



**AWARENESS AND PRACTICES RELATED TO
ADDICTIVE SUBSTANCES AMONG SCHOOLCHILDREN
IN LEBANON IN 2008**

MEDSPAD LEBANON

**BEIRUT - LEBANON
OCTOBER 2009**

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AWARENESS AND PRACTICES RELATED TO ADDICTIVE SUBSTANCES AMONG SCHOOLCHILDREN IN LEBANON IN 2008

A. INTRODUCTION

A1. Preamble

The Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) is an inter-governmental body formed in 1971 at the initiative of the late French President Georges Pompidou. Initially, the aim of this forum was to share the experience of combating drug abuse and drug trafficking. In 1980 the Group was incorporated into the institutional framework of the Council of Europe and at present it comprises 35 member states. Epidemiological research and surveillance activities started in 1982 with the multi-city project and Pompidou Group was a precursor in that field in Europe. The Pompidou Group started the European School Survey Project on Alcohol and other Drugs (EDSPAD) in 1993 as a collaborative research project on school surveys of alcohol and other drug use. Pompidou Group funds the participation of non-EU experts in project coordination meetings. The survey is repeated every four years in 35 countries and is unique in Europe.

Cooperation in the Mediterranean region started in 1999 with a Conference in Malta in 1999 which then initiated the Mediterranean School Survey Project on Alcohol and Other Drugs (MedSPAD). MedSPAD provides an insight into the drug use situation in non-European countries of the Mediterranean Region. It gathers information about young people's attitudes and behaviour in relation to the consumption of alcohol, tobacco and other substances. It adapted the ESPAD methodology to the Mediterranean context. Pilot surveys explored methodological validity and actual school surveys have been carried out in Algiers and Rabat.

Since 2006, the Pompidou Group has increased co-operation activities for and with non member States from the Mediterranean Basin such as Algeria, Morocco, Tunisia and Lebanon through the MedNET network. This network for cooperation on drugs and addictions aims to foster cooperation, exchange and transfer two-way knowledge between North and South as well as within countries of the Mediterranean basin (South-South). It is within this network that cooperation with Lebanon started in 2006.

The Department of Social and Family Medicine at Saint-Joseph University (USJ) was contacted by the Lebanese representative at MedSPAD at the end of 2007, to establish this type of partnership on behalf of Lebanon. The partnership when in place will include an exchange of training programs, workshops and educational material to law enforcement

agencies, community health and social workers, and at-risk groups. The current Chairman of the Saint-Joseph University (USJ) Social and Family Medicine Department had already participated in efforts in 2003-2004 to establish a National Drug Strategy, under the auspices of the UN Office for Drugs and Crime (UNODC). Work on the Strategy had aborted as a consequence of the political unrest in Lebanon since 2005.

All nations have to gather all possible resources to control the burden of drug addiction, or even better to prevent the spread of this dangerous epidemic. The government of Lebanon has only limited resources to offer for that problem, thus the European partnership becomes timely and crucial. The partners have requested as a pre-requisite for participation in Medspad that a series of national surveys in various sub-populations, starting with schoolchildren, is conducted across the country. All concerned in Lebanon, including governmental agencies, were highly motivated to support this request.

A2. Review of current knowledge

There are anecdotal information suggesting that drug addiction may be increasing in Lebanon, and that patterns of utilization are changing. While the occasional use of hashish alone or mixed with tobacco in cigarettes or in nargilehs still exists, the old pattern of heroin IV injection which was predominant before the civil wars (1975-1991) is still persisting in specific clusters. The use of prescription or non-prescription pills seems to be on the rise, both orally with or without combination with alcohol, sometimes in mixes burned in the nargileh (or water-pipe). The utilization of nargileh among children and adolescents has increased in recent years to the dimension of a public health concern, while cigarette smoking remains highly prevalent.

In the first decade following the return of civil peace, the Family Planning Association, funded by the Ministry of Social Affairs, had conducted in 1996 a survey on addiction-related issues of 1000 high school adolescents. At that time, 21% knew someone addicted to drugs, 39% to tranquilizers, 48% to alcohol and 75% to tobacco. Among those adolescents, 29% believed addiction to be a national problem.

Under the auspices of UNODC, Lebanon has produced a rapid assessment survey (RAS 2002), using a series of non-random convenient samples of various subgroups in the Lebanese population. The youngest such subgroup was that of high school students predominantly from the Greater Beirut area, with a mean age of 17 years. Parts of the RAS final report relevant to that subgroup have been excerpted in Appendix 1 and used in planning the present survey. At that time, 17% had already smoked daily for at least 30 days. The age of onset of use was 15 years, with at least 37% starting at an age younger than 15. Almost 70% had already tried alcohol and 50% had used it at least once in the past 30 days. The age of first having 12 drinks or more in a year was 13 years on average, and that of first drunkenness for those 26% who reported it was 15 years. Ever-used drugs were: hashish/marijuana (6.8%) followed by tranquilizers (3.3%) and Ecstasy (2.8). Under all patterns of use, these three categories of drugs were consistently the most reported and in the same order of importance. Figures provided by RAS 2002 are generally believed to be over-estimates biased by the higher representation of middle-class high-school children from private schools in Beirut city. Indeed, later national surveys, conducted on less biased

random samples of the population provided more conservative national figures, more so for drugs and alcohol utilization than for tobacco use.

A WHO-sponsored Global School Health Survey was subsequently conducted in 2004-2005 (GSHS 2005), targeting more than 5000 students randomly selected from pre-secondary classes across the country. Of those students, about 48% were boys, and the vast majority were between the ages of 13-15 years. All results related to utilization of addictive substances in that survey are presented in Appendix 3. As may be noted, and because addiction was not the major focus of that survey, questions were somewhat general in nature, and did not provide detailed information on types of drugs ever used. To the question of ever-using any drug even once, the positive response was 3.5%. Information more detailed was obtained on alcohol use. It appeared that about 20% had at least one drink in the previous 30 days and 14% had been drunk at least once in their lifetime. The gender gap remained in this survey, with males regularly scoring higher risks than females.

In 2004, the Ministry of Social Affairs conducted a Family Health Survey (PAPFAM 2006) in which more than 3300 children aged <20 years were surveyed for their smoking status. Those results are shown in Appendix 2. While about 1/4th of the entire sample of about 9000 persons involved was described as current smokers, this proportion was 0.9% in the age-group 0-14 years, and 7.7 in the 15-19 age-group. At all ages, smoking was more frequent among males compared to females.

About the same time, a CDC-sponsored Global Tobacco Youth Survey was also conducted in Lebanon (Saade et al. 2008) which targeted adolescents 13-15 using the same methodology as GSHS. Results indicated that among more than 3300 students, current cigarettes smoking was 10% but that of the nargileh was almost 59%. More than 78% were exposed to indoor smoke. The increasing predominance of nargileh use even among adolescents further confirmed a previous study among more than 1400 adolescents in the Southern suburbs of Beirut which found that 24% smoked at least one head of nargileh at least once a week. Among those adolescents with a mean age of 15, first initiation started at 13, and 28% were initiated by a member of the direct family (Zoughaib et al. 2004).

A3. Aims and Objectives

This survey was conducted primarily to collect data collected suitable for Education and Prevention Programs. With data, programs may be introduced or revised. Such surveys repeated at different time points may then be used to monitor trends and indirectly provide information on the impact of a particular policy or programs in operation. To those aims, the main objectives of this school survey are:

1. To determine the magnitude of social contact and actual use of drugs among pre-secondary schoolchildren in all areas of Lebanon.
2. To complete data regarding cigarette and nargileh contact and use in that subgroup of the population.
3. To confirm and detail data regarding alcohol contact and utilization in that subgroup.

B. METHODS

B1. Target population

The subgroup of schoolchildren targeted for this survey, conducted in 2008, was the last class in the complementary cycle, which corresponds to the 9th grade. This decision was made mostly for two reasons:

1. Existing data had been collected at least 4 years ago, and needed both to be re-estimated and refined (see section A2).
2. After finishing complementary schooling, a substantial yet unknown proportion of students did not go on to the secondary cycle, and left to join the workforce or to enter technical training.

Thus, 9th grade was an adequate class to assess early contact with addictive substances, while avoiding the social reluctance to address these issues with younger children. The number of students in primary and complementary cycles is estimated yearly at 115,000 children, distributed in nine grades, for about 12,000 per grade (assuming equal distribution). The schoolchildren's distribution is about 60% in the public school system and 40% in private schools. Regionally, 10% are found in the mohafazat (province) of Beirut, 40% in Mount-Lebanon, 20% in North-Lebanon and South-Lebanon, and 10% in the mohafazat of Bekaa (CAS 2006).

B2. Sample size

The number need for this survey was calculated based on an estimation of 11% of direct or indirect contact with drugs and/or alcohol among schoolchildren (RAS 2002; GSHS 2005). The alpha error tolerated was 0.05 and the projected sampling error of 2%. With these figures, the needed number of children for this survey was 940. Since children were to be drawn from all five "muhafazats" of the country, it was decided that an equal number of 200 participants would be selected from each, and prevalence rates would be weighted for proportional distribution during analysis. The projected number of students to be selected was 1000.

B3. Sampling procedures

A two-stage stratified cluster sampling procedure. Assuming that each class includes about 20 students, and that only one class could come from any one school, 10 schools had to be selected in each mohafazat. In fact 15 were selected to accommodate smaller classes and/or refusal to participate. In each mohafazat, all schools with at least one 9th grade class were listed and given weights according to the number of classes. Schools were then randomly selected, those having more weights having higher chances of being selected. In each selected school, a specific class was then randomly selected for the survey. Appendix 4 presents the list of selected schools.

B4. Questionnaire

The standard ESPAD French questionnaire was adopted and adapted to the specific Lebanese context (Appendix 5). An Arabic version was developed, building partly on a previous one prepared for MedSPAD-Morocco and adapting it to local Lebanese Arabic (Appendix 6). The questionnaire was titled “What do young people know about addictive substances”. It included detailed sections on contact with and actual use of cigarettes, nargileh, alcohol, hashish and Ecstasy. A section included general questions about other types of drugs and drug-related behaviors. The questionnaire concluded with a socio-demographic section.

A first version was piloted in one urban and one rural classroom, and it was modified accordingly. The most important consequence of the piloting was to alert the research team to the questions which this survey raised in the minds of students, and to the importance of providing answers to those questions. More is detailed on that issue below under “ethical considerations”. The questionnaire was designed to be presented in class and auto-completed in about 20 minutes, with a trained assistant at hand to provide support if needed. When the questionnaire was completed, it was placed in a sealed envelop in full view of the students. The research assistant received training on the questionnaires prior to being dispatched to schools.

B5. Variables

The following detailed variables were obtained on cigarettes, nargileh, alcohol, hashish and Ecstasy:

- Knowing or hearing about a specific substance
 - Knowing of someone who uses that substance in general and among friends and family
 - Frequency of self-reported lifetime substance abuse; in the last 12 months; and in the last 30 days
 - Place and persons with whom substance has been used
 - Availability of the substance in the student’s environment
- Socio-demographic data obtained included:
- Age and sex
 - Parents education
 - Maternal employment
 - Socio-economic status (SES) indicated by the household crowding index measured in persons/room. Higher crowding indicates lower SES (Melki et al. 2004).

B6. Validity procedures

The integrity of the data was assessed using logical and range tests. Detected errors were corrected whenever possible by returning to the original hard copy of the corresponding questionnaire. The validity of the content was partly evaluated for those questions concerned with the prevalence of use of illegal drugs. The use of a fictitious substance “Abanol” was

queried in the questionnaire, and some respondents declared having heard or used that substance. Subsequently, prevalence figures were adjusted for illegal drugs by removing those “users” of an inexistent substance, as being unreliable respondents.

B7. Ethical considerations

Prior to administering the questionnaire, a negative consent form was sent to all parents, requesting that they sign a form if they did not want their child to participate. The preamble of the questionnaire assured children that their participation was free, that their answers will remain anonymous and not shared with anyone at school or elsewhere, and that there were no correct or incorrect answers. At the end of the survey, each participant received brochures and pamphlets describing substances mentioned in the survey and highlighting the harm which they can cause. Their science teacher received a booklet and a DVD which included materials to be used in preparing class presentations on issues of drugs and addiction.

B8. Plan of analysis

All variables were described as frequencies and percentages for categorical variables, and as means and standard deviations (SD) for continuous ones. Gross, and where needed validity-adjusted national prevalence rates, were compiled using weights to the distribution of the students' population (section B1). They were presented with their corresponding 95% confidence intervals (95% CI). The associations of prevalence rates with gender, age and type of school system were measured using the odds-ratio (OR). An association exists for an OR 1. The association is significant if the corresponding 95% CI does not include the value 1. All computations were conducted using SPSS-16.

C. RESULTS

C1. Sociodemographic characteristics of participants

At the end of the data collection, a total of 1097 questionnaires had been completed in 59 classes, almost equally distributed between the five administrative districts of Lebanon. A mean of 19 students were selected in each class, with some classes providing more students to compensate for those classes with less than 20 students. Students selected were distributed between the public educational system (65%) and private schools (35%). The sample included slightly more girls (54%) than boys (46%). Ages ranged from 12 to 19 years, with a mean of 14.6 years (SD= 1.1). Most children were between ages 14-15. There were no differences in mean ages between boys and girls. However, a significant differences existed between children in public (14.9 ± 1.3) and private (14.1 ± 0.7) schools ($p < 0.01$). Schoolchildren were significantly younger on average in Beirut (14.3 ± 1.0) and Mount-Lebanon (14.5 ± 1.0), and significantly older in South-Lebanon (14.7 ± 1.0) and North-Lebanon (15.0 ± 1.2) ($p < 0.01$).

About 25% of mothers had an elementary education, and more than 80% were homemakers. Almost the same proportion of fathers had an elementary education. Based on the crowding index, the sample indicated a socio-economic status (SES) slightly skewed towards less affluent levels. A crowding rate of 1 person/room is generally considered the limit from upper-middle to lower-middle class. The average crowding in this sample was 1.6 persons/room (SD= 0.7). Details are presented in Table 1.

