011, percentile scores for *Parental Attitudes Favourable toward ATOD Use* range from a low of 3 among M2 students to a high of 10 among S3 and S4 students.
- In 2011, across grade levels, percentile scores for *Parental Attitudes Favourable toward ATOD Use* range from a low of 3

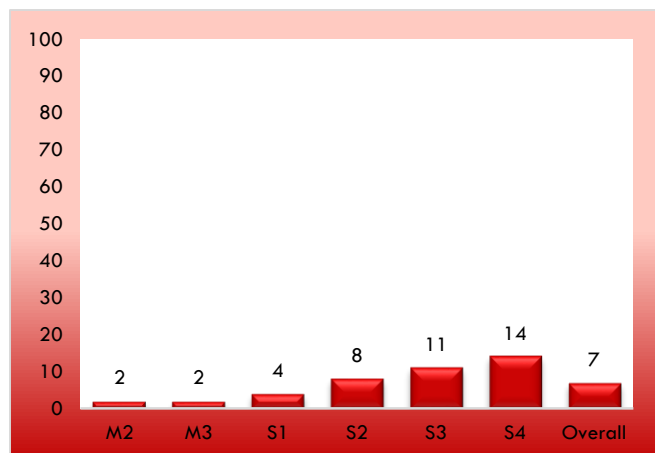


Figure 3.2.26. Parental attitudes favourable toward ATOD use scale by grade level and overall.

among M2 students to a high of 10 among S3 and S4 students.

- Overall, students received a percentile score of 7 on the *Parental Attitudes Favourable toward ATOD Use* scale, a similar score was obtained in 2011.

Parental Attitudes Favourable to Antisocial Behaviour

Students' perceptions of their parents' opinions about antisocial behaviour are also an important risk factor. Parental attitudes and behaviour regarding crime and violence influence the attitudes and behaviour of children. If parents approve of, or excuse, their children for breaking the law, then the children are more likely to develop problems with juvenile delinquency.

The *Parental Attitudes Favourable to Antisocial Behaviour* scale was developed to measure a component of the risk factor *Favourable Parental Attitudes and Involvement in Problem Behaviour*. This scale is measured by three survey items:

- ✓ How wrong do your parents feel it would be for you to steal anything worth more than \$5.00?
 - ✓ How wrong do your parents feel it would be for you to draw graffiti, write things, or draw pictures on buildings or other property?
 - ✓ How wrong do your parents feel it would be for you to pick a fight with someone?
- Across grade levels, percentile scores for *Parental Attitudes Favourable to Antisocial Behaviour* range from a low of 6 among M2 and M3 students to a high of 10 among S3 students
 - In 2011, across grade levels, percentile scores for *Parental Attitudes Favourable to Antisocial Behaviour* range from a low of 4 among M2 students to a high of 14 among S1 students.
 - Overall, students received a percentile score of 8 on the *Parental Attitudes Favourable to Antisocial Behaviour* scale (score of 9 in 2011).

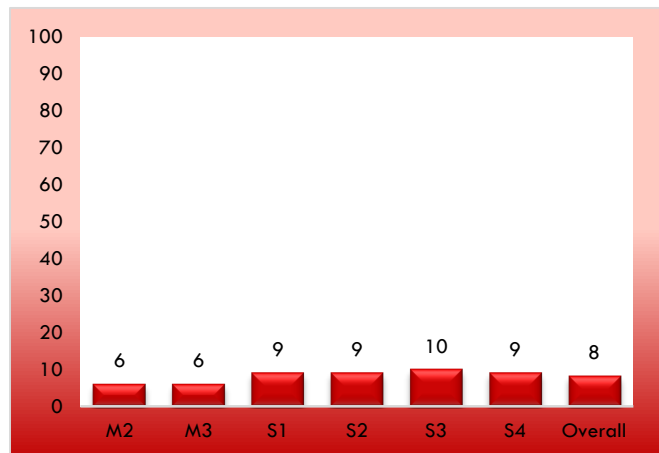


Figure 3.2.27. Parental attitudes favourable to antisocial behaviour scale by grade level and overall.

Poor Academic Performance

Beginning in the late elementary grades, poor academic performance increases the risk of drug use, delinquency, violence, and school dropout. Children fail for many reasons, but it appears that the experience of failure increases the risk of these problem behaviours.

The *Poor Academic Performance* scale was developed to measure a component of the risk factor *Academic Failure Beginning in Late Elementary School*. This scale is measured by two survey items:

- ✓ Putting them all together, what were your grades like last year?
- ✓ Are your school grades better than the grades of most students in your class?

To assess poor academic performance, grades were ranked according to pass/fail and then combined with the second item to determine a score. Elevated findings for this risk factor scale suggest that not only do students believe that they have lower grades than they might expect to get, but also that they perceive that compared to their peers, they have below-average grades.

- Across grade levels, percentile scores for *Poor Academic Performance* range from a low of 6 among S3 students to a high of 9 among S1 and S2 students.
- In 2011, across grade levels, percentile scores for *Poor Academic Performance* range from a low of 11 among M3 and S3 students to a high of 13 among S2 students.
- Overall, students received a percentile score of 12 on the *Poor Academic Performance* scale (score of 10 in 2011).

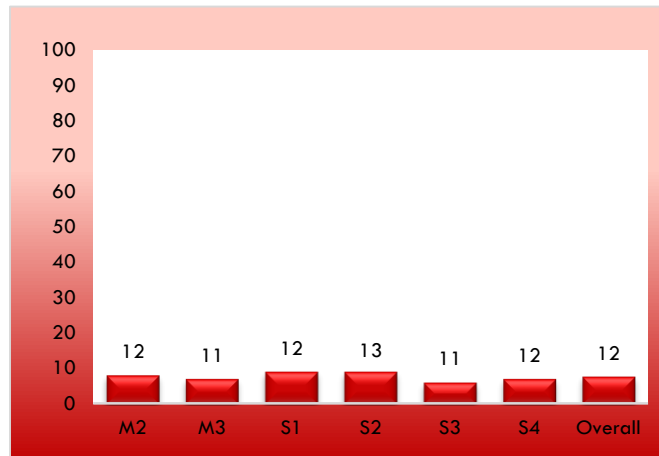


Figure 3.2.28. Poor academic performance scale by grade level and overall.

Lack of Commitment to School

Lack of Commitment to School assesses a student's general feelings about his or her schooling. Elevated findings for this risk factor scale can suggest that students feel less attached to, or connected with, their classes and school environment. Lack of commitment to school means the child has ceased to see the role of student as a positive one. Young people who have lost this commitment to school are at higher risk for a variety of problem behaviours.

The risk factor *Lack of Commitment to School* is measured by a single scale using seven survey items:

- ✓ During the LAST FOUR WEEKS, how many whole days have you missed because you skipped or cut?
- ✓ How often do you feel that the school work you are assigned is meaningful and important?

- ✓ How interesting are most of your courses to you?
- ✓ How important do you think things you are learning in school are going to be for your later life?
- ✓ Now thinking back over the past year in school, how often did you enjoy being in school?
- ✓ Now thinking back over the past year in school, how often did you hate being in school?
- ✓ Now thinking back over the past year in school, how often do you try to do your best work in school?

- Across grade levels, percentile scores for *Lack of Commitment to School* range from a low of 5 among M2 students to a high of 13 among S3 students.
- In 2011, across grade levels, percentile scores for *Lack of Commitment to School* range from a low of 5 among M2 students to a high of 15 among S2 students.
- Overall, students received a percentile score of 9 on the *Lack of Commitment to School* scale versus a score of 11 in 2011.

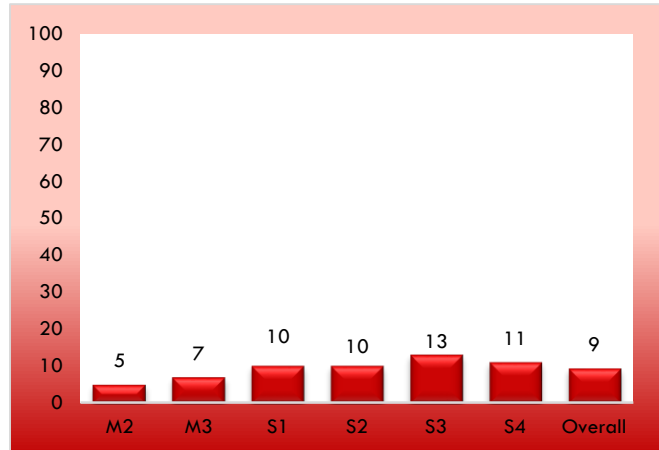


Figure 3.2.29. Lack of commitment to school scale by grade level and overall.

Rebelliousness

The survey also determines the number of young people who feel they are not part of society, who feel they are not bound by rules, and who do not believe in trying to be successful or responsible. These students are at higher risk of drug use, delinquency, and school dropout.

The risk factor *Rebelliousness* is measured by a single scale using three survey items such as:

- ✓ I like to see how much I can get away with.
- ✓ I ignore the rules that get in my way.
- ✓ I do the opposite of what people tell me, just to get them mad.

- Across grade levels, percentile scores for *Rebelliousness* range from a low of 14 among M3 students to a high of 30 among S4 students.

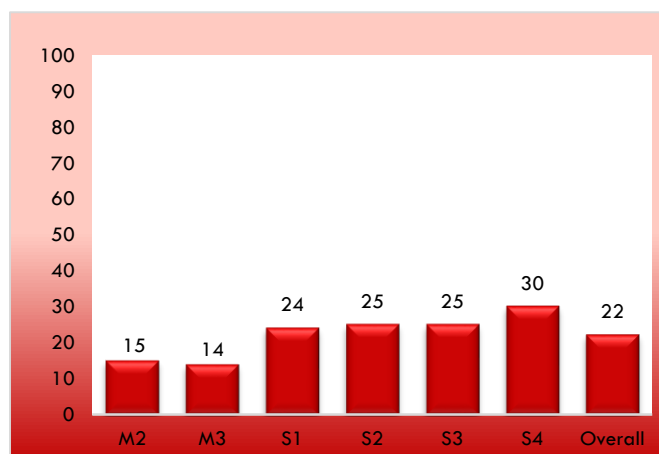


Figure 3.2.30. Rebelliousness scale by grade level and overall.

- In 2011, across grade levels, percentile scores for *Rebelliousness* range from a low of 17 among M2 students to a high of 41 among S2 students.
- Overall, students received a percentile score of 22 on the *Rebelliousness* scale. A score of 30 was obtained on this scale in 2011.

Gang Involvement

Gangs have long been associated with crime, violence, and other antisocial behaviours. Evidence suggests that gangs can contribute to antisocial behaviour beyond simple association with delinquent peers.

The risk factor *Gang Involvement* is measured by a single scale using four survey items:

- ✓ Have you ever belonged to a gang?
- ✓ If you have ever belonged to a gang, did the gang have a name?
- ✓ Think of your four best friends (the friends you feel closest to), in the past (12 months), how many of your best friends have been members of a gang?
- ✓ How old were you when you first belonged to a gang?

- Across grade levels, percentile scores for *Gang Involvement* range from a low of 2 among M2 and M3 students to a high of 7 among S2 students.
- In 2011, across grade levels, percentile scores for *Gang Involvement* range from a low of 5 among M2 and M3 students to a high of 12 among S2 students.
- Overall, students received a percentile score of 4 on the *Gang Involvement* scale, versus a score of 8 received in 2011. This would indicate less students engaging in gang activity.
- Of respondents indicating gang involvement, 1.5% or 40 students said they first belonged to a gang by age 10 years or younger (see *Table 3.2.3*), compared to the 2011 survey were 2.1% said they had joined a gang by age 10 or younger.

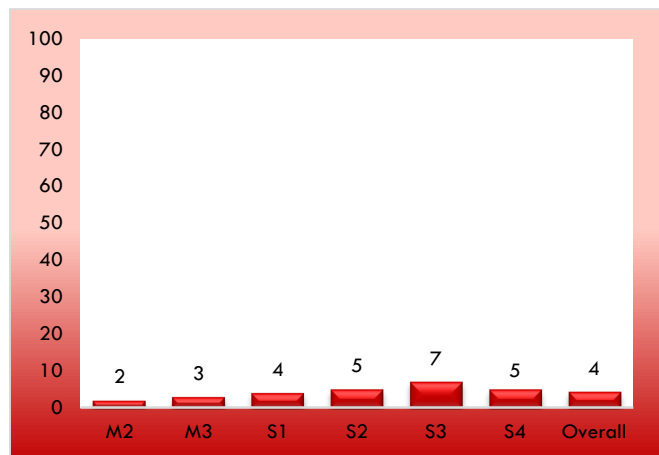


Figure 3.2.31. Gang involvement scale by grade level and overall.

Table 3.2.3
Age of First Belonging to a Gang by Grade Level and Overall

Age	M2		M3		S1		S2		S3		S4		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
10 or younger	3	0.7	4	0.8	7	1.3	7	1.5	10	2.2	9	2.3	40	1.5
11	2	0.4	3	0.6	7	1.3	4	0.9	2	0.4	5	1.3	23	0.8
12	6	1.3	5	1.0	8	1.5	3	0.7	2	0.4	5	1.3	29	1.1
13	-	-	5	1.0	7	1.3	3	0.7	6	1.3	2	0.5	23	0.8
14	1	0.2	-	-	3	0.6	4	0.9	6	1.3	4	1.0	18	0.7
15	1	0.2	-	-	2	0.4	3	0.7	8	1.8	2	0.5	16	0.6
16	-	-	1	0.2	-	-	-	-	2	0.4	2	0.5	5	0.2
17 or older	2	0.4	1	0.2	1	0.2	1	0.2	1	0.2	4	1.0	10	0.4

Favourable Attitudes toward ATOD Use

During the elementary school years, children usually express anti-drug attitudes and have difficulty imagining why people use drugs. However, in middle school, as others they know begin to participate in such activities, their attitudes often shift toward greater acceptance of these behaviours. This acceptance places them at higher risk. The risk factor scale *Favourable Attitudes toward ATOD Use* assesses risk by asking young people how wrong they think it is for someone their age to use drugs.

The *Favourable Attitudes toward ATOD Use* scale was developed to measure a component of the risk factor *Favourable Attitudes toward Problem Behaviour*. This scale is measured by four survey items:

- ✓ How wrong do you think it is for someone your age to:
- ✓ Drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?
- ✓ Smoke cigarettes?
- ✓ Smoke marijuana?
- ✓ Use LSD, cocaine, amphetamines or another illegal drug?

- Across grade levels, percentile scores for *Favourable Attitudes toward ATOD Use* range from a low of 3 among M2 students to a high of 37 among S4 students.
- In 2011, across grade levels, percentile scores for *Favourable Attitudes toward ATOD Use* range from a low of 5 among M2 students to a high of 33 among S3 and S4 students.
- Overall, students received a percentile score of 17 on the *Favourable Attitudes toward ATOD Use* scale (score of 21 in 2011).

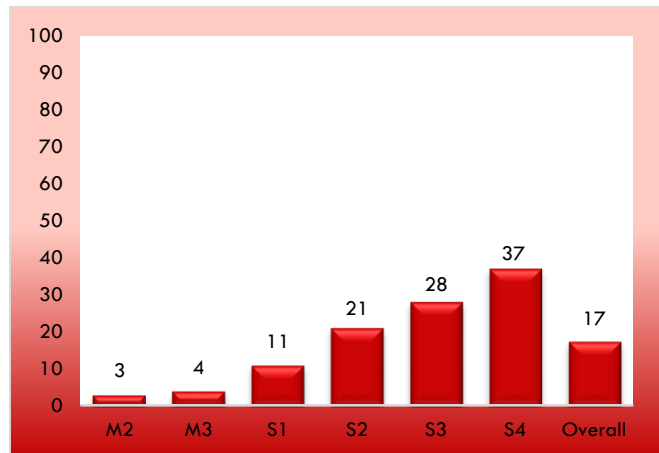


Figure 3.2.32. Favourable attitudes toward ATOD use scale by grade level and overall.

Favourable Attitudes toward Antisocial Behaviour

During the primary school years, children usually express anticrime and prosocial attitudes and have difficulty imagining why people commit crimes or drop out of school. However, in middle school, as others they know begin to participate in such activities, their attitudes often shift toward greater acceptance of these behaviours. This acceptance places them at higher risk for antisocial behaviours.

The *Favourable Attitudes toward Antisocial Behaviour* scale was developed to measure a component of the risk factor *Favourable Attitudes toward Problem Behaviour*. This scale is measured by five survey items:

- ✓ How wrong do you think it is for someone your age to take a handgun to school?
- ✓ How wrong do you think it is for someone your age to steal anything worth more than \$5.00?
- ✓ How wrong do you think it is for someone your age to attack someone with the idea of seriously hurting them?
- ✓ How wrong do you think it is for someone your age to pick a fight with someone?

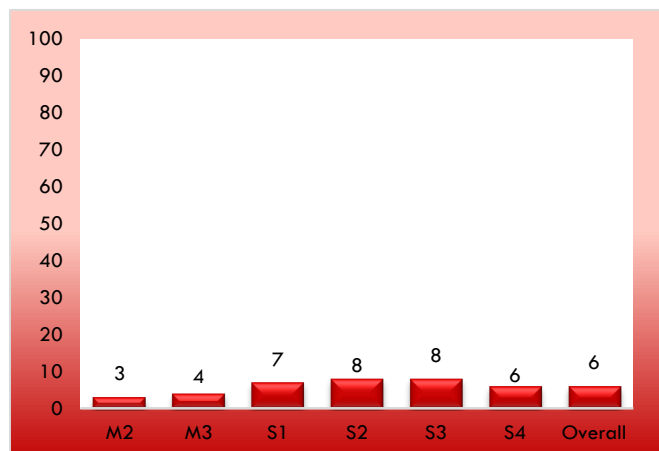


Figure 3.2.33. Favourable attitudes toward antisocial behaviour scale by grade level and overall.

✓ How wrong do you think it is for someone your age to stay away from school all day when their parents think they are at school?

- Across grade levels, percentile scores for *Favourable Attitudes toward Antisocial Behaviour* range from a low of 3 among M2 students to a high of 8 among S2 and S3 students.
- In 2011, across grade levels, percentile scores for *Favourable Attitudes toward Antisocial Behaviour* range from a low of 4 among M2 students to a high of 12 among S2 students.
- As seen in the 2011 survey, overall, students received a percentile score of 6 on the *Favourable Attitudes toward Antisocial Behaviour* scale.

