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NATIONAL STUDY OF DRUG PREVALENCE AND ATTITUDES TOWARDS DRUG USE IN HAITI

REVISED FINAL REPORT

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EXECUTIVE SUMMARY

INTRODUCTION

In order to respond to the apparent rapid growth of drug use in Haiti over the past five years, APAAC (Association for the Prevention of Alcoholism and Other Chemical Additions) commissioned this study to determine the prevalence of drug use, awareness of and the attitudes toward drug use of the Haitian urban population most exposed to substance abuse (between 12 and 45 years of age). The study was conducted by Development Associates, Inc. with the financial support of the United States Agency for International Development (USAID).

METHODOLOGY

This report is based on the results obtained from a probabilistic sample survey of 2,100 respondents aged 12 to 45 years old living in the principal urban areas of Haiti. These cities are: Port-au-Prince, Cap-Haitien, Port-de-Paix, Gonaives, Hinche, Jacmel, Les Cayes, Jeremie, Saint-Marc, Miaragoane and Petit-Goave. The task of collecting data was accomplished between August 11 and September 7, 1990. The survey used approaches and questionnaires developed by Development Associates in Peru and Guatemala, as well as in South and South East Asia and employed as reference documents questionnaires drawn from national surveys in the United States. As in studies in other countries, the instruments were specifically adapted to the language, customs and context of the Haitian situation.

The study sample was limited to those 12 to 45 years of age. This is the segment of the population most likely to be affected by problems of drug use. The study was also limited to urban areas in Haiti because drug problems are most likely to occur in urban settings. The sample was divided into three social classes to include these variables in the analysis.

KEY FINDINGS REGARDING DRUG PREVALENCE IN URBAN HAITI

- The highest levels of lifetime prevalence (numbers having ever used) for marijuana, crack and cocaine occur in Port-au-Prince, suggesting the importance of a high level of prevention activity in that city;

- Lifetime use (prevalence) for all substances is higher among males rather than females (with the exception of crack and inhalants);

- While the age of use (lifetime prevalence) varies widely by substance, those in the sample between 19 and 34 are more likely to have ever used pharmaceuticals, inhalants, marijuana, crack and cocaine, suggesting a relatively new and increasing phenomenon, especially regarding crack and cocaine;

- Large portions of the sample have initiated drug use before they reached 19 years of age, suggesting a need to target groups younger than that age to prevent use;

- Haiti has relatively high levels of current use (use within the last 30 days) as a proportion of lifetime use when compared with a producer country, Peru, but not as high as another drug transit country, Guatemala.

KEY FINDINGS REGARDING KNOWLEDGE ABOUT/ATTITUDES TOWARD DRUGS

- Those sampled felt a variety of factors influenced individuals to use drugs including curiosity, the influence of friends and "bad" habits;

- Most respondents felt that using drugs of any sort was "bad";

- Most people saw drug use as a problem of adolescents (a conclusion not supported by prevalence data);

- Most people saw a willingness to make a commitment as a way out of drug abuse, i.e., if one had the proper moral fiber, one could cease to use drugs;

- At a more general social level, respondents felt that information, education and employment were tools to prevent drug abuse; and

- The majority of respondents (men more than women) had received some information regarding drug abuse. The channels which had provided that information were most likely to be television, radio and friends.

The set of data on prevalence suggests that the problem has a good deal of immediacy given the high level of current use relative to lifetime use, but that the overall level of lifetime prevalence indicates that there is time for drug awareness and education efforts to take hold. There is also a suggestion that information and education activities are likely to be well-received, activities that would need to combine mass media approaches with the use of more interpersonal methods (strengthening community and peer group efforts, for example). The suggestion also came out in the data that APAAC is well-positioned, particularly within Port-au-Prince, to serve as a key element in an awareness and education effort.

RECOMMENDATIONS

In order to develop a national prevention and education program APAAC needs to take into account the following recommendations, based on the results of the survey:

Recommendation One: Based on the data generated in the survey special emphasis needs to be placed on prevention activities focused on marijuana, crack and cocaine use in Port-au-Prince.

Recommendation Two: Awareness and education efforts should be targeted at teenagers under 19 years of age. Special prevention messages should be developed for pre-teens and young teenagers regarding a wide range of substance including alcohol, pharmaceuticals and tobacco since these are often precursors to the use of other drugs.

Recommendation Three: Mass media approaches, particularly the use of television and radio, should be stressed for the upper class and interpersonal techniques, such as community and peer group efforts, should be directed at the lower class.

Recommendation Four: In the development and implementation of awareness and education activities:

1. Research that serves to pretest messages (e.g., focus groups) should be undertaken to ensure that channels and messages are appropriate for each target group; and

2. Continuing efforts should be made to monitor the nature and extent of drug abuse through prevalence surveys and to track attitudes through appropriate public opinion research.

It is important to note that the above recommendations should be implemented using an integral approach, i.e., not focusing on any specific approach or technique, but rather, addressing the entire prevention continuum, information, education, and alternative activities. For example, mass media approaches are fine for publicity and information purposes. Once peoples' attention is drawn to the topic there is a need to be able to provide more substantive support in the form of written materials, training, and technical assistance, as well as mobilizing and organizing the community to take more direct action in drug abuse prevention activities. This requires an extended infrastructure of staff, promoters, volunteers, civic leaders, teachers, and parents. Training courses and materials need to be developed to meet the specific needs of the above groups of people so that they will be able to work effectively with their target groups or constituencies. The interest and efforts of all the involved parties can be maintained and further encouraged through positive reinforcement such as refresher training, recognition of their efforts, and periodic events that bring the groups together to share experiences.

CHAPTER I

INTRODUCTION

A. The Drug Problem in Haiti

Drug use in Haiti has increased dramatically in the past five years. Data gathered from the police, increased demand for drug-related treatment at Haitian health clinics, as well as at APAAC (Association for the Prevention of Alcoholism and other Chemical Addictions), give evidence of this trend.

While these indicators point to a rapidly growing problem, no research existed that measured the nature and extent of drug use in Haiti. A careful and scientifically valid study was needed to determine the patterns of drug abuse and the attitudes of the principal groups at risk regarding drugs, in order to design and carry out an effective national drug prevention program.

B. Objective of the Study

The study described in this report sought to meet that need by establishing baseline data for the following points:

- the level of prevalence of drug use in the segment of the Haitian urban population most exposed to these substances (between 12 and 45 years old);
- the degree of awareness in the Haitian population regarding drugs, and
- the attitudes of the Haitian population towards the use and abuse of drugs.

This study provides the necessary information to allow APAAC to launch national prevention and education programs on the use and abuse of drugs in the country.

C. APAAC

The Association for the Prevention of Alcoholism and other Chemical Addictions (APAAC) is a private volunteer organization (PVO), established in Port-au-Prince, Haiti. It was created in November 1986, in order to promote prevention of drug use and to treat persons who have abuse problems. Given its limited resources, the association's activities have been centered in metropolitan Port-au-Prince. In September 1988, the United States Agency for International Development (USAID) provided APAAC with support to develop a national drug prevention and education program. This study is an important element in the development of that program.

CHAPTER II

METHODOLOGY

This study used approaches developed in Peru and Guatemala as well as in South and South East Asia in the past several years. It employed as reference documents, questionnaires drawn from national surveys in the United States, which represent over twenty years of experience in drug prevalence research. As in studies in other countries, the instruments were adapted to the customs and context of the Haitian situation.

The study took place between the months of November 1989 and October 1990. The task of collecting information was accomplished between August 11 and September 7, 1990.

A. Data Collection Instrument

The research was carried out through a representative sample of cities in Haiti. The questionnaire was developed in the following stages:

1. Preparation of a Preliminary Questionnaire

Since there were no previous studies of the subject undertaken in Haiti, the principal references for designing a questionnaire were studies conducted elsewhere. Studies referenced included "Drug Use and Abuse in Urban Peru" (1986), "Attitudes of Peruvian Opinion Makers" (1985), and "Awareness and Attitudes of the Bolivian Public" (1988).

To assist in developing the instrument, other analyses were undertaken including:

a) a qualitative analysis of the Haitian drug use situation. This was done through a review of available secondary information and from interviews with specialists and experts on the Haitian situation. This served to define those substances consumed in Haiti which deserved to be included in the questionnaire;

b) the drawing up of a preliminary questionnaire in French (official language of Haiti, readily used in academic communication);

c) preliminary pre-test of the questionnaire in French;

d) translation of the preliminary questionnaire in Creole (also an official language of the country, used by all in daily life);

e) a test of consistency of the Creole translation.

2. Preliminary Questionnaire Pre-test

a) A pretest was conducted of the Creole questionnaire in Port-au-Prince using a sample of 110 persons representing all social classes, both sexes, and the age groups of the population targeted by the study (adults and adolescents). It was limited to Port-au-Prince, because this city's population includes migrants from all parts of the country. Also, one can find representatives of all social classes there.

b) Based on the pretest, the preliminary questionnaire was revised. Then a pretest of the corrected questionnaire was conducted on a sample of 10 persons in Port-au-Prince.

3. Final Questionnaire

a) After the last pretest, the final questionnaire in Creole was defined. This was submitted for approval to the directors of APAAC. (See the questionnaire in Appendix A.)

b) The Creole questionnaire was translated into French in order to test the reliability of the original translation. This procedure was necessary since Creole doesn't have a standard grammar. Fairly often, the same words have a different meaning depending on the person that uses them.

As can be noted from the procedures described above, the study had to face two types of problems. The first ones, common to all research of this type, result from the need to adapt instruments to a specific situation. The second set stems from the use of two languages in the country, the most common of which is still in the process of development.

4. Questionnaire Characteristics

The final questionnaire consists of four major sections (see the questionnaire in Appendix B.) These sections are:

a) General awareness of drugs and the importance of the problem in relation to other problems in Haiti.

b) Awareness, personal consumption, and perception of drug use in one's immediate surroundings for each specific substance. The substances covered were:

- Alcohol
- Tobacco
- Prescription Medicines (pharmaceutical)
- Inhalants
- Marijuana
- Crack
- Cocaine

For each substance, the following information was gathered (as appropriate):

- Knowledge of a substance's existence.
- Reasons that lead people to use this substance.
- Perception of availability of a substance in one's neighborhood.
- Knowledge of family, friends or acquaintances who consume the substance.
- The opportunity to use a given substance (for illicit substances).
- Lifetime prevalence of a substance (have ever used a substance).
- Reasons for use.
- Age of first use.
- Frequency of use.
- Current use (when last used)
- Use in combination with other substances.
- Problems caused by one's own use of the substance.
- Problems caused by the use of the substance by persons in one's environment.

c) Attitudes towards drug use, perception of the segments of the population most affected by drugs, and awareness and attitudes regarding the most important ways to avoid or treat the problem.

d) Demographic and background information on the respondent.

B. The Study Sample

1. The Range of the Study

The study was limited to urban areas in Haiti. The principal reason for this decision was that in countries like Haiti, drug problems are most likely to occur in urban areas. For this reason, limiting the study to towns and cities permits one to focus on the most likely areas of drug use in Haiti.

The urban areas in Haiti were separated into three groups:

a) First, the Port-au-Prince metropolitan area (including the communities of Carrefour, Delmas, and Petion-ville) which represents 15.4% of the total population of Haiti, or 925,000 out of 6 million inhabitants (Source: 1990 projection from the "Census of the Total Population and the Population 18 Years Old and Older in 1989", Port-au-Prince, June 1989, I.H.S.). As a proportion of the entire population living in urban areas (1,750,000 inhabitants), Port-au-Prince represents more than 52%. Thus, the Port-au-Prince region constituted the largest sample stratum, or 40% (870 subjects).

b) The other important urban area in Haiti is Cap-Haitien. Concentrated there, according to official figures, are 136,000 inhabitants (2% of the total population of Haiti; 7.8% of the urban population). However, to take into account the recent rapid expansion of that city, we included 360 cases in our sample from Cap-Haitien (17% of the sample).

c) Finally, the other important urban areas in Haiti were grouped together. This third group consisted of Port-de-Paix (18,000 inhabitants), Gonaives (38,000 inhabitants), Hinche (10,000 inhabitants), Jacmel (14,000 inhabitants), Les Cayes (37,000 inhabitants), Jeremie (19,000 inhabitants), St-Marc (27,000 inhabitants), and Miragoane-Petit Goave (8,000 inhabitants). The rest of the subjects (870, or 40% of the sample) came from this last group of cities.

We limited the scope of the study to males and females between the ages of 12 to 45 years old. Based on similar studies in Latin America, this is the segment of the population most likely to be affected by the problems of drug use. Also, it was assumed that children younger than 12 years old could not answer this questionnaire appropriately.

Finally, the concept of social class was used in determining the sample composition. In effect, all of the drug use studies that were reviewed indicate that knowledge of drugs and consumption patterns vary significantly according to social class.

While it is usually easy enough in this type of research to require the inclusion of sufficient numbers of lower class respondents, it is often difficult to locate sufficient numbers of respondents from the upper and middle classes. To assure the inclusion of all three classes in our sample, the Port-au-Prince sample was stratified into three strata: upper, middle, lower, and quotas of 180 for both the upper and middle classes out of the 870 cases included in the Port-au-Prince sample. With respect to other urban centers, the selection of respondents was done at random without prior concern for the respondent's social class. However, respondents in these cities were classified by social class during data analysis, using the socioeconomic background data obtained in the survey.

2. Sample Design

Several concerns had to be addressed in drawing the sample:

a) There has not been any systematic updating of census data since 1982. However, there has been considerable migration toward Port-au-Prince and Cap-Haitien; for this reason, the current figures provided by the Haitian Institute of Statistics do not correspond to the actual demography of Haiti. This situation obliged us to apply certain corrections to the data base, particularly in the case of Cap-Haitien, a city which experienced the most important demographic changes in the opinion of all the experts consulted.

b) Street maps did not exist for all of the sample units selected. It was possible to locate maps dating from 1986 for 95 urban census tracts (UCTs -- secteur d'énumération urbain) the basic census unit of Haiti. For other UCTs selected, it was necessary to resort to aerial maps supplied by the Haitian government organization which is in charge of land registry (ONACA) to produce the street maps. These aerial maps also date from 1986 and thus provided a fairly good approximation of reality.

c) The demographic changes in recent years are reflected in UCTs. Thus, the number of families, which constitutes the UCT base unit, had sometimes doubled or even tripled in certain places. Consequently, we had, in certain cases, to select two sample units (10 families per sample unit) in a given UCT to compensate for high population density. This situation only presented itself in Port-au-Prince, Cap-Haitien and St-Marc.

d) Another concern was assuring coverage of all classes in Haiti. In the case of Port-au-Prince, we made a preliminary classification by social class. But we had to compensate for the fact that, over the course of recent years, the social classes have been intermingled geographically. Thus, we now find upper, middle, and lower class families all within a given neighborhood. For this reason, it was not possible to make the selection of homes in advance. To resolve this difficulty, we first marked off the zones where there was a chance of finding the largest concentration of families from the sought-after class. Then, the interviewers went to these zones with instructions to choose houses that seemed to correspond to the desired social class.

C. Selection of Respondents

1. Port-au-Prince

a) For metropolitan Port-au-Prince, we grouped the UCTs according to the predominant social class. In the cases where the Haitian Statistical Institute did not have the information, it was necessary to group by geographic location. UCTs were selected for the study taking into account social class: thus, for the upper class, 18 UCTs were chosen, 18 for the middle class, and 51 UCTs for the lower class. Given that each UCT was weighted to take into account its population density, the chances of being selected were greater for the UCTs which had a greater number of households within each social class stratum.

For each UCT chosen, we obtained street maps from the Haitian Statistical Institute. We carried out an initial exploratory visit to each UCT in order to verify that it actually had the social class which had been anticipated in the selection process. We also used these initial visits to identify the house located at the extreme southwest of the zone, the designated starting point for household selection within the UCT.

b) To identify the households to be included in the survey, we started with the house located at the extreme southwest of the zone, we selected every nth house (n determined by the size of the UCT) by progressing from the west to the east and then from the south to the north. If one of the chosen houses did not correspond with the sought after characteristics (for example, if it was not a residence, or if there was no one between 12 and 45 years old living in the house), it was replaced with the house preceding it. If that house did not fulfill the required conditions, it was replaced by the house that followed the house originally selected.

c) The selection of a respondent within a family was then made following a procedure suggested by Leslie Kish (Kish, Survey Sampling, 1965, pp. 394-404), taking into account all the people between 12 and 45 years old who live in the house. A table similar to table 2.1 below was used:

Table 2.1
Method Inspired by Kish for the Selection of Respondents (within a family)

Subject	Age	Sex	Final Number of the Questionnaire									
			1	2	3	4	5	6	7	8	9	0
1.	___	M F	1	1	1	1	1	1	1	1	1	1
2.	___	M F	1	1	2	1	2	1	2	2	2	1
3.	___	M F	2	3	1	3	2	2	1	3	1	2
4.	___	M F	3	1	4	2	1	4	3	4	2	2
5.	___	M F	1	4	5	3	2	3	5	1	2	4
6.	___	M F	4	6	3	4	2	5	1	1	5	2
7.	___	M F	7	5	1	1	3	2	6	5	4	2
8.	___	M F	5	1	4	6	1	8	6	2	7	3
9.	___	M F	8	9	3	4	1	7	9	2	5	6
10.	___	M F	9	0	8	4	3	5	7	2	6	1
11.	___	M F	9	0	8	4	3	5	7	2	6	1
12.	___	M F	9	0	8	4	3	5	7	2	6	1

To select a respondent, the interviewer listed each member of the household by age (oldest first). The interviewer then took the final digit of the questionnaire number (all questionnaires having been numbered in advance) and used that digit to determine according to the table the subject to be interviewed. If the person selected was absent, we then made an appointment to meet with them. The interviewer was required to make at least three visits to meet with the chosen person before giving up. If after three tries, there was still no success in finding the selected person, the house preceding the one selected was used. The interviewer then repeated the selection process using the Kish table described above.

2. Other Cities

a) In the case of the other Haitian urban zones, we first identified all the UCTs of the ten cities mentioned in section II.B. Then, we randomly chose 123 UCTs without taking into account social class. We also proceeded with the random selection of an equal number of UCTs in reserve in each city. Thus, we selected 17 UCTs to represent the city of Gonaives, and 17 others under the category of reserve UCTs. We selected 10 UCTs in Cayes, Jeremie, Jacmel, St-Marc and Hinche. For Petit-Goave, 7 UCTs were picked and 3 UCTs for the city of Miragoane. For Cap-Haitien, we randomly chose 36 UCTs in this city.

b) The rest of the selection procedure follows the steps taken for Port-au-Prince.

D. The Field Work

1. Interviewer Preparation

The first part of the training was carried out with a group of experienced interviewers, who have worked regularly in TAG projects. They had the responsibility of designing the pretests of the questionnaire. They participated in the training of other interviewers in the practical aspects of the survey. These people then assumed the role of data collection team supervisors.

The training consisted of the following:

a) Presentation of general information to the interviewers on drugs and drug use.

b) Familiarization of the interviewers with general aspects of survey research, and the importance of precision in collecting data.

c) Presentation of the specific objectives of the study.

d) Instruction in the techniques for the selection of households and individuals to be interviewed.

e) Instruction in the design of the questionnaire and the relevant skip patterns within it.

f) Training in the most adequate techniques for obtaining respondent's confidence.

g) Instruction in means of controlling the problems that could arise during field work.

For the technical aspects of the survey, we used an interviewer manual adapted for this study. (See Appendix C).

At the end of the training period, we proceeded with the selection of the most qualified interviewers.

The entire interviewer training process was conducted in Creole. Only some participation from outside parties was done in French.

2. Field Data Collection

a) Chronology

The fieldwork was undertaken between August 11 and September 7, 1990. This period does not include the supervisor training nor the questionnaire pre-test process. The field data collection was done by 6 teams made up of 4 interviewers and one supervisor.

In the course of the first week in the field, all the teams were concentrated in Port-au-Prince. The administration of the questionnaires was completed within a period of 8 days. After finishing in the metropolitan area, all the teams went to the city of Cap Haitien. Then, the 6 teams were separated into two groups, one group of 4 went to Gonaives, Port-de-Paix and St-Marc and one group of 2 went to Hinche. Two weeks later, the 6 teams went to the south of the country, to the cities of Jeremie, Cayes, Petit-Goave, Miragoane and Jacmel.

b) The Research Climate

The period of research was especially rich in political events which affected the schedule of activities. Thus, between the preparation period and the final development of the survey, we witnessed:

- Promises of impending elections which were never fulfilled, but which imacted on initial preparations;
- Riots which led to the downfall of General Prosper Avril's government;
- The seizure of power by a transitory government, with Mrs. Ertha Trouillot as president;
- Political and social tension due to economic problems and to different social factors, including apparently very dangerous groups of delinquents;
- A period of election preparation, during which, the attitudes of the population were obviously put under extreme tension.

All of these events, besides making it difficult to adhere to the planned deadline for the research, strongly influenced the ease of access into people's homes at the time of the surveys. This was particularly true for families of more affluent social classes as well as in some particular geographic sectors.

Furthermore, given the level of social tension, it was fairly difficult, even dangerous, to go out at night to interview, especially in lower class districts. In order to compensate for this situation, we worked in those districts on weekends and holidays. Despite all the difficulties, the survey took place without serious incident.

