



GOVERNMENT OF BERMUDA

Ministry of Public Safety

Department for National Drug Control

COLLEGE STUDENTS' DRUG USE



*Report of the
Behavioural Study of
Attitudes toward and
Consumption of
Alcohol, Tobacco,
and Other Drugs
among College
Students in Bermuda*

2013

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FOREWORD

As part of the ongoing assessments of Alcohol, Tobacco, and Other Drug (ATOD) use among residents of Bermuda, the Department for National Drug Control (DNDC) collaborated with the Bermuda College to conduct this first-ever *Behavioural Study of Attitudes towards and Consumption of ATODs among College Students in Bermuda*.

A survey of this nature can be used to measure risky behaviours and help the institution understand the drinking and drug norms of its college campus. It is a research-based initiative for effective and data-driven interventions that address academic success and retention of today's college student. It can further serve to benchmark national data, measure behaviours of actual ATOD use and consequences of use, allow for an assessment of campus climate, and the development of prevention strategies that target those groups of students most at risk. In addition, this report can facilitate an informed discussion of alcohol abuse and engage the campus community in the conversation of ATOD use, to identify patterns of alcohol use on campus, to compare ATOD use at the Bermuda College with that at other colleges and universities abroad in other jurisdictions, and to assess the effectiveness of efforts at the College to address the problem of ATOD abuse.

This survey quantifies and documents Bermuda College students' attitudes, perceptions, and opinions about ATODs. Some of the principal alcohol-related data collected and analysed include frequency and pattern of alcohol use, prevalence of binge drinking, drinking style of students, consequences associated with alcohol use or prevalence of alcohol related problems, violence/harassment associated with alcohol use, and student perception of alcohol use on campus.

This report of the survey results does not attempt to provide a comprehensive review of the data but offers a few specific recommendations. It is an invitation to think about several key findings and to dialogue about ATOD use on this campus. It is hoped, however, that the findings from this survey can target audiences such as college administrators, counselors, faculty, and others involved in students life and the quality of the college campus environment or those who have responsibilities regarding ATOD issues.

The DNDC would like to extend gratitude to the Administration of Bermuda College for allowing the conduct of this survey; and especially to faculty members Ms. Pamela Maxwell-Clarke and Ms. Janae Mallory for assisting with the coordination of data collection.



JOANNE DEAN
Director

Department for National Drug Control
March, 2013

EXECUTIVE SUMMARY

The purpose of this survey was to examine social norms surrounding alcohol and drug use among students at the Bermuda College. A total of 243 students were conveniently selected from the Spring 2013 semester and completed the online survey instrument or, in a few instances, the paper questionnaire.

Key findings from this survey include:

Sample Demographics

The following are some summary characteristics of the 243 students who completed and returned the questionnaire.

- **64.6%** were full-time students.
- **53.1%** were freshmen; **38.3%** were sophomores; **8.6%** were neither in a programme nor seeking any degree.
- **34.6%** were males; **65.4%** were females.
- **60.9%** were in the “typical” college age range of 16-21 years.
- **66.3%** were “*Black/African*”.
- **87.2%** were “*Single*”.
- **17.7%** lived in Devonshire, **11.9%** in St. George’s, **12.3%** in Pembroke.
- **56.8%** worked either full-time (**18.9%**) or part-time (**37.9%**).
- **18.1%** reported spending at least five hours per month in volunteer work.
- **47.3%** recorded a “B” (either B⁺, B, or B⁻) grade point average (GPA).
- **39.5%** indicated that their primary educational intent is to earn a degree and transfer to a 4-year college/university; **32.9%** intended to earn a career programme degree and then go to work.
- Most students do not participate or are not involved in college campus activities.

ATOD Use

- Alcohol is the drug of choice among the survey participants at the Bermuda College, used by more students than tobacco or illicit drugs. Highest lifetime prevalence of alcohol stood at **81.1%** and **14.0%** of the survey participants reported that they do not drink alcohol at all; although they thought that only **0.8%** of their peers do not consume alcohol. **72.8%** of the participants consumed alcohol in the past year and **58.4%** in the past 30 days.
- **8.6%** of the participants who consumed alcohol drank on 10 or more days in the past 30 days.
- **28.4%** of the survey respondents have used tobacco in their lifetime and **17.3%** have used it in the past year. **13.6%** of the participants were current tobacco users.

Participating Students

- 1,105 students were enrolled in the Spring 2013 semester
- 300 students were targeted
- 243 students responded
- Final response rate was 81.0%

- **46.1%** of the survey respondents have used marijuana in their lifetime (**49.0%** have never used marijuana) and **34.2%** have used it in the past year. Slightly less than one-quarter (**24.7%**) of the participants were current marijuana users.
- **46.9%** of the respondents have used an illegal drug (**11.1%** other than marijuana) in their lifetime, **33.7%** in the past year (**10.3%** other than marijuana), and **25.5%** were current users of illegal drugs (**8.2%** other than marijuana).
- The most frequently reported illegal drugs used in the past 30 days were: **24.7%** marijuana (pot, hash, hash oil), **7.0%** designer drugs (ecstasy, MDMA), and **5.8%** other illegal drugs.
- **65.4%** first used alcohol before the legal drinking age and **15.2%** first used alcohol between 18 – 20 years. **35.7%** first used marijuana before the age of 18 years and **44.9%** before 21 years.
- **40.7%** of the survey participants reported binge drinking (consuming five or more drinks in one sitting) in the previous two weeks, while **54.3%** of them perceived that at least **50%** of their peers had binge drinking episodes in the last two weeks.
- **33.3%** of the respondents reported consuming five or more drinks on their last social drinking occasion.
- **6** of the participants reported being frequent binge drinkers (six or more times in two weeks), and **93** reported being occasional or moderate binge drinkers (one to five times in two weeks).
- The most common places to use alcohol were in bar or restaurant (**60.5%**), at private parties (**51.0%**), or in their own homes (**46.5%**). For marijuana use, the most common places were: private parties (**23.9%**) and in their own homes (**15.2%**). For tobacco use, the most common places were also: private parties (**15.2%**) and in their own homes (**12.3%**).
- The average student consumed alcohol at least once per week. **62.1%** of the participants believed that the average student on campus uses alcohol once a week or more and **49.0%** believed the same for marijuana.
- The average respondent drank about **5** drinks, on average, when at a bar or party compared to **7** drinks by others at a bar. Students tended to think that their peers were more permissive in their personal attitudes toward drinking alcohol.

Perceptions and Attitudes

- **30.5%** of the participants indicated that they would prefer not to have alcohol available at parties they attend and **72.4%** said the same for drugs.
- **69.1%** of the respondents believed that alcohol enhances social activity; **67.9%** said it breaks the ice; while **67.1%** indicated that it gives people something to do and allows people to have fun (**64.6%**).
- **60.9%** of the students said that alcohol use facilitates sexual opportunities; while **59.7%** said it facilitates male bonding versus **53.1%** who said the same for female bonding.

- **42.0%** of the respondents do not disapprove of binge drinking; **53.1%** do not disapprove of experimenting with marijuana or even occasional marijuana use (**46.9%**).
- **41.2%** of the survey respondents indicated that smoking marijuana is never a good thing to do but they believed that only **21.8%** of students in general felt the same way.
- **17.3%** of students felt that drinking is never a good thing to do but believed that only **7.0%** of students in general felt the same way.
- **21.8%** of the participants had a negative attitude toward other drug use and were more accepting of occasional (**26.3%**) and frequent use (**23.0%**); while they felt that **53.5%** of students in general believed that other illicit drug use is never a good thing to do and were less accepting of occasional and frequent use.

Risk of Harm

- **39.5%** of the participants thought that binge drinking poses a great health risk; **52.7%** thought the same about experimentation with cocaine; and **14.4%** felt that occasional marijuana use is a great health risk.

Behaviours and Consequences

- Of those who indicated sexual activity in the last year (160), **26.3%** reported using alcohol the last time they had sexual intercourse and **12.5%** used other drugs.
- Participants experienced a variety of problems in the year prior to the survey due to alcohol or drugs: having a hangover (**51.0%**), getting nauseated or vomited (**44.9%**), getting into an argument or fight (**33.3%**), did something that was later regretted (**26.7%**), had a memory loss (**25.5%**), been criticized by someone (**24.6%**), drove a car while under the influence (**23.4%**), and missed a class (**23.0%**).
- **6.2%** of students reported having unwanted sexual intercourse in the past year due to their drinking or drug use. No one has reported it.
- **5.8%** of the participants indicated that they had taken advantage of another sexually.
- Most students (**82.7%**) indicated that they never carried a weapon, bragged about their alcohol or other drug use (**74.9%**), or held a drink to have people stop bothering them about why they were not drinking (**71.2%**).

Campus Environment

- **61.3%** of the respondents said the campus has alcohol and drug policies; **28.4%** said they “*Don’t Know*”; and **3.3%** said there is no policy.
- **20.2%** of the respondents said the campus has an alcohol and drug prevention programme; **65.4%** said they “*Don’t Know*”; and **7.8%** said there is no programme.

- **54.7%** of the respondents said the campus is concerned about the prevention of alcohol and drug use; **33.3%** said the “*Don’t Know*”; and **5.3%** said the campus is not concerned.
- **39.9%** of the participants indicated that they generally know of and support campus rules and regulations regarding alcohol and other drug use while **34.6%** said that they are not really aware of these rules. **6.2%** generally know of and oppose the rules.
- **20.2%** of the students said that they believe the social atmosphere on campus promotes alcohol use while **11.9%** felt the same about drug use.
- **12.8%** of the students said they do not feel safe on campus.
- **65.0%** of the respondents said they saw drinking as a central part in the social life of male students compared to **52.3%** who indicated the same for female students.
- **32.9%** of the respondents said that students cared (“*Somewhat*” and “*Very Much*”) about alcohol and drugs; and **67.1%** indicated the same for sexual assault.
- **32.9%** of the students said that drinking alcohol does not interfere with their lives while **16.9%** said it interrupted their studying and **18.1%** indicated it prevented them from enjoying events.

Research has suggested that carefully and well planned, implemented, and evaluated interventions and programmes based on a social norms approach can decrease alcohol and drug use among college students. Findings from this study can be used to develop prevention programmes at the individual-student level, at the level of the entire student body, and at the community level.

INTRODUCTION

The Behavioural Study of Attitudes toward and Consumption of Alcohol, Tobacco, and Other Drugs among College Students in Bermuda was a collaborative effort between the Department for National Drug Control and the Bermuda College. This ad hoc survey was implemented because this group of persons, that is, college-age students, has never been targeted among the various ATOD surveys administered by the DNDC over the years. College students tend to be a difficult population to study. They are generally not well covered in household surveys, and institution-based samples of college students must be quite large in order to attain accurate national representation because of the great heterogeneity in the types of student populations.

This survey initiative has been reviewed by the Administration of the Bermuda College and approval has been granted for its conduct. The designated contact faculty members have been very supportive during the entire survey process.

The Core Survey questionnaire, from a recognized survey of the United States' Core Institute¹, was the instrument adopted and used in this survey. The CORE Survey is used to describe the nature and magnitude of student ATOD problems at college campuses and has been described as a “*valuable tool for determining who to target for prevention programming, designing social marketing and media advocacy campaigns, and assessing the impact of these prevention efforts.*” It includes several types of items about drugs and alcohol. One type deals with students' attitudes, perceptions, and opinions about alcohol and other drugs, and the other deals with the students' own use and consequences of use. There are also several items of students' demographic and background characteristics as well as perception of campus climate issues and policy.

BACKGROUND

Although any new undertaking is exciting, because of the opportunities it may bring, the transition to college life also brings new pressures and uncertainties. Academic students are an at-risk population for substance-related problems.² Alcohol and drug use during the college years has developed into a kind of culture that includes beliefs and customs that are deeply rooted in every level of college life. Past research suggests that these beliefs and the expectations they engender, exert a powerful influence over students' behaviours toward alcohol and drug use. The use and misuse of alcohol among college students in the United States has received much attention over recent years. Binge drinking among college students has been identified as a major public health problem. Smoking, binge drinking, and illicit drug use remain common among college-age students.³ In one study, the rate of illicit use among full-time and part-time college students had increased from

¹ Core Institute, Student Health Programs, Southern Illinois University, Carbondale, IL 62901.

² G. A. Wagner, V. A. Stempiuk, M. L. Zilberman, L. P. Barroso, & A. G. Andrade (2007). Alcohol and drug use among university students: gender differences. *Rev Bras Psiquiatr*, 29(2); 123-9; p. 127.

³ P. M. O'Malley, & L. D. Johnston. (2002). Epidemiology of alcohol and other drug use among American college students. *Journal of Studies on Alcohol, VolSuppl*, 14, 23-39, p. 30.

20.2% to 22.7% between 2008 and 2009.⁴ More specifically, there was an increase in the rate of current use of marijuana and nonmedical use of psychotherapeutic drugs among full-time students during the same time period. Alcohol current use was reported at 63.9%, binge drinking at 43.5%, and 16% were heavy drinkers.⁵

One of the key contributions to alcohol and drug consumption is a person's attitudes and beliefs about drugs. It is believed that shifts in certain attitudes and beliefs, in particular, the degree of risk and harm perceived to be associated with use of a particular drug, are important in explaining changes in actual drug use behaviour. In the *Monitoring the Future Study*, marijuana was seen to be the least risky of illicit drugs, with young adults viewing experimental use of any illicit drug as more risky than use of marijuana.⁶ More specifically, 28-32% felt that trying sedatives involves great risk; 42-51% said trying LSD or ecstasy involves great risk; 44-48% for cocaine powder; 51-56% for crack; and 68-70% for heroin.

Students who attended schools with high rates of heavy drinking experienced a greater number of secondhand effects including disruption of sleep or studies, property damage, verbal and physical abuse.⁷ Research suggests that a major factor influencing students' decisions about alcohol and drug consumption is their perceptions of campus drinking and drug use norms.⁸ These findings are consistent with other areas of research regarding social norms. The social norms theory states that much of people's behaviour is influenced by their perception of how other members of their social group behave. According to social norm theory, people tend to misperceive (that is, exaggerate) the negative health behaviour of their peers. If people think harmful behaviours are typical they are more likely to engage in those types of behaviours. College students tend to greatly overestimate the number of their peers who engage in high-risk drinking or drug use.⁹ The idea that many other students drink excessively or use illicit drugs may cause students to feel both justified and pressured to consume more alcohol or drugs than they normally would if they believed that their peers drank or used drugs more moderately.¹⁰ Perceived social norms also affect students' attitudes toward alcohol and drug use. For instance, research has shown that a majority of students thought that their peers felt that frequent intoxication or drug use or intoxication or drug use that did not interfere with academic and other responsibilities was acceptable.¹¹ These inflated perceptions of student drinking and drug use behaviours are likely to have substantial consequences on personal use as students wish to, or feel pressured to, conform to erroneously perceived expectations of peers.¹² In addition, there is some evidence that normative perceptions are

⁴Substance Abuse and Mental Health Services Administration (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: Substance Abuse and Mental Health Services Administration.

⁵J. R. Knight, H. Wechsler, K. Meichun, M. Seibring, E. R. Weitzman, M. A. Schuckit. (2002). Alcohol abuse and dependence among U.S. college students. *Journal of Studies on Alcohol*, 63, 263-270, p. 262.

⁶L. D. Johnston, P. M. O'Malley, & J. E. Schulenberg. (2009). *Monitoring the future national survey results on drug use, 1975-2008: Volume II, College Students and Adults Ages 19-50* (NIH Publication No. 09-7403). Bethesda, MD: National Institute on Drug Abuse.

⁷H. Wechsler, B. Moeykens, A. Davenport, S. Castillo, & J. Hansen. (1995). The adverse impact of heavy episodic drinkers on other college students. *Journal of Studies in Alcohol*, 56, 628-634.

⁸H. W. Perkins, & H. Wechsler. (1996). Variation in perceived college drinking norms and its impact on alcohol abuse. A nationwide study. *Journal of Drug Issues*, 26, 961-974.

⁹Perkins & Wechsler. (1996); M. Haynes & S. Spear. (1996). Changing the perception of the norm: A strategy to decrease binge drinking among college students. *Journal of American College Health*, 25, 134-140; L. Gombert, S. Schneider, & W. DeJong. (2001). Evaluation of a social norms marketing campaign to reduce high-risk drinking at the University of Mississippi. *American Journal of Drug & Alcohol Abuse*, 27, 375-389.

¹⁰Gombert et al. (2001).

¹¹H. W. Perkins & A. D. Berkowitz. (1986). Perceiving the community norms of alcohol use among students: Some research implications for campus alcohol education programming. *International Journal of Addictions*, 21, 961-976.

¹²H. W. Perkins. (1997). College student misperceptions of alcohol and other drug norms among peers: Exploring causes, consequences, and implication for prevention programs. In *Designing alcohol and other drug prevention programs in higher education*. Newton, MA: 177-206.

an individual risk factor for heavy drinking and other drug use; that is, higher perceived norms are associated with higher levels of drinking and drug use and problems.¹³

In Bermuda, while very little research has been conducted on drug consumption, attitudes, and beliefs of college-age adults, there is, however, information available on the general adult population. According to the 2009 National Household Survey, alcohol and tobacco (cigarettes) were the substances with the highest prevalence of lifetime use at 89.2% and 49.3%.¹⁴ Current use (past 30 day use) of alcohol was 58.9%, significantly higher than current use of cigarettes (12.3%). However, among all illicit drugs surveyed, marijuana was the one that presented the largest lifetime use (37%) and with the exception of hashish (10.7%), the lifetime prevalence of use for all other illicit drugs was less than 4%. Respondents were hesitant to report current use of most illicit substances, except when it came to marijuana, which was reported at 7.2%.

With regard to perceptions of health risk, in the same survey 60.2% of respondents said there was high risk from smoking cigarettes sometimes; 27.5% said drinking alcoholic beverages sometimes was high risk; 83.3% felt there was a high risk related to becoming drunk; 73.3% said that taking a non-prescribed tranquilizer sometimes was high risk; and 47.1% felt there was high risk associated with using marijuana sometimes.

Given the extent of illicit and licit substance use, it is hypothesized that substance use among college age students may be higher than that of the general population. This is especially the case with alcohol and marijuana use among the adult population in Bermuda. Hence, there may be a need for better education about alcohol, drugs, and general health. Such education should include students and faculty.

The report describes the administration and highlights the results of the survey in addition to recommendations for programme and policy formation and reform. The findings are presented in six separate sections: 1) Demographics, 2) Prevalence, 3) Perceptions and Attitudes, 4) Risk of Harm, 5) Behaviours and Consequences, and 6) Campus Environment.

OBJECTIVES

This survey was administered to measure alcohol and other drug usage, attitudes, and perceptions among college students in Bermuda. The data gathered provides an important body of evidence and an overview of the entire student community on which future initiatives and appropriate response to community needs can be based. More importantly, the DNDC and the College can acquire added information about the attitudes toward alcohol and drug use and abuse and about patterns of drinking and drug use among students that affect both the quality of life and educational experience at the College.