Sensation Seeking

Individual characteristics that may have a biological or physiological basis are sometimes referred to as “constitutional factors”. *Sensation Seeking* is among those constitutional factors that appear to increase the likelihood of a young person using drugs, engaging in delinquent behaviour and/or committing violent acts.

Sensation Seeking is assessed by asking how often students participate in behaviours to experience thrills or a particular feeling or emotion.

The *Sensation Seeking* scale was developed to measure a component of the risk factor *Constitutional Factors*. This scale is measured by three survey items:

- ✓ How many times have you done what feels good no matter what?
- ✓ How many times have you done something dangerous because someone dared you to do it?
- ✓ How many times have you done crazy things even if they are a little dangerous?

- Across grade levels, percentile scores for *Sensation Seeking* range from a low of 57 among M2 students to a high of 80 among S4 students.
- In 2011, across grade levels, percentile scores for *Sensation Seeking* range from a low of 61 among M2 students to a high of 81 among S4 students.
- Overall, students received a percentile score of 69 on the *Sensation Seeking* scale (72 in 2011).

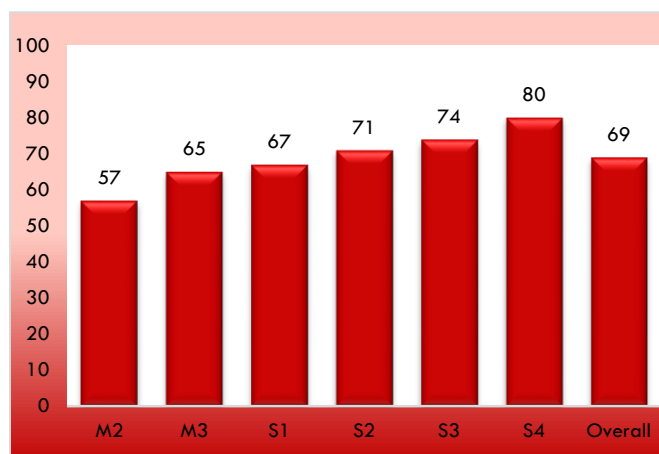


Figure 3.2.34. Sensation seeking scale by grade level and overall.

Peer Rewards for Antisocial Involvement

Students' perceptions of their peer groups' social norms are also an important predictor of involvement in problem behaviour. When students feel that they get positive feedback from their peers for using alcohol, tobacco, or other drugs, or getting involved in delinquent behaviours, they are more likely to engage in these behaviours. When young people believe that their peer groups are involved in antisocial behaviours, they are more likely to become involved in antisocial behaviours themselves.

The *Peer Rewards for Antisocial Behaviour* scale was developed to measure a component of the risk factor *Friends Who Engage in the Problem Behaviour*. This scale is measured by four survey items:

- ✓ What are the chances you would be seen as cool if you smoked cigarettes?
 - ✓ What are the chances you would be seen as cool if you began drinking alcoholic beverages regularly?
 - ✓ What are the chances you would be seen as cool if you smoked marijuana?
 - ✓ What are the chances you would be seen as cool if you carried a handgun?
- Across grade levels, percentile scores for *Peer Rewards for Antisocial Behaviour* range from a low of 25 among M2 students to a high of 63 among S3 students.
 - In 2011, across grade levels, percentile scores for *Peer Rewards for Antisocial Behaviour* range from a low of 13 among M2 students to a high of 31 among S2 students.
 - Overall, students received a percentile score of 47 on the *Peer Rewards for Antisocial Behaviour* scale versus a score of 24 in 2011.

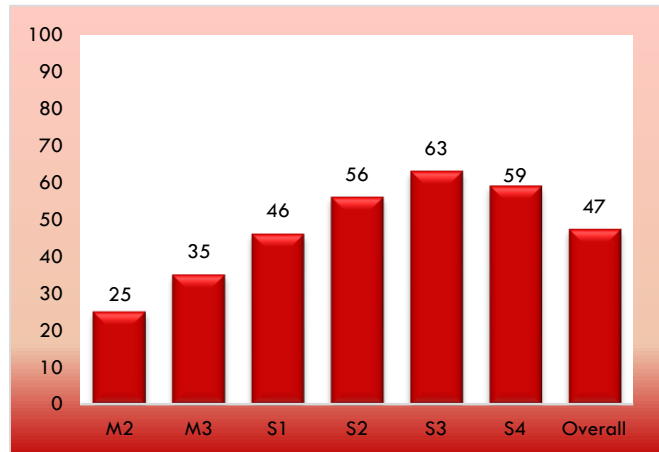


Figure 3.2.35. Peer rewards for antisocial involvement scale by grade level and overall.

Friends' Use of Drugs

Young people who associate with peers who engage in substance use are much more likely to engage in it themselves. This is one of the most consistent predictors identified by research. Even when young people come from well-managed families and do not experience other risk factors, spending time with peers who use drugs greatly increases a youth's risk of becoming involved in such behaviour.

The *Friends' Use of Drugs* scale was developed to measure a component of the risk factor *Friends Who Engage in the Problem Behaviour*. This scale is measured by four survey items:

- ✓ In the past year, how many of your four best friends have smoked cigarettes?
- ✓ In the past year, how many of your four best friends have tried beer, wine, or hard liquor?
- ✓ In the past year, how many of your four best friends have used marijuana?
- ✓ In the past year, how many of your four best friends have used LSD, cocaine, amphetamines, or other illegal drugs?

- Across grade levels, percentile scores for *Friends' Use of Drugs* range from a low of 12 among M2 students to a high of 80 among S4 students.
- In 2011, across grade levels, percentile scores for *Friends' Use of Drugs* range from a low of 18 among M2 students to a high of 81 among S4 students.
- Overall, students received a percentile score of 50 on the *Friends' Use of Drugs* scale compared to a score of 54 in 2011.

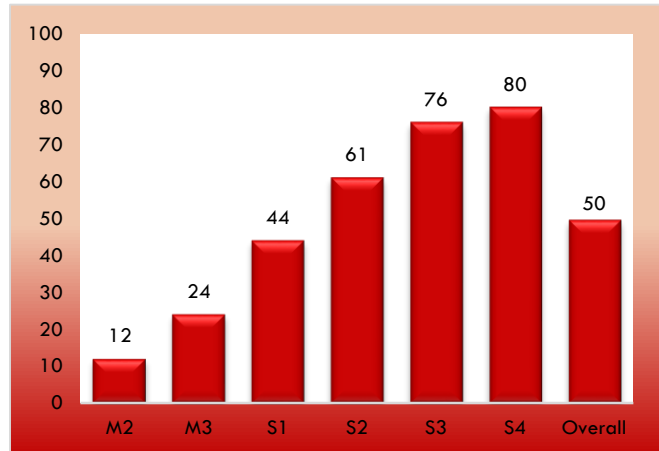


Figure 3.2.36. Friends' use of drugs scale by grade level and overall.

This would suggest less students felt their friends were using drugs.

Friends' Delinquent Behaviour

Young people who associate with peers who engage in delinquent behaviour are much more likely to engage in delinquent behaviour themselves. This is one of the most consistent predictors identified by research. Even when young people come from well-managed families and do not experience other risk factors, spending time with peers who engage in delinquent behaviour greatly increases the risk of their becoming involved in delinquent behaviour.

The *Friends' Delinquent Behaviour* scale was developed to measure a component of the risk factor *Friends Who Engage in the Problem Behaviour*. This scale is measured by six survey items:

- ✓ In the past year, how many of your four best friends have:
 - ✓ Been suspended from school?
 - ✓ Carried a handgun?
 - ✓ Sold illegal drugs?
 - ✓ Stolen or tried to steal a motor vehicle?
 - ✓ Been arrested?
 - ✓ Dropped out of school?

Elevated scores can indicate that students are interacting with more antisocial peers than average. Low scores can suggest that students' delinquent behaviour is not strongly influenced by their peers.

- Across grade levels, percentile scores for Friends' Delinquent Behaviour range from a low of 9 among M2 students to a high of 26 among S2 students.
- Across grade levels, percentile scores for *Friends' Delinquent Behaviour* range from a low of 10 among M2 students to a high of 36 among S2 students.
- Overall, students received a percentile score of 19 on the *Friends' Delinquent Behaviour* scale, a decrease of 5 percentage points from the score of 24 observed in 2011.

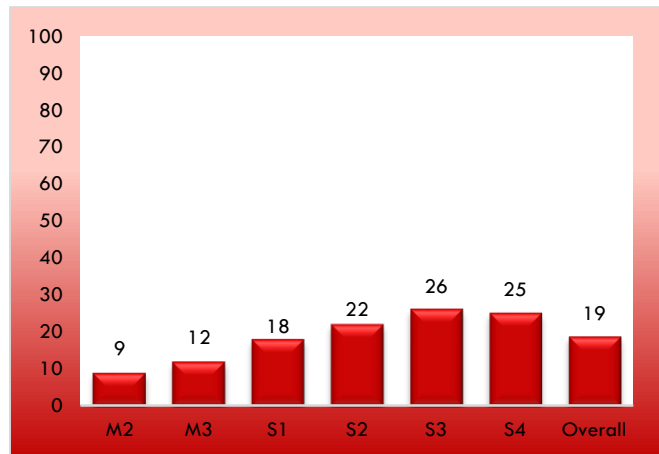


Figure 3.2.37. Friends' delinquent behaviour scale by grade level and overall.

Low Perceived Risks of Drug Use

The perception of harm from drug use is related to both experimentation and regular use. The less harm that an adolescent perceives as the result of drug use, the more likely it is that he or she will use drugs.

The *Low Perceived Risks of Drug Use* scale was developed to measure a component of the risk factor *Favourable Attitudes toward Problem Behaviour*. This scale is measured by four survey items:

How harmful is each of the following to your health?

- ✓ Smoking cigarettes frequently.
- ✓ Drinking alcoholic beverages frequently.
- ✓ Smoking marijuana sometimes.
- ✓ Smoking marijuana frequently.

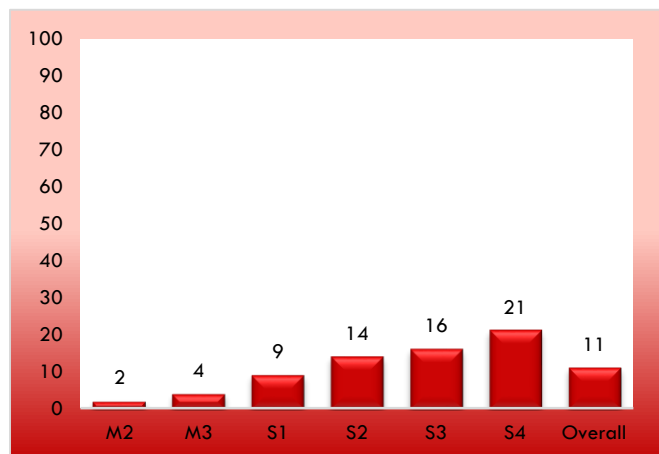


Figure 3.2.38. Low perceived risks of drug use scale by grade level and overall.

An elevated score can indicate that students are not aware of, or do not comprehend, the possible harm resulting from drug use.

- Across grade levels, percentile scores for *Low Perceived Risks of Drug Use* range from a low of 2 among M2 students to a high of 21 among S3 students.
- In 2011, across grade levels, percentile scores for *Low Perceived Risks of Drug Use* range from a low of 3 among M3 students to a high of 12 among S3 students.
- Overall, students received a percentile score of 11 on the *Low Perceived Risks of Drug Use* scale versus a score of 8 in 2011.

Early Initiation of Drug Use

The initiation of alcohol, tobacco, or other drug use at an early age is linked to a number of negative outcomes. The earlier that experimentation with drugs begins, the more likely it is that experimentation will become consistent, regular use. Early initiation may lead to the use of a greater range of drugs, as well as other problem behaviours. In this current survey, early initiation of drug use is defined as drug use at age 11 years or younger.

The risk factor scale *Early Initiation of Drug Use* was developed to measure a component of the risk factor *Early Initiation of Problem Behaviour*. This scale is measured by survey items that ask when drug use began.

- Across grade levels, percentile scores for *Early Initiation of Drug Use* range from a low of 12 among S4 students to a high of 30 among M2 students.
- In 2011, across grade levels, percentile scores for *Early Initiation of Drug Use* range from a low of 6 among S4 students to a high of 69 among M2 students.
- Overall, students received a percentile score of 19 on the *Early Initiation of Drug Use* scale compared to a score of 31 in 2011.

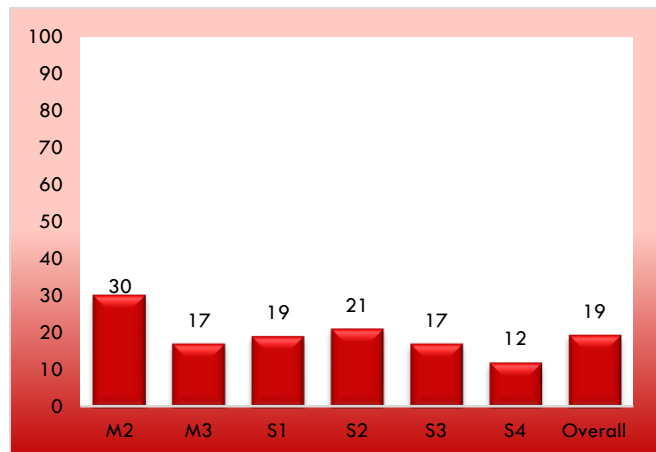


Figure 3.2.39. Early initiation of drug use scale by grade level and overall.

Intention to Use

The intended use of alcohol and drugs later in life was assessed by asking students their intent to participate in certain behaviours when they become adults. This information may be helpful in stopping substance use behaviour before it starts. Prevention specialists are encouraged to review grade level results which may be predictive of future substance use behaviours.

The risk factor scale *Intention to Use* is measured by three survey items:

- ✓ When I am an adult I will smoke cigarettes.
- ✓ When I am an adult I will drink beer, wine, or liquor.
- ✓ When I am an adult I will smoke marijuana.

- Across grade levels, percentile scores for *Early Initiation of Drug Use* range from a low of 3 among M2 students to a high of 22 among S2 students.
- Across grade levels, percentile scores for *Early Initiation of Drug Use* range from a low of 5 among M2 students to a high of 17 among S2 students.
- Similar to 2011, overall, students received a percentile score of 12 on the *Intention to Use* scale.

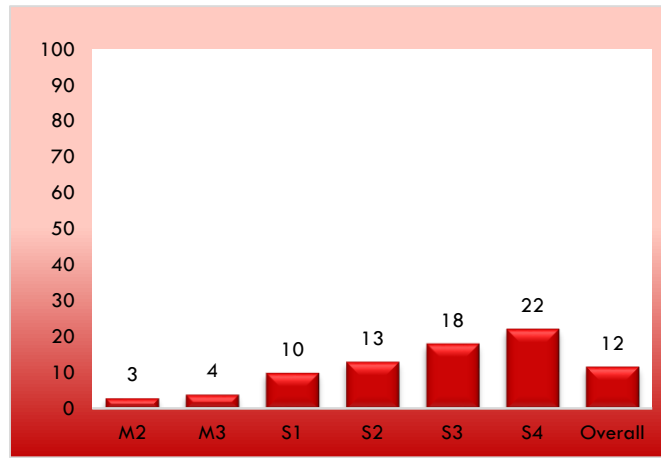


Figure 3.2.40. Intention to use scale by grade level and overall.



CHAPTER 3.3

RESULTS

Outcome Measures

3.3.1 Introduction 105

3.3.2 Measurement 105

3.3.3 Depression 106

3.3.4 Other Antisocial Behaviours 106

3.3.1 Introduction

The following section reports the results of two additional topics of interest from the *Communities That Cares Survey*, that of *Depression and Other Antisocial Behaviours*. Four survey items comprise the *Depression* scale:

- ✓ Sometimes I think that life is not worth it.
- ✓ At times I think I am no good at all.
- ✓ All in all, I am inclined to think that I am a failure.
- ✓ In the past year have you felt depressed or sad MOST days, even if you felt OK sometimes?

Other antisocial behaviours were assessed by the following 11 statements which were preceded by “How many times in the year (the last 12 months) have you...”:

- ✓ Been suspended from school?
- ✓ Carried a Handgun.
- ✓ Sold Illegal Drugs.
- ✓ Stolen or Tried to Steal a Motor Vehicle.
- ✓ Being Arrested.
- ✓ Attacked Someone with the Idea of Seriously Hurting Them.
- ✓ Been Drunk or High at School.
- ✓ Taken a Handgun to School.
- ✓ Stolen Something Worth More than \$5.
- ✓ Purposely Damaged or Destroyed Property that did not Belong to You.
- ✓ Taken Something from a Store Without Paying for It.

3.3.2 Measurement

As with alcohol, tobacco, and other drug use, as well as risk and protective factors, prevalence tables and graphs are presented to illustrate the percentage of students who reported depression and other antisocial behaviours over the past 12 months. Instead of reporting on each item in the *Depression* section, responses to all four questions were summed to create a single score measuring depression. The score is then presented by grade level and overall for all survey respondents.

The outcome measure *Other Antisocial Behaviours* assesses students on various delinquent behaviours they might engage in. For *Other Antisocial Behaviours*, a score was not created. Instead, each statement is reported by percentile for each grade level and overall for all survey respondents.

3.3.3 Depression

The *Depression* scale was designed to measure how students think about life. Research indicates that young people with undiagnosed or behavioural problems often use drugs and alcohol as a way to relieve their frustrations. A depressed teen may self-medicate with drugs or alcohol to escape the sense of hopelessness.³¹

- Across grade levels, percentile scores for *Depression* range from a low of 28 among M2 students to a high of 41 among S4 students.
- In 2011, across grade levels, percentile scores for *Depression* range from a low of 30 among M2 students to a high of 39 among S2 and S4 students.
- Overall, students received a percentile score of 37 on the *Depression* scale (score of 36 in 2011).