3. Confidentiality and Cooperation

The questionnaire and interview procedure was designed to assure the anonymity of the respondents. The cooperation of the Haitian population, apart from the few problems previously mentioned, was excellent. Only in the UCTs of the upper class in the Port-au-Prince sector was there a rate of refusal between 10 to 15%. Elsewhere, there were virtually no refusals. The method of selection for the sample, which anticipated at least three attempts to meet with the respondent proved to be quite efficient and accounts for the high rate of participation.

CHAPTER III

RESPONDENT CHARACTERISTICS

A. The Population Studied

As was specified in the preceding chapter, we defined our subject universe as the Haitian population living in urban areas, between 12 and 45 years old.

We begin with a general presentation of information about the respondents who participated in the survey. This presentation will allow a better understanding and appreciation of the results to follow in Chapter IV concerning the prevalence of drug use in Haiti. Chapters IV, V and VI report the principal findings of the study. (For details of the breakdown of responses by question, see Appendix B.)

B. Demographic Characteristics of the Sample

Table 3.1 shows the composition of the survey sample in terms of age and sex. The sample is predominantly female (56.4% versus 43.6%), which was expected since we knew that a large portion of the men emigrate from Haiti in order to find work and eventually send for their families. Furthermore, the United Nations' statistical data for 1985 shows that the population of Haitian urban areas is 55% women, and that this proportion increases to 57.6% for the age group 10-45 years old.

As for age, an approximate calculation - the only one allowed in the case of a variable category like this - would give an average age of around 24 or 25 years old. There is a drop across the age categories between 25 and 39 years old, quite likely due to high rates of emigration noted above. Also, for some unknown reason the percentage in the 12-14 years old category is about half that expected compared with the next two age categories.

Table 3.1
Composition of the Sample in terms of Sex and Age Group

Ages	Total	Men		Women		Total	
	%	#	%	#	%	#	%
12-14 years old	7.1	66	44.6	82	55.4	148	100.0
15-18 years old	16.3	140	41.1	201	58.9	341	100.0
19-24 years old	26.1	248	45.5	297	54.5	545	100.0
25-29 years old	17.9	163	43.4	213	56.6	376	100.0
30-34 years old	13.1	114	41.6	160	58.4	274	100.0
35-39 years old	8.9	87	46.8	99	53.2	186	100.0
40-45 years old	10.7	95	42.4	129	57.6	224	100.0
TOTAL	100.0	914	43.6	1181	56.4	2095	100.0

Table 3.2 indicates the population distribution by city. One can see that the objective that was sought in terms of a sample was attained.

Table 3.2
Sample Distribution by City

	#	%
Port-au-Prince	868	41.3
Cap-Haitien	359	17.1
Port-de-Paix	82	3.9
Gonaives	169	8.0
Hinche	118	5.6
Jacmel	100	4.8
Les Cayes	100	4.8
Jérémie	100	4.8
St.-Marc	100	4.8
Miragoane - Petit Goave	101	4.8
TOTAL	2100	100.0

Table 3.3 reports the marital status of the respondents: the majority of respondents are single, and only 18.1% of the respondents are married. There evidently is a high proportion of singles, but that can be explained in part by the fact that traditional marriage is a widespread institution only in the upper classes. The majority of Haitians instead cohabitate, either "placé" or "live with." When adding these last two categories, one gets a percentage of 18.9% of the respondents who live together as couples. Nevertheless, one can also suppose that rather than give the two responses ("placé " and "live with"), some respondents preferred to answer "single," which conforms more to their official status in the eyes of the government.

Table 3.3
Distribution of the Population by Marital Status

	#	%
Single	1220	58.1
Live with	89	4.2
Placé	308	14.7
Married	380	18.1
Separated/divorced	64	3.0
Widower/Widow	38	1.8
Other	1	0.0
TOTAL	2100	100.0

This analysis is confirmed by the fact that in Table 3.4, one only finds 3.8% of the respondents who indicate they are "living alone," whereas 62.6% live with parents or with their family. Only 28.7% of the respondents live in American-style family units, as a couple with their children and no other member of the family. This style of family organization is more frequent in the upper social classes.

Table 3.4
Distribution of the Population by Household Composition

	#	%
Alone	79	3.8
With parents or family	1313	62.6
With your wife/husband, your children	602	28.7
Only with your children	93	4.4
Other	12	0.5
TOTAL	2099	100.0

An analysis of the education level in our sample also proves to be very useful. One sees in Table 3.5 that 36.1% of the respondents have not gone beyond the "middle school 1-2" level and thus have not undertaken secondary level studies ("high school").

Table 3.5
Distribution of the Population
by Level of Education and Degree of Illiteracy

	#	%
Illiterate, some elementary	168	8.0
Preparatory 1, 2	179	8.5
Middle school 1, 2	412	19.6
Secondary through 3rd	714	34.0
Secondary above 3rd	508	24.2
Certified technician	23	1.1
University - Incomplete	42	2.0
University - Graduated	44	2.1
Specialization	9	0.4
TOTAL	2099	100.0

Table 3.6 describes the sample composition in terms of occupation. The major phenomenon worth pointing out is the very high percentage of unemployment (42.6%), which gives an indication of the general economic situation in Haiti. This percentage increases to 74% when one asks the respondents if they have worked in the course of the last 12 months (although this category includes a certain number of children and women at home who are less liable to work outside their household).

Table 3.6
Composition of the Population by Occupation

	#	%
Manufacturer/Businessman	9	0.4
Upper-level Employee	14	0.7
Merchant	156	7.5
Government Employee	73	3.5
Professional	179	8.6
Military	6	0.3
Student	510	24.4
Laborer	55	2.6
Farm Laborer	4	0.2
Farmer	17	0.8
Day-laborer	33	1.6
Craftsman	42	2.0
Housewife	62	3.0
Unemployed	891	42.6
Other	38	1.8
TOTAL	2089	100.0

A final characteristic of the sample we measured is the rate of ownership of certain durable goods, specifically, radios, televisions, and refrigerators. The results appear in Table 3.7. The relatively high rate of ownership of this equipment for a country like Haiti can be explained by the fact that our sample is exclusively urban. We presume that these results would have been lower if we had included rural respondents in our sample.

Table 3.7
Composition of the Population According to Ownership of Durable Goods (N = 2096)

	#	%
Radios	1908	91.0
Televisions	1351	64.5
Refrigerators	761	36.3

C. Social Class of the Survey Respondents

Social class is an extremely important variable in any study of drug consumption prevalence. Thus, any review of similar, previously published studies indicates that the level and type of drug use varies according to social class.

Consequently, it is fitting to be cautious when defining this variable. This is not an insignificant problem since the classic studies on social class and their identification were all done in the context of economically developed countries like the United States. We thus had to identify a series of criteria which determined membership to whichever social class corresponded to and revealed the social reality in Haiti.

The first criteria used was the respondent's type of home. One finds a large variety of materials used in the construction of houses in Haiti. Wealthier people, and thus the middle and upper classes, may choose to use either stone (rocks, blocks) or masonry (cement), whereas those from the lower classes often live in homes where the walls are made of boards, straw or even of cardboard or sheet-iron. The roofing (concrete or sheet-iron) as well as the floor (mosaic or ceramic) also indicate the presence of middle and upper classes.

We thus divided the sample into two parts depending on the answers to question 1013 (1 or 2 correspond to the middle and upper classes), 1014 (1 or 2), and 1015 (1 or 2). A similar criterion is the source of electricity: those people from the disadvantaged classes either do not have electricity or they use illicit connections to supply electricity. Consequently, the respondents also had to answer 2 to question 1016 to be considered part of the middle and upper classes. Finally, the water supply had to come from indoor pipes, rather than from public fountains, springs or rivers, for example, to be included in the middle and upper classes. Consequently, the respondent also had to answer 1 to question 1017.

This first separation on questions 1013, 1014, 1015, 1016 and 1017 led to a division of the sample into two parts: 44.5% of the respondents qualifying for the middle and upper classes, and 55.5% not fitting the criteria mentioned above. Another criterion of elimination was applied to obtain the 44.5% of the sample considered a part of the middle and upper classes: it was necessary for the respondents to own the three types of durable goods mentioned in question 1021, i.e., radio, television and refrigerator.

Following that, the group was divided in two, on one side the residents of Port-au-Prince, and on the other those of Cap-Haitien and other cities. For those from Port-au-Prince, where we knew that the UCTs provided an indication of social class, we retained the respondents from the upper class UCTs as the upper class group. We also added to this group all those respondents who in the sample gave either manufacturer/businessman or upper-level employee as their occupation. This group represents a total of 122 respondents, or 5.8% of our sample (See table 3.8 below). The middle class segment was thus made up of the rest of the respondents in the upper 44.5%. Thus, the middle class segment consisted of 811 respondents, that is to say 38.7% of the sample.

Table 3.8
Composition of the population by social class

Upper class	5.8%	(n = 122)
Middle class	38.7%	(n = 811)
Lower class	55.5%	(n = 1163)
	100.0%	2096

CHAPTER IV

DRUG PREVALENCE IN HAITI

The epidemiology of drugs is the science of the measurement of the nature and extent of drug abuse in a given geographic area in a given time frame. The most basic category of such measurement is the concept of "lifetime prevalence," use by an individual of a given substance at least one time in that subject's life. A second common measurement is "current use" or "thirty day prevalence" referring to use of a given drug within the thirty day period prior to the moment of being interviewed. Taking the measures of lifetime prevalence and current use together provides a good description of both the existence and intensity of a drug problem. This chapter examines the patterns of drug prevalence among the Haitians included in the universe of this study, all those persons between the ages of 12 and 45 years located in the country's urban areas.

A. Lifetime Prevalence

To determine lifetime prevalence, those interviewed were asked if they have ever used the various substances included in the study. (In the case of alcohol and tobacco the question regarding frequent use was substituted since the responses to ever used was considered ambiguous.) Alcohol and tobacco have the highest lifetime prevalence among all the substances studied (see Table 4.1) followed by prescription drugs, inhalants, cocaine and crack-cocaine. Alcohol use is higher in the group of smaller towns and cities, while inhalant use is higher in Cap-Haitien and Port-au-Prince. However, neither difference falls outside the confidence limits of the study, so neither difference is statistically significant. Lifetime prevalence of marijuana, crack and cocaine use are far higher in Port-au-Prince than all other urban areas, suggesting that the principal center of illicit drug use in Haiti is the capital city.

Table 4.1
Lifetime Prevalence by City (%)
(N = 2100)

	Port-au-Prince	Cap-Haitien	Other	Total
Tobacco	26.5	20.4	26.3	25.1
Alcohol	57.7	53.6	60.8	57.8
Pharmaceuticals	3.3	3.4	3.4	3.3
Inhalants	3.5	3.6	2.6	3.1
Marijuana	4.6	0.6	2.2	2.9
Crack	0.7	0.3	0.0	0.3
Cocaine	1.4	0.3	0.5	0.8

As Table 4.2 indicates, men are more likely than women to consume alcohol, tobacco, prescription drugs, marijuana and cocaine, while women are more likely to use inhalants and crack. It should be noted that in the case of crack the low percentages and low

number of respondents indicating use makes this generalization a very tentative one. Also, the relative differences in lifetime prevalence between men and women for all substances except cocaine are small.

Table 4.2
Lifetime Prevalence by Gender (%)
(N = 2100)

	Men	Women	Total
Tobacco	25.9	24.5	25.1
Alcohol	60.3	56.4	57.8
Pharmaceuticals	3.8	3.0	3.3
Inhalants	2.8	3.4	3.1
Marijuana	3.5	2.5	2.9
Crack	0.2	0.4	0.3
Cocaine	1.8	0.1	0.8

In terms of age (Table 4.3), older groups are more likely to have ever used tobacco than younger groups. In the case of alcohol, the group with the highest lifetime prevalence is the group between 19 and 24 years of age, although older groups ranging through those 35-39 years of age show quite similar levels of prevalence. Those 40-44 show a lower level of prevalence than other adult groups Lifetime inhalant prevalence is most likely to be found among those in either the youngest groups (12-18) or the oldest groups (35-45) in the study. This may indicate that there are two separate types of inhalant problems and therefore two separate target audiences; which needs to be the subject of further research. Lifetime marijuana prevalence increases steadily up to the 30-34 age group and is most common is in the age cohorts between 25 and 39 years of age, but shows a substantial drop in the 40-45 age group.

Table 4.3
Lifetime Prevalence by Age (%)
(N = 2100)

Age/Substance	12-14	15-18	19-24	25-29	30-34	35-39	40-44	Total
Tobacco	3.4	11.8	21.0	28.6	33.2	37.0	46.2	25.1
Alcohol	46.6	54.0	62.7	59.6	58.4	62.4	55.4	57.8
Pharmaceuticals	0.7	2.1	3.8	4.8	5.1	1.6	2.7	3.3
Inhalants	3.4	3.8	2.9	2.1	2.6	4.3	3.6	3.1
Marijuana	0.7	1.2	2.9	4.0	5.1	4.8	0.9	2.9
Crack	0.0	0.3	0.4	0.5	0.4	0.0	0.0	0.3
Cocaine	0.0	0.6	0.6	1.1	1.8	0.0	1.3	0.8

Lifetime pharmaceutical prevalence is most common in the age groups ranging from 19-34 years. Lifetime cocaine prevalence is most heavily concentrated in those between the ages of 25 and 34 years, while lifetime crack prevalence tends to be more evenly distributed across those who are 15-34.

Table 4.4
Age at First Use as a Percentage of Those Having Ever Used (%)

Age/Substance	0-11	12-14	15-18	19-24	25-29	30-34	35-39	40-44
Tobacco	6.1	13.3	44.4	25.8	7.0	2.1	0.8	0.6
Alcohol	17.4	20.6	34.5	20.7	3.7	1.6	0.9	0.7
Pharmaceuticals	0.0	11.4	21.3	37.1	15.6	8.7	4.2	1.5
Marijuana	1.7	4.8	32.8	27.9	27.9	3.4	1.7	0.0
Crack	0.0	0.0	36.8	36.8	13.2	13.2	0.0	0.0
Cocaine	0.0	0.0	15.5	21.1	42.2	0.0	11.1	5.6

An important variable in designing a drug prevention strategy is the age of initiation of use of a given substance. That variable defines the youngest population at risk of use as well as providing insights into the sequence in which initiation into use of various substances takes place. As indicated in Table 4.4, 38% of those interviewed initiated alcohol use before their fifteenth birthday as compared with 19.4% for tobacco, 11.4% for pharmaceuticals and 6.5% for marijuana. The majority of all those interviewed who have ever used alcohol and tobacco have initiated use before their nineteenth birthday, as have 39.3% of those who have ever used marijuana and 36.8% of those who have ever used crack, but only 15.5% of those who ever used cocaine. A comparison of the age of initiation for crack versus cocaine suggests that interest in crack may be supplanting cocaine among adolescents and young adults or that there is a shift from crack to cocaine over time. Again further research on this issue would be useful.

Comparing the data in Table 4.3 with the data in Table 4.4 provides further inferences. The lifetime use data for tobacco shows a consistent increase with age in Table 4.3; yet the age of first use is overwhelmingly, between 12 and 24 years of age. Older age groups show higher rates of prevalence than younger groups. This strongly suggests that the use of tobacco among the youth of Haiti has become substantially less popular than it used to be among those in the upper age ranges of this sample. The pattern for alcohol use across the two tables, on the other hand, shows a similar early first use but fairly flat lifetime prevalence levels across age categories, suggesting a fairly stable pattern of alcohol use by youth over the years. The patterns for pharmaceuticals suggests an increasing popularity among youth, but with some of the somewhat older persons in the sample trying these drugs for the first time in recent years. The patterns for marijuana, cocaine, and crack are generally similar to each other and suggest an introduction to these substances at a somewhat older age on average, but also with increasing popularity in recent years. Since age of first use for inhalants are not available, such as interpretive analysis cannot be done for this substance.

The upper class is more likely to have ever used tobacco than the middle or lower class (Table 4.5). The middle class is most likely to have ever used all other substances. It should be noted, however, that the differences in lifetime prevalences among social classes are not great except for crack, cocaine, and possibly marijuana.

Table 4.5
Lifetime Prevalence by Social Class (%)
(N = 2100)

	High	Middle	Low	Total
Tobacco	30.3	25.4	24.6	25.1
Alcohol	59.7	63.1	55.3	57.8
Pharmaceuticals	2.5	4.0	3.0	3.3
Inhalants	2.5	3.7	2.8	3.1
Marijuana	1.8	3.3	2.8	2.9
Crack	0.0	0.7	0.1	0.3
Cocaine	0.0	1.5	0.4	0.8

B. Current Use

Those who report having used a substance in the thirty days prior to the interview, using commonly accepted epidemiological categories, are referred to as current users of that substance. Levels of current use for the sample (Table 4.6) range from 9.5% for tobacco to 0.1% for crack and cocaine. Men are more likely to be current users than women for all substances studied, but the differences are not large.

Table 4.6
Current Use of Substances by Gender (%)
(use in the last 30 days)

	Men	Women	Total
Tobacco	10.7	8.6	9.5
Alcohol	7.2	5.1	6.0
Pharmaceuticals	0.6	0.1	0.3
Marijuana	1.2	0.8	1.0
Crack	0.1	0.0	0.1
Cocaine	0.2	0.0	0.1

Older interviewees are more likely to be current users of tobacco and alcohol than younger one (Table 4.7). Heaviest current use for other substances tends to be in the 25 to 39 age categories.

Table 4.7
Current Use of Substances by Age (%)
(use in last 30 days)
(N=2100)

Age/Substance	12-14	15-18	19-24	25-29	30-34	35-39	40-44	Total
Tobacco	0.7	2.9	7.2	12.8	9.9	16.1	20.1	9.5
Alcohol	2.0	2.6	5.1	6.7	7.7	9.7	9.8	6.0
Pharmaceuticals	0.7	0.0	0.0	0.3	1.5	0.0	0.0	0.3
Marijuana	0.0	0.9	0.7	1.3	1.1	2.2	0.5	1.0
Crack	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.1
Cocaine	0.0	0.3	0.0	0.0	0.4	0.0	0.0	0.1

The highest level of current use for all substances is located in Port-au-Prince. Cap-Haitien and other cities display similar levels for all substances except tobacco and marijuana, which are used more in the other cities than in Cap-Haitien (Table 4.8).

Table 4.8
Regular Use of Substances by City (%)
(last 30 days)

	Port-au-Prince	Cap-Haitien	Other	Total
Tobacco	11.7	5.6	9.0	9.5
Alcohol	8.6	4.2	4.1	6.0
Pharmaceuticals	0.5	0.3	0.1	0.3
Marijuana	1.7	0.0	0.6	1.0
Crack	0.1	0.0	0.0	0.1
Cocaine	0.2	0.0	0.0	0.1

Current users of alcohol and pharmaceuticals are more likely to come from the upper class (Table 4.9) than from other classes, while current users of tobacco and marijuana are more likely to come from the middle class. Crack is more likely to be used by those in the middle class while equal percentages of those in the middle and lower classes are likely to use cocaine.

Table 4.9
Regular Use of Substances by Social Class (%)
(last 30 days)

	High	Middle	Low	Total
Tobacco	9.0	10.4	9.0	9.5
Alcohol	8.2	5.8	5.9	6.0
Pharmaceuticals	0.8	0.3	0.3	0.3
Marijuana	0.8	1.4	0.7	1.0
Crack	0.0	0.1	0.0	*
Cocaine	0.0	0.1	0.1	*

* less than 1/10 of one percent

Helpful to an understanding of the dimensions of the drug problem in Haiti is an examination of the relationship between lifetime prevalence and current use; that is to say, between those who report having ever used a given substance and those who indicate that they have used it in the last thirty days. This relationship provides an indicator of the immediacy and intensity of the drug problem in the areas sampled. Looking at that relationship (Table 4.10), it is clear that sizeable proportions of those who have ever used tobacco, marijuana, and crack are current users, far more so than is the case with pharmaceuticals; with the proportions for cocaine and alcohol in between.

Table 4.10
Relationship between Lifetime Prevalence
(have ever used) and current use (%)
(in last 30 days)

	Lifetime Prevalence	Current Use	Current Use as a Percentage of Lifetime Prevalence
Tobacco	25.1	9.5	37.9
Alcohol	57.8	6.0	10.4
Pharmaceuticals	3.3	0.3	9.4
Inhalants	3.1	--	--
Marijuana	2.9	1.0	34.5
Crack	0.3	0.1	33.3
Cocaine	0.8	0.1	12.5

C. The Drug Problem in Context

If we compare the ratio for marijuana, crack and cocaine in Haiti with the same ratios gathered in studies of Peru and Guatemala, we can see that in Haiti the problem of marijuana is more immediate than in Peru, although it is less immediate than that of Guatemala (Table 4.11). In Haiti, 34.8% of those who have ever used marijuana are current users as compared with 7% in Peru and 60.7% in Guatemala. With respect to cocaine, the ratios in Haiti are 12.5% as compared with 3.8% for Peru and 18.3% for Guatemala, but the rate for crack in Haiti (33.3%) is higher than for Guatemala.

Table 4.11
Percentage of Those Who Have Ever Used
Who Are Current Users
in Peru, Guatemala and Haiti

	Peru	Guatemala	Haiti
Marijuana	7.0	60.7	34.5
Cocaine/Crack	3.8	18.3*	12.5/33.3
Inhalants	11.1	34.2	0.0**

* Includes Crack
** No current users

Another measure of the intensity of the drug problem in Haiti is the overall level of use of psychoactive substances. Summing together the lifetime prevalence of use of pharmaceuticals, marijuana, inhalants, crack and for cocaine, the level of the population in urban areas that has used one (or more) of these substances is 9.5% (Table 4.12). As would be expected given the data on a substance by substance basis, men are somewhat more likely to have ever used any of the substances than women. Those in Port-au-Prince are more likely than those elsewhere to have ever used these substances and those in the middle class register the highest level of prevalence among all social classes. Individuals between the ages of 19 and 34 are more likely to have ever been users with the highest level among those 30-34 years of age.