¹³Perkins & Wechsler. (1996).

¹⁴Department for National Drug Control.(2010). *National Household Survey 2009.Results of the National Drug Consumption Survey*.Government of Bermuda.

This survey has a few objectives. One major objective is to serve a social monitoring function, to objectively characterize the levels and trends in certain behaviours, attitudes, beliefs, and environmental conditions in the population as they relate to alcohol, tobacco, and other drugs. Social indicators can serve the important function of identifying and estimating public health threats, whether existing or emerging. They are especially useful for gauging progress toward national goals and indicating the impact of major historical events, including social or policy changes. Another objective of this survey is to acquire knowledge of the magnitude of substance use and its consequence, especially in developing knowledge that increases our understanding of how and why changes in these behaviours, attitudes, and beliefs take place.

The Purpose of this Report

- Assess alcohol and drug use rates by college students.
- Characterise levels and trends in behaviours, attitudes, beliefs, and environmental conditions as they relate to ATOD use.
- Explore relationship between drinking and drug use and the resulting negative consequence.

SURVEY LIMITATIONS

It is recognised that this survey, like all surveys, is subject to potential sources of imprecision and bias and therefore has its limitations. Such a bias could be caused by question wording, question ordering, and the response rate, among other reasons. These biases could lead to somewhat different results from the present findings.

The primary limitations of this survey centre on the accuracy of students' responses and the sample size. For instance, there is the accuracy of the responses provided by the students. Their behaviour was self-reported. Because of the personal nature of the questions, respondents may have under-reported their use of alcohol or other drugs especially on those items that represented illegal or embarrassing behaviour.

Another limitation has to do with the fact that the survey was administered to students who were on campus during a particular week and who were willing to be escorted to a room to take an online survey. If time did not permit, students declined to participate, unfortunately creating another barrier (selection bias) to this study and other studies that utilise this particular method of survey administration.

In addition, another limitation results from a small sample size. For example, cross-tabulation of findings by classification or race/ethnicity was not feasible because fewer students in some of these groups participated in the survey. Therefore, information obtained from these individuals may offer limited insights into the under-represented groups as a whole and it would also be difficult to make generalisations about these groups' behaviour of interest.

Finally, because convenience sampling was utilised, the sample may not be representative of the population of interest. This adds to the problem of generalisability of the results.

In spite of these limitations, the information obtained from this study is beneficial in understanding student alcohol and drug use. It can be used to assess where problems exist and what measures need to be taken in order to address them. Moreover, this survey provides particular information about this type of student behaviour that is not necessarily addressed in other research.

METHODOLOGY

The survey was administered during the week of January 28th to February 1st, 2013 targeting a convenience sample of 300 students attending the Bermuda College during the Spring 2013 semester. Students were surveyed using two modified CORE questionnaires. All students were eligible for participation in the survey.

POPULATION COVERAGE AND PARTICIPANTS

The survey targeted a sample of the 1,105 students enrolled at the Bermuda College during the Spring 2013 semester. Students were either full-time or part-time and in their first year (freshman), second year (sophomores), not enrolled in a programme but taking a course(s), or enrolled as a student for a number of years. In other words, no one was exempted from being selected to participate in the survey.

A total of 243 students participated in the study.

DATA COLLECTION

From the inception of the planning process in early 2012, the Administration of Bermuda College, via the Coordinator of Institutional Research, Accreditation & Planning, was informed of this initiative and permission was sought to engage a proportion of the student body in this study. A meeting was later requested by the DNDC's Research Unit staff with the Coordinator and the Vice President of Academic and Student Affairs to advocate for the survey administration. At the same time, the President of the College was briefly apprised of the possible collaboration. A study proposal was drafted by the DNDC's Research Unit for the conduct of the study. The proposed questionnaire and the survey proposal were sent for review by the College's Administration and permission was sought to sign off on the project. The DNDC also reviewed the College's "Policy and Procedures" regarding request for information about Bermuda College. Subsequently, this research was reviewed and approved by the College after receiving the completed form to use/gather information at the College. Permission was then given by the College to pretest the questionnaire in June 2012 with the intention of administering the survey in October 2012. At the beginning of the 2012/2013 academic year, the College was formally notified of the scheduled survey, the requirements of the College, and was asked to inform the DNDC of their students' participation.

Data collection was carried out from Monday, January 28th to Friday, February 1st, 2013. The online web-based method (Survey Monkey) was utilised to capture the self-reported responses.

SUPERVISION AND CONTROL

The project team for the survey consisted of staff from the Department for National Drug Control, who worked closely with an assigned contact person, the Coordinator of Institutional Research, Accreditation & Planning, at the Bermuda College. The DNDC was mainly responsible for planning the survey, designing the web-based questionnaire,

pretesting the questionnaire, liaising with the Coordinator at the College for data collection, analysing survey results, and preparing the survey report.

QUESTIONNAIRE DESIGN AND TESTING

INSTRUMENT

The survey instrument was adopted from two standardised questionnaires by the Core Institute. They have been tested for reliability, and both the Core Institute and participating institutions confirm its consistency and validity. It includes several types of items about drugs and alcohol. One type deals with students' attitudes, perceptions, and opinions about alcohol and other drugs, and the other deals with the students' own use and consequences of use.

Of the set of questionnaires available for this nature of survey by the Core Institute, the DNDC chose to utilise the Community College Form and the Campus Norms questionnaire. These were adopted and tailored to the Bermuda context to make one questionnaire for the Bermuda College survey.

The Community College Form contains questions designed specifically for community college campuses and seeks to assess the nature, scope, and consequences of alcohol and other drug use on college campuses (in addition to the students' attitudes, perceptions, and opinions about alcohol and drugs campuses (39 questions that may take 20 to 30 minutes to complete).

The Campus Norms questionnaire assessed students' use of alcohol, marijuana, and other illicit drugs along with extensive perceptions of alcohol and drugs used by friends, peers, and other student groups on campus (26 questions that may take 15 to 20 minutes to complete).

When merged and customised, the final questionnaire (see *Appendix*) that was used contained 53 questions, comprising of 27 unique questions from the Community College Form, 17 unique questions from the Campus Norms questionnaire where one question was split into two questions making 18 questions, six common demographic questions from both questionnaires, one custom item on sexual assault report, and one identifier variable. On average, the questionnaire took approximately 20 to 30 minutes to complete. In addition, some questions were not used from the Core questionnaires as they were deemed not relevant or applicable to the Bermuda context (six from the Community College Form and three from the Custom Norms questionnaire). Also, a few response categories included in questions were deleted based on the pretest results; for example, responses such as fraternity, sorority, on-campus, residence hall, steroids, amphetamines, sedatives, and hallucinogens, among a few others.

The questions were organised in six sections: demographics, prevalence, perceptions and attitudes risk of harm, behaviours and consequences, campus environment. The online method was utilised to design the questionnaire (Survey Monkey) thereby offering the benefits of convenient data collection and not having to engage in data entry.

INTRODUCTION

The Department for National Drug Control (DNDC) is conducting a Behavioural Study of Attitudes toward and Consumption of Alcohol, Tobacco, and Other Drugs among College Students in Bermuda.

One major objective of surveys such as this is to serve a social monitoring function, to characterize the levels and trends in certain behaviours, attitudes, beliefs, and environmental conditions in this population as they relate to alcohol, tobacco, and other drugs. Social indicators can serve the important function of identifying and estimating public health threats, whether existing or emerging. They are especially useful for gauging progress toward national goals and indicating the impact of major historical events, including social or policy changes. Another objective of this survey is to acquire knowledge of the magnitude of substance use and its consequences, especially in developing knowledge that increases our understanding of how and why changes in these behaviours, attitudes, and beliefs take place.

Your contribution is therefore very important. The responses you provide relate to your perceptions as a student of Bermuda College and not at College campuses elsewhere. Please note that your responses will be held in the strictest confidence.

Thank you for your participation!

Page 1

SECTION 2: PREVALENCE

* 13. Some students have indicated that alcohol or drug use at parties they attend off campus reduces their enjoyment, often leads to negative situations, and therefore, they would rather not have alcohol and drugs available for use. Other students have indicated that alcohol and drug use at parties increases their enjoyment, often leads to positive situations, and therefore, they would rather have alcohol and drugs available for use. Which of these is closest to your own view?

With regard to drugs? ☐ Have available ☐ Not have available

With regard to alcohol? ☐ Have available ☐ Not have available

* 14. At what age did you FIRST USE... (Check ONE response for each line)

	Under 10	10-11	12-13	14-15	16-17	18-20	21-25	26+
a. Tobacco (smoke, chew, snuff)	☐	☐	☐	☐	☐	☐	☐	☐
b. Alcohol (beer, wine, liquor)	☐	☐	☐	☐	☐	☐	☐	☐
c. Marijuana (pot, hash, hash oil)	☐	☐	☐	☐	☐	☐	☐	☐
d. Cocaine (crack, rock, freebase)	☐	☐	☐	☐	☐	☐	☐	☐
e. Opiates (heroin, smack, heroin)	☐	☐	☐	☐	☐	☐	☐	☐
f. Inhalants (glue, solvents, gas)	☐	☐	☐	☐	☐	☐	☐	☐
g. Designer drugs (ecstasy, MDMA)	☐	☐	☐	☐	☐	☐	☐	☐
h. Other illegal drugs	☐	☐	☐	☐	☐	☐	☐	☐

15. If you marked an answer for first use of alcohol in question #14 (b) above, please answer the following questions. Think about your last social drinking occasion with other students.

a. How many drinks did YOU consume on that occasion? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15+

b. How many drinks did the OTHER STUDENTS consume, on average? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15+

Page 5

PRETEST

Despite the use of standardised instruments, some of the questions had to be tailored to the Bermuda context. In addition, this survey not only sought to measure ATOD consumption but also attitudes and behaviours, perceptions and opinions, risks and consequences, as well as norms. A new concern was that combining the two selected standardised instruments would result in a questionnaire that was too lengthy for the target population. As such a pretest of the questionnaire was deemed essential to the survey process to check for readability, order, timing, overall respondent well-being and reaction, understanding of instructions, skip pattern, response categories, meaning of words, and general format and layout.

This activity was conducted on June 23rd, 2012 on the campus in a designated room with a group of 27 students who volunteered (self-selected) to be part of the pretesting. The students were informed of this activity, its purpose, and the estimated time requirement. They represented both sexes, the main ethnic groups, student classifications (freshman, sophomore, or other), and status (full-time or part-time). Each student was rewarded with a gift-certificate for his or her participation.

The average response time was approximately 20 minutes, with individual completion times ranging from 12 to 30 minutes. Results from the pretest were used to modify and finalise the questions which were used in the survey. Specifically, instructions were clarified, questions were excluded, some questions were re-ordered for better flow, and certain response categories were modified, deleted, or added. In addition, the results were used to plan the amount of time required by the schools to *dedicate* to this activity.

SURVEY ADMINISTRATION

Prior to the survey administration, enrollment numbers were obtained from the College to obtain an accurate count of the number of students to be sampled. Originally, it was the intention of the DNDC to scientifically select participants by using a two-stage systematic random sampling. This process was executed after the Fall 2012 College census, and administration of the survey proceeded only to yield a few responses even with multiple reminders. The low response rate was deemed to not be useful or adequate for the purpose of this survey. Hence this process will not be elaborated on any further.

Subsequent to the initial challenges to conduct the Survey as intended in the Fall of 2012, the DNDC requested that the survey be conducted in the Spring of 2013 using a different methodology to select the students and garner participation. The College was informed of this proposal and permission was sought to move forward according to this new plan. Advice was given by the College on the most suitable timing. As such, the survey was administered during the entire week of January 28th to February 1st 2013 on the College campus in a designated room with computers for the online completion of the survey.

Convenience sampling was done to select students to meet the target quota of the originally intended 300 students that was viewed to be sufficient for the purposes of this survey. Five student volunteers, provided by the College, assisted with soliciting students

to participate in survey. These volunteer students were advised to inform students of the nature of the study, confidentiality of their responses, time commitment for participation in the study, their reward for participation, and the method by which they will be completing the survey. They were also told to get the participation of as many students as they can within the stipulated one week.

The questionnaire was web-based, that is, available online for completion via a hyperlink. Students completed the survey online by logging onto a computer with their College ID and password. They were provided with the survey link and told to follow the instructions to completion. Once completed, the students submitted the survey, which gets recorded in the online database. Student cooperation weaned after a couple of days and the DNDC then decided to also make available a paper questionnaire for those students unwilling to complete the survey online. The DNDC staff entered the responses immediately upon completion.

An incentive of a \$10 gift certificate was provided to each student who responded to the survey. Even though the gift certificates were intended for receipt upon completion of the questionnaire, there were a few students who did not fully respond to the entire questionnaire but still uplifted a gift certificate. The incentives, however, did not prove to be very helpful in encouraging students to respond to the survey.

DATA QUALITY

RESPONSE RATE

The afore-mentioned strategy resulted in an 81.0% response rate with 243 students completed the survey (of a target of 300); accounting for 22.0% of the student population.



While the method of participant selection changed from a representative method to one that can be highly unrepresentative, the purposive method proved to be very convenient by allowing for a sufficient number of participants in a relatively short span of time. Although it proved to be very practical, it could have introduced selection bias and thereby being unrepresentative of the population and possibly yielding unreliable results.

Nonetheless, in an effort to address the limitations that may have been imposed by the sampling methodology, the DNDC obtained population data from the Bermuda College

to compare characteristics of the sample with those of the population (*see Table 1*). As is evident in Table 1, the sample seems to be representative or nearly representative on a number of variables, such as sex (males and females) and ethnic origin (Black/African, Mixed, Other), while the categories of student status and classification might be underrepresented. This, therefore, implies that the sample is representative to some degree and the sample finding can be generalised to a certain extent.

Table 1

Comparison of Population and Sample Characteristics

Characteristic	Population (N = 1,105)		Sample (n = 243)	
	n	%	n	%
Student Status				
Full-time	290	26.2	157	64.6
Part-time	815	73.8	86	35.4
Classification				
Freshman (Fall 2012 to Spring 2013)	261	23.6	129	53.1
Sophomores (Fall 2011 to Spring 2013)	226	20.5	93	38.3
Other (Before Fall 2011 and Not in Programmes)	618	55.9	21	8.6
Sex				
Male	376	34.0	84	34.6
Female	729	66.0	159	65.4
Ethnic Origin				
Black/African	762	69.0	161	66.3
White	133	12.0	18	7.4
Portuguese*	-	-	12	4.9
Asian or Pacific Islander	11	1.0	1	0.4
Mixed	155	14.0	44	18.1
Other	22	2.0	7	2.9
Not Stated	22	2.0	-	-

* Portuguese was not captured as a category in the population statistics and could be part of the “Other” or “Not Stated” group.

VALIDATION

Validation check was done to eliminate responses on patterns of drug use which were logically inconsistent; for instance, if a student reported that he or she had used a drug in the past 30 days but had never used this drug in his or her lifetime.

MISSING DATA

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

DATA PROCESSING

Responses were captured by Survey Monkey and exported to an SPSS file available for download and data processing. The data was not weighted given that the sample was representative on the variables of sex and ethnic origin. The DNDC's Research Unit staff then performed the data analyses for this report. This included the generation of appropriate tables and descriptive statistics for inclusion in this final report. Some single variables had to be created based on the questions with multiple responses. In other instances, data was processed for the analysis required, e.g., combining all illicit drug use.

DATA ANALYSIS

The data analysis of this report is limited to descriptive analysis of the responses to all questions by the students who participated in the survey. Analyses were done for each section of the questionnaire. Frequencies of count (number) and percent were generated for all variables. Descriptive statistics, such as the average, mode, and range, were also derived and used in the analysis. Relevant cross tabulations between and among certain selected variables were derived. The results of the survey are presented for the overall surveyed population and in some instances by sex or other special characteristic such as a specific age group. The results are illustrated using tables and charts accompanied by summary statements.

Although some demographic characteristics were not representative of the population, the number of students categorized by other variables like sex and race, who participated in the survey, adequately represents the respective population characteristics. As such, some inferences can be made about the attitudes and behaviours of students in these categories across the population.

However, no inferences were made of causation or generalisability of the sample findings to the population in this report. Further, readers should bear in mind that some of the associations depicted could be influenced by other variables not taken into considerations, such as age, sex, etc. A more comprehensive analysis would require adjustment of these factors as covariates.

The data was analysed using SPSS v. 19. Charts were created in Microsoft Excel and tables and text were prepared in Microsoft Word.

RESULTS

This section of the report provides the survey finding by the following subsections: demographics, prevalence, perceptions and attitudes, risk of harm, behaviours, and campus environment. The subsections are elaborated with textual descriptive findings accompanied by tables that present the response categories for the relevant questions by number and proportion of survey respondents. In some instances, charts are used to graphically represent the data for visual interpretation.

DEMOGRAPHICS

A total of 243 students responded to the survey. The majority of the sample survey respondents were full-time students (64.6%) (see Table 1.1.1 and Figure 1). Most (53.1%) of the students were in their first year of college followed by 38.3% who were in their second year, while 8.6% were neither in a programme nor seeking any degree (“Other”). The sex ratio of males to females was about 3:6 (34.6% males and 65.4% females), with most students (60.9%) falling within the “typical” college age range of under 21 years. While only 6.6% of the students reside in Paget parish, the location of the College, quite a large proportion travel from the parishes of Devonshire (17.7%) and St. George’s (11.9%), with 12.3% residing in Pembroke parish. A large proportion of the sample study body identified themselves as “*Black/African*” (66.3%) or “*Mixed*” (18.1%). In terms of marital or union status, a significant proportion (87.2%) of the students reported that they were “*Single*”.

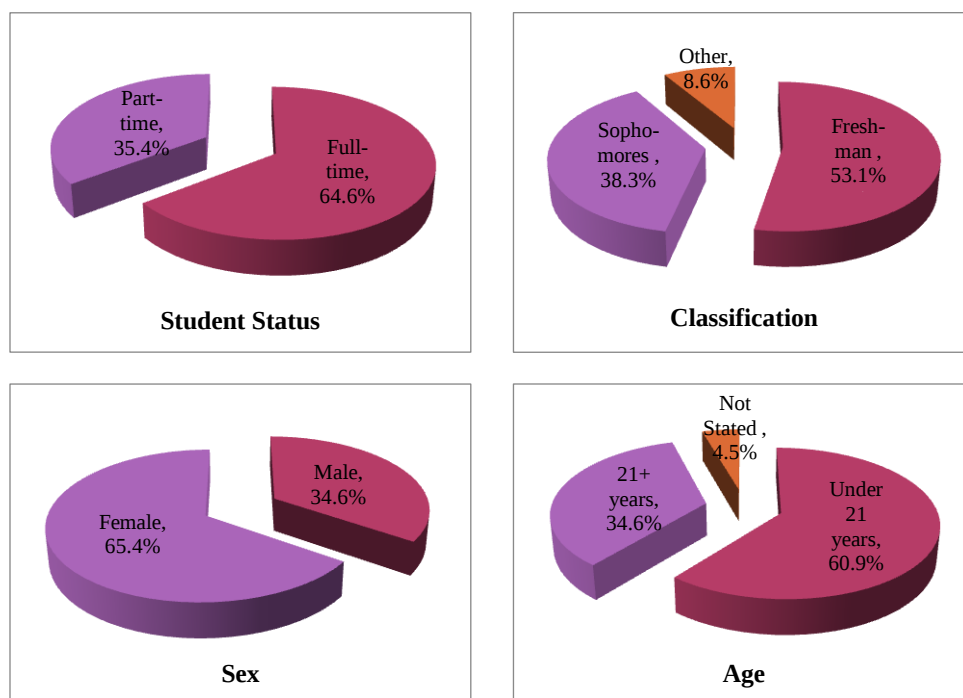


Figure 1.1. Distribution of sample survey respondents.

