DRUG USE AMONG NON-STUDENT YOUTH

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This report from the WHO Research and Reporting Project on the Epidemiology of Drug Dependence describes the efforts of a team of investigators to study drug use and its associated factors among non-student groups and follows an earlier report on drug use among students. In this study investigators from five countries developed and tested a questionnaire on various non-student populations. The main objectives were to study drug use in important non-student groups and to develop information that would help to prevent drug use and aid researchers to design effective treatment regimens for drug users. This report describes the efforts of the team, the studies they made, their conclusions and the implications that the conclusions have for handling problems of non-student youth.

Also, the results of several reliability checks on the questionnaire are reported. The modified questionnaire and instructions for using it are given in the Annex. (In addition a review of the methods used in earlier studies of non-student youth, with a summary of the findings and an indication of the types of methods which have been used and ignored by investigators is available in a limited number of copies upon request 8. It suggests where investigators are likely to find heavy drug-using populations and it suggests how they can be studied.) An effort has been made in the Annex to give the reader an instrument he can use in his own studies with some practical advice on its use.

The drug-use items in the modified questionnaire are similar to those in other drug-abuse data collecting instruments being developed by both WHO and the United Nations Division of Narcotic Drugs. The use of similar methods and the collection of comparable data should improve the planning and coordination of intervention programmes by permitting national and international comparisons and exchange of information on the epidemiology of drug dependence.

Researchers and administrators who are planning studies of youthful populations (whether students or non-students) are invited to consider utilizing all or part of this questionnaire. This would make their data comparable to those of WHO investigators and other workers who use the instrument. In order to facilitate such comparisons it would be helpful if investigators who use the questionnaire or selected items from it could send copies of their study reports, with a description of the methods used, to the Division of Mental Health, World Health Organization, 1211 Geneva 27, Switzerland.

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8 Requests should be addressed to: WHO Research and Reporting Project on the Epidemiology of Drug Dependence, Division of Mental Health, World Health Organization, 1211 Geneva 27, Switzerland.
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1. INTRODUCTION AND OVERVIEW

Much of our knowledge about youthful drug use comes from studies of school populations. Such studies are relatively easy to do since they deal with "captive", cooperative populations. Students represent a large proportion of the youth in many countries. A variety of sophisticated methodologies have been developed for student studies and many have been reviewed by a previous WHO team of collaborators (1). However, non-students are an important segment of the youth population of developing countries and they have been rarely studied. This report describes a WHO study of the problems of non-student drug use that was conducted by bringing together a team of experts to design a questionnaire and a set of methodologies for studying non-students. The objectives of this work were to:

- develop a questionnaire for assessing the factors associated with non-student drug use, the etiology of such use, and the needs of drug users for treatment and rehabilitation;
- test the questionnaire in a variety of languages and settings and thus determine its effectiveness and reliability;
- gather data on significant non-student populations that would describe and define non-students' social and economic problems, and those of drug users in particular;
- develop methodologies for studying non-student populations that might be useful in studying their general health and social problems in addition to their drug use.

The questionnaire was developed and used by the collaborators during 1978 and the results were discussed during a meeting of collaborating investigators in 1979 (1).

The study was carried out as one of the activities of the WHO Research and Reporting Project on the Epidemiology of Drug Dependence. This is a project developed in response to World Health Assembly resolutions WHA23.42 and WHA28.80. The main objective of the project was to elucidate the problem of drug use in non-student youth. In addition to this study, other studies are being or have been completed to develop methodologies for obtaining information on drug-abuse case-reporting (1,2) and intensive case-finding systems, through surveys of the general population (3) and the evaluation of drug-dependence treatment methods. To develop and test these methodologies, a network of collaborating institutions has been established, primarily in the developing countries with serious drug-dependence problems. This network was mainly responsible for the present study.

The subject of this report, drug use among non-student youth, was selected as a priority study, in the Research and Reporting Project because youth are at high-risk from the spread of drug abuse in many countries. Non-student youth has been rarely studied and appears to have especially great problems with drug abuse. Since the non-student youth population is large and growing rapidly in many developing countries, some information about their problems is clearly needed. Students were studied in an earlier part of the project because of their accessibility and because methodologies for the studies had been developed. Some parts of the questionnaire developed for the student studies proved very helpful in making the non-student questionnaire. The demographic and drug-use questions selected for it were very similar to those in the student studies.

The questionnaire presented in this report contains core items on: (a) demographic characteristics; (b) the use of 10 classes of drugs in the past 30 days, in the past year, and ever in the respondent's lifetime; and (c) the age at which drugs were used. "Highly recommended" items (see Section 5) - dealt with problems from drug use (social, legal and health), needs (treatment, social, economic and health), causes of drug use (social influences and economic opportunities), social aspects of drug use, and the use of leisure time. The questionnaire was administered to non-student samples by collaborating centres in five countries: Canada (Toronto), India (Chandigarh), Malaysia (Penang), Mexico (Mexico City), and Pakistan (Islamabad).
Detailed data are not reported on the frequency of use of all types of drugs in the youth samples studied. However, information is given on the characteristics of drug users, their needs and problems, and the factors associated with drug use. Tests on the reliability of the results are reported and they generally support the use of the questionnaire. Some centres reported that respondents had problems answering some items, hence the final questionnaire was revised to include improvements in both the questions and their format.
2. NEED FOR METHODS TO STUDY OUT-OF-SCHOOL AT-RISK YOUTH

Up to the present almost all of our knowledge about drug abuse among young people has come from school studies or clinically treated populations. We need to know more about non-student drug use. Non-students have special social and personal problems that predispose them to drug use.

2.1 Magnitude of non-student youth populations in developing countries

School populations are very large in Europe and North America, with nearly all young people in school until 16 or 17 years of age. However, in many developing countries the situation is rather different. School leaving ages are much lower - often 12 to 14 years old. In some countries many rural areas do not have any schools for the children to attend. Data published by the World Bank (4) show that more than 50% of the European secondary school age-group attend a school. However, only 36% of the same age group in Latin America, 22% in North Africa and the Middle East, 20% in South Asia, and only 6.9% in Africa (south of the Sahara) attend a secondary school. In many poorer African countries secondary school is virtually unavailable except for a few young people from wealthier homes or in large cities. In addition, only about 50% of the eligible age group in southern African and Asian countries go to primary school.

It has been estimated (5) that only one in three rural children in Thailand attend school after age 10, that in Afghanistan only 18.6% of the 7-12-year age-group attend school, and that in Haiti fewer than 2% of students who start primary school finish the seven years. This shows that there are huge segments of the youth population either out of school at an early age or who have never attended. Hundreds of millions of young people (under 18) in developing countries are not in school at any given time. Because there are so many non-student youths in developing countries, whose present behaviour patterns are important with respect to future generations, studies of their problems concerning all aspects of social and economic life - including their risks for drug abuse, delinquency, mental illness, and other social ills are required. This report is particularly concerned with drug abuse but the methodology developed could be used in the study of other social problems.

2.2 The high risk of non-student youth for drug abuse

Because of the size of the non-student youth population in developing countries it is important to know something of their problems. Youth is an age at which many problems occur (such as social, family, and economic) as young people seek to become established and achieve independence from their parents. Such problems are likely to be greater among non-students, who do not have the support of schools and teachers or their parents, since they frequently move away from home. A United Nations Interregional Seminar on "The Problems of Early School Leavers" concluded that this group has greater problems with illiteracy and unemployment than other youth. They are more susceptible to feelings of alienation, low self-worth, and resentment than those who have been successful at school. All of these problems make the non-student youth more susceptible to a variety of social and psychological problems, such as delinquency, depression, and drug use. To date, there have been very few studies of social problems including drug use among non-student youth and these were all carried out in developed countries, although the majority of non-student youth live in developing countries.

Students leave school for a variety of reasons - some of them economic. A United Nations Interregional Seminar on "The Problems of Early School Leavers" (5) found that young people in developing countries may leave to enter the job market, or to help with the family business or farm. However, many leave because parents can no longer pay the fees or buy school uniforms, or pay for the cost of transportation to school in rural or sparsely populated areas. Other
students leave because of cultural factors - the school, its teachers, and the textbooks seem irrelevant to their needs.

In some developing countries early marriage and pregnancy make a large number of girls leave school early. Also, poor health and physical handicaps take a large number of students out of school in countries where poor nutrition and endemic diseases are common.

With these varied reasons for leaving school it is not surprising that non-students are exposed to a variety of social and personal problems. One of these relates to unemployment. Studies of youth unemployment are rare but in most countries it is known that young people have rates of unemployment at least twice as high as adults. A study in Sri Lanka (5) showed that the unemployment problem was greatest among those with some (but not complete) secondary schooling. Those without schooling had an unemployment rate of 5% and there was a national average of 13%. However, those with some secondary schooling had an unemployment rate of 72%. Rates were thought to be even higher among women and those in rural areas. Those with few skills and no education are often absorbed into traditional economic roles, such as farming, artisanal, and family business activities. However, those with some schooling do not fit into such activities and other opportunities are difficult to find.

When young people have left school early and are unable to find work they are subject to many frustrations - both personal and economic. They are unable to take on adult roles comfortably, and unable to contribute to the economy. Many feel alienated from society and resentful of it because after spending years in school they find disappointment on leaving it. The report of the United Nations Interregional Seminar (5) indicated that non-student youth in developing countries often migrate to urban areas after the age of 16, since they are not able to earn money and therefore cannot settle in their own villages and marry easily. Those who migrate are usually male and have some (rather than no) education. When rural youth migrate without jobs to large cities they are exposed to a variety of social and health risks - such as long periods of unemployment, psychological stress, poor physical health, and drug abuse. Because of their migration they do not have the support of family and friends in dealing with these problems.

In fact, the precise problems faced by all types of non-student youth are not well understood. In most developing countries surveys and studies of these problems have not been made. For example, the study in Sri Lanka (5) seems to be the only one available which is concerned with unemployment. The extent of psychological stress, health problems, and social maladjustment experienced by this group has been hinted at but not studied. Clearly there is a need for studies of these problems and to find the solution for them. In particular planners and administrators in developing countries need the results of surveys in order to understand the causes and their possible solutions. However, as yet, the methodology for such studies is not well developed. The current report describes the development of methodologies, for sampling, questionnaires, and data analysis in studies of non-student youth in five countries

Most drug-use studies have involved only students despite the large size of the non-student population and their probable exposure to risk of drug abuse. Experience from many studies of drug abuse indicates that abusers are most likely to be alienated from families, out of school, and away from home, or in situations where parental controls are relaxed and their peers are using drugs. Also, certain occupations, such as those connected with tourism, drug manufacture and sale, carry a high risk for young people. The environments most conducive to drug use are large cities, especially areas where crime and vice are common and drugs are readily available.

In general the following factors are associated with high risk for drug abuse:

- unemployment;
- living away from home;
- migration to cities;
- relaxed parental controls;
- broken homes; one-parent families;
- alienation from families;
- early exposure to drugs;
- leaving school early;
- poor use of drugs;
- family use of drugs.

The following environments seem most closely associated with risk for drug abuse:
- large urban environments;
- areas with high rates of crime or vice;
- areas where drugs are sold, traded, or produced;
- areas where there are drug-using gangs;
- certain occupations, for example connected with tourism, drug production or sale;
- areas where delinquency is common.

Young people exposed to any of the above factors or environments should be studied for their drug use and the problems it is creating for them. These populations or high-risk groups can be studied using: "snowball" methods (for example, asking known users), probability sampling, sampling from geographic areas, or random samples from the general population. All these approaches have been used in the studies reported here.

It can be readily seen that non-student youth is exposed to many of the environments and events that often lead to drug abuse. Special studies are needed to measure the extent of drug abuse among various non-student groups - e.g., the unemployed, migrants to large cities, early school leavers, workers in different industries and businesses, and those in situations where drugs are highly available. An important aim of this report is to give information on the drug use and needs of youth in a variety of centres.

2.3 Inadequacy of the student self-administered survey method for the non-student group

It is obvious that school-based studies of students miss many of those youths most likely to be drug abusers - they will have dropped out of school or not be in frequent attendance, and may be working or unemployed. The two most commonly used methods of studying drug abuse are by interview and by a fill-in or self-administered questionnaire, which is often employed in school studies. Both have their advantages and both have been used in the study to be described. The interview format generally employs an interviewer who asks questions of the respondent according to a pre-arranged form. This method has the advantage that the interviewer can explain questions, put them into understandable terms for the respondent, or even translate them into a different language or dialect. Also the interview is a more personal event that many believe is ideal for obtaining sensitive information, such as drug abuse and personal problems. With the interview method, the investigator can better explain the study and obtain the cooperation of respondents. However, interviews are expensive and time-consuming, with an hour or more required for each interview. The self-administered form is cheaper and faster and is more appropriate where large samples are required. However, the questions must be carefully planned in advance as there is usually not much opportunity for the respondent to ask questions, or obtain translations and interpretations. Both approaches have their place in the study of drug abuse and both should be employed where appropriate in studying non-student youth.
3. ORGANIZATION OF THE COLLABORATIVE STUDY

A working group on encouraging comparability in drug-use surveys of young people that met in Geneva in October 1977 reviewed the work done on surveys of student drug use and considered studies of non-students. The group recognized that non-students represented a high-risk group for drug abuse and that instruments and methods of study were needed for this population. Accordingly, it was agreed to develop a methodology for assessing the "prevalence, pattern, and etiology" of drug use in non-student groups.