Table 4.12
Percentage Having Ever Used Prescription Medicines, Inhalants, Marijuana, Crack and/or Cocaine
(N = 2100)

Men	10.9
Women	8.4
Port-au-Prince	12.5
Cap-Haitien	6.9
Other	7.5
High	6.5
Middle	11.1
Low	8.7
12-14	4.7
15-18	7.6
19-24	10.1
25-29	11.2
30-34	11.7
35-39	9.7
40-45	8.3
Country Total	9.5

D. Other Indicators of the Drug Problem

Several other indicators were included in the questionnaire to measure both the perceived intensity of the drug problem and its consequences. One indicator is the degree to which respondents believe that they have or have had a problem as a consequence of the use of a given psychoactive substance. As Table 4.13 demonstrates, virtually half of all those who have ever used a substance indicate that they have had a problem or problems as a consequences of that use. The most common problem is health related, although in the case of marijuana there are roughly equal numbers who indicate familial as well as health concerns and for cocaine equal numbers indicate social relations and familial as well as health concerns. This of course did not impede those involved from trying the drugs in question, although there is a possibility that such problems might influence continued use. Further research into use patterns among a population of users would be needed to explore these possibilities.

Table 4.13
Personal Problems due to Substance Use (%)
(N = number of consumers of each substance)

	Health	Social Relations	Studies	Family	Finances	Work	% of People with Problem
Tobacco	85.5	10.2	0.0	8.1	7.0	0.5	(n=185) 49.8
Alcohol	76.4	18.1	0.0	11.1	11.0	0.0	(n=164) 44.5
Pharmaceuticals	50.0	20.0	0.0	20.0	10.0	0.0	(n=23) 43.4
Marijuana	40.9	22.7	4.5	40.9	18.2	0.0	(n=41) 53.7
Crack	100.0	0.0	0.0	0.0	0.0	0.0	(n=6) 50.0
Cocaine	30.0	30.0	0.0	30.0	10.0	0.0	(n=12) 58.3

Another indicator is the extent to which respondents are aware of the drug problem among their friends and acquaintances. As Table 4.14 shows, considerably higher percentages of respondents report current drug use among their friends than report self-use. This is particularly the case for substances such as crack and cocaine, but is also true for tobacco. Of interest to note is that the rank order of current use by at least one friend is the same as for the self-reported lifetime data, with the notable exception of tobacco use, generally confirming the self-reported data. However, this bolsters the suspicion that self-reported lifetime tobacco use was underreported for some reason. The average number of users known deviates from this pattern and is relatively flat, suggesting that this latter index is unreliable.

Table 4.14
Current Prevalence Among Friends (%)

	% of respond who know at least one person who consumes (N = 2100)	Average number of known persons who consume
Tobacco	73.4	7.1
Alcohol	43.8	6.3
Pharmaceuticals	8.1	4.0
Inhalants	4.2	5.1
Marijuana	9.0	5.1
Crack	1.6	4.7
Cocaine	4.2	5.2

As might be anticipated, higher levels of drug prevalence among friends are reported for Port-au-Prince than for other cities except in the case of inhalants (Table 4.15). Generally these data are consistent with the lifetime and current use self-report data presented above.

Table 4.15
Knowledge of Other Consumers by City (%)

	Port-au-Prince	Cap-Haitien	Other
Tobacco	73.4	68.0	75.2
Alcohol	50.3	48.0	49.9
Pharmaceuticals	9.9	7.2	6.7
Inhalants	3.8	5.0	4.1
Marijuana	9.5	8.1	8.7
Crack	1.8	1.1	1.5
Cocaine	4.7	3.9	3.7

As a further indicator of the perceived intensity of the problem, respondents were asked about the ease of obtaining various substances. A substantial portion of the sample (around one-third) did not know what to respond, while roughly similar proportions felt that inhalants, marijuana, crack and cocaine were difficult to obtain (Table 4.16). On the basis of perceived availability, those sampled who were able or willing to express an opinion saw one limiting factor on the problem, the facility of access to drugs. One caveat in this regard is that inhalants were perceived in the same way as illicit drugs even though most inhalants are commonly available substances, such as glue or cleaning fluids, that are generally sold for other purposes than use as psychoactive substances.

Table 4.16
Degree of Facility in Obtaining:
(%) (N = 2095)

	Inhalants	Marijuana	Crack	Cocaine
Very easy	13.7	12.7	10.2	6.1
Not very easy	17.7	22.7	15.7	16.5
Very difficult	34.3	30.7	37.3	40.2
Don't Know	34.2	33.7	36.7	37.1

CHAPTER V

OPINIONS AND ATTITUDES TOWARDS DRUG USE IN HAITI

This chapter analyzes Haitian attitudes toward drug abuse. The discussion begins with a review of general attitudes toward drug use and its causes, followed by opinions of the respondents regarding the groups most affected by the problem. Then, the attitudes toward possible solutions to the problem are examined. Finally, the level of information and knowledge of the problem is discussed.

A. Haitian Opinions on Drug Use

The first two questions in the survey deal with the intensity of certain social problems in Haiti. The objective of these questions was to measure the perception of the problems linked to drug use in relation to other social problems in Haiti.

As would be expected, the principal problems that concern the respondents are economic in nature. These are unemployment and the presence of homeless people as mentioned by 48.6% and 41.1% of the respondents, respectively. The third most important problem is the absence of water and electricity. Drug use alone is mentioned spontaneously by only 1.5% of the respondents. However, as is shown in Table 5.1, when one presents a list to the respondents of possible problems, the percentage identifying drugs increases to 36.1%. Obviously, current poor economic conditions in Haiti make the problems of drug use far less salient.

Table 5.1
Opinions on the Most Important Problems
Which Affect the Respondent's Neighborhood
(N=2100)

	% Spontaneous Mention	% Assisted Mention ("serious problem")
No health department	13.6	72.4
Drug Use	1.5	36.1
Lack of schools	4.9	51.5
"Zenglendo" (gangs)	5.5	40.4
Homeless	41.1	---*
Unemployment	48.6	92.4
Lack of water, electricity	40.8	76.9
Rats, pollution	10.4	---*
Other	0.0	2.2

* Not on the list of alternatives

Another important concern for us to measure was what, according to the respondents, motivates people to use drugs. We asked every respondent that question for all the substances. Table 5.2 presents the results in a comparative form. One sees certain interesting differences which are important to note. People believe that the influence of friends and personal problems are key determinants of the use of such drugs as marijuana, crack and cocaine, but curiosity also has a bigger role in the use of these substances than for others. Personal problems are the primary reasons given for tobacco and alcohol use, but habits are more often thought of than for other substances when explaining tobacco and alcohol consumption. The need for recreation is also an important reason when explaining alcohol consumption. Self-medication is the primary reason given for using medications, but personal problem is another reason given, although most respondents do not know of reasons for using these substances. In general, inhalant use is harder to justify in the eyes of the respondents.

Table 5.2
Opinions on the Reasons Which Push Others to Use Drugs And Other Toxic Substances (%)

	n=2100 Tobacco	n=2098 Alcohol	n=2098 Medication	n=2099 Inhalants	n=665 Marijuana	n=167 Crack	n=493 Cocaine
Friends' influence	16.3	14.5	1.7	3.9	48.0	41.3	44.0
Habit/Bad habit	28.7	26.4	2.1	6.0	11.9	19.2	14.6
Curiosity	2.0	1.8	1.5	1.6	15.5	16.2	13.2
Personal problem	65.0	44.2	9.2	7.2	34.5	31.1	36.6
Publicity	0.9	1.0	0.5	0.1	1.4	3.6	1.6
Recreation	12.9	35.8	2.0	2.7	14.9	16.1	16.3
Pretense/Airs	12.0	5.8	--	0.6	11.1	8.4	8.1
Love it	4.0	9.6	--	4.2	6.8	6.6	6.1
Ignorance	1.6	1.7	--	3.0	3.3	9.6	5.7
Unemployment	8.0	6.0	--	1.2	8.4	9.0	--
Only for medical reason	--	--	25.7	--	--	--	--
To regain one's force/recover	--	--	3.1	--	--	--	--
Other	1.6	--	0.8	2.8	14.9	4.2	--
Don't Know	7.4	13.0	57.1	73.5	8.7	12.0	10.0

An interesting phenomenon to mention is that, of the reasons that justify crack consumption, the two which stand out also appear to be somewhat contradictory. The publicity made about crack would be, for 3.6% of the respondents, an incentive to use that drug. At the same time, 9.6% of the respondents mention that ignorance is at the origin of crack use. These are the highest response rates given for these reasons.

Another question (919) measures the principal reasons people have for using drugs. The results are included in Table 5.3. Again, one's peer group appears to be a major source of influence, followed by the existence of various psychological problems. Simple curiosity is also considered an important factor.

Table 5.3
Opinions on the Main Reasons that Push People to Use Drugs in General (%)
(N=2099)

	Yes	No
Psychological Problems	29.8	70.2
Family Problems	17.0	83.0
Problems with Friends	8.5	91.5
Friends and Neighbors	35.2	64.8
Curiosity	21.5	78.5
Because it's easy to find	4.2	95.8
Other	32.7	67.3

An examination of these results in relation to main socio-demographic characteristics shows that men are more systematically inclined to give specific reasons for drug use than are women (Table 5.4). One also sees that young adolescents (12 to 14 years old) mention friends' influence more and the influence of friends and neighbors less, than do older people. Also, family problems are given more often by persons 30-34 years of age as a reason for drug use than are given as a reason by other age groups, perhaps associated with trying to start a family of their own under difficult economic conditions. The citizens of Port-au-Prince most often mention psychological reasons and problems with family and friends. Finally, psychological reasons are given most by the upper class, and family problems given most as a reason by the lower class.

Table 5.4
Perception of Reasons for Drug Use (%)

		Psychological Problems	Family Problems	Friends	Friends and Neighbors	Curiosity	Facility
Sex	Male	32.6	17.9	9.0	37.2	23.5	4.7
	Female	27.7	16.3	8.2	33.6	19.9	3.8
Age	12-14	31.1	16.2	12.8	29.7	20.9	6.1
	15-18	28.7	13.5	7.3	34.9	22.0	3.8
	19-24	31.1	18.1	8.4	35.3	22.5	5.3
	25-29	29.9	16.8	6.7	36.5	21.3	3.7
	30-34	29.6	23.0	11.7	33.2	21.2	4.0
	35-39	28.0	14.1	7.5	33.9	20.4	2.7
	40-45	29.5	16.1	7.6	40.6	20.5	3.1
City	Port-au-Prince	34.4	21.6	11.6	36.9	23.5	3.7
	Cap-Haitien	26.2	13.1	5.8	37.6	22.3	2.2
	Other	26.8	14.0	6.4	32.5	19.2	5.5
S-C	Upper	36.1	10.7	4.1	35.2	18.9	4.1
	Middle	33.2	16.5	9.1	36.7	22.2	4.1
	Lower	26.9	18.1	8.6	34.2	21.3	4.3

As for attitudes toward the consumption of the various substances included in our research, the percentage of respondents affirming that these substances are "bad" is remarkably high as indicated in Table 5.5. The only two categories for which the percentage of negative judgments is less than 80% are prescription medicines and inhalants. Prescription medicines are an ambiguous category, given their role in medicine. Inhalants as a category may not be either well known or understood by those surveyed.

Table 5.5
Attitudes toward Drug Consumption in the Population (N=2100)

	% Answered "It's bad"
Smoke cigarettes	90.7
Drink Alcohol	87.6
Take Medicine	49.3
Take inhalants	51.6
Smoke Marijuana	85.9
Smoke Crack	81.4
Consume Cocaine	84.7

As for the analysis of the attitudes in relation to the socio-demographic characteristics of our respondents, Table 5.6 shows that the oldest persons (40-45) seem more tolerant of alcohol and tobacco, whereas the youngest people (12-18) are less negative regarding marijuana, crack and cocaine. People are also consistently more tolerant of all substance use in Port-au-Prince than elsewhere in the country. Women are more negative about cigarettes and alcohol but less negative about other substances than are men. The upper social class respondents are less negative about cigarettes, alcohol, and inhalants and the middle class is less negative about medication, but otherwise there is not much difference among the three social classes.

Table 5.6
Attitudes towards Drug Consumption by Group
(% of Response: It's bad)

		Cigarette	Alcohol	Medication	Inhalants	Marijuana	Crack	Cocaine
	Male	88.5	85.7	50.2	53.2	87.8	84.6	87.4
Sex	Female	92.5	89.1	48.8	50.8	85.0	79.4	83.3
	12-14	88.5	87.2	52.0	48.6	80.4	76.4	79.7
	15-18	91.2	87.1	47.2	48.2	81.2	76.5	80.2
	19-24	92.5	89.0	49.2	51.2	89.0	84.4	88.0
Age	25-29	91.5	88.6	50.0	50.4	86.3	81.4	86.4
	30-34	90.1	88.3	50.0	58.0	88.7	84.7	86.1
	35-39	91.9	86.3	49.2	52.4	87.6	82.3	84.4
	40-45	85.7	83.9	50.0	55.2	86.5	83.0	85.7
	Port-au-Prince	89.3	85.8	48.6	50.2	83.7	79.1	81.1
City	Cap-Haitien	92.8	90.3	49.3	51.4	87.1	82.9	86.3
	Other	91.4	88.3	50.2	53.6	88.3	83.7	88.4
	Upper	86.9	81.1	50.0	45.1	88.4	83.6	86.1
S-C	Middle	91.2	86.2	46.9	49.1	87.0	82.7	86.6
	Lower	90.8	89.3	51.2	54.6	85.3	80.7	83.8

Nearly everyone perceives the consequences of drug use as harmful to one's health and over 92% see harmful effects on school, family, finance, and work. (See Table 5.7) A lower percentage (84%) consider the impact of drugs on social relations as negative.

Table 5.7
Opinions on the Benefits and Dangers of Drugs in General in the Population (N=2100)

	% answered "It's bad"
Health	96.2
Social Relations	84.3
School	92.3
Family	92.3
Finance	92.6
Work	92.3

Finally, looking at opinions on the substances most consumed in Haiti, the respondents believe that tobacco is the most prevalent substance, followed by alcohol. In Table 5.8 below we show a comparison of results relating to actual use of various drugs among the respondents in our sample, and the opinions of those same respondents regarding levels of use.

Table 5.8
Opinions on the Use of Various Substances Compared to Actual Use in the Sample

	Actual Use	Perceived Use
1st	Alcohol	Cigarette (tobacco)
2nd	Tobacco	Alcohol
3rd	Prescription Medicines	Marijuana
4th	Marijuana	Prescription Medicines
5th	Crack	Cocaine
6th	Cocaine	Inhalants
7th	Inhalants	Crack

Even though a certain general order is respected - and let's remember that we have every reason to believe that the percentage of actual tobacco consumption was underestimated in our sample - it is worth noting some important differences, between tobacco and alcohol on the first two lines, and between prescription medicines - which several respondents seem to have a hard time perceiving as drugs - and marijuana on the third and fourth lines. Crack, which is the fifth most used substance by the respondents in our sample, falls to the last line in terms of perceptions. One can thus deduce that Haitians in general underestimate actual crack use and the intensity of the problems which can result from it.

B. Opinions on the Groups Most Affected by Drug Use in Haiti

It is also interesting to examine the respondents' perceptions of the groups most affected by general drug use in Haiti. Thus, the answers to questions 97 and above, represented in Table 5.9, show that the prevalence of alcohol use is as significant among older people as it is among adolescents, in the eyes of the respondents. As for all the other substances, adolescents are in all cases perceived as the age group most affected by the use of these toxic substances. These perceptions are not very consistent with most of the data regarding substance use presented above; where young adults rather than adolescents tend to be the heavier users of most substances.

Table 5.9
Between Children, Adolescents, Adults, and the Elderly, Which Ones in Our Opinion Are Most Likely to (One Answer Only) (%)
(N=2099)

	Children	Adolescents	Adults	Elderly	Don't Know
Drink alcohol	1.1	31.1	18.0	45.8	3.9
Take pharmaceuticals	1.9	37.6	6.4	18.4	35.6
Take inhalants	9.1	16.0	4.5	8.3	62.2
Smoke marijuana	0.8	76.5	3.9	2.4	16.5
Smoke crack	0.5	70.5	3.4	2.4	23.2
Consume Cocaine	0.5	73.7	3.2	3.5	19.0

There is also relative unanimity regarding the social classes most involved in the use of various substances. As one can gather from Table 5.10, the poor, in the opinion of most of the sample, struggle the most with problems of alcohol and inhalant use. The middle class would be the most affected by use of prescription medicines, whereas the richest classes are perceived as the biggest users of marijuana, crack and cocaine. There are no significant differences in opinion by social class of the respondents, or any other socio-demographic characteristics. Again, these perceptions are often at odds with the use and prevalence data reported above.

Table 5.10
Between the Poor, the Middle Class, and the Rich, Which Ones in Your Opinion Are Most Likely to (one answer only) (%)
(N=2099)

	Poor	Middle Class	Rich	Don't Know
Drink alcohol	41.7	17.8	35.4	5.1
Take pharmaceuticals	15.3	28.3	20.0	36.5
Use inhalants	29.0	9.4	2.4	59.1
Smoke marijuana	6.6	29.9	46.0	17.5
Smoke crack	3.8	18.4	52.8	25.0
Consume cocaine	3.9	17.5	58.7	19.9

Finally, when one asks the question in a more general way (all drugs together - question 920), one realizes that the upper classes are perceived by a majority to be most affected by drug abuse.

The apparent misperceptions in the data reported in this section highlight the need for obtaining epidemiological data on which to base programmatic decisions, because relying on public beliefs as above could lead to misdirection of efforts.

C. Opinions on Treatment and Prevention of Drug Abuse

Another series of questions deals with the respondents' opinions regarding dealing with the drug abuse problem.

One question dealt with the perceived degree of addiction associated with each substance. According to the respondents, cocaine, marijuana and crack, respectively, are the most addictive drugs. Cigarettes and alcohol are both perceived as fairly addictive, as shown in Table 5.11. Finally, respondents express a high degree of ignorance regarding the effects of prescription medicines and inhalants.

Table 5.11
Perceived Degree of Difficulty Associated with Stopping the Use of Each Substance (%)
(N=2100)

	Easy	Neither Difficult Nor Easy	Difficult	Don't Know
Smoke cigarettes	38.6	14.5	43.7	3.2
Drink alcohol	39.1	15.1	41.5	4.2
Take pharmaceuticals	35.0	13.6	16.9	34.5
Use inhalants	28.7	6.2	14.3	50.8
Smoke marijuana	19.7	7.2	51.3	21.7
Smoke crack	18.0	5.4	50.6	26.0
Consume cocaine	18.3	5.5	53.0	23.2

Another question inquired about the respondents' opinions on the best remedies for stopping drug use. Table 5.12 shows that self-control and moral support are the two preferred ways, medical treatment coming in third.

Table 5.12
What People Need to Free Themselves from Drugs (%)
(N=2100)

Medical treatment	23.0
Moral support	27.5
Treatment center	6.0
Information	4.7
Religion	11.0
Willingness	29.2
Don't know	17.0
Other	11.2

Table 5.13
Perceptions of What Is Needed in Order to Free Oneself by Group (%)

		Medical Treatment	Moral Support	Treatment	Information	Religion	Self Control
Sex	Male	23.0	30.1	6.5	6.6	11.0	32.2
	Female	23.1	25.5	5.7	3.3	11.1	27.0
Age	12-14	31.1	27.7	6.8	7.4	16.9	25.0
	15-18	18.5	27.0	5.3	3.5	9.7	27.3
	19-24	23.4	26.7	6.0	5.3	11.3	27.6
	25-29	23.1	30.6	6.4	4.0	10.1	34.0
	30-34	23.4	28.1	4.4	4.4	10.6	29.9
	35-39	18.4	23.7	7.0	5.4	12.4	34.9
	40-45	27.2	27.2	7.1	4.5	9.4	25.4
City	P-au-P	21.5	29.7	7.7	5.9	10.4	24.7
	C-H	28.7	24.5	5.3	4.7	10.9	29.5
	Other	22.2	26.6	4.6	3.6	11.6	33.6
Social Class	Upper	19.7	31.1	8.2	7.4	7.4	43.4
	Middle	22.7	29.5	7.5	6.4	8.8	30.2
	Lower	23.7	25.6	4.7	3.3	13.0	27.8

Looking at the impact of socio-demographic factors, Table 5.13 indicates that self-control and moral support are the solutions mentioned by the majority of men, with medical treatment a strong third; whereas the pattern is the same for women, they are not quite so inclined toward self-control and moral support as solutions to drug abuse. Medical treatment, information, and religion are perceived more by young adolescents (12-14 years old) as the solutions, than for any other age; although this age group is also favorable toward self-control and moral support. Medical treatment is favored by the inhabitants of Cap-Haitien, whereas in the small town centers, more reference is made to self-control than in the other cities; but generally the pattern is quite similar among cities. The lower class is more favorable toward religion than the other social classes, while the upper class is more favorable toward self-control; although again the pattern across social classes is quite similar.