C2. Cigarette smoking

Just about 1 out of 4 participants reported living in a household with no smokers. More fathers (56%) than mothers (39%) were reported as smokers. About 38% of those children declared having no smokers among their friends, versus 20% declaring all their friends to be smokers. In this group, 10% had ever tried cigarettes and about 3.9% were “frequent” smokers (10 times or more). Of “frequent” smokers (n=49), 60% were already smoking at least one cigarette per day, with an mean number of 8. Among the 154 students who had ever smoked even if once, the most common places where this occurred were the child’s home (43%), or a friend’s home (39%). About 25% smoke alone but most (60%) do so with friends or neighbors. Age at first cigarette was 13 years, and had started about 2 years prior to the survey (Table 2). The overall weighted prevalence of “frequent” cigarette use was 4.3% (3.1-5.5), with highest prevalence rates found in Mount-Lebanon (7.9%) followed by Beirut city (6.2%) (Table 7). In boys it was 7.9% (5.5-10.3) and in girls 1.3 (0.4-2.3) (Table 8). The prevalence increased rapidly with age, from 2.2% (0.9-3.4) at age 14 to 15% (9.9-20.1) at age 16 or older (Table 9). It was higher in public schools (5.6%) versus private schools (2.4%) (Table 10).

C3. Nargileh smoking

About 36% of selected students reported living in households with no nargileh smokers. Almost equal proportions of nargileh smokers were found in fathers (27%) than in mothers (23%). In sharp contrast with social contact with cigarettes, that of nargileh was remarkably higher. No more than 19% of those children declared no nargileh smokers among their friends, versus 42% declaring all their friends as nargileh smokers. In this group, more than 25% had ever tried nargileh and about 19% were “frequent” users (10 times or more). Of those “frequent” users (n=198), 69% were already smoking nargileh at least once a week, with a mean of 4 “heads” per week. Among those who ever-smoked the nargileh (n=465), the most common places where this behavior occurred were the child’s home (58%) or a friend’s home (46%), but 50% also used the nargileh in restaurants and cafés. Nargileh use in a highly social behavior: very few smoke it alone (<4%) but most of it occurs with friends, relatives and siblings. The age at first nargileh was 14 years, and had started about 2 years prior to the survey (Table 3). The perfumed mix “mouassal”, reputed more chemically dangerous was nevertheless preferred by 79% of ever-user compared to 5% who preferred the pure tobacco mix “ajami”.

The overall weighted prevalence of frequent nargileh use was 18.1% (15.8-20.4) with the highest prevalence (24.1%) found in South-Lebanon (Table 7). In boys it was 19.8%

(16.3-23.2) and in girls 14.0 (11.2-16.8) (Table 8). The weighted prevalence increased with age, increasing from 10.3% (7.2-12.9) at age 14 to 31.1% (24.4-37.7) at age 16 and older (Table 9). It was higher in public (20.8%) than in private schools (10.4%) (Table 10).

Heavier nargileh users were 10 times more likely to be also heavier cigarette smokers (OR= 9.8; 95% CI: 5.0-19.5). This association between heavier use of both nargileh and cigarettes suggests some process of instrumental facilitation between the two behaviors. Nargileh users who did so at home were about 4 times more likely to also smoke cigarettes at home compared to those who used nargileh outside their home (OR= 3.7; 95% CI: 1.6-8.3). This suggests that family permissiveness to one behavior may also lead to permissiveness to the other, and that households with exposure to two sources of indoor smoke pollution may be more numerous than generally perceived. In this cross-sectional design, it is not possible to assert which tobacco-related behavior preceded the other, although the mean age of initiation of cigarette smoking was lower by about one year than that of nargileh initiation (Table 4).

C4. Alcohol use

More than 60% of surveyed students reported no alcohol use at all in their family and about 50% reported no use among friends. However, at least 16% declared that all their friends drank alcohol. Because alcohol use is a stigmatized behavior in some areas, at least 11% reported being unsure of their friends' contact with that substance. About 65% had never used alcohol in their lives, while about 20% reported doing so in the 4 weeks preceding the survey. The patterns of use of different types of alcoholic drinks differed in frequency and intensity. Beer was by far the most common drink used even once in a life-time (60%) or in the previous 4 weeks (17%). It was followed in frequency by whisky, wine, arack and vodka. Among those who had a drink in the past 4 weeks, almost half did not have more than 2 drinks, regardless of the type of alcoholic drink used. There were differences in intensity of use in the previous 4 weeks by type of drink. Highest rate of consumption were found for arack (almost 40%), followed by wine (32%), vodka (31%), beer (30%) and whisky (25%).

Among those who had ever had any alcoholic drink, a pattern of trying more than one type appeared. While only 64% of beer users had tried any other alcoholic drink, almost all those who had tried any other drink had also tried at least one more. Data are presented for those who tried one or more types with vodka (95%) or with arack (94%). (Table 5).

When consumed, alcohol was consumed mostly at home (71%) or in restaurants (50%), with relatives (59%) or friends (47%) and rarely alone (12%). Of 380 children who had ever used alcohol, 27% had been drunk at least once, 5% in the previous 4 weeks. About 9% had a few friends who get drunk about once a week, with 3% reporting all their friends to be drunk on a weekly basis. About 8% of the sample reported having friends who mixed alcohol with tranquilizers at various degrees (Table 5).

The national rate of alcohol ever-use was 36.5% (33.6-39.4) with rates markedly higher in Mount-Lebanon (74.3%) than in all other regions (Table 7). Alcohol ever-use was higher in males (45%) than in females (26.1%) (Table 8). Unlike in tobacco products, this

prevalence varied only slightly by age. Among children 13 or less it was 34.6% (23.6-45.6) and rose to only 37% (30.1-43.9) among those 16 or more (Table 9). Alcohol ever-use was higher in private schools (45.8%) than in public ones (29.3%) (Table 10).

C5. Contact with other addictive substances

Most students surveyed recognized “classical” illegal drugs such as cocaine and heroin reputed to be relatively common in Lebanon. The real level of recognition of less frequent drugs may be much lower, as indicated by the fact that at least 10% were able to “recognize” a fictitious substance “Apanol”. This 10% rate was subsequently used to adjust for the validity of results presented in the following section.

About 80% of all participants had ever heard about cocaine and 64% about heroin. Further, 7% knew someone who used heroin and 11% someone who used cocaine. Less recognized were other illegal substances less frequently used in Lebanon such as LSD (15%), amphetamines (14%) and crack (9%). About 1% knew someone who used LSD or crack and about 3% knew someone who used amphetamines.

Awareness of items found on the open market which can be misused as drugs was assessed for oil “benzene”, organic solvents “thinner”, or glue. Proportions of students who knew someone, mostly friends, using those items were about 11%, 7% and 5% respectively. In addition, 10% knew of someone, mostly friends, who used tranquilizers without a medical prescription (Table 6).

C6. Hashish awareness and use

Of all licit and illicit drugs queried in this survey, hashish was the most known, as more than 85% of all students had heard of this substance, and almost 20% knew someone who uses it. At least 7% of all students reported use at various frequencies in their immediate circle of friends (Table 6). The weighted prevalence of ever-use was 4% (2.8-5.1) with rates highest in Greater Beirut (5.6%) (Table 7). Rates were more than twice higher in males (5.9%) than in females (2.7%) (Table 8). With this substance like with all other addictive products, prevalence increased with age, reaching 8% at age 16 and older (Table 9). It was higher in public school students (4.8%) than in private school students (3%) (Table 10).

C7. Ecstasy awareness and use

Of all surveyed students, less than 15% had heard of Ecstasy and less than 5% knew someone, mostly a friend, who uses it. Ever-use of ecstasy was reported by only 1.5% of the group (Table 6). The weighted prevalence of ever-use was 1.6% (0.9-2.4) with rates highest in Mount-Lebanon (5%) (Table 7). Ecstasy use was reported only by boys (3.8%) (Table 8). Prevalence was generally low in younger ages, but was markedly elevated among boys 16 or older (6.8%) (Table 9). Ecstasy use was higher in public schools (2.3%) than in private schools (1.0%) (Table 10).

D. DISCUSSION

D1. Survey limitations

Since the 2002 rapid situation assessment (RAS), several well-planned surveys have addressed more or less comprehensively various issues of addictive substance use among adolescents. These surveys have focused more on cigarette smoking (GYTS 2005; PAFAM 2006) and alcohol (GYHS 2005) and much less on nargileh use, despite increasing evidence that this behavior has been rapidly increasing in Lebanon (Zoughaib et al, 2004). Practically none of those surveys explored illegal or addictive drug use. MEDSPAD-Lebanon updates and completes knowledge regarding the social contact and awareness of adolescents, and their potential use of addictive substances. While most previous surveys were conducted among high school students, this one targeted younger ones just about to finish their complementary cycle, prior to many going to occupational schools or leaving academia to enter the job market. The caveat for surveying students of 14-15 years is that the prevalence of use of illegal, expensive and difficult to find drugs would be limited. Consequently, only hashish and Ecstasy use were queried in details. This decision was further consolidated by conclusions from RAS (2002) showing those two substances and tranquilizers as drugs most frequently mentioned by high school students gathered in focus groups. Retrospectively, the levels of awareness of surveyed adolescents with “classical” drugs such as cocaine and heroin were important enough to have justified more detailed exploration. Inversely, their full awareness of which prescription drugs may actually be “tranquilisers” can be disputed, and thus related information may have to be considered with caution.

The survey was expected to select a representative sample of 9th graders from across the country. However, several upscale private schools refused to open their doors to the surveyors, despite the total backing of the Ministry of Education and Higher Education (MEHE) and of the Association of Private Schools in Lebanon, who provided the study with letters of support. Schools which refused to participate were replaced when possible by neighboring ones with as similar a student body as possible. Nevertheless, none of those replacements was at par socio-economically with the non-collaborating institutions. Thus, a small yet significant section of students from private schools, those with easier means to access illegal drugs may have been lost. This unavoidable selection bias has resulted in a slight over-representation of the public sector (65%) beyond its real dimension (60%), and an under-estimation of rarer risk behaviors, such as use of Ecstasy and other illegal drugs.

D2. Review of results

Illicit drug use

In this survey of adolescents with an average age of 14-15, remarkable differences appeared in the prevalence of initiation of use of “legal” addictive substances and those that are not. The use of cigarettes, nargileh and alcohol was consistently higher than that of hashish or Ecstasy. The former was the illegal drug most commonly tried by those adolescents. The 4% figure found in this survey confirms one which was provided earlier in the GYHS 2005. In that survey, a question mixing marijuana, cocaine, heroin, ecstasy and tranquilizers found a global trial rate of 3.5% (Appendix 3). Later in life, hashish remains the most frequently used drug in Lebanon. A 2008 publication indicated a lifetime prevalence

of hashish use at 4.6% in a survey of 1,031 adults 18 years. Conversely, cocaine use in that survey was as low as 0.7%. None of those surveyed remembered starting on cocaine at 15, while 0.3% reported starting hashish at that age (Degenhardt et al. 2008). This last finding is in contrast with the incidence found in this survey. This present level is probably more valid as a national figure because it is weighted for all areas of Lebanon and explores the behavior at the time of the survey and therefore is less affected by recall bias.

As expected, boys were consistently more likely to engage in risky behaviors than girls. Risk-taking was more important with years of age, consistently showing a marked increase immediately after 16. The average age of children in public schools was significantly, if slightly higher than in private schools. This age difference contributed to differences in behaviors between the two school systems, with prevalence rates found to be consistently higher in public schools. Prevalence increases remarkably with age in all substances, but is less marked with alcohol use. The social specificity of this behavior is discussed below.

Cigarette smoking

Cigarette use is highly prevalent in Lebanon. Almost three in every four students surveyed lived in households with smokers. The presence of smokers in the family environment of those adolescents provides a positive role model and facilitates access to cigarettes. Thus it is not surprising that among those 14-15 year-olds, 14% had already experimented with smoking relatively recently, and often at home or at some friend's home. This figure is not very different from an earlier finding (PAPFAM 2004) where 15 seemed to be an age-limit for a sudden increase in cigarette smoking from 0.9% to 7.7%. At later ages, the prevalence of cigarette smoking increases remarkably. Among adolescents who had experimented with cigarettes, about 60% seemed to have already acquired a "regular", at times daily smoking habit. "Regular" smoking was 17% among 15-16 year-old adolescents in GYTS (2005), and 16% in this survey. The prevalence of potentially habitual smokers was higher in boys than in girls in this survey like in all preceding ones (PAPFAM 2004; GYTS 2005). The prevalence was three times higher in public than in private school students. In addition to age differences already mentioned above, this finding may be attributed to organizational factors such as poor compliance with smoke-free policies among public school staff. Smoking teachers add to the adverse modeling effects of smoking parents and siblings (Ennett et al. 1997; GSPS 2001). Stringent inspection and penalties should be exerted on public schools to force the implementation of already declared anti-smoking regulations.

Most children tried their first cigarette at 13, although some did so as early as 6. In addition to parental modeling, peer influence is also reported as determining the initiation of smoking behavior (Weinberg et al. 1998). The importance of peer influence is indicated by the fact that 60% smoked with friends. Further analysis indicated that "regular" smokers were also significantly likely to be "regular" nargileh users as well. This finding highlights the importance of consistently linking the preventive/educational messages regarding the adverse effects of cigarettes to those regarding nargileh's health consequences.

Nargileh use

Nargileh use has been on the rise since the 1990s (Nuwayhid et al. 1998). It has been documented at relatively high rates among adolescents, with estimates in various studies reaching 25% (Zoughaib et al, 2004) and even 59% (GSPS 2001). It is widely believed that social acceptance of this behavior has contributed to its increase among children and adolescents at rates which do not compare with those of cigarette smoking (Turkmani 2004). The latter is still considered as an unacceptable behavior for adolescents in more conservative communities. Indeed, participants indicated engaging in nargileh smoking with adult relatives in large proportions (54%) than in cigarette smoking (22%). If cigarettes remain more present in the children's social/family environment than nargileh, it is most likely due to the fact that nargileh remains a somewhat complex behavior which, unlike cigarettes, requires special preparations and specific paraphernalia. A family environment conducive to adolescents' cigarette smoking seems to foster also higher permissiveness for home nargileh use. Adolescents who find ways of smoking at home are almost 4 times more likely to also use nargileh at home. The two behaviors seem to cluster in the same adolescents, though it is difficult to determine which starts first, as mean ages of initiation are very near to each other.

The importance of social norms appears to influence nargileh use much more than cigarette smoking. Unlike cigarette smoking, nargileh use is rarely done alone. In more than 40% of cases, all friends smoked the nargileh, whereas all friends smoked cigarettes in only 20% of cases. More often than not, those adolescents smoked the nargileh at home, with family members in attendance. One may argue that nargileh is acquiring the social status usually occupied by alcohol in those families where alcohol is not an acceptable part of meals and festive gatherings. This is shown by the parallel rise of nargileh use and decrease in alcohol use within various areas of the country. However, mounting evidence indicates that social/occasional drinking is less likely to lead to habituation or addiction than occasional nargileh use (Zoughaib et al. 2004, GYTS 2005).