3.1 Objectives and overall plan

The general aim was to develop a plan for studying drug use among non-student groups in a variety of countries. This plan involved developing a questionnaire and testing its feasibility and reliability in several countries. It was to be tested on non-student groups thought to be important in each country because of either their numbers or their high risk for drug abuse. More specifically, the aims were to make studies that would help to: (a) determine the nature and extent of drug use in non-student youth populations; (b) identify youths at greatest risk for drug abuse; (c) identify factors associated with drug use among non-students; (d) assess the needs of untreated drug abusers and the types of treatment most acceptable to them; and (e) complete the clinical picture of drug-use patterns by adding profiles of untreated cases to those found in clinical studies.

3.2 Sampling design and data collecting methods to be developed by each centre

The plan for the study involved both gathering available data on non-students and collecting data using a standard WHO questionnaire. Collaborators were first to gather information on: (a) the institutional location of youth populations in target communities; and (b) the demographic characteristics of youth populations. This phase was designed to enable collaborators to identify and sample non-student youth groups, and often to gain their cooperation for the collection of data from sizeable samples using the WHO questionnaire. The plan allowed for individual collaborators to choose the samples and methods of sampling that were most appropriate to their areas. Some collaborators decided to use the questionnaire in interview studies and some as a self-administered fill-in form. Collaborators were asked to do test-retest reliability studies by repeating the questionnaire with about 30 respondents two months after the first testing.

3.3 Use of a common questionnaire

Collaborating centres were asked to use the non-student questionnaire developed for the study in order to have comparable data and to determine whether youths in all countries reported similar problems and needs. Collaborators were encouraged to use as much of the questionnaire as possible but it was recognized that some would find it too long.

The questionnaire was developed to investigate areas related to drug use, problems of drug use, its etiology, and the need for treatment and rehabilitation. A questionnaire was developed that had separate units or blocks of items:

Demographic items. Age, sex, schooling completed, type of employment, type of employment of father, area lived in now, area lived in for first 15 years, marital status, children, religion, extent of religious participation.

Drug use items. Use of the following ever, in the past year, in the past 30 days, and frequency of use in the past year, and age at first use: cannabis, amphetamines, tranquillizers, barbiturates and sedatives, hallucinogens, cocaine, heroin, opium, other opiates, and inhalants.

Drug problems. Frequency of family, employment, financial, legal, social and health problems in past year and past 30 days.
Need assessment. Need for hospital treatment, detoxification, maintenance drugs, counseling, medical treatment, currently and in the past year.

Causes of drug use. Use of drugs by parents and friends at time of starting, places where drugs obtained, and people supplying the drugs.

Economic opportunities. Spending money available and employment difficulties.

Social aspects of drug use. Parental control over activities, use of drugs by friends, places for meeting friends.

Use of leisure time. Hours - free time, activities in free time.

The items concerning demographic characteristics and drug use were developed for the WHO study of students and have been found to be reliable and valid (1). These items have been used in other WHO collecting instruments and those of the United Nations Division of Narcotic Drugs. They constitute the basis on which the characteristics of drug users were identified. The items concerned with needs, problems, and etiology were developed especially for this study.

The item blocks were selected to give a picture of the frequency of drug use, its associated problems, and the respondent's assessment of what he needed to solve these problems. The items on etiology are concerned with economic, social, and family influence factors known or suspected to be related to drug use from the results of other studies. For example, drug use was expected to be most common among those who were unemployed, had loose parental control, unstructured leisure time available, money to spend, and friends who were using drugs.

The items on problems were expected to identify the drug users' social, economic, and health problems. Of course, the need-assessment sections helped to indicate what social, health, or treatment services are most required.

3.4 Coordination of technical work

In order to facilitate data collection and analysis, WHO invited the Addiction Research Foundation in Toronto, Canada, to serve as the coordinating centre for the study. Its tasks were to: (a) develop the questionnaire, data coding sheets, and instructions for its administration; (b) send copies of each to collaborating investigators; (c) receive coding sheets of completed questionnaires from collaborators; (d) keypunch IBM cards for the core questionnaire items; and (e) prepare analyses of the data in tabular and statistical forms.

The analyses done by the coordinating centre included: (a) frequency of drug use and age of first use for each drug in each centre; (b) frequency of demographic characteristics for each centre’s samples; (c) cross-tabulations of drug problems, needs for treatment of different types of drug users in each centre; and (d) cross-tabulations of etiological factors among different types of drug users in each centre.

The coordinating centre in Toronto also processed data from the test-retest reliability studies made in three countries.
The sampling methods employed by each centre were rather different. In Toronto and Mexico City samples of the general population were studied. In Islamabad and Penang only special high-risk samples were studied (Tables 1-8). The centre in Chandigarh included both general populations and special samples in its investigations (Tables 1-8). In all, some 1442 questionnaires were administered during the study.

4.1 Chandigarh centre

Six different samples were used: (a) a general population from an urban area, \( N = 109 \); (b) a general population from a rural area, \( N = 92 \); (c) factory workers, \( N = 52 \); (d) rickshaw pullers, \( N = 40 \); (e) workers in labour colonies, \( N = 50 \); and (f) shop assistants, \( N = 50 \) (Table 1). The general population samples were randomly selected (every sixteen household) from the city of Chandigarh and surrounding areas. All non-students aged 10-24 years were studied. For the factory workers, three factories in Chandigarh were randomly selected and all workers within the age-group 10-24 years were included. Three labour colonies were also randomly selected - i.e., every sixteenth household was included. Rickshaw pullers with their assistants in three sectors of Chandigarh were studied. Shops were randomly selected in four sectors and all workers in the age range 10-24 years were interviewed. The general samples included both males and females but the rickshaw pullers, factory workers, and shop assistants were mostly male.

Interviews were conducted in both Hindi and Punjabi by trained investigators. These investigators received two weeks' training including familiarisation with drugs, drug literature, and interviewing techniques. All of those in the special high-risk groups cooperated in the study when asked. However, in the general samples 3.4% refused to participate and 6.4% could not be interviewed even after 2-3 visits. No specific reasons were given for these refusals. There were some difficulties in excluding members of households and other workers from joining the interviews of respondents. Generally, however, the level of cooperation received was very high.

Only four drugs (cannabis, amphetamines, tranquillizers, and opium) were included in the questionnaire since they were the only ones likely to be used (Tables 2-4). Insignificant numbers of users of all drugs (4% or less had ever used them) were found in the general urban population and among shop assistants, and no users were discovered among labour colony workers. Opium was used by 4.3% of the rural population and 5.8% of the factory workers. However, rickshaw pullers were by far the most frequent drug users: 15% had used cannabis, 7.5% amphetamines, and 12.5% opium, but none had used tranquillizers.

In the past year, rickshaw pullers had used drugs most frequently: 10% had used cannabis, 2.5% amphetamines, and 10% opium. In the past month, there were no daily users of any drug, except for one rickshaw puller who used cannabis and opium daily.

Cannabis was reported to be the first drug used by all groups, with a variation from 13 (shop assistants) to 19 years of age (factory workers). Opium tended to have been started at an earlier age than tranquillizers. In general, drug use was not reported to be recent or frequent among any of the samples studied; however, rickshaw pullers represent a population whose use is at least reasonably frequent although not daily.

Each respondent was assigned to one of four groups (Table 5):

(a) Non-users who had never used any of the drugs;
(b) Light-users who had not used drugs either daily or weekly in past month;
(c) Moderate-users who used drugs weekly but not daily in past month;
(d) Heavy-users of one or more drugs in past month on a daily basis.
All but three of the drug users (total N = 23) were light-users. Two moderate-users (one in the urban and one in the rural population) and one heavy-user - a rickshaw puller - were found.

Almost all drug users (21 of 23) were male. Except for shop assistants, drug users tended to be slightly older than non-users. Most of the drug users were single; non-users were more often married than users, but the differences were not large. Differences in religion or religious participation were not significant for users and non-users.

Only the 23 drug users answered questions about the social aspects of drug use (Table 6). About half claimed that they had no drug-using friends and a quarter claimed that less than half their friends were drug users. About half stated that they never met drug-using friends and only seven claimed they met them as often as once a week. For those who did meet them, the most common place was at work. Almost equal numbers met in the morning or any time during the day and a few usually met in the evening. Only one user reported meeting friends in order to take drugs together. About a quarter stated that they met friends to exchange information about drugs and the remainder reported only social (non-drug) purposes for these meetings.

Almost all the respondents in all of the samples reported that they had only a few hours of free time daily (Table 7). Most respondents in the general population, labour colony, and rickshaw puller samples worked weekends. However, most respondents in all groups controlled their own leisure time. Most respondents in groups other than rickshaw pullers and shop assistants stated that there were two or more sources of control on their free time. Rickshaw pullers consistently reported that their free time was not subject to any controls and only a few shop assistants reported any controls.

Very few drug users reported drug problems or the need for drug treatment (Table 8). Only one drug user (in the moderate category) needed help in finding a job and in staying in school. The same user had two types of treatment in the past year (counselling/group therapy and an unspecified treatment). Only about a third of the drug users reported one or more drug-associated problems in the past year - most commonly arguments with family or friends, and poor memory or concentration - but no users reported a drug problem in the past month. Very few respondents mentioned factors leading to drug use but by far the most common one was having friends who used drugs.

The most important results concern the rickshaw pullers, as drug use in the other groups tended to be rare. Rickshaw pullers are an occupational group that is somewhat outside the main stream. Many of them are unmarried and virtually uneducated; they frequently live in substandard housing, have low incomes, and are subject at times to considerable economic hardship. As they are self-employed for the most part, they have little or no employer support during times of illness or economic stress. Their tendency to use drugs more than other groups is not unexpected given their socioeconomic circumstances and relative isolation from major institutions. Some of their drug use may also occur because of their involvement with the tourist industry, which involves contact with persons with money to spend who might be seeking drugs as part of their recreation.

The rickshaw pullers often had friends who used drugs but only a few met them as often as once a week and rarely just to take drugs. Clearly the rickshaw pullers are not a heavy-use subculture whose major activity is drug use, but an occupational group of moderate and infrequent cannabis users.

It is important to note that very few rickshaw pullers had treatment for drug problems and that few consciously needed help. However, about a third did report problems related to drug use. Probably their use of drugs is too infrequent to create major problems for them; however, their use could increase under circumstances of greater availability of drugs or extra stress. They are clearly at risk for greater problems.
4.2 Islamabad Centre

The questionnaire was given in an interview format to some 360 young drug users aged 10-24 years (Table 1) in four cities in Pakistan. Those who did not admit to drug use were left out of the study. Original efforts to follow leads indicated by police, jail, or hospital personnel were unfruitful. The sample was gathered by a combination of techniques. The researchers paid visits to all locations where young people meet, e.g., bus and taxi stands, teashops, goods-stores, playgrounds, market centres, and other places frequented by youths. After befriending community and youth leaders, the researchers approached respondents directly. "Snowball" techniques were also used, by which respondents are asked to suggest other people who could be interviewed. Interviews were usually conducted in teashops or other places acceptable to the respondent. Some problems were experienced in gaining interviews, but once the community leaders' cooperation was won interviews were more easily obtained. The investigators explained that the study was part of the process of setting up treatment and community social welfare programmes, and this helped with its acceptance. However, this method made it difficult to gain access to females and thus the sample was mostly male.

As expected, drugs were very heavily used by this sample of young people (Table 2). About 84% of the sample had used cannabis, 13.1% opium, 6.7% barbiturates, and 1.7% tranquillizers (Table 2). Very few people had used other drugs. Almost the same proportion had used drugs in the past 12 months as had used drugs ever in their lives (Table 3).

Cannabis was used almost daily by 64.4% and almost weekly by 14.2% of the sample. Opium was used daily by 9.7%, weekly by 1.7%, and once or twice in the past month by 1.4%. Sedatives were used daily by 2.2%, weekly by 2.8%, and once or twice by 0.8%. Other drugs had not been used to any extent during the past month (Table 4).

Age at first use was lowest for cannabis (15.5 years) and opium (16 years), and slightly higher for barbiturates (16.9 years). Other drugs (amphetamines, cocaine, etc.) were first used at older ages but this conclusion was based on a very few cases.

Most of the sample (71%) fell into the heavy-use category (daily use) with a few non-users (8%) and light-users (6%) (Table 5). One of the two females was in the heavy-use category and one was a non-user. The mean age for all categories was 20 years (except for 21 years for light-users). Most of those in the student or worker categories were moderate or heavy users. There was a greater tendency for those categorized as "other" (retired, housewives, disabled, etc.) to be non-users or light-users than for students or workers. Religion did not differentiate users and non-users but there was some tendency for those with infrequent religious participation to be non-users.