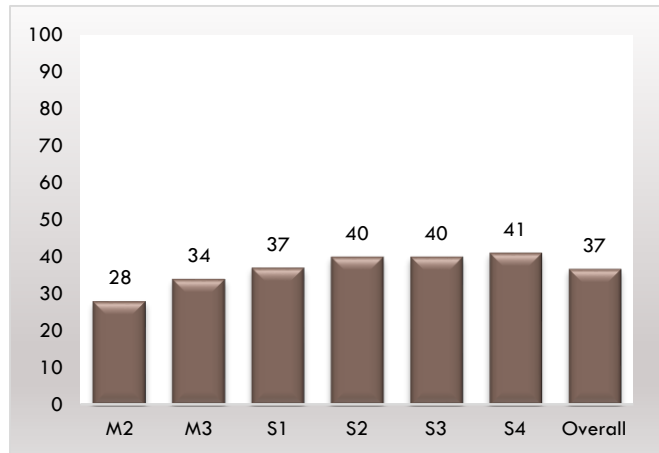


Figure 3.3.1: Depression scale by grade level and overall.

3.3.4 Other Antisocial Behaviours

Overall Results

Other antisocial behaviour prevalence rates for the combined sample of M2 through S4 students are presented in Figure 3.3.2, and in the overall results column of Table 3.3.1. Overall, 9 of 11 antisocial behaviours decreased from 2011. Those behaviours that increased or saw no change in the proportion was “*Taking a Handgun to School*” at 2% (1% in 2011) and “*Stolen a Motor Vehicle*” at 5% (7% in 2011). Across all grades, “*Suspended from School*” was reported at 14% making it the most prevalent of the 11 behaviours, whereas in 2011 “*Attacking Someone with Intent to Seriously Harm*” at 21% was the most prevalent of the 11 behaviours. In the current survey in terms of most prevalent, the categories “*Stolen Something Worth more than \$5*” (13%), and “*Purposely Damaged Property that did not belong to you*” (12%) were the next two prevalent of the 11 behaviours.

³¹ A. M. Libby, H. D. Orton, S. K. Stover, & P. D. Riggs. (2005). What came first, major depression or substance use disorder? Clinical characteristics and substance use comparing teens in a treatment cohort. *Addictive Behaviors* 30(9), 1649-1662. p. 1655.

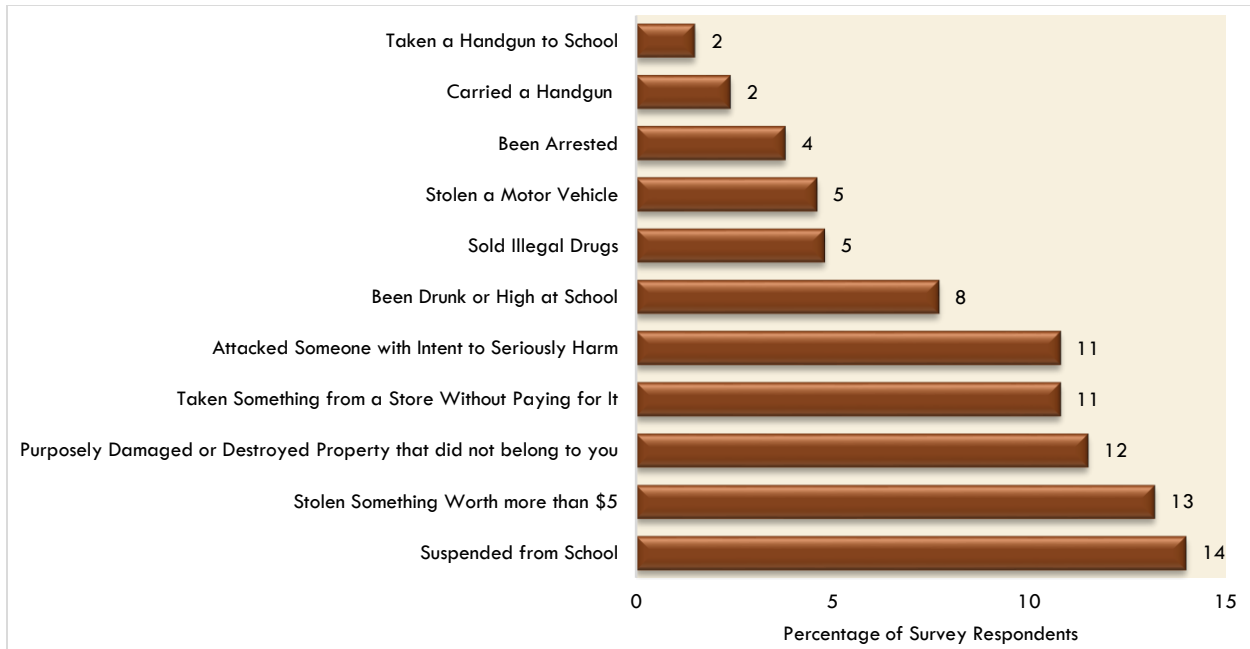


Figure 3.3.2: Overall prevalence of antisocial behaviours.

Grade Level Results

Other antisocial behaviour prevalence rates within individual grades are presented in Figure 3.3.3 and Table 3.3.1. In many communities, these behaviours reveal a complex pattern of changes across grades. Typically, reports of “Being Drunk or High at School” and “Selling Drugs” follow the ATOD model, with prevalence rates increasing through the upper grade levels. In contrast, reports of “Attacking Someone with Intent to Harm”, “Getting Suspended”, and “Being Arrested” often peak in the late middle school or early high school years. Prevention planners should review the other antisocial behaviour profiles within individual grades, with special attention toward behaviours that show a marked deviation from these patterns. Similar proportions and patterns of antisocial behavior was observed in the 2011 survey.

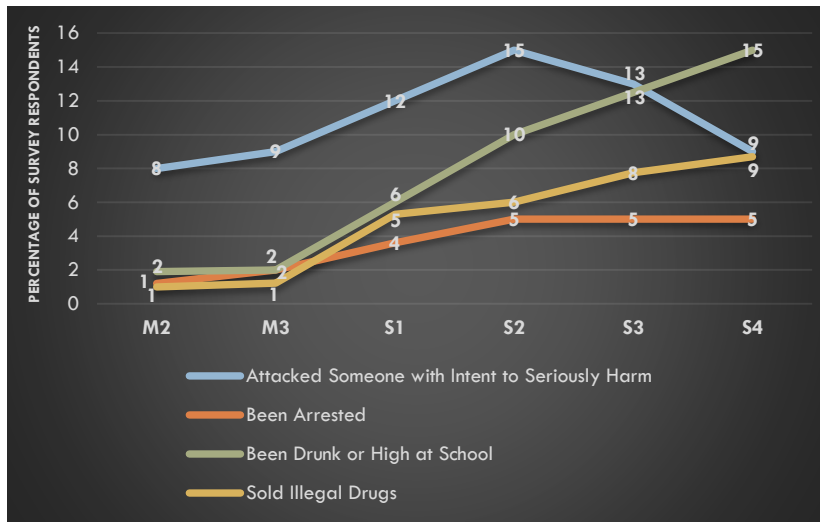


Figure 3.3.3: Prevalence of other antisocial behaviours.

Table 3.3.1
Antisocial Behaviours of Survey Respondents by Grade Level and Overall

Antisocial Behaviours	M2		M3		S1		S2		S3		S4		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Getting Suspended from School	40	9.3	68	14.0	74	14.5	72	16.0	67	16.2	52	13.7	374	14.0
Carrying a Handgun	7	1.3	3	0.6	14	2.7	14	3.1	14	3.4	11	2.9	63	2.4
Sold Illegal Drugs	2	0.5	6	1.2	27	5.3	28	6.3	32	7.7	33	8.7	128	4.8
Attempting to Steal a Motor Vehicle	7	1.6	11	2.3	31	0.1	30	6.7	23	5.6	22	5.8	124	4.6
Being Arrested	6	1.4	10	2.1	22	4.3	24	5.4	22	5.4	18	4.7	102	3.8
Attacked Someone with Intent to Seriously Harm	34	7.9	44	9.0	61	12.0	65	14.5	52	12.7	34	9.1	289	10.8
Being Drunk or High at School	2	0.5	12	2.5	30	5.9	46	10.2	55	13.3	56	14.8	206	7.7
Taking a Handgun to School	2	0.5	2	0.4	11	2.1	6	1.3	11	2.7	7	1.9	39	1.5
Stolen Something Worth More Than \$5	29	6.7	47	9.6	87	17.0	74	0.2	62	15.0	53	14.0	352	13.2
Purposely Damaged or Destroyed Property That Did not Belong to You	40	9.3	45	9.2	50	11.7	75	16.7	50	12.1	38	10.0	308	11.5
Taken Something from a Store Without Paying for It	30	7.0	41	8.4	60	0.12	60	13.3	52	12.7	46	12.2	289	10.8
Average	18	4.2	26	5.4	42	6.9	44	8.5	40	9.7	33	8.9	289	10.8

Attacking Someone with Intent to Harm

“Attacking someone with intent to harm” is measured by the question “How many times in the past year (12 months) have you attacked someone with the idea of seriously hurting them?” The question does not ask specifically about the use of a weapon; therefore, occurrences of physical fighting without weapons will be captured with this question.

- Prevalence rates for “Attacking Someone with Intent to Harm” range from a low of 8.0% among M2 students to a high of 15.0% among S2 students.
- In 2011, prevalence rates for “Attacking Someone with Intent to Harm” range from a low of 11.3% among M2 students to a high of 28.1% among S2 students.
- Overall, 10.8% of students reported having attacked someone with intent to harm in the past year (20.7% in 2011).

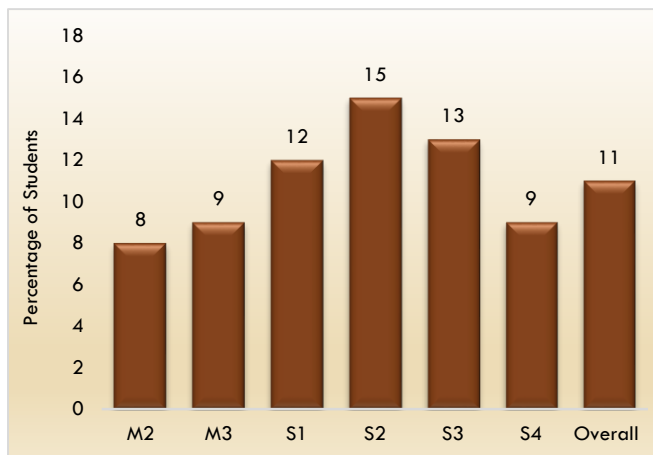


Figure 3.3.4: Attacking someone with the intent to harm.

Attempting to Steal a Motor Vehicle

Vehicle theft is measured by the question “How many times in the past year (12 months) have you stolen or tried to steal a motor vehicle such as a car or motorcycle?”

- Prevalence rates for “Attempting to Steal a Vehicle” range from a low of 1.6% among M2 and M3 students to a high of 6.7% among S2 students.
- In 2011, prevalence rates for “Attempting to Steal a Vehicle” range from a low of 2.3% among M2 students to a high of 11.8% among S2 students
- Overall, 4.6% of students reported having attempted to steal a vehicle in the past year which is a 2.0% decrease from 6.6% observed in 2011.

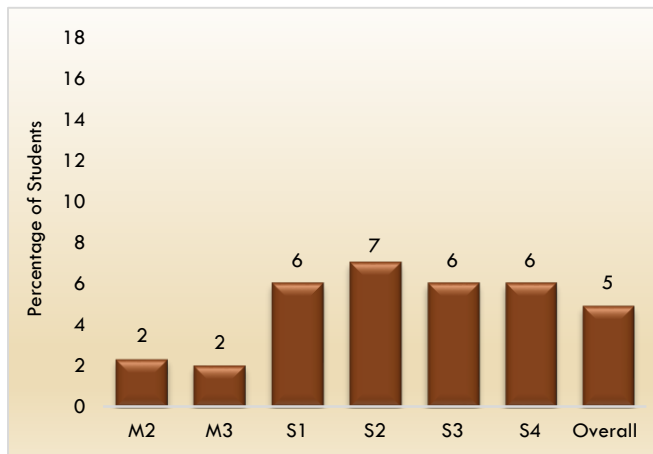


Figure 3.3.5: Stolen or tried to steal a motor vehicle such as a car or motorcycle.

Being Arrested

Any student experience with “being arrested” is measured by the question “How many times in the past year (12 months) have you been arrested?” Note that the question does not define “arrested.” Rather, it is left to the individual respondent to define. Some youths may define any contact with police as an arrest, while others may consider that only an official arrest justifies a positive answer to this question.

- Prevalence rates for “Being Arrested” range from a low of 1.4% among M2 students to a high of 5.4% among S2, S3 and S4 students.
- In 2011, prevalence rates for “Being Arrested” range from a low of 1.2% among M2 students to a high of 6.8% among S2 students.
- Overall 3.8% (versus 4.0 in 2011) of students reported having been arrested in the past year.

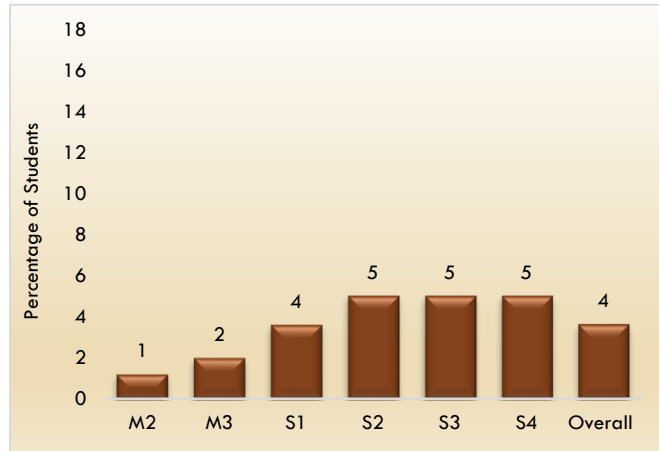


Figure 3.3.6: Been arrested.

Being Drunk or High at School

Having been “drunk or high at school” is measured by the question “How many times in the past year (12 months) have you been drunk or high at school?”

- Prevalence rates for “Being Drunk or High at School” range from a low of 1.6% among M2 students to a high of 14.8% among S2 students.
- In 2011, prevalence rates for “Being Drunk or High at School” range from a low of 1.9% among M2 students to a high of 14.9% among S2 students.
- Overall, 7.7% of students reported having been drunk or high at school in the past year, a 1.4% decreased from 2011 (9.1% in 2011).

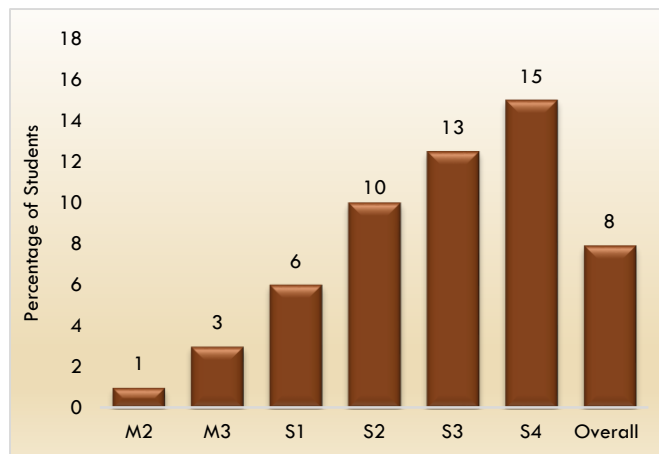


Figure 3.3.7: Drunk or high at school.

Carrying a Handgun

“Carrying a handgun” is measured by the question “How many times in the past year (12 months) have you carried a handgun?”

- Prevalence rates for “Carrying a Handgun” range from a low of 1.6% among M2 students to a high of 3.4% among S1 students.
- In 2011, prevalence rates for “Carrying a Handgun” range from a low of 1.5% among M2 students to a high of 3.4% among S3 students.
- Overall, 2.4% of students reported having carried a handgun in the past year versus 2.9% in 2011.

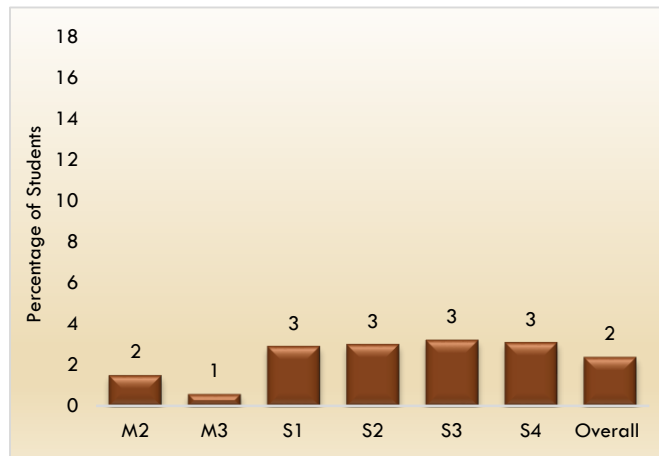


Figure 3.3.8: Carrying a handgun.

Getting Suspended from School

Suspension is measured by the question “How many times in the past year (12 months) have you been suspended from school?” Note that the question does not define “suspension.” Rather, it is left to the individual respondent to make that definition. School suspension rates vary substantially from school to school. Therefore, these rates should be interpreted by someone knowledgeable about local school suspension policy.

- Prevalence rates for “Getting Suspended” range from a low of 9.3% among M2 students to a high of 16.2% among S3 students.
- In 2011, prevalence rates for “Getting Suspended” range from a low of 11.4% among M2 and M3 students to a high of 22.8% among S2 students.
- Overall, 14.1% of students reported having been suspended in the past year a 2.1% decrease from 2011 (16.2% in 2011).

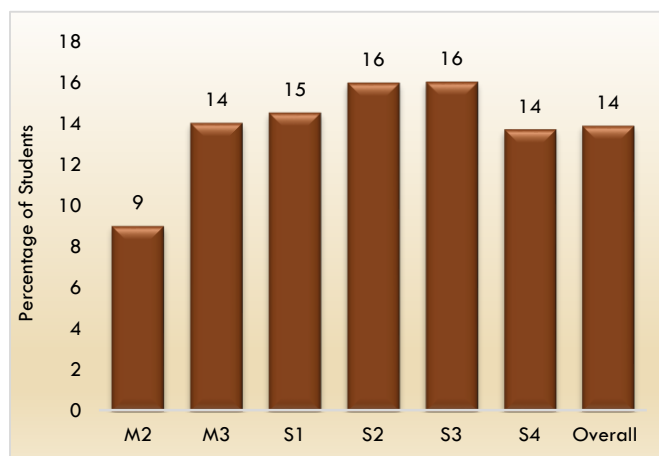


Figure 3.3.9: Getting suspended from school.

Sold Illegal Drugs

Selling drugs is measured by the question “How many times in the past year (12 months) have you sold illegal drugs?” Note that the question asks about, but does not define or specify, “illegal drugs.”