Alcohol use

Alcohol use is the only behavior which does not elicit a unanimously negative attitude in the Lebanese public. There was no age-associated increase in alcohol ever-use between 13 and 16 years. This finding is probably indicative of the predominant socio-cultural norms associated with alcohol use which vary across regions. There was an exceptionally higher proportion of adolescents who had ever tried alcohol in Mount-Lebanon compared to all other areas of the country. This part of Lebanon, composed essentially of Beirut's suburbs, is also arguably the most urbanized, least traditional part of the country outside the capital city. It has also the highest concentration of the non-Muslim population in Lebanon. While any alcohol use is considered unacceptable in observing Muslim communities, social drinking is normative in non-observing ones and certainly in non-Muslim communities. In the latter, early initiation of children to a taste of alcohol, be it arack or wine, is not unusual during family meals or festive events. As a matter of fact, most alcohol use in this group is reported at "adult-supervised" places such as home or in restaurants and much less in isolated spots such as public gardens or parks. It was also often done with relatives and much less alone than cigarette smoking.

Evidence for patent addiction is low, as indicated by the fact that only 19 adolescents reported getting drunk in the month preceding the survey. However, it is difficult to assess whether early familiarity with alcohol in this group of 14-15 year-olds would not be a factor predisposing to escalated use in the coming few years. Occasional alcohol use is mostly limited to beer which is rarely used more than twice a week. Thus, the importance of publicly and privately held cultural norms on the adoption of some potentially dangerous behaviors is once more confirmed. Similar dynamics can also be found in cigarette smoking and nargileh use.

D3. Discussion of results

This survey indicates that the use of various types of drugs in 9th grade schoolchildren is relatively low. Nevertheless, some results must be highlighted:

- These students have already heard not only of hashish, assumed to be an endemic substance in our culture, but also of so-called “hard drugs” such as cocaine and heroine. This finding should assuage any fears that discussing drugs with those children at this level may prematurely “strip them from their innocence”. The absence of formal education on drugs at this level can more probably mean that adolescents are left to their own devices to obtain incomplete information. This puts them at an increased risk of under-estimating the dangers of experimenting with those substances.
- Not only have important proportions of children already heard about several categories of drugs, but equally important proportions know of their presence in their social environment. It was surprising and disturbing to find that between 10% to 15% of these children with a mean age of 14-15 already know someone who uses either cocaine or heroin or tranquilizers, more than 20% someone who uses hashish. These figures raise the issue of the ease of access to those substances for adolescents in Lebanon which has to be explored.
- The rapid increase in hashish and Ecstasy use starting age 16 compared to 14-15 suggests that interventions to build lifestyle skills resistant to drug initiation should indeed be started before accessing to the secondary school cycle.
- This survey confirms the predominance of cigarette and nargileh presence in the social environment of these children, and that experimentation and early initiation are relatively frequent. The importance of addressing the issue of nargileh use is highlighted by the higher exposure of these students, when compared to cigarettes. Tobacco use is often performed in familiar settings with no apparent restrictions or stigmatization. The fact that use of one tobacco product increases the risk of using another one further indicates the importance of immediate action on this issue inside schools, but also with parents and society at large.

E. PRACTICAL IMPLICATIONS

The MedSPAD-Lebanon survey is the first detailed assessment of the contact which children 14-15 years may have with addictive substances in their social environment. This national survey confirms data already existing regarding the major extent of exposure to both active and passive cigarette and nargileh smoking in practically all areas, even at such an early age. This added evidence confirms the importance of enacting executive decrees to the Framework Convention on Tobacco Control which Lebanon has already ratified into national law in 2005. In particular, anti-smoking education and skills training, as well as non-smoking policies must become a priority for all those in charge of the school curriculum and environment in Lebanon. These all-out activities need to be started as early as the complementary cycle (grades 6-9), and certainly sustained in the secondary cycle.

With nargileh in particular, prevention and control efforts must extend beyond the school limits to reach parents and society at large. The aim would be to modify the complacent, even favorable attitude towards nargileh use by highlighting its addictive influence and its long-term consequences on children's physical and psychological development.

While the actual use of drugs of all kinds remains relatively low, albeit with some marked increase starting age 16, there is evidence now that these children are aware of the existence of drugs and drug-users in their social environment. This is true for "hard" substances such as cocaine and heroin, as well as for hashish. "Unconventional" or "new" drugs such as Ecstasy, glue or thinners are less commonly encountered in that age-group, yet not totally absent. At this point in time, when social norms are still very much hostile to any kind of compromise with even "recreational" drug use, an intervention at the 9th grade level may be advisable. It would provide correct information about these substances and the consequences of use, and emphasize the dangers associated with even a one-time trial. Whichever approach is adopted for drug prevention in the pre-secondary cycle, it should be evaluated after a while, and data provided in this survey may be considered as an adequate baseline to monitor change.

F. REFERENCES

1. CDC. Global Youth Tobacco Survey (GYTS)- Lebanon 2005. Site: www.cdc.gov/tobacco/global/gyts/factsheets/emro/2005/Lebanon_factsheet.htm
2. Central Agency for Statistics (CAS). Statistical Bulletin- Lebanon 2006. Beirut, 2008.
3. Degenhardt L, Chiu W-T, Sampson N, Kessler RC, Anthony JC, Angermeyer M, et al. Towards a global view of alcohol, tobacco, cannabis and cocaine use: Findings from the WHO World Mental Surveys. *PLOS Medicine* 2008; 5:1-15 (www.plosmedicine.org)
4. Ennett ST, Flewelling RL, Lindrooth RC, Norton EC. School and neighborhood characteristics associated with school rates of alcohol, cigarette and marijuana . *J Health & Social Behavior* 1997; 38:55-71.

5. Family Planning Association. The problem of addiction in Lebanon (Arabic report), Beirut 1996.
6. Lebanon Rapid Situation Assessment and Responses Study on Substance Abuse (RSA) (2002). Site: www.idraac.org
7. Melki IS, Beydoun HA, Khogali M, Tamim H, Yunis KA, For the National Collaborative Perinatal J Epidemiol Community Health. Household crowding index : a correlate of socioeconomic status and inter-pregnancy spacing in an urban setting. *Journal of Epidemiology and Community Health* 2004; 58:476–480.
8. Ministry of Social Affairs. Family and Child Survey (PAPFAM). Beirut 2006. Site www.socialaffairs.gov.lb/files/PapfamreportEn.pdf
9. Saadé G, Abou Jaoude S, Afifi R, Warren CW, Jones NR. Patterns of tobacco use: Results from the 2006 Global Youth Tobacco Survey in Lebanon. *East Mediterranean Health J* 2008; 14:1280-1289.
10. Nuwayhid IA, Yamout B, AzarG and Kambris MA. Water-pipe (hubble-bubble) smoking, low-birth weight and other pregnancy outcomes. *American J of Epidemiology* 1998; 148:375-383.
11. Turkmani A. [Narghilé : A tradition which resists time]. *Al-Balad* (daily Lebanese journal) 2004; 347:17.
12. World Health Organization. Global Youth Health Survey (GYHS)- Lebanon 2005. Site www.who.int/chp/gshs/2007_Lebanon_GSHS_Country_Report.pdf
13. Weinberg NZ, Rahdert E, Colliver JD, Glanz MD. Adolescent substance abuse: A review of the past 10 years. *J American Academy of Child and Adolescent Psychiatry* 1998; 37:252-261.
14. Zoughaib SS, Adib SM, Jabbour J. Prevalence and determinants of water pipe or narghile use among students in Beirut's southern suburbs. *Lebanese Medical Journal* 2004; 52:143-148.

TABLE 1

**SOCIODEMOGRAPHIC CHARACTERISTICS OF STUDENTS
SURVEYED IN MEDSPAD- LEBANON (N= 1097)***

VARIABLES	n (%)
SEX	
Boys	500 (45.6)
Girls	597 (54.4)
AGE (mean=14.6 years ; SD= 1.1 ; interval 12-19)	
≤13	72 (6.6)
14	526 (47.9)
15	312 (28.4)
16	120 (10.9)
>16	67 (6.1)
DISTRICTS (“MOHAFAZATS”)	
Beirut	225 (20.5)
Mount-Lebanon	232 (21.1)
North	215 (19.6)
South	212 (19.3)
Bekaa	213 (19.4)
SCHOOL SYSTEM	
Public	716 (65.3)
Private	361 (34.7)
MOTHER’S EDUCATION	
Did not go to school	53 (4.8)
Primary level	240 (21.9)
Complementary	203 (18.5)
Secondary	211 (19.2)
University	203 (18.5)
Child did not know	187 (17.0)
MOTHER’S EMPLOYMENT	
Full-time	99 (9.0)
Part-time	104 (9.5)
Home-maker	893 (81.5)
FATHER’S EDUCATION	
Did not go to school	47 (4.3)
Primary level	241 (22.0)
Complementary	174 (15.9)
Secondary	148 (13.5)
University	239 (21.8)
Child did not know	248 (22.6)
	Mean(SD) [Interval]
CROWDING INDEX (persons/room)	1.6 (0.7) [0.2-7.0]

* Totals vary because of some missing data

TABLE 2

**CIGARETTE SMOKING AMONG STUDENTS SURVEYED IN
MEDSPAD-LEBANON (N= 1097)**

VARIABLES	n (%)
CIGARETTES SMOKING IN THE FAMILY	
None	291 (26.5)
Father	613 (55.8)
Mother	432 (39.3)
Siblings	183 (16.6)
SMOKING AMONG FRIENDS (n= 1040)	
None	421 (38.4)
A few	154 (14.0)
Some	237 (21.6)
Almost all	228 (20.8)
PERSONAL CIGARETTE SMOKING	
Never	943 (86.0)
A few times (<10 times)	111 (10.1)
Often (10 times or more)	43 (3.9)
PLACE WHERE CIGARETTES HAVE BEEN SMOKED (n= 154)*	
Home	67 (43.5)
Friends house	60 (38.9)
Open public places	55 (35.7)
School	12 (7.8)
Restaurants or cafés	54 (35.1)
Others (store, car, etc...)	4 (2.6)
PARTNERS IN CIGARETTE SMOKING (n=154)*	
Smokes alone	39 (25.3)
Relatives	34 (22.1)
Friends or neighbors	92 (59.7)
Siblings	12 (7.9)
	Mean(SD) [Interval]
AMONG THOSE WHO SMOKED OFTEN (n=43):	
Number of cigarettes smoked per day**	8 (11) [<1-40]
Age at first cigarette	13 (2) [6-16]
Duration of smoking (in months)	23 (23) [2-96]

* Among those who smoked at least once in their lifetime. More than one answer was possible

** Of those, 39.5% do not smoke daily, while 60.5% do so at various degrees

TABLE 3

**NARGILEH SMOKING AMONG STUDENTS SURVEYED IN
MEDSPAD-LEBANON (N= 1097)**

VARIABLES	
NARGILEH SMOKING IN THE FAMILY	
None	388 (36.3)
Father	294 (27.5)
Mother	249 (23.3)
Siblings	418 (39.1)
NARGILEH USE AMONG FRIENDS (n= 1097)	
None	206 (18.8)
A few	116 (10.6)
Some	270 (24.6)
Almost all	458 (41.8)
PERSONAL NARGILEH SMOKING	
Never	580 (55.5)
A few times (<10 times)	267 (25.6)
Often (10 times or more)	198 (18.9)
TYPES OF NARGILEH FREQUENTLY USED (n=465)*	
Ajami	19 (4.3)
Mouassal	347 (78.7)
Doesn't smoke regularly	75 (17.0)
PLACES WHERE NARGILEH HAS BEEN SMOKED (n=465)*	
Home	272 (58.5)
Friends house	214 (46.0)
Open public places	107 (23.0)
Restaurants or cafés	233 (50.1)
PARTNERS IN NARGILEH SMOKING (n=465)*	
Smokes alone	17 (3.7)
Relatives	250 (53.8)
Friends or neighbors	290 (62.3)
Siblings	203 (43.7)
	Mean(SD) [Interval]
AMONG THOSE WHO SMOKED NARGILEH OFTEN (n= 198)**	
Number of nargileh heads smoked per week	4 (5) [<1-30]
Age at first nargileh	14 (2) [8-17]
Duration of smoking (in months)	23 (19) [1-153]

* Among those who smoked at least once in their lifetime.

** Of those, 31.3% do not smoke weekly, while 68.7% do so at various degrees.

TABLE 4

**COMBINED CIGARETTE AND NARGILEH SMOKING BEHAVIORS
AMONG STUDENTS SURVEYED IN MEDSPAD-LEBANON
(N= 1097)**

BEHAVIORS	n (%)	n (%)	Total
NARGILEH SMOKING	>9 times	≤9 times	
Cigarettes >9 times	27 (14.8)	16 (1.7)	43 (3.9)
Cigarettes ≤9 times	155 (85.2)	899 (98.3)	1054 (96.1)
Total	182	915	1097
OR (95% CI) >9 times			9.8 (5.0-19.5)
NARGILEH SMOKING	At home	Elsewhere	
Cigarettes smoked at home	42 (56.0)	15 (25.9)	57 (42.9)
Cigarettes smoked elsewhere	33 (44.0)	43 (74.1)	76 (57.1)
Total	75	58	133
OR (95% CI)			3.7 (1.6- 8.3)

TABLE 5

**ALCOHOL USE AMONG STUDENTS SURVEYED
IN MEDSPAD-LEBANON (N= 1097)**

VARIABLES	n (%)
ALCOHOL USE IN THE FAMILY	
None	688 (62.7)
Father	304 (27.7)
Mother	149 (13.6)
Siblings	167 (15.2)
ALCOHOL USE AMONG FRIENDS	
None	526 (47.9)
A few	136 (12.4)
Some	133 (12.1)
Almost all	180 (16.4)
Unsure	122 (11.1)
PERSONAL ALCOHOL USE	
Ever	380 (34.6)
In the previous 12 months	313 (28.5)
In the previous 4 weeks	215 (20.6)
MOST COMMON ALCOHOLIC DRINKS*	
Beer	230 (60.5)
Vodka	62 (16.3)
Whisky	51 (13.4)
Wine	50 (13.2)
Arack	39 (10.3)
BEER USE IN THE PREVIOUS 4 WEEKS	
Never	915 (83.4)
A few times (1-2 times)	89 (8.1)
Occasionally (3-9 times)	39 (3.6)
Often (>9 times)	54 (4.9)

FREQUENCY IN THE PREVIOUS 4 WEEKS (n=182)	
A few times (1-2 times)	89 (48.9)
Occasionally (3-9 times)	39 (21.4)
Often (>9 times)	54 (29.7)
VODKA USE IN THE PREVIOUS 4 WEEKS	
Never	1033 (94.2)
A few times (1-2 times)	30 (2.7)
Occasionally (3-9 times)	14 (1.3)
Often (>9 times)	20 (1.8)