Table 5.14 describes the sample's view of the best methods for preventing drug abuse. While information is not considered effective as a treatment for drug abuse, it is viewed as the best method of prevention, followed closely by "stricter laws" and by providing jobs for drug abusers. A large proportion of our respondents believe that drug use is linked in some way to economic difficulties, and more specifically, to the high unemployment that prevails in Haiti. Education is also mentioned frequently as something to prevent people from consuming drugs, as is eliminating the dealers. Sports and club memberships are mentioned, but not very frequently.

Table 5.14
In Your Opinion, What Must One Do To Prevent People From Consuming Drugs? (%) (N=2100)

More information	24.8
Education	20.1
Stricter laws	23.3
Sports	1.9
Club membership	4.0
Employment	22.1
Eliminate the dealers	16.2
Other	14.5

Looking at the demographic characteristics of the sample (Table 5.15), there are few differences between men and women regarding prevention. There are no clear age group differences except that the 35-45 group are somewhat less favorable toward information and education combined than are the younger age groups. Employment and eliminating dealers are mentioned somewhat more often and stricter laws mentioned somewhat less often in the smaller towns than in Port-au-Prince or Cap-Haitien. When the three social class groups are compared, the upper class is the most favorable toward more information, the middle class is the most favorable toward eliminating dealers and is virtually the only class group to suggest sports as a method of prevention, and the lower class is the least favorable toward education.

Table 5.15
Perception of Things Needed in Order to Avoid Drug Consumption (%) (N=2100)

		More Information	Education	Stricter Laws	Sports	Clubs	Employment	Eliminate dealers
Sex	Male	24.9	21.9	24.3	3.2	3.7	23.9	16.6
	Female	24.7	18.8	22.6	0.9	4.2	20.9	15.9
Age	12-14	25.0	24.3	19.6	4.1	6.1	18.9	18.9
	15-18	24.3	22.3	22.6	1.2	1.8	27.0	11.4
	19-24	22.7	21.2	26.5	2.4	3.3	20.3	19.4
	25-29	26.6	18.9	21.0	1.3	4.3	20.7	16.8
	30-34	31.4	16.4	21.9	0.7	5.1	20.8	17.2
	35-39	21.5	18.3	27.4	2.2	4.3	22.0	13.4
	40-45	21.9	19.6	21.0	2.2	5.8	25.9	13.8
City	Port-au-Prince	25.8	19.7	25.8	2.2	4.6	19.4	15.0
	Cap-Haitien	22.3	18.9	24.2	1.4	3.9	21.7	14.8
	Other	24.7	20.9	20.5	1.8	3.3	25.1	18.0
S-C	Upper	31.1	24.6	21.3	0.0	4.1	23.0	15.6
	Middle	25.3	24.3	22.3	3.8	4.6	21.1	18.6
	Lower	23.7	16.7	24.2	0.8	3.6	22.8	14.6

D. Opinions and Attitudes toward Drug Use

The last series of questions in this section of the questionnaire sought to measure the opinions and attitudes, as well as the behavior of the respondents, toward information currently available on drug consumption and the consequences.

Half (50.7%) of the respondents have received information on drugs or their effects. Table 5.16 shows that more men than women have received information. Young adults (19 to 24 year-olds) are more likely to have received information than other age groups. Upper class respondents are most likely, middle class respondents are next most likely, and lower class respondents are least likely to have acquired knowledge of drug use.

Table 5.17 indicates media such as television and radio are the most important sources of information. Friends are the third most important source of information.

Table 5.16
Have Received Information on Drugs and Their Consequences and Sources of Information (% responding affirmatively)

		Total Responding Affirmatively	Friends	School	Church	Books	Newspaper	TV	Radio
	Male	59.3	35.9	6.5	3.1	12.0	11.6	46.4	44.2
Sex	Female	44.2	33.2	6.6	4.7	6.6	7.8	41.7	45.2
	12-14	39.9	49.2	11.9	1.7	6.8	11.9	44.1	42.4
	15-18	48.5	31.9	6.0	3.6	4.8	9.6	42.8	43.4
	19-24	55.1	30.5	8.3	5.0	9.9	8.6	46.0	43.7
Age	25-29	51.1	33.0	4.6	2.6	12.9	9.3	47.4	46.9
	30-34	51.1	36.2	5.7	9.3	8.5	10.6	39.7	42.6
	35-39	52.2	35.1	7.2	3.1	10.3	13.4	45.4	44.3
	40-45	48.9	40.9	3.6	5.5	10.0	8.2	39.1	49.1
	Port-au-Prince	52.2	27.9	5.9	2.0	10.1	10.1	59.4	41.0
City	Cap-Haitien	44.3	45.3	8.2	3.8	7.5	8.8	39.6	41.5
	Other	51.9	37.3	6.6	6.0	9.3	9.7	29.8	49.2
	Upper	69.4	31.0	2.4	2.4	27.4	21.4	54.8	42.9
S-C	Middle	55.9	32.2	9.3	4.6	11.9	12.1	50.2	45.8
	Lower	45.3	37.2	4.9	3.6	4.3	5.8	37.0	44.0

Table 5.16, above, also includes an analysis of sources of information of the different subgroups of our sample. Worth noting is that the very young (12-14 years old), compared with all the other age groups, obtain more information from their friends and at school. The oldest respondents (40-45 years old) mention the radio more as a source of information and TV somewhat less compared with other age groups. The youngest age groups (12-18) are less likely to get information about drugs from books compared with other age groups

Residents of Port-au-Prince are the most likely to get information about drugs from TV and the least likely to get information about drugs from friends, compared with residents of other cities. Residents of Cap-Haitien are the most likely to get drug information from friends and are intermediate with regard to getting information from TV, compared with other city groups. Finally, residents of the small town centers are the most likely to get information about drugs from the radio, the least likely to get information about drugs from TV, and intermediate with regard to getting information about drugs from friends, compared with other city groups.

The upper social class respondents are the most likely to get information about drugs from books, from newspapers, and from TV compared with other social class respondents; whereas lower class respondents are least likely to get drug information from these sources and middle class respondents are intermediate on all three. Middle class respondents are the most likely to get drug information from school and lower class respondents are the most likely to get drug information from friends. Finally, it is worth noting that radio is the number one source of drug information for lower class respondents, but a similarly high percentage of upper and middle class respondents indicate that radio is a source of drug information for them as well.

Table 5.17
Sources of Information Concerning Drugs (%)
(N=1070)

Friends	34.5
School	6.5
Church	3.9
Books	9.3
Newspapers	9.7
Television	44.0
Radio	44.6
Other	9.5

Close to 60% of the respondents declare that the information they received is insufficient (Table 5.18). The 20-29 year-olds and those in the small town centers were most likely to indicate that the information supplied was insufficient.

Table 5.18 also shows that most respondents desire information concerning the effects of drugs and the ways in which to protect oneself against drug use. There are no clear differences among gender, age group, city, nor social class categories regarding the type of drug information desired.

Table 5.18
Insufficiency of the Information Obtained and Type of Drug Information Desired (%)

		Insufficient	None	Effect	Protection	Counseling Treatment	Center	Laws	Social Problems
	Male	59.4	24.9	42.3	25.7	4.5	5.8	4.5	10.5
Sex	Female	59.3	26.4	46.3	23.5	5.4	7.7	3.6	8.9
	12-14	57.6	25.0	40.5	20.9	7.4	6.1	4.1	8.8
	15-18	60.7	27.9	45.5	20.3	2.9	6.5	3.8	7.1
	19-24	63.0	23.8	45.9	26.1	5.3	5.1	4.0	10.6
Age	25-29	62.0	27.7	46.0	21.8	5.1	7.7	2.9	10.6
	30-34	54.7	23.7	40.1	26.3	6.6	9.1	4.0	9.5
	35-39	53.6	31.2	41.9	24.2	3.2	7.0	5.9	6.5
	40-45	54.1	23.2	47.3	30.8	5.4	8.1	4.0	12.6
	Port-au-Prince	53.8	25.3	42.7	25.0	3.8	7.2	4.2	12.0
City	Cap-Haitien	61.6	25.6	48.7	27.0	5.0	5.3	2.8	5.0
	Other	64.1	26.3	44.6	22.8	6.2	7.2	4.3	9.1
	Upper	55.4	25.4	44.3	23.8	5.7	6.6	4.1	13.9
S-C	Middle	59.2	23.2	45.6	24.2	5.6	7.8	3.8	11.4
	Lower	60.0	27.7	43.8	24.8	4.6	6.3	4.0	7.9

We examined the appropriateness of raising the problem of drug use in various contexts. In general, all the situations in question 928 (school, church, newspaper, conferences, etc.) appear appropriate. There should be no hesitation to use any of the methods suggested in Table 5.19 to convey information to Haitians.

Table 5.19
In Your Opinion, Is It Good or Bad to Talk About Drug Consumption (%)
(N=2100)

	Bad	Indifferent	Good	Don't Know
In the schools	4.1	2.4	91.9	1.6
At church	5.0	4.2	88.7	2.1
In the newspapers	2.3	3.0	92.6	2.0
At Conferences	1.9	4.3	91.5	2.3
In Books	2.2	4.6	91.6	1.6
On TV	2.0	1.7	95.3	1.0
On the Radio	2.0	1.3	95.8	0.9
At Parents' Meetings	2.2	2.8	92.9	2.1

Finally, table 5.20 shows that there is no significant difference concerning this issue with respect to the socio-demographic characteristics of the respondents, except perhaps that 15-18 year-olds are somewhat more negative about the appropriateness of discussing drug consumption at school and at church.

Table 5.20
Opinions on the Appropriateness of Discussing Drug Consumption in Various Places (% Answered "Bad")
(N=2100)

		School	Church	Newspaper	Conference	Books	TV	Radio	Parents' Meetings
Sex	Male	3.4	4.9	1.8	1.6	2.1	1.9	2.1	2.5
	Female	4.6	5.1	2.8	2.0	2.3	2.0	1.9	1.9
Age	12-14	4.1	5.4	0.7	1.4	4.1	1.4	0.7	2.0
	15-18	7.0	9.4	3.2	2.1	2.6	2.6	2.6	2.6
	19-24	4.6	4.8	2.9	2.4	2.2	2.7	2.7	2.4
	25-29	2.1	3.2	1.3	1.3	1.6	1.1	1.3	1.6
	30-34	4.0	4.7	2.9	1.5	1.8	1.8	1.8	1.8
	35-39	3.2	3.8	1.6	2.2	2.2	1.6	1.1	2.2
	40-45	2.2	2.7	1.8	1.3	1.3	0.9	1.3	2.2
City	Port-au-Prince	5.9	6.5	3.7	2.9	3.8	3.5	3.3	3.5
	Cap-Haitien	4.5	5.8	1.9	1.7	2.2	1.4	1.7	2.2
	Other	2.2	3.2	1.1	0.9	0.6	0.7	0.7	0.9
S-C	Upper	3.3	3.3	1.6	1.6	1.6	1.6	1.6	2.5
	Middle	3.8	3.9	2.5	1.9	2.0	1.4	1.7	2.1
	Lower	4.4	5.9	2.3	1.9	2.4	2.4	2.1	2.2

CHAPTER VI

THE PUBLIC IMAGE OF APAAC

Drug awareness and education activities are a recent phenomenon in Haiti. For this reason, we considered it useful to include some questions at the end of the questionnaire to evaluate the public image of Haitian institutions involved in drug abuse prevention, and of APAAC in particular.

A. Public Image of Drug Prevention Institutions

Table 6.1 shows that only 12.3% of the population studied could spontaneously name at least one institution involved in the prevention of drug use in Haiti.

Table 6.1
Knowledge of Anti-Drug Institutions
(Percentage of Persons Who Know It)
(N=2097)

Sex	Male	16.8
	Female	8.7
Age	12-14	10.8
	15-18	12.1
	19-24	12.3
	25-29	13.9
	30-34	12.8
	35-39	10.2
	40-45	12.1
City	Port-au-Prince	20.6
	Cap-Haitien	5.0
	Other	7.0
S-C	Upper	27.5
	Middle	17.2
	Lower	7.2
	Total	12.3

One can see in Table 6.1 that men were much more well-informed than women regarding these institutions. There was no clear difference in awareness by age group.

With respect to geographic location and social class, certain differences should be noted. The lower one's social class, the less one had knowledge of the existence of institutions of this type. (Only 1 person in 15 from the lower class versus 1 in 4 from the upper class knew of such organizations.) Awareness was higher in Port-au-Prince than in the other cities, which undoubtedly was related to the fact that the largest number of anti-drug organizations are located in the capital.

The two associations that were most widely recognized by the public were APAAC and Youth Against Drugs. Almost 90% of the respondents who know of Haitian institutions involved in drug abuse prevention spontaneously indicated one of these two organizations. The public recognition of APAAC was far greater than that of Youth Against Drugs: there were four times more mentions of APAAC than of Youth Against Drugs.

The other institutions mentioned were in the respondents' own words:

- Association Médical Haitienne
- Association des Jeunes de Martissants
- Tiers
- ICF
- Caritas
- Eglise de Dieu (Church of God)
- Protestants
- Unesco
- Lumières pour Tous les Haitiens
- Service Anti-Gang
- Service de Narcotiques

For some of these organizations it should be noted, anti-drug activities were not their only or even their main goal (e.g., Caritas, Church of God).

B. Public Image of APAAC

Summing the percentage of mentions of APAAC and the percentage of those who responded positively to the question, "Have you heard of APAAC?," approximately 12% indicate knowledge of APAAC. Six percent (6%) of the respondents spontaneously mentioned APAAC, and 6% responded "yes" when specifically asked if they know APAAC. It goes without saying that the 6% who mentioned APAAC spontaneously is of far more importance than those who had to be prompted.

Table 6.2 shows that the "prompted knowledge" of APAAC more or less follows the same tendencies as the preceding question. That is to say that more men than women recognized APAAC, as did more people in the upper class than in the middle class and lower classes, and more in Port-au-Prince than in other cities. By age, young people tended to know of APAAC more than older people.

Table 6.2
Knowledge of APAAC
(Percentage of People Who Know It)
(N=1966)

Sex	Male	10.5
	Female	4.1
Age	12-14	9.2
	15-18	6.8
	19-24	7.4
	25-29	7.8
	30-34	4.3
	35-39	3.4
	40-45	8.1
City	Port-au-Prince	12.3
	Cap-Haitien	2.9
	Other	3.4
S-C	Upper	11.3
	Middle	7.4
	Lower	5.9

A study of the perception of APAAC drew out three types of responses. The first group of respondents think of APAAC as an organization involved in the fight against drugs, the second group refers to it as an institution for the treatment and rehabilitation of drug users, and finally, the third group of respondents are unaware of APAAC's role (e.g. responding "I only know the name").

The distribution was the following: "APAAC is an institution for..."

- Prevention and fight against drugs 48%
- Treatment and rehabilitation of drug users 43%
- Other 9%

Finally, in answer to the question "What would you like to say about the work carried out by APAAC?," the responses obtained were for the most part positive and encouraging. Such responses as "very good work," "it is necessary for it to continue" were the most common ones. Also found were some suggestions on the work that APAAC should carry out in the future, requests for additional information on APAAC's activities, as well as suggestions that APAAC intensify its work in Port-au-Prince.

This analysis suggests that APAAC has to further develop its public image as part of its efforts to expand its activities in the prevention of drug use and abuse.

CHAPTER VII

CONCLUSIONS AND RECOMMENDATIONS

A. Conclusions

This study has examined drug use in the urban population of Haiti between the ages of 12 and 45 years. It has also explored attitudes toward the drug problem relevant for the design of drug awareness and education campaigns as well as attitudes toward APAAC.

Key findings include:

Regarding Drug Prevalence (Nature and Extent of Drug Use)

- The highest levels of lifetime prevalence (numbers having ever used) for marijuana, crack and cocaine occur in Port-au-Prince, suggesting the importance of a high level of prevention activity in that city;

- Lifetime prevalence for all substances is higher among males rather than females (with the exception of crack and inhalants);

- While the age of use (lifetime prevalence) varies widely by substance, those in the sample between 19 and 34 are more likely to have ever used pharmaceuticals, inhalants, marijuana, crack and cocaine;

- Large portions of the sample have initiated drug use before they reached 19 years of age, suggesting a need to target groups younger than that age to prevent use; and

- Haiti has relatively high levels of current use (use within the last 30 days) as a proportion of lifetime use when compared with a producer country, Peru, but not as high as another drug transit country, Guatemala.

Regarding Knowledge About/Attitudes Toward Drugs:

- Those sampled felt a variety of factors influenced individuals to use drugs including curiosity, the influence of friends and "bad" habits;

- Most respondents felt that using drugs of any sort was "bad";

- Most people saw drug use as a problem of adolescents (a conclusion not supported by prevalence data);

- Most people saw a willingness to make a commitment as a way out of drug abuse, i.e., if one had the proper moral fiber, one could cease to use drugs;

- At a more general social level, respondents felt that information, education and employment were tools to prevent drug abuse; and

- The majority of respondents (men more than women) had received some information regarding drug abuse. The channels which had provided that information were most likely to be television, radio and friends.

The set of data on prevalence suggests that the problem has a good deal of immediacy given the high level of current use relative to lifetime use, but the overall level of lifetime prevalence indicates that there is time for drug awareness and education efforts to take hold. There is also a suggestion that information and education activities are likely to be well-received, activities that would need to combine mass media approaches with the use of more interpersonal methods (strengthening community and peer group efforts, for example). The suggestion also came out in the data that APAAC is well-positioned, particularly within Port-au-Prince, to serve as a key element in an awareness and education effort.

B. Recommendations

In order to develop a national prevention and education program APAAC needs to take into account the following recommendations, based on the results of the survey:

Recommendation One: Based on the data generated in the survey, special emphasis needs to be placed on prevention activities focused on marijuana, crack and cocaine use in Port-au-Prince.

Recommendation Two: Awareness and education efforts should be targeted at teenagers under 19 years of age. Special prevention messages should be developed for pre-teens and young teenagers regarding a wide range of substance including alcohol, pharmaceuticals and tobacco since these are often precursors to other forms of drug use.

Recommendation Three: Mass media approaches, particularly the use of television and radio, should be stressed for the upper class and interpersonal techniques, such as community and peer group efforts, should be directed at the lower class.

Recommendation Four: In the development and implementation of awareness and education activities:

1. research that serves to pretest messages (e.g., focus groups) should be undertaken to ensure that channels and messages are appropriate for each target, and group; and

2. continuing efforts should be made to monitor the nature and extent of drug abuse through prevalence surveys and to track attitudes through appropriate public opinion research.

It is important to note that the above recommendations should be implemented using an integral approach, i.e., not focusing on any specific approach or technique, but rather, addressing the entire prevention continuum, information, education, and alternative activities. For example, mass media approaches are fine for publicity and information purposes. Once peoples' attention is drawn to the topic there is a need to be able to provide more substantive support in the form of written materials, training, and technical assistance, as well as mobilizing and organizing the community to take more direct action in drug abuse prevention activities. This requires an extended infrastructure of staff, promoters, volunteers, civic leaders, teachers, and parents. Training courses and materials need to be developed to meet the specific needs of the above groups of people so that they will be able to work effectively with their target groups or constituencies. The interest and efforts of all the involved parties can be maintained and further encouraged through positive reinforcement such as refresher training, recognition of their efforts, and periodic events that bring the groups together to share experiences.

ANNEX A

QUESTIONNAIRE IN CREOLE

ASSOCIATION MÉDICALE HAITIENNE (A.M.H.)

ASSOCIATION POUR LA PRÉVENTION DE L'ALCOOLISME

ET AUTRES ACCOUTUMANCES CHIMIQUES (APAAC)

DEVELOPMENT ASSOCIATES INC.

TECHNIQUE D'ADMINISTRATION, D'ANIMATION ET DE GESTION (TAG)

ENQUETE HAITIENNE SUR LA TOXICOMANIE

No. du Questionnaire: .....

No. de ligne de l'Enquêté/e: .....

No. d'identification: .....

DÉPARTEMENT: .....

VILLE: .....

No. SEU: .....

Type de milieu:
1. métropolitain (Port-au-Prince)
2. métropolitain (Cap-Haïtien)
3. Autres-Urbain

Résumé des visites	1ère visite	2e visite	3e visite
Date			
Heure de la visite			
Heure début d'interview			
Heure fin d'interview			
Code de l'enquêteur/euse			

Code résultat:
1. interview achevée
2. interview inachevée
3. Enquêté/ée absent/e
4. Autre: .....

Konbyen moun ki abite nan kay sa a, ki gen laj ki komanse nan 12 zan pou rive nan 45 an. Nap komanse ak moun ki pi gran yo.

0- Si aucune (arrêtez et changez de ménage)

Liste des membres du ménage						Chiffre final du No du questionnaire									
						1	2	3	4	5	6	7	8	9	0
1. Age			Sexe	M	F	1	1	1	1	1	1	1	1	1	1
2. Age			Sexe	M	F	1	1	2	1	2	1	2	2	2	1
3. Age			Sexe	M	F	2	3	1	3	2	2	1	3	1	2
4. Age			Sexe	M	F	3	1	4	2	1	4	3	4	2	2
5. Age			Sexe	M	F	1	4	5	3	2	3	5	1	2	4
6. Age			Sexe	M	F	4	6	3	4	2	5	1	1	5	2
7. Age			Sexe	M	F	7	5	1	1	3	2	6	5	4	2
8. Age			Sexe	M	F	5	1	4	6	1	8	6	2	7	3
9. Age			Sexe	M	F	8	9	3	4	1	7	9	2	5	6
10. Age			Sexe	M	F	9	0	8	4	3	5	7	2	6	1
11. Age			Sexe	M	F	9	0	8	4	3	5	7	2	6	1
12. Age			Sexe	M	F	9	0	8	4	3	5	7	2	6	1

Pour procéder à l'interview individuelle, l'enquêteur/euse prend le chiffre final du numéro du questionnaire (noté à la première page) et fait un croisement avec la dernière ligne remplie dans la liste des membres du ménage. Le numéro résultant du croisement de la colonne (chiffre final du numéro du questionnaire) et de la dernière ligne (nombre de personnes entre 12 et 45 ans habitant le ménage) définira l'interviewé/e.