- Prevalence rates for selling drugs range from a low of 0.5% among M2 students to a high of 8.7% among S4 students.
- In 2011, prevalence rates for selling drugs range from a low of 1.1% among M3 students to a high of 9.4% among S2 students.
- Overall 4.8% (versus 5.1% in 2011) of students reported having sold drugs in the past year.

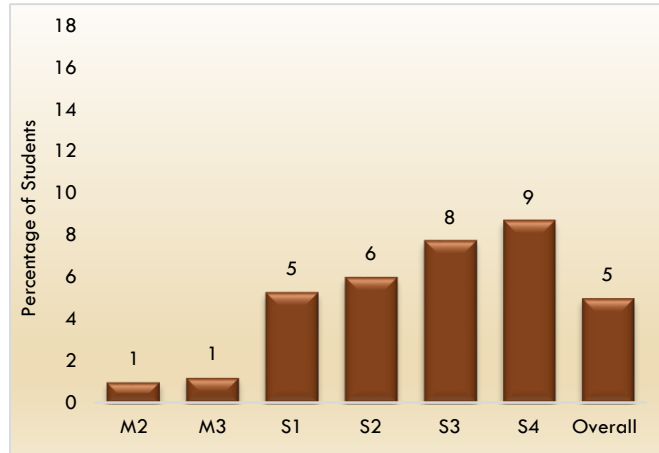


Figure 3.3.10: Sold illegal drugs.

Taking a Handgun to School

“Taking a handgun to school” is measured by the question “How many times in the past year (12 months) have you taken a handgun to school?”

- Prevalence rates for “Taking a Handgun a Handgun to School” range from a low of 0.5% among M2 and M3 students to a high of 2.7% among S2 students.
- In 2011, prevalence rates for “Taking a Handgun a Handgun to School” range from a low of 0.6% among M3 students to a high of 3.0% among S2 students.
- Similarly as seen in 2011, 1.4% of students reported having taken a handgun to school in the past year.

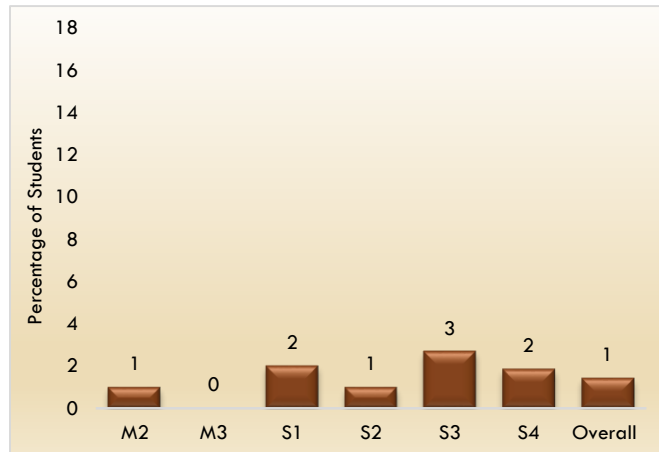


Figure 3.3.11: Taking a handgun to school.

Stolen Something Worth More Than \$5

“Stealing something worth more than \$5 “is measured by the question “How many times in the past year (12 months) have stolen something worth more than \$5?”

- Prevalence rates for “Stolen something Worth More Than \$5” range from a low of 6.7% among M2 students to a high of 17.0% among S2 students.
- In 2011, prevalence rates for “Stolen something Worth More Than \$5” range from a low of 7.3% among M2 students to a high of 22% among S2 students.
- Overall, 13.2% of students reported stealing something worth more than \$5 in the past year, a 2.1% decrease since 2011 (15.3% in 2011).

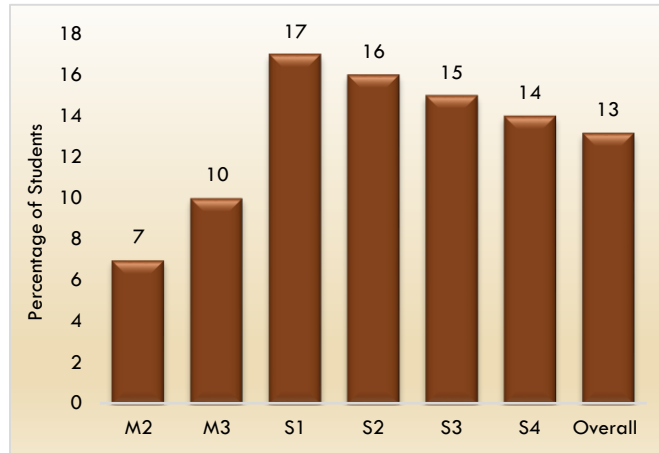


Figure 3.3.12: Stolen something worth more than \$5.

Purposely Damaged or Destroyed Property that Did Not Belong to You

“Purposely Damaged or Destroyed Property that Did Not Belong to You” is measured by the question “How many times in the past year (12 months) have you purposely damaged or destroyed property that did not belong to you (not counting family property)?”

- “Purposely Damaged or Destroyed Property that Did Not Belong to You” ranges from a low of 9.3% among M2 to a high of 16.7% among S2 students.
- In 2011, “Purposely Damaged or Destroyed Property that Did Not Belong to You” ranges from a low of 9.1% among M2 to a high of 22.3% among S2 students.
- Overall, 11.5% of students reported having purposely damaged or destroyed property that did not belong to them in the past year, a 3.5% decrease from 2011 (15.0% in 2011).

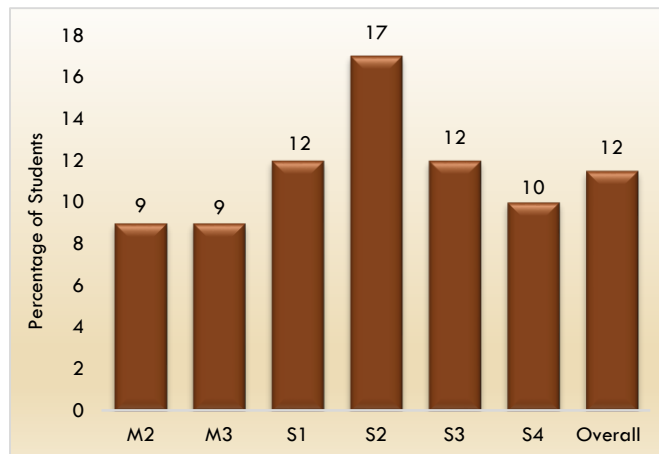


Figure 3.3.13: Purposely damaged or destroyed property that did not belong to you.

Taken Something from a Store without Paying for It

“Taken Something from a Store Without Paying for It” is measured by the question “How many times in the past year (12 months) have you taken something from a store without paying for it?”

- “Taken Something from a Store Without Paying for It” ranges from a low of 6.9% among M2 students to a high of 13.3% among S2 students.
- In 2011, “Taken Something from a Store Without Paying for It” ranges from a low of 8.1% among M2 students to a high of 22.1% among S2 students.
- Overall, 10.8% of students reported having taken something from a store without paying for it in the past year, a decrease of 4.9% since 2011 (15.7% in 2011).

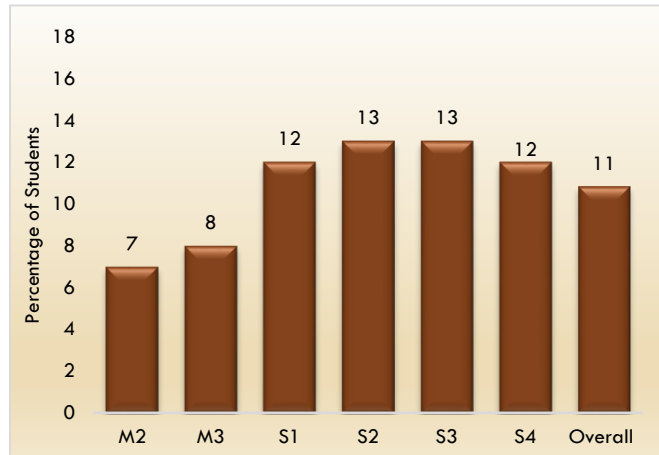
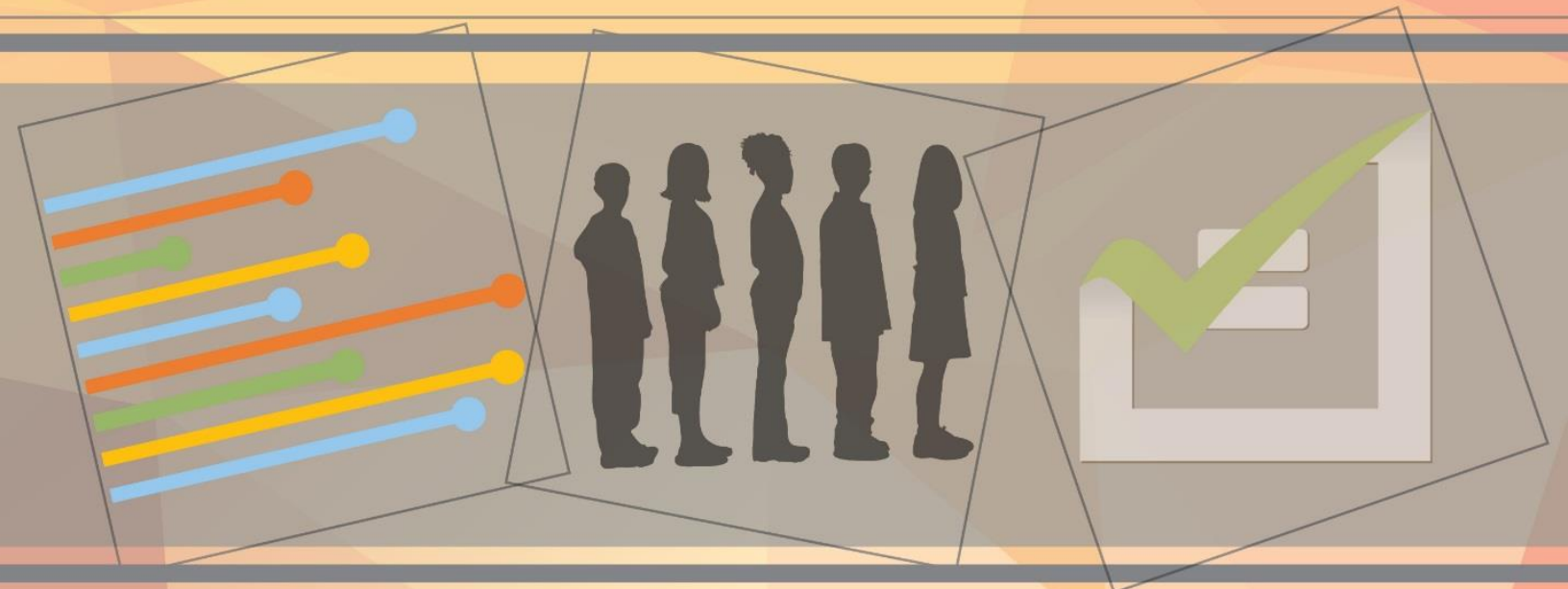


Figure 3.3.14: Taken something from a store without paying for it.



CHAPTER 4

Discussion

4.1 Discussion of Findings

The Good News

This latest administration of the National School Survey on alcohol, tobacco, other drug use, and health attitudes among M2, M3, and S1 to S4 students continues to show encouraging results, with decreasing use of alcohol and energy drinks and overall a decline in the number of students who said they have used at least one drug in their lifetime; a significant increase in the number of students who perceived smoking cigarettes to be harmful; no earlier age of initiation or onset of drug use; and a general overall increase in almost all protective factors, and a decrease in a number of risk factors.

Since 2007 binge drinking episodes among Bermuda's students has continued to decrease, with 7.0% of the students admitting to binge drinking within the past two weeks prior to the current survey. Non-medical prescription drug use was very low and there remains very little evidence of the use of synthetic drugs. The use of illegal drugs such as crack, cocaine, ecstasy, and heroin remain low amongst youth. Attitudes around marijuana use and availability remain unchanged in that students admit that they view its use to be least harmful compared to other substances and it is easily accessible.

While no single pattern of substance use initiation and escalation can describe the experience of all substance users, there is a general pattern that describes the experiences of many persons. From a population perspective, this general pattern of substance use onset and change over time appears to be linked to developmental transitions that occur from early adolescence to young adulthood. The survey results indicate that the age of onset of students' use of alcohol, cigarettes, and marijuana has remained stable over the past eight years. As suggested in the literature, grade level results in the present survey demonstrate that experimentation in the initial stage may eventually lead to substance use progression; as a number of students said they are being offered to buy or use substances.

Social factors play a primary and fundamental role in promoting the initiation of substance use among adolescents. Social influences can come from a variety of sources, including peers, family (parents and older siblings), and the mass media. In the current survey, students' average level of protection remained the same at 70%. The three highest proportions reflected in the protective factor results were scales related to providing community opportunities for prosocial involvement as well as the interaction with prosocial or positive peers and the provision of peer rewards for prosocial or positive involvement. In other words, if students are able to participate in sports, clubs, and other community-based activities and also have friends who participate in these prosocial behaviours, they are more likely to delay substance use and problem behaviours. This is especially true if they receive rewards or positive affirmations from their friends.

The average level of risk for all students was reported at 24%, approximately 2% lower risk than that reported in 2011 (55% lower risk reported in 2007). Extended levels of risk were observed for "peer rewards for antisocial behavior", "early initiation of drug use", and "laws and norms

favorable to handguns” suggesting that both social and environmental factors may be acting to increase the likelihood of students using drugs and engaging in delinquent behaviors. The level of “*religiosity*” and “*belief in moral order*” have remained somewhat stable, remaining the two lowest protective factors, over the past four years. Literature indicates that adolescents, who perceive religion as important in their lives, may lower their likelihood of cigarette smoking, heavy alcohol drinking, and marijuana use.

Areas of Concern

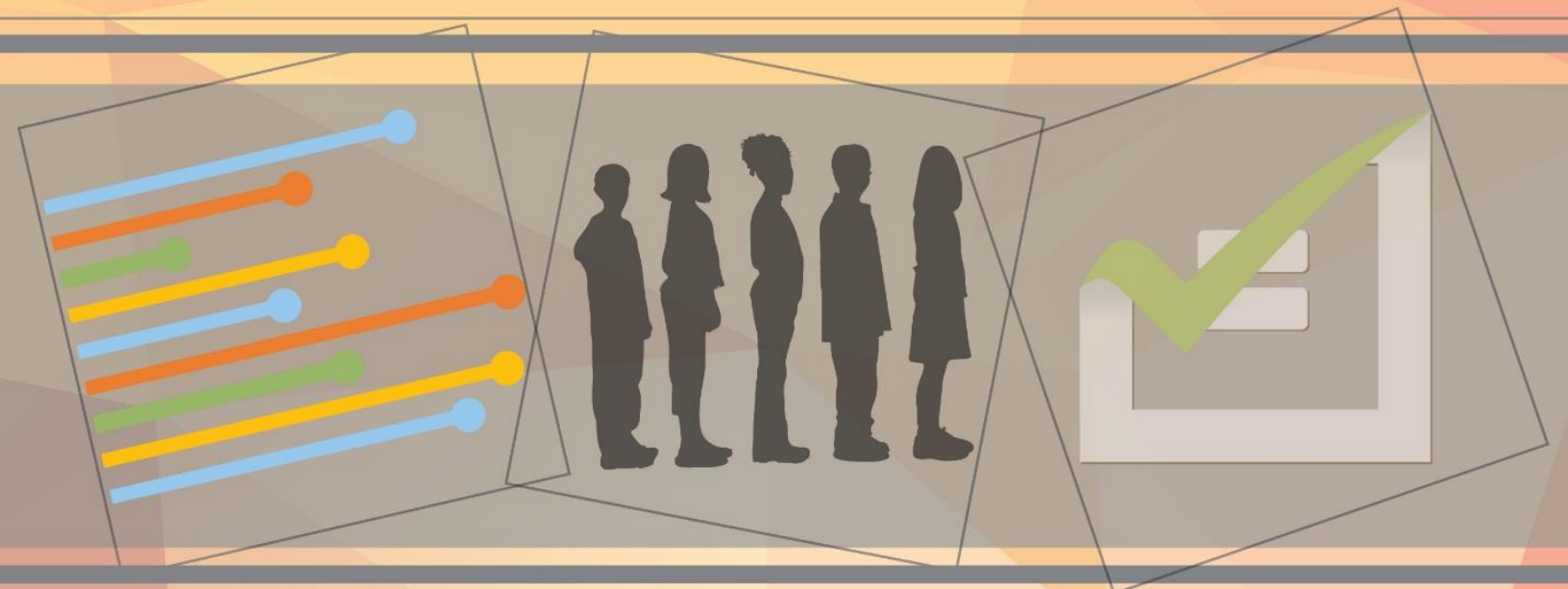
The survey highlighted growing concerns over the relatively high proportion of students who have tried marijuana, inhalants, and cigarettes, especially among older students. An increase in marijuana use over the past four years indicates the work of substance use prevention is ever more important. The findings show significant age and gender differences in the prevalence of alcohol, tobacco (cigarettes), and marijuana use. The observed differences in prevalence-of-use according to age, continues to be most apparent with the use of marijuana. In the analysis of current marijuana use, M2 students reported a lower proportion (0.4%) of use than did S4 students (29.5%). A lower proportion of use was also observed among M2 students when compared to S4 students, for other substances of use such as alcohol, cigarettes, and binge drinking. Given that 39.9% of the students said it was “easy” to obtain marijuana and 18.9% indicated they were offered to buy or use marijuana in the last 30 days and that 63.2% of the students who said it was “easy” to obtain alcohol and 20.9% said they were offered to buy or use alcohol in the past 30 days, access to alcohol and other drugs does not appear to be difficult for some youth. Decreasing access to and availability of alcohol and marijuana may delay onset and early initiation of these two substances.

There appears to be worrying data related to the environment in which alcohol, tobacco, and drug use occurs. Students in the current survey seem to recognise the harmful consequences of smoking cigarettes frequently; however; an alarming number of students admitted to tobacco products being smoked in their homes (16%) and in a vehicle (9%) in which they were a passenger. Additionally, there were a number (n=577) of students who admitted to riding in a vehicle driven by someone who had been drinking alcohol. Regarding the physical school environment, a majority of students believe that there are drugs in the area surrounding or next to their school (46%) or at their school (39%) and students felt there were students who bring, try, or deal with drugs at their school (39%) or outside the school (38%).