FREQUENCY IN THE PREVIOUS 4 WEEKS (n= 64)	
A few times (1-2 times)	30 (46.9)
Occasionally (3-9 times)	14 (21.9)
Often (>9 times)	20 (31.2)

Table 5 (continued)

VARIABLES	n (%)
WHISKY USE IN THE PREVIOUS 4 WEEKS	
Never	1015 (92.5)
A few times (1-2 times)	49 (4.5)
Occasionally (3-9 times)	13 (1.2)
Often (>9 times)	20 (1.8)

FREQUENCY IN THE PREVIOUS 4 WEEKS	
A few times (1-2 times)	49 (59.8)
Occasionally (3-9 times)	13 (15.6)
Often (>9 times)	20 (24.6)
WINE USE IN THE PREVIOUS 4 WEEKS	
Never	1039 (94.7)
A few times (1-2 times)	31 (2.8)
Occasionally (3-9 times)	8 (0.8)
Often (>9 times)	19 (1.7)

FREQUENCY IN THE PREVIOUS 4 WEEKS	
A few times (1-2 times)	31 (53.4)
Occasionally (3-9 times)	8 (13.8)
Often (>9 times)	19 (32.8)
ARACK USE IN THE PREVIOUS 4 WEEKS	
Never	1027 (93.6)
A few times (1-2 times)	38 (3.5)
Occasionally (3-9 times)	14 (1.3)
Often (>9 times)	18 (1.6)

FREQUENCY IN THE PREVIOUS 4 WEEKS	
A few times (1-2 times)	38 (54.3)
Occasionally (3-9 times)	14 (20.0)
Often (>9 times)	18 (39.7)
DRINKS ASSOCIATED WITH BEER (n=337)*	
Only beer	65 (19.3)
Beer + one other alcoholic drink	15 (4.5)
Beer + 2 or more drinks	216 (64.1)
DRINKS ASSOCIATED WITH VODKA (n=128)*	
Only vodka**	5 (3.9)
Vodka + one more alcoholic drink	7 (5.5)
Vodka + 2 or more drinks	114 (89.1)
DRINKS ASSOCIATED WITH ARACK (n=206)*	
Only arack	5 (2.4)
Arack + one more alcoholic drink	8 (3.9)
Arack + 2 or more drinks	186 (90.3)

Table 5 (continued)

VARIABLES	n (%)
PLACE OF ALCOHOL USE (n=380)*	
Home	270 (71.1)
Friends house	136 (35.8)
Open public places	85 (22.4)
Restaurants or cafés	192 (50.5)
PARTNERS IN ALCOHOL USE (n=380)*	
Drinks alone	46 (12.1)
Relatives	225 (59.2)
Friends or neighbors	178 (46.8)
Siblings	148 (38.9)
FREQUENCY OF DRUNKEN EPISODES (n= 380)*	
At least once in a lifetime	102 (26.8)
At least once in the previous 12 months	66 (17.4)
At least once in the previous 4 weeks	19 (5.0)
DRINKS ASSOCIATED WITH BEER (n=337)*	
Only beer	65 (19.3)
Beer + one other alcoholic drink	15 (4.5)
Beer + 2 or more drinks	216 (64.1)
FRIENDS GET DRUNK AT LEAST ONCE/ WEEK	
None	762 (69.5)
A few	98 (8.9)
Some	42 (3.8)
Almost all	33 (3.0)
Unsure	162 (14.8)

* Among those who had used alcohol at least once in a lifetime.

** Ways vodka is used include: pure, with soda (such as 7Up), in cocktails (Hawaii, Jamaica), with fruit juice, with Energy drinks (such as Red Bull)

TABLE 6

**KNOWLEDGE AND USE OF VARIOUS DRUGS AMONG
STUDENTS IN MEDSPAD-LEBANON (N= 1097)**

	Yes (%)	Gross	Valid*
EVER HEARING ABOUT HASHISH		941 (85.8)	834 (85.1)
KNOWING SOMEONE WHO USES HASHISH		246 (22.4)	193 (19.7)
EVER USING HASHISH		42 (3.8)	24 (2.4)
FRIENDS WHO USE HASHISH			
None		820 (74.7)	750 (76.5)
A few		52 (4.7)	39 (4.0)
Some		30 (2.7)	21 (2.1)
Almost all		25 (2.3)	10 (1.0)
Unsure		170 (15.5)	160 (16.3)
EVER HEARING ABOUT ECSTASY		194 (17.7)	145 (14.8)
KNOWING SOMEONE WHO USES ECSTASY		68 (6.2)	42 (4.3)
EVER USING ECSTASY		17 (1.5)	3 (0.3)
FRIENDS WHO USE ECSTASY			
None		644 (58.7)	582 (59.5)
A few		33 (3.0)	24 (2.4)
Some		14 (1.3)	12 (1.2)
Almost all		17 (1.5)	6 (0.6)
Unsure		389 (35.5)	355 (36.2)
EVER HEARING ABOUT LSD		206 (18.8)	148 (15.1)
KNOWING SOMEONE WHO USES LSD		26 (2.4)	13 (1.3)
EVER HEARING ABOUT AMPHETAMINES		198 (18.0)	135 (13.8)
KNOWING SOMEONE WHO USES AMPHETAMINES		55 (5.0)	36 (3.7)
EVER HEARING ABOUT CRACK		149 (13.6)	92 (9.4)
KNOWING SOMEONE WHO USES CRACK		26 (2.4)	12 (1.2)
EVER HEARING ABOUT COCAINE		895 (81.6)	781 (79.7)
KNOWING SOMEONE WHO USES COCAINE		154 (14.0)	110 (11.2)
EVER HEARING ABOUT HEROIN		737 (67.2)	626 (63.9)
KNOWING SOMEONE WHO USES HEROIN		103 (9.4)	69 (7.0)

Table 6 (continued)

	Yes (%)	Gross	Valid*
KNOWING SOMEONE WHO USES TRANQUILLIZERS WITHOUT MEDICAL PRESCRIPTION		120 (10.9)	97 (9.9)
FRIENDS WHO USE TRANQUILIZERS			
None		796 (72.6)	721 (73.5)
A few		74 (6.7)	68 (6.9)
Some		21 (1.9)	14 (1.4)
Almost all		25 (2.3)	15 (1.5)
Unsure		181 (16.5)	162 (16.5)
FRIENDS MIX ALCOHOL AND TRANQUILIZERS			
None		844 (76.9)	776 (79.2)
A few		48 (4.4)	33 (3.4)
Some		13 (1.2)	4 (0.4)
Almost all		16 (1.5)	9 (0.9)
Unsure		176 (16.0)	158 (16.1)
KNOWING SOMEONE WHO SMELLS “THINNER” FRIENDS WHO SMELL “THINNER”		88 (8.0)	70 (7.1)
None		806 (73.5)	727 (74.2)
A few		53 (4.8)	41 (4.2)
Some		21 (1.9)	19 (1.9)
Almost all		14 (1.3)	10 (1.0)
Unsure		203 (18.5)	183 (18.7)
KNOWING SOMEONE WHO SMELLS “BENZINE” FRIENDS WHO SMELL “BENZINE”			
None		129 (11.8)	109 (11.1)
A few		809 (73.7)	727 (74.2)
Some		69 (6.3)	62 (6.3)
Almost all		36 (3.3)	30 (3.1)
Unsure		24 (2.2)	17 (1.7)
		159 (14.5)	144 (14.7)
KNOWING SOMEONE WHO SMELLS GLUE FRIENDS WHO SMELL GLUE		55 (5.0)	46 (4.7)
None		827 (75.4)	742 (75.7)
A few		32 (2.9)	28 (2.9)
Some		10 (0.9)	10 (1.0)
Almost all		13 (1.2)	8 (0.8)
Unsure		215 (19.6)	192 (19.6)
EVER HEARING ABOUT APANOL** KNOWING SOMEONE WHO USES APANOL		117 (10.7)	--
		27 (2.5)	--

* Without those who had an invalid response on “Apanol” (n=117)

** Fictitious substance

TABLE 7

**PREVALENCE OF SELECTED DRUGS AMONG STUDENTS
SURVEYED IN MEDSPAD-LEBANON (N= 1097)**

DRUGS BY DISTRICTS	PREVALENCE (95% CI)
CIGARETTES*	
Great Beirut	6.2 (3.7-8.7)
Mount-Lebanon	7.9 (2.6-13.2)
North-Lebanon	1.9 (0.1-3.7)
South-Lebanon	1.9 (0.1-3.7)
Bekaa	2.3 (0.3-4.3)
National (unweighted)	4.0
National (weighted)	4.3 (3.1-5.5)
NARGILEH*	
Great Beirut	19.0 (14.9-23.1)
Mount-Lebanon	17.3 (9.9-24.7)
North-Lebanon	12.1 (7.7-16.5)
South-Lebanon	24.1 (18.3-29.9)
Bekaa	15.5 (10.6-20.4)
National (unweighted)	17.6
National (weighted)	18.1 (15.8-20.4)
HASHISH**	
Great Beirut	5.6 (3.2-8.0)
Mount-Lebanon	5.0 (0.7- 9.3)
North-Lebanon	1.9 (0.1-3.7)
South-Lebanon	2.4 (0.3-4.5)
Bekaa	3.8 (1.2-6.4)
National (unweighted)	3.7
National (weighted)	4.0 (2.8-5.1)
ECSTASY**	
Great Beirut	2.2 (0.7-3.7)
Mount-Lebanon	5.0 (0.7-9.3)
North-Lebanon	0
South-Lebanon	0.5 (0.0-1.4)
Bekaa	1.4 (0.0-3.0)
National (unweighted)	1.8
National (weighted)	1.6 (0.9-2.4)
ALCOHOL USE***	
Great Beirut	48.0 (42.8-53.2)
Mount-Lebanon	74.3 (65.8-82.8)
North-Lebanon	24.7 (18.9-30.5)
South-Lebanon	11.3 (7.0-15.6)
Bekaa	26.8 (21.9-32.7)
National (unweighted)	37.0
National (weighted)	36.5 (33.6-39.4)

* Prevalence of those who smoked more than 9 times in their life.

** Prevalence of those who used it at least once in their life.

*** Prevalence of at least one single lifetime use of alcohol

TABLE 8

**PREVALENCE BY GENDER AND DISTRICTS OF SELECTED
DRUGS AMONG STUDENTS SURVEYED
IN MEDSPAD-LEBANON (N= 1097)**

DRUGS BY DISTRICTS	MALES (%) (95% CI)	FEMALES (%) (95% CI)
CIGARETTES*		
Great Beirut	10.7 (5.8-15.6)	2.9 (0.6-5.2)
Mount-Lebanon	15.9 (5.1-26.7)	1.8 (0.0-5.3)
North-Lebanon	4.0 (0.2-7.8)	0
South-Lebanon	3.6 (0.2-7.0)	0
Bekaa	5.6 (0.9-10.3)	0
National (unweighted)	7.9	0.9
National (weighted)	7.9 (5.5-10.3)	1.3 (0.4-2.3)
NARGILEH*		
Great Beirut	18.0 (12.8-23.2)	14.6 (9.8-19.4)
Mount-Lebanon	20.5 (10.0-31.0)	10.5 (2.5-18.5)
North-Lebanon	14.0 (7.2-20.8)	10.4 (4.8-16.0)
South-Lebanon	28.6 (20.3-36.9)	19.2 (11.4-27.0)
Bekaa	21.1 (12.8-29.4)	11.7 (5.9-17.5)
National (unweighted)	20.2	13.3
National (weighted)	19.8 (16.3-23.2)	14.0 (11.2-16.8)
HASHISH**		
Great Beirut	8.7 (4.2-13.2)	3.4 (0.9-5.9)
Mount-Lebanon	11.4 (2.0-20.8)	0
North-Lebanon	2.0 (0.0-4.7)	1.7 (0.0-4.1)
South-Lebanon	0.9 (0.0-2.6)	4.0 (0.1-7.9)
Bekaa	6.5 (1.5-11.5)	1.7 (0.0-4.0)
National (unweighted)	5.9	2.2
National (weighted)	5.9 (3.8-7.9)	2.7 (1.4-4.0)
ECSTASY**		
Great Beirut	5.3 (1.7-8.9)	0
Mount-Lebanon	11.4 (2.0-20.8)	0
North-Lebanon	0	0
South-Lebanon	0.9 (0.0-2.6)	0
Bekaa	3.2 (0.0-6.8)	0
National (unweighted)	4.2	0
National (weighted)	3.8 (2.1-5.4)	0
ALCOHOL USE***		
Great Beirut	55.3 (54.3-56.3)	37.9 (31.3-44.5)
Mount-Lebanon	90.9 (82.4-99.4)	56.1 (43.2-69.0)
North-Lebanon	37.0 (27.5-46.5)	12.2 (6.2-18.2)
South-Lebanon	17.7 (10.7-24.7)	3.0 (0.0-6.4)
Bekaa	29.0 (19.8-38.2)	22.5 (15-30.0)
National (unweighted)	46.4	26.3
National (weighted)	45.0 (40.7-49.4)	26.1 (22.5-29.6)

* Prevalence of those who smoked more than 9 times in their life.