As expected, more heavy users than light users or non-users had half or almost all of their friends as drug users (Table 6). Most moderate and heavy drug users met drug-using friends at least two to five times per week, whereas most non-users and light users met them either never or less than once a month. Heavy and moderate users frequently spent half or all of their time with drug-using friends. The most frequent meeting places for heavy and moderate users were at work, in the street, at private parties, and "other places". All types of drug users preferred meeting friends in the evenings, but others met at any time of day. Most heavy and moderate users reported taking drugs together as the primary reason for meeting, but exchanging information and selling drugs were also important. Many heavy users also reported other social reasons for meeting drug-using friends (talking about other topics, meeting people of the opposite sex). However, social reasons were somewhat more popular among light users.

In all drug categories most respondents reported that they had only a few hours of leisure time (Table 7). About 60% of the respondents in all categories (except non-users) worked most weekends. Non-users worked most weekends less often than users. A larger proportion of heavy and moderate users controlled their leisure time than did non-users and light users.
The majority of users (84%) reported one or more areas in which they had problems and needed help. For the majority of users these areas were help in decreasing drug use, obtaining treatment for medical problems, and in finding a job. More than two-thirds of drug users reported needing some treatment for drug use. Less than half of the light users, 55% of the moderate users, and about 75% of heavy users reported needing treatment. The most commonly reported needs were for hospital treatment (173 cases) and medical/physical treatment (93 cases). Only a small minority (3%) of drug users had received treatment in the past year. Very few heavy users (2%) had had treatment in the past year. More than 90% of drug users reported one or more problems in the past year, with most users reporting three or more. Financial and health problems were the most common. Most users reported problems in the past month that were similar to those of the past year.

Virtually all drug users listed factors or causes that had led to drug use and most mentioned three or more. The most common were: having friends who used drugs, being out of work, having trouble keeping a job, and having problems with members of their family.

Heavy drug users spent more money on drugs, indicated more areas in which they needed help, had completed fewer years of schooling, and infrequently participated in religious activities.

4.3 Penang centre

The questionnaire was used as an anonymous self-administered form with workers at one electronics factory in Penang State. A random sample of 5% of all staff was selected but about 30% of this sample did not complete the questionnaire. The total sample included 90 workers, who were mostly females. Most of those surveyed were from rural or small-town backgrounds and had immigrated to the city to find work. Most of the sample were young, with an average age of 21, and almost all were unmarried (Table 1).

Personnel officers and health clinic staff supervised the study. They received four training sessions in which the rationale of the study was explained, and drug terminology and individual questions were clarified. Cooperation was easily obtained once the study was explained and assurances of anonymity given.

Drug use was infrequent in the sample studied. The most commonly used drugs were other opiates (7.7% ever used), followed by barbiturates/sedatives, and amphetamines (both 3.3%) (Table 2). However, most users of other opiates had used them in the last 12 months (Table 3). There had been no use of cannabis, tranquillizers, heroin, or opium in the last 12 months. About 4.4% of the sample had used other opiates, and 1.1% of the sample had used sedatives in the last month, but none reported daily use of opiates (Table 4). One user reported daily use of amphetamines. No other drugs were reported to have been used in the past month. However, items about hallucinogens, cocaine, or inhalants were not included in the questions put to the Penang sample.

Data on age at first use were not available for tranquillizers or opium. The mean age at first use was highest for heroin (23.0 years) and barbiturates (21.0 years) and lowest for cannabis (19.5 years), amphetamines (18.0 years) and other opiates (10.0 years).

There were 12 light users, one moderate (weekly), and one heavy (daily) user (Table 5). Most users were single female workers of the Buddhist or Muslim faith but with infrequent religious participation.

Most drug users, including the sole heavy-user, spent no time with drug-using friends or met them infrequently (Table 6). Few had drug-using friends and none stated that almost all friends were users. The few who did meet drug-using friends reported meeting them at work, in bars or taverns, on the street, or other places. Most stated that they met at any time of the day but a few mentioned the evening. Only two reported that they met for drug use or to exchange information about drugs. Most respondents met drug-using friends for social events, talking (not about drugs) or contact with the opposite sex.
Probably because most of this group of respondents were working full-time the majority claimed that they had only a few hours of free time (Table 7). In addition, about two-thirds — including the drug users — worked most weekends or at least half of the time. All drug users controlled their own free time while some non-users did not.

Some non-users and users answered the questions about drug problems and their treatment (Table 8). About the same proportion of users and non-users reported a need for general help. However, the moderate and heavy-users reported that they needed help in three areas: obtaining more job training skills, finding a job, and finding things to do with their free time.

A minority of users (three of 14) stated that they needed treatment for drug use. The most commonly requested treatments were: medical or physical treatment, drying out or detoxification, and therapeutic community or religious treatment programmes. Most users identified a need for only one type of treatment if any. Less than half of the drug users plus some of the non-users had received treatment in the past year, usually of a medical and hospital nature.

Most users had had numerous problems (five +) in the past year; however, a majority of non-users also reported problems. The most common problems were loss of employment and financial loss. About 70% of those that reported a problem in the past year reported one in the past month.

Only four users and three non-users reported one or more causes leading to their drug use. The most commonly mentioned were: husbands or wives who used drugs, being deserted by their spouse, trouble with the family, and medical problems.

Serious problems of drug abuse seem to be uncommon in this group of workers. Most drug use was infrequent and there was only one daily user. Very few experienced a need for treatment. The drug users appeared not to be part of a drug using subculture. In fact, the most striking feature of the sample was their relative isolation. Many were recent immigrants from small towns or rural areas who showed signs of being lonely and unoccupied. They were often separated from families and friends and were often not part of other institutions, such as religious organizations. This problem is a common one for young people who have to leave their villages to find work in large cities. It suggests that industries who employ them should take some role in providing constructive leisure activities and home-like settings in which they can live.

4.4 Toronto centre

Two samples were used in the Toronto study (Table 1). They included 165 young adults 18 to 25 years of age who were part of a household survey done near Toronto. A stratified proportionate sample was drawn including a total of 1000 persons. In addition, 292 questionnaires were completed by teenagers aged 14 to 18 years who lived in the same households. The young adults were interviewed and the teenagers used a fill-in form of the questionnaire. The average age of the older group was about 22 years and that of the younger 16 years; both included about half males and females. Most of the older group were non-students but the younger group were mainly students.

The interviewers were all experienced in household studies and they received about a week of training in how to use the questionnaire and understanding its items. About 31% of the selected respondents could not be found or refused an interview. There were no problems in using the questionnaire and the data should be reliable.

The most commonly used drugs were cannabis, hallucinogens and amphetamines (Table 2). About 64% of the older students and 62.8% of the older non-students used cannabis. In the younger sample, 40.9% of students and 63.6% of non-students used cannabis. In general, use of cannabis, amphetamines, and inhalants was similar for the students and non-students in the older group; whereas students tended more often to use all the drugs listed except hallucinogens and opium. In the younger sample non-students more often than students used cannabis, amphetamines, barbiturates, and hallucinogens, but not other drugs.
Apart from cannabis, most drug use was infrequent in the past year and in the past month (Tables 3 and 4). There were only a few daily users of cannabis and opiates. Frequent use of cannabis (weekly) was somewhat more common among non-students in both the younger and the older group.

The age at first use for almost all drugs was higher in the older than the younger group and was lower for students than non-students. The younger group and the non-students had begun to take most types of drug at a younger age, although there are a few exceptions (e.g., cannabis and cocaine).

Only nine heavy users and 40 moderate drug users were found (Table 5). The proportions of heavy and moderate users were about the same in the student and non-student groups. More of the heavy and moderate users were male than expected. Most heavy and moderate users were single, but tended to be slightly older than non-users. More heavy and moderate users had no religion than non-users or light users; the former also reported less frequent religious participation.

Most users stated that all of their friends were drug users and that they met them almost daily (Table 6). About equal numbers spent half or more of their time with drug-using friends. Most reported that the usual meeting place was school and the majority that the meeting time was any time. A minority reported that the main reasons for meeting were to take or sell drugs, or exchange information about them. Most gave social reasons for meetings unrelated to drug use.

Only half of the drug users felt some need for help. The most common needs were help to find a job, find things to do with their free time, and personal problems. None reported any current need for treatment and only one had been treated in the past year (Table 8). About half reported one or more drug-related problems in the past year, especially arguments with family or friends and a tendency to work less at school or on the job. About a third had had a problem in the past month.

The most important variables in predicting drug use were: infrequent participation in religious activities, being male, spending a large amount of money on drugs, living in the area for the past year, and having completed few years of schooling.

The results clearly show that more younger non-students take drugs of most types than do students, and they also use them more frequently. The non-students tend to have lower educational levels than the students, to be often unemployed, and to have little to occupy them. Most do not participate in religious activities but many spend much of their leisure time meeting drug-using friends. The general picture is one of bored, underoccupied youth with ample money and leisure but little to engage their energies by way of work or school.

In general, serious dependent drug use was uncommon in the non-student group but drug use was mentioned as disturbing their work. None felt in need of treatment for drug abuse but many users and non-users needed help finding jobs and things to do with their free time. The need for help with personal problems was also mentioned. The samples include a significant number of drug users whose drug use is one feature of a life marked by unemployment, and social and personal problems.

4.5 Mexico City centre

The questionnaire was used in an interview format during a household study in Mexico City. A stratified proportionate sampling method was used and 823 persons were interviewed. Some 127 or 15.4% were non-students between the ages of 12 and 18 years, and an additional sample of 42 non-students was added using a "snowball" method for a total of 169. The sample of non-students included both males and females. About 15% of the household sample chosen refused to be interviewed or could not be located. Interviewers received five days training in the theoretical and practical aspects of the survey work. The internal consistency of interviews was checked and 8% of the questionnaires completed by each interviewer were redone using a different interviewer. Both the consistency and reliability levels were high.
More non-students than students used drugs. In both groups the drugs most often consumed were: other opiates, tranquilizers, and cannabis - in that order of importance. No use of cannabis was reported by students but 2.4% of non-students in the household survey had used it in the past year. Non-students more often used tranquilizers (3.9% compared with 2.9%), inhalants (1.6% compared with 0.7%), and barbiturates (0.8% compared with none) than did students. However, students more often reported the use of other opiates than non-students. The "snowball" sample of non-students had a much higher frequency of the use of cannabis (9.5% compared with 2.4%), other opiates (7.1% compared with 4.7%), and inhalants (4.8% compared with 1.6%) than the household sample of non-students.

No drugs had been used in the last 30 days and very few had been used in the past year. Daily use of drugs was not found.

The questionnaire items on needs, problems, and etiology were not used in the Mexico City study.