Table 1.1.1
Demographics of Survey Respondents

(n = 243)

Characteristic	Number	Percent
Student Status		
<i>Full-time</i>	157	64.6
<i>Part-time</i>	86	35.4
Classification		
<i>Freshman</i>	129	53.1
<i>Sophomores</i>	93	38.3
<i>Other*</i>	21	8.6
Sex		
<i>Male</i>	84	34.6
<i>Female</i>	159	65.4
Age		
<i>Under 21 years</i>	148	60.9
<i>21+ years</i>	84	34.6
<i>Not Stated</i>	11	4.5
Ethnic Origin		
<i>Black/African</i>	161	66.3
<i>White</i>	18	7.4
<i>Portuguese</i>	12	4.9
<i>Asian or Pacific Islander</i>	1	0.4
<i>Mixed</i>	44	18.1
<i>Other</i>	7	2.9
Marital/Union Status		
<i>Single</i>	212	87.2
<i>Married</i>	20	8.2
<i>Common law/Cohabitation</i>	4	1.6
<i>Separated</i>	5	2.1
<i>Divorced</i>	2	0.8
<i>Widowed</i>	-	-
Parish of Residence		
<i>Devonshire</i>	43	17.7
<i>Hamilton Parish</i>	28	11.5
<i>Pembroke</i>	30	12.3
<i>Paget</i>	16	6.6
<i>Sandys</i>	24	9.9
<i>Smith's</i>	21	8.6
<i>Southampton</i>	25	10.3
<i>St. George's</i>	29	11.9
<i>Warwick</i>	27	11.1

* Includes not in a programme or not seeking a degree.

Regarding work status (see Table 1.1.2), over half (56.8%) of the respondents worked either full-time (18.9%) or part-time (37.9%). In contrast, less than one-fifth (18.1%) of the participants reported spending at least five hours per month in volunteer work, where the principal volunteer activity ranged from church and hospitals to schools and mentoring programmes.

Academically, most (47.3%) students recorded a “B” (either B⁺, B, or B⁻) GPA (see Table 1.1.2). Most students (39.5%) indicated that their primary educational intent is to earn a degree and transfer to a 4-year college/university or to earn a career programme degree and then go to work (32.9%). Only about one in eight students (12.3%) reported that their goal was to take courses to transfer to a 4-year college/university without earning a degree.

Table 1.1.2
Demographics of Survey Respondents cont'd

(n=243)

Characteristic	Number	Percent
Work Status		
<i>Working, Full-time</i>	46	18.9
<i>Working, Part-time</i>	92	37.9
<i>Not Working</i>	105	43.2
Volunteer Hours		
<i>Don't volunteer, or less than 1 hour</i>	136	56.0
<i>1 – 4 hours</i>	63	25.9
<i>5 – 9 hours</i>	17	7.0
<i>10 – 15 hours</i>	16	6.6
<i>16 or more hours</i>	11	4.5
Grade Point Average (GPA)		
<i>No GPA as Yet</i>	48	19.8
<i>As (A⁺, A, A⁻)</i>	32	13.2
<i>Bs (B⁺, B, B⁻)</i>	115	47.3
<i>Cs (C⁺, C, C⁻)</i>	45	18.5
<i>Ds (D⁺, D, D⁻)</i>	3	1.2
<i>Fs</i>	-	-
Primary Educational Intent		
<i>To earn a degree and transfer to a 4-year college/university</i>	96	39.5
<i>To earn a career programme degree and then go to work</i>	80	32.9
<i>To take courses to transfer to a 4-year college/university without earning a degree</i>	30	12.3
<i>To take courses in a career programme and find a job without earning a degree</i>	10	4.1
<i>To improve skills for my present job</i>	10	4.1
<i>To take courses for personal interest/self-development</i>	10	4.1
<i>To take prerequisite courses for second degree</i>	1	0.4
<i>No specific intent</i>	2	0.8
<i>Other</i>	4	1.6

Involvement in college activities has been limited to about less than one-quarter of the survey respondents, with the exception of college athletic, which had about one-third student involvement. However, “involvement” was mostly categorised as attendance at the various activities, followed by some degree of active involvement or leadership position. For instance, 20.6% of the participants reported that they attended college athletics and 16.9% attended music and performing arts groups. In contrast, only 3.7% of the respondents indicated that they were in a leadership position in intramural or club sports and 3.3% had a student government lead role.

Table 1.1.3
Demographics of Survey Respondents cont'd

(n=243)

College Participation	Not Involved	Attended	Active Involvement Non-Leader	Leadership Position
Number of Survey Respondents				
Student Government	196	32	7	8
College Athletics	163	50	25	5
Intramural or Club Sports	178	38	18	9
Religious or Interfaith Groups	184	36	17	6
Ethnic Organisations	213	22	6	2
Political or Social Action Groups	199	30	11	3
Music and Performing Arts Groups	181	41	17	4
Student Newspapers, Radio, TV, Magazine, Etc.	218	11	9	5
Percentage of Survey Respondents				
Student Government	80.7	13.2	2.9	3.3
College Athletics	67.1	20.6	10.3	2.1
Intramural or Club Sports	73.3	15.6	7.4	3.7
Religious or Interfaith Groups	75.7	14.8	7.7	2.5
Ethnic Organisations	87.7	9.1	2.8	0.8
Political or Social Action Groups	81.9	12.3	4.5	1.2
Music and Performing Arts Groups	74.9	16.9	7.0	1.6
Student Newspapers, Radio, TV, Magazine, Etc.	89.7	4.5	3.7	2.1

PREVALENCE

In this study, drug prevalence is measured by a set of questions (see *Appendix*) similar to those generally used to assess drug consumption among college-age populations. Prevalence-of-use of eight different substances (tobacco, alcohol, marijuana, cocaine, opiates, inhalants, designer drugs, and other illegal drugs) was measured at three main reference periods to determine whether a student reported ever having used a drug (lifetime use), whether they used it in the last year (annual use), and whether they used it in the past 30 days (current use). Lifetime prevalence is a good measure of student experimentation, while past 30-days prevalence-of-use is a good measure of current use.

This section of the report presents the finding of the prevalence of alcohol, tobacco, and other drugs. The overall results are shown for all questions in this section of the questionnaire and in other cases the results are presented by sex or age disaggregation.

Consumption includes the frequency (how often a person uses) and quantity (how much a person uses). Frequency of consumption refers to the number of days, or sometimes, occasions that an individual has consumed alcoholic beverages or drugs during a specified interval (for example, week, month, and year). Quantity of consumption refers to the amount of alcohol or drugs ingested on a given occasion.

Lifetime and Current Prevalence

Of the 243 students, 12.8% ($n = 31$) of them reported that they did not use any of the drugs surveyed.

Alcohol and Tobacco

Table 2.1 shows the lifetime, annual, and current prevalence of substance use among college participants. Alcohol is the drug of choice among the survey participants at the Bermuda College, used by more students than tobacco or illicit drugs. In terms of current use, 58.4% of the survey participants reported that they used alcohol at least once within the 30 days prior to completing the survey (see *Tables 2.1, 2.3, and Figure 2.1*). Within the last year, 72.8% of the respondents reported that they drank alcohol (see *Tables 2.1 and 2.2*) and 81.1% have used alcohol in their lifetime (see *Table 2.1 and Figure 2.1*). Table 2.4 shows that 14.9% of the survey participants reported that they never drank alcohol at all; although they thought that only 0.8% of their peers do not consume alcohol (see *Table 2.13*).

TECHNICAL NOTE

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

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

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

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

Experimentation with tobacco as revealed by lifetime use was reported by 28.4% of the survey and 17.3% have used it in the past year. 13.6% of the participants were current tobacco users.

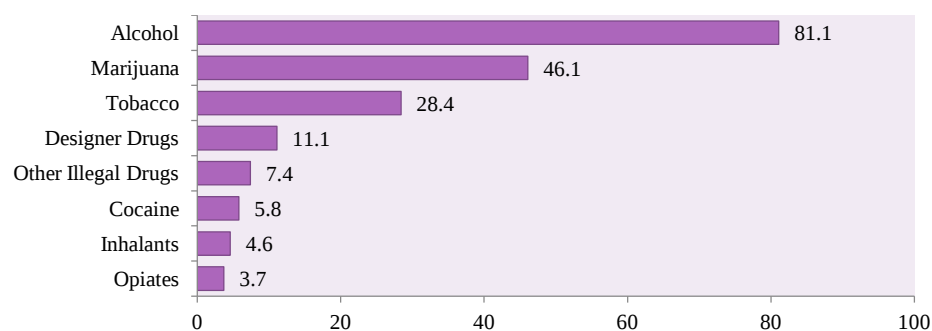
Further, among survey participants under the age of 18 years ($n = 10$), four reported using alcohol in their lifetime, four within the past year, and two reported using alcohol within the last 30 days. This is indicative of the prevalence of underage drinking since the legal drinking age in Bermuda is 18 years.

Table 2.1

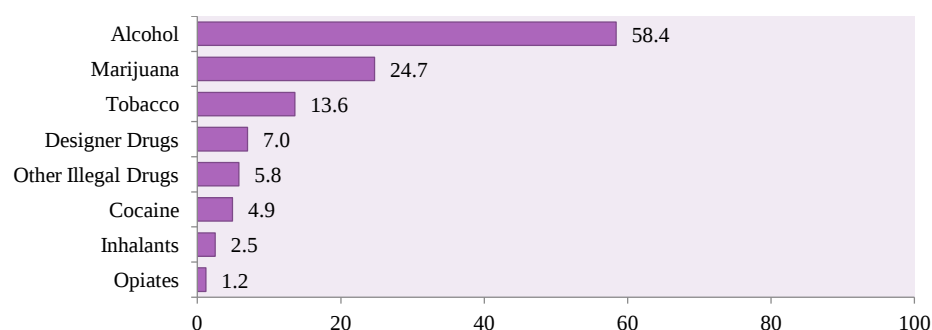
Prevalence of Substance Use

($n = 243$)

Substances	Lifetime Use (Ever)		Annual Use (Past Year)		Current Use (Past 30 Days)	
	n	%	n	%	n	%
Tobacco	69	28.4	42	17.3	33	13.6
Alcohol	197	81.1	177	72.8	142	58.4
Marijuana	112	46.1	83	34.2	60	24.7
Cocaine	14	5.8	12	4.9	12	4.9
Opiates	9	3.7	6	2.5	3	1.2
Inhalants	11	4.6	7	2.9	6	2.5
Designer Drugs	27	11.1	24	9.9	17	7.0
Other Illegal Drugs	18	7.4	16	6.6	14	5.8



Lifetime Prevalence by Percentage of Survey Respondents



Current Prevalence Percentage of Survey Respondents

Figure 2.1. Lifetime and current use of ATODs.

The frequency of alcohol use among survey respondents ranged from never to everyday (see Tables 2.3 and 2.3). The average student consumed alcohol at least once per week. In the past 30 days, 8.6% ($n = 21$) of the participants who consumed alcohol drank on 10 or more days (see Table 2.3).

Table 2.2

Annual (Last Year) Substance Use

($n = 243$)

Substances	Did not use	Once/Year	6 Times/Year	Once/Month	Twice/Month	3 Times/Week	5 Times/Week	Every-day
Number of Survey Respondents								
Tobacco	27	12	7	3	3	4	4	9
Alcohol	20	11	18	23	77	39	7	2
Marijuana	29	14	16	17	16	11	3	6
Cocaine	2	4	-	2	3	2	1	-
Opiates	3	1	1	-	1	2	1	-
Inhalants	4	1	2	2	2	-	-	-
Designer Drugs	3	15	2	2	1	1	3	-
Other Illegal Drugs	2	7	1	1	1	4	1	1
Percentage of Overall Survey Respondents								
Tobacco	11.1	4.9	2.9	1.2	1.2	1.6	1.6	3.7
Alcohol	8.2	4.5	7.4	9.5	31.7	16.0	2.9	0.8
Marijuana	11.9	5.8	6.6	7.0	6.6	4.5	1.2	2.5
Cocaine	0.8	1.6	-	0.8	1.2	0.8	0.4	-
Opiates	1.2	0.4	0.4	-	0.4	0.8	0.4	-
Inhalants	1.5	0.4	0.8	0.8	0.8	-	-	-
Designer Drugs	1.2	6.2	0.8	0.8	0.4	0.4	1.2	-
Other Illegal Drugs	0.8	2.9	0.4	0.4	0.4	1.6	0.4	0.4

- means zero

Table 2.3
Current (Past 30 Days) Substance Use

(n = 243)

Substances	0 Days	1-2 Days	3-5 Days	6-9 Days	10-19 Days	20-29 days	All 30 Days
Number of Survey Respondents							
Tobacco	9	11	5	4	3	2	8
Alcohol	26	54	39	26	18	3	2
Marijuana	23	26	8	12	9	3	2
Cocaine	-	7	1	-	3	1	-
Opiates	-	-	3	2	1	-	-
Inhalants	1	2	1	-	-	3	-
Designer Drugs	7	11	3	2	-	1	-
Other Illegal Drugs	2	8	2	2	2	-	-
Percentage of Overall Survey Respondents							
Tobacco	3.7	4.5	2.1	1.6	1.2	0.8	3.3
Alcohol	10.7	22.2	16.0	10.7	7.4	1.2	0.8
Marijuana	9.5	10.7	3.3	4.9	3.7	1.2	0.8
Cocaine	-	2.9	0.4	-	1.2	0.4	-
Opiates	-	-	1.2	0.8	0.4	-	-
Inhalants	0.4	0.8	0.4	-	-	1.2	-
Designer Drugs	2.9	4.5	1.2	0.8	-	0.4	-
Other Illegal Drugs	0.8	3.3	0.8	0.8	0.8	-	-

- means zero

Illicit Drug Use

Less than half (46.1%) of the survey respondents have used marijuana in their lifetime (49.0% have never used marijuana) and 34.2% have used it in the past year. Slightly less than one-quarter (24.7%) of the participants were current marijuana users (*see Tables 2.1 and 2.4*). However, in terms of all illicit drug use, 46.9% of the survey respondents have used an illegal drug (11.1% other than marijuana) in their lifetime, 33.7% in the past year (10.3% other than marijuana), and 25.5% were current users of illegal drugs (8.2% other than marijuana) (*see Table 2.4 and Figure 2.2*).

The most frequently reported illegal drugs used in the past 30 days were: 24.7% marijuana (pot, hash, hash oil), 7.0% designer drugs (ecstasy, MDMA), and 5.8% other illegal drugs (*see Table 2.3*).

Table 2.4
Consumption of Drugs by Licit and Illicit Substances

(n = 243)

Substances	Lifetime Use (Ever)		Annual Use (Past Year)		Current Use (Past 30 Days)	
	Number	Percent	Number	Percent	Number	Percent
Illicit Drugs Excluding Marijuana	27	11.1	25	10.3	20	8.2
All Illicit Drugs (Including Marijuana)	114	46.9	82	33.7	62	25.5

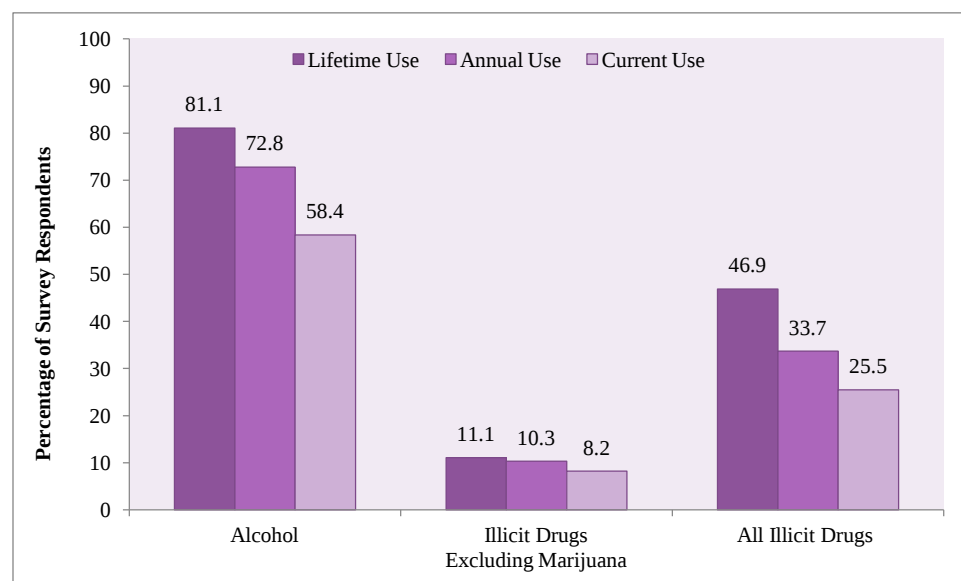


Figure 2.2. Comparison of licit and illicit drug use.

Trend in Consumption by Sex

In terms of sex disaggregation, a greater proportion of girls reported both lifetime and current use of alcohol, tobacco, designer drugs, and other illegal drugs (*see Table 2.5 and Figure 2.3*). For instance, 124 female students indicated experimenting with alcohol in their lifetime versus 73 males; and 37 female students reported lifetime use of tobacco compared to 32 male students. Similarly, in the past 30-day period, 93 female students reported use of alcohol compared to 49 male students. However, more females ($n = 63$) reported experimentation with marijuana compared to males ($n = 49$); although there were more male ($n = 31$) current users than females ($n = 29$). On the other hand, more male student indicated use of cocaine, opiates, and inhalants in both the lifetime and current use periods.