Literature further suggests that young people who have friends who smoke, drink, or use drugs are more likely to become substance users themselves due to factors such as the need for peer acceptance, modeling of behaviour, and increased availability of substances. Results from the present survey reinforce this theory as 22.3% of the students indicated their “*four best friends*” used drugs or sold illegal drugs (14.7%), while a number of them said that there are friends who will not disapprove (18.7%) nor convince another to stop smoking marijuana (20.2%). Similarly, parents or older siblings may model substance use behaviour and transmit positive messages and attitudes regarding substance use. Students were of the opinion that their parents/guardians would be extremely upset if they came home tipsy/drunk or if they discovered they were smoking marijuana.

This, coupled with indications that a relatively low level of risk was observed when it came to “*parental attitudes favorable toward ATOD use*” (meaning that majority of students felt their parents did not hold positive views toward ATOD use), and combined with similarly low proportions in the “*poor family management*” and “*low perceived risks of drug use*” scales, indicate that students have a high level of protection in the family and peer domains, which was also observed in the 2011 survey.

The National School Survey 2015 was implemented to assess alcohol, drug consumption, and health attitudes, as well as to identify the current levels of protection and risk among middle and senior school students in Bermuda. Data limitations do not allow one to make assumptions as to the reasons students responded as they did, or determine the causal mechanisms. The outcomes presented in this report are consistent with prevalence-of-use rates observed in other countries and indicate that substance use remains a public health concern among school aged youth in Bermuda.



APPENDICES

A. Demographic Trends: 2003, 2007, and 2011	123
B. Enrolment and Respondents by School and Grade	144
C. Trend Analysis of ATOD Use: 2007 and 2011	125
D. Risk and Protective Factor Results: 2007 and 2011	127
E. Public vs. Private School Comparison on Substance Use	133
F. Questionnaire	135

APPENDIX A
Demographic Trends: 2003, 2007, 2011, and 2015

		Number of Students				Percentage of Students			
		2003	2007	2011	2015	2003	2007	2011	2015
Sex	TOTAL	2,966	2,977	3,182	3,017	100.0	100.0	100.0	100.0
	Male	1,322	1,356	1,463	1,384	44.6	45.2	46.0	45.9
	Female	1,615	1,613	1,685	1,592	54.5	53.8	53.0	52.8
	Not Stated	29	28	34	41	1.0	0.9	1.1	1.4
Grade	M2	544	586	597	490	18.3	19.6	18.8	16.2
	M3	592	598	553	547	20.0	20.0	17.4	18.1
	S1	581	600	578	584	19.6	20.0	18.2	19.4
	S2	548	490	566	511	18.5	16.3	17.8	16.9
	S3	412	386	465	457	13.9	12.9	14.6	15.1
	S4	259	309	383	427	8.7	10.3	12.0	14.0
	Not Stated	30	28	40	1	1.0	0.9	1.3	0.0
	Age¹								
10-11	...	...	107	88	...	...	3.3	2.9	
12	...	...	527	460	...	...	16.6	15.2	
13	...	...	517	516	...	...	16.2	17.1	
14	...	...	537	477	...	...	16.9	15.8	
15	...	...	511	476	...	...	16.1	15.8	
16	...	...	461	440	...	...	14.5	14.6	
17	...	...	305	342	...	...	9.6	11.3	
18	...	...	32	34	...	...	1.0	1.1	
19	...	...	6	4	...	...	0.2	0.1	
Not Stated	...	...	179	180	...	...	5.6	6.0	
Race	Black	1,791	1,884	1,994	1,596	60.4	62.9	62.7	52.9
	White	555	448	511	583	18.7	14.9	16.1	19.3
	Portuguese	200	188	164	171	6.7	6.3	5.2	5.7
	Asian or Pacific Islander	37	41	48	48	1.2	1.4	1.5	1.6
	Mixed	150	175	323	539	5.1	2.8	10.2	17.9
	Other	205	233	118	64	6.9	7.8	3.7	2.1
	Not Stated	28	28	24	16	0.9	0.9	0.8	0.5
	Language²								
English	...	2,813	3,052	..	...	94.5	95.9	..	
Portuguese	...	61	46	..	...	2.0	1.4	..	
Another Language	...	61	46	..	...	2.0	1.4	..	
Not Stated	...	44	38	..	...	1.5	1.2	..	

Notes:

¹ In both 2003 and 2007, data was not analysed by age of respondent.

² In 2003, the language demographic characteristic was not analysed (... means not available); and in 2015 it was not asked as part of the questionnaire (... means not applicable).

APPENDIX B

Enrolment and Respondents by School and Grade

Schools	Enrolment							Respondents						
	M2	M3	S1	S2	S3	S4	Total	M2	M3	S1	S2	S3	S4	Total
Public Schools	342	332	397	333	292	248	1,944	291	297	322	293	250	227	1,680
Middle Schools Total	342	332	-	-	-	-	674	291	297	-	-	-	-	588
1. Clearwater Middle School	34	48	-	-	-	-	82	32	44	-	-	-	-	76
2. Dellwood Middle School	89	45	-	-	-	-	134	74	43	-	-	-	-	117
3. Sandys Secondary Middle School ¹	61	85	-	-	-	-	146	44	66	-	-	-	-	110
4. TN Tatem Middle School	70	70	-	-	-	-	140	64	64	-	-	-	-	128
5. Whitney Institute Middle School	88	84	-	-	-	-	172	77	80	-	-	-	-	157
Senior Schools Total	-	-	397	333	292	248	1,270	-	-	322	293	250	227	1,092
6. The Berkley Institute	-	-	210	181	174	124	689	-	-	179	145	142	123	589
7. Cedarbridge Academy	-	-	187	152	118	124	581	-	-	143	148	108	104	503
Special School Total	-	-	-	-	4	1	5	-	-	-	-	-	-	-
The Education Centre	-	-	-	-	4	1	5	-	-	-	-	-	-	-
Private Schools Total	276	264	273	222	220	202	1,457	190	244	252	204	196	178	1,264
8. Bermuda High School for Girls	60	57	54	42	53	30	296	57	51	52	41	51	30	282
9. Bermuda Institute	27	17	26	22	26	32	150	25	15	24	21	24	24	133
10. Mount Saint Agnes Academy	22	25	31	27	29	31	165	21	24	30	26	28	30	159
11. Saltus Grammar School	60	67	65	53	58	53	356	55	57	53	41	42	41	289
12. Somersfield Academy ¹	34	27	27	14	-	-	102	32	27	26	13	-	-	98
13. Warwick Academy	73	71	70	64	54	56	388	-	70	67	62	51	53	303
Home Schools² Total														
			95							73				73
TOTAL							N = 3,501							n = 3,017

Notes:

¹Somersfield Academy does not have students enrolled in grades S₃ and S₄.

²Enrolment and respondents for the 16 Home Schools were grouped because of the low count for each grade level.

APPENDIX C

Trend Analysis of ATOD Use: 2007 and 2011

Lifetime Use of ATODs and Energy Drink by Grade Level of Survey Respondents (Percentage)

ATODs ¹	Grade Level/Year												Overall	
	M2		M3		S1		S2		S3		S4		2007	2011
	2007	2011	2007	2011	2007	2011	2007	2011	2007	2011	2007	2011		
Alcohol	38.4	24.5	58.1	40.9	70.6	52.6	78.3	68.4	81.7	76.6	86.8	79.9	66.9	54.9
Cannabis Resin	..	0.8	..	1.1	..	4.2	..	6.4	..	5.2	..	7.3	..	3.9
Cigarettes	7.8	3.2	15.7	6.5	24.9	9.0	23.7	14.1	30.9	16.3	34.8	18.0	21.9	10.7
Cocaine	0.2	0.3	0.3	0.5	1.7	0.7	1.3	0.2	0.5	0.6	0.3	1.3	0.8	0.6
Crack	..	0.5	..	0.9	..	0.3	..	0.7	..	0.4	..	0.8	..	0.6
Ecstasy	0.9	0.3	0.9	0.2	1.2	1.0	0.8	1.2	1.3	1.5	3.0	1.3	1.3	0.9
Hallucinogens	..	0.3	..	0.2	..	0.7	..	1.1	..	0.9	..	1.6	..	0.7
Hashish	..	0.3	..	0.0	..	1.9	..	3.0	..	3.4	..	3.7	..	1.9
Heroin	0.5	0.2	0.7	0.5	0.7	0.7	0.8	0.2	0.3	0.2	0.0	0.5	0.5	0.4
Inhalants	15.2	14.6	12.9	14.1	14.3	16.3	8.2	12.0	5.8	6.9	5.0	6.3	10.8	12.1
Marijuana	3.5	4.9	14.2	6.0	23.1	21.3	29.1	28.3	42.0	36.1	42.1	40.2	23.9	21.2
Any Illicit Drug (Other than Marijuana)	15.1	1.5	13.4	2.5	15.8	1.4	9.2	2.3	7.3	1.9	7.1	2.3	11.9	1.9
Energy Drinks	..	54.1	..	65.6	..	65.2	..	73.9	..	68.4	..	70.2	..	65.5

Current Use of ATODs and Energy Drinks by Grade Level of Survey Respondents (Percentage)

ATODs ¹	Grade Level												Overall	
	M2		M3		S1		S2		S3		S4		2007	2011
	2007	2011	2007	2011	2007	2011	2007	2011	2007	2011	2007	2011		
Alcohol	12.9	3.0	24.5	6.5	36.5	15.9	45.2	26.3	57.3	32.0	63.4	41.0	37.5	19.1
Binge Drinking	7.4	1.2	12.9	0.2	18.2	9.3	21.6	11.7	32.7	17.2	36.4	20.1	20.0	9.5
Cigarettes	1.0	0.3	1.9	1.6	5.0	1.7	4.4	3.7	7.4	3.4	9.6	5.5	4.5	2.5
Cocaine	0.2	0.2	0.3	0.4	0.7	0.3	0.2	0.2	0.3	0.0	0.0	0.3	0.3	0.2
Crack	..	0.2	..	0.0	..	0.2	..	0.0	..	0.0	..	0.3	..	0.1
Ecstasy	0.5	0.2	0.3	0.0	0.5	0.7	0.2	0.0	0.5	0.2	0.7	0.3	0.5	0.2
Heroin	0.2	..	0.3	..	0.2	..	0.4	..	0.3	..	0.3	..	0.3	..
Inhalants	6.6	2.8	4.5	3.8	3.6	3.6	1.5	1.4	1.6	0.6	1.3	1.3	3.4	2.4
Marijuana	0.9	1.7	5.8	1.3	11.7	8.1	15.9	11.3	26.5	14.0	21.5	14.4	12.8	7.9
Any Illicit Drug (Other than Marijuana)	6.9	0.3	4.9	0.2	4.8	0.2	2.1	0.7	2.1	0.0	2.3	0.0	4.2	0.3
Energy Drinks	..	26.1	..	31.8	..	31.3	..	37.1	..	31.6	..	34.2	..	31.7

APPENDIX D
Risk and Protective Results: 2007 and 2011

Protective Factor Scales by Grade Level of Survey Respondents

Domain	Scale	M2	M3	S1	S2	S3	S4	All
Community Domain	Community Rewards for Prosocial Involvement							
	2007	46	41	49	43	50	51	46
	2011	75	74	68	67	65	63	69
	Community Opportunities for Prosocial Involvement							
	2003	..	..	..	..	..	..	..
	2011	39	37	43	39	45	43	41
Family Domain	Family Attachment							
	2007	56	49	52	49	47	53	51
	2011	86	83	77	73	76	73	78
	Family Opportunities for Prosocial Involvement							
	2007	54	47	49	50	45	54	50
	2011	83	78	72	69	70	70	74
	Family Rewards for Prosocial Involvement							
2007	59	55	55	53	54	57	56	
2011	92	89	82	79	81	9	84	
School Domain	School Opportunities for Prosocial Involvement							
	2007	50	46	40	44	44	47	45
	2011	89	89	83	79	80	85	84
	School Rewards for Prosocial Involvement							
	2007	58	54	55	56	56	62	56
2011	91	85	82	79	81	81	83	
Peer Individual Domain	Reward for Prosocial Involvement							
	2007	..	..	..	..	..	..	..
	2011	70	61	61	55	62	62	62
	Interaction with Prosocial Peers							
	2007	..	..	..	..	..	..	..
2011	71	72	71	68	67	69	70	

Protective Factor Scales by Grade Level of Survey Respondents cont'd

Domain	Scale	M2	M3	S1	S2	S3	S4	All
Peer Individual Domain	Prosocial Involvement							
	2007	..	..	..	..	..	..	..
	2011	78	80	79	80	77	85	80
	Religiosity							
	2007	53	47	54	50	56	51	52
	2011	44	44	47	42	39	42	43
	Social Skills							
	2007	56	48	46	48	44	44	48
	2011	91	88	79	70	76	73	80
	Belief in Moral Order							
	2007	62	57	57	56	58	58	58
	2011	27	37	45	54	47	52	44

Risk Factor Scales by Grade Level of Survey Respondents

Domain	Scale	M2	M3	S1	S2	S3	S4	All
Community Domain	Low Neighbourhood Attachment							
	2007	53	52	46	47	40	39	47
	2011	16	18	21	21	20	24	20
	Community Disorganisation							
	2007	56	58	59	59	61	64	59
	2011	9	11	12	13	10	14	12
	Transitions and Mobility							
	2007	47	49	45	49	47	47	48
	2011	59	57	70	60	56	61	60
	Laws and Norms Favourable to Drug Use							
	2007	52	58	56	59	55	65	57
	2011	18	23	28	36	36	43	31
	Laws and Norms Favourable to Handguns							
	2007	48	48	51	49	54	56	50
	2011	30	39	52	62	63	66	52
	Perceived Availability of Drug							
	2007	44	44	42	41	40	42	42
	2011	14	24	40	58	65	72	46
	Perceived Availability of Handguns							
	2007	39	40	38	34	39	33	37
2011	6	7	10	14	17	16	12	

Risk Factor Scales by Grade Level of Survey Respondents cont'd

Domain	Scale	M2	M3	S1	S2	S3	S4	All
Family Domain	Poor Family Management							
	2007	49	54	50	51	50	50	51
	2011	4	6	7	10	8	12	8
	Family Conflict							
	2007	51	50	52	49	50	50	50
	2011	32	33	28	45	38	44	37
	Family History of Antisocial Behaviour							
	2007	53	53	56	60	60	59	57
	2011	30	36	50	64	68	74	54
	Parental Attitudes Favourable toward ATOD Use							
	2007	47	50	47	51	47	56	50
	2011	3	4	7	8	10	10	7
	Parental Attitudes Favourable toward Antisocial Behaviour							
	2007	45	51	49	52	48	52	49
2011	4	8	14	11	9	8	9	
School Domain	Poor Academic Performance							
	2007	52	49	50	56	58	56	53
	2011	9	9	9	13	9	9	10
	Lack of Commitment to School							
	2007	37	39	41	40	37	33	38
	2011	5	8	11	15	12	12	11

Risk Factor Scales by Grade Level of Survey Respondents cont'd

Domain	Scale	M2	M3	S1	S2	S3	S4	All
Peer Individual Domain	Rebelliousness							
	2007	45	52	52	52	50	44	49
	2011	17	22	30	41	35	34	30
	Friend's Delinquent Behaviour							
	2007	48	56	59	60	66	61	59
	2011	10	17	23	36	29	30	24
	Friends' Use of Drugs							
	2007	42	45	47	44	45	41	45
	2011	18	31	53	69	76	81	54
	Peer Rewards for Antisocial Behaviour							
	2007	53	62	63	59	60	56	59
	2011	13	19	24	31	30	28	24
	Favourable Attitudes toward Antisocial Behaviour							
	2007	39	45	48	44	44	37	43
	2011	4	5	11	12	11	7	8
	Favourable Attitudes toward ATOD Use							
	2007	41	45	44	41	41	39	42
	2011	5	6	17	30	33	33	21
	Low Perceived Risks of Drug Use							
	2007	50	55	50	47	53	51	51
	2011	9	3	4	8	12	10	8
	Early Initiation of Drug Use							
	2007	41	47	49	46	48	46	46
	2011	69	51	30	22	10	6	31
	Sensation Seeking							
	2007	42	40	40	39	43	39	41
	2011	61	64	72	77	77	81	72
	Intention to Use							
2007	..	..	..	..	..	..	..
2011	5	7	12	17	16	16	12	

Risk Factor Scales by Grade Level of Survey Respondents cont'd

Domain	Scale	M2	M3	S1	S2	S3	S4	All
Peer Individual Domain	Gang Involvement							
	2007	..	..	..	..	..	..	..
	2011	5	5	9	12	8	8	8

APPENDIX E

Public vs. Private School Comparisons on Substance Use

Lifetime Use of Selected Substances by Public School Students as a Proportion of Overall Grade Level Survey Respondents

Substance	Grade Level						Overall (n = 3,017)
	M2 (n = 490)	M3 (n = 547)	S1 (n = 584)	S2 (n = 511)	S3 (n = 457)	S4 (n = 427)	
Alcohol	129 (26.3%)	203 (37.1%)	182 (31.2%)	148 (29.0%)	109 (23.9%)	132 (30.9%)	903 (29.9%)
Cigarette	22 (4.5%)	21 (3.8%)	32 (5.5%)	43 (8.4%)	35 (7.7%)	32 (7.5%)	185 (6.1%)
Energy Drinks	129 (26.3%)	180 (32.9%)	221 (37.8%)	195 (38.2%)	176 (38.5%)	152 (35.6%)	1,053 (34.9%)
Inhalants	60 (12.2%)	61 (11.2%)	78 (13.4%)	47 (9.2%)	37 (8.1%)	31 (7.3%)	314 (10.4%)
Marijuana	23 (4.7%)	34 (6.2%)	79 (13.5)	121 (23.7%)	138 (30.2%)	127 (29.7%)	522 (17.3%)

Current Use of Selected Substances by Public School Students as a Proportion of Overall Grade Level Survey Respondents