4.6 Other centres

Collaborating investigators in Nigeria (Lagos), Thailand (Bangkok), and the United States of America (Ann Arbor) participated in the planning and review meetings but did not test the WHO questionnaire. However, they did submit data and experience from related research conducted by their respective institutions.
<table>
<thead>
<tr>
<th></th>
<th>Chandigarh N=393</th>
<th>Islamabad N=360</th>
<th>Penang N=90</th>
<th>Toronto N=430</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>229 (58.3)</td>
<td>358 (99.4)</td>
<td>18 (20.0)</td>
<td>216 (50.2)</td>
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<tr>
<td>Female</td>
<td>164 (41.7)</td>
<td>2 (0.6)</td>
<td>72 (80.0)</td>
<td>213 (49.5)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Mean years + SD</td>
<td>20.7 ± 2.9</td>
<td>20.2 ± 2.6</td>
<td>21.0 ± 2.4</td>
<td>18.3 ± 3.3</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
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<td></td>
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<tr>
<td>Single</td>
<td>250 (63.6)</td>
<td>261 (72.5)</td>
<td>82 (91.1)</td>
<td>357 (83.0)</td>
</tr>
<tr>
<td>Married</td>
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<td>98 (27.2)</td>
<td>8 (8.9)</td>
<td>65 (15.1)</td>
</tr>
<tr>
<td>Other</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>8 (1.9)</td>
</tr>
<tr>
<td><strong>Schooling</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean years completed + SD</td>
<td>7.5 ± 4.4</td>
<td>4.6 ± 4.5</td>
<td>10.8 ± 1.7</td>
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<tr>
<td><strong>Employment status</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Full-time student</td>
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<td>17 (4.7)</td>
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<tr>
<td>Part-time student</td>
<td>16 (4.1)</td>
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<td>0 (0.0)</td>
<td>16 (3.7)</td>
</tr>
<tr>
<td>Full-time worker</td>
<td>212 (53.9)</td>
<td>270 (75.0)</td>
<td>72 (80.0)</td>
<td>80 (18.6)</td>
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<tr>
<td>Part-time worker</td>
<td>9 (2.3)</td>
<td>14 (3.9)</td>
<td>5 (5.6)</td>
<td>26 (6.0)</td>
</tr>
<tr>
<td>Student and worker</td>
<td>18 (4.6)</td>
<td>5 (1.4)</td>
<td>3 (3.3)</td>
<td>unavailable</td>
</tr>
<tr>
<td>Other</td>
<td>138* (35.1)</td>
<td>45 (12.5)</td>
<td>0 (0.0)</td>
<td>51 (11.9)</td>
</tr>
<tr>
<td><strong>Type of work</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household duties (unpaid)</td>
<td>138 (35.1)</td>
<td>94 (25.1)</td>
<td></td>
<td>data unavailable for total group</td>
</tr>
<tr>
<td>Not employed</td>
<td>16 (4.1)</td>
<td>60 (16.7)</td>
<td>2 (2.2)</td>
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</tr>
<tr>
<td>Farming</td>
<td>20 (5.1)</td>
<td>48 (13.3)</td>
<td>0 (0.0)</td>
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</tr>
<tr>
<td>Unskilled labour</td>
<td>88 (22.4)</td>
<td>41 (11.4)</td>
<td>0 (0.0)</td>
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</tr>
<tr>
<td>Factory, mechanical</td>
<td>21 (5.3)</td>
<td>61 (16.9)</td>
<td>74 (82.2)</td>
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</tr>
<tr>
<td>Office/shop clerk</td>
<td>36 (9.2)</td>
<td>8 (2.2)</td>
<td>3 (3.0)</td>
<td></td>
</tr>
<tr>
<td>Other skilled labour</td>
<td>42 (10.7)</td>
<td>5 (1.4)</td>
<td>2 (2.6)</td>
<td></td>
</tr>
<tr>
<td>Management/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td>26 (6.6)</td>
<td>41 (11.4)</td>
<td>9 (10.0)</td>
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</tr>
<tr>
<td>Military</td>
<td>1 (0.3)</td>
<td>2 (0.6)</td>
<td>0 (0.0)</td>
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<tr>
<td>Something else</td>
<td>5 (1.3)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
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<tr>
<td>Father's occupation</td>
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<td></td>
<td>data unavailable for total group</td>
</tr>
<tr>
<td>Unemployed</td>
<td>20 (5.1)</td>
<td>24 (6.7)</td>
<td>19 (22.9)</td>
<td></td>
</tr>
<tr>
<td>Farming</td>
<td>131 (33.3)</td>
<td>140 (38.9)</td>
<td>4 (4.6)</td>
<td></td>
</tr>
<tr>
<td>Unskilled labour</td>
<td>51 (13.0)</td>
<td>29 (8.3)</td>
<td>5 (6.0)</td>
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</tr>
<tr>
<td>Factory/mechanical</td>
<td>12 (3.1)</td>
<td>27 (7.5)</td>
<td>0 (0.0)</td>
<td></td>
</tr>
<tr>
<td>Office/shop clerk or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled labour management/</td>
<td>99 (25.2)</td>
<td>11 (3.1)</td>
<td>10 (12.0)</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td>48 (12.2)</td>
<td>32 (8.9)</td>
<td>20 (24.0)</td>
<td></td>
</tr>
<tr>
<td>Military</td>
<td>21 (5.3)</td>
<td>16 (4.4)</td>
<td>3 (3.9)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>11 (2.8)</td>
<td>81 (22.5)</td>
<td>22 (26.5)</td>
<td></td>
</tr>
<tr>
<td>Residence past year</td>
<td></td>
<td></td>
<td></td>
<td>data unavailable for total group</td>
</tr>
<tr>
<td>Rural area</td>
<td>106 (27.0)</td>
<td>17 (4.7)</td>
<td>14 (15.6)</td>
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</tr>
<tr>
<td>Town, village</td>
<td>7 (1.8)</td>
<td>153 (42.5)</td>
<td>55 (61.1)</td>
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</tr>
<tr>
<td>City</td>
<td>280 (71.2)</td>
<td>190 (52.8)</td>
<td>20 (22.2)</td>
<td></td>
</tr>
<tr>
<td>Religious participation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once a week plus</td>
<td>79 (20.1)</td>
<td>246 (68.3)</td>
<td>18 (20.0)</td>
<td>91 (21.2)</td>
</tr>
<tr>
<td>Once a month</td>
<td>116 (29.5)</td>
<td>55 (15.3)</td>
<td>17 (18.9)</td>
<td>47 (10.9)</td>
</tr>
<tr>
<td>Less than once a month</td>
<td>118 (30.0)</td>
<td>27 (7.5)</td>
<td>26 (28.9)</td>
<td>82 (19.1)</td>
</tr>
<tr>
<td>Did not participate</td>
<td>80 (20.4)</td>
<td>30 (8.3)</td>
<td>26 (28.9)</td>
<td>185 (43.0)</td>
</tr>
</tbody>
</table>

* Neither student nor worker.
TABLE 2. PERSONS HAVING EVER USED SPECIFIC DRUGS

<table>
<thead>
<tr>
<th></th>
<th>Chandigarh N = 393</th>
<th>Islamabad N = 360</th>
<th>Penang N = 90</th>
<th>Toronto N = 430</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>12 (3.1)</td>
<td>304 (84.4)</td>
<td>2 (2.2)</td>
<td>220 (51.2)</td>
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<tr>
<td>Amphetamines</td>
<td>4 (1.0)</td>
<td>1 (0.3)</td>
<td>3 (3.3)</td>
<td>41 (9.5)</td>
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<tr>
<td>Tranquillizers</td>
<td>5 (1.3)</td>
<td>6 (1.7)</td>
<td>0 (0.0)</td>
<td>28 (6.5)</td>
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<tr>
<td>Barbiturates/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sedatives</td>
<td>-</td>
<td>24 (6.7)</td>
<td>3 (3.3)</td>
<td>27 (6.3)</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>-</td>
<td>1 (0.3)</td>
<td>-</td>
<td>66 (15.4)</td>
</tr>
<tr>
<td>Cocaine</td>
<td>-</td>
<td>1 (0.3)</td>
<td>-</td>
<td>27 (6.3)</td>
</tr>
<tr>
<td>Heroin</td>
<td>-</td>
<td>0 (0.0)</td>
<td>1 (1.1)</td>
<td>5 (1.2)</td>
</tr>
<tr>
<td>Opium</td>
<td>14 (3.6)</td>
<td>47 (13.1)</td>
<td>0 (0.0)</td>
<td>19 (4.4)</td>
</tr>
<tr>
<td>Other opiates</td>
<td>-</td>
<td>2 (0.6)</td>
<td>7 (7.7)</td>
<td>24 (5.6)</td>
</tr>
<tr>
<td>Inhalants</td>
<td>-</td>
<td>0 (0.0)</td>
<td>-</td>
<td>30 (7.0)</td>
</tr>
</tbody>
</table>

- indicates items not used.

TABLE 3. PERSONS USING SPECIFIC DRUGS IN LAST 12 MONTHS

<table>
<thead>
<tr>
<th></th>
<th>Chandigarh N = 393</th>
<th>Islamabad N = 360</th>
<th>Penang N = 90</th>
<th>Toronto N = 430</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>8 (2.0)</td>
<td>302 (83.9)</td>
<td>0 (0.0)</td>
<td>151 (35.1)</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>1 (0.3)</td>
<td>1 (0.3)</td>
<td>1 (1.1)</td>
<td>19 (4.4)</td>
</tr>
<tr>
<td>Tranquillizers</td>
<td>4 (1.0)</td>
<td>5 (1.4)</td>
<td>0 (0.0)</td>
<td>10 (2.3)</td>
</tr>
<tr>
<td>Barbiturates/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sedatives</td>
<td>-</td>
<td>23 (6.4)</td>
<td>1 (1.1)</td>
<td>11 (2.6)</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>-</td>
<td>0 (0.0)</td>
<td>-</td>
<td>26 (6.1)</td>
</tr>
<tr>
<td>Cocaine</td>
<td>-</td>
<td>1 (0.3)</td>
<td>-</td>
<td>7 (1.6)</td>
</tr>
<tr>
<td>Heroin</td>
<td>-</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Opium</td>
<td>9 (2.3)</td>
<td>44 (12.2)</td>
<td>0 (0.0)</td>
<td>8 (1.9)</td>
</tr>
<tr>
<td>Other opiates</td>
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<td>2 (0.6)</td>
<td>6 (6.6)</td>
<td>15 (3.5)</td>
</tr>
<tr>
<td>Inhalants</td>
<td>-</td>
<td>0 (0.0)</td>
<td>-</td>
<td>8 (1.9)</td>
</tr>
</tbody>
</table>

- indicates items not used.
### Table 4. Persons Using Specific Drugs in Last Month

<table>
<thead>
<tr>
<th></th>
<th>Chandigarh N = 393</th>
<th>Islamabad N = 360</th>
<th>Penang N = 90</th>
<th>Toronto N = 430</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cannabis</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>once or twice</td>
<td>1 (0.3)</td>
<td>13 (3.6)</td>
<td>0 (0.0)</td>
<td>52 (12.1)</td>
</tr>
<tr>
<td>almost weekly</td>
<td>1 (0.3)</td>
<td>51 (14.2)</td>
<td>0 (0.0)</td>
<td>39 (9.1)</td>
</tr>
<tr>
<td>almost daily</td>
<td>1 (0.3)</td>
<td>232 (64.4)</td>
<td>0 (0.0)</td>
<td>8 (1.9)</td>
</tr>
<tr>
<td><strong>Amphetamines</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>once or twice</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>7 (1.6)</td>
</tr>
<tr>
<td>almost weekly</td>
<td>1 (0.3)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>almost daily</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>1 (1.1)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td><strong>Tranquilizers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>once or twice</td>
<td>1 (0.3)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>3 (0.7)</td>
</tr>
<tr>
<td>almost weekly</td>
<td>1 (0.3)</td>
<td>3 (0.8)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>almost daily</td>
<td>0 (0.0)</td>
<td>2 (0.6)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td><strong>Barbiturates/sedatives</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>once or twice</td>
<td>-</td>
<td>3 (0.8)</td>
<td>1 (1.1)</td>
<td>6 (1.4)</td>
</tr>
<tr>
<td>almost weekly</td>
<td>-</td>
<td>10 (2.8)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>almost daily</td>
<td>-</td>
<td>8 (2.2)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td><strong>Hallucinogens</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>once or twice</td>
<td>-</td>
<td>1 (0.3)</td>
<td>-</td>
<td>11 (2.6)</td>
</tr>
<tr>
<td>almost weekly</td>
<td>-</td>
<td>0 (0.0)</td>
<td>-</td>
<td>1 (0.2)</td>
</tr>
<tr>
<td>almost daily</td>
<td>-</td>
<td>0 (0.0)</td>
<td>-</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td><strong>Cocaine</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>once or twice</td>
<td>-</td>
<td>1 (0.3)</td>
<td>-</td>
<td>1 (0.2)</td>
</tr>
<tr>
<td>almost weekly</td>
<td>-</td>
<td>0 (0.0)</td>
<td>-</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>almost daily</td>
<td>-</td>
<td>0 (0.0)</td>
<td>-</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td><strong>Heroin</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>once or twice</td>
<td>-</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>almost weekly</td>
<td>-</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>almost daily</td>
<td>-</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td><strong>Opium</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>once or twice</td>
<td>3 (0.8)</td>
<td>5 (1.4)</td>
<td>0 (0.0)</td>
<td>1 (0.2)</td>
</tr>
<tr>
<td>almost weekly</td>
<td>0 (0.0)</td>
<td>6 (1.7)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>almost daily</td>
<td>1 (0.3)</td>
<td>35 (9.7)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td><strong>Other opiates</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>once or twice</td>
<td>-</td>
<td>0 (0.0)</td>
<td>4 (4.4)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>almost weekly</td>
<td>-</td>
<td>0 (0.0)</td>
<td>1 (1.1)</td>
<td>1 (0.2)</td>
</tr>
<tr>
<td>almost daily</td>
<td>-</td>
<td>1 (0.3)</td>
<td>0 (0.0)</td>
<td>1 (0.2)</td>
</tr>
<tr>
<td><strong>Inhalants</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>once or twice</td>
<td>-</td>
<td>0 (0.0)</td>
<td>-</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>almost weekly</td>
<td>-</td>
<td>0 (0.0)</td>
<td>-</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>almost daily</td>
<td>-</td>
<td>0 (0.0)</td>
<td>-</td>
<td>0 (0.0)</td>
</tr>
</tbody>
</table>