Table 2.5
Prevalence of Substance Use by Sex of Respondent (Number)

($n = 243$)

Substances	Lifetime Use (Ever)		Annual Use (Past Year)		Current Use (Past 30 Days)	
	Male	Female	Male	Female	Male	Female
Tobacco	32	37	21	21	16	17
Alcohol	73	124	66	111	49	93
Marijuana	49	63	36	47	31	29
Cocaine	8	6	7	5	7	5
Opiates	7	2	4	2	4	2
Inhalants	7	4	5	2	4	2
Designer Drugs	13	14	11	13	7	10
Other Illegal Drugs	8	10	7	9	6	8

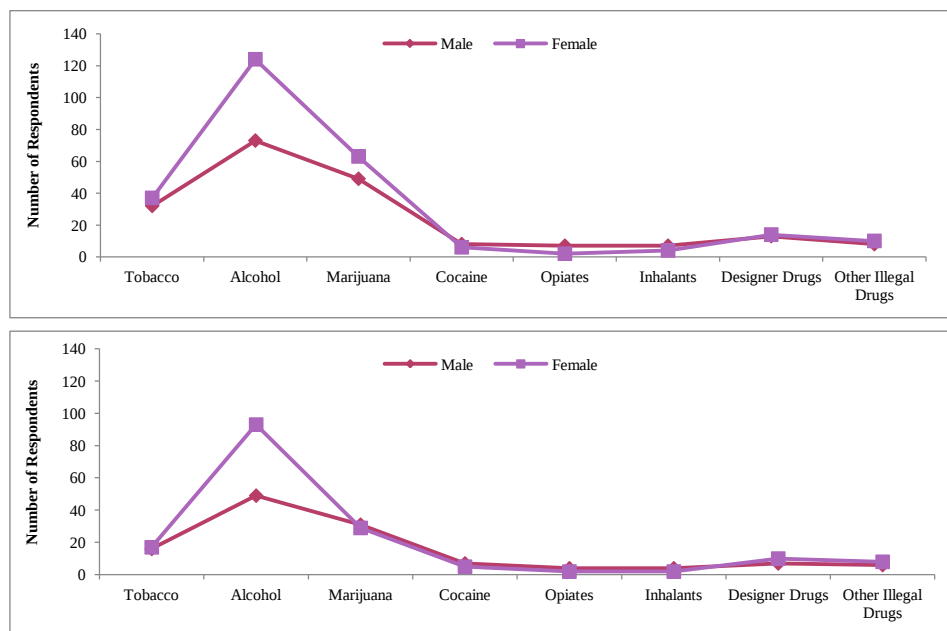


Figure 2.3. Lifetime and current use of ATODs by sex of respondent.

Age of First Use

The results in Table 2.6 show the average age of initiation of substance use by lifetime users. Age of initiation data can be used to coordinate the timing of prevention efforts to maximize programme effectiveness. For example, a programme may have limited impact if it is delivered after the majority of potential drug users have already initiated the behaviour. Very early intervention, on the other hand, might prove less effective if it is not delivered close enough to the critical initiation period. Students were asked to report at what age did they first use: tobacco, alcohol, marijuana, cocaine, opiates, inhalants, designer drugs, and other illegal drugs. Some of these substances such as alcohol, tobacco, and marijuana, are commonly considered as major gateway drugs, which usually precede the use of hard drugs such as cocaine and opiates.

Slightly less than two-thirds (65.4%) of the survey respondents were underage drinkers (see Figure 2.4). That is, these students indicated that they first used alcohol before the legal drinking age of 18 years (in Bermuda). There were 15.2% said that they first used alcohol between 18 – 20 years (see Table 2.6). Similarly, 35.7% of the participant reported that they first used marijuana (illegal at all ages) before the age of 18 years and 44.9% before 21 years.

There were reportedly more female ($n = 97$) underage drinkers than males ($n = 62$) (see Figure 2.4).

Table 2.6
Age of First Use by Sex and Overall Survey Respondents

($n = 243$)

Substance/Age	Sex		Total	
	Male	Female	Number	Percent
TOBACCO				
Did no use	50	112	162	66.7
Under 12 years	5	5	10	4.1
12 – 17 years	22	20	42	17.3
18 – 20 years	4	12	16	6.6
21+ years	1	-	1	0.4
Not Stated	2	10	12	4.9
ALCOHOL				
Did no use	9	25	34	14.0
Under 12 years	10	11	21	8.6
12 – 17 years	52	86	138	56.8
18 – 20 years	11	26	37	15.2
21+ years	-	1	1	0.4
Not Stated	2	10	12	4.9
MARIJUANA				
Did no use	33	86	119	49.0
Under 12 years	4	2	5	2.0
12 – 17 years	39	43	82	33.7
18 – 20 years	5	17	22	9.1
21+ years	2	1	3	1.2
Not Stated	2	10	12	4.9
COCAINE				
Did no use	74	143	217	89.3
Under 12 years	3	1	4	1.6
12 – 17 years	2	4	6	2.5
18 – 20 years	3	1	4	1.6
21+ years	-	-	-	-
Not Stated	2	10	12	4.9

- means zero

Table 2.6 cont'd

*Age of First Use by Sex and Overall Survey Respondents**(n = 243)*

Substance/Age	Sex		Total	
	Male	Female	Number	Percent
OPIATES				
Did no use	75	147	222	91.4
Under 12 years	2	1	3	1.2
12 – 17 years	3	1	4	1.6
18 – 20 years	2	-	2	0.8
21+ years	-	-	-	-
Not Stated	2	10	12	4.9
INHALANTS				
Did no use	75	145	220	90.5
Under 12 years	2	1	3	1.2
12 – 17 years	2	3	5	2.0
18 – 20 years	3	-	3	1.2
21+ years	-	-	-	-
Not Stated	2	10	12	4.9
DESIGNER DRUGS				
Did no use	69	135	204	84.0
Under 12 years	3	-	3	1.2
12 – 17 years	6	6	12	4.9
18 – 20 years	4	8	12	4.9
21+ years	-	-	-	-
Not Stated	2	10	12	4.9
OTHER ILLEGAL DRUGS				
Did no use	74	139	213	87.7
Under 12 years	1	1	2	0.8
12 – 17 years	-	3	3	1.2
18 – 20 years	4	4	8	3.3
21+ years	3	2	5	2.1
Not Stated	2	10	12	4.9

- means zero

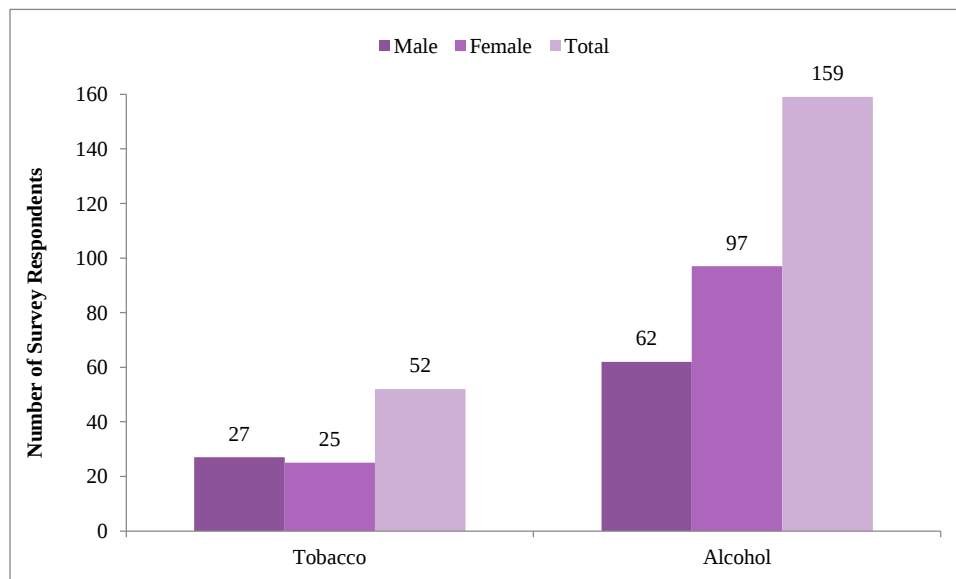


Figure 2.4. Underage first use of tobacco and alcohol.

Quantity of Consumption

When asked about the number of drinks consumed on the last social drinking occasion, 4.1% of the respondents indicated that they had no drinks while 80.0% had at least one drink (see Table 2.7). On average, respondents consumed 5.6 drinks on their last social drinking occasion. On the other hand, when asked about other students' consumption, participants reported that these students consumed 7.2 drinks on average.

In terms of binge drinking, one-third (33.3%) of the survey respondents indicated they had five or more drinks on their last social drinking occasion compared to 48.1% of students engaged in binge drinking episodes during that same time.

Table 2.7

Number of Drinks on Last Social Drinking Occasion by Lifetime Users as a Proportion of Total Survey Respondents

(n = 243)

Number of Drinks	Consumed by You		Consumed by Other Students	
	Number	Percent	Number	Percent
0	10	4.1	11	4.5
1	18	7.4	6	2.5
2	30	12.3	9	3.7
3	30	12.3	21	8.6
4	22	9.1	24	9.9
Binge Drinking	5	8.2	23	9.5
	6	7.0	20	8.2
	7	2.9	16	6.6
	8	6.2	14	5.8
	9	1.6	8	3.3
	10	2.1	11	4.5
	11	0.8	3	1.2
	12	1.6	7	2.9
	13	0.8	3	1.2
	14	0.4	4	1.6
	15+	1.6	8	3.3
Not Stated	6	2.5	9	3.7
Average	5.6	-	7.2	-

Most (56.0%) survey participants indicated that they would have preferred to drink the same number of drinks, while similar proportions said they would have liked to drink more (11.1%) or less (10.7%) (see Table 2.8). In contrast, they felt that a smaller proportion (45.7%) of other students would have preferred to drink the same number of drinks; while, at the same time, they thought that other students would have preferred to drink more (18.9%) or less (12.8%).

Table 2.8

Number of Drinks Preferred to have Consumed by Lifetime Users as a Proportion of Total Survey Respondents

(n = 243)

	How many drinks would you have preferred to drink?		How many drinks do you think the other students would have preferred to drink	
	Number	Percent	Number	Percent
More	27	11.1	46	18.9
The Same	136	56.0	111	45.7
Less	26	10.7	31	12.8
Not Stated	8	3.3	9	3.7

When asked about the extent to which alcohol and drug use have changed within the last year, most participants indicated that both alcohol (43.2%) and drug use (20.2%) remained about the same (see Table 2.9).

Table 2.9

Extent of Change in Alcohol and Drug Use within the Last 12 Months

(n = 243)

Extent of Change	Alcohol Use		Drug Use	
	Number	Percent	Number	Percent
Increased	30	12.3	16	6.6
About the Same	105	43.2	27	20.2
Decreased	47	19.3	26	10.7
Not Used	49	20.2	140	57.6
Not Stated	12	4.1	12	4.9

Perceived and Actual Percentage of Students Who Binge Drink

Heavy drinking is frequently associated with damage to property, sexual assault, fighting, drunk driving, lower GPAs, and health risk behaviours. In most of the research literature on alcohol use, binge drinking is operationally defined as the consumption of five or more drinks in one sitting. Overall, 40.7% ($n = 99$) of the participants reported binge drinking episodes “in the last two weeks” (see Table 2.10). In terms of current users of alcohol (in the past 30 days), binge drinkers represent almost seven in 10 participants (69.7% or 99 of 142) (see Figure 2.5).

Binge drinking was more prevalent among female participants (61.6% of binge drinkers) than among males (38.4%) (see Figure 2.5). Of those who have binged drink in the last two weeks, 6 students had binge drinking episodes on six or more days (frequent binge drinkers). This means a minimum of 36 drinks per two weeks per student solely from bingeing. At the same time, 93 students reported being occasional or moderate binge drinkers (that is, one to five times in the last two week).

Over half (54.3%) of the students, however, reported that they think at least 50% of students have had binge drinking episodes in the last two weeks (see Table 2.11); creating a social norm that portrays the majority of the students binge drink.

SOME KEY DEFINITIONS

Binge Drinking: five or more drinks in one sitting during a two-week period.

Frequent User: three times a week to every day or 10 or more days over a 30-day period.

Moderate/Occasional User: once a month to once a week.

Table 2.10

Number of Binge Drinking Episodes by Sex and Overall Survey Respondents

($n = 243$)

Number of Times	Sex		Total	
	Male	Female	Number	Percent
None	44	88	132	54.3
Once	22	28	50	20.6
Twice	4	16	20	8.2
3 to 5 Times	12	11	23	9.5
6 to 9 Times	-	5	5	2.1
10+ Times	-	1	1	0.4
Not Stated	2	10	12	4.9

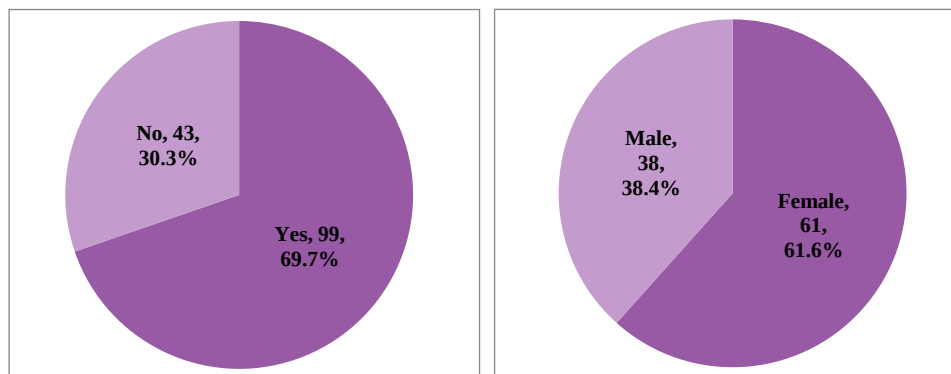


Figure 2.5. Percentage of students who drank in past 30 days who reported binge drinking episodes (high-risk drinking) in the previous two weeks and proportion by sex of respondent.

Table 2.11

Opinion of Students' Alcohol Consumption

(n = 243)

Proportion	No alcoholic beverages at all		Five or more drinks at once	
	Number	Percent	Number	Percent
0%	2	0.8	-	-
1% to less than 10%	48	19.8	8	3.3
10% to less than 50%	115	47.3	88	36.2
50% to less than 100%	62	25.5	131	53.9
100%	3	1.2	1	0.4
Not Stated	13	5.3	15	6.2

Location of Substance Use

Survey respondents indicated that the most common places to use alcohol or drugs were in a bar or restaurant, at private parties, or where they live. For instance, the most common places to use alcohol were in bar or restaurant (60.5%), at private parties (51.0%), or in their own homes (46.5%) (see Table 2.12). For marijuana use, the most common locations reported were private parties (23.9%) and in their own homes (15.2%). Similar locations were reported for tobacco use: private parties (15.2%) and in their own homes (12.3%).

Table 2.12

Location of Substance Use

(n = 243)

Substances	On Campus	Bar/ Restaurant	Where You Live	In a Car	Private Parties	Other
Number of Survey Respondents						
Tobacco	20	24	30	15	37	17
Alcohol	17	147	113	36	124	38
Marijuana	7	13	37	23	58	33
Cocaine	2	1	2	4	2	2
Opiates	2	2	-	1	2	-
Inhalants	3	2	-	-	2	1
Designer Drugs	1	6	5	2	16	3
Other Illegal Drugs	3	3	3	3	9	2
Percentage of Overall Survey Respondents						
Tobacco	8.2	9.9	12.3	6.2	15.2	7.0
Alcohol	7.0	60.5	46.5	14.8	51.0	15.6
Marijuana	2.9	5.3	15.2	9.5	23.9	13.6
Cocaine	0.8	0.4	0.8	1.6	0.8	0.8
Opiates	0.8	0.8	-	0.4	0.8	-
Inhalants	1.2	0.8	-	-	0.8	0.4
Designer Drugs	0.4	2.5	2.1	0.8	6.6	1.2
Other Illegal Drugs	1.2	1.2	1.2	1.2	3.7	0.8

Frequency of Drug Use

The frequency of alcohol use among survey respondents ranged from never to everyday (see Table 2.3). Slightly less than two-thirds (62.1%) of the participants believed that the average student on campus uses alcohol once a week or more and 49.0% believed the same for marijuana (see Table 2.13).

Table 2.13
Opinion of Others' Substance Use

(n = 243)

Substances	Never	Once/ Year	6 Times/ Year	Once/ Month	Twice/ Month	Once/ Week	3 Times/ Week	5 Times/ Week	Every- day
Number of Survey Respondents									
Tobacco	68	25	23	22	12	14	16	15	36
Alcohol	23	7	15	15	20	60	46	20	25
Marijuana	40	10	17	24	21	29	28	16	46
Cocaine	155	34	11	7	9	9	3	-	3
Opiates	173	25	7	6	11	5	1	-	3
Inhalants	172	27	6	7	7	4	2	2	4
Designer Drugs	134	37	23	9	11	10	2	1	4
Other Illegal Drugs	142	38	14	14	8	3	3	2	7
Percentage of Overall Survey Respondents									
Tobacco	28.0	10.3	9.5	9.1	4.9	5.8	6.6	6.2	14.8
Alcohol	9.5	2.9	6.2	6.2	8.2	24.7	18.9	8.2	10.3
Marijuana	16.5	4.1	7.0	9.9	8.6	11.9	11.5	6.6	18.9
Cocaine	63.8	14.0	4.5	2.9	3.7	3.7	1.2	-	1.2
Opiates	71.2	10.3	2.9	2.5	4.5	2.1	0.4	-	1.2
Inhalants	70.8	11.1	2.5	2.9	2.9	1.6	0.8	0.8	1.6
Designer Drugs	55.1	15.2	9.5	3.7	4.5	4.1	0.8	0.4	1.6
Other Illegal Drugs	58.4	15.6	5.8	5.8	3.3	1.2	1.2	0.8	2.9

- means zero

Perceived and Actual Percentage of Students Who Do Not Drink Alcohol

Overall, 18.9% of the survey respondents indicated that they have never used alcohol (see Table 2.1). However, students believed that only 6.6% of students in general and 11.9% of their friends do not drink alcohol (see Table 2.14). On the other hand, survey respondents perceived that 45.3% of their friends, 62.1% of students on campus, and 60.9% of students in general drink at least once per week and that 11.9% of their friends never use alcohol. Further, students reported that 4.1% of males do not drink alcohol compared to 5.3% females.