Si la personne choisie est présente, faire l'interview immédiatement. Sinon, fixer un rendez-vous.

ANKET SOU PWODWI TOKSIK

Q11. Chak kote nan peyi a gen pwoblèm pa yo, tankou manke travay. Pou ou menm, ki pi gwo pwoblèm katye sa a genyen?

A)	pa gen sevis sante	1	0
B)	moun yo pran dwog	1	0
C)	manke lekol	1	0
D)	zenglendo	1	0
E)	manke travay	1	0
F)	manke dlo, kouwan ekst...	1	0
G)	gen fatra, rat, polisyon ekst	1	0
H)	lot: _____		

Q12. Mwen pral di ou kèk sitirasyon ki konn poze, wap di'm si, dapre ou, nan katye pa ou la se gwo pwoblèm, ti pwoblèm osion se pa pwoblèm ditou?

		pa pwoblèm	ti pwoblèm	gwo pwoblèm
Sitirasyon:				
A)	pa gen sevis sante	1	2	3
B)	moun yo pran dwog	1	2	3
C)	manke lekol	1	2	3
D)	zenglendo	1	2	3
E)	manke travay	1	2	3
F)	manke dlo, kouwan ekst...	1	2	3
G)	lot (di kisa): _____	1	2	3

Q13. Gen yon seri bagay moun konn pran ki tounen yon vis pou yo, menm si li pa bon pou lasante. Ki bagay konsa ou menm ou konnen?

A)	Sigarèt	1	0
B)	Alkol/tafya/wonm	1	2
C)	Grenn/siwo ki fè rilax oswa djanm	1	2
D)	Rale vapè siman, gazolin, tinè	1	0
E)	Marigwana/zèb/jwen/rale zèb	1	2
F)	Krak/woch/fwomaj	1	0
G)	Kokayin/poud/fanm blanch	1	0
H)	Lot bagay (di kisa): _____	1	0

(POSER LA QUESTION 14 SEULEMENT POUR LES SUBSTANCES QUI N'ONT PAS ÉTÉ MENTIONNÉES A LA QUESTION 13).

Q14.. Gen kèk lot bagay moun konn pran ki kapab fè yo varye, ou pral di'm si ou konn tande pale de yo nan zon nan?

		wi	non	jan li rele
A)	Grenn ki mete rilax ouwa djanm	1	2	_____
B)	Rale vapè siman/gazolin	1	2	_____
C)	Marigwana/zèb	1	2	_____
D)	Krak/woch	1	2	_____
E)	Kokayin/poud	1	2	_____
F)	Lot: _____	1	2	_____

SIGARET

Q21. Pou ou menm ki rezon ki kapab fè yon moun fimen sigarèt?

A)	Enfliyans zanmi	1	0	G)	Pou fè wè	1	0
B)	Abitid, vis	1	0	H)	Renmen sa	1	0
C)	Chèche konnen	1	0	I)	Inyorans	1	0
D)	Pwoblèm pèsonel	1	0	J)	Chomaj	1	0
E)	Akoz reklam	1	0	K)	Pa konnen	1	0
F)	Kom distraksyon	1	0				

L) Lot (di kisa): _____ 1 0

Q22. Eske ou konnen si gen moun nan fanmi'w, osinon pami zanmi'w ki fimen sigarèt?

1. Wi 2. Non (ALLER A Q.24)

Q23. Konbyen moun konsa?: _____

Q24. ESKE SA DEJA RIVE'W POU OU FIMEM SIGARET?

1. Wi 2. Non (ALLER A Q.211)

Q25. Ki laj ou te genyen premye fwa ou Fimem sigarèt?:_____

Q26. Eske ou fimem sigarèt?: (ÈNUMÈRER)

-	yon sèl fwa	1	-	2-3 fwa pa semèn	3
-	yon lè konsa (ALLER A Q. 211)	2	-	chak jou	4
			-	pa fè sa ankò	5

Q27. Ki dènye fwa ou fimen sigarèt?

-	Ayè	1	-	Mwa pase a	3
-	Semèn pase a	2	-	Lane pase a	4
-			-	Plis pase youn lane	5

Q28. Lè'w fimen, konbyen sigarèt konsa ou fimen pa jou?

Kantite sigarèt _____

Q29. Eske sa konn ba'w pwoblèm, zafè sigarèt la?:

1. Wi 2. Non (ALLER A Q.211)

Q210. Ki kalite pwoblèm konsa?

A)	Pwoblèm sante	1	0	D)	Pwoblèm nan fanmi	1	0
B)	Pwoblèm ak lot moun	1	0	E)	Pwoblèm lajan	1	0
C)	Pwoblèm pou etidye	1	0	F)	Pwoblèm travay	1	0

G) Lot (di kisa): _____ 1 0

Q211. ESKE SA KONN PWOBLEM NAN FANMI'W, OSINON PAMI ZANMI OU, ZAFE FIMEN SIGARET LA?:

1. Wi 2. Non (ALLER A Q.31)

Q212. Ki kalite pwoblèm konsa?

A)	Pwoblèm sante	1	0	D)	Pwoblèm nan fanmi	1	0
B)	Pwoblèm ak lot moun	1	0	E)	Pwoblèm lajan	1	0
C)	Pwoblèm pou etidye	1	0	F)	Pwoblèm travay	1	0

G) Lot (di kisa): _____ 1 0

ALKOL

Q31. Dapre'w, ki rezon ki fè yon moun bwè bwason ki gen alkòl?

A)	Enfliyans zanmi	1	0	G)	Pou fè wè	1	0
B)	Abitid, vis	1	0	H)	Renmen sa	1	0
C)	Chèche konnen	1	0	I)	Inyorans	1	0
D)	Pwoblèm pèsonel	1	0	J)	Chomaj	1	0
E)	Akoz reklam	1	0	K)	Pa konnen	1	0
F)	Kom distraksyon	1	0				

L) Lot (di kisa): _____ 1 0

Q32. Ki bwason ki gen alkol moun yo bwè plis nan katye a?

A)	Byè	1	0	E)	Wonm	1	0
B)	Diven	1	0	F)	Koktèl	1	0
C)	Wiski	1	0	G)	Pa konnen	1	0
D)	Kleren	1	0				

H) Lot (di kisa): _____ 1 0

Q33. Eske ou konnen si gen moun nan fanmi'w, osinon pami zanmi'w ki bwè twop alkol?

1. Wi 2. Non (ALLER A Q.35)

Q34. Konbyen moun konsa?: _____

Q35. ESKE SA DEJA RIVE'W POU OU BWE BWASON KI GEN ALKOL LADAN'L?

1. Wi 2. Non (ALLER A Q.313)

Q36. Ki bwason ki gen alkol ou konn bwè pi souvan?

A)	Byè	1	0	D)	Wonm	1	0
B)	Diven	1	0	E)	Koktèl	1	0
C)	Wiski	1	0	F)	Kleren	1	0

G) Lot (di kisa): _____ 1 0

Q37. Ki laj ou te ganyen premye fwa ou bwè alkol?: _____

Q38. Eske ou bwè alkol?: (ENUMÉRER)

-	yon sèl fwa	1	-	2-3 fwa pa semèn	3
-	yon lè konsa (ALLER A Q.313)	2	-	chak jou	4
			-	pa fè sa anko	5

Q39. Ki dènye fwa ou bwè alkol?

-	Ayè	1	-	Mwa pase a	3
-	Semèn pase a	2	-	Lane pase a	4
			-	Plis pase youn lane	5

Q310. Lè w'ap bwè, ki kantite alkol konsa ou bwè pa jou?

Kantite alkol _____

Q311. Eske sa konn ba'w pwoblèm, zafè alkol la?:

1. Wi 2. Non (ALLER A Q.313)

Q312. Ki kalite pwoblèm konsa?

A)	Pwoblèm sante	1	0	D)	Pwoblèm nan fanmi	1	0
B)	Pwoblèm ak lot moun	1	0	E)	Pwoblèm lajan	1	0
C)	Pwoblèm pou etidye	1	0	F)	Pwoblèm travay	1	0
G)	Lot (di kisa): _____					1	0

Q313. ESKE SA KONN POZE PWOBLEM MAN FANMI'W, OSINION PAMI ZANMI OU, ZAFE BWE ALKOL LA?:

1. Wi 2. Non (ALLER A Q.41)

Q314. Ki kalite pwoblèm konsa, pou:

A)	Pwoblèm sante	1	0	D)	Pwoblèm nan fanmi	1	0
B)	Pwoblèm ak lot moun	1	0	E)	Pwoblèm lajan	1	0
C)	Pwoblèm pou etidye	1	0	F)	Pwoblèm travay	1	0
G)	Lot (di kisa): _____					1	0

MEDIKAMAN

Q41. Gen moun ki tout tan ap plede pran yon pakèt grenn oswa siwo pou mete yo djanm oswa pou fè yo rilax. Poukisa ou kwè yo fè sa?

A)	Pa janm tande pale/Pa konnen			1	0 (ALLER A Q.51)		
B)	Pou rezon medikal sèlman			1	0 (ALLER A Q.51)		
C)	Enfliyans zanmi	1	0	G)	Abitid, vis	1	0
D)	Chèche konnen	1	0	H)	Pou mete djanm	1	0
E)	Pwoblèm pèsonel	1	0	I)	Akoz reklam	1	0
F)	Kom distraksyon	1	0				
J)	Lot (di kisa): _____					1	0

Q42. Ki kalite grenn oswa siwo konsa ou konnen moun konn pran?

_____

Q43. Ak Ki kalite medikaman jan sa yo, moun sèvi pi plis nan katye a?

A)	Medikaman pou pa domi (eksitan)	1	0
B)	Medikaman pou domi (kalman)	1	0
C)	Dwog	1	0
D)	Pas Konnen	1	0
E)	Lot (di kisa) _____	1	0

Q44. Eske sa fasil osinon difisil pou jwenn bagay sa yo nan katye a?

- Trè fasil	1	- Trè difisil	3
- Pa two fasil	1	- Pa konnen	4

Q45. Eske ou konnen si gen moun nan fanmi ou, osinon pami zanmi ou ki pran medikaman sa yo?

1. Wi 2. Non (ALLER A Q.47)

Q46. Konbyen moun konsa?: _____

Q47. ESKE OU MENM, OU KONN ABITYE PRAN MEDIKAMAN SA YO?

1. Wi 2. Non (ALLER A Q.414)

Q48. Ki laj ou te genyen lè ou komanse pran medikaman sa yo?

Laj _____

Q49. Eske ou sèvi ak medikan sa yo: (ÈNUMÈRER)

- yon sèl fwa	1	- 2-3 fwa pa semèn	3
- yon lè konsa (ALLER A Q.414)	2	- chak jou	4
		- pa fè sa anko	5

2

Q410. Ki dènye fwa ou te pran medikaman sa yo?

-	Ayè	1	-	Mwa pase a	3
-	Semèn pase a	2	-	Lane pase a	4
			-	Plis pase youn lane	5

Q411. Lè sa yo, ki kalite medikaman ou konn pran pi plis?

A)	Medikaman pou pa domi (eksitan)	1	0
B)	Medikaman pou domi (kalman)	1	0
C)	Dwog	1	0
E)	Lot (di kisa) _____	1	0

Q412. Zafè pran medikaman sa yo, èske sa konn ba ou pwoblèm?

1. Wi 2. Non (ALLER A Q.414)

Q413. Ki kalite pwoblèm konsa?

A)	Pwoblèm sante	1	0	D)	Pwoblèm nan fanmi	1	0
B)	Pwoblèm ak lot moun	1	0	E)	Pwoblèm lajan	1	0
C)	Pwoblèm pou etidye	1	0	F)	Pwoblèm travay	1	0
G)	Lot (di kisa): _____					1	0

Q414. ZAFE PRAN MEDIKAMAN SA YO, ESKE OU KONNEN SI SA KONN POZE PWOBLEM NAN FANMI OU, OSINON PAMI ZANMI OU?

1. Wi 2. Non (ALLER A Q.51)

Q415. Ki kalite pwoblèm konsa?

A)	Pwoblèm sante	1	0	D)	Pwoblèm nan fanmi	1	0
B)	Pwoblèm ak lot moun	1	0	E)	Pwoblèm lajan	1	0
C)	Pwoblèm pou etidye	1	0	F)	Pwoblèm travay	1	0
G)	Lot (di kisa): _____					1	0

INALAN

Q51. Pou ou menm ki rezon ki fè yon moun pran abitid rale vapè sinan kodonye, tinè oswa gazolin?

A)	Enfliyans zanmi	1	0	G)	Pou fè wè	1	0
B)	Abitid, vis	1	0	H)	Renmen sa	1	0
C)	Chèche konnen	1	0	I)	Inyorans	1	0
D)	Pwoblèm pèsonel	1	0	J)	Chomaj	1	0
E)	Akoz reklam	1	0	K)	Pa konnen	1	0
F)	Kom distraksyon	1	0				

L) Lot (di kisa): _____ 1 0

Q52. Eske sa fasil osinon difisil pou jwenn bagay sa yo nan katye a?

-	Trè fasil	1	-	Trè difisil	3
-	Pa two fasil	1	-	Pa konnen	4

Q53. Eske ou konnen si gen moun nan fanmi ou, oswa nan mitan zanmi ou ki konn rale vapè bagay sa yo?

1. Wi 2. Non (ALLER A Q.55)

Q54. Konbyen moun konsa?: _____

Q55. ESKE SA DEJA RIVE'W POU RALE VAPE BAGAY SA YO?

1. Wi (ALLER A Q.61) 2. Non

Q56. Eske ou te gen posiblite yon lè rale vapè bagay sa yo?

1. Wi 2. Non (ALLER A Q.61)

MARIGWANA

Q61. Eske ou ka esplike kouman Marigwana a ye?

1. Wi jan li ye: _____
2. Non

Q62. Ki lot non ou konnen yo konn bay pou Marigwana a?

_____

Q63. Pou ou menm, ki rezon ki kapab fè yon moun fimen marigwana?

A)	Enfliyans zanmi	1	0	G)	Pou fè wè	1	0
B)	Abitid, vis	1	0	H)	Renmen sa	1	0
C)	Chèche konnen	1	0	I)	Inyorans	1	0
D)	Pwoblèm pèsonel	1	0	J)	Chomaj	1	0
E)	Akoz reklam	1	0	K)	Pa konnen	1	0
F)	Kom distraksyon	1	0				

L) Lot (di kisa): _____ 1 0

Q64. Eske sa fasil osinon difisil pou jwenn Marigwana nan katye a?

-	Trè fasil	1	-	Trè difisil	3
-	Pa two fasil	1	-	Pa konnen	4

Q65. Eske ou konnen si gen moun nan fanmi'w, oswa pami zanmi'w, ki konn fimen Marigwana?

1. Wi 2. Non (ALLER A Q.67)

Q66. Konbyen moun konsa?: _____

Q67. ESKE SA DEJA RIVE OU FIMEN MARIGWANA?

1. Wi (ALLER A Q.69) 2. Non

Q68. Eske ou te gen possibilite yon lè fimen Marigwana?

1. Wi (ALLER A Q. 617) 2. Non

Q69. Pouki rezon ou te eseye fimen Marigwana?

A)	Chèche konnen	1	0
B)	Enfliyans lot moun/zanmi	1	0
C)	Lot (di kisa): _____	1	0

Q610. Ki laj ou te genyen premye fwa ou fimen Marigwana? _____

Q611. Eske ou fimen Marigwana: (ÈNUMÈRER)

- yon sèl fwa (ALLER A Q. 617)	1	- 2-3 fwa pa semèn	3
- yon lè konsa	2	- chak jou	4
		- pa fè sa anko	5

Q612. Angwo, nan yon mwa konbyen jou konsa ou konn/te konn fimen Marigwana?

Kantite jou: _____

Q613. Ki dènye fwa ou fimen Marigwana?

- Ayè	1	- Mwa pase a	3
- Semèn pase a	2	- Lane pase a	4
		- Plis pase youn lane	5

Q614. Eske ou (te) konn fimen Sigarèt oswa bwè alkol lè w'ap fimen Marigwana?

A) fimen Sigarèt	1	0
B) bwè Alkol	1	0

Q615. Eske sa konn ba ou pwoblèm, zafè fimen Marigwana a?

1. Wi 2. Non (ALLER A Q.617)

Q616. Ki kalite pwoblèm konsa?

A) Pwoblèm sante	1	0	D) Pwoblèm nan fanmi	1	0
B) Pwoblèm ak lot moun	1	0	E) Pwoblèm lajan	1	0
C) Pwoblèm pou etidye	1	0	F) Pwoblèm travay	1	0

G) Lot (di kisa): _____ 1 0

Q617. ZAFE FIMEN MARIGWANA SA A, ESKE OU KONNEN SI SA KONN POZE PWOBLEM NAN FANMI OU, OSINON PAMI ZANMI OU?

1. Wi 2. Non (ALLER A Q. 71)

Q618. Ki kalite pwoblèm konsa?

A) Pwoblèm sante	1	0	D) Pwoblèm nan fanmi	1	0
B) Pwoblèm ak lot moun	1	0	E) Pwoblèm lajan	1	0
C) Pwoblèm pou etidye	1	0	F) Pwoblèm travay	1	0

G) Lot (di kisa): _____ 1 0

KRAK

Q71. Eske ou ka esplike koumsn Krak/woch la ye?

1. Wi jan li ye: _____
2. Non

Q72. Ki lot non ou konnen yo konn bay pour Krak la?

_____

(SI CONFUSION ENTRE KRAK ET KOKAYIN, POSER LES QUESTIONS SEULEMENT POUR L'UNE DE CES DEUX SUBSTANCES)

Q73. Pou ou menm, ki rezon ki kapab fè yon moun fimen krak?

A)	Enfliyans zanmi	1	0	G)	Pou fè wè	1	0
B)	Abitid, vis	1	0	H)	Renmen sa	1	0
C)	Chèche konnen	1	0	I)	Inyorans	1	0
D)	Pwoblèm pèsonel	1	0	J)	Chomaj	1	0
E)	Akoz reklam	1	0	K)	Pa konnen	1	0
F)	Kom distraksyon	1	0				

L) Lot (di kisa): _____ 1 0

Q74. Eske sa fasil osinon difisil pou jwenn Krak nan katye a?

-	Trè fasil	1	-	Trè difisil	3
-	Pa two fasil	1	-	Pa konnen	4

Q75. Eske ou konnen si gen moun nan fanmi'w, oswa nan zanmi'w, ki konn fimen Krak?

1. Wi 2. Non (ALLER A Q.77)

Q76. Konbyen moun konsa?: _____

Q77. ESKE SA DEJA RIVE OU FIMEN KRAK?

1. Wi (ALLER A Q.79) 2. Non

Q78. Eske ou te gen possibilite yon lè fimen Krak?

1. Wi (ALLER A Q.717) 2. Non

Q79. Pouki rezon ou te eseye fimen Krak?

A)	Chèche konnen	1	0
B)	Enfliyans lot moun/zanmi	1	0
C)	Lot (di kisa): _____	1	0

Q710. Ki laj ou te genyen premye fwa ou fimen Krak? _____

Q711. Eske ou fimen Krak: (ÉNUMÉRER)

- yon sèl fwa (ALLER A Q.717)	1	- 2-3 fwa pa semèn	3
		- chak jou	4
- yon lè konsa	2	- pa fè sa anko	5

Q712. Angwo, nan yon mwa konbyen you konsa ou konn/te konn fimen Krak?

Kantite jou: _____

Q713. Ki dènye fwa ou fimen Krak?

- Ayè	1	- Mwa pase a	3
- Semèn pase a	2	- Lane pase a	4
		- Plis pase youn lane	5

Q714. Eske ou (te) konn fimen Sigarèt oswa bwè alkol lè w'ap fimen Krak?

A) Fimen Sigarèt	1	0
B) Bwè Alkol	1	0

Q715. Eske sa konn ba ou pwoblèm, zafè fimen Krak la?

1. Wi 2. Non (ALLER A Q.717)

Q716. Ki kalite pwoblèm konsa?

A) Pwoblèm sante	1	0	D) Pwoblèm nan fanmi	1	0
B) Pwoblèm ak lot moun	1	0	E) Pwoblèm lajan	1	0
C) Pwoblèm pou etidye	1	0	F) Pwoblèm travay	1	0

G) Lot (di kisa): _____ 1 0

Q717. ZAFE FIMEN KRAK SA A, ESKE OU KONNEN SI SA KONN POZE PWOBLEM NAN FANMI OU, OSINON PAMI ZANMI OU?

1. Wi 2. Non (ALLER A Q.71)

Q718. Ki kalite pwoblèm konsa?