** Prevalence of those who used it at least once in their life.

*** Prevalence of at least one single lifetime use of alcohol

TABLE 9

**PREVALENCE BY AGE AND DISTRICTS OF SELECTED DRUGS AMONG STUDENTS SURVEYED IN
MEDSPAD-LEBANON (N= 1097)**

DRUGS BY DISTRICTS	13 years (%) (95% CI)	14 years (%) (95% CI)	15 years (%) (95% CI)	16 years (%) (95% CI)
CIGARETTES*				
Great Beirut	2.4 (0.0-7.0)	2.3 (0.1-4.5)	8.2 (2.8-13.6)	22.5 (9.6-35.4)
Mount-Lebanon	0	5.7 (0.0-11.9)	6.5 (0.0-15.2)	37.5 (4.0-71.0)
North-Lebanon	0	1.0 (0.0-3.0)	0	4.9 (0.0-10.3)
South-Lebanon	0	2.0 (0.0-4.7)	0	5.1 (0.0-12.0)
Bekaa	0	1.0 (0.0-3.0)	4.8 (0.0-10.1)	2.6 (0.0-7.6)
National (unweighted)	0.5	2.4	3.9	14.5
National (weighted)	1.0 (0.0-3.2)	2.2 (0.9-3.4)	4.4 (2.1-6.7)	15.0 (9.9-20.1)
NARGILEH*				
Great Beirut	4.8 (0.0-11.3)	10.2 (5.7-14.7)	26.5 (17.8-35.2)	27.5 (13.7-41.3)
Mount-Lebanon	11.1 (0.0-31.6)	7.5 (3.6-14.6)	19.4 (5.5-33.3)	50.0 (15.4-84.6)
North-Lebanon	0	4.2 (0.2-8.2)	8.8 (1.4-16.2)	27.9 (16.6-39.2)
South-Lebanon	22.2 (0.0-49.4)	20.8 (12.9-28.7)	28.6 (17.4-39.8)	25.6 (11.9-39.3)
Bekaa	9.1 (0.0-26.1)	5.0 (0.7-9.3)	15.9 (6.9-24.9)	43.6 (28.0-59.2)
National (unweighted)	9.4	9.5	19.8	34.9
National (weighted)	8.4 (2.0-14.8)	10.3 (7.7-12.9)	21.6 (17.0-26.2)	31.1 (24.4-37.7)

TABLE 9 (cont)

DRUGS BY DISTRICTS	13 years (%) (95% CI)	14 years (%) (95% CI)	15 years (%) (95% CI)	16 years (%) (95% CI)
HASHISH**	2.4 (0.0-7.0)	5.1 (1.8-8.4)	5.1 (0.7-9.5)	12.5 (2.3-22.7)
Great Beirut	0	5.7 (0.0-11.9)	0	25.0 (0.0-55.0)
Mount-Lebanon	0	2.1 (0.0-5.0)	3.5 (0.0-8.3)	0
North-Lebanon	0	3.0 (0.0-6.3)	3.2 (0.0-7.5)	0
South-Lebanon	0	1.0 (0.0-3.0)	7.9 (1.2-14.6)	5.1 (0.0-12.0)
Bekaa	0.5	3.4	3.9	8.5
National (unweighted)	1.0 (0.0-3.2)	3.7 (2.1-5.3)	4.2 (2.0-6.4)	8.0 (4.1-11.9)
National (weighted)				
ECSTASY**				
Great Beirut	0	1.7 (0.0-3.6)	1.0 (0.0-3.0)	10.0 (0.7-19.3)
Mount-Lebanon	0	3.8 (0.0-8.9)	3.2 (0.0-9.4)	25.0 (0.0-55.0)
North-Lebanon	0	0	0	0
South-Lebanon	0	1.0 (0.0-2.9)	0	0
Bekaa	0	0	3.2 (0.0-7.5)	2.6 (0.0-7.6)
National (unweighted)	0	1.3	1.5	7.5
National (weighted)	0	1.3 (0.3-2.2)	1.0 (0.0-2.2)	6.8 (3.2-10.4)
ALCOHOL USE***	28.6 (14.9-42.3)	44.9 (37.6-52.2)	51.0 (41.1-60.9)	50.0 (34.5-65.5)
Great Beirut	22.2 (0.0-49.4)	81.1 (70.6-91.6)	96.7 (90.4-100.0)	75.0 (45.0-100.0)
Mount-Lebanon	0	33.3 (23.9-42.7)	19.3 (9.1-29.5)	11.5 (3.5-19.5)
North-Lebanon	100	12.9 (6.4-19.4)	7.9 (1.2-14.6)	12.8 (2.3-23.3)
South-Lebanon	9.1 (0.0-26.1)	19.0 (11.3-26.7)	25.4 (14.7-36.1)	46.2 (30.6-61.8)
Bekaa	32.0	38.2	40.0	39.1
National (unweighted)	34.6 (23.6-45.6)	37.2 (33.1-41.3)	38.0 (32.7-43.4)	37.0 (30.1-43.9)
National (weighted)				

* Prevalence of those who smoked more than 9 times in their life.

** Prevalence of those who used it at least once in their life.

*** Prevalence of at least one single lifetime use of alcohol

TABLE 10

**PREVALENCE BY SCHOOL TYPE AND DISTRICTS OF
SELECTED DRUGS AMONG STUDENTS SURVEYED IN
MEDSPAD-LEBANON (N= 1097)**

DRUGS BY DISTRICTS	PUBLIC (%) (95% CI)	PRIVATE (%) (95% CI)
CIGARETTES*		
Great Beirut	7.8 (4.2-11.4)	3.6 (0.5-6.7)
Mount-Lebanon	12.2 (2.2-22.2)	5.0 (0.0-10.5)
North-Lebanon	1.8 (0.0-3.8)	2.1 (0.0-6.2)
South-Lebanon	2.9 (0.1-5.7)	0
Bekaa	3.3 (0.5-6.1)	0
National (unweighted)	5.6	2.1
National (weighted)	5.6 (3.9-7.3)	2.4 (0.8-3.9)
NARGILEH*		
Great Beirut	18.9 (13.7-24.1)	11.5 (6.2-16.8)
Mount-Lebanon	31.7 (17.5-45.9)	3.3 (0.0-7.8)
North-Lebanon	13.8 (8.6-19.0)	6.2 (0.0-13.0)
South-Lebanon	26.1 (18.8-33.4)	20.3 (11.1-29.5)
Bekaa	20.9 (14.5-27.3)	1.7 (0.0-5.0)
National (unweighted)	22.3	8.6
National (weighted)	20.8 (17.8-23.8)	10.4 (7.3-13.5)
HASHISH**		
Great Beirut	6.9 (3.5-10.3)	3.6 (0.5-6.7)
Mount-Lebanon	9.8 (0.7-18.9)	1.7 (0.0-5.0)
North-Lebanon	1.8 (0.0-3.8)	2.1 (0.0-6.2)
South-Lebanon	1.4 (0.0-3.4)	4.1 (0.0-8.6)
Bekaa	4.6 (1.7-7.9)	1.7 (0.0-5.0)
National (unweighted)	4.9	2.6
National (weighted)	4.8 (3.3-6.4)	3.0 (1.3-4.7)
ECSTASY**		
Great Beirut	2.8 (0.6-5.0)	1.4 (0.0-3.4)
Mount-Lebanon	9.8 (0.7-18.9)	1.7 (0.0-5.0)
North-Lebanon	0	0
South-Lebanon	0	1.4 (0.0-4.1)
Bekaa	2.0 (0.0-4.2)	0
National (unweighted)	2.9	0.9
National (weighted)	2.3 (1.2-3.4)	1.0 (0.0-2.0)
ALCOHOL USE***		
Great Beirut	42.9 (36.3-49.5)	48.9 (40.6-57.2)
Mount-Lebanon	56.1 (40.9-71.3)	81.7 (71.9-91.5)
North-Lebanon	13.2 (8.1-18.3)	60.4 (46.6-74.2)
South-Lebanon	5.1 (1.4-8.8)	21.6 (12.2-31.0)
Bekaa	28.8 (21.6-36.0)	16.7 (7.3-26.1)
National (unweighted)	29.2	45.9
National (weighted)	29.3 (26.0-32.6)	45.8 (40.8-50.8)

* Prevalence of those who smoked more than 9 times in their life.

** Prevalence of those who used it at least once in their life.

*** Prevalence of at least one single lifetime use of alcohol

APPENDIX 1

**EXCERPTS FROM THE HIGH SCHOOL SAMPLE SURVEYED
AS PART OF THE LEBANON RAPID ASSESSMENT STUDY
(2001-2002)**

SOCIO-DEMOGRAPHIC CHARACTERISTICS	
N	1307
Male gender (n, %)	675 (51.8)
Mean age (SD)	17.1 (0.9)
Proportion aged ≤ 16 years (n, %)	320 (24.6)
Lived abroad >3 months (n, %)	490 (37.9)
TOBACCO USE	
Ever smoked regularly* (n, %)	225 (17.3)
Age at onset of smoking (mean, SD)	14.8 (2.0)
Proportion starting at <15 years (n, %)	81 (37.0)
Cigarettes used per day** (n, %)	
<5	85 (41.1)
5-10	51 (24.6)
10-20	46 (22.2)
>20	25 (12.1)
Total	207 (100)
ALCOHOL USE	
Alcohol ever-use	898 (69.1)
Alcohol use in the last 30 days	568 (50.9)
Age of ever having ≥12 drinks/year (mean, SD)	13.3 (2.8)
Proportion of ever drinking 12 times age <15***	124 (28.2)
Age at first drunkenness (mean, SD) (26.7%)	15.3 (1.8)

* Defined as ever-smoking daily for a period of one month or more

** Reported for the period when the respondent smoked most

*** Among 440 who had ever had 12 or more drinks in a year

**EXCERPTS FROM THE HIGH SCHOOL SAMPLE SURVEYED AS PART OF THE LEBANON RAPID
ASSESSMENT STUDY (2001-2002) (continued)**

Substance	Ever في أي وقت		Last 12 months خلال آخر 12 أشهر		Last 30 days خلال آخر 30 يوم		More than 5 times use الاستعمال أكثر من 5 مرات		Daily use for at least 2 weeks الاستعمال يوميا لفترة أسبوعين	
	n	%	N	%	N	%	n	%	n	%
Hashish/marijuana	88	6.8	57	4.4	28	2.2	31	2.4	17	1.3
Heroin	10	0.8	10	0.8	5	0.4	6	0.5	2	0.2
Cocaine	22	1.7	15	1.2	9	0.7	11	0.8	9	0.7
Ecstasy	36	2.8	26	2.0	15	1.2	15	1.2	7	0.5
Amphetamines/ Stimulants	15	1.2	7	0.5	3	0.2	6	0.5	7	0.5
Tranquilizers	43	3.3	29	2.2	15	1.2	17	1.3	9	0.7
Barbiturates	16	1.2	9	0.7	3	0.2	7	0.5	3	0.2

APPENDIX 2

**FAMILY HEALTH SURVEY (PAPFAM) 2004
(MINISTRY OF SOCIAL AFFAIRS)**

Percentage of smokers by age and gender

Age Categories	Gender		Total
	Male	Female	
0-14	1.0	0.8	0.9
15-19	12.2	3.1	7.7
20-29	30.7	11.7	21.8
30-39	46.6	27.4	36.4
40-49	54.5	35.8	44.3
50-59	53.0	33.5	42.6
60+	32.0	17.3	24.7
Total	32.3	18.9	25.7

APPENDIX 3

**ALCOHOL AND OTHER DRUGS USE AMONG STUDENTS BY SEX-
GSHS 2005 (N= 5115)**

Questions	Total % (CI)*	Sex	
		Male % (CI)*	Female % (CI)*
Drank at least one drink containing alcohol on one or more of the past 30 days **	19.5 (15.6 – 23.4)	27.8 (22.1 – 33.4)	12.2 (8.9 – 15.5)
Drank two or more drinks per day on the days they drank alcohol during the past 30 days **	38.8 (35.2 – 42.4)	44.9 (41.1 – 48.8)	26.7 (22.5 – 31.0)
Usually got the alcohol they drank by buying it in a store, shop, or from a street vendor during the past 30 days **	23.5 (19.8 – 27.1)	29.2 (25.3 – 33.0)	11.2 (7.1 – 15.4)
Drank so much alcohol they were really drunk one or more times during their life **	13.8 (11.3 – 16.3)	21.2 (17.0 – 25.3)	7.1 (5.6 – 8.7)
Had a hang-over, felt sick, got into trouble, missed school, one or more times as a result of drinking alcohol during their life **	17.0 (14.9 – 19.2)	23.7 (20.2 – 27.1)	11.1 (9.4 – 12.7)
Probably or definitely would not drink alcohol if offered by their best friends **	91.2 (90.1 – 92.4)	86.8 (85.0 – 88.6)	95.3 (94.2 – 96.3)
Used drugs such as marijuana, cocaine, heroin, ecstasy and medical tranquilizers one or more times during their life **	3.5 (2.8 – 4.1)	5.6 (4.3 – 6.9)	1.5 (1.0 – 2.0)
Students who were taught in any of their classes this year the dangers of drinking alcohol or using drugs	30.0 (27.7 – 32.2)	30.8 (28.1 – 33.6)	29.1 (26.6 – 31.6)

* 95% confidence interval.

** statistically significant difference between girls and boys

APPENDIX 4

GYTS 2005

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Table 1 Prevalence of of tobacco use among Lebanese schoolchildren

Variable	Males (n=1391)% (95% CI)	Females (n=1867)% (95% CI)	Total (n=3314) % (35% CI)
Ever Smoked cigarettes (even 1 or 2 puffs)	36.9 (30.7 – 43.5)	20.1 (17.6 – 22.9)	27.0 (23.8 – 30.6)
Ever tried to smoke narghile	60.2 (54.3 – 65.9)	51.3 (47.4 – 55.3)	55.1 (51.3 – 58.8)
Never smokers susceptible to initiating smoking ³	2206 (18.6 – 27.3)	18.9 (16.2 – 22.0)	20.3 (17.6 – 23.2)
Tobacco Product	66.4 (60.5 – 71.9)	55.4 (52.3 – 58.6)	60.1a (56.8 – 63.3)
Cigarettes	14.8 (11.4 – 19.0)	6.7 (5.2 – 8.6)	10.0b (8.3 – 12.0)
Other tobacco products	64.1 (58.6 – 69.4)	54.7 (51.5 – 57.8)	58.8b (55.5 – 62.0)
Current smokers			
Desire to stop	62.2 (52.1 – 71.4)	57.0 (45.4 – 67.9)	60.2 (52.7 – 67.3)
Tried to stop this year	56.9 (45.7 – 67.5)	45.9 (34.0 – 58.2)	53.6 (44.9 – 62.0)

a- Susceptibility defined as the absence of a firm decision not to smoke (9)

b- Percentage of the total number of students

CI = confidence interval

APPENDIX 5

LIST OF SCHOOLS SELECTED FOR
THE MEDSPAD-LEBANON SURVEY

الرقم	اسم المدرسة	المحافظة	القضاء	المنطقة	نوع المدرسة	نوع المدرسة
٠١	ثانوية المقاصد للبنات ٠١٠١	١ بيروت	بيروت	البسطة التحتا	خاص	للبنات
٠٢	ثانوية الأشرفية الأولى الرسمية للبنين ٠١٠٢		بيروت	الأشرفية	رسمي	للبنين
٠٣	سلمى الصايغ الرسمية للبنات		بيروت	الأشرفية- شارع الزهار	رسمي	مختلط
٠٤	ثانوية راهبات المحبة - الأشرفية		بيروت	الأشرفية	خاص	مختلط
٠٥	ثانوية زاهية قدورة الرسمية للبنات		بيروت	رأس بيروت - شارع القلعة	رسمي	للبنات
٠٦	ثانوية فخر الدين المعني الرسمية للبنات		بيروت	برج أبي حيدر	رسمي	للبنات
٠٧	ثانوية بيروت الحرج الرسمية للبنين رأس النبع		بيروت	رأس النبع - شارع المحمصاني	رسمي	للبنين
٠٨	ثانوية الرئيس رينيه معوض الرسمية		بيروت	الصنائع - شارع الراشدين	رسمي	مختلط
٠٩	الجالية الأميركية		بيروت	الجامعة الأميركية	خاص	مختلط
١٠	انترناسيونال كولدج		بيروت	رأس بيروت - شارع بليس	خاص	مختلط
١١	الأرمنية الاجيلية العالية		بيروت	القنطاري - شارع المكسيك	خاص	مختلط
١٢	أزهر جبل عامل		بيروت	خندق الغميق- شارع الشدياق	خاص	مختلط
١٣	الفرير- مون لاسال	٢ جبل لبنان	المتن	عين سعاده	خاص	مختلط
١٤	ثانوية ضبية الرسمية		المتن	ضبيه- شارع عوكر	رسمي	مختلط
١٥	سد البوشرية المتوسطة الرسمية للبنات		المتن	سد البوشرية - شارع مار تقلا	رسمي	للبنات
١٦	متوسطة حارة حريك الرسمية الثانية المختلطة		بعيدا	حارة حريك- الشارع العام	رسمي	مختلط
١٧	ثانوية فرن الشباك الرسمية للبنات		بعيدا	عين الرمانة	رسمي	للبنات
١٨	ثانوية الشويفات الرسمية المختلطة		عاليه	الشويفات	رسمي	مختلط
١٩	ثانوية الايمان		الشوف	بعقلين	خاص	مختلط
٢٠	ثانوية راهبات القلبين الأقدسين		جبيل	جبيل- الميناء- شارع القلعة	خاص	مختلط
٢١	سيدة لورد الثانوية للإخوة الريميين		جبيل	جبيل- الفرير	خاص	مختلط
٢٢	الحكمة فرع مريم أم الحكمة		المتن	عين سعاده	خاص	مختلط
٢٣	الشيح الثانية المتوسطة		بعيدا	مار مارون - شارع لمع لمع	رسمي	للبنات
٢٤	سد البوشرية العالية الرسمية		المتن	سد البوشرية - شارع مار تقلا	رسمي	للبنين