Table 2.14

Frequency of Substance Use by Various Groups of Students as a Proportion of Total Survey Respondents

(n = 243)

Category	Never	1-2 Times/ Year	6 Times/ Year	Once/ Month	Twice/ Month	Once/ Week	3 Times/ Week	5 Times/ Week	Every- day
ALCOHOL									
Your Friends	11.9	7.4	9.5	7.8	13.2	20.6	18.1	2.5	4.1
Students on Campus	5.3	4.1	5.8	6.6	11.1	23.0	27.6	5.3	6.2
Students in General	6.6	4.9	4.5	8.2	9.9	23.9	21.4	8.6	7.0
Males	4.1	3.3	5.3	6.2	5.8	21.0	25.9	11.5	11.9
Females	5.3	3.3	4.5	9.1	8.2	29.6	23.5	6.2	5.3
MARIJUANA									
Your Friends	32.9	10.3	9.5	5.3	6.2	6.6	7.8	4.5	11.9
Students on Campus	11.1	5.3	9.1	11.5	9.1	10.7	14.8	7.8	15.6
Students in General	12.8	8.2	7.4	10.3	10.7	12.8	12.8	7.4	12.8
Males	11.5	5.8	6.2	6.6	7.4	9.9	14.8	7.8	25.1
Females	10.7	11.5	10.7	9.9	9.5	16.5	11.5	4.1	10.7
ANY ILLICIT DRUG OTHER THAN MARIJUANA									
Your Friends	69.5	11.1	6.2	2.9	1.2	0.8	2.1	-	1.2
Students on Campus	44.4	15.6	7.8	8.2	4.9	6.2	3.7	1.2	2.9
Students in General	43.2	16.5	7.8	7.8	4.5	5.3	5.3	1.6	2.9
Males	41.6	15.2	9.5	6.2	4.5	4.9	4.9	2.9	5.3
Females	45.7	16.9	9.1	5.8	4.1	4.5	4.5	1.2	3.3

- means zero

Family Alcohol and Drug Problems

A majority (55.6%) of the survey respondents reported having at least one family member (mother, father, stepmother, stepfather, sibling, grandparent, aunt, uncle, and/or spouse) with alcohol or drug problems (*see Table 2.15 and Figure 2.6*). Additionally, while there were more participants who consumed alcohol than those who do not drink, there were also more current drinkers ($n = 88$) (used alcohol in the past 30 days prior to survey administration) who have at least one family with alcohol and drug problems than those ($n = 54$) who did not have family members with these problems (*see Figure 2.7*). Specifically, while there were reportedly 142 current drinkers, 88 (62.0%) were from families with alcohol and drug problems.

Table 2.15

Family Members with Alcohol or Other Drug Problems

($n = 243$)

Family Members	Number	Percent
Mother	17	7.7
Father	49	20.2
Stepmother	2	0.8
Stepfather	13	5.3
Brothers/Sisters	30	12.3
Maternal Grandparents	25	10.3
Paternal Grandparents	24	9.9
Aunts/Uncles	63	25.9
Spouse	2	0.8
Children	-	-
None	96	39.5

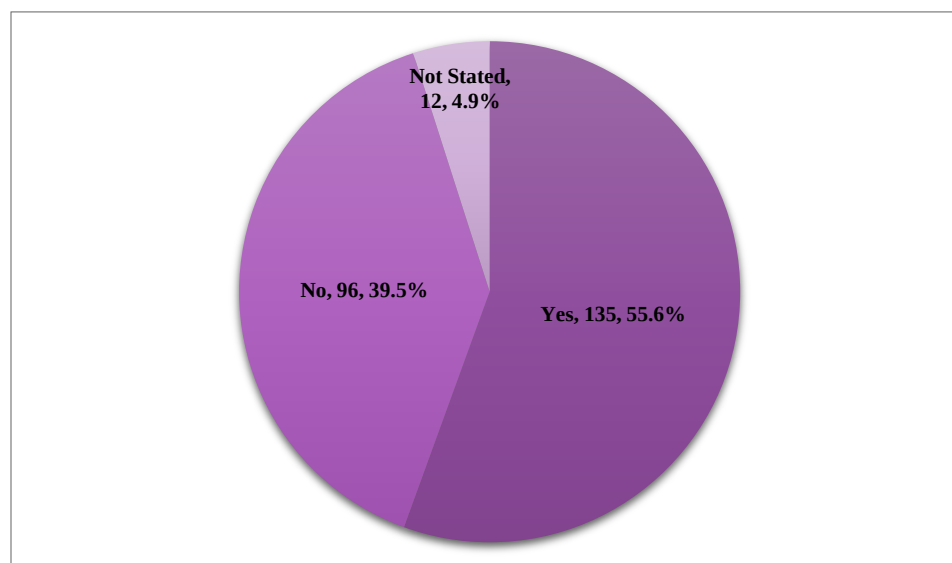


Figure 2.6. Percentage of survey respondents reporting a family member with alcohol or drug problems.

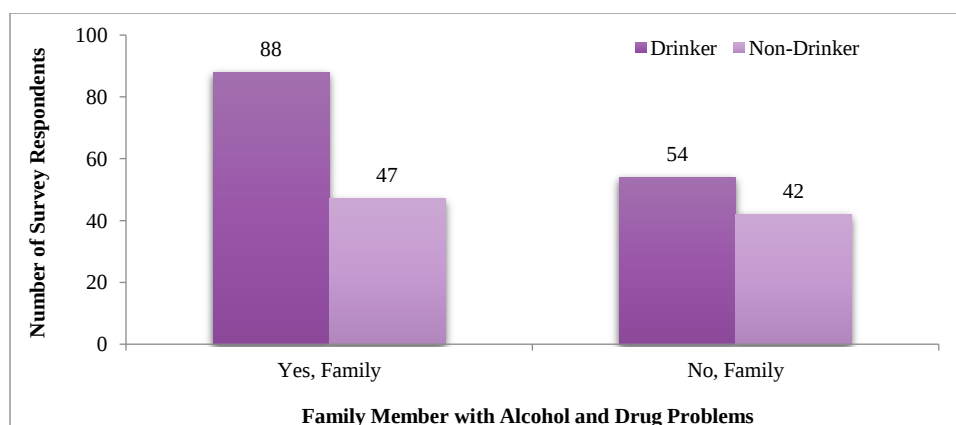


Figure 2.7. Survey respondents' alcohol use by family member alcohol or drug problems.

Perceived and Actual Quantity of Alcohol Consumption

Students tended to think that their peers were more permissive in their personal attitudes toward drinking alcohol. In other words, survey respondents indicated that they believed that the number of alcoholic drinks consumed by various groups of students is higher than is actually the case. In general, participants reported that they drank 5 drinks, on average, when at a bar or party (see Table 2.16) compared to 7.1 drinks by others at a bar and 8.5 by others at parties (see Table 2.17). A closer look at student groups indicated that, on average, friends of survey participants and students in general were perceived to have more drinks than the respondents themselves, 6.6 and 7.3 drinks, respectively. At the same time, participants thought that males, on average, drank more at bars and parties (8.6 drinks) than their female counterparts (7.3 drinks) (see Figure 2.8).

Table 2.16

Number of Alcoholic Drinks Typically Consumed at Parties and Bars by Proportion of Survey Respondents

(n = 243)

Number of Alcoholic Drinks	Yourself	Friends	Students in General	Males	Females
0	22.6	7.4	1.2	0.8	1.2
1	3.7	2.9	2.5	3.7	3.3
2	11.1	6.2	4.9	2.9	4.5
3	11.1	11.1	5.8	3.3	7.4
4	7.8	12.3	14.8	8.2	15.2
5	1	15.6	18.9	11.5	17.3
6	3.6	8.6	13.2	14.0	11.1
7	5.8	6.2	6.2	9.1	5.8
8	4.5	7.0	9.5	8.2	7.8
9	3.7	3.3	3.3	4.5	2.5
10	1.6	4.1	3.7	9.9	7.8
11	4.1	3.3	0.8	1.6	0.8
12	0.8	1.2	1.2	4.1	2.9
13	1.6	1.2	2.1	1.6	2.1
14	0.4	-	1.2	1.2	0.8
15+	2.5	4.5	5.8	10.3	4.5
Not Stated	4.9	4.9	4.9	4.9	4.9
Average	5.0	6.6	7.3	8.6	7.3

Perceived and Actual Quantity of Alcoholic Drinks Consumed by Location

Participants reported that they are most likely to drink at bars, parties, and athletic events than at other school socials (see Tables 2.12 and 2.17).

Table 2.17

Number of Alcoholic Drinks Typically Consumed at Various Places by Proportion of Survey Respondents

(n = 243)

Number of Alcoholic Drinks	Bar: Others	Athletic Events: Yourself	Athletic Events: Others	School Socials: Yourself	School Socials: Others	Parties: Others
Not Available	7.8	16.0	15.2	13.6	14.8	8.8
Never Attended	12.3	20.2	12.8	20.2	9.5	7.8
0	0.8	21.0	6.6	7.4	2.5	3.7
1	3.3	4.1	6.2	1.6	3.7	2.9
2	5.8	8.6	9.1	7.8	5.3	2.5
3	12.8	9.1	12.8	7.4	8.6	8.2
4	10.3	6.2	8.6	9.5	8.6	7.0
5	13.6	4.1	9.1	7.8	10.7	11.1
6	7.4	2.5	5.8	4.1	6.6	9.1
7	3.3	1.2	1.2	4.5	4.5	5.3
8	5.3	0.4	2.1	2.5	3.7	6.6
9	1.6	0.4	1.2	1.6	2.1	2.1
10	4.9	0.9	2.5	3.3	5.3	4.5
11	1.2	-	-	0.8	0.4	2.5
12	0.4	0.4	-	-	2.9	0.4
13	-	-	-	0.8	-	1.6
14	-	-	-	0.8	0.4	0.8
15+	4.1	-	2.1	1.2	5.3	10.7
Not Stated	4.9	4.9	4.9	4.9	4.9	4.9
Average	7.1	3.9	5.4	5.6	7.1	8.5

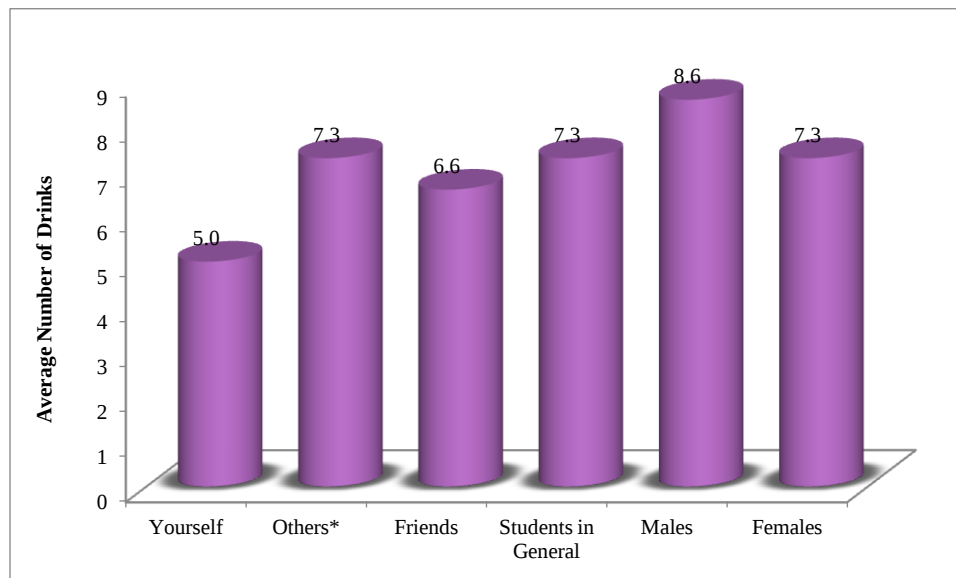


Figure 2.8. Average number of drinks consumed by various categories of students as reported by survey respondents.

*Computed as the average between the number of drinks consumed by other at bars and others at parties.

PERCEPTIONS AND ATTITUDES

Numerous studies have shown that favourable attitudes toward substance use are predictive of substance use behaviours.¹⁵ Participants were asked whether they would prefer having or not having alcohol or other drugs available at parties. They were also asked about their beliefs regarding the social effects of alcohol use and health risks associated with alcohol, tobacco, marijuana, and other drug use.

Among respondents, 64.6% indicated that they would prefer having alcohol beverages available at parties and 72.4% preferred not having other drugs available at parties (see Table 3.1 and Figure 3.1). In terms of gender, more females preferred not having drugs at parties while at the same time more favoured having alcohol over their male counterparts.

Table 3.1

Attitude toward Alcohol and Other Drug Use

(n=243)

Which of these is closest to your own view?	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
With regard to drugs?						
Have available	24	9.9	31	12.8	55	22.6
Not have available	58	23.9	118	48.6	176	72.4
Not stated	2	0.8	10	4.1	12	4.9
With regard to alcohol?						
Have available	60	24.7	97	39.9	157	64.6
Not have available	22	9.1	52	21.4	74	30.5
Not stated	2	0.8	10	4.1	12	4.9

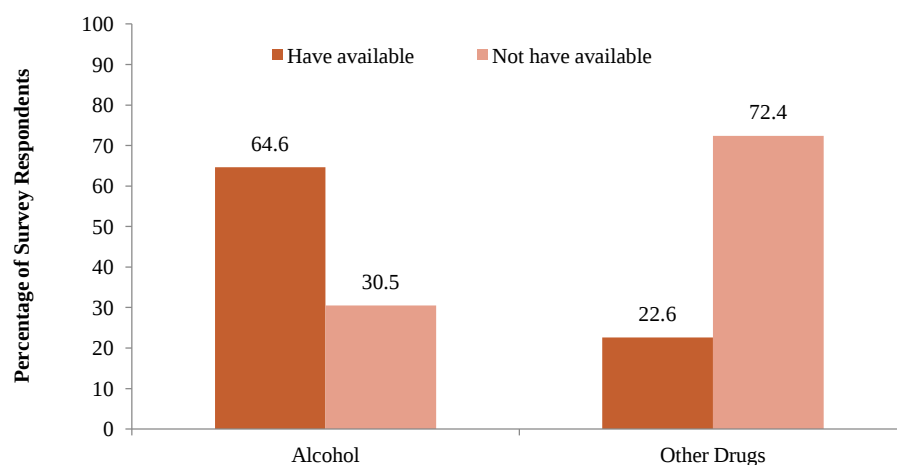


Figure 3.1. Preference for availability of alcohol or drugs at parties.

¹⁵J. D. Hawkins, R. F. Catalano, & J. Y. Miller. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Prevention Bulletin*, 112, 64-105.

The majority of respondents believed that alcohol use enhances social activity (69.1%), breaks the ice (67.9%), gives people something to do (67.1%), and allows people to have more fun (64.6%) (see Table 3.2 and Figure 3.2). At the same time, 60.9% of the participants indicated that alcohol use facilitates sexual opportunities, while 59.7% said it facilitates male bonding and 53.1% said the same about female bonding.

Table 3.2
Beliefs about the Effects of Alcohol Use

(n=243)

Do you believe that alcohol has the following effects?	Yes		No		Not Stated	
	n	%	n	%	n	%
Enhances social activity	168	69.1	59	24.3	16	6.6
Breaks the ice	165	67.9	62	25.5	16	6.6
Gives people something to do	163	67.1	64	26.3	16	6.6
Allows people to have more fun	157	64.6	70	28.8	16	6.6
Gives people something to talk about	149	61.3	78	32.1	16	6.6
Facilitates sexual opportunities	148	60.9	79	32.5	16	6.6
Facilitates male bonding	145	59.7	82	33.7	16	6.6
Facilitates a connection with peers	143	58.8	84	34.6	16	6.7
Facilitates female bonding	129	53.1	98	40.3	16	6.6
Makes it easier to deal with stress	113	46.5	114	46.9	16	6.6
Makes women sexier	102	42.0	125	51.4	16	6.6
Males men sexier	85	35.0	142	58.4	16	6.6
Makes me sexier	84	34.6	143	58.8	16	6.6
Makes food taste better	76	31.3	151	62.1	16	6.6

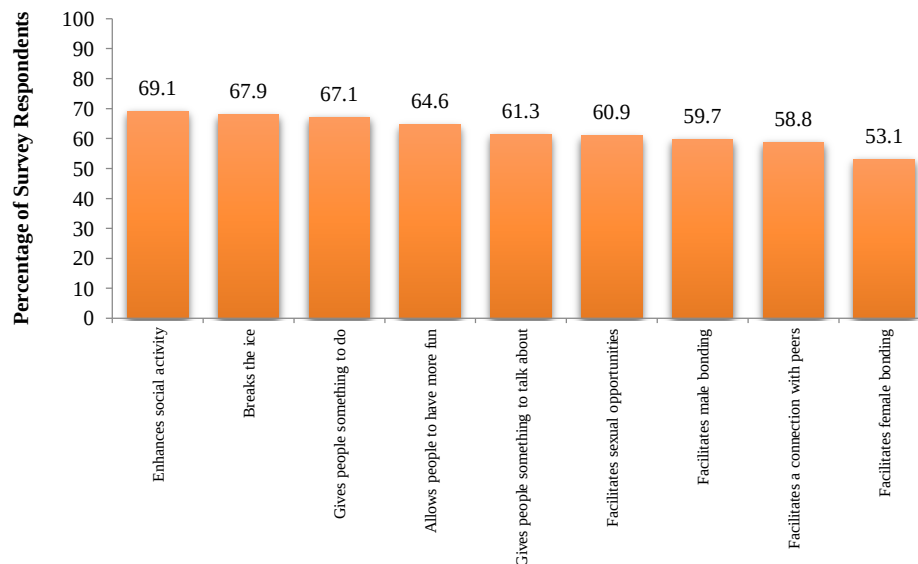


Figure 3.2. Beliefs about the effects of alcohol use.

Studies have demonstrated that students' perceptions of peer attitudes and behaviour influence their own use of substances.¹⁶ Students were asked whether they thought their close friends approved or disapproved of alcohol, marijuana, and other drug use. They were also asked how often they thought the average student on campus used these substances. Perceived levels of peer substance use are compared with level of self-reported use.

Marijuana use seems more acceptable than drinking or even heavy drinking. For instance, slightly over half of the survey respondents (53.1%) do not think that their close friends would disapprove of them if they tried marijuana once or twice or 46.9% indicated the similar perception of occasional marijuana use (see Table 3.3). In comparison, 42.0% of the respondents thought that their close friends approved of them engaging in binge drinking. In contrast, 64.6% of the participants reported that their close friends would strongly disapprove of them if they used cocaine regularly or 56.4% of them who thought their close friends would feel the same way about experimentation with cocaine. Only 20.2% thought that their close friends would strongly disapprove of them experimenting with marijuana, or 23.5% believed the same about them smoking marijuana occasionally.

Table 3.3
Peer Attitudes toward Substance Use

(n=243)

How do you think your close friends feel (or would feel) ABOUT YOU...?	Don't Disapprove		Disapprove		Strongly Disapprove		Not Stated	
	n	%	n	%	n	%	n	%
Trying marijuana once or twice	129	53.1	49	20.2	49	20.2	16	6.6
Smoking marijuana occasionally	114	46.9	56	23.0	57	23.5	16	6.6
Smoking marijuana regularly	87	35.8	65	26.7	75	30.9	16	16.6
Trying cocaine once or twice	26	10.7	64	26.3	137	56.4	16	6.6
Taking cocaine regularly	21	8.6	49	20.2	157	64.6	16	6.6
Taking one or two drinks of an alcoholic beverage nearly every day	89	36.6	75	30.9	63	25.9	16	16.6
Taking four or five drinks nearly everyday	41	16.9	77	31.7	109	44.9	16	6.6
Having five or more drinks in one sitting	102	42.0	67	27.6	58	23.9	16	6.6

Students tended to think that their peers are, on average more permissive in personal drinking attitudes than is the case. While 17.3% of the participants felt that drinking is never a good thing to do, they believe that only 7.0% of students in general felt the same way (see Table 3.4). At the same time, 4.9% of the respondents indicated that frequently getting drunk is acceptable while they believed that 12.8% of students in general shared the same view.