A) Pwoblèm sante	1	0	D) Pwoblèm nan fanmi	1	0
B) Pwoblèm ak lot moun	1	0	E) Pwoblèm lajan	1	0
C) Pwoblèm pou etidye	1	0	F) Pwoblèm travay	1	0

G) Lot (di kisa): _____ 1 0

KOKAYIN

Q81. Eske ou ka esplike kouman Kokayin a ye?

1. Wi jan li ye: _____
2. Non

Q82. Ki lot non ou konnen yo konn bay you Kokayin a?

_____

(SI CONFUSION ENTRE KRAK ET KOKAYIN, NE PAS POSER LES QUESTIONS Q.83 A Q.818)

Q83. Pou ou menm, ki rezon ki kapab fè yon moun pran kokayin?

A)	Enfliyans zanmi	1	0	G)	Pou fè wè	1	0
B)	Abitid, vis	1	0	H)	Renmen sa	1	0
C)	Chèche konnen	1	0	I)	Inyorans	1	0
D)	Pwoblèm pèsonel	1	0	J)	Chomaj	1	0
E)	Akoz reklam	1	0	K)	Pa konnen	1	0
F)	Kom distraksyon	1	0				

L) Lot (di kisa): _____ 1 0

Q84. Eske sa fasil osinon difisil pou jwenn Kokayin nan katye a?

-	Trè fasil	1	-	Trè difisil	3
-	Pa two fasil	1	-	Pa konnen	4

Q85. Eske ou konnen si gen moun nan fanmi'w, oswa nan zanmi'w, ki konn pran Kokayin?

1. Wi 2. Non (ALLER A Q.87)

Q86. Konbyen moun konsa: _____

Q87. ESKE SA DEJA RIVE'W POU PRAN KOKAYIN?

1. Wi (ALLER A Q.89) 2. Non

Q88. Eske ou te gen possibilite yon lè fimen Kokayin?

1. Wi (ALLER A Q.817) 2. Non

Q89. Pouki rezon ou te eseye pran Kokayin?

A)	Chèche konnen	1	0
B)	Enfliyans lot moun/zanmi	1	0
C)	Lot (di kisa): _____	1	0

Q810. Ki laj ou te genyen premye fwa ou pran Kokayin? _____

Q811. Eske ou fimen Kokayin: (ÈNUMÈRER)

- yon sèl fwa (ALLER A Q.817)	1	- 2-3 fwa pa semèn	3
		- chak jou	4
- yon lè konsa	2	- pa fè sa anko	5

Q812. Angwo, nan yon mwa konbyen you konsa ou konn/te konn fimen Kokayin?

Kantite jou: _____

Q813. Ki dènye fwa ou fimen Kokayin?

- Ayè	1	- Mwa pase a	3
- Semèn pase a	2	- Lane pase a	4
		- Plis pase youn lane	5

Q814. Eske ou (te) konn fimen Sigarèt oswa bwè alkol lè w'ap fimen Kokayin?

A) Fimen Sigarèt	1	0
B) Bwè Alkol	1	0

Q815. Eske sa konn ba ou pwoblèm, zafè fimen Kokayin a?

1. Wi 2. Non (ALLER A Q.817)

Q816. Ki kalite pwoblèm konsa?

A) Pwoblèm sante	1	0	D) Pwoblèm nan fanmi	1	0
B) Pwoblèm ak lot moun	1	0	E) Pwoblèm lajan	1	0
C) Pwoblèm pou etidye	1	0	F) Pwoblèm travay	1	0

G) Lot (di kisa): _____ 1 0

Q817. ZAFE PRAN KOKAYIN SA A, ESKE OU KONNEN SI SA KONN POZE PWOBLEM NAN FANMI OU, OSINON PAMI ZANMI OU?

1. Wi 2. Non (ALLER A Q.71)

Q818. Ki kalite pwoblèm konsa?

A) Pwoblèm sante	1	0	D) Pwoblèm nan fanmi	1	0
B) Pwoblèm ak lot moun	1	0	E) Pwoblèm lajan	1	0
C) Pwoblèm pou etidye	1	0	F) Pwoblèm travay	1	0

G) Lot (di kisa): _____ 1 0

ATTITUDES

Q91. Mwen pral di'w kèk labitid moun konn genyen, w'ap di si se yon bon sinon yon move bagay? (ÊNUMÉRER)

	move	antrede	bon	depann kantite	pa konnen
A) Fimen sigarèt	1	2	3	4	5
B) Bwè alkol/wonm	1	2	3	4	5
C) Pran pakèt grenn/siwo	1	2	3	4	5
D) Santi lakol/gazolin	1	2	3	4	5
E) Fimen marigwana	1	2	3	4	5
F) Fimen krak/woch	1	2	3	4	5
G) Pran kokayin	1	2	3	4	5

Q92. Ou pral di'm si lè moun sèvi ak pwodwi nou sot pale yo, si li bon oswa move pou: (ÊNUMÉRER)

	move	antrede	bon	depann kantite	pa konnen
A) Lasante?	1	2	3	4	5
B) Relasyon ak zanmi?	1	2	3	4	5
C) Etid?	1	2	3	4	5
D) Lafanmi?	1	2	3	4	5
E) Poch?	1	2	3	4	5
F) Travay	1	2	3	4	5
G) Lot: _____	1	2	3	4	5

Q93. Dapre ou, kilès nan bagay sa yo moun sevi pi plis an Ayiti?

: _____ ___

Q94. Kilès ki dezyèm?: _____ ___

Q95. Kilès ki tawzyèm?: _____ ___

Q96. Kilès ki katriyèm?: _____ ___

Ant ti moun, jèn moun, moun antdezaj, gran moun, kilès ki, dapre ou ki plis:
(UNE SEULE RÉPONSE)

		ti moun	jèn moun	ant-dejaz	gran moun	pa konnen	
Q97.	Bwè alkol/wonm	1	2	3	4	5	___
Q98.	Pran pakèt grenn/siwo	1	2	3	4	5	___
Q99.	Santi lakol/gazolin	1	2	3	4	5	___
Q910.	Fimen marigwana	1	2	3	4	5	___
Q911.	Fimen krak/woch	1	2	3	4	5	___
Q912.	Pran kokayin	1	2	3	4	5	___

Ant moun pov, mwayèn, rich, kiles ki, dapre ou, ki plis:
(UNE SEULE RÉPONSE)

		pov	mwayèn	rich	pa konnen	
Q913.	Bwè alkol/wonm	1	2	3	4	___
Q914.	Pran pakèt grenn/siwo	1	2	3	4	___
Q915.	Santi lakol/gazolin	1	2	3	4	___
Q916.	Fimen marigwana	1	2	3	4	___
Q917.	Fimen krak/woch	1	2	3	4	___
Q918.	Pran kokayin	1	2	3	4	___

Q619. Pou ou menm, ki pi gwo rezon ki fè moun pran dwog nan peyi Dayiti?
(NOTER SEULEMENT LES 3 PREMIERES RÉPONSES)

A)	Pwoblèm psikolojik	1	0	___
B)	Pwoblèm familyal	1	0	
C)	Pwoblèm ak zamni	1	0	___
D)	Antouraj	1	0	
E)	Chèche konnen	1	0	___
F)	Li fasil pou jwen	1	0	
G)	Lot: _____	1	0	

Q620. Pran dwog la, èske ou kwè se zafè moun pov, moun klas mwayèn osinon moun rich? (UNE SEULE RÉPONSE)

___

1. Pov 2. Klas mwayèn 3. Rich ___

Q921. Eske ou kwè sa fasil osinon difisil pou yon moun kite:
(ÉNUMÉRER) (UNE SEULE RÉPONSE)

	fasil	antrede	difisil	pa konnen
A) Fimen sigarèt	1	2	3	5
B) Bwè alkol/wonm	1	2	3	5
C) Pran pakèt grenn/siwo	1	2	3	5
D) Santi lakol/gazolin	1	2	3	5
E) Fimen marigwana	1	2	3	5
F) Fimen krak/woch	1	2	3	5
G) Pran kokayin	1	2	3	5

Q922. Kisa yon moun ta bezwen pou li sispann pran dwog?

A) Swiv doktè	1	0
B) Jwen moun ride'l	1	0
C) Ale nan sant ki trete dwoge	1	0
D) Pran enfomasyon	1	0
E) Rantre nan relijyon	1	0
F) Gen volonta pou kite	1	0
G) Pa konnen	1	0
H) Lot: _____	1	0

Q923. Selon ou, kisa ki ta dwe fèt pou anpeche yon moun pran dwog?

A) Bay plis enfomasyon	1	0
B) Fè edikasyon	1	0
C) Lalwa ta dwe pi di	1	0
D) Fè espo	1	0
E) Patisipe nan gwoup	1	0
F) Jwen travay	1	0
G) Elimine moun kap vann dwog (dilè)	1	0
H) Lot: _____	1	0

Q924. Eske ou konn jwenn enfomasyon sou sa dwog la ye oswa sa ki pase lè moun sèvi ak li?

1. Wi 2. Non (ALLER A Q.927) ____

Q925. Ki kote ou konn jwen enfomasyon sa yo?

A) Nan men zanmi	1	0
B) Nan lekol	1	0
C) Nan legliz	1	0
D) Nan liv	1	0
E) Nan jounal	1	0
F) Nan televizyon	1	0
G) Nan radyo	1	0
H) Lot: _____	1	0

Q926. Eske enfomasyon sa yo ase osinon manke?

1. Manke 2. Antrede 3. Ase

Q927. Ki enfomasyon konsa ou sa renmen genyen?

A) Okenn	1	0
B) Sa dwog kapab fè sou moun	1	0
C) Jan pou pwoteje tèt ou	1	0
D) Sou trètman	1	0
E) Ki kote yo bay konsèy	1	0
F) Kisa ki kapab rive selon lalwa	1	0
G) Pwoblèm dwog poze nan sosyete a	1	0
H) Lot: _____	1	0

Q928. Dapre ou menm, èske sa ta yon bon osinon yon move bagay, mache pale sou koze dwog la nan: (ÈNUMÈRER)

	move	antrede	bon	pa konnen
A) Lekol	1	2	3	4
B) Logliz	1	2	3	4
C) Jounal	1	2	3	4
D) Konferans	1	2	3	4
E) Liv	1	2	3	4
F) Televizyon	1	2	3	4
G) Radyo	1	2	3	4
H) Reyinyon ak paran	1	2	3	4

Q929. Eske gen lot mwayen pou ta bay enfomasyon sa yo?

1. Non 2. Pa konnen ____

Mwayen: _____ ____

_____ ____

Q930. Eske ou konnen yon oganizasyon k'ap fenye pou ride moun kap pran dwog epi anpeche moun pran dwog?

1. Wi 2. Non (ALLER A Q.932) ____

Q931. Ki oganizasyon ou konnen?

____

_____ ____

_____ ____

SI APAAC EST CITÉ ALLER A Q.933)

Q932. Eske ou konnen APAAC?

1. Wi 2. Non (ALLER A Q.101) ____

Q933. Kisa ou konnen sou APAAC?

_____ ____

_____ ____

_____ ____

(SI PAS DE RÉPONSE ALLER A Q.101)

Q934. Kisa ou ta renmen di sou travay APAAC ap fè a?

_____ ____

_____ ____

_____ ____

ENFOMASYON SOU ANKETE A

Q101. Sèks: 1. Maskilen
2. Feminen

Q102. Kijan wap viv kwèlye a? (ÈNUMÈRER)

1. Selibatè
2. Vivavèk
3. Plase
4. Marye
5. Separe/divose
6. Vèf-vèv
7. Lot: _____

Q103. Eske ou rete? (ÈNUMÈRER)

1. Pou kont ou
2. Lakay paran ou/an famiy
3. Ak/madanm/mari, pitit
4. Ak pitit sèlman
5. Lot: _____

Q104. Ki dènye klas ou te fè nèt

1. Pa janm ale lekol, anfanten
2. Preparatwa 1, 2
3. Kou mwayen 1, 2
4. Segondè jouk nan 3e
5. Segondè apre 3e
6. Teknisyen diplome
7. Inivèsite pa fini
8. Inivèsite diplome
9. Espesyalizasyon
(ALLER A Q. 106)

Q105. Eske you konn li ak ekri?

1. Wi 2. Non

Q106. Ki travay w'ap fè kwèlye a?

1. Endistriyèl/gwo bizisman
2. Kèd siperyè
3. Komèsan
4. Anplwaye leta
5. Pwofesyon liberal
6. Nan [illegible]
7. Etidyan
8. Ouvriye
9. Ouvriye kiltivatè
10. Kiltivatè
11. Jounalye, fè woulman

12. Atizan
13. Rete nan kay
14. Pap travay
15. Lot: _____

Q107. Eske ou te travay pandan 12 mwa ki sot pase yo?

A). Wi 2. Non
B) Pandan konbyen mwa: _____
C) An gwo, konbyen kob ou te fè pa mwa: _____

Q109. An gwo, konbyen kob konsa ka rantre nan kay la pa mwa?

: _____
(SI REFUS OU NE SAIT PAS ALLER A Q.1011)

Q1010. Konbyen moun kap viv sou kont lajan sa a?

Moun: _____

Q1011. Ki kote ou te fèt?

Katye/seksyon rural: _____

Komin: _____

Depatman: _____

Peyi: _____

(SI L'ENQUETE EST NÉ DANS LA VILLE ENQUETÉE ALLER A Q.1013)

Q1012. Depi konbyen lane ou abite nan vil sa a?

Kantite lane: _____

Type de maison

Q1013. As kisa panno kay la fèt?

1. Blok, woch
2. Masonri, woch
3. Planch
4. Planch palmis
5. Pay
6. Katon, tol, bwa ki deja sevi
7. Lot: _____

Q1014. Ak kisa do kay la kouvri?

1. Beton
2. Tol
3. Tach
4. Pay
5. Katon, tol, bwa ki deja sèvi
6. Lot: _____

Q1015. Ak kisa ètè kay la fèt?

1. Mozayik
2. Siman
3. Masonri
4. Antè
5. Lot: _____

Q1016. Ki kote ou pran kouran?

1. Pa gen kouran
2. EDH
3. Priz
4. Lot: _____

Q1017. Ki kote ou pran dlo?

1. KAMEP/SNEP (tiyo lakay)
2. Fontèn piblik
3. Nan sous
4. Nan pi/sitèn
5. Nan larivyè
6. Achte
7. Lot: _____

Q1018. Eske ou konn tande radyo souvan, yon lè konsa osinon jamè?

1. Jamè 2. Yon lè konsa 3. Souvan

Q1019. Eske ou gade televizyon souvan, yon lè konsa oswa jamè?

1. Jamè 2. Yon lè konsa 3. Souvan

Q1020. Ki kalite pwogram ou abitye tande nan radyo oswa gade nan televizyon pi souvan?

A) Misik	1	0
B) Espo	1	0
C) Bolèt/lotri	1	0
D) Nouvèl	1	0
E) Fim damou	1	0
F) Fim aksyon	1	0
G) Dokimantè	1	0
H) Lot: _____	1	0

Q1021. Eske ou gen yon aparèy:

	Wi	Non
A) Radyo	1	2
B) Televizyon	1	2
C) Fridigè	1	2

MESI BOKOU!

ANNEX B

QUESTIONNAIRE IN FRENCH WITH THE GENERAL FREQUENCY OF ANSWER

ENQUETE SUR LES PRODUITS TOXIQUES

11. Chaque endroit du pays à ses problèmes spéficiques, comme manque de travail. D'après vous, quels sont les plus grands problèmes de cette zone?

Pas de service de santé	1	13,6%	0	86,4%	(n:2100)
Consommation de la drogue	1	1,5%	0	98,5%	(n:2100)
Carence d'école	1	4,9%	0	95,1%	(n:2100)
Zenglendo	1	5,5%	0	94,5%	(n:2100)
Vagabonds	1	41,1%	0	58,9%	(n:2100)
Manque de travail	1	48,6%	0	51,3%	(n:2099)
Manque d'eau, d'électricité etc.	1	40,8%	0	59,2%	(n:2100)
Fatras, rats, pollution etc.	1	10,4%	0	89,6%	(n:2100)
Autre_____	1		0		

12. Je vais vous citer quelques situations qui peuvent se poser; vous direz si d'après vous, elles constituent au niveau de votre zone, de graves problèmes, des problèmes minimes, ou pas de problème du tout.

Situation:		Ce n'en est pas un		problème minime		grave problème
- pas de service de santé	(n:2100)	1	16,3%	2	11,3%	3 72,4%
- consommation de la drogue	(n:2089)	1	44,1%	2	19,8%	3 36,1%
- carence d'école	(n:2094)	1	29,6%	2	18,9%	3 51,5%
- zenglendo	(n:2091)	1	42,1%	2	17,5%	3 40,4%
- manque de travail (n:2094)	(n:2092)	1	4,3%	2	3,2%	3 92,4%
- manque d'eau, d'électricité etc.		1	13,3%	2	9,8%	3 76,9%
- Autre (à préciser)_____	(n:50)	1	8,0%	2		3 92,0%

13. Il y a une série de substances que les gens prennent et qui développent chez eux un vice, même si ces substances sont néfastes pour leur santé. Quelle substance de ce type connaissez-vous?

	Oui		Non		
Cigarette	1	92,6%	0	7,4%	(n:2100)
Alcool	1	84,7%	0	15,3%	(n:2099)
Pilule relexante ou excitante	1	1,6%	0	98,4%	(n:2099)
Inhalant	1	0,5%	0	99,5%	(n:2099)
Mariguana	1	19,3%	0	80,7%	(n:2100)
Crack	1	10,4%	0	89,6%	(n:2100)
Cocaïne	1	14,2%	0	85,8%	(n:2100)
Autres (à préciser)	1	3,9%	0	96,1%	(n:2098)

(POSER LA QUESTION 14 SEULEMENT POUR LES SUBSTANCES QUI N'ONT PAS ETE MENTIONNEES A LA QUESTION 13)

14. Il y a d'autres substances que les gens consomment et qui peuvent leur tourner la tête. Vous allez me dire si vous savez en entendre parler dans votre zone.

	Oui		Non		
Médicaments	1	20,2%	2	79,8%	(n:207
Inhalant	1	8,9%	2	91,1%	(n:209
Mariguana	1	51,5%	2	48,5%	(n:179
Crack	1	21,8%	2	78,2%	(n:191
Cocaïne	1	41,8%	2	58,2%	(n:185
Autres (à préciser)	1	47,5%	2	52,5%	(n:40)

CIGARETTE

21. Quelles sont les raisons qui peuvent porter quelqu'un à fumer de la cigarette? (n:2100) Les % sont pour les "oui"

Influence des amis	16,3%	1	0	le désir de paraître	12,0%	1	0	
Habitude, vice	28,7%	1	0	Par amour de la chose		1	0	4,0%
Curiosité	2,0%	1	0	Ignorance		1	0	1,6%
Problèmes personnels	65,0%	1	0	Chômage		1	0	8,0%
Publicité	0,9%	1	0	Ne sait pas		1	0	7,4%
Distraction	12,9%	1	0					
Autres (à préciser)	1,6%	1	0					

22. Savez-vous s'il y a dans votre famille ou parmi vos amis, des personnes qui fument de la cigarette?

1. oui 73,5% 2. non (ALLER À Q 24) 26,5% (n:2098)

23. Combien de personnes environ? 7,1 personnes (n:1523)

24. Vous est-il déjà arrivé de fumer de la cigarette?

1. Oui 25,3% 2. Non (ALLER A Q 211) 74,7% (n:2085)

25. Quel âge aviez-vous la première fois que vous avez fumé de la cigarette? 18,1 ans

26. Avez-vous fumé de la cigarette? (n:533)

Une seule fois	1	4,7%	2-3 fois par semaine	3	5,6%
Occasionnellement	2	26,6%	Chaque jour	4	50,8%
(ALLER A Q 211)			Ne fume pas	5	11,8%

27. Quelle est la dernière fois que vous avez fumé de la cigarette? (n:366)

- Hier	1	49,5%	Le mois dernier	3	3,6%
- La semaine dernière	2	1,6%	Chaque jour	4	3,8%
			Ne fume plus	5	12,8%

28. Quand vous fumez, combien de cigarettes passez-vous par jour?

Nombre de cigarettes 13,7 cigarettes

29. Est-ce que le fait de fumer vous cause des problèmes?

1. Oui 49,8% 2. Non (ALLER A Q 211) 50,2% (n:368)

210. Quel type de problèmes? (n:186)

- Santé	1 85,5%	0 14,5%	famille	1 8,1%	0 91
- Relation Sociales	1 10,2%	0 89,8%	finance	1 7,0%	0 93
- Etudes	1 0,0%	0 100,0%	travail	1 0,5%	0 99

211. Est-ce que le fait de fumer cause des problèmes dans votre famille ou parmi vos amis?

1. Oui 22,3% 2. Non (ALLER A Q 31) 77,7% (n:2094)

212. Quel type de problèmes? (n:464)

- Santé	1 68,1%	0 41,9%	famille	1 22,8%	0 77
- Relation Sociales	1 18,8%	0 81,2%	finance	1 5,2%	0 94
- Etudes	1 0,2%	0 99,8%	travail	1 0,6%	0 99

ALCOOL

31. D'après vous, quelles sont les raisons qui portent les gens à consommer des boissons alcoolisées? (n:2098) Les % sont pour l

Influence des amis	1 14,5%	0	désir de paraitre	1	0 5,
Habitude, vice	1 26,4%	0	Amour de la chose	1	0 9,
Curiosite	1 1,8%	0	Ignorance	1	0 1,
Problème personnel	1 44,2%	0	Chômage	1	0 6,
Publicite	1 1,0%	0	Ne sait pas	1	0 13
Distraction	1 35,8%	0			