لبنين	رسمي	الميناء	طرابلس	٠٣ لبنان الشمالي	ثانوية طرابلس الميناء الرسمية للبنين	٢٥
لبنين	رسمي	شارع الرفاعية	طرابلس		ثانوية طرابلس الحدادين الرسمية للبنين	٢٦
للبنات	رسمي	أبو سمرا	طرابلس		ثانوية طرابلس الحدادين الرسمية	٢٧
مختلط	رسمي	القريات- الكنيسة- الشارع العام	عكار		القريات الرسمية المختلطة	٢٨
للبنات	رسمي	عيات	عكار		متوسطة عيات الرسمية	٢٩
مختلط	خاص	القبة- حي الراهبات	طرابلس		الارثوذكسية الثانوية القبة	٣٠
مختلط	خاص	الجديدة - الطريق العام	زغرتا		نورث لبيانون كولدج	٣١
مختلط	رسمي	بطرام	الكورة		بطرام/ خليل سالم الرسمية	٣٢
للبنات	رسمي	بنين- زهر ريا	عكار		متوسطة بنين الرسمية	٣٣
مختلط	خاص	مجدليا -طواحين السكر	زغرتا		الكرملية	٣٤
مختلط	رسمي	كوسبا - المدارس	الكورة		كوسبا الرسمية للبنات	٣٥
مختلط	رسمي	العبدة - تل الزراعة	عكار		تل الزراعة الرسمية	٣٦
لبنين	رسمي	عين الحلوة	صيدا		ثانوية صيدا الرسمية للبنين	٣٧
مختلط	رسمي	الغازية	صيدا		ثانوية الغازية الرسمية	٣٨
مختلط	خاص	حبوش- المدرسة الدولية	النبطية		مدرسة حبوش الدولية	٣٩
مختلط	رسمي	النبطية - السلام	النبطية		النبطية الثالثة الرسمية	٤٠
مختلط	خاص	البيسارية	صيدا	ثانوية الشهيد مصطفى شمران	٤١	
مختلط	خاص	النبطية- الميدان	النبطية	الأجلية الوطنية في النبطية	٤٢	
مختلط	رسمي	جباع	النبطية	ثانوية جباع الرسمية	٤٣	
لبنين	رسمي	صور الرمل	صور	ثانوية صور الرسمية للبنين	٤٤	
للبنات	رسمي	البص	صور	ثانوية صور الرسمية للبنات	٤٥	
مختلط	رسمي	عبا - الشارع العام	النبطية	عبا المتوسطة الرسمية	٤٦	
مختلط	رسمي	الزرارية - الشارع العام	صيدا	ثانوية الشهيد نعمة هاشم	٤٧	
مختلط	خاص	جديدة مرجعيون- المدارس	مرجعيون	راهبات القلبين الأقدسين	٤٨	

مختلط	رسمي	مجدل عنجر	زحلة	٠٥ البقاع	ثانوية مجدل عنجر الرسمية	٤٩
للبنات	رسمي	زحلة البولفار -الراسية الفوقا	زحلة		ثانوية زحلة الرسمية	٥٠
للبنين	رسمي	الميدان	زحلة		ثانوية زحلة الرسمية للبنين	٥١
مختلط	خاص	البولفار - شارع الميدان	زحلة		الثانوية الأجيلية	٥٢
للبنات	رسمي	بعلبك - الشميس	بعلبك		بعلبك الثانية للبنات	٥٣
مختلط	رسمي	نحلة	بعلبك		نحلة الرسمية	٥٤
مختلط	رسمي	رياق - الشارع العام	زحلة		متوسطة رياق الأولى المختلطة	٥٥
مختلط	رسمي	بعلبك - الريش - شارع رأس العين	بعلبك		بعلبك الثانية الرسمية المختلطة	٥٦
مختلط	خاص	الخبارة - الشارع العام	البقاع الغربي		مركز عمر المختار التربوي	٥٧
مختلط	رسمي	إيعات - الحسينية - شارع الأرز القديم	بعلبك		متوسطة إيعات الرسمية	٥٨
مختلط	خاص	المرج - الشارع العام	البقاع الغربي		البيت المعمور	٥٩
مختلط	خاص	جب جنين	البقاع الغربي		الثناء	٦٠

APPENDIX 5

MEDSPAD-LEBANON QUESTIONNAIRE (FRENCH VERSION)



QUE SAVENT LES JEUNES SUR LE TABAC ET LES AUTRES DROGUES AU LIBAN?

Chers élèves :

Beaucoup de choses sont dites en ce qui concerne les dangers du tabac et des drogues, et sur leur consommation au Liban. En collaboration avec des chercheurs internationaux, le Ministère de l'Education Nationale a voulu estimer votre contact avec les cigarettes, le nargileh et les autres drogues au Liban.

Des enquêtes comme celle-ci peuvent contribuer à mieux comprendre et à mieux aider les gens qui souffrent de l'addiction. Les informations obtenues seront employées dans un but statistique. Les réponses sont anonymes et ne pourront pas être utilisées contre vous. Il n'y a pas de «bonnes» réponses, nous vous demandons ainsi de répondre aussi franchement que possible.

Les questionnaires sont strictement anonymes. Après les avoir complété vous allez les déposer dans une grande enveloppe qui ne sera plus ouverte à l'intérieur de l'école.

Merci de participer à cette enquête et de répondre à toutes ces questions.

Numéro de série : _____ Date : _____ Enquêteur : _____

Les questions suivantes concernent les cigarettes, le narghileh, l'alcool, et les différents types de drogues. Si vous n'avez rien à dire en ce qui concerne l'une ou l'autre de ces questions, ne répondez pas et passez à la question suivante.

Cigarettes

1. Y-a-t-il quelqu'un parmi les membres de votre famille qui fume les cigarettes?

1. Personne 2. Le père
3. La mère 4. Un des frères/ sœurs

2. Durant votre vie combien de fois avez-vous fumé des cigarettes ?

1. Jamais (passer à Q8) 2. Entre 1 et 9 fois (passe à Q6)
3. Plus que 9 fois

3. Si plus que 9 fois, combien de cigarettes fumez-vous par jour ?

Pas chaque jour OU _____ par jour

4. Si plus que 9 fois, depuis quand avez-vous commencé à fumer?

_____ Mois OU _____ Années

5. Quel âge aviez-vous lorsque vous avez fumé votre première cigarette?

1. ____ ans OU 2. Je ne me souviens pas

6. Où fumez-vous des cigarettes ? (Possibilité de plusieurs réponses)

1. A la maison 2. Chez des amis
3. Lieu public : rue, jardin public, plage, etc.... 4. A l'école
5. Restaurant/Café 6. Ailleurs, spécifiez :
7. Jamais consommé

7. Qui fume avec vous les cigarettes? (Possibilité de plusieurs réponses)

1. Je fume seul 2. Un des membres de la famille/oncles/cousins
3. Un des amis/voisins/copains 4. Un des frères/ sœurs

Boissons alcoolisées

17. Y-a-t-il quelqu'un parmi les membres de votre famille qui consomme des boissons alcoolisées?

1. Personne
 2. Le père
 3. La mère
 4. Un des frères/ sœurs

Durant votre vie, avez-vous déjà bu une ou plusieurs de ces boissons?

Type de boisson	Non (1)	1-2 fois (2)	3-9 fois (3)	Plus que 9 fois (4)
18. Arak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Whisky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Vin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Bière	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Autres, spécifiez:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Si vous avez répondu « Non » à toutes les questions 18 à 22, passez à Q39

Durant les 12 derniers mois, avez-vous déjà bu une ou plusieurs de ces boissons?

Type de boisson	Non (1)	1-2 fois (2)	3-9 fois (3)	Plus que 9 fois (4)
23. Arak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Whisky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Vin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Bière	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Autres, spécifiez:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Durant les 4 dernières semaines, avez-vous déjà bu une ou plusieurs de ces boissons?

Type de boisson	Non (1)	1-2 fois (2)	3-9 fois (3)	Plus que 9 fois (4)
28. Arak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Whisky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Vin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Bière	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Autres, spécifiez:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Où buvez-vous des boissons alcoolisées? (Possibilité de plusieurs réponses)

1. A la maison
 2. Chez des amis
 3. Lieu public : le jardin public, la plage, etc....
 4. Restaurant/Café
 5. Ailleurs, spécifiez :
 6. Jamais consommé

34. Qui boit avec vous des boissons alcoolisées? (Possibilité de plusieurs réponses)

1. Je bois seul 2. Un des membres de la famille/oncles/cousins
 3. Un des amis/voisins/copains 4. Un des sœurs ou des frères

35. Indiquez la boisson que vous consommez le plus.

Type de boisson	
1. Arak <input type="checkbox"/>	2. Whisky <input type="checkbox"/> 3. Vin <input type="checkbox"/>
4. Bière <input type="checkbox"/>	5. Autres, spécifiez <input type="checkbox"/>

Combien de fois avez-vous été ivre ? (si ca s'est jamais passé)

	Aucune fois (1)	1-2 (2)	3-9 (3)	Plus que 9 fois (4)
36. Durant votre vie entière	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Durant les 12 derniers mois	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Durant les 4 dernières semaines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drogues:

Haschisch

39. Avez-vous jamais entendu parler du hashish ?
40. Connaissez-vous quelqu'un qui fume du haschisch ?
41. Avez-vous jamais fumé cette substance même pour une fois ?
42. Quel âge aviez-vous lors de votre première consommation ? 1. _____ Ou 2. Je ne me souviens pas
43. Depuis le premier essai, combien de fois avez-vous consommé cette substance ? _____ fois
Si jamais passez à la Q47 _____ L.L
44. Combien avez-vous dépensé pour cette consommation durant les 4 dernières semaines ? « x » si pas de dépenses
45. Si vous avez jamais fumé le hashish, où le consommez-vous? (Possibilité de plusieurs réponses)
1. A la maison 2. Chez des amis 3. Lieu public ex. la rue, le jardin public, la plage, etc....
4. A l'école 5. Restaurant/Café 6. Ailleurs, précifiez : 7. Jamais consommé
46. Avec qui fumez-vous le hashish? (Possibilité de plusieurs réponses)
1. Seul 2. Un des membres de la famille/oncles/cousins
3. Un des amis/voisins/copains 4. Un des frères/ sœurs

Oui (1) Non(2)

Si non passez à la Q 50

Si non passez à la Q 48

47. Lors de votre dernière consommation de haschich, comment l'avez-vous obtenu?

- 1. Je ne me souviens plus des circonstances de ma première consommation
- 2. Je l'ai pris d'un membre de la famille
- 3. Je l'ai fumé avec un ou plusieurs copains
- 4. Je l'ai acheté d'un copain
- 5. Je l'ai acheté d'une personne dont j'avais entendu parler sans la connaître
- 6. Je l'ai acheté d'une personne inconnue
- 7. Je l'ai trouvé à la maison
- 8. Autres circonstances (décrire en bref)
- 9. Je n'ai jamais fumé le haschich

48. A votre avis, quels sont des lieux où on peut trouver facilement du hashish (Possibilité de plusieurs réponses)?

1. On trouve des vendeurs dans la rue ou le jardin public dans notre voisinage	<input type="radio"/>
2. A l'école	<input type="radio"/>
3. Dans un restaurant ou un café bien connu pour ça	<input type="radio"/>
4. A la maison d'un vendeur	<input type="radio"/>
5. Livraison à la demande	<input type="radio"/>
6. Ailleurs, spécifie :	<input type="radio"/>
7. Je ne connais aucun endroit où on peut trouver des drogues	<input type="radio"/>

49. A votre avis, la consommation du haschich peut-elle mener a la consommation de drogues plus dangereuses?

1. Oui 2. Non 3. Je ne sais pas

Ecstasy

50. Avez-vous jamais entendu parler des pilules d'Ecstasy ? **Oui (1)** **Non (2)**
Si non passez à la Q60
51. Connaissez-vous quelqu'un qui consomme de l'Ecstasy ?
52. Avez-vous jamais consommé cette substance, même pour une fois ? Si non passez à la Q59
53. Quel âge aviez-vous lors de votre première consommation ? _____ ans ou 2. Je ne me souviens pas
54. Depuis le premier essai, combien de fois avez-vous consommé cette substance ?
_____ fois Si jamais passez à la Q58
55. Combien avez-vous dépensé pour cette consommation durant les 4 dernières semaines ? _____ L.L
« x » si pas de dépenses
56. Si vous avez déjà consommé de l'Ecstasy, où la consommez-vous? (Possibilité de plusieurs réponses)
1. A la maison 2. Chez des amis 3. Lieu public ex. la rue, le jardin public, la plage, etc....
4. A l'école 5. Restaurant/Café 6. Ailleurs, spécifiez : 7. Jamais consommé
57. Avec qui consommez-vous de l'Ecstasy? (Possibilité de plusieurs réponses)
1. Seul 2. Un des membres de la famille/oncles/cousins
3. Un des amis/voisins/copains 4. Un des frères/ sœurs