¹⁶M. J. Paschall & R. L. Flewelling. (1999). *Factors associated with changes in binge drinking status during the transition from high school to college: Implications for prevention research*. Manuscript submitted for publication; H.W. Perkins, & H. Wechsler. (1996).

Similarly, survey respondents tended to think that their peers are, on average, more tolerant of marijuana use. While 41.2% of the survey respondents indicated that smoking marijuana is never a good thing to do, they believed that only 21.8% of students in general felt the same way. Only about one-fifth (21.8%) of the participants had negative attitudes toward other drug use and were more accepting of occasional (26.3%) and frequent use (23.0%). On the other hand, they felt that more than half (53.5%) of students in general believed that other illicit drug use is never a good thing to do and that they were less accepting of occasional or frequent use.

Table 3.4
Perceived and Actual Attitudes toward Alcohol and Other Drug Use

(n=243)

Substance/Attitude	Attitude of...			
	Self		Students in general	
	Number	Percent	Number	Percent
ALCOHOLIC BEVERAGES				
Drinking is never a good thing to do.	42	17.3	17	7.0
Drinking is all right but a person should not get drunk.	86	35.4	52	21.4
Occasionally getting drunk is okay as long as it doesn't interfere with academics or other responsibilities.	86	35.4	113	46.5
Occasionally getting drunk is okay even if it does interfere with academics and responsibilities.	1	0.4	14	5.8
Frequently getting drunk is okay if that's what the individual wants.	12	4.9	31	12.8
Not Stated	16	6.6	16	6.6
MARIJUANA				
It is never a good thing to use.	100	41.2	53	21.8
Trying it out once or two times is okay as long as it doesn't interfere with academics or other responsibilities.	43	17.7	38	15.6
Occasional use is okay as long as it doesn't interfere with academic and other responsibilities.	51	21.0	64	26.3
Occasional use is okay even if it does interfere with academics and responsibilities.	4	1.6	16	6.6
Frequent use is okay if that's what the individual wants to do.	29	11.9	56	23.0
Not Stated	16	6.6	16	6.6
ANY ILLICIT DRUG OTHER THAN MARIJUANA				
Use is never okay.	53	21.8	130	53.5
Trying it out once or twice is okay as long as it doesn't interfere with academics or other responsibilities.	38	15.6	51	21.0
Occasional use is okay as long as it doesn't interfere with academic and other responsibilities.	64	26.3	15	6.2
Occasional use is okay even if it does interfere with academics and responsibilities.	16	6.6	11	4.5
Frequent use is okay if that's what the individual wants to do.	56	23.0	20	8.2
Not Stated	16	6.6	16	6.6

RISK OF HARM

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

Overall, most students believed that almost all of the behaviours are harmful, ranging from 42.4% of students who felt that trying marijuana once or twice is harmful to 83.9% who reported that taking four or five drinks in one sitting is harmful (*see Figure 4.1*). However, certain behaviours were perceived to be a great health risk by more survey respondents. For example, while 39.5% of the participants thought that binge drinking poses a great health risk, 52.7% thought the same about experimentation with cocaine, that is, trying cocaine once or twice, and 14.4% felt the same of occasional marijuana use (*see Table 4.1 and Figure 4.1*).

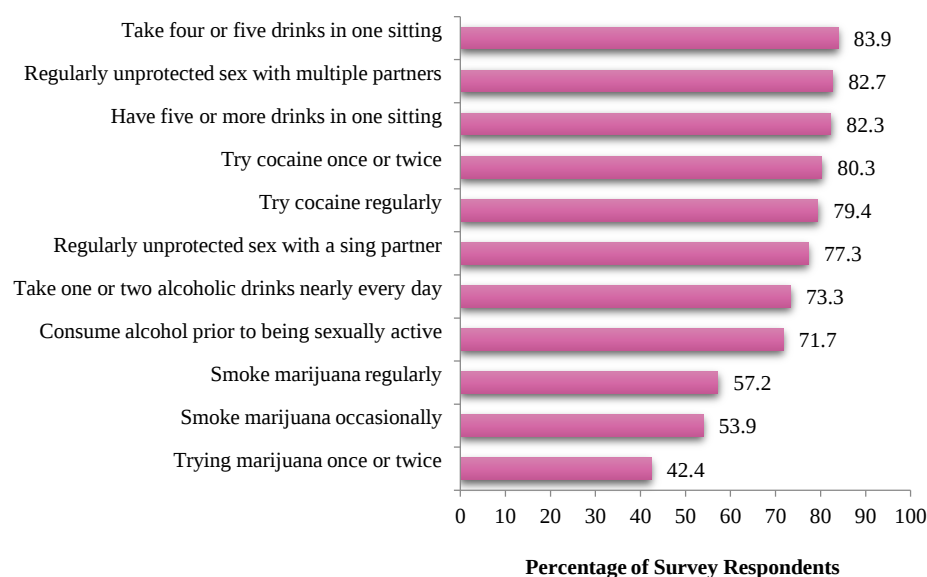


Figure 4.1. Proportion of overall survey respondents' perception of risky behaviours (slight, moderate, and great risk).

Table 4.1

Rating of Risk of Harm by Survey Respondents

(n=243)

Risks	No Risk	Slight Risk	Moderate Risk	Great Risk	Can't Say	Not Stated
Number of Survey Respondents						
Trying marijuana once or twice	109	57	18	28	15	16
Smoke marijuana occasionally	81	54	42	35	15	16
Smoke marijuana regularly	71	34	40	65	17	16
Try cocaine once or twice	9	25	42	128	23	227
Try cocaine regularly	7	6	12	175	27	227
Take one or two drinks of an alcoholic beverage nearly every day	35	68	49	61	14	16
Take four or five drinks in one sitting	9	39	47	118	14	16
Have five or more drinks in one sitting	11	46	58	96	16	16
Consume alcohol prior to being sexually active	30	48	50	76	23	16
Regularly engage in unprotected sexual activity with a sing partner	16	46	51	91	23	16
Regularly engage in unprotected sexual activity with multiple partners	4	11	14	176	22	16
Percentage of Survey Respondents						
Trying marijuana once or twice	44.9	23.5	7.4	11.5	6.2	6.6
Smoke marijuana occasionally	33.3	22.2	17.3	14.4	6.2	6.6
Smoke marijuana regularly	29.2	14.0	16.5	26.7	7.0	6.6
Try cocaine once or twice	3.7	10.3	17.3	52.7	9.5	6.6
Try cocaine regularly	2.9	2.5	4.9	72.0	11.1	6.6
Take one or two drinks of an alcoholic beverage nearly every day	14.4	28.0	20.2	25.1	5.8	6.6
Take four or five drinks in one sitting	3.7	16.0	19.3	48.6	5.8	6.6
Have five or more drinks in one sitting	4.5	18.9	23.9	39.5	6.6	6.6
Consume alcohol prior to being sexually active	12.3	19.8	20.6	31.3	9.5	6.6
Regularly engage in unprotected sexual activity with a sing partner	6.6	18.9	21.0	37.4	9.5	6.6
Regularly engage in unprotected sexual activity with multiple partners	1.6	4.5	5.8	72.4	9.1	6.6

- means zero

Higher levels of perceived health risk were strongly associated with lower levels of some substance use. For example, among those who perceived no health risk from binge drinking, 36.4% reported binge drinking in the past two weeks. Conversely, among those who perceived great health risk, only 25.0% reported binge drinking (see Table 4.2). However, despite the perceived risk associated with occasional marijuana use, it did not deter use of this substance. For instance, 77.6% of those who perceived no risk from occasional marijuana use reported past month marijuana use, compared to 100% of those who perceived great risk (see Table 4.3).

Table 4.2

Relationship between Perceived Risk of Binge Drinking and Actual Binge Drinking

Risk of having five or more drinks in one sitting	Number of Binge Drinking Episodes						Total
	None	Once	Twice	3-5 Times	6-9 Times	10+ Times	
No Risk	4	1	3	3	-	-	11
Slight Risk	14	15	5	11	1	-	46
Moderate Risk	29	16	5	5	3	-	58
Great Risk	72	15	6	2	-	1	96
Can't Say	10	2	1	2	1	-	16

Table 4.3

Relationship between Perceived Risk of Occasional Marijuana Use and Current Use

Risk of smoking marijuana occasionally	During the past 30 days how many days did you have marijuana?							Total
	0 Days	1-2 Days	3-5 Days	6-9 Days	10-19 Days	20-29 Days	All 30 Days	
No Risk	11	16	2	10	7	3	-	49
Slight Risk	9	6	3	1	2	-	-	21
Moderate Risk	2	1	1	1	-	-	1	6
Great Risk	-	2	1	-	-	-	-	3
Can't Say	-	-	1	-	-	-	1	2

BEHAVIOURS AND CONSEQUENCES

Students were asked if they were engaged in sexual intercourse and if they had used alcohol and or other drugs in their last encounter. Of those who indicated sexual activity in the last year (160), 26.3% reported using alcohol the last time they had sexual intercourse and 12.5% used other drugs (*see Tables 5.1 and 5.2*).

Table 5.1
Engagement in Sexual Intercourse by Survey Respondents

Did you have sexual intercourse within the last year?	(n=243)	
	Number	Percent
Yes	160	65.8
No	67	27.6
Not Stated	16	6.6

Table 5.2
Drug Use by Survey Respondents Engaged in Sexual Intercourse

The last time you had sexual intercourse...	(n=160)	
	Number	Percent
Did you drink alcohol? (Yes)	42	26.3
Did you use other drugs? (Yes)	20	12.5

About 6.2% ($n = 15$) of students reported having unwanted sexual intercourse in the past year due to their drinking or drug use. At the same time, 5.8% ($n = 14$) of the participants indicated that they had taken advantage of another sexually. However, of those who had been taken advantage of sexually, seven of them indicated that they did not report it and the other indicated a “*not applicable*” response choice.

Table 5.3
Unwanted Sexual Intercourse

Number of Times	(n = 243)			
	Had been taken advantage of sexually		Have taken advantage of another sexually	
	Number	Percent	Number	Percent
Not Applicable	66	27.2	66	27.2
Never	150	61.7	151	62.1
Once	7	2.9	9	3.7
Twice	3	1.2	5	2.1
3-5 Times	3	1.2	-	-
6-9 Times	1	0.4	-	-
10+ Times	1	0.4	-	-
Not Stated	12	4.9	12	4.9

Students were asked how often they had experienced a variety of health and social problems in the past year due to alcohol or drug use. These problems demonstrate some of the high risk consequences associated with substance abuse. They are also indicative of the level of substance abuse. The top group on items on Table 5.4 represents public misconduct or behaviours that involve actual or potential harm to others. The second group represents possibly serious personal problems. The last group consists of less serious (and more common) experiences, which, nevertheless, may indicate excessive use.

Participants reported a variety of problems that had occurred at least once in the past year as a result of alcohol or drug use (see Table 5.4), including having a hangover (51.0%), getting nauseated or vomited (44.9%), getting into an argument or fight (33.3%), did something that was later regretted (26.7%), had a memory loss (25.5%), been criticized by someone (24.6%), drove a car while under the influence (23.4%), and missed a class (23.0%). While most of these consequences primarily affect the individual, such as hangover, regret, memory loss, etc., the others adversely affect the community and the potential to cause serious harm, even death. These include driving while intoxicated, unwanted sexual activity, damaging property, and other more serious consequences.

Table 5.4
Health and Social Problems Related to Substance Use by Proportion of Survey Respondents

(n = 243)

How often have you experienced the following due to your drinking or drug use in the last year...	NA	Never	Once	Twice	3-5 Times	6-9 Times	10+ Times
Been arrested	27.6	58.0	4.5	2.9	1.6	0.5	-
Been in trouble with police or other college authorities	28.4	54.7	7.0	2.1	2.9	-	-
Damaged property, pulled fire alarm, etc.	28.8	56.4	6.6	1.2	2.1	-	-
Driven a car while under the influence	28.0	43.6	10.7	4.5	4.5	1.6	2.1
Got into an argument or fight	24.3	37.4	19.3	7.0	5.8	0.4	0.8
Seriously tried to commit suicide	28.4	61.3	3.3	1.2	0.8	-	-
Seriously thought about suicide	28.0	58.8	2.9	1.2	2.5	1.2	0.4
Been hurt or injured	25.1	50.2	10.7	3.7	3.7	1.2	0.4
Tried unsuccessfully to stop using	30.0	55.6	5.3	1.6	1.2	0.8	0.4
Thought I might have a drinking or other drug problem	27.2	56.4	5.8	1.2	3.3	-	1.2
Performed poorly on a test or important project	27.6	50.6	7.0	4.9	4.5	-	0.4
Done something I later regretted	24.7	43.6	14.0	7.8	4.1	-	0.8
Missed a class	23.5	48.6	10.3	6.2	4.9	0.4	1.2
Been criticized by someone I know	26.7	43.6	11.1	5.3	5.8	0.8	1.6
Had a memory loss	24.3	45.3	12.3	7.4	3.7	2.1	-
Got nauseated or vomited	22.6	27.6	18.9	14.0	9.5	2.1	0.4
Had a hangover	19.8	24.3	19.3	14.8	9.1	3.3	4.5

NA means not applicable

- means zero

Students were also asked about their engagement in a number of behaviours and their responses are shown in Table 5.5 below. Most students (82.7%) indicated that they never carried a weapon, bragged about their alcohol or other drug use (74.9%), or held a drink to have people stop bothering them about why they were not drinking (71.2%). However, 45.7% of the survey respondents indicated that they refused an offer of alcohol or other drugs on at least one occasion and 30.5% reported that they had experienced peer pressure to drink or use drugs at least once.

Table 5.5
Times Engaged in Behaviours by Survey Respondents

(n=243)

Behaviours	0 Time	1 Time	2 Times	3-5 Times	6-9 Times	≥ 10 Times	Not Stated
Number of Survey Respondents							
Refused an offer of alcohol or other drugs	116	47	29	19	4	12	16
Bragged about your alcohol or other drug use	182	24	11	7	1	2	16
Heard someone else brag about his/her alcohol or other drug use	96	28	43	35	14	11	16
Carried a weapon such as a gun, knife, etc.	201	11	3	5	3	4	16
Experienced peer pressure to drink or use drugs	153	40	18	10	2	4	16
Held a drink to have people stop bothering you about why you weren't drinking	173	25	12	9	5	3	16
Thought a sexual partner was not attractive because he/she was drunk	166	22	20	7	3	9	16
Told a sexual partner that he/she was not attractive because he/she was drunk	178	11	12	10	10	6	16
Percentage of Survey Respondents							
Refused an offer of alcohol or other drugs	47.7	19.3	11.9	7.8	1.6	4.9	6.6
Bragged about your alcohol or other drug use	74.9	9.9	4.5	2.9	0.4	0.8	6.6
Heard someone else brag about his/her alcohol or other drug use	39.5	11.5	17.7	14.4	5.8	4.5	6.6
Carried a weapon such as a gun, knife, etc.	82.7	4.5	1.2	2.1	1.2	1.6	6.2
Experienced peer pressure to drink or use drugs	63.0	16.5	7.4	4.1	0.8	1.6	6.6
Held a drink to have people stop bothering you about why you weren't drinking	71.2	10.3	4.9	3.7	2.1	1.2	6.6
Thought a sexual partner was not attractive because he/she was drunk	68.3	9.1	8.2	2.9	1.2	3.7	6.6
Told a sexual partner that he/she was not attractive because he/she was drunk	73.3	4.5	4.9	4.1	4.1	2.5	6.6

CAMPUS ENVIRONMENT

Previous research suggests that students' perceptions of the campus environment or culture may influence their substance use behaviours.¹⁷ To examine such perceptions among Bermuda College students, survey participants were asked about their awareness of campus alcohol and drug policies and whether they thought the social atmosphere on their campus promoted alcohol and drug use. They were also asked if and how alcohol use by other students interfered with their lifestyle, and whether they felt safe on campus.

Among respondents, most students (61.3%) knew that their campus had alcohol and drug policies; however, less than half (45.3%) of the respondents felt that the policies are enforced (see Table 6.1). On the other hand, 20.2% of the participants thought that the social atmosphere on the campus promoted alcohol use and 11.9% thought it promoted other drug use (see Table 6.2). Over 80% indicated that they felt safe on campus.

Table 6.1
Knowledge of Campus Alcohol and Drug Policy

(n=243)

Campus Situation	Yes		No		Don't Know		Not Stated	
	n	%	n	%	n	%	n	%
Does your campus have alcohol and drug policies?	150	61.3	8	3.3	69	28.4	16	6.6
If so are they enforced?	110	45.3	11	4.5	106	43.6	16	6.6
Does your campus have a drug and alcohol programme?	49	20.2	19	7.8	159	65.4	16	6.6
Do you believe your campus is concerned about the prevention of drugs and alcohol use?	133	54.7	13	5.3	81	33.3	16	6.6
Are you actively involved in efforts to prevent drug and alcohol use problems on your campus?	39	16.0	139	57.2	49	20.2	16	6.6

Table 6.2
Social Perception of Alcohol and Other Drug Use

(n=243)

Campus Environment	Yes		No		Not Stated	
	n	%	n	%	n	%
Does the social atmosphere on this campus promote alcohol use?	49	20.2	178	73.3	16	6.6
Does the social atmosphere promote other drug use?	29	11.9	198	81.5	16	6.6
Do you feel safe on this campus?	196	80.7	31	12.8	16	6.6

Most respondents (39.9%) were aware of campus rules and regulations regarding alcohol and other drugs use (see Table 6.3). However, 6.2% of the participants indicated that they oppose these rules while 12.8% have no opinion. Slightly over one-third (34.6%) of the student participants reported that they were not really aware of these rules.

¹⁷H. W. Perkins & H. Wechsler, (1996); H. W. Perkins. (1997).

Table 6.3

Awareness of Campus Rules and Regulations Regarding Alcohol and Other Drug Use
(n=243)

Awareness of Campus Rules and Regulations	Number	Percent
I generally know of and support these rules and regulations.	97	39.9
I generally know of and oppose these rules	15	6.2
I generally know of these rules but have no opinion.	31	12.8
I am not really aware of these rules	84	34.6
Not stated	16	6.6

On the other hand, 4.1% of the survey respondents felt that all students in general were aware of and support campus rules and regulations regarding alcohol and other drugs (see Table 6.4). At the same time, however, 4.9% of them reported that students in general were not aware of these rules.