32. Quelles sont les boissons alcoolisées les plus consommées dans votre quartier ? (n:2098) Les % sont pour les "oui"

Bierre	1 23,7%	0	Rhum 25,8%	1	0
Vin	1 3,5%	0	Cocktail 9,2%	1	0
Wisky	1 9,3%	0	Ne sait pas 18,1%	1	0
Clairin	1 57,9%	0			
Autres (à préciser)	1 0,7%	0			

33. Savez-vous s'il y a dans votre famille ou parmi vos amis des personnes qui boivent démesurément? (n:2091)

1- Oui 50,0% 2. Non (ALLER À Q.35) 50,0%

34. Combien de personnes? 6,3 personnes

35. VOUS EST-IL DEJA ARRIVE DE BOIRE DES BOISSONS ALCOOLISEES?

1.Oui 58,1% 2. Non (ALLER A 313) 41,3% (n:2088)

36. Quelles boissons alcoolisées consommez-vous le plus souvent:
(n:1231) Les % sont pour les "oui"

Bière	35,0%	1	0	Rhum	14,1%	1	0
Vin	12,8%	1	0	Cocktail	47,1%	1	0
Wiscky	9,3%	1	0	Clairin	17,4%	1	0
Autres (à preciser) 2,2%							

37. Quel âge avez-vous, la première fois que vous avez bu de l'alcool? 16,1 ans

38. Est-ce que vous avez bu de l'alcool? (n:1227)

Une seule fois	1-	2,8%	2-3 fois	3- 6,1%
Occasionnellement	2-	84,8%	chaque jour	4- 3,0%
(Aller à Q 313),			ne boit plus	5- 3,3%

39. Quelle est la derniere fois, que vous avez bu de l'alcool? (n:169

Hier	1	39,1%	Mois dernier	3	10,1%
La semaine dernier	2	25,4%	L'année derniére	4	7,7%
			Plus d'une année	5	11,8%

310. En moyenne, quelle quantité d'alcool consommez-vous par jour, lorsque vous buvez?

Quantité d'alcool 8,5 verres

311. Est-ce que le fait de prendre de l'alcool vous cause des problèmes? (n: 164)

1- Oui 44,5% 2- Non (ALLER À Q.313) 55,5%

312. Quel type de problèmes? (n:72)

Santé	1	76,4%	0 23,6%	Famille	1	11,1%	0 88,9%
Relations sociales	1	18,1%	0 81,9%	Finances	1	11,0%	0 89,0%
Etudes	1	0,0%	0 100,0%	Travail	1	0,0%	0 100,0%

313. Est-ce que le fait de consommer des boissons alcoolisées cause des problèmes dans votre famille ou parmi vos amis?

1- Oui 20,8% 2- Non (ALLER À Q 41) 79,2% (n:2086)

314. Quel type de problèmes? (n:434) Les % sont pour les "oui"

Santé	1	57,9%	0	Famille	1	29,6% 0
Relations sociales	1	41,1%	0	Finances	1	3,2% 0
Etudes	1	0,7%	0	Travail	1	1,2% 0

Autres (à préciser)

MEDICAMENTS

41. Il y a des personnes qui prennent constament des medicaments pour se retaper ou pour se relaxer.
Pourquoi, d'après vous, prennent-elles ces medicament?
(n:2098) Les % sont pour les "oui"

Je n'ai jamais entendu	1 57,1%0	(ALLER À Q 51)
Parlé de cela \Je ne sais pas		
Pour des raisons médicales seulement	1 25,7%0	(ALLER À Q 51)

Influence des amis	1 1,7%0	Habitude, vice	1	0	2,
Curiosité	1 1,5%0	pour se retaper	1	0	3,
Problème personnels	1 9,2%0	Publicité	1	0	0,
Distractions	1 2,0%0				
Autres (à préciser)	1 0,8%0				

42. A votre connaissance, quel type de medicaments que les gens prennent? _____

_____

43. Les quels de ces medicaments sont les plus utilisés dans votre quartier? (n:358) Les % sont pour les "oui"

Exicitants	1 17,6%0
Calmants	1 52,1%0
Droques	1 2,5%0
Ne sait pas	1 30,9%0
Autre (à préciser)	0,0%

44. Est-il facile ou difficile de trouver ces medicaments dans votre quartier? (n: 361)

Très facile	1 38,2%	très difficile	3 20,8%
Pas trop facile	2 24,1%	je ne sais pas	4 15,8%

45. Il y a t-il des membres de votre famille ou de vos amis qui prenent de ces medicaments?

1- Oui 47,9% 2- Non (ALLER À Q 47) 52,1% (n:355)

46. Combien de personnes environ? 4,0 personnes

47. Avez-vous L'habitude de prendre ces medicaments?

1- Oui 19,6% 2- Non (ALLER À Q 414) 80,4% (n:357)

48. A quel âge avez-vous commencé à prendre ces medicaments?
Age 22,3 ans

49. Est ce vous avez utilisé ces medicaments? (n:75)

Une seule fois	1-	16,0%	2-3 fois	3	6,7%
Occasionnellement	2-	61,3%	Chaque jour	4	1,3%
Aller à Q 414 _____			ne les consomme plus	5	14,7%

410. Quelle est la dernière fois que vous avez pris ces medicaments? (n:19)

Hier	1-	26,3%	mois dernier	3	10,5%
Semaine dernière	2-	10,5%	Année dernière	4	5,3%
_____			plus d'une année	5	47,4%

411. Quel type de medicaments prenez-vous le plus: (n:21)

Des excitants _____	1	14,3%	0
Des calmants _____	1	66,7%	0
De la drogue _____	1	4,8%	0
Autres _____	1		0

412. Est ce que le fait de prendre ces mediacaments vous cause des problèmes?

1- Oui 43,4% 2- Non (ALLER À Q 414) 56,5% (n:23)

413. Quel genre de problème? (n:10)

Santé	1	50,0%	0 50,0%	Famille	1	20,0%	0 80,0%
Relations sociales	1	20,0%	0 20,0%	Finances	1	10,0%	0 90,0%
Etudes	1	0,0%	0 100,0%	Travail	1	0,0%	0 100,0%
Autres _____					1		0

414. Est ce que le fait de prendre des medicaments pose parfois des problèmes au niveau de votre famille ou parmi vos amis?

1. Oui 12,9% 2. Non aller à Q 51 87,1% (n:354)

415. Quel genre de problème? (n:48)

Santé _____	1	51,1%	0 38,9%	Famille	1	27,1%	0 72,9%
Relations sociales	1	25,0%	0 75,0%	Finances	1	6,3%	0 93,8%
Etudes _____	1	8,3%	0 91,7%	Travail	1	0,0%	0 100,0%
Autre (à préciser) _____					1		_

INHALANT

51. D'après vous, pourquoi les gens prennent-ils l'habitude d'aspirer des inharants? (n:2099) Les % sont pour les "oui"

Influence des amis	3,9%	1	0	désir de paraitre	1	0	0,6%
Habitude, vice	6,0%	1	0	par amour de la chose	1	0	4,2%
Curiosité	1,6%	1	0	par ignorance	1	0	3,0%
Problèmes personnels	7,2%	1	0	Chomage	1	0	1,2%
Publicité	0,1%	1	0	ne sait pas	1	0	73,5%
Distraction	2,7%	1	0				
Autres (à préciser) _____					1	0	2,8%

52. Est-il facile ou difficile de trouver ces produits dans votre quartier? (n:2095)

Très facile	1 13,7%	Très difficile	334
Pas trop facile	2 17,7%	Je ne sais pas	434

53. Savez-vous s'il y a dans votre famille ou parmi vos amis des personnes qui aspirent des inhalants? (n:2091)

1- Oui 4,2% 2- Non (Aller à Q 55) 95,8%

54. Combien de personnes environ? 5,1 personnes

55. Vous est-il déjà arrivé d'aspirer des inhalants?

1- Oui 3,1% 2- Non (ALLER À Q 61) 96,9% (n:2096)

MARIJUANA

61. Pouvez-vous m'expliquer comment se présente la Marijuana. (n:20

1- Oui 31,6% Présentation _____
2- Non (ALLER À Q 71) 68,4%

62. Sous quel autre nom, connaissez-vous la Marijuana?

63. D'après vous quelles sont les raisons qui peuvent porter quelqu'un à fumer de la Marijuana? (n:665)
Les % sont pour les "oui"

Influence des amis	1 48,0%	Désir de paraitre	1 11,1%

Habitude, vice	11,9%	1	0	Amour de la chose	1	0	6,8%
Curiosité	15,5%	1	0	Ignorance	1	0	3,3%
Problème personnel	34,5%	1	0	Chomage	1	0	8,4%
Publicité	1,4%	1	0	Ne sait pas	1	0	8,7%
Distraction	14,9%	1	0				
Autre							

64. Est-il facile ou difficile de trouver de la Marijuana dans votre quartier? (n:664)

Très facile	1	12,7%	Très difficile	3	30,7%
Pas trop facile	2	22,7%	Ne sait pas	4	33,7%

65. Savez-vous s'il y a dans votre famille ou parmi vos amis des personnes qui fument de la Marijuana? (n:662)

1- oui 28,6% 2- Non (Aller à Q 67) 71,4%

66. Combien de personnes environ? 5,1 personnes

67. Vous est-il déjà arrivé de fumer de la Marijuana? (n:662)

1- Oui 9,2% 2- Non 90,8%

68. Avez-vous déjà eu l'opportunité de fumer de la Marijuana. (n:590)

1- Oui 14,9% 2- Non 85,1%

(ALLER À Q 617)

69. Pour quelle raison avez-vous essayé de fumer de la Marijuana? (n:6

Curiosité	1	58,7%	0	41,3%
Influence des amis	1	46,8%	0	53,2%
Autres (à préciser)	1	4,8%	0	95,2%

610. Quel âge aviez-vous la première fois que vous avez fumé de la Marijuana? 20,3 ans

611. Avez-vous fumé de la Marijuana? (n:62)

Une seule fois	1-	37,1%	2-3 fois par semaine	3	6,5
(Aller à Q 617)			Chaque jour	4	6,5
Occasionnellement	2-	27,4%	Ne fume plus	5	22,6

612. En moyenne combien de fois par mois fumé-vous\ ou fumiez-vous de la Marijuana ?
Nombre de jours 13,4 fois par mois

613. Quelle est la dernière fois que vous avez fumez de la Marijuana? (n:41)

Hier	1- 26,9%	Le mois dernier	-3 1
La semaine dernière	2- 7,3%	L'année dernière	-4
		plus d'année	-5 4

614. Fumez ou fumiez-vous de la cigarette ou bien buvez ou buviez vous des boissons alcoolisées quand vous prenez de la Marijuana? (n:41)

Fumez de la cigarette	1 61,1%	0 38,9%
Boire des boissons alcoolisées	1 78,0%	0 22,0%

615. Est ce que le fait de fumer de la Marijuana vous cause des problèmes? (n:41)

1- Oui 53,7% 2- Non (Aller à Q 617) 46,3%

616. Quel genre de problème? (n:22)

Santé _____	1 40,9%	0 59,1%	Famille	1 40,9%	0 59,1%
Relations sociales	1 22,7%	0 77,3%	Finances	1 18,2%	0 81,8%
Etudes _____	1 4,5%	0 95,5%	Travail	1 0,0%	0 100,0%
Autres (à préciser)	4,5%			1	0

617. Est ce que le fait de fumer de la Marijuana cause des problèmes dans votre famille ou parmi vos amis? (n:651)

1- Oui 19,7% 2- Non (Aller à Q 71) 80,3%

618. Quel genre de problème? (n:129)

Santé _____	1 41,1%	0 58,9%	Famille	1 49,6%	0 50,4%
Relations sociales	1 38,8%	0 61,2%	Finances	1 11,6%	0 88,4%
Etudes _____	1 6,2%	0 93,8%	Travail	1 0,8%	0 99,2%
Autres (à préciser)	1,6%			1	0

CRACK

71. Pouvez-vous m'expliquer comment se présente le crack? (n:2099)

1. Oui 7,9% Présentation
2. Non 92,1% (Aller à Q 81)

72. Sous quel autre nom connaissez-vous le crack?

Si confusion entre le crack et cocaime, poser les questions pour l'une de ces deux substances)

73. D'après vous quelles sont les raisons qui peuvent porter quelqu'un à fumer du crack? (n:167) Les % sont pour les "oui"

Influence des amis	1	41,3%	0				
Habitude, vice	1	19,2%	0	Désir de paraitre	1	0	8,4
Curiosité	1	16,2%	0	Amour de la chose	1	0	6,6
Problème personnel	1	31,1%	0	Ignorance	1	0	9,6
Publicité	1	3,6%	0	Chômage	1	0	9,0
Distraction	1	16,1%	0	Ne sait pas	1	0	12,6
Autre (préciser)		4,2%			1	0	

74. Est-il facile ou difficile de trouver du crack dans votre quartier? (n:166)

Très facile	1	10,2%	Très difficile	3	7,3%
Pas trop facile	2	15,7%	Ne sais pas	4	36,7%

75. Savez-vous s'il y a dans votre famille ou parmi vos amis, des personnes qui fument du crack ? (n:166)

1. Oui 19,9% 2. Non (Aller à Q 77) 80,1%

76. Combien de personnes environ? 4,7 personnes

77. Vous est-il déjà arrivé de fumer du crack? (n:165)

1. Oui (ALLER À Q 74) 5,4% 2- Non 94,6%

78. Avez-vous déjà eu l'opportunité de fumer du crack? (n:156)

1- Oui 10,9% 2- Non 89,1%
Aller à Q 717

79. Pour quelle raison, avez-vous essayé de fumer du crack? (n:13)

Curiosité	1	46,2%	0	53,8%
Influence d'autres personnes	1	25,0%	0	75,0%
Autres (à préciser)	1	0,0%	0	100,0%

710. Quel âge aviez-vous, la première fois que vous fumé du crack?
19,3 ans

711. Avez-vous fumé du crack (enumerez) (n: 11)

Une seule fois	-1	72,8%	2-3 fois par semaine	3	0,0
Aller à Q 17			Chaque jour	4	0,0
Occasionnellement	-2	18,2%	Ne sais pas	5	9,1

712. En moyenne, combien de jours par mois fumez-vous \fumiez-vous du crack?
Nombre de jours 1_____ 29,3 fois par mois

713. Quelle est la dernière fois que vous avez fumé du crack? (n:6)

Hier	-1 50,0%	Le mois dernier	-3 0,0%
La semaine dernière	-2 16,7%	L'année dernière	-4 16,7%
		plus d'une année	-5 16,7%

714. Savez-vous\saviez-vous fumer de la cigarette ou bien boire des boissons alcoolisées lorsque vous prenez du crack?

Fumer cigarette	1 50,0%	0 50,0%	(n:6)
boire des boissons alcoolisées	1 66,7%	0 33,3%	(n:6)

715. Est ce que le fait de fumer du crack vous cause des problèmes (n:6)

1- Oui 50,0% 2- Non (Aller à Q 717) 50,0%

716. Quel genre de problème?

	(n:3)			
Problème de santé	1 100%	0	Famille	1 0,0% 0
Relations sociales	1 0,0%	0	Finances	1 0,0% 0
Etudes	1 0,0%	0	Travail	1 0,0% 0
Autre_____				1 0,0% 0

717. Est ce que le fait de fumer du crack cause des problèmes dans votre famille ou parmi vos amis? (n:167)

1-Oui 16,2% 2- Non (Aller à Q 81) 83,8%

718. Quel genre de problème? (n:26) Les % sont pour les "oui"

Santé	1	57,7%	Famille	1	53,8%
Relations sociales	1	50,0%	Finances	1	19,2%
Etude	1	3,8%	Travail	1	0,0%

Autres à préciser _____0,0%_____

COCAINE

81. Pouvez-vous expliquer comment se présente la cocaïne? (n:2088)

1. Oui Présentation: 23,2%

2. Non (ALLER A Q 91) 76,8%

-82-

82. Sous quel autre nom connaissez-vous la cocaine?
(Si confusion entre crack et cocaine, ne pas poser les questions Q83 a Q818.)

83. D'après vous quelles sont les raisons qui peuvent porter quelqu'un à prendre de la cocaine? (n:493) Les % sont pour les "oui

44,0%	Influence des amis	1	0	Désir de paraître	1	8,1%	0
14,6%	Habitude - Vice	1	0	Amour de la chose	1	6,1%	0
13,2%	Curiosité	1	0	Ignorance	1	5,7%	0
36,6%	Probléme personnel	1	0	Ne sais pas	1	10,0%	0
1,6%	Publicité	1	0				
16,3%	Distraction	1	0				

84. Est-il facile ou difficile de trouver de la cocaïne dans votre quartier? (n:490)

Très facile	6,1%	= 1	Très difficile	= 3	40,2%
Pas trop facile	16,5%	= 2	Ne sais pas	= 4	37,1%

85. Savez-vous s'il y a dans votre famille ou parmi vos amis des personnes qui prennent de la cocaïne? (n:490)

1. Oui 17,8% 2. Non (ALLER A Q87) 82,2%

86. Combien de personnes environ? 5,2 personnes

87. Vous est-il déjà arrivé de prendre de la cocaïne? (n:491)
Oui (Aller a Q 89) 3,5% 2. Non 96,5%

88. Avez-vous eu l'opportunité une fois de prendre de la Cocaïne? (n:465)

Oui 8,6% (ALLER A Q 817) Non 91,4%

89. Pour quelles raisons avez-vous essayé de prendre de la cocaïne? (n:20)

Curiosité	1	55,0%	0	45,0%
Influence d'autres personnes / d'amis	1	40,0%	0	60,0%

Autres (a préciser)_____

810. Quel âge aviez-vous la première fois que vous avez pris de la cocaïne?

811. Avez-vous pris de la cocaïne (énumérez) (n:20)

Une seule fois	55,0%	2. 3 fois par semaine	3	5,
ALLER A Q 817		Chaque jour	4	0,
Occasionnellement	10,0%	N'en consomme plus		30,

812. En moyenne combine de jours par mois prenez-vous/ou preniez-vous de la cocaïne?

Nombre de jours 10,1 jours par mois

813. Quelle est la dernière fois que vous avez pris de la cocaine? (

Hier	1	11,1%	Le mois dernier	3	0,0%
La semaine dernière	2	11,1%	L'année dernière	4	11,1%
			Plus qu'une année	5	66,7%

814. Saviez-vous fumer de la cigarette ou boire de l'alcool en même temps que vous consommiez de la cocaïne? (n:12)

Fumer de la cigarette	1	66,7%	0	33,3%
Boire des boissons alcoolisées	1	50,0%	0	50,0%

815. Est-ce-que le fait de fumer de la cocaïne vous cause des problèmes? (n:12)

1. Oui 58,3% 2. Non (ALLER A Q 817) 41,

816. Quel type de problème? (n:10) Les % sont pour les "oui"

Santé	1	0	30%	Famille	1	30%	0
Relations sociales	1	0	30%	Finances	1	10%	0
Etude	1	0	0%	Travail	1	0%	0
Autres 10%	1	0					

817. Est-ce-que le fait de fumer de la cocaïne cause des problèmes dans votre famille ou parmi vos amis? n:488

1. Oui 16,8% 2. Non (ALLER A Q 91) 83,2

818. Quel type de problème? (n:88) Les % sont pour les "oui"

Santé	1	0	55,7%	Famille	1	47,1%	0
Relations sociales	1	0	41,4%	Finances	1	19,5%	0
Etude	1	0	3,4%	Travail	1	5,7%	0

ATTITUDES

91. Je vais vous énumérer quelques habitudes acquises par les personnes. Vous allez me dire si c'est une bonne ou une mauvaise chose? (Enumérez). (n:2100)

	Mauvais	Entre deux	Bon	Ça dépend de sa quantité	Je ne sais pas
Fumer de la cigarette	1 90,7%	2 5,7%	3 1,0%	4 1,5%	5 1,0%
Boire de l'alcool	1 87,6%	2 6,4%	3 1,1%	4 3,7%	5 1,1%
Prendre des médicaments	1 49,3%	2 12,6%	3 2,3%	4 9,3%	5 26,4%
Aspirer des inhalants	1 51,6%	2 3,5%	3 0,5%	4 0,5%	5 44,0%
Fumer de la Mariguana	1 85,9%	2 1,7%	3 0,6%	4 0,3%	5 11,5%
Fumer du crack	1 81,4%	2 1,2%	3 0,4%	4 0,5%	5 16,5%
Consommer de la cocaïne	1 84,7%	2 1,2%	3 0,3%	4 0,6%	5 13,2%

92. Vous allez me dire si lorsque vous utilisez ces produits que nous venons d'énumérer c'est bénéfique ou néfastes pour: (énumérez) (n:2100)

	Mauvais	Entre deux	Bon	Ça dépend de sa quantité	Je ne sais pas
Santé	1 96,2%	2 1,4%	3 0,7%	4 0,6%	5 1,0%
Relations sociales	1 84,3%	2 8,9%	3 2,3%	4 1,2%	5 3,2%
Etude	1 92,3%	2 3,0%	3 1,4%	4 1,0%	5 2,2%
Famille	1 92,3%	2 3,7%	3 0,8%	4 0,5%	5 2,7%
Finances	1 92,6%	2 3,0%	3 0,7%	4 1,1%	5 2,6%
Travail	1 92,3%	2 2,2%	3 0,9%	4 0,9%	5 3,5%