Substance	Grade Level						Overall (n = 3,017)
	M2 (n = 490)	M3 (n = 547)	S1 (n = 584)	S2 (n = 511)	S3 (n = 457)	S4 (n = 427)	
Alcohol	45 (9.2%)	85 (15.5%)	63 (10.8%)	39 (7.6%)	31 (6.8%)	52 (12.2%)	315 (10.4%)
Cigarette	5 (1.0%)	4 (0.7%)	6 (1.0%)	8 (1.6%)	11 (2.4%)	10 (2.3%)	44 (1.5%)
Energy Drinks	41 (8.4%)	64 (11.7%)	75 (12.8%)	67 (13.1%)	48 (10.5%)	48 (11.2%)	343 (11.4%)
Inhalants	10 (2.0%)	8 (1.5%)	19 (3.3%)	10 (2.0%)	5 (1.1%)	10 (2.3%)	62 (2.1%)
Marijuana	2 (0.4%)	8 (1.5%)	25 (4.3%)	53 (10.4%)	56 (12.3%)	72 (16.9%)	216 (7.2%)

Lifetime Use of Selected Substances by Private School Students as a Proportion of Overall Grade Level Survey Respondents

Substance	Grade Level						Overall (n = 3,017)
	M2 (n = 490)	M3 (n = 547)	S1 (n = 584)	S2 (n = 511)	S3 (n = 457)	S4 (n = 427)	
Alcohol	105 (21.4%)	117 (21.4%)	135 (23.1%)	100 (19.6%)	110 (24.1%)	87 (20.4%)	654 (21.7%)
Cigarette	4 (0.8%)	11 (2.0%)	15 (2.6%)	35 (6.8%)	33 (7.2%)	62 (14.5%)	160 (5.3%)
Energy Drinks	59 (12.0%)	123 (22.5%)	154 (26.4%)	136 (26.6%)	141 (30.9%)	128 (30.0%)	741 (24.6%)
Inhalants	22 (4.5%)	34 (6.2%)	34 (5.8%)	24 (4.7%)	11 (2.4%)	12 (2.8%)	137 (4.5%)
Marijuana	3 (0.6%)	12 (2.2%)	32 (5.5%)	39 (7.6%)	61 (13.3%)	89 (20.8%)	236 (7.8%)

Current Use of Selected Substances by Private School Students as a Proportion of Overall Grade Level Survey Respondents

Substance	Grade Level						Overall (n = 3,017)
	M2 (n = 490)	M3 (n = 547)	S1 (n = 584)	S2 (n = 511)	S3 (n = 457)	S4 (n = 427)	
Alcohol	42 (8.6%)	42 (7.74%)	46 (7.9%)	28 (5.5%)	42 (9.2%)	23 (5.4%)	223 (7.4%)
Cigarette	1 (0.2%)	2 (0.4%)	2 (0.3%)	10 (2.0%)	5 (1.1%)	22 (5.2%)	42 (1.4%)
Energy Drinks	22 (4.5%)	46 (8.4%)	56 (9.6%)	54 (10.6%)	34 (7.4%)	48 (11.2%)	260 (8.6%)
Inhalants	4 (0.8%)	6 (1.1%)	7 (1.2%)	7 (1.4%)	2 (0.4%)	2 (0.5%)	28 (0.9%)
Marijuana	-	1 (0.2%)	12 (2.1%)	10 (2.0%)	24 (5.3%)	44 (10.3%)	91 (3.0%)



SURVEY of MIDDLE AND SENIOR SCHOOL STUDENTS ON ALCOHOL, TOBACCO, OTHER DRUGS, AND HEALTH

Good day!

The Department for National Drug Control (DNDC) is carrying out a school survey on the topic of public health. The objective is to obtain information to address, in the best way possible, the problems related to public health in Bermuda. Your cooperation in this survey would be of great value to this effect. Your answers are **absolutely confidential and are completely anonymous**. This means that no one will know your answers. To help us keep your answers in confidence, please **do not** write your name on this survey form. Thus, we ask you to respond very honestly.

SECTION I

INSTRUCTIONS

1. This is not a test. There is no right or wrong answer.
2. Answer **ALL** questions, UNLESS you are instructed to **skip** to another set of questions because you answered "No" or "Never" to a given question. (You must select a response to these questions before skipping). If you don't find an answer that fits exactly, use one that comes closest.
3. Check the appropriate response.

1. School	2. What grade are you in? <input type="checkbox"/> 1. M2 <input type="checkbox"/> 2. M3 <input type="checkbox"/> 3. S1 <input type="checkbox"/> 4. S2 <input type="checkbox"/> 5. S3 <input type="checkbox"/> 6. S4
3. Sex <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	4. Age <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></div> years old
5. What do you consider yourself to be? <input type="checkbox"/> 1. Black <input type="checkbox"/> 2. White <input type="checkbox"/> 3. Portuguese <input type="checkbox"/> 4. Asian or Pacific Islander <input type="checkbox"/> 5. Mixed <input type="checkbox"/> 6. Other (specify)	6. In which parish do you <u>most often</u> reside? (Tick only <u>one(1)</u> response) <input type="checkbox"/> 1. Devonshire <input type="checkbox"/> 2. Hamilton <input type="checkbox"/> 3. Paget <input type="checkbox"/> 4. Pembroke <input type="checkbox"/> 5. St. George's <input type="checkbox"/> 6. Sandys <input type="checkbox"/> 7. Southampton <input type="checkbox"/> 8. Warwick <input type="checkbox"/> 9. Smith's

<p>7. What is your parents' marital status? (In relation to each other.)</p> <p> <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 2. Married <input type="checkbox"/> 3. Divorced <input type="checkbox"/> 4. Separated <input type="checkbox"/> 5. Widow(er) <input type="checkbox"/> 6. Living together/Common law <input type="checkbox"/> 7. I don't know <input type="checkbox"/> 8. Other (specify) <p style="text-align: center;">.....</p> </p>	<p>8. With whom do you live? (You may tick as many options as necessary.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> 1. Father <input type="checkbox"/> 3. Brother/Sister <input type="checkbox"/> 5. Stepfather <input type="checkbox"/> 7. Girlfriend/Boyfriend <input type="checkbox"/> 9. Friend <input type="checkbox"/> 11. Other (specify)..... </td> <td style="width: 50%;"> <input type="checkbox"/> 2. Mother <input type="checkbox"/> 4. Stepmother <input type="checkbox"/> 6. Wife/Husband <input type="checkbox"/> 8. Other relative <input type="checkbox"/> 10. Alone </td> </tr> </table>	<input type="checkbox"/> 1. Father <input type="checkbox"/> 3. Brother/Sister <input type="checkbox"/> 5. Stepfather <input type="checkbox"/> 7. Girlfriend/Boyfriend <input type="checkbox"/> 9. Friend <input type="checkbox"/> 11. Other (specify).....	<input type="checkbox"/> 2. Mother <input type="checkbox"/> 4. Stepmother <input type="checkbox"/> 6. Wife/Husband <input type="checkbox"/> 8. Other relative <input type="checkbox"/> 10. Alone
<input type="checkbox"/> 1. Father <input type="checkbox"/> 3. Brother/Sister <input type="checkbox"/> 5. Stepfather <input type="checkbox"/> 7. Girlfriend/Boyfriend <input type="checkbox"/> 9. Friend <input type="checkbox"/> 11. Other (specify).....	<input type="checkbox"/> 2. Mother <input type="checkbox"/> 4. Stepmother <input type="checkbox"/> 6. Wife/Husband <input type="checkbox"/> 8. Other relative <input type="checkbox"/> 10. Alone		

<p>9. If you are working (paid work) as well as studying, how many hours do you work per week?</p> <p> <input type="checkbox"/> 1. Do not work <input type="checkbox"/> 2. Work approximately hours per week </p>	<p>10. How likely is it that you will complete high school?</p> <p> <input type="checkbox"/> 1. Very likely <input type="checkbox"/> 2. Likely <input type="checkbox"/> 3. Not very likely <input type="checkbox"/> 4. Impossible <input type="checkbox"/> 5. Don't know </p>
<p>11. How likely is that you will go to University?</p> <p> <input type="checkbox"/> 1. Very likely <input type="checkbox"/> 2. Likely <input type="checkbox"/> 3. Not very likely <input type="checkbox"/> 4. Impossible <input type="checkbox"/> 5. Don't know </p>	<p>12. How many school years have you had to repeat during the course of your studies?</p> <p> <input type="checkbox"/> 1. None <input type="checkbox"/> 2. One <input type="checkbox"/> 3. Two or more </p>
<p>13. Have you ever had behavioural or discipline problems during your school years? (e.g., detentions and suspensions, being sent to the Principal, corporal punishment)</p> <p> <input type="checkbox"/> 1. Never <input type="checkbox"/> 2. Few times <input type="checkbox"/> 3. Frequently </p>	

14. In your opinion, how harmful is EACH of the following to your health?					
	1. Not harmful	2. Slightly harmful	3. Moderately harmful	4. Very harmful	5. Don't know
1. Smoking cigarettes sometimes					
2. Smoking cigarettes frequently					
3. Drinking alcoholic beverages frequently					
4. Getting drunk					
5. Taking tranquilizers/stimulants without medical prescription sometimes					
6. Taking tranquilizers/stimulants without medical prescription frequently					
7. Inhaling solvents sometimes					
8. Inhaling solvents frequently					
9. Smoking marijuana sometimes					
10. Smoking marijuana frequently					
11. Consuming cocaine sometimes					
12. Consuming cocaine frequently					
13. Consuming crack sometimes					
14. Consuming crack frequently					
15. Consuming ecstasy sometimes					
16. Consuming ecstasy frequently					
17. Inhaling second hand cigarette smoke					
18. Inhaling second hand marijuana smoke					

15. How easy would it be to obtain the following drugs? Check the appropriate response for <u>EACH</u> .	1. Easy	2. Difficult	3. Impossible to obtain	4. Don't know
1. Alcohol				
2. Marijuana				
3. Cocaine				
4. Crack				
5. Heroin				

16. When was the last time that you were offered any of these drugs, either to buy or to consume? Check the appropriate response for <u>EACH</u> .	1. During the last 30 days	2. More than a month ago, but less than a year ago	3. More than a year ago	4. I have never been offered
1. Alcohol				
2. Marijuana				
3. Cocaine				
4. Crack				
5. Heroin				

<p>17. Have you ever been curious about trying an illicit drug?</p> <p><input type="checkbox"/> 1. No <input type="checkbox"/> 2. Not sure <input type="checkbox"/> 3. Yes</p>	<p>18. If you had the opportunity, would you try an illicit drug?</p> <p><input type="checkbox"/> 1. No <input type="checkbox"/> 2. Not Sure <input type="checkbox"/> 3. Yes</p>
---	---

<p>19. Have you <u>ever</u> smoked cigarettes? (You must check a response.)</p> <p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (skip to #27)</p>	<p>20. How old were you when you smoked for the first time?</p> <p style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> years old </p>
<p>21. When was the <u>first time</u> you smoked cigarettes? (You must check a response.)</p> <p><input type="checkbox"/> 1. Never (skip to #27) <input type="checkbox"/> 2. During the past 30 days <input type="checkbox"/> 3. More than 1 month ago, less than 1 year ago <input type="checkbox"/> 4. More than a year ago</p>	<p>22. Have you smoked cigarettes in the <u>past 12 months</u>? (You must check a response.)</p> <p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (skip to #27)</p>
<p>23. Have you smoked cigarettes in the <u>past 30 days</u>? (You must check a response.)</p> <p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (skip to #27)</p>	<p>24. Approximately, how many cigarettes have you smoked a day in the past month?</p> <p><input type="checkbox"/> 1. 1 to 5 <input type="checkbox"/> 2. 6 to 10 <input type="checkbox"/> 3. 11 to 20 <input type="checkbox"/> 4. More than 20</p>
<p>25. Where do you most often smoke cigarettes? (Tick only <u>one(1)</u> response.)</p> <p><input type="checkbox"/> 1. At home <input type="checkbox"/> 5. At sporting events <input type="checkbox"/> 2. At school <input type="checkbox"/> 6. At other social event <input type="checkbox"/> 3. On the corner/block <input type="checkbox"/> 7. Other (specify) <input type="checkbox"/> 4. At a friend's house </p>	<p>26. From whom/where do you usually get cigarettes? (Tick only <u>one(1)</u> response.)</p> <p><input type="checkbox"/> 1. Friends <input type="checkbox"/> 5. Street vendor <input type="checkbox"/> 2. Parents <input type="checkbox"/> 6. Shop <input type="checkbox"/> 3. Brother/Sister <input type="checkbox"/> 7. Other (specify) <input type="checkbox"/> 4. Other relative(s) </p>

<p>27. During the <u>past 7 days</u>, on how many days did someone smoke tobacco products in your home while you were there?</p> <p> <input type="checkbox"/> 1. 0 days <input type="checkbox"/> 2. 1 day <input type="checkbox"/> 3. 2 days <input type="checkbox"/> 4. 3 days <input type="checkbox"/> 5. 4 days <input type="checkbox"/> 6. 5 days <input type="checkbox"/> 7. 6 days <input type="checkbox"/> 8. 7 days </p>	<p>28. During the <u>past 7 days</u>, on how many days did you ride in a vehicle where someone was smoking a tobacco product?</p> <p> <input type="checkbox"/> 1. 0 days <input type="checkbox"/> 2. 1 day <input type="checkbox"/> 3. 2 days <input type="checkbox"/> 4. 3 days <input type="checkbox"/> 5. 4 days <input type="checkbox"/> 6. 5 days <input type="checkbox"/> 7. 6 days <input type="checkbox"/> 8. 7 days </p>
--	---

<p>29. Have you <u>ever</u> consumed alcoholic beverages? (You must check a response.)</p> <p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (skip to #39) </p>	<p>30. How old were you when you consumed an alcoholic beverage for the first time?</p> <p style="text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> years old </p>
---	---

<p>31. When was the <u>first time</u> you consumed an alcoholic beverage? (You must check a response)</p> <p> <input type="checkbox"/> 1. Never (skip to #39) <input type="checkbox"/> 2. During the past 30 days <input type="checkbox"/> 3. More than 1 month ago, less than 1 year ago <input type="checkbox"/> 4. More than a year ago </p>	<p>32. Have you consumed alcoholic beverages in the <u>past 12 months</u>? (You must check a response)</p> <p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (skip to #39) </p>
--	---

<p>33. Have you consumed alcoholic beverages in the <u>past 30 days</u>? (You must check a response.)</p> <p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (skip to #39) </p>	<p>34. How many days in the <u>past month</u> have you had too much to drink and got drunk?</p> <p style="text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> days </p>
--	--

<p>35. Where do you most often drink alcohol? (Tick only <u>one(1)</u> response.)</p> <p> <input type="checkbox"/> 1. At home <input type="checkbox"/> 6. At other social events <input type="checkbox"/> 2. At school <input type="checkbox"/> 7. Other (specify) <input type="checkbox"/> 3. On the corner/block <input type="checkbox"/> 4. At a friend's house <input type="checkbox"/> 5. At sporting events </p>	<p>36. From whom/where do you usually get alcohol? (Tick only <u>one(1)</u> response.)</p> <p> <input type="checkbox"/> 1. Friends <input type="checkbox"/> 5. Street vendor <input type="checkbox"/> 2. Parents <input type="checkbox"/> 6. Shop <input type="checkbox"/> 3. Brother/Sister <input type="checkbox"/> 7. Other (specify) <input type="checkbox"/> 4. Other relative(s) </p>
---	--

37. In the <u>past 30 days</u>, what type of alcoholic beverage did you consume, and with what frequency? Check the appropriate response for <u>EACH</u>.	1. Daily	2. Weekends	3. Some week days	4. Only in social events	5. Never
1. Beer, Guinness, Breezes, Wickets					
2. Wine					
3. Hard liquor (rum, rum punch, vodka, whisky, liqueurs)					

38. In the past 2 weeks, how many times have you consumed 5 alcoholic drinks or more in one sitting?

1. Never 2. Only once
 3. Between 2 and 3 times 4. Between 4 and 5 times
 5. More than 5 times

39. Have you ever ridden in a vehicle driven by someone who had been drinking alcohol?

Bike	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. I do not know
Car	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. I do not know

40a. Have you <u>ever</u> consumed any of these substances? Check the appropriate response for <u>EACH</u> .			40b. How old were you when you <u>first</u> tried?
	NO	YES	
1. Inhalants (e.g. glue, diesel fuel, other solvents)		→	years old
2. Marijuana		→	years old
3. Cannabis resin		→	years old
4. Cocaine		→	years old
5. Crack		→	years old
6. Heroin		→	years old
7. Hashish		→	years old
8. Ecstasy		→	years old
9. Other drugs (specify):		→	years old

<p>41a. When was the <u>first time</u> you tried inhalants (e.g., glue, diesel fuel, other solvents)? (You must check a response.)</p> <p><input type="checkbox"/> 1. Never (skip to #42a)</p> <p><input type="checkbox"/> 2. In the past 30 days</p> <p><input type="checkbox"/> 3. More than 1 month ago, but less than 1 year ago</p> <p><input type="checkbox"/> 4. More 1 year ago</p>	<p>41b. Have you consumed inhalants in the <u>past 12 months</u>? (You must check a response.)</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No (skip to #42a)</p>
<p>41c. With what frequency have you consumed inhalants?</p> <p><input type="checkbox"/> 1. Only once</p> <p><input type="checkbox"/> 2. Sometimes in the past 12 months</p> <p><input type="checkbox"/> 3. Sometimes during the month</p> <p><input type="checkbox"/> 4. Sometimes during the week</p> <p><input type="checkbox"/> 5. Daily</p>	<p>41d. Have you consumed inhalants in the <u>past 30 days</u>?</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p>