Table 6.4

Survey Respondents' Perceptions Regarding Campus Rules and Regulations toward Alcohol and Other Drug Use by Students in General
(n=243)

Again, considering campus rules and regulations regarding alcohol and drug use, what percentage of the student body do you believe:		
	Number	Percent
...generally knows of and supports these rules and regulations?		
0%	16	6.6
1% to less than 10%	19	7.8
10% to less than 50%	123	50.6
50% to less than 100%	57	23.5
100%	10	4.1
Not Stated	18	7.4
...generally knows of and opposes these rules and regulations?		
0%	32	13.2
1% to less than 10%	32	13.2
10% to less than 50%	133	54.7
50% to less than 100%	25	10.3
100%	3	1.2
Not Stated	18	7.4
...generally knows of these rules buy have no opinion?		
0%	32	13.2
1% to less than 10%	23	9.5
10% to less than 50%	139	57.2
50% to less than 100%	27	11.1
100%	4	1.6
Not Stated	18	7.4

Table 6.4 cont'd

Survey Respondents' Perceptions Regarding Campus Rules and Regulations toward Alcohol and Other Drug Use by Students in General

(n=243)

Again, considering campus rules and regulations regarding alcohol and drug use, what percentage of the student body do you believe:		
	Number	Percent
...not aware of these rules?		
0%	26	10.7
1% to less than 10%	22	9.1
10% to less than 50%	110	45.3
50% to less than 100%	55	22.6
100%	12	4.9
Not Stated	18	7.4

Drinking seemed to be a central part of the social life of male students as reported by 65% of the survey respondents, compared to 52.3% of the participants who indicated that drinking was central to female students' social life (see Table 6.5). In contrast, 28.4% felt that drinking was a central part to athletes' social life while 27.6% felt the same way about faculty/staff.

Table 6.5

Drinking and Social Life by Groups of Persons

(n=243)

On this campus, drinking is a central part of the social life for the following groups?	Yes		No		Not Stated	
	n	%	n	%	n	%
Male Students	158	65.0	69	28.4	16	6.6
Female Students	127	52.3	100	41.2	16	6.6
Faculty/Staff	67	27.6	160	65.8	16	6.6
Alumni	68	28.0	159	65.4	16	6.6
Athletes	69	28.4	158	65.0	16	6.6

Survey participants seemed to care very much about problems associated with sexual assault as reported by 41.6% of the students (*see Table 6.6*). On the other hand, only 12.3% of the respondents indicated that they cared “*very much*” about alcohol and other drugs compared to 27.2% who cared “*not at all*”.

Table 6.6
Attitudes toward Problems on Campus

(n=243)

To what extent do students on this campus care about problems associated with...?	Not At All	Slightly	Somewhat	Very Much	Not Stated
Number of Survey Respondents					
Alcohol and other drugs	66	81	50	30	16
Campus vandalism	68	59	61	39	16
Sexual assault	35	29	62	101	16
Assaults that are non-sexual	33	51	73	70	16
Harassment because of gender	38	55	70	64	16
Harassment because of sexual orientation	40	55	74	58	16
Harassment because of race or ethnicity	78	44	68	67	16
Harassment because of religion	64	40	57	66	1
Percentage of Survey Respondents					
Alcohol and other drugs	27.2	33.3	20.6	12.3	6.6
Campus vandalism	28.0	24.3	25.1	16.0	6.6
Sexual assault	14.4	11.9	25.5	41.6	6.6
Assaults that are non-sexual	13.6	21.0	30.0	28.8	6.6
Harassment because of gender	15.6	22.6	28.8	26.3	6.6
Harassment because of sexual orientation	16.5	22.6	30.5	23.9	6.6
Harassment because of race or ethnicity	19.8	18.1	28.0	27.6	6.6
Harassment because of religion	26.3	16.5	23.5	27.2	6.6

Although 60.5% of the participants reported that alcohol use by others does not interfere with their lives, 16.9% indicated that other students' drinking interrupted their studying or prevented them from enjoying events (18.1%) (see Table 6.7).

Table 6.7

How Student Drinking Interferes with Life on Campus

(n=243)

In which of the following ways do other students' drinking interfere with your life on or around campus?	Yes		No		Not Stated	
	n	%	n	%	n	%
Interrupts your studying	41	16.9	186	76.5	16	6.6
Makes you feel unsafe	28	11.5	199	81.9	16	6.6
Adversely affects your involvement on an athletic team or in other organised groups	32	13.2	195	80.2	16	6.6
Prevents you from enjoying events (concerts, sports, social activities, etc.)	44	18.1	183	75.3	16	6.6
Doesn't interfere with my life	80	32.9	149	60.5	16	6.6

DISCUSSION AND CONCLUSION

College represents a period where students typically may postpone adult roles (for example, full-time work, parenting, and marriage) and responsibilities while working on more normative developmental tasks (for example, developing autonomy and making new friends). College students are faced with many new interpersonal, academic, and societal demands and expectations, and substance use may serve both constructive, as well as destructive, functions for students. Substance use may provide students with an opportunity to facilitate the transition to college. Often viewed as a rite of passage for college students, drug experimentation is seen as normative by many students. Many students who experiment with substance use during college will cease or reduce use once they leave college and take on full-time adult roles. However, substance use can have many negative consequences for the college student, which may ultimately inhibit the successful transition through college and young adulthood and possibly have lasting consequences on the individual and society.

In this current survey, alcohol, marijuana, and tobacco are the main substances used by college students. Similar to other jurisdictions, alcohol is the primary drug of choice among college students attending Bermuda College, particularly amongst those of traditional college age (that is, 18 to 25 years), with close to half of all respondents (46.9%) having tried an illegal drug, including marijuana, at some point in their lifetime. Of all illicit drugs, marijuana use is popular amongst participants, with nearly one quarter of students indicating current use followed by current use of designer drugs such as ecstasy and MDMA. Following a typical ATOD model of age of first use, most participants admitted to using alcohol before the legal age for drinking and many said that by age 18 years marijuana use had already begun. It has long been suspected that young people experiment with alcohol prior to the legal age of 18 years. There are several bodies of research which indicate negative health and social consequences as of result of early initiation of alcohol and/or drug use. However, this behaviour, culturally accepted by some communities, is usually trivialized as simple experimentation. Given the findings of this survey and other recent studies on the adolescent subgroup, prevention programming that targets underage drinking should be made a priority.

The results also suggest that many student participants may be accepting of non-normative behaviours such as binge drinking or marijuana use. A fairly large proportion (40.7%) of students admitted to binge drinking in the previous two weeks prior to the survey. However, an equally higher proportion (42.0%) said that they do not disapprove; therefore, they approve of binge drinking. Similarly, just over half (53.1%) of all participants said that they do not disapprove of experimenting with marijuana or even using marijuana on occasion (46.9%). A cultural shift toward an acceptance of particular drug-using behaviours has been previously identified in the adult population in Bermuda (2009 Household Survey) and may indicate a larger societal issue in which alcohol and marijuana use independently, or in combination, has become a normative rite of passage in some communities.

As noted in similar research, participants in the current survey had a tendency to misperceive that most of their peers were engaging in alcohol use. Most evident in the results is the perception by students that their peers were more permissive in their personal behaviours toward drinking alcohol. For example, when asked about drinking

patterns in a social context, participants felt that other students probably had seven drinks, while the average respondent only had consumed about five drinks. Similarly, when it came to binge drinking, there was a 10.7% discrepancy between those who actually did binge drink (40.7%) and students who thought their peers had participated in binge drinking episodes (50.0%). Multimedia campaigns that dispel the myths around who is using alcohol and drugs and the consequences of use may be beneficial in correcting the misperceptions demonstrated by some participants. College-age students must be made aware that not all of their peers are drinking alcohol and/or using drugs as is perceived. This survey is one step to providing this evidence in that there were a number of students who admitted they do not drink alcohol at all (14%).

When it came to alcohol and/or drug use and sexual intercourse, just over one quarter of students (160) admitted to having consumed alcohol the last time they had sexual intercourse. A number of students (6.2%) admitted to having unwanted sexual intercourse in the past year due to their drinking or drug use, of which was never reported to the authorities. Additionally, 5.8% of student respondents said they had taken advantage of another person sexually in the past year as a result of their drinking or drug use. While one cannot classify having a sexual advantage over another as sexual assault or rape, the findings would suggest that a number of persons felt their behaviour was, at the very least, not socially acceptable.

In an attempt to assess the environment in which young people learn, several questions were asked about the campus environment. Despite 39.9% of students indicating that they generally know of and support campus rules and regulations regarding alcohol and other drug use, there were many instances where students suggested they did not know about particular policies related to drugs and alcohol. For example, when asked if the campus has an alcohol and drug policy, 28.4% said they “*Don’t Know*”, while 65.4% answered similarly when asked if the campus has an alcohol and drug prevention programme.

Several epidemiological studies have now been conducted on the population in Bermuda and have shown that alcohol and marijuana are the most widely used and abused substances by adolescents, college students, and the adult population. The results of this survey suggest the possibility of clinical concerns with respect to the select number of students (2.5%) meeting the criteria for frequent binge drinking and social concerns in terms of current use of marijuana (24.7%). This population may be at risk for problem drinking, victimisation, and negative societal consequences as a result of alcohol and other drug use. In the boarder context, concerns about alcohol and drug use are shared across colleges and universities internationally, and, therefore, taking steps to address alcohol consumption and drug use within this population is expected and needed.

The Bermuda College hopes to create the best possible opportunities for personal and intellectual development for all students. The college experience should provide time for reflection, time for creative thinking, time for academic engagement and learning, and time for friendship. What is of concern is that for a number of students these opportunities appear to be occasionally, sometimes frequently, lost to alcohol and drugs.

Although research has shown that ATOD use has negative impact on academic performance, on personal health and safety, and on interpersonal relationships, the vast majority of the students do graduate while maintaining acceptable GPAs, make lasting friendships, and go on to achieving careers.

RECOMMENDATIONS

With data demonstrating that drug use is an issue on college campuses, many colleges and universities around the world have implemented prevention programmes or, within counseling centers, intervention efforts to meet the needs of the institution and its students. Although research on prevention of drug use and abuse by college students has been relatively limited both in quantity and scientific rigor, extensive research has been conducted on alcohol prevention strategies targeting college students and college-aged populations. These findings highlight the need to work with the priority population to address any emerging concerns.

Based on the issues discussed above several recommendations can be made. The following considerations are directed toward the field of substance abuse prevention and treatment and are not intended to be undertaken by administration of the College, unless otherwise stated.

- **Under-age drinking:** Evidence suggests that age of initiation of alcohol begins well before the legal drinking age of 18 years. It is imperative that prevention initiatives target this element in order to demonstrate unacceptable behaviours both to underage drinkers and others who may serve them. Awareness obtained through media campaigns would provide the best reach to the adolescent and teenage population.
- **Drug treatment programmes:** Identification of potentially efficacious drug interventions for college student populations is an important goal, and it is possible that working from the existing knowledge base regarding efficacious alcohol prevention approaches for college students, as well as efficacious drug prevention and treatment approaches utilized in other populations, will yield several potential avenues for success.
- **Campus Environment:** Bermuda College should consider addressing: the social perception of alcohol and drug use; possible consequences in relation to academic performance and readiness for the workplace; and increasing the awareness of College policies surrounding alcohol and drug use on campus.
- **Policies and procedures in place for dealing with drug incidents:** Administration should consider revising their policies to establish clear, consistently enforced drug-use policies that specify drug offenses, consequences (including notification of police), and procedures. Management of drug incidents should be consistent with Bermuda laws and regulations.
- **Information dissemination:** Informing the student population of the results of this survey is another step toward dispelling perceptions they may have around who is using alcohol and drugs.
- **Further research:** This is needed, with a larger sample of the student population at the College, to determine the patterns of consumption and beliefs systems which are prevalent in the general student population.

Unfortunately, once efficacious programmes have been identified, there are additional barriers to the diffusion of these programmes on college campuses. There are potential administrative barriers or challenges to implementation and evaluation, similar challenges related to student participation and evaluation of student behaviour and responses, and

potential barriers to transferring empirically tested approaches to applied settings. Administrative barriers can likely be addressed by working closely with key stakeholders and those who could impact and influence change. Another possible barrier to pursuing drug prevention approaches could be the concern that directing attention or funds toward this behaviour is an indicator that a problem exists. Describing norms of infrequent use would reveal that use of an illegal drug is occurring on a campus, and focusing on reducing frequent or heavy use may be seen as tolerating or promoting illegal behaviour.

Continued developments in measurement tools and assessment materials are needed, as even well-intentioned and honest reporting is sometimes inaccurate due to measurement error and lack of sensitivity or specificity of the assessment measures available. Finally, as various interventions and programmes are developed, implemented, and evaluated, attention should be paid from the outset to overcoming barriers to the diffusion of these interventions.

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APPENDIX: SURVEY QUESTIONNAIRE

INTRODUCTION

The Department for National Drug Control (DNDC) is conducting a Behavioural Study of Attitudes toward and Consumption of Alcohol, Tobacco, and Other Drugs among College Students in Bermuda.

One major objective of surveys such as this is to serve a social monitoring function, to characterize the levels and trends in certain behaviours, attitudes, beliefs, and environmental conditions in this population as they relate to alcohol, tobacco, and other drugs. Social indicators can serve the important function of identifying and estimating public health threats, whether existing or emerging. They are especially useful for gauging progress toward national goals and indicating the impact of major historical events, including social or policy changes. Another objective of this survey is to acquire knowledge of the magnitude of substance use and its consequence, especially in developing knowledge that increases our understanding of how and why changes in these behaviours, attitudes, and beliefs take place.

Your contribution is therefore very important. The responses you provide relate to your perceptions as a student of Bermuda College and not at College campuses elsewhere. Please note that your responses will be held in the strictest confidence.

Thank you for your participation!

SECTION 1: DEMOGRAPHICS

*1. Student status:

- ☐ Full-time (12+credits)
- ☐ Part-time (1-11 credits)

*2. Classification:

- ☐ Freshman less than 30 hrs
- ☐ Sophomores 30 or more hrs
- ☐ Other

Other (please specify)

*3. Gender:

- ☐ Male
- ☐ Female

*4. Age (in years):

*5. Ethnic origin:

- ☐ Black/African
- ☐ White
- ☐ Portuguese
- ☐ Asian or Pacific Islander
- ☐ Mixed
- ☐ Other (please specify)

*6. Marital/Union status

- ☐ Single
- ☐ Married
- ☐ Common law/Cohabitation
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

***7. In which parish do you MOST OFTEN reside?**

- ☐ Devonshire
- ☐ Hamilton Parish
- ☐ Pembroke
- ☐ Paget
- ☐ Sandys
- ☐ Smith's
- ☐ Southampton
- ☐ St. George's
- ☐ Warwick

***8. Are you working?**

- ☐ Yes, full-time
- ☐ Yes, part-time
- ☐ No

***9. If you volunteer any of your time on or off campus to help others, please indicate the approximate number of hours per month and principal activity:**

- ☐ Don't volunteer, or less than 1 hour
- ☐ 1-4 hours
- ☐ 5-9 hours
- ☐ 10-15 hours
- ☐ 16 or more hours

Principal volunteer activity is:

***10. Within the last YEAR to what extent have you participated in any of the following activities?**

(Check ONE response for each line)

	Not Involved	Attended	Active Involvement Non-leader	Leadership Position
a. Student government	☐	☐	☐	☐
b. College athletics	☐	☐	☐	☐
c. Intramural or club sports	☐	☐	☐	☐
d. Religious and interfaith groups	☐	☐	☐	☐
e. Ethnic organisations	☐	☐	☐	☐
f. Political and social action groups	☐	☐	☐	☐
g. Music and other performing arts groups	☐	☐	☐	☐
h. Student newspaper, radio, TV, magazine, etc.	☐	☐	☐	☐

***11. Appropriate cumulative grade point average:**

	No GPA as yet	A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	F
GPA	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

***12. What was your primary educational intent?**

- ☐ To earn a career programme degree and then go to work
- ☐ To take courses in a career programme and find a job without earning a degree
- ☐ To improve skills for my present job
- ☐ To earn a degree and transfer to a 4 year college/university
- ☐ To take courses to transfer to a 4 year college/university without earning a degree
- ☐ To take courses for personal interest/self-development
- ☐ To take prerequisite courses for second degree
- ☐ No specific intent
- ☐ Other

SECTION 2: PREVALENCE

***13. Some students have indicated that alcohol or drug use at parties they attend off campus reduces their enjoyment, often leads to negative situations, and therefore, they would rather not have alcohol and drugs available for use. Other students have indicated that alcohol and drug use at parties increases their enjoyment, often leads to positive situations, and therefore, they would rather have alcohol and drugs available for use. Which of these is closest to your own view?**

	Have available	Not have available
With regard to drugs?	☐	☐
With regard to alcohol?	☐	☐

***14. At what age did you FIRST USE...
(Check ONE response for each line)**

	Did not use	Under 10	10-11	12-13	14-15	16-17	18-20	21-25	26+
a. Tobacco (smoke, chew, snuff)	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Alcohol (beer, wine, liquor)	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. Marijuana (pot, hash, hash oil)	☐	☐	☐	☐	☐	☐	☐	☐	☐
d. Cocaine (crack, rock, freebase)	☐	☐	☐	☐	☐	☐	☐	☐	☐
e. Opiates (heroin, smack, horse)	☐	☐	☐	☐	☐	☐	☐	☐	☐
f. Inhalants (glue, solvents, gas)	☐	☐	☐	☐	☐	☐	☐	☐	☐
g. Designer drugs (ecstasy, MDMA)	☐	☐	☐	☐	☐	☐	☐	☐	☐
h. Other illegal drugs	☐	☐	☐	☐	☐	☐	☐	☐	☐

15. If you marked an answer for first use of alcohol in question #14 (b) above, please answer the following questions. Think about your last social drinking occasion with other students.

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15+
a. How many drinks did YOU consume on that occasion?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. How many drinks did the OTHER STUDENTS consume, on average?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

16. If you marked a response for last social drinking occasion in question #15 above, please answer the following questions.