93. D'après vous lequels de ces produits qu'on consomme le plus en Haïti?

Cigarette

94. Qu'est-ce qui vient en deuxième? Alcool

95. Qu'est-ce qui vient en troisième? Marihuana

96. Qu'est ce qui vient en quatrième? Médiacaments (5ième: cocaine; 6ième: inhalants 7ième: crack)

97. Entre les enfants, les adolescents, les adultes, les personnes âgées, lesquels d'après vous sont plus nombreux à:

(n:2099)

	Enfants	Adolescents	Adultes	Pers. âgées	Ne sais pas
97. Boire de l'alcool	1 1.1%	2 31.1%	3 18.0%	4 45.8%	5 3.9%
98. Prendre des médicaments	1 1.9%	2 37.6%	3 6.4%	4 18.4%	5 35.6%
99. Aspirer des inhalants	1 9.1%	2 16.0%	3 4.5%	4 8.3%	5 62.2%
910. Fumer de la Marijuana	1 0.8%	2 76.5%	3 3.9%	4 2.4%	5 16.5%
911. Fumer du crack	1 0.5%	2 70.5%	3 3.4%	4 2.4%	5 23.2%
912. Consommer de la cocaïne	1 0.5%	2 73.7%	3 3.2%	4 3.5%	5 19.0%

Entre les pauvres, les gens de la classe moyenne, les riches, lesquels d'après vous sont plus nombreux à: (une seule réponse)
(n:2099)

	Pauvres	Cl.Moy.	Riche	Ne sais pas
913. Boire de l'alcool	1 41.7%	2 17.8%	3 35.4%	4 5.1%
914. Prendre des médicaments	1 15.3%	2 28.3%	3 20.0%	4 36.5%
915. Aspirer des inhalants	1 29.0%	2 9.4%	3 2.4%	4 59.1%
916. Fumer de la Mariguana	1 6.6%	2 29.9%	3 46.0%	4 17.5%
917. Fumer du crack	1 3.8%	2 18.4%	3 52.8%	4 25.0%
918. Consommer de la cocaïne	1 3.9%	2 17.5%	3 58.7%	4 19.9%

919. D'après vous quelles sont les principales raisons qui portent les gens à consommer de la drogue en Haiti? (Noter seulement les 3 premières réponses) (n:2099)

Problème psychologique	1 29.8%	0 70.2%
Problème familial	1 17.0%	0 83.0%
Problème avec des amis	1 8.5%	0 91.5%
Entourage	1 35.2%	0 64.8%
Curiosité	1 21.5%	0 78.5%
Parce que c'est facile à trouver	1 4.2%	0 95.8%
Autres _____	32.7%	67.3%

920. Pensez-vous que consommer de la drogue c'est le problème des pauvres, des gens de la classe moyenne, ou bien des riches (une seule réponse)

(n:1887)

1. Pauvres 6,9% Classe Moyenne 30,1% Riche 63,0%

921. Pensez-vous que c'est facile ou difficile pour quelqu'un d'arrêter de :('enumérer) (une seule réponse)
(n:2100)

	Facile		0 + -		difficile		Ne sais pas
Fumer de la cigarette	1	38,6%	2	14,5%	3	43,7%	4 3,2%
Boire de l'alcool	1	39,1%	2	15,1%	3	41,5%	4 4,3%
Prendre des médicaments	1	35,0%	2	13,6%	3	16,9%	4 34,5%
Aspirer des inhalants	1	28,7%	2	6,2%	3	14,3%	4 50,8%
Fumer de la Mariguana	1	19,7%	2	7,2%	3	51,3%	4 21,7%
Fumer du crack	1	18,0%	2	5,4%	3	50,6%	4 26,0%
Consommer de la cocaïne	1	18,3%	2	5,5%	3	53,0%	4 23,2%

922. De quoi les gens ont-ils besoins pour se libérer des problèmes de la drogue? (n:2100)

Traitement médical	1	23,0%	0	77,0%
Support moral	1	27,5%	0	72,5%
Centre de traitement	1	6,0%	0	94,0%
Information	1	4,7%	0	95,3%
Entrer en religion	1	11,0%	0	89,0%
Avoir de la volonté	1	29,2%	0	70,8%
Ne sais pas	1	17,0%	0	83,0%
Autres _____		11,2%		88,8%

923. A votre avis, que doit on faire pour éviter que les gens consomment de la drogue? (n:2100)

Plus d'information	1	24,8%	0	75,2%
Education	1	20,1%	0	79,9%
Lois plus sévères	1	23,3%	0	76,7%
Du sport	1	1,9%	0	98,1%
Appartenance à des clubs	1	4,0%	0	96,0%
Emploi	1	22,1%	0	77,9%
Eliminer les vendeurs (dealer)	1	16,2%	0	83,8%
Autres _____		14,5%		85,5%

924. Avez-vous jamais reçu des informations sur ce qu'est la drogue ou sur les abus causés par l'usage de la drogue? (n:2098)

1. Oui 50,7% 2.49,3%Non (ALLER A Q 927)

925. Où les avez-vous reçues?

(n:1070)

Des amis	1	34,5%	0	65,5%
A l'école	1	6,3%	0	93,5%
A l'église	1	3,9%	0	96,1%
Dans les livres	1	9,3%	0	90,7%
Sur les journaux	1	9,7%	0	90,3%
A la télévision	1	44,0%	0	56,0%
A la radio	1	44,6%	0	55,4%
Autres _____		9,5%		90,5%

926. Ces informations sont-elles suffisantes ou insuffisantes? (n:106

1. Insufisantes 59,3% 2. 0 + - 21,5% 3. Suffisantes 19,2%

927. Quel genre d'informations aimeriez-vous avoir? (n:2099)

Aucune	1	25,8%	0	74,2%
Effet de la drogue	1	44,5%	0	55;5%
Protection contre la drogue	1	24,4%	0	75,6%
Traitement de la drogue	1	5,0%	0	95,0%
Où aller pour prendre conseil	1	6,9%	0	93,1%
Conséquences légales	1	4,0%	0	96,0%
Problèmes posés par la drogue dans la société	1	9,6%	0	90,4%
Autres _____		9,9%		90,1%

928. D'après vous est-ce une bonne ou une mauvaise chose de parler de la consommation de la drogue (énumérez). (n:2100)

	Mauvais		+ 0 -		Bon		Ne sais pas	
Dans les écoles	1	4,1%	2	2,4%	3	91,9%	4	1,6%
A l'église	1	5,0%	2	4,2%	3	88,7%	4	2,1%
Sur les journaux	1	2,3%	2	3,0%	3	92,6%	4	2,0%
Dans des conférences	1	1,9%	2	4,3%	3	91,5%	4	2,3%
Dans les livres	1	2,2%	2	4,6%	3	91,6%	4	1,6%
A la Télévision	1	2,0%	2	1,7%	3	95,3%	4	1,0%
A la radio	1	2,0%	2	1,3%	3	95,8%	4	0,9%
Dans des réunion de parents	1	2,2%	2	2,8%	3	92,9%	4	2,1%

929. Y-a-t-il d'autres moyens de transmettre ces informations? (n:189

1. Non 49,6% 2. Ne sais pas 50,4%

Moyen

930. Connaissez-vous une institution qui travaille dans le but de venir en aide aux drogués et de prévenir l'usage de la drogue?
(n:2097) Oui: 12,3% Non: 87,7%

931. Quelles institutions connaissez-vous?
(Si APAAC est cité ALLER A Q 933)

932. Connaissez-vous APAAC? (n:1966)

1. Oui 6,8% 2. Non (Aller à Q 101) 93,2

933. Que savez-vous de APPAC? _____

Si pas de réponse ALLER A Q 101.

934. Qu'aimeriez-vous dire du travail qu'APAAC réalise?

INFORMATION SUR L'ENQUÊTE

101. Sexe:
1. Masculin 43,5%
2. Féminin 56,4% (n:2100)

102. Quelle est votre condition matrimoniale? (énumérez) (n:2099)

1. Célibataire 58,1%
2. Vivre avec 4,2%
3. Placé 14,7%
4. Marié 18,1%
5. Séparé/Divorcé 3,0%
6. Veuve/Veuf 1,8%
7. Autre

103. Vivez-vous (énumérez) (n:2099)
1. Seul 3,8%
2. Chez des parents ou en famille 62,6%
3. Avec votre femme / votre mari, vos enfants. 28,7%
4. Avec vos enfants seulement 4,4%
5. Autres 0,5%

104. Quel est votre niveau d'éducation? (n:2099)

1. Analphabète, classe enfantine 8,0%
2. Préparatoire 1 - 2 8,5%
3. Cours moyen 1 - 2 19,6%
4. SEcondaire jusqu'à la 3ème 34,0%
5. Secondaire au delà de la 3ème 24,2%

6. Technicien diplômé _ 11,1%
7. Universitaire inachevé. 2,0%
8. Universitaire gradué 2,1%
9. Spécialisation 0,4%
ALLER A Q 106

105. Savez-vous lire et écrire? (n:803)

1. Oui 61,9% 2. Non 38,1%

106. Quelle est votre occupation actuelle? (n:2092)

1.	Industriel / Homme d'affaires	0,4%
2.	Cadre supérieure	0,7%
3.	Commerçant	7,5%
4.	Employé de l'Etat	3,5%
5.	Professionnel	8,6%
6	Militaire	0,3%
7.	Etudiant	24,4%
8.	Ouvrier	2,6%
9.	Ouvrier agricole	0,2%
10.	Agriculteur	0,8%
11.	Journalier, ouvrier contractuel	1,6%
12.	Artisant	2,0%
13.	Garder la maison	3,0%
14.	Chômeur	42,6%
15.	Autre.	1,8%

Commune _____
Département _____
Pays _____

SI L'ENQUETE EST NE DANS LA VILLE ENQUETEE, ALLER A Q 1013

107. Avez-vous travaillé au cours des 12 derniers mois? (n:2097)

1.Oui 26,0%. Non 74,0%

Pendant combien de mois

_____

108. En moyenne, combien d'argent réalisez-vous par mois _____

109. En moyenne quel est votre revenu mensuel_____

Si refus ou ne sais pas Aller a Q1011.

1010.Combien de personnes vivent de ce revenu?

Personne _____

1011. Ou êtes-vous né?

Quartier _____
Section Rurale _____

1012 Depuis combien d'années habitez-vous dans cette ville?
Nombre d'années _____

Type de maison.

1013 De quoi le mur est-il fait? (n:2098)

1. Bloc, roche, 81,6%
2. Massonerie, roche 10,2%
3. Planche 5,7%
4. Palmiste 1,4%
5. Paille 0,1%
6. Carton, Tôle, bois usagé. 0,8%
7. Autres. 0,2%

1014 Toiture (Matériaux) (n:2099)

1. Béton 29,8%
2. Tôle 68,2%
3. Tache 0,5%
4. Paille 0,2%
5. Carton, tôle, bois usagé. 0,9%
6. Autres 0,3%

1015 Plancher (Matériaux) (n:2099)

1.	Mosaïque	18,6%
2.	Ciment	76,1%
3.	Maçonnerie	1,5%
4.	Terre	3,0%
5.	Autres	0,8%

1016 D'où vient votre courant électrique (n:2097)

1.	Pas de courant	8,6%
2.	Electricité d'Haïti	67,4%
3.	Prise (Clandestine)	23,8%
4.	Autres.1017	0,1%

1017 D'où vient votre eau? (n:2099)

1.	CAMEP / SNEP (tuyau à domicile.	49,0%
2.	Fontaine publique	9,2%
3.	Source	1,0%
4.	Puits / Citerne	2,4%
5.	Rivière	0,5%
6.	Achat	36,4%
7.	Autres.	1,4%

1018 Ecoutez-vous des émissions radiophoniques souvent, occasionnellement ou jamais. (n:2096)

1. jamais 2,4% 2. occasionnellement 32,5% 3. souvent 65,0%

1019. ... la télévision: 1. Jamais 18,1% 2. Occasionnellement 3. Souvent 39,0%

1020 Quel genre de programme avez-vous l'habitude d'écouter à la radio ou à la télévision le plus souvent? (n:2095)

Musique	1	69,3%	0 30,7%
Sport	1	10,7%	0 89,3%
Borlette, loterie	1	2,1%	0 97,9%
Nouvelles	1	65,1%	0 34,9%
Film d'amour	1	21,2%	0 78,8%
Film d'action	1	24,2%	0 75,8%
Documentaires	1	18,7%	0 81,3%
Autres _____		5,0%	95,0%

1021 Avez-vous un appareil de: (n:2096)

	Oui	Non
Radio	1 91,0%	2 9,0%
Télévision	1 64,5%	2 35,5%
Réfrigérateur	1 36,3%	2 63,7%

ANNEX C

INSTRUCTIONS FOR THE INTERVIEWERS

ANNEXE C

MANUEL D'ENTRAINEMENT DES ENQUETEURS

(Préparé par TAG)

2.1 Le rôle de l'enquêteur/euse

L'enquêteur/euse occupe une position centrale dans l'Enquête sur la Toxicomanie. C'est lui/elle qui recueille les informations des répondants/es. Par conséquent, le succès de l'enquête dépend en grande partie de la qualité du travail de chaque enquêteur/euse.

En général, les responsabilités de l'enquêteur/euse consiste à:

- Localiser les logements ou les foyers dans la grappe qui lui a été attribuée par son superviseur d'équipe.
- Identifier toutes les femmes et tous les hommes éligibles qui se trouvent dans ces foyers.
- Effectuer les interviews avec la personne choisie pour chaque ménage ou foyer choisi d'après la méthodologie de sélection.
- Vérifier chaque questionnaire rempli pour s'assurer que toutes les questions ont été répondues.
- Effectuer d'autres visites aux femmes ou aux hommes qu'on n'a pas pu interviewer au cours d'une première visite.

Le travail sur le terrain se déroulera d'une manière satisfaisante si chaque enquêteur/euse accomplit sa tâche consciencieusement.

2.2 Le rôle du superviseur

Dans l'Enquête sur la Toxicomanie en Haïti, le superviseur sur le terrain occupe une position qui revet une grande responsabilité vis-à-vis du projet. Le superviseur sert de liaison entre le coordonnateur de l'enquête et les enquêteurs/euses travaillant sur le terrain. A ce titre, le superviseur est la personne qui garantit les progrès et un travail de bonne qualité.

Pour la préparation du travail de terrain dans chaque grappe désignée pour cette activité, le superviseur aura pour tâche de:

- Prendre contact avec les autorités locales pour les informer de l'enquête et s'assurer de leur collaboration.
- Sélectionner les foyers d'après les normes prescrites.
- Distribuer à chaque enquêteur/euse une liste de foyers à interviewer.
- Superviser les enquêteurs/euses par intermittence régulière au cours du remplissage des questionnaires afin de les aider à résoudre certains problèmes dépassant leur compétence.

- S'assurer que tous les foyers sélectionnés soient couverts.

- Collecter et réviser tous les questionnaires remplis pendant que les enquêteurs/euses travaillent.

- Résoudre les problèmes directs dans la révision des questionnaires.

- Gérer les questionnaires de son équipe jusqu'à leur transmission au coordonnateur.

- S'adresser au coordonnateur pour tout problème dépassant sa compétence.

Il est important que le superviseur soit bien préparé pour le travail de terrain afin de faciliter la tâche de son équipe et de maintenir le bon moral des enquêteurs/euses.

2.3 Le rôle du coordonnateur

Le coordonnateur est aussi une personne de terrain. Il sera le chef hiérarchique des superviseurs et des enquêteurs/euses sur le terrain. Il recevra lui aussi une bonne formation qui lui permettra de connaître encore mieux les questionnaires, car c'est lui qui devra résoudre les problèmes qui dépassent la compétence des superviseurs et des enquêteurs/euses.

3. LA FORMATION DU PERSONNEL DE TERRAIN

L'une des principales activités de l'enquête avant de commencer le travail de terrain est la formation des superviseurs et des enquêteurs/euses.

3.1 La formation du personnel de terrain

Le programme de formation a été développé avec soin, de façon à ce que vous soyez prêts à travailler pour l'enquête. Au cours de cette formation vous vous familiariserez avec les méthodes pour les enquêtes de terrain et avec le contenu des questionnaires de l'enquête. Par conséquent, vous devez obligatoirement assister à toutes les séances de formation.

Avant chaque séance, vous devez consulter soigneusement le manuel et le questionnaire et noter, par écrit, toutes les questions qui viennent à l'esprit. Il vaut mieux demander une réponse à ces questions au début de la séance que plus tard de façon à ne pas créer de confusion et surtout afin d'éviter des erreurs au cours des interviews.

Une fois que la partie théorique de la formation est terminée, vous prendrez part à des jeux de rôles d'interviews en qualité de répondant/te, enquêteur/euse et critique. Au cours de ces interviews factices, on passera en revue quelques-uns des problèmes que vous pourrez rencontrer sur le terrain et comment y faire face. A la suite de ces exercices, vous effectuerez quelques interviews sur le terrain.

En général, les superviseurs sont formés avant la formation des enquêteurs/euses. Mais vu que les personnes qui sont désignées comme superviseurs ont déjà participé à la pré-enquête et sont déjà familiarisées avec ces modèles de questionnaires, nous avons jugé nécessaire de les faire poursuivre

leur formation pendant celle des enquêteurs/euses. Comme c'est le personnel de contrôle qui est le responsable direct du travail de terrain, une partie de la formation de ce personnel portera sur la façon de vérifier et de corriger les questionnaires et d'autres documents associés à l'enquête et sur la démonstration de bonnes techniques d'interview.

La formation des superviseurs portera également sur leurs responsabilités administratives y compris:

1. L'organisation du travail sur le terrain et, en particulier, l'attribution des tâches aux enquêteurs/euses.

2. La tenue à jour de documents sur la progression du travail sur le terrain.

3. Les arrangements pour les déplacements des équipes.

RÉSUMÉ

Après la formation du personnel de terrain, la direction de l'enquête formera six équipes mixtes qui seront composées de cinq personnes, quatre enquêteurs/euses et un superviseur.

Au cours du travail sur le terrain, on prendra beaucoup d'autres mesures afin de s'assurer qu'on recueille le plus de données possibles et qu'elles soient complètes et exactes. Par exemple, si un superviseur ou un coordonnateur juge nécessaire qu'un enquêteur/euse manque de compétence pour faire progresser le travail, il pourra demander à la direction de l'enquête d'entreprendre des séances de formation supplémentaire, particulièrement dans les premières semaines de travail de terrain. Chaque équipe d'enquêteurs/euses recevra des visites imprévues du personnel du Bureau Central.

Le superviseur de chaque équipe fera des visites de contrôle à quelques-unes des enquêtés/es déjà interviewés/es afin de vérifier les données recueillies au cours des premières interviews.

Finalement, la direction de l'enquête peut renvoyer n'importe quel enquêteur dont le travail ne répond pas au degré d'excellence nécessaire à la production de données de haute qualité requise.

CONDUITE DE L'INTERVIEW

Introduction dans les ménages

Ceci conditionne le succès ou l'échec de l'interview. L'enquêteur se présentant dans un ménage doit instinctivement savoir respecter les normes de politesse et de bienséance qui lui assure l'écoute des personnes auxquelles il s'adresse. Demander formellement l'autorisation de pénétrer dans la maison, de préférence au chef de ménage, se présenter avec sa carte d'identification et dire clairement qu'il s'agit d'une enquête sur les problèmes posés par certains produits toxiques sur la santé de la population et qu'on veut interroger quelqu'un dans la maison (homme ou femme) pendant une heure.

Il faut préciser aussi que l'enquête est confidentielle, aucun nom ne sera porté sur le questionnaire, à part l'âge qui permet d'identifier la personne éligible à interviewer.

L'enquêteur doit donc savoir s'imposer en douceur dès le départ sans forcer ouvertement la résistance de ses interlocuteurs.

Procédures générales d'une interview

Une fois l'interview acceptée, l'enquêteur doit s'attacher à remplir le plus complètement et le plus scrupuleusement possible les différentes parties du questionnaire: section par section. Il doit s'attacher à recueillir toutes les informations demandées en utilisant son tact et sa courtoisie.

L'enquêteur ne doit pas oublier de remplir chacune des parties du questionnaire. Toutes les réponses doivent être nettement notées lors de l'interview ou avant de quitter le ménage lors d'une vérification. Toute manipulation du questionnaire doit être évitée afin de réduire au minimum les risques d'erreur dues à des confusions ou à des oublis.

Écouter attentivement les réponses de l'interlocuteur

Il faut faire attention de ne pas influencer la personne par des signes d'approbation ou de désapprobation, vous devez rester neutre. Il ne faut pas se précipiter pour écrire la réponse de la personne avant qu'elle ait terminé de s'exprimer et que vous ayez compris sa réponse.

Confirmer les réponses dans certains cas

La but de la confirmation est de trouver des informations supplémentaires, des précisions quand la réponse est insatisfaisante. deux techniques sont suggérées:

a) Répéter ce que la personne interrogée a dit et lui demander de confirmer.

b) Surtout poser des questions en vue de confirmer.

Écrire fidèlement les réponses de l'interlocuteur

N'hésitez pas à demander de répéter la réponse si vous n'avez pas compris avant de l'enregistrer.

Attention au OUI et au NON de fatigue.

Dans les questions ouvertes, vous devez écrire textuellement la réponse.

Après avoir terminé l'interview, n'oubliez pas de remercier le répondant pour sa collaboration.