<p>42a. When was the <u>first time</u> you tried marijuana? (You must check a response.)</p> <p><input type="checkbox"/> 1. Never (skip to #43a)</p> <p><input type="checkbox"/> 2. In the past 30 days</p> <p><input type="checkbox"/> 3. More than 1 month ago, but less than 1 year ago</p> <p><input type="checkbox"/> 4. More 1 year ago</p>	<p>42b. Have you consumed marijuana in the <u>past 12 months</u>? (You must check a response.)</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No (skip to #43a)</p>
<p>42c. With what frequency have you used marijuana?</p> <p><input type="checkbox"/> 1. Only once</p> <p><input type="checkbox"/> 2. Sometimes in the past 12 months</p> <p><input type="checkbox"/> 3. Sometimes during the month</p> <p><input type="checkbox"/> 4. Sometimes during the week</p> <p><input type="checkbox"/> 5. Daily</p>	<p>42d. Have you consumed marijuana in the <u>past 30 days</u>?</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p>
<p>42e. Where do you most often use marijuana?</p> <p><input type="checkbox"/> 1. At home</p> <p><input type="checkbox"/> 2. At school</p> <p><input type="checkbox"/> 3. On the corner/block</p> <p><input type="checkbox"/> 4. At a friend's house</p> <p><input type="checkbox"/> 5. At sporting events</p> <p><input type="checkbox"/> 6. At other social events</p> <p><input type="checkbox"/> 7. Other (specify)</p>	<p>42f. From whom/where do you usually get marijuana?</p> <p><input type="checkbox"/> 1. Friends</p> <p><input type="checkbox"/> 2. Parents</p> <p><input type="checkbox"/> 3. Brother/Sister</p> <p><input type="checkbox"/> 4. Other relative(s)</p> <p><input type="checkbox"/> 5. Street pusher</p> <p><input type="checkbox"/> 6. Other (specify)</p>
<p>43a. When was the <u>first time</u> you tried cocaine? (You must check a response.)</p> <p><input type="checkbox"/> 1. Never (skip to #44a)</p> <p><input type="checkbox"/> 2. In the past 30 days</p> <p><input type="checkbox"/> 3. More than 1 month ago, but less than 1 year ago</p> <p><input type="checkbox"/> 4. More than 1 year ago</p>	<p>43b. Have you consumed cocaine in the <u>past 12 months</u>? (You must check a response.)</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No (skip to #44a)</p>
<p>43c. With what frequency have you used cocaine?</p> <p><input type="checkbox"/> 1. Only once</p> <p><input type="checkbox"/> 2. Sometimes in the past 12 months</p> <p><input type="checkbox"/> 3. Sometimes during the month</p> <p><input type="checkbox"/> 4. Sometimes during the week</p> <p><input type="checkbox"/> 5. Daily</p>	<p>43d. Have you consumed cocaine in the <u>past 30 days</u>?</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p>
<p>44a. When was the <u>first time</u> you tried crack? (You must check a response.)</p> <p><input type="checkbox"/> 1. Never (skip to #45a)</p> <p><input type="checkbox"/> 2. In the past 30 days</p> <p><input type="checkbox"/> 3. More than 1 month ago, but less than 1 year ago</p> <p><input type="checkbox"/> 4. More than 1 year ago</p>	<p>44b. Have you consumed crack in the <u>past 12 months</u>? (You must check a response.)</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No (skip to #45a)</p>
<p>44c. With what frequency have you used crack?</p> <p><input type="checkbox"/> 1. Only once</p> <p><input type="checkbox"/> 2. Sometimes in the past 12 months</p> <p><input type="checkbox"/> 3. Sometimes during the month</p> <p><input type="checkbox"/> 4. Sometimes during the week</p> <p><input type="checkbox"/> 5. Daily</p>	<p>44d. Have you consumed crack in the <u>past 30 days</u>?</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p>

<p>45a. When was the <u>first time</u> you tried heroin? (You must check a response.)</p> <p><input type="checkbox"/> 1. Never (skip to #46a)</p> <p><input type="checkbox"/> 2. In the past 30 days</p> <p><input type="checkbox"/> 3. More than 1 month ago, but less than 1 year ago</p> <p><input type="checkbox"/> 4. More than 1 year ago</p>	<p>45b. Have you consumed heroin in the <u>past 12 months</u>? (You must check a response.)</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No (skip to #46a)</p>
<p>45c. With what frequency have you used heroin?</p> <p><input type="checkbox"/> 1. Only once</p> <p><input type="checkbox"/> 2. Sometimes in the past 12 months</p> <p><input type="checkbox"/> 3. Sometimes during the month</p> <p><input type="checkbox"/> 4. Sometimes during the week</p> <p><input type="checkbox"/> 5. Daily</p>	<p>45d. Have you consumed heroin in the <u>past 30 days</u>?</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p>

<p>46a. When was the <u>first time</u> you tried ecstasy? (You must check a response.)</p> <p><input type="checkbox"/> 1. Never (skip to #47a)</p> <p><input type="checkbox"/> 2. In the past 30 days</p> <p><input type="checkbox"/> 3. More than 1 month ago, but less than 1 year ago</p> <p><input type="checkbox"/> 4. More than 1 year ago</p>	<p>46b. Have you consumed ecstasy in the <u>past 30 days</u>?</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p>
--	---

<p>47a. When was the <u>first time</u> you tried stimulants (e.g., ritalin, adderall, pseudoephedrine) without medical prescription? (You must check a response)</p> <p><input type="checkbox"/> 1. I have never consumed stimulants without medical prescription (skip to #48a)</p> <p><input type="checkbox"/> 2. In the past 30 days</p> <p><input type="checkbox"/> 3. More than 1 month ago, but less than 1 year ago</p> <p><input type="checkbox"/> 4. More than 1 year ago</p>	<p>47b. Have you consumed stimulants without medical prescription in the <u>past 30 days</u>? (You must check a response.)</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p>
--	--

<p>48a. When was the <u>first time</u> you consumed tranquilizers (e.g., valium, xanax) without medical prescription? (You must check a response.)</p> <p><input type="checkbox"/> 1. Never (skip to #49a)</p> <p><input type="checkbox"/> 2. In the past 30 days</p> <p><input type="checkbox"/> 3. More than 1 month ago, but less than 1 year ago</p> <p><input type="checkbox"/> 4. More than 1 year ago</p>	<p>48b. Have you consumed tranquilizers without medical prescription in the <u>past 30 days</u>? (You must check a response.)</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p>
--	---

<p>49a. When was the <u>first time</u> you tried other drugs? (You must check a response.)</p> <p><input type="checkbox"/> 1. I have never tried other drugs (skip to #50a)</p> <p><input type="checkbox"/> 2. In the past 30 days</p> <p><input type="checkbox"/> 3. More than 1 month ago, but less than 1 year ago</p> <p><input type="checkbox"/> 4. More than 1 year ago</p>	<p>49b. Have you consumed other drugs in the <u>past 30 days</u>?</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p>
---	---

The next set of questions asks about energy drinks.

50a. Have you ever had energy drinks (Monster, Red Bull, etc.)?

- 1. Yes
- 2. No **(skip to #51)**
- 3. I do not know

50b. Have you consumed energy drinks in the past 30 days?

- 1. Yes
- 2. No

50c. When do you drink energy drinks? (Please tick Yes or No for each of the following.)

- | | | |
|-------------------------------------|---------------------------------|--------------------------------|
| While studying | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |
| Before or after sporting activities | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |
| While hanging out | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |
| Other (specify) _____ | | |

50d. How do you get energy drinks? (Please tick Yes or No for each of the following.)

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

50d. How often do you consume energy drinks?

- 1. Once per day
- 2. Twice per day
- 3. Once per week
- 4. Twice per week
- 5. Once per month
- 2. Twice per month
- 6. Other (specify) _____

50e. Have you ever consumed a mixture of an alcoholic beverage and an energy drink (e.g., Whiskey and Red Bull)?

- 1. Yes
- 2. No
- 3. I do not know

51. How do you think your parent(s)/guardian would react in <u>each</u> of the following?	1. Extremely Upset	2. Very Upset	3. Somewhat Upset	4. Not Upset	5. I have no idea how they would react	4. Not applicable (I have no living parent(s)/guardian or I have never seen them.)
1. If your parent(s)/guardian catches you coming home tipsy or drunk.						
2. If your parent(s)/guardian finds out you are smoking marijuana.						
52. Have you ever had any serious conversations with any of your parents/guardian(s) about the dangers of drug use?						
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No						

Check the appropriate response for <u>EACH</u> statement below.	1. Yes	2. No	3. I do not know
53a. In general, do you believe that there are drugs (alcohol, marijuana, cigarettes, etc.) at your school?			
53b. In general, do you believe that there are students who bring, try, or deal with drugs at your school?			
54a. Do you believe that there are drugs in the area surrounding or next to your school?			
54b. Do you believe that some students try to buy or deal in drugs amongst themselves just outside the school or surrounding area?			
55. Have you personally ever seen a student selling or giving drugs at school or in the area surrounding the school?			
56. Have you personally ever seen a student using drugs at school or in the area surrounding the school?			

<p>57a. If your close friends knew you were smoking marijuana, how many of them would try to convince you to stop?</p> <p><input type="checkbox"/> 1. All <input type="checkbox"/> 2. Some <input type="checkbox"/> 3. None</p>	<p>57b. If your close friends knew you were smoking marijuana, how many of them would disapprove?</p> <p><input type="checkbox"/> 1. All <input type="checkbox"/> 2. Some <input type="checkbox"/> 3. None</p>
--	---

<p>58a. If you tried alcohol once in your lifetime, would you say so in this questionnaire?</p> <p><input type="checkbox"/> 1. Yes, I have just said so <input type="checkbox"/> 2. Definitely yes <input type="checkbox"/> 3. Probably yes <input type="checkbox"/> 4. Probably no <input type="checkbox"/> 5. I would definitely not say so</p>	<p>58b. If you tried marijuana once in your lifetime, would you say so in this questionnaire?</p> <p><input type="checkbox"/> 1. Yes, I have just said so <input type="checkbox"/> 2. Definitely yes <input type="checkbox"/> 3. Probably yes <input type="checkbox"/> 4. Probably no <input type="checkbox"/> 5. I would definitely not say so</p>
--	--

The next set of questions asks about sexual health.

**59a. Have you ever had sexual intercourse?
(You must check a response.)**

- 1. Yes
- 2. No (**skip to SECTION II**)

59b. How old were you when you had sexual intercourse for the first time?

- 1. 11 years or younger
- 2. 12 years old
- 3. 13 years old
- 4. 14 years old
- 5. 15 years old
- 6. 16 years old

59c. During your life, with how many people have you had sexual intercourse?

- 1. 1 person
- 2. 2 people
- 3. 3 people
- 4. 4 people
- 5. 5 people
- 6. 6 or more people

59d. The last time you had sexual intercourse, did you or your partner use a condom?

- 1. Yes
- 2. No

59e. The last time you had sexual intercourse, did you or your partner use any other method of birth control, such as withdrawal, rhythm (safe time), birth control pills, or any other method to prevent pregnancy?

- 1. Yes
- 2. No
- 3. I do not know

END OF SECTION I

SECTION II

*This section of the survey asks your opinion on a number of things in your life, including your friends, family, neighbourhood, and community. You are reminded that your answers to these questions are **confidential**.*

INSTRUCTIONS

1. This is not a test. There is no right or wrong answers.

2. Provide a response to **ALL** questions. If you don't find an answer that fits exactly, use one that comes closest.

3. Some of the questions have the following format:

Please check the box for the word that best describes how you feel.

EXAMPLE: Pepperoni pizza is one of my favourite foods.

1. NO! 2. No 3. Yes 4. YES!

Mark the Big "NO!" if you think the statement is definitely not true for you.

Mark the little "No" if you think the statement is mostly not true for you.

Mark the little "Yes" if you think the statement is mostly true for you.

Mark the Big "YES!" if you think the statement is definitely true for you.

These questions ask about your neighbourhood and community where you live.

1. I'd like to get out of my neighbourhood. Pick one:

1. NO! 2. No 3. Yes 4. YES!

2. If I had to move, I would miss the neighbourhood I now live in. Pick one:

1. NO! 2. No 3. Yes 4. YES!

3. I like my neighbourhood. Pick one:

1. NO! 2. No 3. Yes 4. YES!

4. How much does each of the following statements describe your neighbourhood?

	1. NO!	2. No	3. Yes	4. YES!
1. I feel safe in my neighbourhood				
2. Crime and/or drug selling				
3. Fights				
4. Lots of empty or abandoned buildings				
5. Lots of graffiti				

5. How many times have you changed homes since kindergarten/P-1? Pick one:

1. Never 4. 5 – 6 times
 2. 1 – 2 times 5. 7 or more times
 3. 3 – 4 times

6. Have you changed homes in the past year (the last 12 months)? Pick one:

1. No 2. Yes

7. Have you changed schools (including changing from elementary to middle and middle to high school) in the past year (the last 12 months)? Pick one:

1. No 2. Yes

8. How many times have you changed schools (including changing from elementary to middle and middle to high school) since kindergarten? Pick one:

1. Never 4. 5 – 6 times
 2. 1 – 2 times 5. 7 or more times
 3. 3 – 4 times

9. If you wanted to get some cigarettes, how easy would it be for you to get some? Pick one:

1. Very hard 3. Sort of easy
 2. Sort of hard 4. Very easy

10. If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some? Pick one:

1. Very hard 3. Sort of easy
 2. Sort of hard 4. Very easy

11. If you wanted to get some marijuana, how easy would it be for you to get some? Pick one:

1. Very hard 3. Sort of easy
 2. Sort of hard 4. Very easy

12. If you wanted to get a drug like, cocaine, LSD, or amphetamines, how easy would it be for you to get some? Pick one:

1. Very hard 3. Sort of easy
 2. Sort of hard 4. Very easy

13. If you wanted to get a handgun, how easy would it be for you to get one? Pick one:

1. Very hard 3. Sort of easy
 2. Sort of hard 4. Very easy

14. If a kid drank some beer, wine, or hard liquor (for example vodka, whiskey, or gin) in your neighbourhood, or the area around where you live, would he or she be caught by the police? Pick one:

1. NO! 2. No 3. Yes 4. YES!

15. If a kid smoked marijuana in your neighbourhood, or the area around where you live, would he or she be caught by the police? Pick one:

1. NO! 2. No 3. Yes 4. YES!

16. If a kid illegally carried a handgun in your neighbourhood, or the area around where you live, would he or she be caught by the police? Pick one:

1. NO! 2. No 3. Yes 4. YES!

17. How wrong would most adults in your neighbourhood, or the area around where you live, think it is for kids your age to smoke marijuana? Pick one:

1. Very wrong 3. A little bit wrong
 2. Wrong 4. Not wrong at all

18. How wrong would most adults in your neighbourhood, or the area around where you live, think it is for kids your age to drink alcohol? Pick one:

1. Very wrong 3. A little bit wrong
 2. Wrong 4. Not wrong at all

19. How wrong would most adults in your neighbourhood, or the area around where you live, think it is for kids your age to smoke cigarettes? Pick one:

1. Very wrong 3. A little bit wrong
 2. Wrong 4. Not wrong at all

20. There are a lot of adults in my neighbourhood I could talk to about something important. Pick one:

1. NO! 2. No 3. Yes 4. YES!

21. Which of the following activities for people your age are available in your community?

Activities	1. Yes	2. No
1.Sports teams		
2.Boys and girls clubs (e.g., Pathfinders, Girl Guides, Boy Scouts, Sea Cadets)		
3.Community clubs (e.g., Majorettes, Dancerettes, Twirlers)		
4.Community service (e.g., Candy striping, Volunteer work)		

22. There are people in my neighbourhood, or the area around where I live, who are proud of me when I do something well. Pick one:

1. NO! 2. No 3. Yes 4. YES!

23. There are people in my neighbourhood, or the area around where I live, who encourage me to do my best. Pick one:

1. NO! 2. No 3. Yes 4. YES!

24. My neighbours notice when I am doing a good job and let me know about it. Pick one:

1. NO! 2. No 3. Yes 4. YES!

These questions ask about your family.

1. Has anyone in your family ever had a severe alcohol or drug problem? Pick one:

1. No 2. Yes

2. Have any of your brother(s) or sister(s) ever drunk beer, wine, or hard liquor (for example vodka, whiskey, or gin)? Pick one:

1. No 2. Yes
 3. I don't have any brother(s) or sister(s)

3. Have any of your brother(s) or sister(s) ever smoked marijuana? Pick one:

1. No 2. Yes
 3. I don't have any brother(s) or sister(s)

4. Have any of your brother(s) or sister(s) ever smoked cigarettes? Pick one:

1. No 2. Yes
 3. I don't have any brother(s) or sister(s)

5. Have any of your brothers or sisters brother(s) or sister(s) ever taken a handgun to school? Pick one:

1. No 2. Yes
 3. I don't have any brother(s) or sister(s)

6. Have any of your brother(s) or sister(s) ever been suspended or expelled from school? Pick one:

1. No 2. Yes
 3. I don't have any brother(s) or sister(s)

7. About how many adults have you known personally who in the past year have used marijuana, crack, cocaine, or other drugs? Pick one:

1. None 4. 3 or 4 adults
 2. 1 adult 5. 5 or more adults
 3. 2 adults

8. About how many adults have you known personally who in the past year have sold or dealt drugs? Pick one:

1. None 4. 3 or 4 adults
 2. 1 adult 5. 5 or more adults
 3. 2 adults

9. About how many adults have you known personally who in the past year have done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.? Pick one:

1. None 4. 3 or 4 adults
 2. 1 adult 5. 5 or more adults
 3. 2 adults

10. About how many adults have you known personally who in the past year have gotten drunk or high? Pick one:

1. None 4. 3 or 4 adults
 2. 1 adult 5. 5 or more adults
 3. 2 adults

11. The rules in my family are very clear. Pick one:

1. NO! 2. No 3. Yes 4. YES!

12. My parents ask if I have gotten my homework done. Pick one:

1. NO! 2. No 3. Yes 4. YES!

13. When I am not at home, one of my parents know where I am and who I am with. Pick one:

1. NO! 2. No 3. Yes 4. YES!

14. Would your parents know if you did not come home on time? Pick one:

1. NO! 2. No 3. Yes 4. YES!

15. My family has clear rules about alcohol and drug use. Pick one:

1. NO! 2. No 3. Yes 4. YES!

16. If you drank some beer, wine, or other hard liquor (for example vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents? Pick one:

1. NO! 2. No 3. Yes 4. YES!

17. If you carried a handgun without your parents' permission, would you be caught by your parents? Pick one:

1. NO! 2. No 3. Yes 4. YES!

18. If you skipped school without your parents' permission, would you be caught by your parents? Pick one:

1. NO! 2. No 3. Yes 4. YES!

19. We argue about the same things in my family over and over. Pick one:

1. NO! 2. No 3. Yes 4. YES!

20. People in my family have serious arguments. Pick one:

1. NO! 2. No 3. Yes 4. YES!

21. People in my family often insult or yell at each other. Pick one:

1. NO! 2. No 3. Yes 4. YES!

22. How wrong do your parents feel it would be for you to...

	1. Very Wrong	2. Wrong	3. A little bit wrong	4. Not wrong at all
1. drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly (at least once or twice a month)?				
2. smoke cigarettes?				
3. smoke marijuana?				
4. steal anything worth more than \$5.00?				
5. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?				
6. pick a fight with someone?				