- indicate items not used.
### TABLE 5. TYPES OF DRUG USERS

<table>
<thead>
<tr>
<th></th>
<th>Chandigarh N = 393</th>
<th>Islamabad N = 360</th>
<th>Penang N = 90</th>
<th>Toronto N = 430</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-users</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>never used any of</td>
<td>370 (94.1)</td>
<td>29 (8.1)</td>
<td>71 (78.9)</td>
<td>190 (44.2)</td>
</tr>
<tr>
<td>substances listed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Light users</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>have used one or</td>
<td>20 (5.1)</td>
<td>23 (6.4)</td>
<td>12 (13.3)</td>
<td>191 (44.4)</td>
</tr>
<tr>
<td>more substances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>but none as</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>frequently as once</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a week in the past</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Moderate users</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>have used one or</td>
<td>2 (0.5)</td>
<td>52 (14.4)</td>
<td>1 (1.1)</td>
<td>40 (9.3)</td>
</tr>
<tr>
<td>more substances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>once a week but</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>none as frequently</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>as once a day in</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the past year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Heavy users</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>have used one or</td>
<td>1 (0.3)</td>
<td>256 (71.1)</td>
<td>1 (1.1)</td>
<td>9 (2.1)</td>
</tr>
<tr>
<td>more substances at</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>least once a day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in the past year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table 6. Social Aspects of Drug Use by Type of Drug User</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of drug-using friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>12 (3.1)</td>
<td>81 (22.5)</td>
<td>72 (80.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Less than half</td>
<td>6 (1.5)</td>
<td>126 (35.0)</td>
<td>8 (8.9)</td>
<td>3 (13.0)</td>
</tr>
<tr>
<td>About half</td>
<td>1 (0.3)</td>
<td>93 (25.8)</td>
<td>2 (2.2)</td>
<td>5 (21.7)</td>
</tr>
<tr>
<td>Almost all</td>
<td>4 (1.0)</td>
<td>60 (16.7)</td>
<td>0 (0.0)</td>
<td>14 (60.9)</td>
</tr>
</tbody>
</table>

Frequency of meeting drug-using friends

<table>
<thead>
<tr>
<th></th>
<th>Chandigarh</th>
<th>Islamabad</th>
<th>Penang</th>
<th>Toronto</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost daily</td>
<td>3 (0.8)</td>
<td>211 (58.6)</td>
<td>4 (4.4)</td>
<td>14 (60.9)</td>
</tr>
<tr>
<td>2-5 times a week</td>
<td>2 (0.5)</td>
<td>50 (13.9)</td>
<td>0 (0.0)</td>
<td>6 (26.1)</td>
</tr>
<tr>
<td>About once a week</td>
<td>2 (0.5)</td>
<td>12 (3.3)</td>
<td>1 (1.1)</td>
<td>1 (4.3)</td>
</tr>
<tr>
<td>2-3 times a month</td>
<td>0 (0.0)</td>
<td>3 (0.8)</td>
<td>1 (1.1)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Once a month or less</td>
<td>2 (0.5)</td>
<td>4 (1.1)</td>
<td>2 (2.2)</td>
<td>1 (4.3)</td>
</tr>
<tr>
<td>Never</td>
<td>13 (3.3)</td>
<td>79 (21.9)</td>
<td>70 (77.8)</td>
<td>no information</td>
</tr>
</tbody>
</table>

Amount of free time spent with drug-using friends

<table>
<thead>
<tr>
<th></th>
<th>Chandigarh</th>
<th>Islamabad</th>
<th>Penang</th>
<th>Toronto</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>13 (3.3)</td>
<td>81 (22.5)</td>
<td>75 (83.3)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Less than half</td>
<td>6 (1.5)</td>
<td>170 (47.2)</td>
<td>3 (3.3)</td>
<td>12 (52.2)</td>
</tr>
<tr>
<td>About half</td>
<td>2 (0.5)</td>
<td>74 (20.6)</td>
<td>1 (1.1)</td>
<td>6 (26.1)</td>
</tr>
<tr>
<td>Almost all</td>
<td>2 (0.5)</td>
<td>35 (9.7)</td>
<td>0 (0.0)</td>
<td>4 (17.4)</td>
</tr>
</tbody>
</table>

Usual meeting place with drug-using friends

<table>
<thead>
<tr>
<th></th>
<th>Chandigarh</th>
<th>Islamabad</th>
<th>Penang</th>
<th>Toronto</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>1 (0.3)</td>
<td>3 (0.8)</td>
<td>0 (0.0)</td>
<td>9 (39.1)</td>
</tr>
<tr>
<td>Work</td>
<td>7 (1.8)</td>
<td>65 (18.1)</td>
<td>1 (1.1)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Social clubs</td>
<td>0 (0.0)</td>
<td>1 (0.3)</td>
<td>1 (1.1)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Private parties</td>
<td>0 (0.0)</td>
<td>37 (10.3)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Bars/taaverns</td>
<td>0 (0.0)</td>
<td>1 (0.3)</td>
<td>1 (1.1)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Street</td>
<td>1 (0.3)</td>
<td>78 (21.7)</td>
<td>4 (4.4)</td>
<td>1 (4.3)</td>
</tr>
<tr>
<td>Parks</td>
<td>0 (0.0)</td>
<td>14 (3.9)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Athletic/recreational setting</td>
<td>0 (0.0)</td>
<td>5 (1.4)</td>
<td>0 (0.0)</td>
<td>1 (4.3)</td>
</tr>
<tr>
<td>Other places</td>
<td>1 (0.3)</td>
<td>76 (21.1)</td>
<td>2 (2.2)</td>
<td>no information</td>
</tr>
</tbody>
</table>

* Non-users not given these items.
** Drug users only.
<table>
<thead>
<tr>
<th>Time of day for meeting drug-using friends</th>
<th>Chandigarh N = 393*</th>
<th>Islamabad N = 360</th>
<th>Penang N = 90</th>
<th>Toronto N = 23**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any time of day</td>
<td>5 (1.3)</td>
<td>109 (30.3)</td>
<td>16 (17.8)</td>
<td>14 (60.9)</td>
</tr>
<tr>
<td>Usually in morning</td>
<td>4 (1.0)</td>
<td>13 (3.6)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Usually in afternoon</td>
<td>0 (0.0)</td>
<td>16 (4.4)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Usually in evening</td>
<td>2 (0.5)</td>
<td>137 (38.1)</td>
<td>3 (3.3)</td>
<td>2 (8.7)</td>
</tr>
<tr>
<td>Usually at night (past 12)</td>
<td>0 (0.0)</td>
<td>4 (1.1)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>All day long</td>
<td>0 (0.0)</td>
<td>8 (2.2)</td>
<td>2 (2.2)</td>
<td>3 (13.0)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for meeting drug-using friends is to</th>
<th>Chandigarh N = 393*</th>
<th>Islamabad N = 360</th>
<th>Penang N = 90</th>
<th>Toronto N = 23**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take drugs together</td>
<td>1 (0.3)</td>
<td>245 (68.1)</td>
<td>1 (1.1)</td>
<td>1 (4.3)</td>
</tr>
<tr>
<td>Exchange information</td>
<td>6 (1.5)</td>
<td>94 (26.1)</td>
<td>1 (1.1)</td>
<td>5 (21.7)</td>
</tr>
<tr>
<td>Sell, buy, exchange drugs</td>
<td>1 (0.3)</td>
<td>37 (10.3)</td>
<td>0 (0.0)</td>
<td>1 (4.3)</td>
</tr>
<tr>
<td>Talk - not about drugs</td>
<td>5 (1.3)</td>
<td>198 (55.0)</td>
<td>18 (20.0)</td>
<td>21 (91.3)</td>
</tr>
<tr>
<td>Meet girls/boys</td>
<td>2 (0.5)</td>
<td>43 (11.9)</td>
<td>11 (12.2)</td>
<td>16 (69.6)</td>
</tr>
<tr>
<td>Plan/attend social events</td>
<td>3 (0.8)</td>
<td>3 (0.8)</td>
<td>12 (13.3)</td>
<td>16 (69.6)</td>
</tr>
</tbody>
</table>

* Non-users not given these items.
** Drug users only.
TABLE 7. LEISURE ACTIVITIES AND SOCIAL CONTROL ASPECTS

<table>
<thead>
<tr>
<th></th>
<th>Chandigarh N = 393*</th>
<th>Islamabad N = 360</th>
<th>Penang N = 90</th>
<th>Toronto N = 23**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amount of daily free time</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All the time</td>
<td>19 (4.8)</td>
<td>48 (13.3)</td>
<td>2 (2.2)</td>
<td></td>
</tr>
<tr>
<td>A few hours - worker</td>
<td>308 (78.4)</td>
<td>238 (66.1)</td>
<td>58 (64.4)</td>
<td></td>
</tr>
<tr>
<td>A few hours - student</td>
<td>3 (0.8)</td>
<td>14 (3.9)</td>
<td>1 (1.1)</td>
<td></td>
</tr>
<tr>
<td>Almost none - student</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td></td>
</tr>
<tr>
<td>Almost none - worker</td>
<td>48 (12.2)</td>
<td>46 (12.8)</td>
<td>7 (7.8)</td>
<td></td>
</tr>
<tr>
<td>None at all</td>
<td>15 (3.8)</td>
<td>14 (3.9)</td>
<td>9 (10.0)</td>
<td></td>
</tr>
<tr>
<td><strong>Do you work weekends?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, most weekends</td>
<td>246 (62.6)</td>
<td>207 (57.5)</td>
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<td>About half the time</td>
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<td><strong>Do you control your leisure time?</strong></td>
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<td></td>
<td></td>
<td></td>
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<tr>
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<td>10 (11.1)</td>
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<td>60 (16.7)</td>
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<tr>
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<td>6 (6.7)</td>
<td></td>
</tr>
<tr>
<td>5+</td>
<td>110 (28.0)</td>
<td>173 (48.1)</td>
<td>64 (71.1)</td>
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* Non-users not given these items.
** Drug users only.
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<th>Number of areas of general help needed now</th>
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<th>Toronto N=23</th>
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<table>
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<th>Toronto N=23</th>
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<table>
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<th>Penang N=90</th>
<th>Toronto N=23</th>
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<td>22 (95.7)</td>
</tr>
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<td>32 (8.9)</td>
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<td>3 (13.0)</td>
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<table>
<thead>
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<th>Islamabad N=360</th>
<th>Penang N=90</th>
<th>Toronto N=23</th>
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<tbody>
<tr>
<td>0</td>
<td>386 (98.2)</td>
<td>58 (16.1)</td>
<td>29 (32.2)</td>
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<td>4 (17.4)</td>
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<table>
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<th>Number of drug problems in past month</th>
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<th>Islamabad N=360</th>
<th>Penang N=90</th>
<th>Toronto N=23</th>
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</thead>
<tbody>
<tr>
<td>0</td>
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<td>46 (51.1)</td>
<td>15 (65.2)</td>
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<tr>
<td>3+</td>
<td>0 (0.0)</td>
<td>77 (21.4)</td>
<td>17 (18.9)</td>
<td>2 (8.7)</td>
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</tbody>
</table>
5. REVIEW OF METHODOLOGICAL ISSUES

The experiences of the five countries in conducting studies of non-student youth varied with the types of samples chosen and the different methods of studying them. However, some similarities in experiences were found - for example, it was agreed that the questionnaire is a long one and should be divided into "core" and "highly recommended" sections. Collaborators generally found the questionnaire to be well accepted by young people and to yield reliable results.

5.1 The best methods for studying non-students

The methods that should be selected to study non-student youth depend upon the investigator's aims. If the investigator wishes to compare students and non-students and to make generalizations about the whole population then some sort of general sample study is required. The best method is probably to use a household sampling technique where persons are interviewed from houses chosen at random from a given area. This method has the advantage of generating large samples for analysis and allowing broad generalizations for the population as a whole. However, the method is time-consuming and expensive; the interviews may cost $50 to $100 each. Also, investigators in Mexico and Canada who used this method found that few young non-students were identified in such surveys. Therefore they oversampled young people by other methods in order to have a larger number of non-students. In Mexico a "snowball" method was used that involved asking friends to suggest persons who were users. In Toronto a special fill-in form was given to all teenagers. The "snowball" method in Mexico identified a larger proportion of users than the household method but it identified users who were similar to those in the household survey since it used friendship networks.

Often investigators wish to study special high-risk groups for drug use or other social problems. Surveys are an inefficient method for doing this as so few high-risk people will be found. The investigators in India wished to study factory workers, rickshaw pullers, and workers in labour colonies; while the investigators in Penang studied factory workers; and those in Islamabad were interested in young people that were heavy users. Different methods can be used for studying special high-risk groups. Among them are the following:

- choosing every nth person in a group - this was used to select factory workers in Penang and Chandigarh;
- using a "snowball" method (i.e., starting with a few known users and asking them to suggest friends or associates with the desired characteristics) - this was used in Mexico and Islamabad;
- starting with a geographic area where the desired group is known to live or which it frequents; after becoming known and trusted, the researchers ask for interviews - this method was used in Islamabad with young people and in Chandigarh with rickshaw pullers.

Frequently it is necessary to combine several methods - for example, survey and "snowball" methods in Mexico, and geographic and "snowball" methods in Islamabad. High-risk groups are often difficult to sample. Usually we do not know the size of population, or much about their characteristics. For example, heavy drug users are common in many cities, but their exact number and locations are rarely known. The investigators then must gather samples in whatever way they can - for example, by sampling special occupations, visiting the localities which such people frequent, or by taking the advice of known informants who belong to these groups as to how to contact individuals.