58. Lors de votre dernière consommation de l'Ecstasy, comment l'avez-vous obtenue?

- 1. Je ne me souviens plus des circonstances de ma première consommation
- 2. Je l'ai prise d'un membre de la famille
- 3. Je l'ai consommée avec un ou plusieurs copains
- 4. Je l'ai achetée d'un copain
- 5. Je l'ai achetée d'une personne dont j'avais entendu parler sans la connaître
- 6. Je l'ai achetée d'une personne inconnue
- 7. Je l'ai trouvée à la maison
- 8. je n'ai jamais consommé d'ecstasy

59. A votre avis, quels sont des lieux où on peut trouver facilement de l'Ecstasy (Possibilité de plusieurs réponses)?

1. On trouve des vendeurs dans la rue ou le jardin public dans notre voisinage	<input type="radio"/>
2. A l'école	<input type="radio"/>
3. Dans un restaurant ou un café bien connu pour ça	<input type="radio"/>
4. A la maison d'un vendeur	<input type="radio"/>
5. Livraison à la demande	<input type="radio"/>
6. Ailleurs, spécifie :	<input type="radio"/>
7. Je ne connais aucun endroit où on peut trouver des drogues	<input type="radio"/>

Autres substances

	Oui (1)	Non (2)	
60. Avez-vous jamais entendu parler du LSD?			Si non passez à Q62
61. Connaissez-vous quelqu'un qui consomme le LSD ?			
62. Avez-vous jamais entendu parler des amphétamines ?			Si non passez à Q64
63. Connaissez-vous quelqu'un qui consomme des amphétamines ?			
64. Avez-vous jamais entendu parler du crack ?			Si non passez à Q66
65. Connaissez-vous quelqu'un qui consomme du crack ?			
66. Avez-vous jamais entendu parler de la cocaïne ?			Si non passez à Q68
67. Connaissez-vous quelqu'un qui consomme de la cocaïne ?			
68. Avez-vous jamais entendu parler de l'héroïne ?			Si non passez à Q70
69. Connaissez-vous quelqu'un qui consomme de l'héroïne ?			
70. Avez-vous jamais entendu parler de l'abanol ?			Si non passez à Q72
71. Connaissez-vous quelqu'un qui consomme de l'abanol ?			

**Selon vous, quelle est la situation de la consommation habituelle parmi vos copains
(une seule réponse par ligne)**

Consommation	Je ne connais pas cette substance 1	Je ne sais pas 2	Aucun 3	Rare 4	Quelques fois 5	Beaucoup 6
72. Fument des cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Fument la nargileh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Consomment de boissons alcoolisées	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Sont ivres presque chaque semaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Mélangent alcool et tranquillisants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Fument du hashish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Consomment de l'Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Consomment tranquillisants ou des somnifères sans prescription médicale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Sniffent de la térébenthine (« tinner »)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Sniffent de l'essence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Sniffent de la glue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Toutes les substances dont on parle dans cette enquête sont des matières dangereuses qui causent des maladies sérieuses et mettent les utilisateurs en danger parfois mortel. Il vaut mieux ne jamais les essayer. Si on les emploie régulièrement, il faut demander conseil pour s'en débarrasser. Consultez la spécialiste de santé de votre école pour de plus amples informations.

I. Informations Personnelles

83. Sexe 1. Masculin 2. Féminin
84. Date de naissance : Jour Mois Année
85. Quel est le nombre de personnes qui partagent le logement avec vous, en permanence (>6 mois par an), les femmes de ménage incluses?
86. Quel est le nombre de pièces que comporte votre logement (sauf la cuisine et les salles de bain) ?
87. Combien de frères et de sœurs de la même mère avez-vous? _____
88. Parmi vos frères et sœurs combine sont-ils plus âgés que vous ? _____ Frère _____ Soeur
89. Parmi vos frères et sœurs combine sont-ils plus jeunes que vous ? _____ Frère _____ Soeur
90. Combien de voitures avez-vous à la maison? Zero ou _____
91. Combien d'ordinateurs avez-vous à la maison? Zero ou _____

92. Quel est le niveau d'études de votre mère?

- | | | | | | |
|---------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|
| 1. Non scolarisée | <input type="checkbox"/> | 2. Ecole primaire | <input type="checkbox"/> | 3. Ecole complémentaire | <input type="checkbox"/> |
| 4. Ecole secondaire | <input type="checkbox"/> | 5. Etudes universitaires | <input type="checkbox"/> | 6. Je ne sais pas | <input type="checkbox"/> |

93. Votre mère exerce-t-elle une activité professionnelle?

- | | | | | | |
|-----------------------|--------------------------|-------------------------|--------------------------|---------------------|--------------------------|
| 1. Oui, à temps plein | <input type="checkbox"/> | 2. Oui, à temps partiel | <input type="checkbox"/> | 3. Ne travaille pas | <input type="checkbox"/> |
|-----------------------|--------------------------|-------------------------|--------------------------|---------------------|--------------------------|

94. Quel est le niveau d'études de votre père?

- | | | | | | |
|---------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|
| 1. Non scolarisé | <input type="checkbox"/> | 2. Ecole primaire | <input type="checkbox"/> | 3. Ecole complémentaire | <input type="checkbox"/> |
| 4. Ecole secondaire | <input type="checkbox"/> | 5. Etudes universitaires | <input type="checkbox"/> | 6. Je ne sais pas | <input type="checkbox"/> |

95. Avez-vous des remarques en ce qui concerne ce questionnaire?

96. A votre avis, le problème des drogues est-il important en ce moment au Liban?

97. Quelles sont vos suggestions pour la prévention contre les drogues au Liban?

Brèves informations sur certaines drogues

Ecstasy

L'ecstasy est une pilule de couleurs et de formes différentes décorée par un certain schéma. L'appellation concerne une molécule chimique particulière appelée MDMA responsable des effets psychiques. La composition de la pilule d'ecstasy est souvent modifiée; elle pourrait être mélangée avec d'autres substances comme les amphétamines, les calmants, les hallucinogènes, ou autres. Aussi, pourrait-elle être mélangée avec la caféine, les féculents, les détergents, le savon et autres.

L'acide LSD

Hallucinogène fort causant des changements neurosensoriels sérieux et des hallucinations continues et incontrôlables. Sa consommation pourrait mener à des problèmes graves et chroniques.

Alcool

L'alcool n'est pas digéré mais passe directement du système digestif à la circulation sanguine pour être transporté par le sang en une petite période à tous les organes du corps. La consommation excessive de l'alcool, même à court terme, mène à des problèmes digestifs, à la nausée et aux vomissements, et à des problèmes des problèmes divers:

1- Problèmes sociaux:

- Diminution de la vigilance ce qui mène souvent à des accidents de voitures ou à des urgences aux lieux de travail.
- Perte de l'autocontrôle résultant en des actes violents, viols, suicide...
- Violence à cause d'un comportement provocateur et incapacité de se défendre...

2- Problèmes de santé :

- Plusieurs maladies a long terme comme les cancers de la cavité buccale, de la gorge, les maladies du foie (cirrhose) et du pancréas, des troubles cardio-vasculaires, des maladies du système nerveux, des troubles psychiques comme l'insomnie, la dépression et des troubles du comportement...

**FIN DE L'ENQUETE
MERCİ POUR VOTRE COOPERATION**

APPENDIX 6

QUESTIONNAIRE MEDSPAD-LEBANON (ARABIC VERSION)



وزارة التربية والتعليم العالي



ماذا يعرف الشباب عن التدخين والمخدرات في لبنان؟

أعزائي الطلاب،

يقال الكثير حول أخطار التدخين والمخدرات ومدى استعمالها في لبنان. بالتعاون مع باحثين عالميين، أرادت وزارة التربية والتعليم العالي قياس علاقتكم بالسيجارة، النرجيلة، وباقي المخدرات في لبنان.

تساهم هذه المعلومات في فهم ومساعدة الأشخاص الذين يعانون من الإدمان. تتسم هذه المعلومات بصفات إحصائية بحتة، إضافة إلى أنه لا يوجد جواب صحيح أو خاطئ، لذا نرجو منك التجاوب والتعاون معنا والصراحة التامة في إجاباتكم.

لن يظهر اسم أحد منكم على الاستمارات، وسوف توضع عند النهاية في مغلف كبير لا يفتح إلا بعد الخروج من المدرسة.

شكراً لمشاركتكم معنا في تعبئة هذه الاستمارة.

رقم الاستمارة: التاريخ: _____ اسم الباحث: _____

تدور الأسئلة التالية حول السجائر، النرجيلة، المشروبات الكحولية، ومختلف المواد المخدرة. نرجو أن تتمكنوا من الإجابة على كل الأسئلة بكل صراحة، وفي حالة عدم إمكانية ذلك فمن الأفضل عدم الإجابة على ذلك السؤال نهائياً.

الأسئلة التالية تدور حول السجائر

٢. هل لديك أحد من أفراد عائلتك يدخن السجائر؟
١. لا أحد
٢. الوالد
٣. الوالدة
٤. أحد الإخوة/الأخوات
٣. كم مرة في حياتك قمت بتدخين السجائر؟
١. ولا مرة (انتقل إلى السؤال ٨) ٢. بين مرة و٩ مرات (انتقل إلى السؤال ٦)
٣. أكثر من ٩ مرات
٤. إذا أكثر من ٩ مرات، كم سيجارة تدخن في اليوم؟
 لا أدخن يومياً أو _____
٥. إذا أكثر من ٩ مرات، منذ متى تدخن السجائر؟
شهر _____ أو سنة _____
٦. كم كان عمرك عندما بدأت تدخين السجائر؟
١. _____ سنة أو _____
٢. لا أذكر
٧. أين تقوم بتدخين السجائر؟ (من الممكن عدة احتمالات)
١. البيت
٢. بيت أحد الأصدقاء
٣. مكان عام مثل الشارع، حديقة عامة، الشاطئ، أو أي مكان مفتوح
٤. المدرسة
٥. المطعم/المقهى
٦. أماكن أخرى، حدد: _____
٧. لا أدخن
٨. من يدخن معك السجائر؟ (من الممكن عدة احتمالات)
١. لا أحد
٢. أحد الأقارب
٣. أحد الأصدقاء/الجيران
٤. أحد الإخوة/الأخوات

الأسئلة التالية تدور حول النرجيلة

٩. هل لديك أحد من أفراد عائلتك يدخن النرجيلة؟
١. لا أحد
٢. الوالد
٣. الوالدة
٤. أحد الإخوة/الأخوات
١٠. كم مرة في حياتك قمت بتدخين النرجيلة؟
١. ولا مرة (انتقل إلى السؤال ١٧)
٢. بين مرة و٩ مرات (انتقل إلى السؤال ١٣)
٣. أكثر من ٩ مرات
١١. إذا أكثر من ٩ مرات، كم رأس نرجيلة تدخن في الأسبوع؟
 إذا أقل من رأس بالأسبوع أو _____ بالأسبوع
١٢. إذا أكثر من ٩ مرات، منذ متى تدخن النرجيلة؟
_____ شهر، أو _____ سنة
١٣. كم كان عمرك عندما بدأت تدخين النرجيلة؟
١. _____ سنة أو
٢. لا أذكر
١٤. ما هي كلفة استعمالك التقريبية خلال الأسابيع الأربعة الماضية؟
ل. (يمكنك وضع علامة «X» في حال لا تشتري النرجيلة)
١٥. ما هو نوع النرجيلة الأكثر استعمالاً من قبلك؟
١. عجمي
٢. معسل
٣. لا أدخن النرجيلة بشكل عادي
١٦. أين تقوم بتدخين النرجيلة؟ (من الممكن عدة احتمالات)
١. البيت
٢. بيت أحد الأصدقاء
٣. مكان عام مثل الشارع، حديقة عامة، الشاطئ، أو أي مكان مفتوح
٤. المطعم/المقهى
٥. أماكن أخرى، حدد: _____
٦. لا أدخن النرجيلة
١٧. من يدخن معك النرجيلة؟ (من الممكن عدة احتمالات)
١. لا أحد
٢. أحد الأقارب
٣. أحد الأصدقاء/ الجيران
٤. أحد الإخوة/الأخوات

الأسئلة التالية تدور حول المشروبات الكحولية

١٨. هل لديك أحد من أفراد عائلتك يتناول المشروبات الكحولية؟ (من الممكن عدة احتمالات)

١. لا أحد ٢. الوالد
 ٣. الوالدة ٤. أحد الإخوة/الأخوات

هل سبق أن تناولت إحدى هذه المشروبات الكحولية خلال حياتك؟

نوع المشروب	كلا	مرة أو مرتين	٣-٩ مرات	أكثر من ٩ مرات
	(١)	(٢)	(٣)	(٤)
١٩. عرق	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٢٠. ويسكى	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٢١. نبيذ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٢٢. بيرة	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٢٣. مشروبات كحولية أخرى، حدد:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

إذا كانت الإجابة «كلا» على كافة الأسئلة من ١٨ إلى ٢٢، إنتقل إلى الرقم ٣٩.

هل سبق أن تناولت إحدى هذه المشروبات الكحولية خلال الأشهر الـ ١٢ الماضية؟

نوع المشروب	كلا	مرة أو مرتين	٣-٩ مرات	أكثر من ٩ مرات
	(١)	(٢)	(٣)	(٤)
٢٤. عرق	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٢٥. ويسكى	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٢٦. نبيذ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٢٧. بيرة	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٢٨. مشروبات كحولية أخرى، حدد:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

هل سبق أن تناولت إحدى هذه المشروبات الكحولية خلال الأسابيع الأربعة الماضية؟

نوع المشروب	كلا	مرة أو مرتين	٣-٩ مرات	أكثر من ٩ مرات
	(١)	(٢)	(٣)	(٤)
٢٩. عرق	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٣٠. ويسكى	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٣١. نبيذ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٣٢. بيرة	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٣٣. مشروبات كحولية أخرى، حدد:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

٣٤. أين تقوم بتناول المشروبات الكحولية؟ (من الممكن عدة احتمالات)

١. البيت ٢. بيت أحد الأصدقاء
 ٣. مكان عام مثل الشارع، حديقة عامة، الشاطئ، أو أي مكان مفتوح
 ٤. المطعم/المقهى ٥. أماكن أخرى، حدد:
 ٦. لا أتناول المشروبات الكحولية

٣٥.