23. Do you feel very close to your mother? Pick one:

1. NO! 2. No 3. Yes 4. YES!

24. Do you share your thoughts and feelings with your mother? Pick one:

1. NO! 2. No 3. Yes 4. YES!

25. Do you feel very close to your father? Pick one:

1. NO! 2. No 3. Yes 4. YES!

26. Do you share your thoughts and feelings with your father? Pick one:

1. NO! 2. No 3. Yes 4. YES!

27. If I had a personal problem, I could ask my mom or dad for help. Pick one:

1. NO! 2. No 3. Yes 4. YES!

28. My parents give me lots of chances to do fun things with them. Pick one:
 1. NO! 2. No 3. Yes 4. YES!
29. My parents ask me what I think before most family decisions affecting me are made. Pick one:
 1. NO! 2. No 3. Yes 4. YES!
30. My parents notice when I am doing a good job and let me know about it. Pick one:
 1. Never or Almost Never 3. Often
 2. Sometimes 4. All the time
31. How often do your parents tell you they're proud of you for something you've done? Pick one:
 1. Never or Almost Never 3. Often
 2. Sometimes 4. All the time
32. Do you enjoy spending time with your mother? Pick one:
 1. NO! 2. No 3. Yes 4. YES!
33. Do you enjoy spending time with your father? Pick one:
 1. NO! 2. No 3. Yes 4. YES!

This section asks questions about your experiences at school.

1. Putting them all together, what were your grades like last year? (E.g., Mostly Bs, Mostly Fs, Level 3, Grade 6)
-
2. Are your school grades better than the grades of most students in your class? Pick one:
 1. NO! 2. No 3. Yes 4. YES!
3. During the LAST FOUR WEEKS, how many whole days have you missed because you skipped or cut? Pick one:
 1. None 5. 4 to 5
 2. 1 6. 6 to 10
 3. 2 7. 11 or more
 4. 3
4. How often do you feel that the school work you are assigned is meaningful and important? Pick one:
 1. Almost always
 2. Often
 3. Sometimes
 4. Seldom
 5. Never

5. How interesting are most of your courses to you? Pick one:
 1. Very interesting and stimulating
 2. Quite interesting
 3. Fairly interesting
 4. Slightly dull
 5. Very dull
6. How important do you think things you are learning in school are going to be for your later life? Pick one:
 1. Very important
 2. Quite important
 3. Fairly important
 4. Slightly important
 5. Not at all important
7. Now thinking back over the past year in school, how often did you enjoy being in school? Pick one:
 1. Almost always 4. Seldom
 2. Often 5. Never
 3. Sometimes
8. Now thinking back over the past year in school, how often did you hate being in school? Pick one:
 1. Almost always 4. Seldom
 2. Often 5. Never
 3. Sometimes
9. Now thinking back over the past year in school, how often do you try to do your best work in school? Pick one:
 1. Almost always 4. Seldom
 2. Often 5. Never
 3. Sometimes
10. In my school, students have lots of chances to help decide things like class activities and rules. Pick one:
 1. NO! 2. No 3. Yes 4. YES!
11. Teachers ask me to work on classroom projects. Pick one:
 1. NO! 2. No 3. Yes 4. YES!
12. There are a lot of chances for students in my school to get involved in sports, clubs, and other school activities outside of class. Pick one:
 1. NO! 2. No 3. Yes 4. YES!
13. There are lots of chances for students in my school to talk with a teacher one-on-one. Pick one:
 1. NO! 2. No 3. Yes 4. YES!
14. I have lots of chances to be part of class discussions or activities. Pick one:
 1. NO! 2. No 3. Yes 4. YES!

15. My teacher(s) notices when I am doing a good job and lets me know about it. Pick one:
 1. NO! 2. No 3. Yes 4. YES!
16. I feel safe at my school. Pick one:
 1. NO! 2. No 3. Yes 4. YES!
17. The school lets my parents know when I have done something well. Pick one:
 1. NO! 2. No 3. Yes 4. YES!
18. My teachers praise me when I work hard in school. Pick one:
 1. NO! 2. No 3. Yes 4. YES!

This section asks questions about your feelings and experiences in other parts of your life and about your friends.

1. I like to see how much I can get away with. Pick one:
 1. Very false 3. Somewhat true
 2. Somewhat false 4. Very true
2. I ignore rules that get in my way. Pick one:
 1. Very false 3. Somewhat true
 2. Somewhat false 4. Very true
3. I do the opposite of what people tell me, just to get them mad. Pick one:
 1. Very false 3. Somewhat true
 2. Somewhat false 4. Very true
4. Have you ever belonged to a gang? Pick one:
 1. Yes 2. No
5. If you have ever belonged to a gang, did the gang have a name? Pick one:
 1. Yes
 2. No
 3. I never have belonged to a gang
6. Think of your four best friends (the friends you feel closest to), in the past (12 months), how many of your best friends have been members of a gang? Pick one:
 1. None
 2. 1
 3. 2
 4. 3
 5. 4

7. How old were you when you first belonged to a gang? Pick one:
 1. Never have 6. 14
 2. 10 or younger 7. 15
 3. 11 8. 16
 4. 12 9. 17 or older
 5. 13

8. How wrong do you think it is for someone your age to...

	1. Very Wrong	2. Wrong	3. A little bit wrong	4. Not wrong at all
1. drink beer, wine or hard liquor (e.g., vodka, whiskey or gin) regularly, that is, at least once or twice a month?				
2. smoke cigarettes?				
3. smoke marijuana?				
4. use LSD, cocaine, amphetamines or another illegal drug?				
5. take a handgun to school?				
6. steal anything worth more than \$5.00?				
7. attack someone with the idea of seriously hurting them?				
8. pick a fight with someone?				
9. stay away from school all day when their parents think they are at school?				

9. How many times have you done what feels good no matter what. Pick one:
 1. Never
 2. I've done it, but not in the past year
 3. Less than once a month
 4. About once a month
 5. 2 or 3 times a month
 6. Once a week or more

10. How many times have you done something dangerous because someone dared you to do it? Pick one:

- 1. Never
- 2. I've done it, but not in the past year
- 3. Less than once a month
- 4. About once a month
- 5. 2 or 3 times a month
- 6. Once a week or more

11. How many times have you done crazy things even if they are a little dangerous? Pick one:

- 1. Never
- 2. I've done it, but not in the past year
- 3. Less than once a month
- 4. About once a month
- 5. 2 or 3 times a month
- 6. Once a week or more

12. What are the chances you would be seen as cool if you smoked cigarettes? Pick one:

- 1. None or very little chance
- 2. Little chance
- 3. Some chance
- 4. Pretty good chance
- 5. Very good chance

13. What are the chances you would be seen as cool if you began drinking alcoholic beverages regularly, that is, at least once or twice a month? Pick one:

- 1. None or very little chance
- 2. Little chance
- 3. Some chance
- 4. Pretty good chance
- 5. Very good chance

14. What are the chances you would be seen as cool if you smoked marijuana? Pick one:

- 1. None or very little chance
- 2. Little chance
- 3. Some chance
- 4. Pretty good chance
- 5. Very good chance

15. What are the chances you would be seen as cool if you carried a handgun (other than for hunting or sport)? Pick one:

- 1. None or very little chance
- 2. Little chance
- 3. Some chance
- 4. Pretty good chance
- 5. Very good chance

16. What are the chances that you would be seen as cool if you worked hard at school?

- 1. None or very little chance
- 2. Little chance
- 3. Some chance
- 4. Pretty good chance
- 5. Very good chance

17. What are the chances that you would be seen as cool if you defended someone who was being verbally abused at school?

- 1. None or very little chance
- 2. Little chance
- 3. Some chance
- 4. Pretty good chance
- 5. Very good chance

18. What are the chances that you would be seen as cool if you regularly volunteered to do community service?

- 1. None or very little chance
- 2. Little chance
- 3. Some chance
- 4. Pretty good chance
- 5. Very good chance

19. What are the chances that you would be seen as cool if you made a commitment to stay drug-free?

- 1. None or very little chance
- 2. Little chance
- 3. Some chance
- 4. Pretty good chance
- 5. Very good chance

20. Think of your four best friends (the friends you feel closest to), in the past (12 months), how many of your best friends have....

	None	1	2	3	4
1. smoked cigarettes?					
2. tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?					
3. used marijuana?					
4. used LSD, cocaine, amphetamines, or other illegal drugs?					
5. been suspended from school?					
6. carried a handgun?					
7. sold illegal drugs?					
8. stolen or tried to steal a motor vehicle such as a motorcycle or a car?					
9. been arrested?					
10. dropped out of school?					
11. participated in clubs, organisations, or activities at school?					
12. made a commitment to stay drug-free					
13. liked school?					
14. regularly attended religious services?					
15. tried to do well in school?					

21. Sometimes we don't know what we will do as adults, but we may have an idea. Please indicate how true these statements may be for you.

	1. NO!	2. No	3. Yes	4. YES!
1. When I am adult I will smoke cigarettes				
2. When I am an adult I will drink beer, wine, or liquor				
3. When I am an adult I will smoke marijuana				

22. It is important to be honest with your parents, even if they become upset or you get punished. Pick one:

1. NO! 2. No 3. Yes 4. YES!

23. I think sometimes it is okay to cheat at school. Pick one:

1. NO! 2. No 3. Yes 4. YES!

24. I think it is okay to take something without asking if you can get away with it. Pick one:

1. NO! 2. No 3. Yes 4. YES!

25. It is all right to beat up people if they start the fight. Pick one:

1. NO! 2. No 3. Yes 4. YES!

26. How many times in the past year (12 months), have you participated in clubs, organisations, or activities at school?

1. Never
 2. 1 or 2 times
 3. 3 to 5 times
 4. 6 to 9 times
 5. 10 to 19 times
 6. 20 to 29 times
 7. 30 to 39 times
 8. 40+ times

27. How many times in the past year (12 months), have you done extra work on your own for school?

1. Never
 2. 1 or 2 times
 3. 3 to 5 times
 4. 6 to 9 times
 5. 10 to 19 times
 6. 20 to 29 times
 7. 30 to 39 times
 8. 40+ times

28. How many times in the past year (12 months), have you volunteered to do community service?

1. Never
 2. 1 or 2 times
 3. 3 to 5 times
 4. 6 to 9 times
 5. 10 to 19 times
 6. 20 to 29 times
 7. 30 to 39 times
 8. 40+ times

29. How often do you attend religious services or activities? Pick one:

1. Never
 2. Rarely
 3. 1 – 2 times a month
 4. About once a week or more

These questions ask about how you would act in certain situations. They also ask your opinion about certain things.

1. You are looking at CD's in the music store with a friend. You look up and see her slip a CD under her coat. She smiles and says, "Which one do you want? Go ahead; take it while nobody's around". There is no one in sight, no employees or other customers. What would you do now? Pick one:
 1. Ignore her
 2. Grab a CD and leave the store
 3. Tell her to put the CD back
 4. Act like it is a joke, and ask her to put the CD back
2. It is 8:00 on a weeknight and you are about to go over to a friend's house when your mother asks you where you are going. You say, "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight" What would you do? Pick one:
 1. Leave the house anyway
 2. Explain what you are going to do with your friends, tell her when you will get home, and ask if you can go out
 3. Not say anything and start watching TV
 4. Get into an argument with her
3. You are visiting another part of the Island, and you do not know any of the people your age there. You are walking down the street, and some teenager you do not know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do? Pick one:
 1. Push the person back
 2. Say "Excuse me"; and keep walking
 3. Say "Watch where you're going"; and keep walking
 4. Swear at the person and walk away
4. You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do? Pick one:
 1. Drink it
 2. Tell your friend "No thanks, I don't drink" and suggest that you and your friend go and do something else
 3. Just say, "No thanks" and walk away
 4. Make up a good excuse, tell your friend you had something else to do, and leave

The next few questions ask about how think about life and certain antisocial behaviours.

1. Sometimes I think that life is not worth it. Pick one:
 1. NO! 2. No 3. Yes 4. YES!
2. At times I think I am no good at all. Pick one:
 1. NO! 2. No 3. Yes 4. YES!
3. All in all, I am inclined to think that I am a failure. Pick one:
 1. NO! 2. No 3. Yes 4. YES!
4. In the past year have you felt depressed or sad MOST days, even if you felt OK sometimes? Pick one:
 1. NO! 2. No 3. Yes 4. YES!

5. How many times in the year (the last 12 months) have you...

	1. Never	2. 1 to 2 Times	3. 3 to 5 Times	4. 6 to 9 Times	5. 10 to 19 Times	6. 20 to 29 Times	7. 30 to 39 Times	8. 40+ Times
1. been suspended from school?								
2. carried a handgun (other than for hunting or sport)?								
3. sold illegal drugs?								
4. stolen or tried to steal a motor vehicle such as a car or a motorcycle?								
5. been arrested?								
6. attacked someone with the idea of seriously hurting them?								
7. been drunk or high at school?								
8. taken a handgun to school?								
9. stolen something worth more than \$5?								
10. purposely damaged or destroyed property that did not belong to you (not counting family property)?								
11. taken something from a store without paying for it?								

THANK YOU FOR YOUR PARTICIPATION

END OF SURVEY

REFERENCES

- Arria, A. M., Caldeira, K. M., Kasperski, S. J., O'Grady, K. E., Vincent, K. B., Griffiths, R. R., & Wish, E. D. (2010). Increased alcohol consumption, nonmedical prescription drug use, and illicit drug use are associated with energy drink consumption among college students. *J Addict Med*, 4(2), 74–80. doi:10.1097/ADM.0b013e3181aa8dd4. Retrieved January 23, 2012, from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3058776/pdf/nihms-240328.pdf>
- Arria, A. M., Caldeira, K. M., Kasperski, S. J., Vincent, K. B., Griffiths, R. R., & O'Grady, K. E. (2011). Energy drink consumption and increased risk for alcohol dependence. *Alcoholism: Clinical and Experimental Research*, 35, 365–375. doi: 10.1111/j.1530-0277.2010.01352.x. Retrieved January 18, 2012, from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2923814/pdf/nihms115856.pdf>
- Bejarano, B., Ahumada, G., Sa´nchez, G., Cadenas, N., de Marco, M., Hynes, M., & Cumsille, F. (2011). Perception of risk and drug use: An exploratory analysis of explanatory factors in six Latin American countries. *The Journal of International Drug, Alcohol and Tobacco Research*, 1(1), 9–17. Retrieved February 10, 2012, from <http://www.idatjournal.com/issues/Perception%20of%20Risk%20and%20Drug%20Use%20An%20Exploratory%20Analysis%20of%20Explanatory%20Factors%20in%20Six%20Latin%20American%20Countries.pdf>
- Bjarnason, T. (1995). Administration mode bias in a school survey on alcohol, tobacco and illicit drug use. *Addiction*, 90(4), 555-560.
- Department for National Drug Control (2007). *Communities that care youth survey 2007*. Bermuda. Government of Bermuda.
- Department for National Drug Control (2010). *National household survey 2009*. Government of Bermuda.
- Department for National Drug Control (2014). *2013 National Household Survey. Report of the National Household Survey on Drug Use and Health among the Adult Population in Bermuda*. Government of Bermuda.
- Dillman, D.A., Phelps, G., Tortora, R., Swift, K., Kohrell, J., Berck, J., & Messer, B.L. (2009). Response rate and measurement differences in mixed-mode surveys using mail, telephone, interactive voice response (IVR) and the Internet. *Social Science Research*, 38, 1-18.
- Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2012). *Monitoring the future national results on adolescent drug use: Overview of key findings, 2011*. Ann Arbor: Institute

- for Social Research, The University of Michigan. Retrieved January 28, 2012, from <http://monitoringthefuture.org/pubs/monographs/mtf-overview2011.pdf>
- Libby, A. M., Orton, H. D., Stover, S. K., & Riggs, P. D. (2005). What came first, major depression or substance use disorder? Clinical characteristics and substance use comparing teens in a treatment cohort. *Addictive Behaviors* (30)9, 1649-1662.
- National Center on Addiction and Substance Abuse. (1994). National study shows "Gateway" drugs lead to cocaine use. In R. J. Hackett (Ed.), *Columbia University Record*, 20(4). Columbia University, NY: Office of Public Information. Retrieved January 23, 2012, from http://www.columbia.edu/cu/record/archives/vol20/vol20_iss10/record2010.24.html
- National Institute on Drug Abuse. (Unknown). *Drugs of abuse. Alcohol*. Retrieved January 28, 2012, from <http://www.drugabuse.gov/category/drugs-abuse/alcohol>
- National Institute on Drug Abuse. (2011). *Topics in brief: Tobacco addiction*. Retrieved January 28, 2012, from <http://www.drugabuse.gov/publications/topics-in-brief/tobacco-addiction>
- O'Brien, M. C., McCoy, T. P., Rhodes, S. D., Wagoner, A., & Wolfson, M. (2008). Caffeinated cocktails: Energy drink consumption, high-risk drinking, and alcohol-related consequences among college students. *Academic Emergency Medicine*, 15(5). Retrieved January 23, 2012, from <http://onlinelibrary.wiley.com/doi/10.1111/j.1553-2712.2008.00085.x/pdf>
- Reissig C. J., Strain E. C., & Griffiths R. R. (2009). Caffeinated energy drinks – a growing problem. *Drug and Alcohol Dependence*, 99(1–3), 1–10. Retrieved January 23, 2012, from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2735818/pdf/nihms90556.pdf>
- Spruit, I. P. (Ed.). (2002). *Cannabis 2002 Report*. Ministry of Public Health of Belgium. Retrieved January 28, 2012, from http://www.cpha.ca/uploads/portals/substance/Cannabis_report_2002.pdf
- The Global Youth Network. (Unknown). *Drug trends. Cannabis: A few issues*. Retrieved January 28, 2012, from http://www.unodc.org/youthnet/en/youthnet_youth_drugs_trends_cannabis.html
- United Nations Office on Drugs and Crime. (2003). *Conducting school surveys on drug abuse. Global assessment programme on drug abuse toolkit module 3*. Retrieved November 28, 2011, from <http://www.unodc.org/documents/GAP/GAP%20Toolkit%20Module%203%20ENGLISH.pdf>
- World Health Organization. (1999). *Volatile solvents abuse: A global overview*. Substance Abuse Department Geneva, Switzerland: World Health Organization. p. 54. Retrieved January 28, 2012, from http://www.unodc.org/pdf/youthnet/trends_five.pdf



GOVERNMENT OF BERMUDA
Ministry of National Security

Department for National Drug Control