	More	The same	Less
a. Looking back, how many drinks would YOU have preferred to drink?	☐	☐	☐
b. Again looking back, how many drinks do you think the OTHER STUDENTS would have preferred to drink, on average?	☐	☐	☐

***17. Within the LAST YEAR about how often have you used...
(Check ONE response for each line)**

	Did not use	Once/ year	6 times/ year	Once/ month	Twice/ month	3 times/ week	5 times/ week	Every day
a. Tobacco (smoke, chew, snuff)	☐	☐	☐	☐	☐	☐	☐	☐
b. Alcohol (beer, wine, liquor)	☐	☐	☐	☐	☐	☐	☐	☐
c. Marijuana (pot, hash, hash oil)	☐	☐	☐	☐	☐	☐	☐	☐
d. Cocaine (crack, rock, freebase)	☐	☐	☐	☐	☐	☐	☐	☐
e. Opiates (heroin, smack, horse)	☐	☐	☐	☐	☐	☐	☐	☐
f. Inhalants (glue, solvents, gas)	☐	☐	☐	☐	☐	☐	☐	☐
g. Designer drugs (ecstasy, MDMA)	☐	☐	☐	☐	☐	☐	☐	☐
h. Other illegal drugs	☐	☐	☐	☐	☐	☐	☐	☐

***18. Please indicate how often you have experienced the following due to your drinking or drug use during the LAST YEAR...**
(Check ONE response for each line)

	Not Applicable	Never	Once	Twice	3-5 times	6-9 times	10 or more times
a. Had a hangover	☐	☐	☐	☐	☐	☐	☐
b. Performed poorly on a test or important project	☐	☐	☐	☐	☐	☐	☐
c. Been in trouble with police or other college authorities	☐	☐	☐	☐	☐	☐	☐
d. Damaged property, pulled fire alarm, etc.	☐	☐	☐	☐	☐	☐	☐
e. Got into an argument or fight	☐	☐	☐	☐	☐	☐	☐
f. Got nauseated or vomited	☐	☐	☐	☐	☐	☐	☐
g. Driven a car while under the influence	☐	☐	☐	☐	☐	☐	☐
h. Missed a class	☐	☐	☐	☐	☐	☐	☐
i. Been criticized by someone I know	☐	☐	☐	☐	☐	☐	☐
j. Thought I might have a drinking or other drug problem	☐	☐	☐	☐	☐	☐	☐
k. Had a memory loss	☐	☐	☐	☐	☐	☐	☐
l. Done something I later regretted	☐	☐	☐	☐	☐	☐	☐
m. Been arrested	☐	☐	☐	☐	☐	☐	☐
n. Have been taken advantage of sexually	☐	☐	☐	☐	☐	☐	☐
o. Have taken advantage of another sexually	☐	☐	☐	☐	☐	☐	☐
p. Tried unsuccessfully to stop using	☐	☐	☐	☐	☐	☐	☐
q. Seriously thought about suicide	☐	☐	☐	☐	☐	☐	☐
r. Seriously tried to commit suicide	☐	☐	☐	☐	☐	☐	☐
s. Been hurt or injured	☐	☐	☐	☐	☐	☐	☐

***19. If you have been taken advantage of sexually due to your drinking or drug use, to whom did you report it? (Check ALL responses that apply)**

- ☐ Not applicable
- ☐ Did not report it
- ☐ Law enforcement
- ☐ Health clinic
- ☐ Emergency

***20. To what extent has your alcohol use changed within the LAST 12 MONTHS?**

- ☐ Increased
- ☐ About the same
- ☐ Decreased
- ☐ I have not used alcohol

***21. To what extent has your drug use changed within the LAST 12 MONTHS?**

- ☐ Increased
- ☐ About the same
- ☐ Decreased
- ☐ I have not used drugs

***22. During the PAST 30 DAYS how many days did you have:
(Check ONE response for each line)**

	0 days	1-2 days	3-5 days	6-9 days	10-19 days	20-29 days	All 30 days
a. Tobacco (smoke, chew, snuff)	☐	☐	☐	☐	☐	☐	☐
b. Alcohol (beer, wine, liquor)	☐	☐	☐	☐	☐	☐	☐
c. Marijuana (pot, hash, hash oil)	☐	☐	☐	☐	☐	☐	☐
d. Cocaine (crack, rock, freebase)	☐	☐	☐	☐	☐	☐	☐
e. Opiates (heroin, smack, horse)	☐	☐	☐	☐	☐	☐	☐
f. Inhalants (glue, solvents, gas)	☐	☐	☐	☐	☐	☐	☐
g. Designer drugs (ecstasy, MDMA)	☐	☐	☐	☐	☐	☐	☐
h. Other illegal drugs	☐	☐	☐	☐	☐	☐	☐

***23. Think back over the LAST TWO WEEKS. How many times have you had FIVE OR MORE DRINKS IN ONE SITTING?**

(A drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink).

- ☐ None
- ☐ Once
- ☐ Twice
- ☐ 3 to 5 times
- ☐ 6 to 9 times
- ☐ 10 or more times

***24. Where have YOU used...**

(Check ALL responses that apply)

	Never Used	On Campus	Bar/ Restaurant	Where You Live	In a Car	Private Parties	Other
a. Tobacco (smoke, chew, snuff)	☐	☐	☐	☐	☐	☐	☐
b. Alcohol (beer, wine, liquor)	☐	☐	☐	☐	☐	☐	☐
c. Marijuana (pot, hash, hash oil)	☐	☐	☐	☐	☐	☐	☐
d. Cocaine (crack, rock, freebase)	☐	☐	☐	☐	☐	☐	☐
e. Opiates (heroin, smack, horse)	☐	☐	☐	☐	☐	☐	☐
f. Inhalants (glue, solvents, gas)	☐	☐	☐	☐	☐	☐	☐
g. Designer drugs (ecstasy, MDMA)	☐	☐	☐	☐	☐	☐	☐
h. Other illegal drugs	☐	☐	☐	☐	☐	☐	☐

***25. How often do you think the AVERAGE STUDENT on campus uses...**

(Check ONE response for each line)

	Never	Once/ year	6 times/ year	Once/ month	Twice/ month	Once/ week	3 times/ week	5 times/ week	Every day
a. Tobacco (smoke, chew, snuff)	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Alcohol (beer, wine, liquor)	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. Marijuana (pot, hash, hash oil)	☐	☐	☐	☐	☐	☐	☐	☐	☐
d. Cocaine (crack, rock, freebase)	☐	☐	☐	☐	☐	☐	☐	☐	☐
e. Opiates (heroin, smack, horse)	☐	☐	☐	☐	☐	☐	☐	☐	☐
f. Inhalants (glue, solvents, gas)	☐	☐	☐	☐	☐	☐	☐	☐	☐
g. Designer drugs (ecstasy, MDMA)	☐	☐	☐	☐	☐	☐	☐	☐	☐
h. Other illegal drugs	☐	☐	☐	☐	☐	☐	☐	☐	☐

***26. How often do you think students in each of the following categories typically**

consume ALCOHOL (including beer, wine, wine coolers, liquor, and mixed drinks)? Just give your best estimate for each category.

(Check ONE response for each line.)

	Never	1-2 times/ year	6 times/ year	Once/ month	Twice/ month	Once/ week	3 times/ week	5 times/ week	Every day
a. Your friends	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Students off campus	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. Students in general (on and off campus)	☐	☐	☐	☐	☐	☐	☐	☐	☐
d. Males	☐	☐	☐	☐	☐	☐	☐	☐	☐
e. Females	☐	☐	☐	☐	☐	☐	☐	☐	☐

***27. How often do you think students in each of the following categories typically use MARIJUANA? Again, just give your best estimate for each category.**

(Check ONE response for each line)

	Never	1-2 times/ year	6 times/ year	Once/ month	Twice/ month	Once/ week	3 times/ week	5 times/ week	Every day
a. Your friends	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Students off campus	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. Students in general (on and off campus)	☐	☐	☐	☐	☐	☐	☐	☐	☐
d. Males	☐	☐	☐	☐	☐	☐	☐	☐	☐
e. Females	☐	☐	☐	☐	☐	☐	☐	☐	☐

***28. How often do you think students in each of the following categories typically use ANY ILLICIT DRUG OTHER THAN MARIJUANA? Again, just give your best estimate for each category.**

(Check ONE response for each line)

	Never	1-2 times/ year	6 times/ year	Once/ month	Twice/ month	Once/ week	3 times/ week	5 times/ week	Every day
a. Your friends	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Students off campus	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. Students in general (on and off campus)	☐	☐	☐	☐	☐	☐	☐	☐	☐
d. Males	☐	☐	☐	☐	☐	☐	☐	☐	☐
e. Females	☐	☐	☐	☐	☐	☐	☐	☐	☐

***29. Have any of your family members had alcohol or other drug problems:
(Check ALL responses that apply)**

- | | | |
|-------------------------------------|--|-----------------------------------|
| ☐ Mother | ☐ Brothers/sisters | ☐ Spouse |
| ☐ Father | ☐ Maternal grandparents | ☐ Children |
| ☐ Stepmother | ☐ Paternal grandparents | ☐ None |
| ☐ Stepfather | ☐ Aunts/uncles | |

***30. Overall, what percentage of students here do you think consumed NO alcoholic beverages at all? Just give your best estimate.**

***31. Overall, what percentage of students here do you think consumed five or more drinks in a row on at least one occasion in the LAST TWO WEEKS? Again, just give your best estimate:**

***32. How many alcoholic drinks, on average, do you think each of the following students typically consumes at parties and bars? (A drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.)**
(Check the oval corresponding to your best estimate of the average number of drinks consumed by each category of students on one of the occasions.)

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15+
a. Yourself	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Your friends	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. Students in general	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
d. Males	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
e. Females	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

***33. On any given occasion, how many alcoholic drinks are most typically consumed by you and by others in each of the following places? (If you never attend the activity or it is not available, check that response and leave both estimates blank.)**

	Not Available	Never Attend	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15+
Bar: Others	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Athletic events: Yourself	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Athletic events: Others	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
School dances (or "socials"): Yourself	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
School dances (or "socials"): Others	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Parties: Others	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

SECTION 3: PERCEPTIONS & ATTITUDES

***34. How do you think your close friends feel (or would feel) ABOUT YOU...
(Check ONE response for each line)**

	Don't Disapprove	Disapprove	Strongly Disapprove
a. Trying marijuana once or twice	☐	☐	☐
b. Smoking marijuana occasionally	☐	☐	☐
c. Smoking marijuana regularly	☐	☐	☐
d. Trying cocaine once or twice	☐	☐	☐
e. Taking cocaine regularly	☐	☐	☐
f. Taking one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	☐	☐	☐
g. Taking four or five drinks nearly every day	☐	☐	☐
h. Having five or more drinks in one sitting	☐	☐	☐

***35. Do you believe that alcohol has the following effects?
(Check ONE response for each line)**

	Yes	No
a. Breaks the ice	☐	☐
b. Enhances social activity	☐	☐
c. Makes it easier to deal with stress	☐	☐
d. Facilitates a connection with peers	☐	☐
e. Gives people something to talk about	☐	☐
f. Facilitates male bonding	☐	☐
g. Facilitates female bonding	☐	☐
h. Allows people to have more fun	☐	☐
i. Gives people something to do	☐	☐
j. Makes food taste better	☐	☐
k. Makes women sexier	☐	☐
l. Makes men sexier	☐	☐
m. Makes me sexier	☐	☐
n. Facilitates sexual opportunities	☐	☐

***36. Which statement below about drinking ALCOHOLIC BEVERAGES do you feel best represents YOUR own attitude? (Fill in the best answer for you.)**

- ☐ Drinking is never a good thing to do.
- ☐ Drinking is all right but a person should not get drunk.
- ☐ Occasionally getting drunk is okay as long as it doesn't interfere with academics or other responsibilities.
- ☐ Occasionally getting drunk is okay even if it does interfere with academics and responsibilities.
- ☐ Frequently getting drunk is okay if that's what the individual wants to do.

***37. Which statement below about drinking ALCOHOLIC BEVERAGES do you feel best represents the most common attitude among STUDENTS IN GENERAL here? (Fill in the oval corresponding to the best answer.)**

- ☐ Drinking is never a good thing to do.
- ☐ Drinking is all right but a person should not get drunk.
- ☐ Occasionally getting drunk is okay as long as it doesn't interfere with academics or other responsibilities.
- ☐ Occasionally getting drunk is okay even if it does interfere with academics and responsibilities.
- ☐ Frequently getting drunk is okay if that's what the individual wants to do.

***38. Which statement below about using MARIJUANA do you feel best represents YOUR own attitude? (Fill in the best answer for you.)**

- ☐ It is never a good thing to use.
- ☐ Trying it out once or two times is okay as long as it doesn't interfere with academics or other responsibilities.
- ☐ Occasionally use is okay as long as it doesn't interfere with academics or other responsibilities.
- ☐ Occasionally use is okay even if it does interfere with academics and responsibilities.
- ☐ Frequent use is okay if that's what the individual wants to do.

***39. Which statement below about using MARIJUANA do you feel best represents the most common attitude among STUDENTS IN GENERAL here? (Fill in the oval corresponding to the best answer.)**

- ☐ It is never a good thing to use.
- ☐ Trying it out once or two times is okay as long as it doesn't interfere with academics or other responsibilities.
- ☐ Occasionally use is okay as long as it doesn't interfere with academics or other responsibilities.
- ☐ Occasionally use is okay even if it does interfere with academics and responsibilities.
- ☐ Frequent use is okay if that's what the individual wants to do.

***40. Which statement below about using ANY ILLICIT DRUG OTHER THAN MARIJUANA do you feel best represents YOUR own attitude? (Fill in the best answer for you.)**

- ☐ Use is never okay.
- ☐ Trying out a drug once or twice is okay as long as it doesn't interfere with academics or other responsibilities.
- ☐ Occasionally use is okay as long as it doesn't interfere with academics or other responsibilities.
- ☐ Occasionally use is okay even if it does interfere with academics and responsibilities.
- ☐ Frequently use is okay if that's what the individual wants to do.

***41. Which statement below about using ANY ILLICIT DRUG OTHER THAN MARIJUANA do you feel best represents the most common attitude among STUDENTS IN GENERAL here? (Fill in the oval corresponding to the best answer.)**

- ☐ Use is never okay
- ☐ Trying out a drug once or two times is okay as long as it doesn't interfere with academics or other responsibilities.
- ☐ Occasionally use is okay as long as it doesn't interfere with academics or other responsibilities.
- ☐ Occasionally use is okay even if it does interfere with academics and responsibilities.
- ☐ Frequently use is okay if that's what the individual wants to do.

SECTION 4: RISK OF HARM

***42. How much do you think people risk harming themselves (physically or in other ways) if they...**

(Check ONE response for each line)

	No Risk	Slight Risk	Moderate Risk	Great Risk	Can't Say
a. Try marijuana once or twice	☐	☐	☐	☐	☐
b. Smoke marijuana occasionally	☐	☐	☐	☐	☐
c. Smoke marijuana regularly	☐	☐	☐	☐	☐
d. Try cocaine once or twice	☐	☐	☐	☐	☐
e. Take cocaine regularly	☐	☐	☐	☐	☐
f. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly everyday	☐	☐	☐	☐	☐
g. Take four or five drinks nearly every day	☐	☐	☐	☐	☐
h. Have five or more drinks in one sitting	☐	☐	☐	☐	☐
i. Consume alcohol prior to being sexually active	☐	☐	☐	☐	☐
j. Regularly engage in unprotected sexual activity with a single partner	☐	☐	☐	☐	☐
k. Regularly engage in unprotected sexual activity with multiple partners	☐	☐	☐	☐	☐

SECTION 5: BEHAVIOURS

*43. Mark one answer:

	Yes	No
a. Did you have sexual intercourse within the last year?	☐	☐

44. If you answered "Yes" to question #42 please answer this question.

	Yes	No
a. Did you drink alcohol the last time you had sexual intercourse?	☐	☐
b. Did you use other drugs the last time you had sexual intercourse?	☐	☐

*45. During the PAST 30 DAYS, to what extent have you engaged in any of the following behaviours?

(Check ONE response for each line)

	0 time	1 time	2 times	3-5 times	6-9 times	10 or more times
a. Refused an offer of alcohol or other drugs	☐	☐	☐	☐	☐	☐
b. Bragged about your alcohol or other drug use	☐	☐	☐	☐	☐	☐
c. Heard someone else brag about his/her alcohol or other drug use	☐	☐	☐	☐	☐	☐
d. Carried a weapon such as a gun, knife, etc. (do not count weapons used as part of your job or regiment duties)	☐	☐	☐	☐	☐	☐
e. Experienced peer pressure to drink or use drugs	☐	☐	☐	☐	☐	☐
f. Held a drink to have people stop bothering you about why you weren't drinking	☐	☐	☐	☐	☐	☐
g. Thought a sexual partner was not attractive because he/she was drunk	☐	☐	☐	☐	☐	☐
h. Told a sexual partner that he/she was not attractive because he/she was drunk	☐	☐	☐	☐	☐	☐

SECTION 6: CAMPUS ENVIRONMENT

*46. Campus situation on alcohol and drugs:

	Yes	No	Don't Know
a. Does your campus have alcohol and drug policies?	☐	☐	☐
b. If so, are they enforced?	☐	☐	☐
c. Does your campus have a drug and alcohol prevention programme?	☐	☐	☐
d. Do you believe your campus is concerned about the prevention of drug and alcohol use?	☐	☐	☐
e. Are you actively involved in efforts to prevent drug and alcohol use problems on your campus?	☐	☐	☐

*47. Campus environment

	Yes	No
a. Does the social atmosphere on this campus promote alcohol use?	☐	☐
b. Does the social atmosphere promote other drug use?	☐	☐
c. Do you feel safe on this campus?	☐	☐

***48. Consider those campus rules and regulations regarding alcohol and other drug use that you are aware of on this campus. Fill in the oval next to the response that comes the closest to or best represents your position.**

- ☐ I generally know of and support these rules and regulations.
- ☐ I generally know of and oppose these rules.
- ☐ I generally know of these rules but have no opinion.
- ☐ I am not really aware of these rules.

***49. Again, considering campus rules and regulations regarding alcohol and drug use, what percentage of the student body do you believe:**

(Just give your best estimate for each question even if you are unsure. Your estimates or best guesses on (a) through (d) should total to 100%. Fill in all boxes and mark the corresponding ovals, even if they are zeroes.)

- a. ... generally knows of and supports these rules and regulations?
- b. ... generally knows of and opposes these rules and regulations?
- c. ... generally knows of these rules but has no opinion?
- d. ... are not aware of these rules?

***50. On this campus, drinking is a central part of the social life for the following groups:
(Check ONE response for each line)**

	Yes	No
a. Male students	☐	☐
b. Female students	☐	☐
c. Faculty/Staff	☐	☐
d. Alumni	☐	☐
e. Athletes	☐	☐

***51. To what extent do students on this campus care about problems associated with...
(Check ONE response for each line)**

	Not At All	Slightly	Somewhat	Very Much
a. Alcohol and other drug use	☐	☐	☐	☐
b. Campus vandalism	☐	☐	☐	☐
c. Sexual assault	☐	☐	☐	☐
d. Assaults that are non-sexual	☐	☐	☐	☐
e. Harassment because of gender	☐	☐	☐	☐
f. Harassment because of sexual orientation	☐	☐	☐	☐
g. Harassment because of race or ethnicity	☐	☐	☐	☐
h. Harassment because of religion	☐	☐	☐	☐

***52. In which of the following ways do other students' drinking interfere with your life on or around campus?**

(Check ONE response for each line)

	Yes	No
a. Interrupts your studying	☐	☐
b. Makes you feel unsafe	☐	☐
c. Adversely affects your involvement on an athletic team or in other organized groups	☐	☐
d. Prevents you from enjoying events (concerts, sports, social activities, etc.)	☐	☐
e. Doesn't interfere with my life	☐	☐

53. STUDENT ID (if you wish to receive a gift certificate for your participation):



GOVERNMENT OF BERMUDA

Ministry of Public Safety

Department for National Drug Control