٣٦. من يتناول معك المشروبات الكحولية؟ (من الممكن عدة احتمالات)
١. لا أحد
٢. أحد الأقارب
٣. أحد الأصدقاء/ الجيران
٤. أحد الإخوة/ الأخوات

٣٧. ما هي المشروبات الكحولية الأكثر استعمالاً من قبلك؟

نوع المشروب
١. عرق <input type="checkbox"/>
٢. ويسكي <input type="checkbox"/>
٣. نبيذ <input type="checkbox"/>
٥. مشروبات كحولية أخرى، حدد: <input type="checkbox"/>
٤. بيرة <input type="checkbox"/>

كم مرة حدث لك أن سكرت نتيجة تناول المشروبات الكحولية؟ (إذا كان ذلك قد حدث لك)

كلا	مرة أو مرتين	٢-٩ مرات	١٠ مرات أو أكثر
(١) <input type="checkbox"/>	(٢) <input type="checkbox"/>	(٣) <input type="checkbox"/>	(٤) <input type="checkbox"/>
٣٨. في حياتك <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٣٩. في الأشهر الـ ١٢ الماضية <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٤٠. في الأسابيع الأربعة الماضية <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

الأسئلة التالية تدور حول المواد المخدرة

الحشيشة

- نعم (١) كلا (٢)
٤١. هل سبق لك أن سمعت بالحشيشة (إذا كان الجواب كلا، انتقل إلى الرقم ٥٠)
٤٢. هل تعرف شخصاً يستعمل الحشيشة؟
٤٣. هل سبق أن استعملت الحشيشة ولو مرة واحدة؟ (إذا كان الجواب كلا، انتقل إلى الرقم ٤٨)
٤٤. كم كان عمرك لدى أول استعمال لك؟ ١. _____ سنة أو ٢. لا أذكر
٤٥. كم مرة استعملت الحشيشة منذ أول استعمال؟ مرة (إذا كان الجواب صفراً، انتقل إلى الرقم ٤٧)
٤٦. كم أنفقت في الأسابيع الأربعة الماضية على استهلاك الحشيشة؟ _____ ل.ل. (يمكنك وضع علامة «X» في حال لم تنفق شيئاً)
٤٧. إذا كنت قد استعملت الحشيشة، أين تقوم بذلك؟ (من الممكن عدة احتمالات)
١. البيت
٢. بيت أحد الأصدقاء
٣. مكان عام مثل الشارع، حديقة عامة، الشاطئ، أو أي مكان مفتوح
٤. المدرسة
٥. المطعم/المقهى
٦. أماكن أخرى، حدد: _____
٤٨. من يستعمل معك الحشيشة؟
١. لا أحد
٢. أحد الأقراب
٣. أحد الأصدقاء/الجيران
٤. أحد الإخوة/الأخوات

٤٩. عند آخر استعمال لك للحشيشة، كيف حصلت عليها؟
١٠. لا أذكر كيف حصلت بداية على الحشيشة
١١. أعطها إني أحد أفراد عائلتي
١٢. كنا مجموعة من الأصدقاء وقمنا بتناولها معا
١٣. اشتريتها من صديق
١٤. اشتريتها من شخص أسمع عنه ولكني لا أعرفه شخصياً
١٥. اشتريتها من شخص غريب لا أعرفه
١٦. وجدتها في المنزل
١٧. حصلت عليها بطريقة أخرى... (أوصف ما هي باختصار):
١٨. لم استعمل أبدا الحشيشة

٥٠. في اعتقادك من أي الأماكن التالية يمكنك أن تشتري الحشيشة بسهولة؟ (ممكن عدة احتمالات)

<input type="radio"/>	١. الشارع أو الحديقة العامة
<input type="radio"/>	٢. المدرسة
<input type="radio"/>	٣. مقهى/مطعم/Pub
<input type="radio"/>	٤. منزل بائع مخدرات
<input type="radio"/>	٥. خدمة توصيل إلى المنزل
<input type="radio"/>	٦. أماكن أخرى، حدد
<input type="radio"/>	٧. لا أعرف مثل هذه الأماكن

٥١. هل تعتقد أن استعمال الحشيشة يمكن أن يؤدي إلى استعمال مواد مخدرة خطيرة أكثر فأكثر؟

١. نعم

٢. كلا

٣. لا أعرف

الاكستاسي Ecstasy

٥٢. هل سبق لك أن سمعت بالاكستاسي نعم (١) كلا (٢)
٥٣. هل تعرف شخصاً يستعمل الاكستاسي؟ (إذا كان الجواب كلا، انتقل إلى الرقم ٥٩)
٥٤. هل سبق أن استعملت الاكستاسي ولو مرة واحدة؟ (إذا كان الجواب كلا، انتقل إلى الرقم ٥٩)
٥٥. كم كان عمرك لدى أول استعمال لك؟ ١. _____ سنة أو ٢. لا أذكر
٥٦. كم مرة استعملت الاكستاسي منذ أول استعمال؟ مرة (إذا كان الجواب صفراً، انتقل إلى الرقم ٥٨)
٥٧. كم أنفقت في الأسابيع الأربعة الماضية على استعمالك الاكستاسي؟ ل. ل. (يمكنك وضع علامة «لا» في حال لم تنفق شيئاً)
٥٨. إذا كنت قد استعملت الاكستاسي، أين تقوم بذلك؟ (من الممكن عدة احتمالات)
١. البيت
٢. بيت أحد الأصدقاء
٣. مكان عام مثل الشارع، حديقة عامة، الشاطئ، أو أي مكان مفتوح
٤. المدرسة
٥. المطعم/المقهى
٦. أماكن أخرى، حدد: _____
٥٩. من يستعمل معك الاكستاسي؟
١. لا أحد
٢. أحد الأقراب
٣. أحد الأصدقاء/الجيران
٤. أحد الإخوة/الأخوات

٦٠. عند آخر استعمال لك للاكتسابي، كيف حصلت عليها؟
١. لا أذكر كيف حصلت بداية على الاكتسابي
 ٢. أعطائها إلي أحد أفراد عائلتي
 ٣. كنا مجموعة من الأصدقاء وقمنا بتناولها معاً
 ٤. اشتريتها من صديق
 ٥. اشتريتها من شخص أسمع عنه ولكني لا أعرفه شخصياً
 ٦. اشتريتها من شخص غريب لا أعرفه
 ٧. وجدتتها في المنزل
 ٨. حصلت عليها بطريقة أخرى... (أوصف ما هي باختصار):
 ٩. لم استعمل أبداً للاكتسابي

٦١. في اعتقادك من أي الأماكن التالية يمكنك أن تشتري الاكتسابي بسهولة؟ (ممكن عدة احتمالات)

<input type="radio"/>	١. الشارع أو الحديقة العامة
<input type="radio"/>	٢. المدرسة
<input type="radio"/>	٣. مقهى / مطعم / Pub
<input type="radio"/>	٤. منزل بائع مخدرات
<input type="radio"/>	٥. خدمة توصيل إلى المنزل
<input type="radio"/>	٦. أماكن أخرى، حدد
<input type="radio"/>	٧. لا أعرف مثل هذه الأماكن

مواد أخرى

نعم (١) كلا (٢)	
٦٢. هل سبق لك أن سيمعت بالاسيد LSD؟	<input type="checkbox"/>
٦٣. هل تعرف شخصا يستعمل الاسيد LSD؟	<input type="checkbox"/>
٦٤. هل سبق لك أن سيمعت بالأمفيتامينات؟	<input type="checkbox"/>
٦٥. هل تعرف شخصا يستعمل الأمفيتامينات؟	<input type="checkbox"/>
٦٦. هل سبق لك أن سيمعت بالكراك Crack؟	<input type="checkbox"/>
٦٧. هل تعرف شخصا يستعمل بالكراك Crack؟	<input type="checkbox"/>
٦٨. هل سبق لك أن سيمعت بالكوكايين؟	<input type="checkbox"/>
٦٩. هل تعرف شخصا يستعمل الكوكايين؟	<input type="checkbox"/>
٧٠. هل سبق لك أن سيمعت بالهيرويين؟	<input type="checkbox"/>
٧١. هل تعرف شخصا يستعمل الهيرويين؟	<input type="checkbox"/>
٧٢. هل سبق لك أن سيمعت بالابانول؟	<input type="checkbox"/>
٧٣. هل تعرف شخصا يستعمل الابانول؟	<input type="checkbox"/>

(إذا كان الجواب كلا ، انتقل إلى الرقم (٦٢)

(إذا كان الجواب كلا ، انتقل إلى الرقم (٦٤)

(إذا كان الجواب كلا ، انتقل إلى الرقم (٦٦)

(إذا كان الجواب كلا ، انتقل إلى الرقم (٦٨)

(إذا كان الجواب كلا ، انتقل إلى الرقم (٧٠)

(إذا كان الجواب كلا ، انتقل إلى الرقم (٧٢)

فى تقديرك .. كم عدد أصدقاؤك الذين يفعلون الآتى ؟ (ضع علامة فى مربع واحد فقط أمام كل سطر)

كثير منهم ٦	بعضهم ٥	نادراً ٤	لا يوجد ٣	لا أعرف ٢	لا أعرف هذه المادة ١
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٧٤. يدخلون السجائر
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٧٥. يدخلون النرجيلة
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٧٦. يتناولون المشروبات الكحولية (بيرة، نبيذ، عرق، ويسكي، الخ...)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٧٧. يسكرون على الأقل مرة أسبوعياً
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٧٨. يستعملون الكحول والمهدئات في نفس الوقت
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٧٩. يدخلون الحشيشة
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٨٠. يستعملون الأستاسى
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٨١. يستعملون المهدئات أو المنومات بدون نصيحة طبيب
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٨٢. يستشقون التتر (مادة تستعمل في دهان البوبا)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٨٣. يستشقون البنزين
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٨٤. يستشقون الصمغ

إن جميع المواد التي تم ذكرها في هذه الاستمارة تعتبر مواد خطيرة وممكن أن تؤدي بمتناولها إلى الموت. من الأفضل عدم تجربتها حتى ولا مرة واحدة. وإذا تم استعمالها بشكل عادي، يجب استشارة المختصين بهذا الموضوع للتخلص منها بأسرع وقت ممكن. استشر اختصاصية الصحة في مدرستك لمزيد من المعلومات.

II. معلومات شخصية وعائلية:

٨٥. الجنس ذكر أنثى

٨٦. تاريخ الولادة يوم _____ شهر _____ سنة _____

٨٧. كم عدد الأشخاص الذين يسكنون في المنزل بصورة دائمة (< ٦ أشهر في السنة) بمن فيهم الخدم؟

٨٨. ما هو عدد الغرف في المنزل (ما عدا المطبخ والحمامات)؟

٨٩. كم أخ وأخت لديك من أم واحدة ما عداك؟

٩٠. كم أخ وأخت أكبر منك في المنزل؟ أخ _____ أخت _____

٩١. كم أخ وأخت أصغر منك في المنزل؟ أخ _____ أخت _____

٩٢. كم سيارة لديك في المنزل؟ صفر أو _____

٩٣. كم جهاز كمبيوتر لديك في المنزل؟ صفر أو _____

٩٤. ما هو المستوى التعليمي للوالدة؟

- | | |
|--|--|
| <input type="checkbox"/> ٢. لم تذهب إلى المدرسة | <input type="checkbox"/> ٣. أكملت الدراسة الابتدائية |
| <input type="checkbox"/> ٤. أكملت الدراسة المهنية/المتوسطة | <input type="checkbox"/> ٥. أكملت الدراسة المهنية/الثانوية |
| <input type="checkbox"/> ٦. دراسات جامعية/عليا | <input type="checkbox"/> ٧. لا أعرف |

٩٥. هل تعمل الوالدة حالياً خارج المنزل؟

١. نعم، دوام كلي
٢. نعم، دوام جزئي
٣. لا تعمل

٩٦. ما هو المستوى التعليمي للوالد؟

- | | |
|---|---|
| <input type="checkbox"/> ١. لا أعرف | <input type="checkbox"/> ٢. لم يذهب إلى المدرسة |
| <input type="checkbox"/> ٣. أكمل الدراسة الابتدائية | <input type="checkbox"/> ٤. أكمل الدراسة المهنية/المتوسطة |
| <input type="checkbox"/> ٥. أكمل الدراسة المهنية/الثانوية | <input type="checkbox"/> ٦. دراسات جامعية/عليا |
| <input type="checkbox"/> ٧. لا أعرف | |

٩٧. هل لديك أية ملاحظات على هذه الاستمارة؟

٩٨. هل تعتقد أن مشكلة المخدرات مهمة حالياً في لبنان؟

٩٩. ما هي اقتراحاتك للوقاية من إدمان المخدرات في لبنان؟

نهاية الاستمارة - شكراً لتعاونكم

معلومات مختصرة حول بعض المواد المضرة

الاكستاسي:

إن الاكستاسي قرص يتخذ ألواناً وأشكالاً مختلفة ويزينه رسم ما. تشير تسمية الاكستاسي إلى جزيئية كيميائية خاصة تدعى الMDMA، وهي مسؤولة عن التأثيرات النفسية. غالباً ما تتبدل تركيبة قرص الاكستاسي فقد تمزج مع مواد أخرى مثل الأمفيتامينات، المسكنات، والمهلوسات، أو غيرها. كذلك، يمكن مزجها مع الكافيين، النشاء، المنظفات، الصابون وغيرها...

الاسيد LSD :

هو مهلوس قوي يتسبب بتغييرات حسية حادة وبهلوسات متواصلة لا يمكن السيطرة عليها. وقد يؤدي استهلاكه إلى مشاكل خطيرة ومزمنة.

الكحول:

لا تهضم الكحول بل تنتقل مباشرة من القناة الهضمية إلى الأوعية الدموية وينقلها الدم في دقائق معدودة إلى أعضاء الجسم كافة. إن استهلاك الكحول بكميات كبيرة وإن على المدى القصير يؤدي إلى حالات ثمل وإلى مشاكل هضمية وغشيان وتقيؤ... وعدة مخاطر أخرى:

- تدني درجة التيقظ ما يؤدي غالباً إلى حوادث سير أو طوارئ عمل.
- فقدان السيطرة على الذات ينتج عنها أعمال عنف، ارتكاب جرائم، انتحار،...
- التعرض إلى اعتداءات بسبب تصرف استقزالي أو لعدم قدرة الشخص الثمل على الدفاع عن نفسه...
- التعرض إلى أمراض عدة على المدى الطويل مثل: سرطان الفم، الحنجرة، المريء، أمراض الكبد (التشمع)، اضطرابات قلبية، أمراض الجهاز العصبي واضطرابات نفسية كالقلق، الاكتئاب، واضطراب في السلوك...