Other methods of studying non-students have been suggested but some have disadvantages. For example, investigators can aggregate subsamples of non-students from different surveys in order to have a sufficiently large sample. However, a large number of such surveys might be required and only a few developing countries would have such data available. Also, it might be possible to study youth from unemployment records or those who have dropped out of school. However, many countries do not keep unemployment records of individuals, and tracing drop-outs from schools is expensive and time-consuming. Frequently drop-outs migrate to cities or other areas and are therefore difficult to find.
5.2 Reliability of the data

Three centres - Chandigarh, Islamabad, and Toronto - made test-retest reliability studies.

At the Chandigarh centre, the questionnaire was administered a second time to 36 persons (20 from the urban sample and 16 rickshaw pullers) after a 3-6-week interval. Answers to demographic and drug-use questions remained similar. All but one person remained in the same drug-use category (light, heavy, moderate) on the two testings. Respondents changed most in the type of leisure activities reported, but this change should be expected as they vary with time. Drug-use scores aggregating all types of drug use were highly reliable ($r = 0.97$) across testings.

At the Islamabad centre, 31 males were re-interviewed after a one-month interval. Demographic variables remained the same. However, 13 out of 31 persons were in a different drug-use category on the second testing, most reporting less drug use. It may be that new and strict government laws have led to less use in that area. Only about half of the respondents consistently reported the areas of help needed and the numbers of treatments needed. The test-retest coefficient for drug scores was high ($r = 0.78$).

In Toronto, 30 persons were interviewed after an interval of about one month. Demographic and drug-use items were consistently answered with few exceptions. Drug-use scores were highly reliable ($r = 0.95$).

In summary, the test-retest studies at two centres suggest a high reliability for the demographic and drug-use items and drug scores. However, at one-centre consistency was lower than expected, perhaps because of strict legal enforcement. Earlier studies (1) with these items have shown a high degree of reliability. The aspects of the questionnaire related to needs show a lower degree of consistency.

5.3 Experience with the questionnaire and the need for modifications

In general, collaborators found that the questionnaire worked well with non-student groups. However, there were some problems that have been remedied in the modified version.

The most common problems were related to the length of the questionnaire. Collaborators reported that up to an hour was needed if all items were answered (that is, with drug users). Most collaborators from developing countries found some of the items on economic factors difficult to use - e.g., those that asked individuals whether they expected to obtain the job they wanted and whether they had looked for a different job. It was felt that these questions were inappropriate in many developing countries and hence they have been dropped. Some less serious problems about individual items and the answers to them were also found and these items have been changed accordingly.

The questionnaire has been modified in keeping with the experience of the collaborators and forms the Annex to this report. A number of minor changes in the wording of items have been made. However, the major change is that the demographic and drug-use items are to be considered as the "core" or essential part, and that the remaining sections are "highly recommended" but optional. Investigators should use whatever parts of the highly recommended items they find most useful. Collaborating investigators recognized that a flexible approach to using the questionnaire is needed, and that local needs should determine what parts are used.
6. REVIEW OF TRENDS IN THE DATA

Since rather different samples were studied in the various centres care must be taken when making generalizations. Mexico City and Toronto made studies of general populations while Penang and Islamabad made studies of high-risk populations. Both types of sample were studied in Chandigarh. These variations make the discernment of trends or similarities in results difficult. However, the major generalities seem to be:

(a) Cannabis was the most commonly used drug in all the samples except in Penang. Age at first use was lowest for cannabis and highest for the opiates. Non-student groups in a variety of centres had begun and continued much of their drug use with cannabis - this was true of even the heaviest users.

(b) More non-students than students, especially in the young age-groups, used drugs, and they used them more frequently.

(c) Non-students used drugs more often than students; but taking all users as a whole, the majority were in the light-user category, with a few moderate and very few heavy or daily users. This applied to all of the samples studied except the one in Islamabad, which was especially chosen to include only drug users; this sample, not unexpectedly, contained mostly heavy users.

(d) Many drug users had friends who used drugs and they met them in the evenings both to talk about drugs and for other social activities. The most common meeting places seem to be at work and in school. There were also many drug users who were isolated from other users and were not part of any drug-using group. At least half of the non-student users fell into this category and it may be most common among girls who were infrequent users.

(e) Most non-students had only a few hours per day of leisure time. More drug users than non-users had extensive free time, which they alone controlled.

(f) Most drug users, except those in the daily-use category, did not report problems related specifically to their drug use. However, they frequently reported arguments with family and friends, problems in using their leisure time, losing jobs, and having difficulties concentrating on work as a result of their drug use. Many users and non-users had social or personal problems. The most commonly expressed needs were for help in finding a job, help in using their leisure time, dealing with finances, and obtaining medical attention; in short, most of the problems that non-students in general have in becoming independent. Thus the major problem areas seem to concern employment and leisure activities.

(g) The majority of drug users (except in Islamabad) did not report any need for treatment. However, most of these drug users were infrequent or moderate users whose use had not progressed to a daily event. Drug users in the Islamabad study were usually daily users and most of them felt a need for treatment. The most frequently mentioned treatments were medical or physical "drying out" or detoxification. Very few drug users, even heavy users, had received treatment in the past year. Therefore there appears to be an important unmet need for drug-abuse treatment.

(h) The most important factors associated with the etiology of drug use were having friends or relatives who are drug users; being out of work; having a low level of schooling and religious participation; and having family troubles and medical problems.

6.1 Relevance to etiology and programme planning

The studies conducted for this project indicate that non-students are a high-risk group with regard to serious drug abuse. More non-students than students use drugs; however, they are mainly light users and only a few require specialized treatment for drug abuse. The etiology of their use seems to be connected with problems in finding employment and the poor use of leisure time, and associating with friends who are already users. These findings confirm that a major need is to improve the quality of life for non-students in order to reduce their
desire for drug use. This might involve special programmes of an educational nature for young people who are dropping out of school: (a) acquainting them with the risks of drug abuse; (b) helping them to obtain and hold jobs; and (c) providing environments for leisure pursuits that meet their needs and are not compatible with drug use.

Although the major area of programme planning is not to provide drug-abuse treatment, some non-students do require treatment and very few drug users receive treatment. The major need seems to be for medical and hospital treatment, and detoxification programmes.

6.2 General social relevance

It is clear from these studies that non-students have important unmet needs - mainly, employment and worthwhile leisure pursuits. The high unemployment rate among youth has been recognized in many countries and remains the greatest problem for non-students. Leisure pursuits are a difficult area for non-students; they are free from the demands of home and school and are often unable to find interesting things to do with their spare time.

Since developing countries have a large number of young people and high rates of unemployment, it will be most difficult for them to confront the problems of non-student youth. Without greater employment and improved leisure opportunities, youth will continue to be prone to a variety of social-psychological problems such as delinquency, drug abuse, alcoholism, and depression. The future development of all countries depends, in part, upon finding solutions for the problems of non-students. The solutions will vary from one country to another but may include special government projects: to employ youth, to promote industries that employ young people, to create structured leisure-time activities, and to encourage schools to keep students who drop out in special contact (e.g., combined work-study programmes).

In this study, not all the problems of non-students have as yet been identified, but a methodology for investigating them has been described. The use of this methodology to study non-students would help to provide better information for identifying which programmes are needed and how they can be established.

REFERENCES


ANNEX

MODIFIED NON-STUDENT DRUG-USE QUESTIONNAIRE
AND INSTRUCTIONS FOR ITS USE
INSTRUCTIONS TO INTERVIEWERS FOR THE COMPLETION OF THE NON-STUDENT DRUG-USE SURVEY QUESTIONNAIRE

Questionnaire format

The questionnaire can be used either as an interview schedule where the interviewer asks all of the questions of the respondent, or as a fill-in form where the respondent reads the items himself and fills in his own answers. The instructions incorporated within the questionnaire apply to an interview format - e.g., "Ask everyone"; "Read aloud each answer". If the investigator wished to use it as a fill-in form, he would remove all the instructions to the interviewers - most of which are in [boxes]. He would also need to prepare a brief introduction to the questionnaire, containing easily-understood instructions on how respondents were to answer the questions. A sample of how one might introduce this questionnaire when it is to be used as a fill-in form, is given below:

"This questionnaire has been developed by the World Health Organization in cooperation with the United Nations Fund for Drug-Abuse Control. The questions ask about drug use and details about your age and whether you are a male or a female. Your answers will be looked at by people who are trying to learn more about these kinds of problems, and the answers will be compared with those of young people in other parts of the world.

"If this study is to be helpful, it is important that you answer each question as carefully as possible. All your answers will be kept strictly confidential; please do not record your name anywhere.

"Most people enjoy taking this questionnaire, and we hope that you will, too. Be sure to read the instructions before you begin to answer.

"This is not a test; there are no right or wrong answers, but please work carefully. For each question pick the answer which fits you best and then circle the number next to this answer. For some items you will need to write your answer in the space provided instead of circling a number. Look at the example below.

(a) Have you ever tried cannabis?

1. No
2. Don't know
3. Yes

(b) How old were you when you first tried it?

1. 17 years old
2. Don't know

"The answer circled in the first question was "3" indicating that the respondent had tried cannabis; in the second question, the respondent indicated that he was 17 years old when he had first tried it.

"If you do not know the answer to a question or if you feel that you cannot answer honestly, leave the question blank. Complete as many questions as possible."

At some points within the questionnaire itself, simple instructions to the respondent - e.g., "Answer all of the following" - would be required. If necessary (perhaps for younger respondents), instructions may be expanded to provide more detailed directions and examples of how to complete the questionnaire.
Also since the items in this questionnaire were designed to be asked in an interview, the wording of a few items might need to be modified if the questionnaire were to be given as a fill-in form. For example, instead of the first item being "Mark interviewee's sex", it might become "What is your sex?"

If the questionnaire is to be applied in an interview, the interviewer should have training in using it before he applies it to study subjects. The training experience should familiarize the interviewer with all the questions and response items of the questionnaire.

The interviewer should read out each question. For example, in Q.4, the interviewer should read "Do you go to school or have a job either full- or part-time?". If the subject's answer is sufficient to code the appropriate response category, the interviewer can then go to the next question. If the answer is not sufficient, the interviewer can either probe with a second question of his own design or he can read all of the response categories. However, we do not recommend the routine reading of all answer categories for most questions since this would be very time-consuming and monotonous. For some questions such as Q.14, you will see the instruction "Read aloud each answer". The subject's Yes or No response to each of these items should be recorded on the questionnaire.

Unless otherwise stated in the actual items, interviewers should not record more than a single response to any one item. Only the following items on the questionnaire are intended to elicit more than one response: items 14, 27, 28, 29, 30, 32, 40, 44, 50, and 55.

**Sampling**

Some form of randomized sampling is recommended in most surveys but when dealing with non-student youth populations, as opposed to students, strict randomization becomes more difficult.

One method used to generate a randomized sample of youth involved a general household survey of adults. Households were chosen at random within randomly chosen districts and if any young person within the age boundaries resided in these households, he was asked to participate in the "youth" survey; if there were no young persons in the household, then adjacent homes were checked for eligible respondents. One problem with this approach is to find sufficient numbers of non-student youth, since many of the youngsters who live at home are still going to school.

Another method was to select various target groups of young people, some of which contained persons "at risk" for drug use. Examples of groups selected were general urban populations, general rural populations, factory workers, shop assistants, and so on. Then, having chosen particular groups that are generally represented by young persons out of school, one could select randomly (or every nth) members of these groups to complete the questionnaire.

In order to concentrate on young people in the "high-risk" drug-using category, another method was employed - known as the "snowball" technique. Drug users, once interviewed, were asked for names and addresses of associates who were also drug users. These associates, in turn, were interviewed and asked to provide names and addresses of still more drug-using friends. Although subjects are not chosen at random by this method, it is an effective way of locating drug-using youth when other, more random, methods prove time-consuming and costly in terms of the number of users obtained.

**Adaptation of the questionnaire**

Since there are many questions about drug use which are repeated for each drug, it is important to examine their suitability for the study being planned. Each investigator can then adapt the questionnaire to his own needs and to the local situation. Some optional changes to be considered are:
(1) Investigators may find for questions on the use of a drug in the respondent's lifetime, or in the past year, that they would like to have more detailed information than simply a "yes/no" answer. If so, they could rephrase, for example, questions from "Have you ever tried cannabis?" to "On how many occasions have you tried cannabis?". Then the answer set could be elaborated to something like the following:

<table>
<thead>
<tr>
<th>(a)</th>
<th>No occasion</th>
<th>(d)</th>
<th>6 to 9 occasions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)</td>
<td>1 to 2 occasions</td>
<td>(e)</td>
<td>10 to 49 occasions</td>
</tr>
<tr>
<td>(c)</td>
<td>3 to 5 occasions</td>
<td>(f)</td>
<td>50 or more occasions</td>
</tr>
</tbody>
</table>

The answer categories could be more or less detailed, depending on the distinctions needed in the results. The questions on drug use in the previous year could also be elaborated in much the same way. For international comparison, one can simply combine the percentage who answered (b) through (f) in the above example and obtain a percentage comparable to that of those who would have answered "yes" to the question in its original form. Such elaborations may make the questionnaire longer and require more respondent time, so it would be a good idea to pretest them before making a final decision.

(2) Another very important aspect of the drug-use questions is the definition of the drug or drug class. Obviously, the purpose is to communicate clearly to the respondents - in terms they will understand - the type of drug the interviewer is asking about. There are different methods that will be effective in different countries, so one should alter the wording accordingly. Sometimes generic or trade names for drugs will be meaningful identifiers for respondents, sometimes giving the legitimate medicinal purpose will help. Usually slang names or street names help to identify the drugs, and some investigators may want to use some combination of all of these approaches. These approaches have been incorporated in the questionnaire. The questions as they are currently worded have been carefully thought out by the collaborating investigators, so an effort should be made to retain the essence of their meaning. However, in some situations they may have to be substantially reformulated.

Note that for drugs, such as barbiturates and tranquillizers, that are sometimes given by a doctor or health worker, the questions ask only about use that occurred without such medical supervision. Investigators may also want information about the extent to which these drugs are being used under medical supervision. In that case an additional but similar set of questions could be asked just before or after the questions about nonmedical use. However, to do so lengthens an already fairly long and repetitive section about drug use.

(3) Where appropriate, one may wish to add "pharmacist" to the list of health professionals who may "prescribe" substances for medical use.

(4) For fill-in questionnaires the format of drug-use items may be altered to incorporate "skip" or branching instructions, if such directions can be easily and accurately followed. This could reduce the time needed to complete the questionnaire and reduce the number of repetitive items, but caution is advised as this may be difficult for some subjects.

(5) For drugs that are relatively unknown locally, investigators can eliminate items pertaining to their use.

(6) Where necessary, the investigator may feel that the following descriptions of the medical applications of various substances will help the respondent to differentiate among drug classes. In such cases they may wish to provide respondents with the following information:

**Tranquillizers:** Doctors prescribe tranquillizers to calm people down or to quiet their nerves.

**Sedatives:** Doctors prescribe sedatives to help people relax and get to sleep.
Opiates: Various drugs are made from opium and may be prescribed by doctors to reduce pain, to stop a person from coughing, to control diarrhoea, and so on. They include synthetics like methadone as well as derivatives of natural opium itself.

At times it may be necessary to provide even more information on a specific drug. For example, government or international authorities may wish to know the extent of use of a specific substance in order to determine if the legal controls should be changed. In this circumstance it would be possible to add an additional question to obtain more information regarding use of the specific drug concerned.

Because drug-abusing populations frequently do not know the correct generic names of the drugs that they use, it would be useful to give as much descriptive information as possible in the question to help the subject identify the correct drug. However, the investigator is warned not to insert too many additional questions of this type. The drugs that are available on the licit and illicit market number in the thousands and it would not be feasible to ask about even a small percentage of them.

(7) If urbanicity items are to be included, such as place of current residence (city, suburb, town, rural area, or village), the response categories should be appropriate to local norms. If respondents are currently living away from home, the investigator must determine beforehand whether urbanicity data refer to their present living area or to their home locale - if these differ. Some investigators have found it useful to ask both the present address and the permanent address.

(8) Regarding social status, some items - such as parental education, place of residence, occupation, and income of the head of the household - should be incorporated into the questionnaire. Only use items that are relevant to the local setting for determining an index of socioeconomic status. Because of the great variation in social status indicators in different parts of the world, no standardized items are provided in this report.

(9) Additional questions can be added, depending on the investigator's purposes and the ability of respondents to handle a longer questionnaire. Generally, investigators have a tendency to underestimate the time it will take, so they should keep track of the time required for survey administration in the pretest. It is also a good idea in the pretest to discuss the questionnaire informally with respondents, once they have finished, to see where they had difficulties and what their overall reaction was.

(10) Many survey researchers feel that unless one asks the same questions, in the same order, with the same instructions, and in a similar setting, comparability will be reduced. The investigator who uses this questionnaire should, therefore, not make any of the modifications mentioned above unless there is a good reason.

Translation of the questionnaire

If the questionnaire is to be translated into other languages, it will be important to ensure that there is language equivalence between the instrument as published here and the translated instrument as it is to be applied.

A number of approaches have been used to ensure the equivalence of translated versions of instruments. In the WHO International Pilot Study of Schizophrenia\(^1\) a translation, back-translation approach was used. The procedure was to have one person translate the instrument from the "source" language, in this case English, into the "target" language; this translation was then given to another person for translation back into English. They then compared the original and the back-translation. In order to guarantee a reasonably satisfactory translation, this procedure may be repeated several times.

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Another way to ensure equivalence of translation is to have each item discussed intensively and at length by individuals who speak both languages. For more detailed discussion of these and related procedures the reader is referred to relevant literature.\(^1\),\(^2\),\(^3\)

Application of the questionnaire

It is strongly recommended that the questionnaire be answered anonymously, and that no names or identifying marks be placed on the questionnaire except where required for purposes of follow-up or reliability and validity studies.

It is also recommended that any reliability and validity studies be appropriate for the groups on which the questionnaire is to be used.


THE NON-STUDENT DRUG-USE SURVEY QUESTIONNAIRE

NOTE: Tear off before sending interviews for processing

Date of interview ____________________________
Name of interviewer __________________________
Name of interviewee __________________________
Place of interview ____________________________
Interviewee's address __________________________

____________________________________________

Person who will know where respondent is for follow-up interview

____________________________________________

Will they agree to a follow-up interview? __________
Interviewee identification number ________________
CORE ITEMS

(i) Demographic Items       No. 1 to 14
(ii) Drug Use Items         No. 14 to 26

HIGHLY RECOMMENDED ITEMS

(i) Drug Problems           No. 27 to 28
(ii) Need Assessment        No. 29 to 34
(iii) Causes of Drug Use    No. 35 to 40
(iv) Economic Opportunities No. 41 to 43
(v) Social Aspects of Drug Use No. 44 to 52
(vi) Use of Leisure Time   No. 53 to 57
QUESTIONNAIRE

1. Mark interviewee's sex
   1. Male
   2. Female

2. How old were you on your last birthday?
   _____ years

3. How many years of schooling have you completed?
   (DO NOT COUNT KINDERGARTEN)
   _____ years

4. (a) Are you presently a full-time or part-time student?
   1. Yes, full-time
   2. Yes, part-time
   3. No

   (b) Are you currently working full-time or part-time?
   1. Yes, full-time
   2. Yes, part-time
   3. No

   GO TO Q.6

5. What type of work do you do?
   0. Household duties (unpaid)
   1. I am not employed at the present time
   2. Farming
   3. Unskilled labour
   4. Factory work or mechanical work
   5. Office work/shop clerk
   6. Other skilled labour
   7. Managerial/professional
   8. Military
   9. Something else (SPECIFY) ____________________________

6. What type of work does your father do?
   1. He is not going to work at the present time
   2. Farming
   3. Unskilled labour
   4. Factory work or mechanical work
   5. Office work/shop clerk
   6. Other skilled labour
   7. Managerial/professional
   8. Military
   9. Something else (SPECIFY) ____________________________
7. During the past 12 months, have you been living mostly in a rural area, in a town or village, or in a city?
   1. Rural area (fewer than 500 people)
   2. Town or village (500-10,000 people)
   3. City (10,000 or more)

8. Who did you mostly live with until age 15 years?
   1. Mother and father (in addition to other relatives)
   2. Mother only
   3. Father only
   4. Grandparents
   5. Other relatives
   6. Foster home
   7. Orphanage
   8. Other (SPECIFY) ________________________________

9. During most of the time you were growing up, did you live in a rural area, a town or village, or in a city?
   1. Rural area (fewer than 500 people)
   2. Town or village (500-10,000 people)
   3. City (10,000 people or more)

10. Are you single, married, separated, or divorced?
    1. Single
    2. Married
    3. Separated
    4. Divorced

11. Do you have any children?
    0. Unmarried
    1. None
    2. One
    3. Two
    4. If more specify how many ________________________

12. What do you consider to be your religion?
    (SPECIFY) ________________________________________

13. How often did you attend (or participate in) religious services or activities over the past 12 months?
    1. Once a week or more often
    2. Once a month or more often but less than once a week
    3. Several times but less than once a month
    4. Did not attend or participate in the last 12 months
14. Did you receive money from any of the following during the past 30 days? (CIRCLE AS MANY AS APPLY)

**READ ALOUD EACH ANSWER**

(a) Salary and wages from a legitimate job
(b) Public assistance, insurance, charities
(c) Spouse or family
(d) Friends
(e) Illegal income
(f) Other (SPECIFY)

This question is concerned with the drinking of alcoholic beverages

15. How often did you have a drink containing alcohol during the last 30 days (alcohol includes beer, wine, hard liquor)?

**IF NECESSARY READ ALOUD EACH ANSWER**

1. Did not drink alcohol
2. Once or twice during the month
3. Nearly every week during the month (3-4 times)
4. Nearly every day during the month
5. Don't know

These questions are about your use of drugs

16. Cannabis (sometimes called marijuana, hashish, bhang, ganja, pot)

(a) Have you ever tried cannabis?
1. No
2. Don't know
3. Yes

(b) How old were you when you first tried it?
1. _____ years old
2. Don't know

(c) Have you used any in the last 12 months?
1. No
2. Don't know
3. Yes

(d) How often have you used it in the last month? (CIRCLE ONLY ONE)

**IF NECESSARY READ ALOUD EACH ANSWER**

1. Did not use it
2. Once or twice during the month
3. Nearly every week during the month (3-4 times)
4. Nearly every day during the month
5. Don't know
17. **Amphetamines** (sometimes called speed, Dexies, pep pills, diet pills, Benzedrine, Dexedrine, Ritalin)

Doctors sometimes prescribe amphetamines for people to lose weight or to have more energy.

(a) Have you ever used amphetamines without a doctor or health worker telling you to use them?

1. No ................................................................. → GO TO Q.18
2. Don't know ................................................... → GO TO Q.18
3. Yes

(b) How old were you when you first tried it?

1. _______ years old
2. Don't know

(c) Have you used any in the last 12 months?

1. No ................................................................. → GO TO Q.18
2. Don't know ................................................... → GO TO Q.18
3. Yes

(d) How often have you used it in the last month? (CIRCLE ONLY ONE)

**IF NECESSARY READ ALOUD EACH ANSWER**

1. Did not use it
2. Once or twice during the month
3. Nearly every week during the month (3-4 times)
4. Nearly every day during the month
5. Don't know

18. **Tranquillizers** (such drugs as Librium, Valium, Miltown, Equanil, Meprobamate, etc.)
(USE LOCAL NAMES FOR THESE DRUGS)

(a) Have you ever used tranquillizers without a doctor or health worker telling you to use them?

1. No ................................................................. → GO TO Q.19
2. Don't know ................................................... → GO TO Q.19
3. Yes

(b) How old were you when you first tried it?

1. _______ years old
2. Don't know

(c) Have you used any in the last 12 months?

1. No ................................................................. → GO TO Q.19
2. Don't know ................................................... → GO TO Q.19
3. Yes
(d) How often have you used it in the last month?
(CIRCLE ONLY ONE)

IF NECESSARY READ ALOUD EACH ANSWER

1. Did not use it
2. Once or twice during the month
3. Nearly every week during the month (3-4 times)
4. Nearly every day during the month
5. Don't know

19. Barbiturates and Sedatives (sometimes called downers, goofballs, yellows, reds, blues, phenobarbital, Seconal, methaqualone, etc.)

Doctors sometimes prescribe barbiturates and sedatives for people to quiet their nerves and get to sleep.

(a) Have you ever used barbiturates or sedatives without a doctor or health worker telling you to use them?

1. No ------------------------------------------ ➔ Q.20
2. Don't know ---------------------------------- ➔ Q.20
3. Yes

(b) How old were you when you first tried it?

1. _______ years old
2. Don't know

(c) Have you used any in the last 12 months?

1. No ------------------------------------------ ➔ Q.20
2. Don't know ---------------------------------- ➔ Q.20
3. Yes

(d) How often have you used it in the last month?
(CIRCLE ONLY ONE)

IF NECESSARY READ ALOUD EACH ANSWER

1. Did not use it
2. Once or twice during the month
3. Nearly every week during the month (3-4 times)
4. Nearly every day during the month
5. Don't know

20. Hallucinogens (sometimes called LDS, peyote, mescaline, psilocybin, PCP)

(a) Have you ever tried any hallucinogen?

1. No ------------------------------------------ ➔ Q.21
2. Don't know ---------------------------------- ➔ Q.21
3. Yes
(b) How old were you when you first tried it?
1. ________ years old
2. Don't know

(c) Have you used any in the last 12 months?
1. No ------------------------------------→ GO TO Q.21
2. Don't know --------------------------→ GO TO Q.21
3. Yes

(d) How often have you used it in the last month?
(CIRCLE ONLY ONE)

---

21. Cocaine

(a) Have you ever tried cocaine?
1. No ------------------------------------→ GO TO Q.22
2. Don't know --------------------------→ GO TO Q.22
3. Yes

(b) How old were you when you first tried it?
1. ________ years old
2. Don't know

(c) Have you used any in the last 12 months?
1. No ------------------------------------→ GO TO Q.22
2. Don't know --------------------------→ GO TO Q.22
3. Yes

(d) How often have you used it in the last month?
(CIRCLE ONLY ONE)

---

IF NECESSARY READ ALoud EACH ANSWER

1. Did not use it
2. Once or twice during the month
3. Nearly every week during the month (3-4 times)
4. Nearly every day during the month
5. Don't know
22. Heroin (sometimes called smack, horse, scag, etc.)

(a) Have you ever tried heroin?
1. No ⟷ GO TO Q.23
2. Don't know ⟷ GO TO Q.23
3. Yes

(b) How old were you when you first tried it?
1. ______ years old
2. Don't know

(c) Have you used any in the last 12 months?
1. No ⟷ GO TO Q.23
2. Don't know ⟷ GO TO Q.23
3. Yes

(d) How often have you used it in the last month? (CIRCLE ONLY ONE)

IF NECESSARY READ ALOUD EACH ANSWER
1. Did not use it
2. Once or twice during the month
3. Nearly every week during the month (3-4 times)
4. Nearly every day during the month
5. Don't know

23. Opium

(a) Have you ever tried opium?
1. No ⟷ GO TO Q.24
2. Don't know ⟷ GO TO Q.24
3. Yes

(b) How old were you when you first tried it?
1. ______ years old
2. Don't know

(c) Have you used any in the last 12 months?
1. No ⟷ GO TO Q.24
2. Don't know ⟷ GO TO Q.24
3. Yes
(d) How often have you used it in the last month?  
(CIRCLE ONLY ONE)

IF NECESSARY READ ALOUD EACH ANSWER

1. Did not use it  
2. Once or twice during the month  
3. Nearly every week during the month (3-4 times)  
4. Nearly every day during the month  
5. Don't know

24. Other Opiates (drugs like morphine, codeine, demerol, paragoric, methadone, etc.)

Doctors sometimes prescribe opiates for people to reduce pain, stop coughing, control diarrhoea, etc.

(a) Have you ever tried any of the other opiates without a doctor or health worker telling you to use them?

1. No ------------------------------------------------- ➔ GO TO Q.25  
2. Don't know ------------------------------------------------- ➔ GO TO Q.25  
3. Yes

(b) How old were you when you first tried it?

1. ______ years old  
2. Don't know

(c) Have you used any in the last 12 months?

1. No ------------------------------------------------- ➔ GO TO Q.25  
2. Don't know ------------------------------------------------- ➔ GO TO Q.25  
3. Yes

(d) How often have you used it in the last month?  
(CIRCLE ONLY ONE)

IF NECESSARY READ ALOUD EACH ANSWER

1. Did not use it  
2. Once or twice during the month  
3. Nearly every week during the month (3-4 times)  
4. Nearly every day during the month  
5. Don't know
25. **Inhalants**

People sometimes sniff chemicals, paint thinner, glue or the contents of aerosol cans

(a) Have you ever tried sniffing an inhalant to make you feel intoxicated or feel good?

1. No ................................. → GO TO Q.26
2. Don't know ................................ → GO TO Q.26
3. Yes (SPECIFY WHICH TYPES)

(b) How old were you when you first tried it?

1. ______ years old
2. Don't know

(c) Have you used any in the last 12 months?

1. No .................................... → GO TO Q.26
2. Don't know ................................ → GO TO Q.26
3. Yes

(d) How often have you used it in the last month?
(CIRCLE ONLY ONE)

---

IF NECESSARY READ ALOUD EACH ANSWER

1. Did not use it
2. Once or twice during the month
3. Nearly every week during the month (3-4 times)
4. Nearly every day during the month
5. Don't know

26. Has anyone in your family ever been concerned about your use of drugs other than alcohol or tobacco or suggested that you cut down?

1. Yes
2. No
3. Never used drugs

---

27. What sort of problems has drug use created for you in the past year? Remember that I am interested in problems that were, in your opinion, caused by drugs.

---

READ ALOUD EACH ANSWER

| (a) Arguments with your family or friends | 1 | 2 |
| (b) Actual fights or threats of violence | Yes | No |
| (c) Arrested or warned by the police | Yes | No |
| (d) Lost a friend or partner or wife/husband | Yes | No |
(e) Lost a job
(f) Worked less at school or job
(g) Put in jail
(h) Health problems (e.g. hepatitis, collapsed veins, abscesses)
(i) Financial problems
(j) Arrested or charged for a drug-related crime

Remember, I am interested in problems that you had in the past year which you feel were caused by drugs.

(k) Getting poor quality drugs
(l) Caused you to be emotionally unstable
(m) Caused you to have less energy than you should
(n) Bad reactions to, or overdose of, drugs
(o) Poor memory or concentration
(p) I am not sure what my problems have been

28. Within the past 30 days, have you had problems with any of the following:

READ ALOUD EACH ANSWER

(a) No problems
(b) Physical health
(c) Economic - money problems
(d) Employment (difficulty finding or maintaining job, or keeping up with students)
(e) Legal problems (with police or courts)
(f) Family problems
(g) Nervous or emotional problems
(h) Alcohol
(i) Other problems (SPECIFY)

NEED ASSESSMENT

ASK DRUG USERS

29. At the present time do you need any of the following treatments for drug use?

READ ALOUD EACH ANSWER

(a) Drying out, detoxification
(b) Medical or physical treatment (e.g. for bad veins, hepatitis, bad reactions, etc.)
(c) Maintenance drugs (e.g. methadone)
(d) Hospital treatment in a day programme
(e) Therapeutic community or religious programme
30. Which of the above treatments have you actually had in the past year?

READ ALOUD EACH ANSWER

(a) Detoxification
(b) Medical treatment
(c) Maintenance drugs
(d) Hospital treatment
(e) Therapeutic community
(f) Jail programme
(g) Counselling or group therapy
(h) Any other (SPECIFY)

31. Are you currently receiving treatment for drug use?

ASK EVERYONE

32. Do you need help right now in any of the following areas?

READ ALOUD EACH ANSWER

(a) Help in finding a job
(b) Help in getting more training for a job or skill
(c) Help in getting back into school
(d) Help in staying in school
(e) Help in finding things to do with your free time (that is, recreation)
(f) Help with legal problems
(g) Help with medical problems
(h) Help with dental problems
(i) Help in finding a place to live
(j) Help with personal problems
(k) Help in getting along better with your family
(l) Help in decreasing your drug use
(m) Help in finding food to eat

33. Are there any other areas you would like to have help with now or needed help with in the past year? (SPECIFY)
34. What do you feel would be the most valuable service or recreational activity which could be offered to youth in this community?


CAUSES OF DRUG USE

ASK DRUG USERS

35. Now try to think back to the time just before you first used a drug (other than alcohol or tobacco)

(a) Were your parents using any drug at this time? Yes No
(b) If "Yes" specify which drug or drugs __________________________


36. (a) Were any of your brothers or sisters using any drug at this time? Yes No
(b) If "Yes" specify which drug or drugs __________________________


37. (a) Were any of your friends using any drug at this time? Yes No
(b) If "Yes" specify which drug or drugs __________________________


38. Was the person who first gave or sold drugs to you (other than alcohol or tobacco) a member of your family, a friend, drug pusher, doctor, pharmacist or other health worker?

1. Family
2. Friend
3. Professional drug pusher
4. Doctor (physician)
5. Other health practitioner
6. Pharmacist or druggist
7. Other (SPECIFY) __________________________
8. Don't know
39. Where did you actually obtain your drugs first?

**IF NECESSARY READ ALOUD EACH ANSWER**

1. At school
2. At work
3. At a social club
4. At a private party
5. In a bar or tavern
6. On the street
7. In a park
8. Athletic or recreational setting
9. Other places (SPECIFY) __________

40. What drug created the most problems for you?

When you first started to use this drug did any of the following conditions exist? (IF THE SUBJECT DID NOT IDENTIFY A DRUG WHICH CAUSED PROBLEMS, ASK "When you first started to use drugs did any of the following conditions exist?")

**READ ALOUD EACH ANSWER**

(a) You were out of work
(b) Your friends were using this drug
(c) Your husband/wife was using this drug
(d) Your husband/wife had left you
(e) You were having trouble at school
(f) You were having trouble with police/courts
(g) You were losing friends
(h) You were having trouble keeping your job
(i) You were having trouble with your family (not spouse)
(j) You were having medical problems

ECONOMIC OPPORTUNITIES

**ASK EVERYONE**

41. About how much spending money do you have each week (after all necessities are covered)?

1. None
2. Small amount, i.e. ______
3. Medium amount, i.e. ______
4. Large amount, i.e. ______

**PUT IN ACTUAL FIGURES ACCORDING TO LOCAL NORMS**
42. How much do you spend on drugs each week?

ENTER RESPONSE IN LOCAL CURRENCY TO NEAREST DOLLAR, RUPEE, PESO, ETC.

43. If you had more money would you change the amount or type of drug you use?

IF NECESSARY READ ALOUD EACH ANSWER

1. I would use less drugs
2. I would use more drugs
3. My drug use wouldn't change much
4. It would change the type of drugs I use

SOCIAL ASPECTS OF DRUG USE

ASK EVERYONE

IF MARRIED, ASK ABOUT WIFE/HUSBAND: IF NOT MARRIED, ASK ABOUT PARENTS

44. Do your (parents/wife/husband) have any real control (do you really listen to them) over the following aspects of your life?

READ ALOUD EACH ANSWER

<table>
<thead>
<tr>
<th>(a) When and where you go out at night</th>
<th>(b) What friends you have</th>
<th>(c) Whether or not you use drugs</th>
<th>(d) Whether you drink alcoholic beverages</th>
<th>(e) Whether or not you go to work or school</th>
<th>(f) How you spend your money</th>
<th>(g) Whether or not you go to church</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
45. About how many of your friends use drugs (other than alcohol or tobacco)?

IF NECESSARY READ ALOUD EACH ANSWER

1. None, I have no drug-using friends
2. Less than half
3. About half
4. Almost all

GO TO Q.53

46. How often do you meet your friends who use drugs?

IF NECESSARY READ ALOUD EACH ANSWER

1. Almost every day
2. 2-5 times a week
3. About once a week
4. 2-3 times a month
5. Once a month or less
6. Never

47. About how much of your free time is spent with friends who use drugs?

1. None
2. Less than half
3. About half
4. Almost all

48. Where do you usually meet your friends who use drugs?

IF NECESSARY READ ALOUD EACH ANSWER

0. I never meet them
1. At school
2. At work
3. At social clubs
4. At private parties
5. In bars or taverns
6. On the street
7. In the parks
8. Athletic or recreation setting
9. Other places (SPECIFY)
49. What time of day do you usually meet with your friends?

IF NECESSARY READ ALOUD EACH ANSWER

1. Any time of the day - it varies
2. Usually in the morning
3. Usually in the afternoon
4. Usually in the evening
5. Usually at night (after midnight)
6. All day long

50. Do you meet for the following reasons?

READ ALOUD EACH ANSWER

(a) To take drugs together in a group
(b) To exchange information about drugs and the street scene
(c) To sell, buy or exchange drugs
(d) Just to talk - not about drugs
(e) To meet girls/boys
(f) To plan/attend social events

51. Which of the above reasons is the most important for you personally?

IF NECESSARY READ ALOUD EACH ANSWER

(WRITE LETTER (a) - (f))

52. Where do you do most of your drug coping or buying?

GET EXACT DETAILS

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
USE OF LEISURE TIME

53. About how many hours do you have free each day when you are not working or going to school? (Don't count weekends but include homework as work)

IF NECESSARY READ ALOUD EACH ANSWER

1. All my time - I don't work or go to school
2. A few hours a day - I work
3. A few hours a day - I go to school
4. Almost none - less than 1 hour - I go to school and study longer than most
5. Almost none - less than 1 hour - I work longer than most
6. None at all - it is all taken up

54. Do you have school work or other work to do on weekends?

1. Yes, most weekends
2. About half of the weekends
3. Less than half of the weekends
4. Never work on weekends

55. Did you do any of the following in your leisure time during the past 30 days?

READ ALOUD EACH ANSWER

(a) Attend church or religious service
(b) Go to social clubs
(c) Go out with friends (same sex)
(d) Go out with friends (opposite sex)
(e) Engage in sports - not a club
(f) Watch television
(g) Spend time with family
(h) Hanging around
(i) Go to sports club

Remember, these answers pertain to your leisure activities during the past 30 days.

(j) Go to special classes
(k) Go to movies
(l) Go to bars or taverns
(m) Work on a hobby at home

56. What types of free time or leisure time things would you like to do but don't do now?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
57. Do you or do other people mostly control how you spend your leisure time?

1. Other people or circumstances control it
2. I control it
3. I don't know who controls it